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क्रमांक: एफ.8(14)नशा/एनएसएस/आकाशि/2022-01794-2796121

दिनांक:

प्राचार्य,
समस्त राजकीय/निजी महाविद्यालय,
राजस्थान ।

विषय:- टीबी मुक्त भारत अभियान-100 दिवसीय के प्रभावी क्रियान्वयन में सहयोग बाबत ।

सन्दर्भ:- शासन उप सचिव-प्रथम उच्च शिक्षा(ग्रुप-3) विभाग, शासन सचिवालय, जयपुर के पत्रांक
: प. 10(15)शिक्षा/ग्रुप-3/2023-02579 दिनांक 28.04.2026

महोदय,

उपर्युक्त विषयान्तर्गत संदर्भित पत्र के क्रम में लेख है कि स्वास्थ्य एवं परिवार कल्याण विभाग द्वारा "टीबी मुक्त भारत अभियान" गाँव-गाँव, शहर-शहर Whole-of-Government एवं Whole-of Society Approach के अंतर्गत संचालित किया जा रहा है। उक्त अभियान को और अधिक गति प्रदान करने हेतु दिनांक 24 मार्च 2026 से टीबी मुक्त भारत अभियान-100 दिवसीय का संचालन किया जा रहा है, जिसका उद्देश्य उच्च जोखिम वाले ग्रामीण, शहरी एवं संवेदनशील समूहों में असिम्प्टोमैटिक टीबी सहित सभी संभावित रोगियों की सक्रिय पहचान एवं उपचार सुनिश्चित करना है। अभियान के अन्तर्गत महाविद्यालय स्तर पर टीबी के बारे में जागरूकता लाने के लिए निम्नलिखित गतिविधियों का आयोजन किया जाना सुनिश्चित करें-

1. निबंध, पोस्टर और भाषण प्रतियोगिताओं एवं कला सांस्कृतिक गतिविधियों का आयोजन।
2. युवा एम्बेसेडर नियुक्त करना, विद्यार्थियों को जागरूक करते हुए **निक्षय शपथ (Pledge.mygov.in/tbday)** का आयोजन।
3. महाविद्यालय द्वारा आयोजित किए जाने जागरूकता कार्यक्रमों का सोशल मीडिया पर प्रसार करना।
4. विभिन्न संगठनों, शिक्षण संस्थानों और महाविद्यालय के अधिकारियों एवं कर्मचारियों आदि से निक्षय मित्रों का पंजीकरण करवाना और जागरूकता पैदा करने, मनोसामाजिक सहायता प्रदान करने और कार्यक्रमों में उनकी सक्रिय भागीदारी सुनिश्चित करना।

अतः उक्त के सम्बन्ध में आयोजित की जाने वाली गतिविधियों की प्रति संलग्न कर निर्देशित किया जाता है कि प्रदत्त निर्देशों के अनुसार टीबी मुक्त भारत अभियान-100 दिवसीय कार्यक्रम का क्रियान्वयन किया जाना सुनिश्चित करें।

संलग्न-उपरोक्तानुसार

(डॉ.कृष्ण कुमार कुमावत)
राज्य समन्वयक
युवा कौशल विकास प्रकोष्ठ

प्रतिलिपि- निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु-

1. निजी सचिव, अतिरिक्त मुख्य सचिव, उच्च एवं तकनीकी शिक्षा, राज. जयपुर।
2. वरिष्ठ निजी सचिव, आयुक्त कॉलेज शिक्षा राजस्थान, जयपुर।
3. शासन उप सचिव-प्रथम उच्च शिक्षा(ग्रुप-3) विभाग, शासन सचिवालय, जयपुर
4. वेबसाइट प्रभारी, आयुक्तालय कॉलेज शिक्षा को वेबसाइट पर अपलोड करने हेतु।

राज्य समन्वयक
युवा कौशल विकास प्रकोष्ठ
Signature valid

Digitally signed by Krishan Kumar
Kumawat
Designation : Assistant Professor
Date: 2026.05.05 12:08:37 IST
Reason: Approved

RajKaj Ref No.:
21968254

M e-Sign



निदेशालय चिकित्सा एवं स्वास्थ्य सेवाएँ, राजस्थान, जयपुर

राष्ट्रीय क्षय उन्मूलन कार्यक्रम, राजस्थान

क्रमांक: क्षय/2026/364

दिनांक 22/04/2026

अतिरिक्त मुख्य सचिव/प्रमुख शासन सचिव/शासन सचिव,
खान एवं भूविज्ञान, उद्योग, वाणिज्य, उच्च तकनीकी एवं चिकित्सा शिक्षा,
युवा मामलात एवं खेल, गृह, जनजातीय क्षेत्र विकास,
सामाजिक न्याय एवं अधिकारिता, स्कूल एज्यूकेशन, आयुष, परिवहन, सहकारिता,
स्थानीय स्वशासन, पंचायतीराज, कारखाना एवं बॉयलर निरीक्षण, श्रम,
महिला एवं बाल विकास, प्रारंभिक शिक्षा विभाग,
राजस्थान, जयपुर।

विषय:- टीबी मुक्त भारत अभियान-100 दिवसीय के प्रभावी क्रियान्वयन हेतु सहयोग प्रदान करने के संबंध में।

सन्दर्भ:- D.O. No.Z-28015/63/2026-TB, दिनांक 19.03.2026

स्वास्थ्य एवं परिवार कल्याण विभाग द्वारा "टीबी मुक्त भारत अभियान" गाँव-गाँव, शहर-शहर *Whole-of-Government एवं Whole-of-Society Approach* के अंतर्गत संचालित किया जा रहा है। इस अभियान को और अधिक गति प्रदान करने हेतु दिनांक 24 मार्च 2026 से टीबी मुक्त भारत अभियान-100 दिवसीय का संचालन किया जा रहा है, जिसका उद्देश्य उच्च जोखिम वाले ग्रामीण, शहरी एवं संवेदनशील समूहों में असिम्प्टोमैटिक टीबी सहित सभी संभावित रोगियों की सक्रिय पहचान एवं उपचार सुनिश्चित करना है।

इस महत्वाकांक्षी अभियान की सफलता हेतु विभिन्न विभागों/मंत्रालयों का सक्रिय सहयोग अत्यंत आवश्यक है। इस संदर्भ में आपसे निम्नानुसार सहयोग अपेक्षित है-


1. विभाग स्तर पर नोडल अधिकारी का नामांकन एवं अभियान के दौरान सतत समन्वय सुनिश्चित करना।
2. विभागीय कार्यालयों, संस्थानों एवं अधीनस्थ इकाइयों में आईईसी गतिविधियों (पोस्टर, बैनर, सोशल मीडिया आदि) के माध्यम से टीबी संबंधी जागरूकता का प्रसार करना।
3. सभी कार्यालयों/संस्थानों में "निक्षय शपथ" का आयोजन सुनिश्चित करना। (pledge.mygov.in/tbday/)
4. विभाग के अधीन संस्थानों/संगठनों से निक्षय मित्रों का पंजीकरण करवाना तथा समाज के अन्य वर्गों को भी इसके लिए प्रेरित करना।
5. अभियान के अंतर्गत आयोजित गतिविधियों में विभागीय संसाधनों एवं जनशक्ति का यथासंभव उपयोग सुनिश्चित करना।

अभियान से संबंधित विस्तृत गतिविधियां एवं विभागवार अपेक्षाएं परिशिष्ट (Annexure) में संलग्न हैं।

आपसे अनुरोध है कि अपने अधीनस्थ अधिकारियों को आवश्यक निर्देश प्रदान करते हुए इस अभियान में सक्रिय सहभागिता सुनिश्चित करें, जिससे निर्धारित लक्ष्यों की प्राप्ति कर राज्य/देश को टीबी मुक्त बनाने के लक्ष्य की दिशा में ठोस प्रगति की जा सके।

संलग्न-

1. परिशिष्ट- लाइन विभागों से अपेक्षित गतिविधियां।
2. अभियान दिशा-निर्देश।
3. निक्षय शपथ।


(डॉ. जोगाराम)
मिशन निदेशक (एनएचएम)
राजस्थान, जयपुर

क्रमांक: क्षय / 2026 / 364

दिनांक: 22/04/2026

प्रतिलिपि निम्न को सूचनार्थ प्रेषित है:-

1. निजी सचिव, अतिरिक्त मुख्य सचिव, खान एवं भूविज्ञान विभाग, राजस्थान।
2. निजी सचिव, अतिरिक्त मुख्य सचिव, आयुक्त उद्योग, वाणिज्य विभाग, राजस्थान।
3. निजी सचिव, अतिरिक्त मुख्य सचिव, उच्च तकनीकी एवं चिकित्सा शिक्षा, राजस्थान
4. निजी सचिव, अतिरिक्त मुख्य सचिव, युवा मामलात एवं खेल विभाग, राजस्थान।
5. निजी सचिव, अतिरिक्त मुख्य सचिव, गृह विभाग, राजस्थान
6. निजी सचिव, अतिरिक्त मुख्य सचिव, जनजातीय क्षेत्र विकास विभाग, राजस्थान
7. निजी सचिव, अतिरिक्त मुख्य सचिव, सामाजिक न्याय एवं अधिकारिता विभाग, राजस्थान
8. निजी सचिव, अतिरिक्त मुख्य सचिव, स्कूल एज्युकेशन, राजस्थान
9. निजी सचिव, प्रमुख शासन सचिव, चिकि0 एवं स्वा0 एवं प0 क0 विभाग, राज0, जयपुर।
10. निजी सचिव, प्रमुख शासन सचिव, आयुष विभाग, राजस्थान, जयपुर।
11. निजी सचिव, प्रमुख शासन सचिव, परिवहन विभाग, राजस्थान
12. निजी सचिव, शासन सचिव, सहकारी विभाग, राजस्थान
13. निजी सचिव, शासन सचिव, स्थानीय स्वशासन विभाग, राजस्थान
14. निजी सचिव, शासन सचिव, पंचायतीराज विभाग, राजस्थान, जयपुर।
15. निजी सचिव, मिशन निदेशक (एनएचएम), राजस्थान, जयपुर।
16. निजी सचिव, शासन सचिव, कारखाना एवं बॉयलर निरीक्षण विभाग, राजस्थान
17. निजी सचिव, शासन सचिव, श्रम विभाग, राजस्थान
18. निजी सचिव, शासन सचिव, महिला एवं बाल विकास क्षेत्र, राजस्थान
19. निजी सचिव, शासन सचिव, प्रारंभिक शिक्षा विभाग, राजस्थान
20. निजी सहायक, निदेशक (जन स्वा.) चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान, जयपुर।
21. रक्षित पत्रावली।



राज्य क्षय रोग अधिकारी
चिकित्सा एवं स्वास्थ्य सेवाएं
राजस्थान, जयपुर

मैं शपथ लेता हूँ/लेती हूँ

जानकारी की रोशनी से,
टीबी के डर को मिटाऊँगा/मिटाऊँगी।

सतर्कता की ताकत से,
टीबी के भेदभाव को ख़त्म करूँगा/करूँगी।

पूर्ण समर्पण की भावना से,
मैं भारत को टीबी मुक्त भारत बनाने के यज्ञ में,
अपना पूरा योगदान दूँगा/दूँगी।

टीबी हारेगा, देश जीतेगा।



Scan, sign up and take the TB pledge now!



