



Ministry of Health & Family Welfare
Government of India



Guidance Document on Ni-kshay Mitra Initiative 2026

**Guidance Document on
Ni-kshay Mitra Initiative
2026**



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Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



PREFACE

India's ambitious journey toward TB Mukht Bharat reflects not only our remarkable progress in public health but also our extraordinary capacity to galvanize a whole-of-society response. The Ni-kshay Mitra Initiative, launched in September 2022 under the TB Mukht Bharat Abhiyaan, embodies this transformative vision for uniting citizens, institutions, civil society, and frontline workers in a compassionate alliance to deliver person-centered, holistic care to those affected by tuberculosis. This transformative approach-mobilizing society at large to provide dignified, person-centered and holistic support to individuals affected by tuberculosis.

This release of Guidance Document on Ni-kshay Mitra Initiative embarks as a new step in our national response towards TB elimination. It draws from on-ground experiences across states and districts, adapts to emerging realities, and offers all stakeholders a streamlined, inclusive, and sustainable operational framework that is both ambitious and achievable. This comprehensive guidance addresses key implementation challenges within the Ni-kshay Mitra programme, including fragmented food basket delivery, patient-only nutrition models, gaps in psychosocial care, delays in donor-patient linkages, underutilization of MY Bharat volunteers and self-help groups, limited real-time monitoring, and constraints in the effective collection and mobilization of funds. The guidance complements the National TB Elimination Programme (NTEP) by strengthening medical care through structured, community-based engagement.

This guidance integrates core pillars: broadening the support ecosystem by involving MY Bharat Volunteer, defining models of engagement for Ni-kshay Mitras for Nutrition, ensuring integrated operations through digital technology system and TB Mukht Bharat App, establishing real-time impact monitoring, and clearly defining structured responsibilities with accountability at all levels.

I commend the Central TB Division for leading a robust and participatory revision process, incorporating valuable inputs from State TB Officers, district administrators, Ni-kshay Mitras, health workers, and, most importantly, people affected by TB and their families. I urge stakeholders across ministries, sectors, and civil society to embrace this guidance as a shared roadmap for amplifying impact, accelerating progress, and building a sustainable, people-centered response to TB.

Let us renew our collective resolve to ensure that no individual affected by TB is left without support, no family is overlooked, and every community is empowered to withstand and overcome tuberculosis. I am confident that this document will strengthen and invigorate India's united pursuit of a TB-free future.

Dated: 30th Jan, 2026

#StopObesity

(Aradhana Patnaik)

टीबी हारेगा देश जीतेगा / TB Harega Desh Jeetega



FOREWORD

The Ni-kshay Mitra Initiative represents a defining milestone in India's journey toward TB Mukht Bharat, reaffirming that the elimination of tuberculosis is not merely a medical endeavor but a shared social responsibility. Rooted in the spirit of Jan Bhagidari, the initiative underscores that sustained progress against TB requires the active engagement of communities, institutions, and citizens, working alongside the public health system.

Initially conceived as a nutritional support intervention for TB patients, the initiative has grown into a dynamic, decentralized people's movement. Through the collective efforts of individuals, civil society, corporates, youth groups, and community institutions, it has evolved into a nationwide framework of care and solidarity. Currently, approximately 23 lakh TB patients is supported by 7 lakh Ni-kshay Mitras which underscores the profound impact of collective action and shared responsibility.

The Ni-kshay Mitra Guidance Document 2026 builds on these achievements and presents a simplified, structured, and implementation-oriented framework to further strengthen the initiative across the country.

The distinct initiative incorporates real-time bank accounts with digital dashboards to monitor MY Bharat service delivery and patient progress, efficient donor-patient linkage to ensure support reaches the most vulnerable, expanded household-centric interventions addressing the wider familial impact of TB, strengthened grievance redressal mechanisms, and deeper engagement with youth networks, self-help groups, and community-based platforms.

I encourage administrators, donors, volunteers, community leaders, and all stakeholders to actively engage with and adapt this document to local contexts, contributing to a future where clinical excellence and vibrant community participation together bring the vision of TB Mukht Bharat to fruition.


(Nikhil Gajraj)



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MESSAGE

Tuberculosis continues to be one of the most significant public health challenges of our time. Its elimination demands not only scientific rigor, clinical excellence, and sustained programmatic investment, but also a compassionate, community-led response grounded in human dignity, social solidarity, and respect for the lived realities of person affected by the disease.

Experience has shown that medical interventions achieve their greatest impact when communities are informed and empowered, stigma is addressed, and patients and families are treated as active partners in care. Globally, the most successful TB programs demonstrate that clinical excellence and community compassion are complementary forces, together fostering healing, dignity, and sustainable TB elimination.

The Ni-kshay Mitra Initiative embodies this powerful synergy melding rigorous clinical science with grassroots community engagement to deliver holistic, person-centered care that addresses not only the medical dimensions of TB but also the social, economic, and psychosocial dimensions that shape treatment outcomes.