टीबी मुक्त भारत अभियान

TB MUKT BHARAT Abhiyaan



**Central TB Division
Ministry of Health & Family Welfare
Government of India**

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1. Introduction and Background

A healthy nation is the foundation of a strong, prosperous nation, and the efforts towards TB elimination are integral to achieving a "Swasth Bharat, Viksit Bharat". The goal of the TB Mukht Bharat Abhiyaan (National TB Elimination Programme - NTEP) is to rapidly decrease the incidence and mortality of Tuberculosis (TB) to achieve the Sustainable Development Goals (SDG) targets for ending TB in India.

To accelerate the progress towards TB elimination, the Government launched a 100 Days TB Mukht Bharat Abhiyaan on 7th December 2024 in 347 high priority districts across 33 States/UTs. Based on the success achieved, the TB Mukht Bharat Abhiyaan was expanded to all districts of the country after March 2025.

In order to achieve early diagnosis of TB, under the TB Mukht Bharat Abhiyaan, vulnerability mapping and systematic screening of high-risk populations for TB were undertaken at the village level and congregate settings. AI enabled hand-held X-rays were used for early detection of TB cases including asymptomatic, along with upfront NAAT for diagnosis of TB, followed by complete treatment supported with nutrition & differentiated TB care for ensuring successful treatment outcomes. To strengthen the nutrition interventions, the emoluments under Ni-kshay Poshan Yojana was doubled to Rs 1000/month/patient, while the Ni-kshay Mitra initiative was expanded to cover household contacts of TB patients also and MY Bharat volunteers were involved as Ni-kshay Mitra to provide psychosocial support to TB patients. This was supplemented by scaling up of TB preventive treatment for household contacts and eligible vulnerable populations.

Jan Bhagidari as the central strategy also led to active involvement of over 35,000 elected representatives (MPs/MLAs/MLCs/PRIs/ULBs), over 73,000 activities through PRIs, > 1 lakh activities with Youth, Schools & Colleges, >58,000 activities through 23-line ministries and community support through more than 5 lakh Ni-kshay Mitras including 2 lakh MY Bharat volunteers, exhibiting a 'Whole-of-Society and 'Whole-of-Government' approach to TB elimination.

Progress made under TB Mukht Bharat Abhiyaan (07th December 2024 to 30th December 2025):

- 22.42 Cr vulnerable population identified with 12.46 crore line listed in Ni-kshay
- 4.75 Cr X-rays by more than 6000 fixed facility & 510 hand-held X-rays
- 1.56 Cr NAAT tests through more than 9,300 NAAT machines

- 27.28 lakh new TB cases identified of which, 9.48 lakh were asymptomatic TB cases
- 23.99 lakh treated successfully
- 7.91 lakh TB patients assessed for Differentiated TB Care
- 5.17 lakh new Ni-kshay Mitras registered and 25.59 lakh poshan kits distributed.
- More than 2 lakh MY Bharat Volunteers registered as Ni-kshay Mitra for providing psycho-social support to TB patients.

As a result of all-round targeted and collaborative efforts, over 46,118 Gram Panchayats have been awarded TB-free certification for the year 2024.

The TB Mukht Bharat Abhiyaan now is being re-inforced with another 100 Days Abhiyaan more targeted and focused based on the learnings, addressing the challenges with

- Introduction of more than 2,000 AI enabled hand-held X-rays with indigenously developed AI tool (DEEPCXR) for automated reading of X-ray images,
- High throughput NAAT machines,
- 1.58 lakh high risk villages / wards identified using AI based assessment of 30+ indicators and
- Comprehensive microplanning with the available tools
- Creating better linkages to strengthen social support for TB Patients

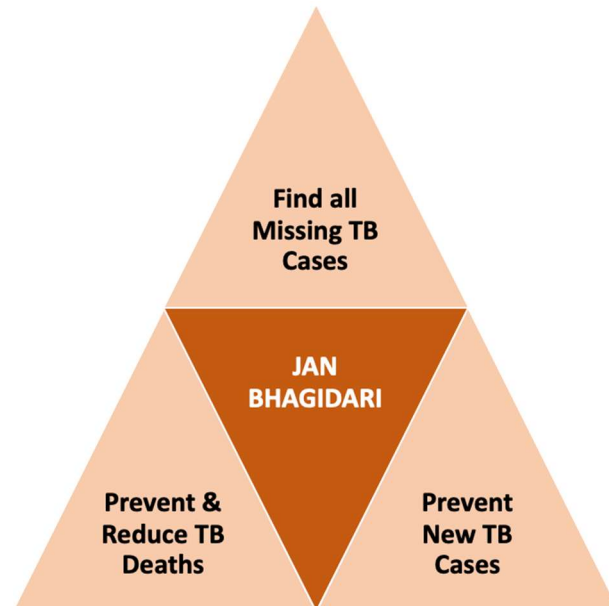
Non-communicable diseases such as diabetes, undernutrition, anemia, cancer and other chronic conditions significantly increase the risk of progression to active TB disease and adversely affect treatment outcomes. Accordingly, systematic screening and management of NCDs is an integral risk reduction strategy under the TB Mukht Bharat Abhiyaan

This 100 Days Campaign is a continuation of the TB Mukht Bharat Abhiyaan, which aims to institutionalize screening, testing, treatment, and prevention strategies across the country to rapidly decline TB incidence & mortality.

2. Objectives

The primary objectives of the TB Mukht Bharat Abhiyaan are:

- **Find all Missing Cases** through proactive screening by X-ray and upfront NAAT testing of vulnerable populations and individuals in TB vulnerable villages & wards and congregate settings preceded by intensive IEC campaigns.
- **To prevent & reduce TB deaths** by implementing a personalized care of TB patients with a differentiated TB care approach supported by nutrition interventions, management of comorbidities, follow-up monitoring & TB Death Audits.
- **To prevent new TB cases** by screening and providing TB preventive treatment (TPT) to household contacts, People Living with HIV (PLHIV), and other eligible high risk groups after ruling out active TB.
- **Janbhagidari** through a 'Whole-of-Society and 'Whole-of-Government' approach for TB Mukht Bharat efforts, raise community awareness, reduce stigma & discrimination to improve health seeking behaviour.
- Identify and manage key non-communicable disease comorbidities including diabetes, hypertension, anaemia, undernutrition and cancer among vulnerable populations and TB patients, in order to enable early TB detection and improve TB treatment outcomes



3. Campaign strategy & activities

The TB Mukht Bharat Abhiyaan will focus on TB vulnerable high risk villages & wards and vulnerable populations. The campaign will be implemented through a mixed approach of outreach health camps (Ayushman Arogya Shivar) and facility-based intensified service delivery providing services for TB & non-communicable diseases (NCDs) like testing for Hypertension, Diabetes,

BMI assessment and anaemia, considering the vulnerability of these clinically vulnerable groups for breaking down to TB disease and / or adversely impacting TB treatment outcomes.

The Chief Medical Officer under the leadership of Deputy Commissioner / District Magistrate will be the nodal officer at the District level and at the State level, the Mission Director (NHM) under the leadership of Additional Chief Secretary / Principal Secretary / Commissioner Health would be the nodal officer for implementing the TB Mukht Bharat Abhiyaan.

1. Target Population / Geography

a. All districts across the country

- i. **TB Vulnerable Villages and Wards** - Screening all individuals (above 14 years of age), irrespective of vulnerability, in the 1.58 lakh TB vulnerable villages and wards identified by an Vulnerability Mapping for TB (VMTB) AI tool based on 30+ region specific indicators like high TB incidence & TB related pre-disposing factors, anaemia, tobacco use, population density, child malnutrition, occupation, use of clean cooking fuel etc.

Children under 14 years, may be offered chest x-rays only in specific situations including

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

An important consideration while using X-ray in young children is that the X Ray exposure window should be restricted to the thorax only and should not be large to include neck or lower abdomen to avoid radiation to thyroid or internal genitalia in growing children. Repeated radiation exposures of the same child over a period for frequent screening should not be done due to radiation risk involved.

- ii. **Other Villages and Wards** - screening vulnerable individuals and any individual with signs / symptoms suggestive of presumptive TB
- b. **Vulnerable Population** - Vulnerable population includes individuals over 60 years of age, individuals with malnutrition (BMI <18.5), diabetics, People Living with HIV (PLHIV), smokers, alcoholics, persons with past history of TB disease and household contacts of TB patients.
 - i. Vulnerable individuals who have been line-listed earlier but not yet screened through X-ray or their last X-ray was done >12 months before
 - ii. New vulnerable individuals identified in the community who have not been screened for TB earlier
- c. **Congregate Settings** - Screening of all individuals living / working in congregate settings like prisons, old age homes, orphanages, destitute homes, asylums, residential hostels, homeless shelters, industrial clusters, mines, brick kilns, etc.
- d. **Urban areas** - focus on urban specific vulnerable population / areas like jhuggi / jhopdi / slums, migrants, construction worker sites, homeless, beggars, street children, railway yards, coolies, informal workers in unorganized sectors, gig workers, rickshaw pullers, transport hubs, auto/taxi drivers, sabzi mandi, dairy farmers, abattoir workers, animal handlers, and households with close livestock contact & other context specific local vulnerable population
- e. **NCD, Under-nutrition & Anemia** - Those with diabetes, undernutrition, anemia, cancer, and immunosuppressive conditions represent biologically high-risk groups for TB incidence and poor treatment outcomes among the listed vulnerable groups, while hypertension screening serves as an important programmatic entry point. Screening of population visiting Ayushman Arogya Shivar for diabetes, hypertension, undernutrition and anaemia is included in this Abhiyaan, as they have a greater risk of developing TB disease or adversely impacting TB treatment outcomes

2. **Facility-Based Intensified Services:**

- a. **Routine service delivery** will be intensified at fixed health facilities including Ayushman Arogya Mandirs (AAMs), Community Health Centres (CHCs), District Hospitals (DHs) and Medical Colleges following the approach for comprehensive primary healthcare services.

- b. **Intensified Screening at general OPDs:** Ensure at least 5% to 10% of chest symptomatics in general adult OPD attendees at AAMs/CHCs/DHs/Medical Colleges
- c. **Intensified Screening at Specialised OPDs:** Ensure mandatory screening for TB in 100% of attendees at specialised OPDs for people under care for HIV, diabetes, hypertension, cancer, dialysis, other NCD clinics, undernutrition and anaemia etc. Medical Officers-in-charge of health facilities shall ensure routine and mandatory TB screening of all patients attending these OPDs, with appropriate recording and reporting
- d. **Cough corners in high load OPD settings:** Designate a cough corner near the registration counter in high-load OPDs. Direct all patients with cough to this area for mask provision, quick registration, and fast-track tagging. Fast-track patients should be prioritized for consultation, lab tests, and medicine dispensation.
- e. **Screening at Indoor Facilities:** Ensure mandatory screening of vulnerable population for TB in 100% of attendees admitted at the health facilities. Ensure X-ray screening for all indoor patients admitted in the hospitals & NAAT testing if X-ray is abnormal or patient is symptomatic.
- f. **Screening using X-Ray:**
 - i. Coordination between OPD and X-Ray unit to ensure all vulnerable individuals get examined by X-Ray within the facility and reports are conveyed back to the clinician.
 - ii. All routine chest X-ray conducted in the hospitals should also be line-listed and reported in Ni-kshay
 - iii. Wherever functional X-Ray facilities are not available, mobility arrangements should be made for the vulnerable individuals to undergo X-Ray in nearest linked facilities.
- g. **Screening using 10-Symptoms (10-S)**
 - i. Symptomatic screening expanded to 10-symptoms (10-S). These are: Cough >2 weeks (Any duration for vulnerable population), Fever, Night sweats, Hemoptysis, Chest pain, Shortness of breath, Weight loss, Loss of appetite, Fatigue, Lymph node swelling and any other extra pulmonary signs
- h. **Sample Collection and Transport:** Health workers (ASHA/CV) ensure proper sputum sample collection and transportation to the nearest NAAT facility.