The document introduces streamlined operational pathways that reduce implementation challenges and accelerate support delivery; robust monitoring tools enabling transparency, accountability, and real-time course correction; and enhanced nutritional and psychosocial support designed to strengthen treatment adherence, improve clinical outcomes, and foster meaningful multi-sectoral collaboration.

These include the underutilization of MY Bharat Volunteer and self-help groups in providing psychosocial support and enhancing community engagement; the need to establish dynamic, real-time monitoring systems with genuine accountability; the imperative to strengthen transparency in donor-patient linkages and support delivery; and, perhaps most importantly, the commitment to ensure that no patient, no household, and no community is left behind.

This document will serve not just as a technical guide for program managers and administrators, but as a testament to what we can achieve when clinical excellence and community compassion unite we recognize that TB elimination is not the work of government or health systems alone, but a shared national responsibility requiring the active participation of all.

Together, let us renew our commitment to a TB Mukta Bharat led by science, strengthened by solidarity, and sustained by shared resolve. The operational frameworks are now in place. The tools are in hand. The moment to act decisively is now.

Shobini
(Dr. Shobini Rajan)

जन-जन का रखे ध्यान, TB- मुक्त भारत अभियान



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ACKNOWLEDGEMENT

The preparation of this Guidance Document for the Ni-kshay Mitra Initiative, on Community Engagement for TB Mukt Bharat, has been a collaborative, participatory, and consultative effort involving stakeholders at National, State, District, and grassroots levels. It reflects our shared commitment to strengthen community participation, enhance accountability, and accelerate India's mission to eliminate tuberculosis.

We express our profound gratitude to Ms. Aradhana Patnaik, IAS, Additional Secretary and Mission Director (NHM), for her visionary leadership, unwavering strategic guidance, and steadfast support in shaping the overarching vision and priorities of this initiative

We extend our sincere appreciation to Shri Nikhil Gajraj, IAS, Joint Secretary, for his continued encouragement, strategic foresight, and steadfast dedication to fostering system-wide convergence, inter-departmental collaboration, and innovation within the TB Programme

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We acknowledge the critical technical contributions from Dr. Veena Dhawan, Dr. Sanjay Kumar Mattoo, Dr. Vinay Kumar Garg, Dr. Raghuram Rao, and Dr. Nishant Kumar and all officers of the Central TB Division, whose unwavering commitment to advancing inclusive, community-centered TB care is reflected throughout this document.

We sincerely thank State TB Officers, District TB Officers, TB Unit Coordinators, CHOS, ANMs, and ASHAS across the country, whose field-level insights, dedicated engagement, and ongoing feedback have shaped the practical applicability and effectiveness of this guidance.

Special appreciation is extended to Mr. Gangadhar Das, Mr. D. Dharma Rao, Mr. Mohit Sharma, Dr. Mrigen Deka, Dr. Bhoomi Shah, Shri Ashish Bhardwaj, Dr. Paranjoy Bordoloi, CA Rahul Sharma, Dr. Akhilesh Srivastava, Ms. Shilpi Pandey, Ms. Hansa Lala and Mr. Pradeep Rawat for their invaluable technical input, inter-departmental coordination support, analytical rigor, and commitment to ensuring technical quality and operational feasibility.

We acknowledge all Ni-kshay Mitras, individuals, institutions, corporates, civil society organizations, self-help groups, Panchayati Raj Institutions, urban local bodies, youth networks, faith-based organizations, and elected representatives, whose dedication and active support to TB patients highlight the profound impact of community engagement.


(Dr. Bhawani Singh Kushwaha)

Abbreviations

| | |
|----------------|--|
| ACF | Active Case Finding |
| ADM | Adherence Monitoring |
| ANM | Auxiliary Nurse Midwife |
| ASHA | Accredited Social Health Activist |
| BCG | Bacillus Calmette–Guérin |
| BHI | Bharat Health Initiative |
| BMV | Bharat Volunteers |
| CBNAAT | Cartridge Based Nucleic Acid Amplification Test |
| CHC | Community Health Centre |
| CHO | Community Health Officer |
| CP Gram | Centralised Public Grievance Redress and Monitoring System |
| CSO | Civil Society Organization |
| CSR | Corporate Social Responsibility |
| CTD | Central TB Division |
| DBT | Direct Benefit Transfer |
| DHS | District Health Society |
| DMC | Designated Microscopy Centre |
| DTO | District TB Officer |
| GMS | Grievance Management System |
| HR | Human Resource |
| ICDS | Integrated Child Development Services |
| IEC | Information, Education and Communication |
| IMPACT | India's Most Powerful Action to Control Tuberculosis |
| ICTC | Integrated Counselling and Testing Centre |
| JEET | Joint Effort for Elimination of Tuberculosis |
| KYP | Know Your Patient |

| | |
|----------------|---|
| MoHFW | Ministry of Health & Family Welfare |
| NACP | National AIDS Control Programme |
| NGO | Non-Governmental Organization |
| NHM | National Health Mission |
| NPY | Ni-kshay Poshan Yojana |
| NTEP | National Tuberculosis Elimination Programme |
| NSS | National Service Scheme |
| NYK | Nehru Yuva Kendra |
| NCC | National Cadet Corps |
| OPD | Outpatient Department |
| PHC | Primary Health Centre |
| PLHIV | People Living with HIV |
| PMTBMBA | Pradhan Mantri TB Mukta Bharat Abhiyan |
| PPTCT | Prevention of Parent to Child Transmission |
| RKS | Rogi Kalyan Samiti |
| RNTCP | Revised National Tuberculosis Control Programme |
| SHG | Self Help Group |
| SPO | State Program Officer |
| STLS | Senior Treatment Laboratory Supervisor |
| STS | Senior Treatment Supervisor |
| TB | Tuberculosis |
| TBHV | TB Health Visitor |
| TBMBK | TB Mukta Bharat Kosh |
| TPT | TB Preventive Treatment |
| TU | Tuberculosis Unit |
| UPHC | Urban Primary Health Centre |
| VHSND | Village Health, Sanitation and Nutrition Day |

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Executive Summary

This comprehensive guidance tackles implementation challenges in the Ni-kshay Mitra program, such as fragmented food basket delivery, patient-only nutrition models, absent psychosocial care, delayed donor-patient linkages, underutilized MY Bharat volunteers and SHGs, and limited real-time monitoring. It proposes eight objectives: equitable nutrition, household vulnerability support, psychosocial integration, digital matching, youth engagement, frontline capacity building, robust evaluation, and multi-sectoral governance.

Key strategies include three nutrition models—Model-I (donations to District TB Mukh Bharat Kosh for admin-led procurement/distribution), Model-II (Mitra procurement with community distribution), Model-III (Mitra end-to-end)—all with geo-tagged digital validation. Additional pillars cover psychosocial aid via youth platforms (NSS, NYK, NCC), beneficiary prioritization (DR-TB, comorbid families, children/pregnant women), TB Mukh Bharat Mobile App with AI chatbot Khushi for multilingual reminders/FAQs, real-time dashboards for automated matching, and Mitra recognition via certificates. Effective from November 2024 family basket updates, the initiative promotes Jan Bhagidari to strengthen treatment adherence, reduce stigma and advance efforts in TB elimination.

The document highlights operational gaps despite broad stakeholder mobilization: food basket delays from poor coordination among health workers (ASHAs, ANMs, CHOs), donors, and suppliers; patient-centric models ignoring household malnutrition in children, pregnant women, elderly; nutrition-only aid neglecting stigma, income loss, mental health; onboarding delays causing mismatches/duplication; minimal MY Bharat/NSS/NYK/SHG roles in adherence/delivery and static Ni-kshay portal lacking interactive dashboards for bottlenecks. These erode trust, timeliness, and impact, risking vulnerability cycles

Eight goals drive enhancement: (1) Timely, standardized nutrition via logistics coordination (2) Family food basket to provide nutrition support to whole family (3) Psychosocial support institutionalization against stigma and discrimination (4) Real-time Ni-kshay integration (5) Involvement of MY Bharat volunteers and SHG for awareness generation, treatment adherence and timely food basket delivery (6)

leveraging Self-help groups, civil society organizations and volunteers (7) Monitoring through TB Mukh Bharat mobile application. (8) Multi-Sectoral Governance and Convergence. This roadmap standardizes processes, clarifies roles, and boosts last-mile accountability for TB-free India.

Support Types and Nutrition Models: Nutritional support features 18kg monthly family baskets (~81,000 kcal: pulses like chana/moong dal, grains, eggs/milk/oil, regionally adapted; FSSAI-vetted via DHS-empaneled vendors/SHGs). Model I - Mitra donates to TB Mukh Bharat Bank Account (DHS child account), district procures & distributes via SHG/ Civil society organizations/volunteers/PRIs/ULBs with geo-photos. Model II - Ni-kshay Mitra only procures and provides to SHGs/volunteers for distribution. Model III - Ni-kshay Mitra handles full procurement and delivery in coordination with District administration.

MY Bharat Volunteers Engagement: MY Bharat Volunteers, alongside NSS, NYK, NCC, and student networks, are leveraged as key community partners to scale psychosocial support, treatment adherence, and last-mile delivery under Ni-kshay Mitra. The District Youth Officers coordinates with DTO/CMOs for household visits, emotional support and counseling, facility escorts, BMI/adherence monitoring, and presumptive TB screenings—prioritizing adolescents, migrants and urban poor.