- i. **Indoor care:** For admission of TB patients who require indoor care, beds should be assigned in CHCs, DHs and Medical Colleges.
3. **Ayushman Arogya Shivar (Mobile Unit-Led Outreach Activity):**
- a. Ni-kshay Vahan (Mobile Medical Units (MMUs) with handheld X-Rays with AI, comorbidity testing, NAAT testing, specimen collection arrangements, tele-consultation through e-sanjeevani and IEC), will be deployed.
 - b. Existing 2,750 MMUs registered under the MMU portal, will be utilized for this campaign.
 - c. Route map to be prepared for all 1.58 lakh high risk villages & wards identified through AI (as per Annexure-1) - target to cover at least 100 X-rays per Shivar & offer X-ray to all individuals (beyond vulnerable population) in the high risk village & wards
 - d. After the high risk villages & wards have been covered, the route map should cover the remaining villages & wards in the district and provide X-ray services to the vulnerable population who have not got an X-ray before or have got their last X-ray more than 12 months back
 - e. Provision for sample collection for NAAT testing for symptomatic cases and those with abnormal X-Ray
 - f. Ayushman Arogya Shivar should be conducted at the Targeted Intervention Sites / Population like FSW, MSM, IDU, Truckers, Migrants interventions, nutrition care centres, cancer care centre and palliative care centres etc.
 - g. Medical Officer, CHO, ANM / Nurse, LTs, radiographers, MPWs from the nearest health facility should be available on roster duty during the Ayushman Arogya Shivar for providing services.
 - h. Specialist Services through tele-consultation should be made available during the Shivar for those requiring specialist consultation. Appropriate specialists should be ensured at the tele-medicine hubs
 - i. At each Ayushman Arogya Shivar, screening for blood pressure, random blood glucose, haemoglobin estimation and BMI assessment shall be undertaken as part of the minimum service package

The activities across all districts in the country will focus on accelerated implementation of key strategies under TB Mukta Bharat Abhiyaan:

1. Find all Missing Cases

- a. **Screening of Vulnerable Population** - Identification of vulnerable population and screening using the X-ray, even if asymptomatic and 10-Symptom screening.
 - i. Screen vulnerable individuals through X-ray
 - ii. Screening of all individuals living / working in congregate settings
 - iii. Urban areas - focus on urban specific vulnerable population & settings
 - iv. Screening of people under care for HIV, diabetes, hypertension, cancer, undernutrition, anaemia etc.
 - v. Screening using 10-Symptoms (10-S)
- b. **High Risk Villages & Wards** - Screening all individuals in 1.58 lakh high risk villages & wards using hand-held X-rays following a pre-defined route map for Ayushman Arogya Shivar. The state-wise list is placed as Annexure-5 and is available in the Ni-kshay portal dashboard.
- c. **Diagnostic Services:**
 - i. Use X-Ray - fixed facility and AI-enabled hand-held devices via Mobile Medical Units under NHM, for screening and ruling out active TB before starting TPT.
 - ii. Sputum Microscopy to be used only for follow-up tests.
 - iii. 100% Upfront NAAT for presumptive TB (X-ray abnormal and / or symptomatic).
 - iv. Use other radiological tests, histo-pathology & other appropriate tests as required for extra-pulmonary TB diagnosis.
 - v. Drug resistance testing for all diagnosed TB patients for first line and second line drugs, as per existing guidelines.
 - vi. Testing for anaemia, diabetes, hypertension & BMI assessment as per NCD/NHM guidelines.
- d. **Involvement of Health facilities other than Public Health System**
 - i. Health Department should sensitize all non NHM health facilities like AIIMS, Institute of National Importance, Central Government Hospitals, CGHS facilities, Line Ministries & PSUs on TB Mukh Bharat Abhiyaan
 - ii. All AIIMS, Institute of National Importance, Central Government Hospitals, CGHS facilities to screen OPD/IPD attendees for TB & NCD

- iii. All health facilities of line ministries like ESIC, Railways, Defence, Para military forces to screen all employed (formal / informal) and OPD/IPD attendees for TB & NCD
- iv. All health facilities in PSUs like Coal & Mines, Shipping & Ports, etc to screen all employed (formal / informal) and OPD/IPD attendees for TB & NCD
- v. All line ministries / PSUs to organize Ayushman Arogya Shivar in hospitals, residential colonies, work place, adopted community, etc
- vi. Health department should ensure linkages for health facilities of line ministries / PSUs to free drugs including drug resistant TB & free diagnostics like NAAT & CDST labs and sample collection & transportation arrangements. Also linkages for nutrition interventions, Differentiated Care Approach & TPT drugs
- vii. Provide all IEC materials related to TB Mukta Bharat Abhiyan with videos to be run in common areas.

e. Private sector collaboration:

- i. Ensure 100% notification of TB cases identified by private facilities
- ii. Sensitize all private health care providers, hospitals, NGO/Trust health facilities, chemists/pharmacies on Abhiyan strategies including Differentiated TB care & TB preventive treatment
- iii. Screening through X-ray & testing of all vulnerable population attending the OPD / IPD & reporting in Ni-kshay portal
- iv. Linkages for free drugs including drug resistant TB & free diagnostics like NAAT & CDST labs and sample collection & transportation arrangements
- v. Linkages for nutrition interventions & Differentiated Care Approach & TPT drugs
- vi. Provide all IEC materials related to TB Mukta Bharat Abhiyan
- vii. Wherever PPSA is available, they will support the private sector activities

2. Treatment and Differentiated Care: Ensure prompt and appropriate treatment of diagnosed patients.

- a. Treatment of drug sensitive & drug resistant TB cases as per existing guidelines including BPALM for those eligible.

- b. 100% assessment for Differentiated TB Care of all TB patients to identify high risk TB cases (based on disease severity, nutrition, general condition & co-morbidities) for intensified care
- c. Use AI tool 'Prediction of Adverse Outcome' identified line list of TB patients for prioritized care, monitoring & follow-up.
- d. Ensure indoor beds availability in all districts for needy high risk TB patients
- e. Interventions to address under-nutrition among TB patients:
 - i. 100% BMI assessment of all TB patients and providing
 - ii. 100% Energy-dense nutritional supplementation (EDNS) for patients with BMI < 18.5 for the first 2 months of treatment
 - iii. Within 15 days - disbursement of Ni-kshay Poshan Yojana - DBT
 - iv. Assign Ni-kshay Mitra to all consented TB patient & their families
 - v. Psychosocial support by MY BHARAT volunteers & TB Champions
- f. Management of comorbidities among TB patients:
 - i. Screening for HIV, diabetes, hypertension, undernutrition & anemia.
 - ii. Referral and management of those with HIV, diabetes, hypertension, undernutrition & anemia.
 - iii. Review treatment status of HIV, diabetes, hypertension, undernutrition & anemia
 - iv. Management of identified non-communicable disease comorbidities shall continue throughout the TB treatment period, with periodic review during scheduled TB follow-up visits to reduce complications and improve treatment outcomes

3. Personalized Touch & Care for TB patients:

- a. SMS messages to TB patients from Ni-kshay portal - reminding them to take medicines, for follow-up, bank details for DBT, nutrition, adherence, etc.
- b. "TB Mukh Bharat" Mobile Application newly developed with an interactive chatbot "Khushi aapki E- Sangini" to be downloaded by every TB patient by the peripheral health staff. This App is able to answer all queries for TB patients regarding treatment, side effects and importance of nutrition & treatment adherence. This chatbot will also serve general population to answer any queries related to TB signs, symptoms, diagnosis & treatment facilities, myths & misconceptions, etc

- c. Digital adherence tool - 99DOTS-lite to be used for all TB patients as the 'first choice', wherein patients have to give a missed call to a dedicated toll-free number which is recorded in Ni-kshay for treatment adherence.
- d. State & District level call centre to be established in any of the existing call centres, which will call TB patients to find out about treatment adherence, side effects, receipt of nutrition benefits, availability of drugs, psychosocial support, etc
- e. My-Bharat volunteers as Ni-kshay Mitra to offer psychosocial support to patients ensuring treatment adherence & follow-up and also to create community awareness on TB.
- f. ASHA workers should conduct weekly visits to TB patients, while CHOs visit once a fortnight.
- g. TB champions hand-hold patients for treatment completion, generating awareness & reducing stigma.
- h. Self Help groups(SHGs) & Civil society organizations support the health system to facilitate distribution & last mile delivery of food baskets to patient families.

4. Ni-kshay Mitra Initiative:

- a. Mobilize individuals and organizations (including elected representatives, corporates, industries, civil society organizations) as Ni-kshay Mitras to provide nutritional support (food baskets) to TB patients and their household contacts and psychosocial support to TB patients.
- b. Organize training sessions for MY Bharat volunteers, register them as Ni-kshay Mitra and link them to consenting TB patients for psycho-social support and implement community awareness activities.
- c. Organize training sessions for Panchayati Raj Institution representatives and orient them on their role in TB Mukh Bharat Abhiyaan, become & mobilize Ni-kshay Mitra and roadmap for TB Mukh Bharat Panchayat
- d. 100% linkage of TB patients with Ni-kshay Mitras for psycho social support
- e. Identification of at least 2 Ni-kshay Mitras in each Gram panchayat involving MY Bharat volunteers and PRI
- f. Focus on involving self help groups (SHGs), community volunteers, civil society organisations for distribution of family food baskets
- g. TB Mukh Bharat App introduction & scale up for Ni-kshay Mitra initiative implementation

5. TB Preventive Treatment (TPT):

- a. All household contacts (HHC) and close contacts should be enrolled for every diagnosed TB patient in Ni-kshay Portal..
- b. Initiate TPT (3HP regimen or 1HP for PLHIV) for eligible household contacts and close contacts of active TB Cases after ruling out active TB (through symptoms and chest X-ray).
- c. For other vulnerable groups ensure X-ray is offered and active TB is ruled out before offering TPT. Use Cy-TB wherever feasible, but do not deny TPT, if Cy-TB is not available / feasible for implementation.
- d. Patients on dialysis, pre-transplant and on Anti ANF treatments should all be screened for ruling out TB and TBI before initiating them on TPT.
- e. This opportunity is to be used to mop up all left out PLHIVs and initiate them on available shorter regimen of TPT.
- f. Ensure line-listing & data entry in Ni-kshay Portal for all individuals initiated on TPT
- g. Ensure people with HIV, diabetes, cancer, undernutrition, anemia assessed for TB preventive treatment irrespective of history of contact and provided TPT, if eligible

4. Tribal Areas Specific Strategies

Tribal communities are considered vulnerable due to the higher prevalence of TB among tribal populations. In spite of relaxed provisions under NHM including the establishment of TB Units, additional incentives for travel support, etc there still continues to be challenges related to accessing diagnostic services & ensuring continuum of TB care, due to factors such as undernutrition; poor housing; indoor air pollution; tobacco, alcohol and other substance abuse; geographical barriers, ignorance about various health services / schemes etc. Frequent migration, low health-seeking behavior and stigma which leads to missed or late diagnoses, incomplete treatment, and ongoing community transmission.