Psychosocial Support: TB's multi-dimensional impact (stigma reduction, depression and income loss) demands continuum care: treatment-phase motivation, follow-ups against non-adherence; post-treatment reintegration/resilience via TB Vijetas/ Champions. Delivered by youth (MY Bharat/NSS/NYK/NCC/SHGs/CSOs) for visits, counseling, facility escorts, BMI/adherence checks—prioritizing adolescents/migrants/urban poor. District Youth Officers converge with DTO/CMOs; ethical protocols (consent/confidentiality) integrate with Ni-kshay; mobilizes campaigns/screenings for mass movement.

TB Mukh Bharat Kosh: The TB Mukh Bharat Kosh (TBMBK), a child account under District Health Society (DHS), channels Ni-kshay Mitra donations (individuals, corporates, CSR, philanthropists) for nutritional/psychosocial aid. District Administration oversees governance per financial rules. Ensures transparency in procurement/distribution via SHGs/volunteers, reducing leakages while enabling earmarked support for TB patients/families under TB Mukh Bharat Abhiyaan.

TB Mukh Bharat Mobile Application: This mobile app centralizes stakeholder coordination: TB patients track kits, access FAQs/reminders via Khushi AI chatbot (15 languages, voice/chat, facility locator); Ni-kshay Mitras sponsor/track deliveries with verified updates; volunteers upload geo-tagged proofs; health staff verify adherence, approve kits, chat with users. Features patient allocation lists, toll-free integration (1800-11-6666), multilingual support for last-mile transparency, real-time notifications, and Ni-kshay integration to boost engagement and outcomes

Beneficiary Prioritization: Prioritizes: (A) Undernourished/comorbid households (diabetes/HIV) for TPT/nutrition/screening; (B) DS/DR-TB patients for intensive medical/nutritional/psychosocial aid against dropout/complications; (C) Families with children under 5 or pregnant/breastfeeding women for early TB checks, higher nutritional needs. Targets vulnerability to prevent transmission, enhance adherence, and cut catastrophic costs.

Recognition and Appreciation: Ni-kshay Mitras receive formal two-stage recognition: immediate Certificate of Registration upon Ni-kshay platform sign-up and acknowledging commitment to TB Mukh Bharat Abhiyaan. Performance-based awards follow for milestones like sustained sponsorships, verified deliveries, or high-impact contributions, issued via district events or digital badges. Motivates ongoing participation from individuals, corporates, youth groups, and institutions, fostering public appreciation and long-term Jan Bhagidari.

Background

Tuberculosis (TB) continues to be a major public health challenge in India and is closely associated with undernutrition, poverty, stigma, and social vulnerability. Undernutrition adversely affects immunity, increases the risk of disease progression, and negatively impacts treatment outcomes and recovery. TB patients and their families often face loss of livelihood, food insecurity, and social exclusion during treatment. These factors necessitate a holistic, patient-centric approach that complements clinical management with nutritional and psychosocial support.

In this context, the Ni-kshay Mitra Initiative was launched under the TB Mukh Bharat Abhiyaan (TBMBA) to strengthen community participation in TB care and support. The initiative was formally launched by the Hon'ble President of India on 9th September 2022, with a call for Jan Bhagidari (people's participation) in the national effort to eliminate TB. The initiative underscores that TB elimination cannot be achieved by the health system alone and requires active engagement of individuals, institutions, corporates, civil society organisations, faith-based organisations, and community groups.

The Ni-kshay Mitra Initiative aims to mobilize citizens and institutions as partners in care to provide nutritional, psychosocial, and social support to TB patients and their families. By addressing key social determinants of health, the initiative seeks to improve treatment adherence, continuity of care, and treatment outcomes, while also contributing to stigma reduction and community awareness. The initiative complements the National TB Elimination Programme (NTEP) by reinforcing medical care through structured, community-based engagement.

Nutritional support is a core component of the initiative, recognizing the strong bidirectional relationship between TB and undernutrition. TB patients receive nutritional assistance through the Ni-kshay Poshan Yojana (NPY) in the form of direct benefit transfers, which is further supplemented by nutritional food basket support provided by Ni-kshay Mitras. This combined approach helps address household-level food insecurity and supports recovery during the treatment period.

Since its launch, the Ni-kshay Mitra Initiative has scaled up significantly across the country. From September 2022 to January 2026, more than 7 lakh Ni-kshay Mitras have been registered, over 22 lakh TB patients have received nutritional support, and more than 49 lakh nutritional food baskets have been distributed nationwide. These efforts reflect the growing ownership of TB elimination as a shared societal responsibility.

As an integral component of the TB Mukh Bharat Abhiyaan, the Ni-kshay Mitra Initiative has strengthened the continuum of care through public-community partnerships and positioned TB elimination as a people-driven national movement, contributing towards the realization of the vision of a TB Mukh Bharat.

Rationale

1. Programme Challenges

The initiative has successfully mobilized a broad network of community stakeholders. However, the implementation experiences have revealed gaps, as below:

1.1 Constraints in delivery of Food Baskets

The operational success of the initiative depends heavily on coordination among diverse stakeholders including health departments, donors, suppliers, community-based organizations, and frontline service providers like ASHAs, ANMs, and CHOs.

However, existing processes often face fragmentation, leading to procedural delays, inconsistent quality in support packages, and challenges in last-mile delivery. Procurement and distribution systems, while adaptable to local preferences, can encounter logistical constraints that compromise timeliness and reliability. Moreover,



frontline health workers often lack structured training on donor engagement, nutritional counselling, and use of digital tools. Strengthening institutional coordination, building capacity at the grassroots level, and simplifying operational protocols will be essential to ensure smoother delivery, greater accountability, and higher impact.

1.2 Only TB patient Centric Nutrition Model; No provisions for Household (Family Members)

The impact of TB extends beyond the individual patient to the entire household/family members. Family members especially children, pregnant women, and the elderly are particularly vulnerable to nutritional deficiencies, economic strain, and psychological stress when a family member is affected by TB. Yet, current support models remain largely patient-centric, leaving these indirect but significant burdens unaddressed.

Excluding household needs risks perpetuating cycles of malnutrition and vulnerability, which may compromise TB prevention and long-term community health.

1.3 No provision for Psychosocial Care, only Nutrition Centric Assistance

Nutrition support remains the primary focus of Ni-kshay Mitra contributions; however, TB is a multifaceted disease with medical, social, and economic dimensions that nutrition alone cannot address. Patients often struggle with related challenges such as costs of diagnostic tests, the burden of income loss due to illness, and mental health stress from stigma and isolation.



1.4 Constraint in Ni-kshay Mitra on-boarding

Effective donor-patient linkages are crucial to the success of the Ni-kshay Mitra initiative, yet the current system suffers from gaps in real-time connectivity on the Ni-kshay portal and delays in linkages of TB Patient with Ni-kshay Mitra. These above gaps often result in duplication, mismatches, or delayed support, leaving donors uncertain about the beneficiaries they are assisting and patients without timely updates on available support. Such fragmentation erodes trust, reduces donor confidence, and risks depriving patients of essential support during critical treatment periods. Establishing an automated, transparent matching system integrated with standardized communication tools would ensure prompt, equitable, and reliable donor-patient connections, strengthening both confidence and continuity of care.

1.5 Lack of Involvement of MY Bharat Volunteers (Youth) and Self-Help Groups

Youth (MY Bharat Volunteers, NSS, NYK), NCC and Self-Help Groups (SHGs) are underutilized within the Ni kshay Mitra ecosystem, creating missed opportunities to scale psychosocial support, strengthen treatment adherence, and robust procurement and last mile delivery of family food baskets.

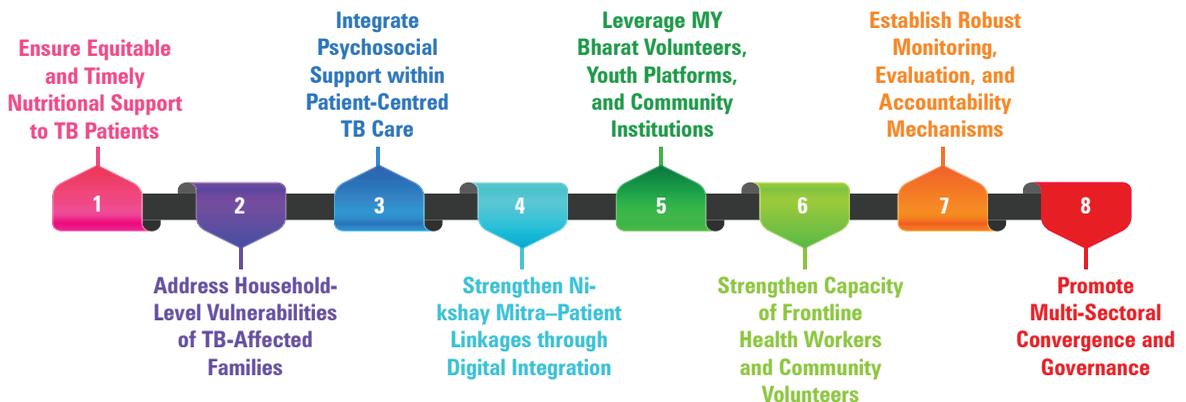


1.6 Lack of Dynamic Monitoring & Validation of Delivery

Robust monitoring is essential for accountability and impact assessment, yet the existing systems remain limited. While the Ni-kshay portal provides a framework for reporting, it does not yet offer real-time, interactive dashboards that track support delivery, donor activity, and patient progress. As a result, Programme managers often struggle to identify bottlenecks, such as delayed deliveries or incomplete follow ups and to intervene in a timely manner. This reduces transparency for donors and weakens evidence-based decision-making.