To address these challenges and accelerate TB elimination efforts in the tribal population, it is critical to provide context specific strategies in TB Mukht Bharat Abhiyaan involving the tribal leaderships and indigenous community influencers.

1. Tribal community engagement

- a. List out tribal local leaders, traditional healers, indigenous influencers, faith based leaders, TB survivors and school teachers for engagement

- b. Orientation of these tribal community influencers for optimizing community mobilization, creating awareness for expansion of TB services.
- c. Train tribal youth clubs, My Bharat Volunteers/NSS/NCC volunteers, and school health ambassadors to spread TB messages within their communities.
- d. Eklavya Model Residential Schools (EMRS) students identified as Student TB Ambassadors should lead hostel cough etiquette, ventilation, stigma reduction, and sibling / household / roommates contact tracing.
- e. Regular dialogues to strengthen trust between tribal communities and the government health system.
- f. Coordination with Tribal Welfare Department to leverage their existing community development or welfare schemes to increase reach of TB services
- g. Prepare micro-plans for hamlets including PVTG hamlets/forest hamlets, Van Dhan Vikas Kendras (VDVK) clusters, EMRS catchments, JANMAN MMU/MPC locations and ensure linkage plans for X-ray screening, NAAT testing, anemia, diabetes, hypertension, cancer and BMI assessments through Ayushman Arogya Shivar and AAMs.
- h. Include TB Mukta Bharat Abhiyaan discussions in the PESA¹ Gram Sabha agenda and inform the community about (i) vulnerability line-listing, (ii) Ayushman Arogya Shivar schedules/locations, (iii) local volunteers, and (iv) certify fund use for food baskets, transport vouchers through Gram Sabha

2. Community-Based Case Detection and Screening

- a. Screen all tribal populations for targeted interventions
 - i. Conduct Ayushman Arogya Shivar in tribal markets, haats, and melas for mass screening.
 - ii. Engage Community Forest Resource (CFR) committees to co-host screening in forest hamlets and mobilize gatherers.
 - iii. Schedule pre-market collection days at Van Dhan Vikas Kendras for TB symptom/X-ray screening.
 - iv. Organize TB awareness and screening camps at EMRS

¹ PESA refers to the Provisions of the Panchayats (Extension to the Scheduled Areas) Act, 1996 (PESA Act), a landmark Indian law empowering tribal communities (Adivasis) in designated 'Scheduled Areas' by extending decentralized governance, giving their traditional Gram Sabhas (village assemblies) control over land, resources (forests, water, minerals), culture, and self-governance, aligning with their customs and preventing exploitation.

- b. Integrate TB & NCD screening into existing tribal community outreach programmes of the Health and Tribal Department.
- c. Train traditional healers on protocol to use 10-S tool, X-Ray and NAAT, distribute referral cards

3. Treatment Adherence and Support

- a. Ensure prompt referral and linkage of diagnosed individuals from community to health facilities for timely treatment initiation, follow-up, monitoring & linkage to nutrition interventions
- b. Establish decentralised treatment support centres.
- c. Link TB patients to livelihood programs under PM-JANMAN and other tribal development initiatives.
- d. Use newly built Multipurpose Centres² for fixed-day TB follow-ups, nutrition kit distribution, etc.

4. Preventive Therapy and Infection Control

- a. Support initiation and completion of TB Preventive Therapy (TPT) for eligible beneficiaries
- b. Integrate TPT delivery into routine community health services, including NCD, anaemia and cancer programme.
- c. Educate families on TPT benefits and side effects using local language and pictorial guides.
- d. Promote cough etiquette, ventilation in traditional huts, and discourage spitting in public places through culturally relevant campaigns. Distribute AIC kits (masks, sanitizers) during community events.
- e. PESA Gram Sabha norms to discourage spitting, with community enforcement (market committees/Gram Sabha)

5. Culturally Adapted IEC

- a. Use local dialects and traditional art forms (folk songs, puppet shows, street plays) for TB awareness during festivals and community gatherings.
- b. Conduct market-day miking and puppet theatre

² Under PM JANMAN scheme, Multi-Purpose Centres (MPCs) are built to offer a single location for various essential services, including health (Anganwadi, Mobile Units), nutrition, skill development, and social support for Particularly Vulnerable Tribal Groups (PVTGs), aiming to provide holistic development and bridge service gaps in remote tribal habitations

- c. Host Gram Sabha, EMRS club and Youth club pledge events for stigma reduction
- d. Engage Tribal Research Institutes (TRIs) to adapt materials to local language/symbols and document stories of TB survivors for stigma reduction
- e. Use TRI-curated content in local scripts;
- f. Respect sacred groves and festivals for message timing

5. Urban Areas Specific Strategies

Urban areas / Cities with their densely populated areas present unique epidemiological and socio-economic challenges that facilitate the spread of TB and hinder timely diagnosis and treatment. Overcrowding, poor ventilation, malnutrition, high mobility, poverty, malnutrition, and poor health seeking behaviour further aggravates the risk of TB among the residents of densely populated urban areas. Informal health care providers including traditional healers, faith healers and retail sellers are commonly the first point of contact for urban residents, even the urban poor, despite the high out-of-pocket costs.

Urban population constitutes 37% of India's population. Delhi, being a primarily urban setting, recorded the highest prevalence at 534 per 100,000. States with mixed urban-rural populations also showed elevated prevalence, suggesting urban hotspots within those states. While the programme benefits are universally available across States and UTs, additional provisions are being provided in urban areas.

- City TB Centre: Many Cities have a dedicated City TB Centre with dedicated City TB Officer and district level coordinators assigned for the city.
- TB Health Visitors (TB HV): TB HVs are provided only in cities - 1 at every 1 lakh population to engage private sector and community volunteers.
- Patient Provider Support Agencies (PPSA) - TB programme has deployed more than 300 districts largely urban supported with PPSA to engage private health care providers for enabling notification of TB cases, extending free drugs & diagnostics under NHM and providing public health actions like contact tracing, co-morbidity testing (HIV & Diabetes) and TB preventive treatment to eligible household contacts.

To address these challenges and accelerate TB elimination efforts in the urban population, it is critical to provide context specific strategies under TB Mukht Bharat Abhiyaan involving the urban local bodies.

1. Community Engagement

- a. Integrate TB awareness and screening into ward meetings
- b. Involve My Bharat Volunteers/NSS/NCC volunteers and college students for TB awareness drives in urban schools and colleges.
- c. Use Town Vending Committees to organize TB IEC and screening camps in markets.
- d. Engage Mahila Arogya Samittees to mobilize households, line-list chest symptomatics, escort for X-ray/NAAT, and run TB awareness and stigma reduction activities
- e. Include TB Mukht Bharat Abhiyaan issues on Ward Committee agendas like screening coverage, NAAT positivity, % private notifications, NPY coverage etc. and publish ward scorecards in ULB websites.
- f. Leverage Swachh Survekshan components for TB Mukht Bharat Abhiyaan. Existing networks of elected representatives, sanitation champions, volunteers identified under the Swachh Survekshan Survey can support TB awareness, mobilization, and field access.
- g. Involve with Swachh Tulip youth engagement structures for TB awareness and school-age case identification.

2. Community-Based Case Detection and Screening

- a. Updated slum lists, population data, geoboundaries, and pre-identified sampling sites can be used for prioritizing TB screening without fresh mapping
- b. Construction sites, markets, transport depots, homeless shelters, rental clusters (ARHC³), industrial hubs, urban resettlement colonies, migrant worker clusters, prisons, railway yards, and gig-economy workers such as house maids, rickshaw pullers, auto-rickshaw and cab drivers, and other public transport drivers as priority screening population.
- c. Digitized worker rosters and mandated health check-ups enable seamless TB screening of this high-risk occupational group

³ ARHCs (Affordable Rental Housing Complexes) in urban areas are a sub-scheme of India's Pradhan Mantri Awas Yojana-Urban (PMAY-U), designed by the Ministry of Housing & Urban Affairs (MoHUA) to provide affordable, dignified housing for urban migrants and the poor near their workplaces.

- d. Integrate TB screening into ongoing sanitation worker health check-ups under the Swachh Survekshan Survey
- e. Conduct community TB screening using handheld X-ray machines at U-AAM and wards office; and 10-S symptoms.
- f. Deploy Ni-kshay Vahan with portable X-ray and NAAT machines for high-density wards and congested slums.
- g. Empanel private labs to test all specimens on NAAT, if public sector labs are overworked and turn around time is not maintained.
- h. Use courier services, bike riders, or municipal vans for rapid sputum transport from UPHCs and camps to NAAT hubs.
- i. Screen 100% of patients in HIV, NCD, dialysis, cancer and tobacco cessation clinics in city hospitals.

3. Private sector engagement

- a. Engage municipal health officers to ensure private providers mandatorily notify TB cases in Ni-kshay.
- b. Partner with private hospital networks, private clinics, and chemists for presumptive TB identification, NAAT testing and extend free TB diagnostics & drugs available under NHM.
- c. Display IEC at pharmacies and build capacity of the pharmacists to maintain schedule H1 register as required under Drugs & Cosmetics Act and refer individuals with cough buying cough syrups for TB screening to the nearest health facility.

4. Treatment, Adherence, and Support

- a. Ensure prompt referral and linkage of diagnosed individuals from community to health facilities for timely treatment initiation.
- b. Establish decentralised treatment support centres through health facilities under NUHM like UCHC / UPHC / U-AAM with flexible timing of operations
- c. Provide psychosocial support for individuals undergoing TB treatment to reduce pre-treatment loss to follow-up and improve outcomes.
- d. Track patients throughout the treatment cascade at both community and facility levels.
- e. Utilize quick commerce / instant delivery platforms for home delivery of nutrition kit delivery to TB patients / family, wherever feasible

- f. Urban Primary Health Centres, U-AAMs and designated NCD clinics shall be responsible for continuity of care and follow-up of NCDs diagnosed during TB screening activities in urban settings.

5. Preventive Therapy and Infection Control

- a. Support initiation and completion of TB Preventive Therapy (TPT) for eligible contacts, especially children under fifteen and contact of DR-TB.
- b. Integrate TPT delivery into routine community health services, including NCD, anaemia & cancer programme.
- c. Promote cough etiquette, ventilation in Bus, Railway and Metro Stations, and discourage spitting in public places through impactful IEC materials.
- d. Promote mask use and cough hygiene in buses and metro stations. Provide low-cost masks at ticket counters and vending kiosks.