2. Key Objectives

This guidance document aims to provide a structured framework for the effective implementation of the Ni-kshay Mitra Initiative under the TB Mukht Bharat Abhiyaan. Drawing from implementation experiences and identified programmatic gaps, the document seeks to strengthen the initiative by making it more effective, inclusive, and sustainable. It focuses on broadening the support ecosystem, strengthening multi-stakeholder engagement, integrating operations for efficient last-mile delivery, institutionalizing impact monitoring through digital systems, and ensuring clearly defined roles and accountability mechanisms. Collectively, these measures are intended to enhance patient-centric and family-sensitive TB care, while accelerating India's progress towards a TB-free future.



2.1 Ensure Equitable and Timely Nutritional Support to TB Patients

To strengthen the Ni-kshay Mitra mechanism for timely, quality-assured, and uninterrupted delivery of nutritional support to all notified TB patients, through standardized operational processes, improved logistics, and strengthened coordination at national, state, district, and block levels.

2.2 Address Household-Level Vulnerabilities of TB-Affected Families

To progressively expand the nutrition support framework beyond the individual TB patient to include vulnerable household members, thereby addressing underlying determinants of malnutrition, reducing catastrophic costs, and supporting TB prevention and long-term community health outcomes.

2.3 Integrate Psychosocial Support within Patient-Centred TB Care

To institutionalize psychosocial care as an integral component of the Ni-kshay Mitra initiative, addressing stigma, mental health distress, social isolation, income loss, and adherence-related challenges, in alignment with the comprehensive care approach under TB Mukht Bharat Abhiyaan.

2.4 Strengthen Ni-kshay Mitra–Patient Linkages through Digital Integration

To enhance transparency, efficiency, and continuity of care by strengthening real-time onboarding, automated matching, and communication between Ni-kshay Mitras and TB patients through improved integration with the Ni-kshay Portal.

2.5 Leverage MY Bharat Volunteers, Youth Platforms, and Community Institutions

To actively engage MY Bharat Volunteers, NSS, NYK, NCC, and Self-Help Groups as community partners in awareness generation, psychosocial support, treatment adherence facilitation, and last-mile delivery of support services, thereby strengthening community ownership of the TB Mukht Bharat movement.

2.6 Strengthen Capacity of Frontline Health Workers and Community Volunteers

To build the capacity of ASHAs, ANMs, CHOs, and community volunteers through structured training on nutrition counselling, psychosocial care, donor engagement, and digital tools, enabling effective implementation of patient-centric and community-based TB care.

2.7 Establish Robust Monitoring, Evaluation, and Accountability Mechanisms

To develop and operationalize real-time monitoring and validation systems for tracking nutritional support delivery, donor engagement, patient follow-up, and treatment outcomes, thereby enabling evidence-based decision-making and enhanced accountability.

2.8 Promote Multi-Sectoral Convergence and Governance

To strengthen convergence among health systems, district administrations, youth platforms, civil society organizations, and private sector partners through clearly defined governance structures and simplified operational protocols, in line with the whole-of-society approach of TB Mukh Bharat Abhiyaan.

In essence, this guidance document provides a comprehensive roadmap to strengthen the Ni-kshay Mitra Initiative by simplifying and standardizing operational processes, clarifying stakeholder roles, and embedding robust monitoring and accountability systems. By expanding support beyond individual patients to include household contacts and socio-economic needs, and by leveraging community institutions and digital platforms, the document seeks to ensure more accountable, equitable, and impactful TB care at the last mile. The implementation of this guidance will reinforce convergence, enhance community ownership, and contribute significantly to sustained treatment adherence and improved outcomes under the TB Mukh Bharat Abhiyaan.

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साथ
टीबी को हराना
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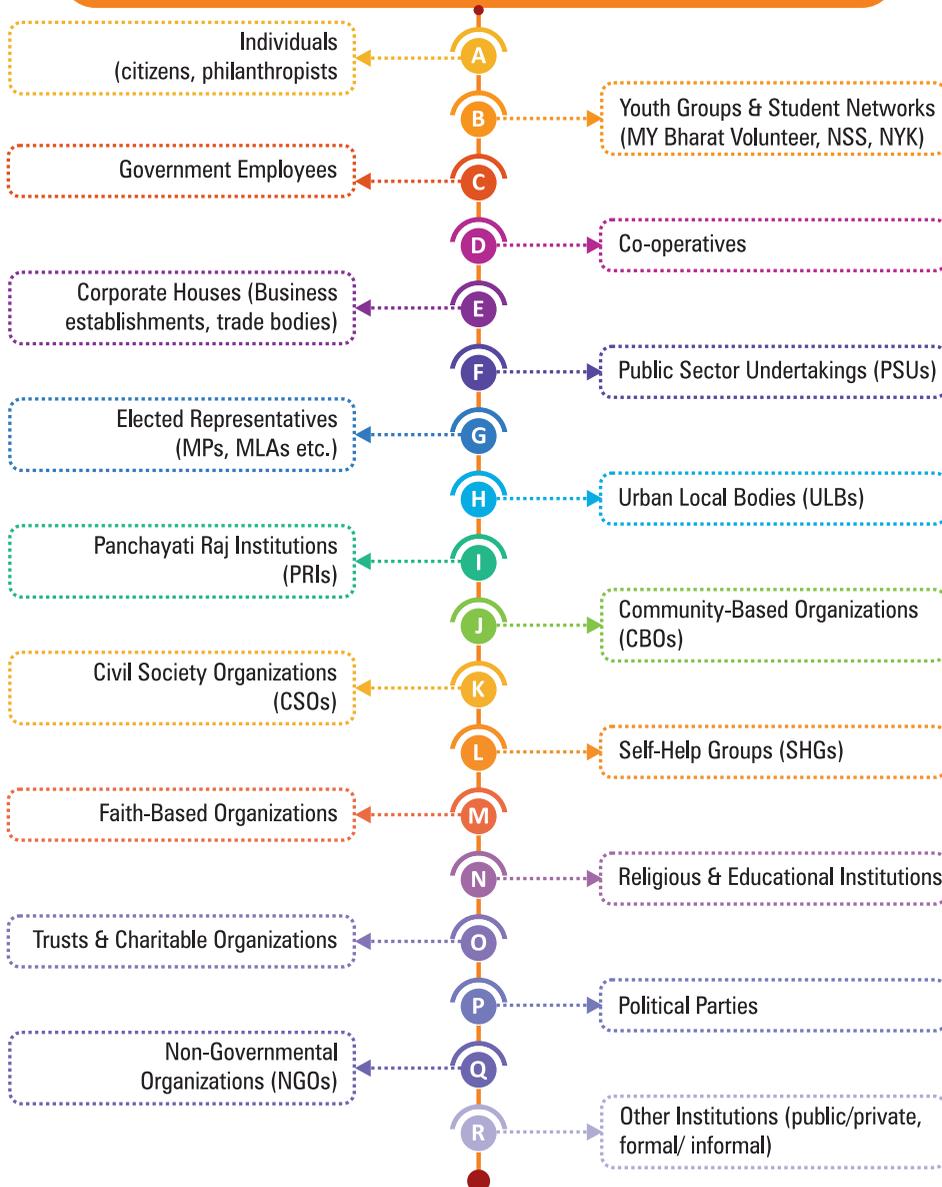
Implementation Strategy & Core Intervention



नैकश्य मित्रा

Flow Chart

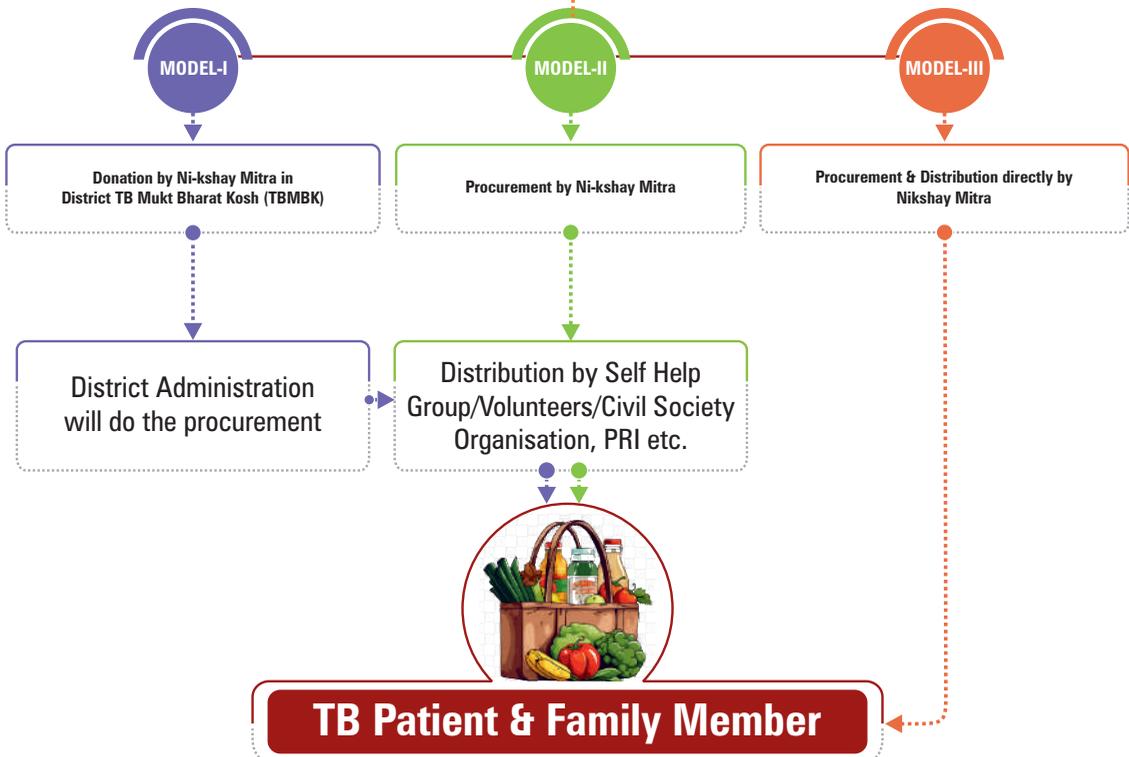
Category of Ni-kshay Mitra (NM)