6. Urban specific IEC

- a. Resident Welfare Associations / Co-operative Housing Societies to host IEC sessions in gated communities and rental housing.
- b. Use bus panels, metro stations, and digital screens for TB awareness. IEC campaigns on cough hygiene and mask use via public address (PA) systems and digital screens.
- c. Engage city influencers and municipal social media handles for TB campaigns.
- d. Street plays, nukkad nataks, and loudspeaker announcements in slums and markets
- e. Utilize Smart City Mission assets for TB IEC across smart poles, digital kiosks, public Wi-Fi sign-ons and display ward scorecards for TB Mukh Bharat Abhiyaan on city dashboards
- f. Quarterly citizen validation interviews provide a platform to incorporate TB-related questions

7. Operational Strategies

1. Operational and Resource Coordination (Pre-launch and Camp Day)

- a. **IEC:** Ensure display of appropriate IEC materials (wall paintings, posters, digital messages) to mobilize vulnerable populations, promote awareness, especially emphasizing symptoms, promote health seeking, the availability of free diagnostics, treatment and government schemes, awareness on health conditions

with high risk of TB like HIV, diabetes, hypertension, smoking, undernutrition, anemia.

- b. **Urban Strategy:** In urban areas, run special hours OPDs in the evening to cater to slum dwellers, migrant workers, industrial workers, daily wagers, etc.
 - c. **Infrastructure and Logistics:** Assess workload for X-Ray/NAAT facilities, testing for anemia, diabetes, hypertension & undernutrition. Mobilize additional staff, ensure continuous supply of drugs and consumables, and arrange for specimen transport mechanisms (e.g., runners, courier service) from AAMs to NAAT labs and referral laboratories for advanced investigations & management.
 - d. **Private sector engagement:** Engage the private sector clinics (incl. AYUSH), hospitals, laboratories and chemists to ensure notification of all TB cases, establish referral linkages for free TB diagnostics / TB drugs through government facilities, and display IEC materials on government schemes. Collaborate with professional associations / bodies (IMA, IAP, AIOCD, etc.) to use peer influence through appeal letters, meetings and CMEs to ensure all TB patients get notified. Visit to all private health facilities at least once during campaign and multiple times to high priority/volume providers.
 - e. **NCDs:** Collect information on patients with diabetes, hypertension & other NCDs and report in the NCD portal. Conduct training sessions for private sector clinics (incl. AYUSH), hospitals, laboratories and chemists to self report NCDs in the NCD portal. Individuals identified with diabetes, hypertension or other NCDs during the campaign shall be linked to Ayushman Arogya Mandirs for further management and recorded in the NCD portal.
2. **Mobile Medical Unit led Outreach: Ayushman Arogya Shivar / Health Camps:** The mobile unit-led outreach is crucial for achieving saturation and reaching marginalized populations. These mobile units are utilized for IEC, organizing camps, and enabling the mobility of health personnel in peripheral areas.
- a. **Services to be provided:** Through these MMUs following services would be provided
 - Provide education on TB signs / symptoms, early diagnosis, importance of treatment adherence, TB prevention & encouraging TB screening in people under care for HIV, Diabetes, Hypertension, Under-nourishment & Anaemia

- On-site testing and diagnostic services (X-rays, sputum tests, Blood Sugar, Hb, BP, BMI assessment, etc.).
- Refer or transport confirmed cases to healthcare facilities.
- Educational Sessions: Provide information on TB symptoms, transmission, prevention, treatment and on NCD prevention, management & vulnerability for TB

b. Ni-kshay Vahan and On-site Capabilities

- Equipment and Materials: The vans should be equipped with X-ray machines with AI (including handheld X-rays) for on-spot chest X-ray screening, sputum collection materials, Truenat machines, glucometer, hemoglobinometer, BP instrument, BMI Chart as well as any other necessary tests based on the local context (details are provided in annexure). The Ni-kshay Vahan should be branded with campaign-specific IEC materials for display and distribution.
- Staff: Ni-kshay Vahans should be staffed with trained medical personnel, which include a Medical Officer, Lab technicians, radiographers, and support staff.
- Service Provision: The MMUs provide comprehensive services including screening for TB, early identification and diagnosis, educational sessions, and on-site TB diagnostic services (X-rays, NAAT tests). They also facilitate testing for Hb, blood sugar and other locally required tests.

c. Targeted Outreach and Service Flow

- Prioritization: MMUs should prioritize geographies farthest from the available fixed facilities, villages & wards identified high-risk. This targets vulnerable populations in remote areas, slums, prisons, orphanages, and other congregate settings.
- Screening: Community-level screening should be conducted through symptoms enquiry by a health worker (using the expanded symptom complex or 10-S complex tool) and mandatory chest X-ray screening, even for asymptomatic individuals within vulnerable populations. Screening for health conditions with high risk of TB will also be conducted. This will include screening for diabetes, hypertension, undernutrition & anemia. In high risk villages & wards Chest X-ray should be mandatorily offered to all population (except children under 14 years), irrespective of their

vulnerability for TB. For children under 14 years, eligibility as mentioned above in the document should be considered.

- Testing and Logistics:
 - MMUs can either conduct on-site X-ray using hand-held machines or transport individuals to the nearest X-ray facility via free referral transport under NHM, if handheld X-ray units are unavailable.
 - For all presumptive TB cases identified (based on symptoms or X-ray abnormal findings), upfront NAAT testing to be performed on-site via the Truenat machines or specimen to be collected and transported to the nearest NAAT site.
 - Testing for diabetes, cancer, anemia and examination for blood pressure and BMI assessment for undernutrition should be conducted onsite. HIV testing should be conducted only after pre-test counseling and only in health facilities & TI NGO sites.
 - Sample collection and transportation arrangements for sputum samples must be efficiently managed from the mobile unit sites to the designated NAAT facility, utilizing logistics like runners, couriers, or community volunteers, especially when only sample collection occurs on-site.
 - Specimen collection and transportation will be done for testing which require additional testing at referral facilities like HIV, diabetes, undernutrition & anemia.
 - SOPs as per guidelines should be ensured for bio-medical waste management & sample packaging for transportation
 - Confirmed cases should be referred or transported to appropriate fixed healthcare facilities for continuity of care.
 - TB patients should be linked to nutritional & psychosocial support with Ni-kshay Mitras and ensure the provision of NPY benefits.
 - Initiate contact tracing for household contacts and screen them for active TB (using X-ray) before initiating TPT regimen.

d. Operational Planning for Mobile Units

- ASHA to linelist all vulnerable populations, CHO to verify and then the same needs to be compiled at PHC, CHC & District level. The format for

linelisting is placed as Annexure-5 . The compiled aggregate numbers of vulnerable populations should be entered in Form-1 of Ni-kshay portal.

- Micro-planning: Detailed operational planning and micro-plans must be prepared up to the village level. This planning requires coordinating logistics, Human Resources (HR), and the exact routing of the mobile testing units with the community screening campaign in priority geography. The format for microplanning & route map for Ni-kshay Vahan / MMU is as below.
- Route planning: Prepare a date-wise schedule for Ni-kshay Vahan visits to each high risk village & ward location based on the list of high risk villages & wards and presence of congregate settings. For the scheduled date & along with exact location of the camp, assign the Vahan along with its staff and ensure local staff are designated to coordinate activities. Each Vahan should target ~100 X-rays daily for vulnerable populations.

Date	Village or Location	Exact name of place	On-vehicle staff name with designation	ANM or CHO Name	ASHA Name	Vehicle Number

- Human Resource: Adequate human resources, including laboratory technicians, radiographers, should be calculated based on the anticipated workload and mobilized accordingly. If not available, these HR should be hired for a fixed term contract basis.
- Ensure availability of required commodities for screening & testing for TB, Diabetes, Hypertension & Anemia during the camps
- MMU Vehicle: Existing 2,750 MMU vehicles under NHM should be used as Ni-kshay Vahans. If adequate vehicles are not available or could not be mobilized within the system, hiring of vehicles should be considered.
- Community Mobilization: Mobile outreach relies heavily on frontline workers (ASHA/CV) who perform door-to-door mobilization and line-list

vulnerable populations in advance of the Ni-kshay Vahan's arrival. Involve MY Bharat volunteers & TB Champions for community mobilization activities. Local Pradhan / Sarpanch & community leaders, opinion makers in the villages should be pre-identified and sensitized for organizing Ayushman Arogya Shivar and the support required. All AAMs, JAS, MAS, School Ambassadors will be mobilized to ensure maximum participation of the community during the campaign.

8. Communication and IEC

The campaign requires a tailored, comprehensive Information, Education, and Communication (IEC) strategy focused on early detection, reducing stigma, and promoting healthy behaviors to mobilize vulnerable key population for screening i.e. elderly (>60 years age), malnourished (BMI <18.5), diabetics, people living with HIV, smokers, alcoholic, household contacts of TB cases and Individuals with history of TB disease in the past.

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
- Raise awareness about health conditions with high risk for TB like HIV, diabetes, hypertension, smoking, undernutrition, anemia.

Target Audience and Key Messages

a. Primary Audience:

- Residents of high risk villages,
- vulnerable population in rural, urban & tribal areas and

- individuals in congregate settings like prisons, old age homes, orphanages, destitute homes, asylums, residential hostels, homeless shelters, industrial clusters, mines, brick kilns, etc.
 - Urban areas - focus on urban specific vulnerable population like jhuggi / jhopdi / slums, migrants, construction worker sites, homeless, beggars, street children, railway yards, coolies, informal workers in unorganized sectors, gig workers, rickshaw pullers, transport hubs, auto/taxi drivers, sabzi mandi, abattoirs & other context specific local vulnerable population
- b. **Secondary Audience:** Healthcare providers, local community leaders, teachers, and students who can act as advocates.
- c. **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.
 - **Need of appropriate care and management of chronic health conditions** like HIV, diabetes, cancer, undernutrition and anemia.

Communication Campaign Strategies

a) Mass Media

- **Radio Broadcasts:** Use local radio stations to air jingles, interviews, and success stories of TB survivors to educate and reduce stigma.
- **Miking / Loudspeaker Announcements:** In markets or other gathering places, mobile vans / rickshaw with loudspeakers can announce important messages on TB.

b) Interpersonal Communication

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

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

d) **Print and Visual Media**

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

e) **Community Mobilization Campaigns**

- **School-based education programmes:** Organize educational sessions and quizzes about TB for students, who can spread the messages to their families.
- **TB awareness clubs:** Create student clubs focused on health education and mobilize students as health advocates in their communities.
- Engage My Bharat Volunteers, Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs), and Self-Help Groups (SHGs) to raise awareness and support mobilizing vulnerable population and screening activities.

f) **Engagement with Local Stakeholders**

- **Involve local leaders:** Work with village leaders, religious heads, and traditional healers to spread accurate information about TB.
- **Gram Sabha/Ward Committee meetings** to sensitize members and conduct TB messaging through local opinion/religious leaders.
- **Healthcare providers:** Provide additional training to local doctors, nurses, and pharmacists about proper TB diagnosis and management protocols.

g) **Ni-kshay Vahan**

- Ni-kshay Vahans (campaign specific branded Mobile Medical Units) should be used for the campaign. About 2,750 Mobile medical Units (available under NHM) to be utilized for IEC, organizing camps and mobility of health personnel in the peripheral areas.

9. Jan Bhagidari

The success of the "TB Mukht Bharat Abhiyaan" relies fundamentally on Jan Bhagidari (community participation), ensuring that the community actively participates in awareness, prevention, detection, and support for treatment.

The objectives of Jan Bhagidari focus on raising awareness about TB symptoms, encouraging early detection among vulnerable populations, reducing stigma, promoting preventive measures like cough hygiene and adequate ventilation, and ensuring that TB patients complete their treatment with sufficient nutrition.

Specific Jan Bhagidari activities categorized by stakeholder group, designed to be implemented during the campaign as under:

1. Panchayati Raj Institutions (PRIs) & Urban Local Bodies (ULBs):

- a. Mobilize Resources and Planning: Mobilize local resources and/or allocate budgets within the Gram Panchayat Development Plan (GPDP) or urban plans for sustainable activities like patient referral transport and sputum sample transportation
- b. Awareness and Stigma Reduction: Hold Gram Sabha / Ward Committee meetings to sensitize members on TB and encourage community participation. Display appropriate Information, Education, and Communication (IEC) materials, such as wall paintings and posters, in prominent places like the Common Service Centre (CSC).
- c. Community Support: Mobilize community members to become Ni-kshay Mitras

2. Local Community Structures (VHSNC, JAS, MAS, AWWs, SHGs)

- a. TB Education Sessions: Conduct special sessions on TB awareness and TB care services in all Village Health, Sanitation, and Nutrition Committee (VHSNC), Jan Arogya Samiti (JAS), and Mahila Arogya Samiti (MAS) meetings

- b. Screening and Nutrition Support: Train and engage Self-Help Groups (SHGs) for community screening and follow-up activities. Link SHGs with Ni-kshay Mitras to distribute nutrition kits, offer counseling, and provide livelihood support for PwTBs
 - c. AWW Mobilization: Anganwadi Workers (AWW) conduct special sessions at Anganwadi centers on TB symptoms, nutrition counseling, and TB prevention messaging for pregnant women, lactating mothers, children, and adolescents
- 3. TB Vijeta / TB Champions**
- a. Anti-Stigma Campaigns: Conduct at least one anti-stigma awareness campaign within each block during the Abhiyaan, led by the NTEP and TB champions
 - b. Peer Support and Mobilization: Assist Community Health Officers (CHOs) and Accredited Social Health Activists (ASHAs) in vulnerability mapping and mobilizing the community for screening under the Ayushman Arogya Mandirs (AAM)
- 4. Elected Representatives (MPs, MLAs, MLCs, PRI & ULB members)**
- a. Visibility and Endorsement: Participate in Ayushman Arogya Shivar (screening camps) and flag off Ni-kshay Vahans (Mobile Medical Units) within their constituencies
 - b. Pledge and Advocacy: Take the Ni-kshay Shapath (pledge) along with community members to reduce stigma. Address public gatherings to de-stigmatize TB and encourage early care-seeking
 - c. Resource Mobilization: Mobilize additional resources from funds (MP-LAD / MLA) for critical health system support (e.g., X-Ray and NAAT machines or patient mobilization vehicles)
 - d. Recognition: Felicitate Ni-kshay Mitras and TB Vijetas for their contributions in the fight against TB
 - e. Conduct district-level reviews every two months with District Magistrate/Collectors and Health department
 - f. Visit District Hospital, Community Health Centres, Primary Health Centres, Ayushman Arogya Mandir to review services provided to TB patients to understand challenges and provide solutions
 - g. Mobilise vulnerable population for screening and participate in Ni-kshay Shivar
 - h. Mobilise private sector for ensuring 100% notification of all TB cases
 - i. Lead Jan Bhagidari in the respective constituency for TB Mukh Bharat

- j. Mobilize Panchayats to mobilize vulnerable population for screening & raise awareness in the community for reducing stigma, promoting Swachhta & use of masks while coughing/ sneezing
- k. Mobilize local funds to address any gaps in the health systems
- l. Mobilize civil society organisations to provide Poshan kits to TB patients & their families
- m. Felicitate Ni-kshay Mitra and TB Champions / TB Vijeta for their contribution in fight against TB
- n. Ensure TB messaging in all public meetings/forums to raise awareness on TB, mobilize vulnerable population and improve uptake of services
- o. Provide bytes in local press / radio / TV to educate public on TB issues

5. Community Influencers & Religious Leaders

- a. Mass Messaging: Provide TB messaging in religious gatherings and community events. Use local press, radio, electronic media, and cable TV for IEC dissemination
- b. Social Media Engagement: Social media influencers provide TB messaging in their channels and mobilize people to register as Ni-kshay Mitras

6. Youth Involvement

- a. Creative Awareness: Organize art and cultural activities like essay, poster, or elocution competitions in schools and colleges
- b. Volunteering and Training: Train My Bharat, National Service Scheme (NSS) and National Cadet Corps (NCC) volunteers on TB, engaging them for outreach activities and community mobilization during screening. Register them as Ni-kshay Mitras

7. Industries and Trade Associations

- a. Workplace Screening: Organize Ayushman Arogya Shivar screening camps for all workers employed by industries, corporate houses, Public Sector Undertakings (PSUs), and mining clusters in consultation with the Health Department
- b. Logistics/Financial Support: Market associations and trade unions help in awareness creation by displaying IEC materials. Banks can be approached to open zero-balance accounts for NPY benefits transfer

8. NGOs and CSOs

- a. Logistical Support: Provide mobility support for patient referral for X-Ray, specimen transportation, and support community screening and mobilization efforts

- b. Feedback and Pledge: Provide supportive supervision or monitoring assistance with feedback to the NTEP. Take Ni-kshay Shapath along with the community.

9. Outreach through Ministries (Whole-of-Government)

Sr.No	Departments	Key Expectation to support 100 days Intensified Campaign
1	Department of Youth Affairs	<ul style="list-style-type: none"> ● Engagement of MY Bharat Volunteers and concerned 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) in all organisations. ● Awareness generation through inclusion of TB-related messages in major events and youth programmes ● Awareness generation messages on social media of the department. ● Register Ni-kshay Mitra from various organizations and staff of the Dept. of Youth Affairs, NYKS etc.
2	Ministry of AYUSH	<ul style="list-style-type: none"> ● 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 Ayushman Arogya Shivar (screening camps) by AYUSH institutions to be organised in consultation with State nodal Health Department ● Dissemination of anti-TB messages on social media of the Ministry. ● Taking Ni-kshay Shapath (pledge)

		<ul style="list-style-type: none"> ● Communicate to all state functionaries on TB campaigns seeking their support. ● Register new Ni-kshay Mitra in all institutions and organisations and the Ministry of AYUSH.
3	Ministry of Panchayati Raj	<ul style="list-style-type: none"> ● Engagement of Panchayati Raj Institutions, Gram Sabha, Gram Pradhan, and elected representatives in campaign. ● Awareness of all staff on TB. ● Involvement of Panchayati Raj Institutions in Ayushman Arogya Shivar (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) 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.

4	Ministry of Railways	<ul style="list-style-type: none"> ● Engagement of all offices, organisations, PSUs, and manufacturing units of the Ministry of Railways in campaign. ● Screening camps (Ayushman Arogya Shivar) at all stations in consultation with the 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) 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.
5	Ministry of Home Affairs	<ul style="list-style-type: none"> ● Facilitate engagement of all prison Inmates in campaign. ● Display of IEC materials in all prisons/offices and organisations ● Awareness generation of all staff of the prisons on TB. ● Screening camps (Ayushman Arogya Shivar) for all Inmates to be organised ● Taking Ni-kshay Shapath (pledge) in all Prisons. ● Dissemination of awareness messages on social media of the Ministry/Department.

6	Ministry of Labour & Employment	<ul style="list-style-type: none"> ● Engagement of all attached & subordinate offices (DGFSALI, DGMS) Statutory Organisations (ESIC, EPFO), Autonomous Bodies (DTNBWED, VVGNLI) in campaign. ● Display of IEC materials in all offices. ● Organise Ayushman Arogya Shivar through ESIC Hospitals in consultation with the State nodal health department. ● Taking Ni-kshay Shapath (pledge) 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.
7	Department of School Education & Literacy	<ul style="list-style-type: none"> ● 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 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) in schools/attached offices of the department. ● Dissemination of awareness messages on social media of the department. ● Register Ni-kshay Mitra from various organizations, institutions and staff of the Dept. of School Education & Literacy.

8	Department of Posts	<ul style="list-style-type: none"> ● Anti-TB messaging on the postal cards and delivery packaging. ● Display of IEC material at all post offices. ● Awareness generation of all staff on TB. ● Taking Ni-kshay Shapath (pledge) in all organisations ● Dissemination of awareness messages on social media of the Department/attached offices. ● Register Ni-kshay Mitra from various organisations and staff of the Dept. of Posts/attached offices
9	Department of Telecommunication	<ul style="list-style-type: none"> ● 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 ● 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.
10	Ministry of Culture	<ul style="list-style-type: none"> ● 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) in all organisations/offices. ● 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

11	Ministry of Housing & Urban Affairs	<ul style="list-style-type: none"> ● Engagement of all organizations, attached & subordinate offices, statutory & autonomous bodies, and PSUs in 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) 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
12	Ministry of Corporate Affairs	<ul style="list-style-type: none"> ● Engagement of all organisations, attached & autonomous bodies, professional bodies in campaign. ● Display of IEC materials in all offices. ● Awareness generation of all staff on TB. ● Taking Ni-kshay Shapath (pledge) in all organisations. ● Dissemination of awareness messages on social media of the Ministry. ● Register Ni-kshay Mitra from various organisations/PSUs and other institutions
13	Ministry of Heavy Industries	<ul style="list-style-type: none"> ● Engagement of all Central Public Sector Enterprises (CPSEs), associate & subordinate offices, and Autonomous institutions (like ARAI, FCRI, CMTI, GARC, ICAT, NATRAX etc.) in the campaign. ● Display of IEC materials in the offices of all CPSEs, workshops and other major strategic locations. ● Awareness of all staff on TB. ● Ayushman Arogya Shivar (screening camps) in all CPSEs & institutions to be conducted in consultation with State nodal Health Department

		<ul style="list-style-type: none"> • Taking Ni-kshay Shapath (pledge) in all CPSEs & institutions. • 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
14	Ministry of Micro, Small and Medium Enterprises	<ul style="list-style-type: none"> • Engagement of all offices, institutions, and attached organizations in the campaign. • Display of IEC materials in all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) in all organisations / offices / institutions. • Ayushman Arogya Shivar (screening camps) in MSME and industrial hubs to be organised in consultation with State nodal health department • Dissemination of awareness messages on social media of the Ministry. • Register Ni-kshay Mitra from various organisations and institutions of MSME
15	Ministry of Tribal Affairs	<ul style="list-style-type: none"> • Engagement of all offices, institutions, and major initiatives like Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyaan (PMJANMAN), Dharti Aaba Janjatiya Gram Utkarsh Abhiyaan in campaign. • Awareness generation of all staff on TB. • Communicate to all state functionaries on TB campaigns seeking their support. • Taking Ni-kshay Shapath (pledge) in all institutions / offices. • Mobilize and engage all Tribal Research Institutes (TRI), NGOs, community-based organisations for TB awareness.

		<ul style="list-style-type: none"> ● 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
16	Ministry of Road Transport & Highways (National Highways Authority of India/ Regional Offices)	<ul style="list-style-type: none"> ● Engagement of all offices, organizations, autonomous bodies, and public sector undertakings in 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 (Ayushman Arogya Shivar) for workers engaged in the transport sector, transport hubs, and highway construction to be organised in consultation with the State nodal health department. ● Taking Ni-kshay Shapath (pledge) in all offices and organisations. ● Dissemination of awareness messages on social media of the Ministry. ● Register Ni-kshay Mitra in all offices and institutions of the Ministry of Road Transport & Highways

17	Ministry of Coal (PSUs- Coal India Limited & Subsidiaries and Coal Companies)	<ul style="list-style-type: none"> ● 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 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 the State nodal Health Department. ● Organization of Ayushman Arogya Shivar (screening camps) in industries and PSUs. ● Taking Ni-kshay Shapath (pledge) in all offices, industries and PSUs. ● Dissemination of awareness messages on social media of the Ministry/Department/PSUs/attached institutions. ● Register Ni-kshay Mitras in all industries and PSUs and staff of the Ministry of Coal
18	Ministry of Mines	<ul style="list-style-type: none"> ● Engagement of all PSUs (NALCO, HCL, MECL), Autonomous Bodies (JNARDDC NIRM), Attached & Subordinate Office (IBM, GSI) etc. in the campaign ● Display of IEC materials in the offices of all PSUs, mining areas and other major strategic locations. ● Awareness of all staff on TB. ● Ayushman Arogya Shivar (screening camps) in industries and PSUs to be organised in consultation with the State nodal Health Department. ● Screening of staff & workers engaged in the mining sector to be conducted in consultation with the Health Department. ● Taking Ni-kshay Shapath (pledge) in all industries. ● Awareness messages on social media of the department. ● Register Ni-kshay Mitras from the Mines PSUs & other institutions, and staff of the Ministry of Mines

19	Ministry of Women & Child Development	<ul style="list-style-type: none"> ● 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 campaign. ● Display of IEC materials in all offices/attached institutions. ● Awareness generation of all staff on TB. ● Taking Ni-kshay Shapath (pledge) in all organisations / offices. ● Institutions & schemes like Anganwadi Centre, ICDS, SABLA, Ujjawala, Swadhar Greh, etc to be involved in Screening camps (Ayushman Arogya Shivar) conducted by health department concerned ● Dissemination of awareness messages on social media of the Ministry. ● Register Ni-kshay Mitra from various organizations and institutions.
20	Ministry of Rural Development	<ul style="list-style-type: none"> ● Facilitate engagement of all Divisions and schemes (like MGNREGA, NRLM, PMAY-G) in campaign. ● Display of IEC materials in all offices. ● Awareness generation of all staff on TB. ● Taking Ni-kshay Shapath (pledge) in all organisations / offices. ● Dissemination of awareness messages on social media of the Ministry. ● Register Ni-kshay Mitra from various organizations and institutions.
21	Ministry of Chemicals & Fertilizers	<ul style="list-style-type: none"> ● Facilitate engagement of PSUs of the department of Fertilizers viz. FAGMIL, BVFCL, FCIL, PDIL, HFCL, RCF, NFL, FACT & MFL and attached and subordinate offices in the campaign. ● Display of IEC materials in all offices/attached institutions. ● Awareness generation of all staff on TB. ● Screening of staff & workers engaged in all PSUs/attached institutions to be conducted in consultation with the Health Department. ● Taking Ni-kshay Shapath (pledge) in all organisations / offices.

		<ul style="list-style-type: none"> ● Dissemination of awareness messages on social media of the Ministry. ● Register Ni-kshay Mitra from various organizations and institutions.
22	Ministry of Cooperation	<ul style="list-style-type: none"> ● Facilitate engagement of cooperative organizations, National / State / District / Block / Regional level cooperative federation, Cooperative banking Institutions and subordinate offices in the campaign. ● Display of IEC materials in all offices/attached institutions. ● Awareness generation of all staff on TB. ● Screening of staff & workers through Ayushman Arogya Shivar (screening camps) engaged in all PSUs/attached institutions to be conducted in consultation with the Health Department. ● Taking Ni-kshay Shapath (pledge) in all organisations / offices. ● Dissemination of awareness messages on social media of the Ministry. ● Register Ni-kshay Mitra from various organizations and institutions.
23	Ministry of Social Justice & Empowerment	<ul style="list-style-type: none"> ● Engagement of all organisations/ institutions attached (Old Age Home, Shelter Homes, juvenile homes etc.) & autonomous bodies, professional bodies in the TB Mukta Bharat Abhiyaan. ● Display of IEC materials in all offices/attached institutions. ● Awareness generation of all staff on TB. ● Dissemination of awareness messages on social media. ● Register Ni-kshay Mitra from various organizations and institutions.

24	Department of Public Sector Enterprises	<ul style="list-style-type: none">● Engagement of concerned Divisions, institutions, and Central Public Sector Enterprises (CPSEs) in the TB Mukht Bharat Abhiyaan.● Display of IEC materials in the offices and major strategic locations under the purview of CPSEs.● Awareness generation of all staff on TB.● Screening of workers engaged in all CPSEs to be conducted in consultation with the State nodal Health Department.● Dissemination of awareness messages on social media of the Ministry/Department/CPSEs/attached institutions.● Register Ni-kshay Mitras in all industries, CPSEs, and staff of the Department of Public Enterprises
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10. Role and Responsibility of Stakeholders

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

- Identify and map high burden areas (Orphanages, Migrant labours, Construction site, Mining area, Residential Schools, Slums, Tea gardens etc. and / or areas with high number of TB cases or deaths)
- Line list vulnerable population like >60 years age, Malnourished (BMI <18.5), Diabetics, People living with HIV, Smokers, Alcoholic, Household Contacts of TB case in the last 2 years, Individuals with history of TB in the last 5 years and any other vulnerable population basis local area as decided by the district
- Line list all population in high risk villages & wards
- 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 household 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

- Facilitate referral and linkage of individuals identified with diabetes, hypertension, during the campaign to Ayushman Arogya Mandirs for further evaluation and continuity of care

2. Community Health Officer (CHO)

- Coordinate with ASHA/CV for Identify and map high burden areas (Orphanages, Migrant labours, Construction site, Mining area, Residential Schools, Slums, Tea gardens etc. and / or areas with high number of TB cases or deaths)
- Verify and confirm linelist of vulnerable population like >60 years age, Malnourished (BMI <18.5), Diabetics, People living with HIV, Smokers, Alcoholic, Household Contacts of TB case, Individuals with history of TB in the last 5 years and any other vulnerable population basis local area as decided by the district
- Verify the line list of all population (general + vulnerable) in high risk villages and wards
- Ensure Mobilisation through ASHA/CV of this line listed population for TB screening activities during campaign at Ayushman Aarogya Mandir (AAM) or Ayushman Arogya Shivar 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 household 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
- Ensure continuity of care for identified NCDs through Ayushman Arogya Mandir services, including follow-up of diabetes, hypertension and anaemia during the TB treatment period, wherever applicable.
- Ensure entry of screening and referral details of diabetes, hypertension screened during the campaign in the NCD portal,

3. TB Health Visitors (in Urban areas)

- Identify and facilitate engagement of ASHA (wherever ASHA is not sufficiently available, community volunteers (CVs)) in urban areas 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 mobilize household contact to MO/CHO for screening
- For those individuals initiated on TB preventive treatment (TPT) by the MO/CHO ensure treatment supporter and coordinate for dispensation of drug and treatment compliance
- During the campaign focused awareness activities (educate communities about TB, its symptoms, causes, and how it spreads, emphasize the importance of early detection and treatment, IEC material distribution, Motivating people 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
- Coordinate with Urban Primary Health Centres and designated NCD clinics to ensure follow-up and continuity of care for NCDs identified among TB patients and vulnerable populations.

4. **Medical Officer**

- Ensure mapping of high burden areas (Orphanages, Migrant labours, Construction site, Mining area, Residential Schools, Slums, Tea gardens etc. and / or areas with high number of TB cases or deaths) and listing of vulnerable population like >60 years age, Malnourished (BMI <18.5), Diabetics, People living with HIV, Smokers, Alcoholic, Household Contacts of TB case, Individuals with history of TB in the last 5 years and any other vulnerable population basis local area as decided by the district, prepared by CHOs and ASHA and 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 mobilization of people to the campsite for screening, X-Ray and NAAT (including specimen transportation)
- Ensure that the X-Ray units, the extra batteries and laptops are charged at the end of the day to be ready for the next day.
- 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 household 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.
- Ensure appropriate clinical management and referral of NCD & other comorbidities. Ensure accuracy and completeness of TB–NCD comorbidity information recorded in the Ni-kshay and NCD portals at the facility level.

5. 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 programmes 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 TB patients and their family members.
- Coordinate with treatment supporters and patients for bank account and consent to ensure NPY and Ni-kshay Mitra 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.

6. **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.
- Review screening and linkage of TB patients with diabetes, hypertension during routine supervisory visits and programme reviews.
- Review completeness of TB and NCD data entry from facilities and camps, and coordinate with CHOs and facilities to address gaps in Ni-kshay and NCD portal reporting

7. Block Medical Officer and Block Programme 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 programme 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 reporting and compilation
- Complete training/ orientation of all staff involved/deputed for the campaign

- To facilitate change management with respect to use of ICT & Ni-kshay tools for concerned data entry, validation & its use for public health action
- Review implementation of NCD screening and linkage under the TB Mukht Bharat Abhiyan at block level, including referral and continuity of care for diabetes, hypertension among TB patients and vulnerable populations

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

- To work in close coordination with DTO for the roll out of the campaign in the district which includes planning, budgeting, procurement, drugs and logistics management, and preparation of reports.
- To assist the DTO in organizing training, meetings, reviews and sensitization of communities at the district level.
- 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 & Ni-kshay tools for concerned data entry, validation & its use for public health action.
- Assist to DTO to manage the public grievance redressal mechanism in the District TB Office.
- Support compilation and reporting of NCD screening and referral data generated during the campaign and facilitate coordination between NTEP and NP-NCD teams at block level.”
- Any other task assigned by DTO to roll out this campaign.

9. 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 drugs and logistics for the campaign activities
- District TB officers will assist the Chief medical officer for overall coordination and reporting and also for organizing all district level meetings for implementation of campaign activities.
- Responsible for the public grievance redressal mechanism in the District TB Office.

10. District Programme Officer (DPO) for HIV, Cancer, Diabetes, Anaemia, Undernutrition

- DPO will be responsible for jointly planning with the DTO for activities on screening, testing and treatment for HIV, Cancer, Diabetes, Hypertension, Anaemia and Undernutrition in the district during the campaign and to ensure the supply of drugs and logistics for the campaign activities
- DPO will coordinate to make logistics for outreach services
- DPO will be arranging for reporting of respective services.
- DPO will facilitate linkages and inform referral facilities for care and management of referred beneficiaries

11. Chief Medical Officer

- Chief Medical Officer will be the nodal officer and 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.

12. District Collector / District Magistrate

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

13. 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
- Galvanize 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 mobilization 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

14. State Programme Officer (SPO) for HIV, Cancer, Diabetes, Anaemia, Undernutrition

- State Programme Officer will be responsible for joint coordination and supervision of the campaign activities and sharing of reports to Secretary (Health) / MD (NHM) and with concerned departments in MoHFW
- Issue guidance to all district and management units to engage for the campaign operation
- Guide the district health team on high visibility of awareness and social mobilization campaign for HIV, Cancer, Diabetes, Hypertension, Anemia, Undernutrition
- Review activities of the campaign and address any gaps in the operation

15. 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 departments 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

16. Heads of tertiary institutions, ESI, Defence and CGHS

- Sensitize & provide guidance / instructions to all departments / divisions on the campaign
- Display of IEC materials in the institute, health facilities, offices and other major strategic locations.
- Awareness of all staff on TB & organize symposiums, health talks, staff competitions, etc on TB

- Ayushman Arogya Shivar (screening camps) in institute, health facilities, offices to be organized in consultation with the State nodal Health Department.
- Screening of staff & workers to be conducted in consultation with the Health Department.
- Taking Ni-kshay Shapath (pledge) in all institutional & community settings.
- Awareness messages on social media of the department.
- Encourage Ni-kshay Mitras from the institute / organization & other sub-units, and staff to come forward & adopt consenting TB patients to provide nutritional & psychosocial support.

11. Monitoring and Reporting

Monitoring and reporting of the campaign activities must be continuous and data-driven, primarily utilizing the Ni-kshay portal.

- **Reporting and Data Flow:** During the campaign, the team will maintain records locally, ensure data entry in Ni-kshay and report aggregated numbers of activities with visuals as follows:
 - **Hard copies at health facilities:** Line-list of vulnerable population to be maintained at the AAM.
 - **Ni-kshay:** Daily entry of individuals reached, screened by X-Ray, screened by symptoms, tested with NAAT, tested with Cy-TB, other tests (both positive and negative results) and treatment services provided in the Ni-kshay.
 - **NCD & other health activities:** Daily entry of all individuals screened, tested, diagnosed & treatment services provided in NCD portal & other relevant portals.
 - **Ni-kshay Forms:** Reporting of camp progress including Jan Bhagidari and Awareness activities (meetings/events conducted, photos/videos, villages visited, beneficiaries covered/reached) should be shared with district, state and centres on a daily basis in the Google forms & Ni-kshay forms
- **Key Indicators (KPIs):** Monitoring focuses on achieving targets
 - Number and % vulnerable populations reached and enrolled in Ni-kshay
 - Number and % screening of vulnerable populations by X-ray
 - Number and % testing of presumptive cases by NAAT,
 - Number and % assessment of patients for high risk of death (differentiated care),
 - Number and % linkage to NPY and Ni-kshay Mitra.

- Number and % TPT initiated among eligible
 - Number and % of individuals screened for diabetes, diagnosed positive & initiated on treatment
 - Number and % of individuals screened for hypertension, diagnosed positive & initiated on treatment
 - Number and % of individuals screened for anemia, diagnosed positive & initiated on treatment
-
- **Review:** Regular review meetings (weekly at district level, fortnightly at state level) should be held, informed by Ni-kshay data, to address gaps in operation and service quality.
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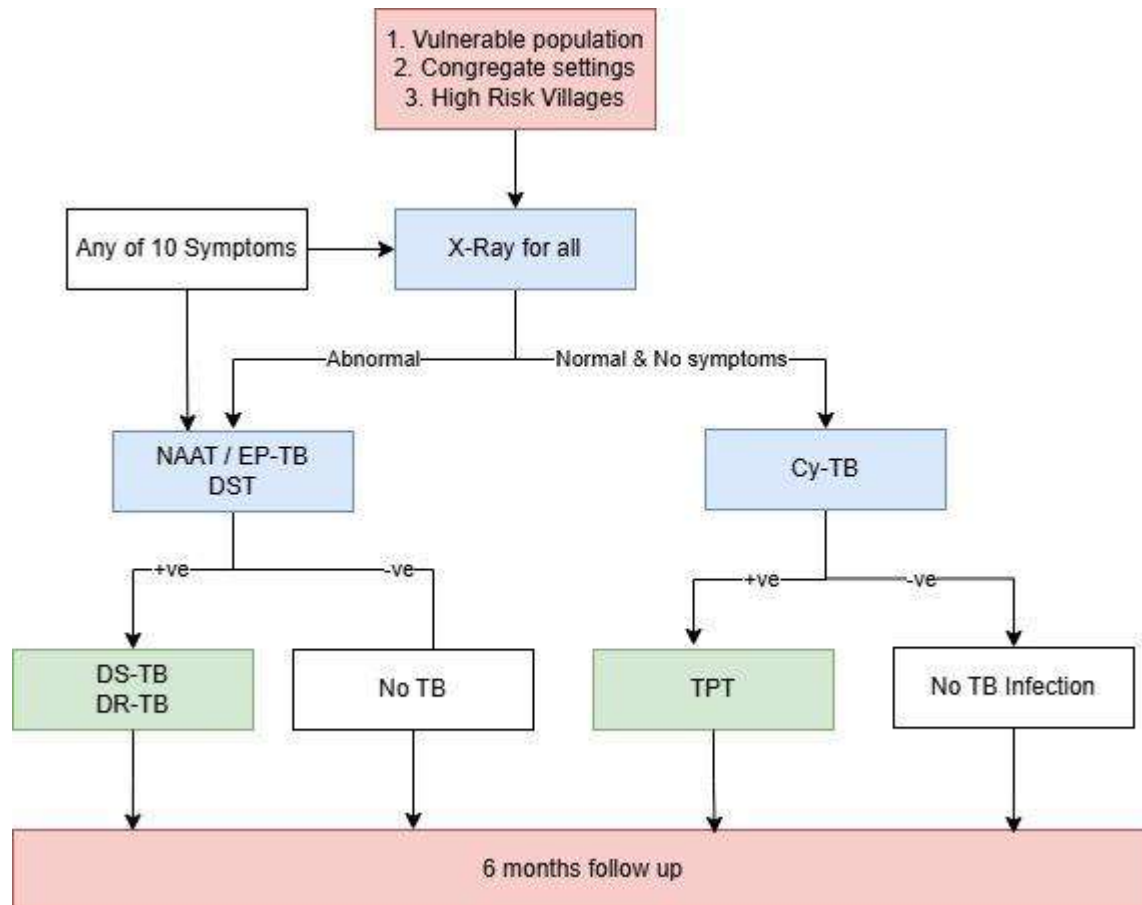
Annexure I: Ayushman Arogya Shivar

S.N.	Services	Activities
1	Tuberculosis	<ul style="list-style-type: none">• TB screening with X-Ray• Specimen collection and transport• Awareness and Counselling• Ni-kshay Mitra Registration
2	Non-communicable diseases (NCDs)	<ul style="list-style-type: none">• Measurement of BP• Testing of Blood Sugar• Referral for individuals identified with abnormal values• Wellness - Awareness, Counselling and Activity- for healthy lifestyle
3	Anaemia Mukd Bharat and Nutrition	<ul style="list-style-type: none">• Hb testing• BMI measurement• Nutrition counselling• Referral service for severe anaemia and undernutrition
4	HIV services (only at TI settings, not in community)	<ul style="list-style-type: none">• Pre-test counselling• Testing• Post-test counselling and referral• Follow up with those on ART care for TPT eligibility

Annexure II: Logistics Required – Ayushman Arogya Shivar

Shivar	Key Logistics/ Materials Needed (Indicative)
Registration Desk	Stationery Items, IT System
Tuberculosis	Handheld X-Ray Machine with detector (Fully charged) Sputum collection cups, sputum transport boxes, referral forms, masks/gloves, IEC posters on TB symptoms Enrollment of Ni-kshay Mitra Volunteers - Register and engage volunteers to support TB patients with nutrition kits, counselling, and livelihood linkages through pledge ceremonies and community mobilization at health camps.
Non-communicable diseases (NCDs) & Wellness	BP apparatus, stethoscope, glucometer, glucose strips, basic OPD register/forms, referral slips
Anemia and Undernutrition Screening	Hb test kits (rapid diagnostic kits where available), weighing machine, stadiometer, record/registers, counselling leaflets in local language, iron tablets, BMI Chart
HIV testing (only at TI settings, not in community)	Rapid test kits, counselling leaflets in local language

Annexure III: Algorithm



Annexure IV : High Risk Villages and Wards - State-wise

States and UT	No. of High Risk Villages and Wards
Uttar Pradesh	26,722
Madhya Pradesh	13,728
Odisha	13,271
Rajasthan	11,184
Maharashtra	11,091
Bihar	11,055
West Bengal	9,406
Jharkhand	8,041
Karnataka	7,393
Assam	5,849
Himachal Pradesh	5,176
Chhattisgarh	4,975
Gujarat	4,687
Andhra Pradesh	4,421
Uttarakhand	4,216
Tamil Nadu	3,643
Punjab	3,206
Telangana	2,492
Haryana	1,698
Meghalaya	1,625
Jammu & Kashmir	1,518
Arunachal Pradesh	1,057
Manipur	390
Kerala	385
Nagaland	344
Tripura	228
Mizoram	185
Sikkim	118
Goa	103
Delhi	38
Total	1,58,266

Annexure V: Microplanning Formats

Link to the microplanning formats-

<https://docs.google.com/spreadsheets/d/11NPUBvU2m79mnTyM2qM3OyqALYRWUs6PTgQ2LFouplA/edit?usp=sharing>

SI	Format no	Name	Level	Who will fill in	Description
1	Population screening format	Vulnerability mapping and screening	ASHA level	ASHA	Mapping of vulnerability and Screening
2	Campaign, HSC MP-1	100 days campaign planning at Aayushman Aarogya Mandir (AAM)/ Health Sub-center	AAM (SHC)	CHO	mapping of ASHA catchment
3	Campaign, PHC MP-2	100 days campaign planning at PHC	PHC/ UPHC	MO-PHC	CHO wise mapping of residential, congregate setting, work place settings
4	Campaign, Block MP-3	100 days campaign planning at block	Block	BMO	PHC/ U-PHC wise mapping of residential, congregate setting, work place settings, requirement of MMUs, X-ray facilities, NAAT facilities
5	Campaign, District MP-4	100 days campaign planning at district	District	DTO	Mapping of vulnerability and reach of services
6	Campaign, State MP-5	100 days campaign planning at State	State	STO	Mapping of vulnerability and reach of services
7	Campaign, Mobile team format, MP-6	Mobile Medical Unit Format	District	DTO	Mapping of vulnerability and reach of services
8	TB Mukt Bharat Abhiyaan, IEC Microplan Format	IEC Microplan Format	District	DTO	District Level Communication Plan