Type of Ni-kshay Mitra Support



Procurement & Distribution of Family Food Basket



3 Type of Ni-kshay Mitra Support

3.1 Nutritional Support

Nutritional support constitutes the cornerstone of Ni-kshay Mitra assistance, given the strong association between undernutrition, TB morbidity and poor treatment outcomes. This focuses on the provision of standardized Family Food Baskets to TB Patient, in alignment with national guidelines. Food baskets shall ensure uniformity in composition, adequacy of caloric and protein content, local dietary relevance and uninterrupted monthly distribution throughout the treatment period.

To ensure efficiency and quality, District Health Societies (DHS) shall empanel FSSAI- licensed vendors, cooperatives or Self Help Groups (SHGs) for procurement and packaging. Distribution shall be digitally tracked through the Ni-kshay portal or approved district systems, with proof of delivery captured through geo-tagging, beneficiary acknowledgement. This digital tracking shall strengthen transparency, reduce leakages and ensure timely support to beneficiaries.

4. Model of Nutrition Support

4.1 MODEL-1: Donation by Ni-kshay Mitra in District TB Mukht Bharat Kosh (TBMBK), Procurement and Distribution by District Administration

Donation through the District TB Mukht Bharat Kosh (TBMBK) enables Ni-kshay Mitras to provide earmarked financial support while operational execution is managed locally under the overall supervision of the District Administration. The donor (Individuals, PSUs, Corporates, Elected representatives etc.) enters a formal funding agreement/ MoU with the District TB Officer (DTO)/State TB Cell, clearly specifying the objectives, earmarking of funds, coverage, timelines, milestones, reporting obligations, and monitoring provisions. Ni-kshay Mitra will make Direct Payment to TB Mukht Bharat Kosh, it will be a child account under District Health Society (Rogi Kalyan Samiti).

An approved third-party agency, empanelled by the district/state, undertakes competitive local procurement of standardized food baskets strictly in accordance with the Indicative Food Basket norms and procurement guidelines.

Distribution is carried out at the community level through a network of Self-Help Groups (SHGs), trained volunteers (including MY Bharat, NSS, and NYK), NCC, Civil

Society Organizations (CSOs), and local bodies such as PRIs and ULBs, under the coordination of the district administration and the supervision of the District TB Officer. These partners support beneficiary identification, doorstep delivery, counselling, and follow-up. Last-mile delivery is ensured through a structured validation mechanism, including beneficiary acknowledgement and digital proof of delivery in the form of time-stamped photographs, geo-tagging, and standardized digital checklists. All delivery data are uploaded on the TB Mukt Bharat Mobile Application and integrated with Ni-kshay enabling real-time tracking, transparency, and programmatic review.

4.2 MODEL-2: Procurement by Ni-kshay Mitra, Distribution by SHG/Volunteers/CSO/PRI/ULB etc.

Procurement by Ni-kshay Mitra with Third-Party Distribution is designed for situations where donors wish to retain control over procurement while leveraging established local networks for last-mile delivery. Under this model, the Ni-kshay Mitra directly procures standardized food baskets in accordance with the approved Indicative Food Basket norms and partners with a local third party such as an NGO, SHG, Gram Panchayat, or other community institution for distribution.

The process begins with a formal MoU between the donor and Dist. Administration, clearly defining the scope of work, timelines, service-level standards, reporting formats, financial terms, and dispute-resolution provisions. Upon procurement, the donor formally hands over the consignment to the Dist. Administration, with receipts and stock details uploaded to the TB Mukt Bharat mobile application.

The District Administration prepares a detailed distribution plan on Ni-kshay, outlining beneficiary lists, delivery frequency, geo-tagging provision. Distribution is carried out at the community level through Self-Help Groups (SHGs), trained volunteers (including MY Bharat, NSS and NYK), NCC, Civil Society Organizations (CSOs), and local institutions such as Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs), under the overall coordination of the District Administration and the operational supervision of the District TB Programme Officer.

Last-mile delivery is ensured through trained field staff with each delivery digitally captured through time-stamped photographs, OTP or beneficiary signature, and geo-tagging, uploading delivery proof. All delivery logs and supporting evidence are uploaded to the portal to monitor progress through real-time dashboards, while the District TB Officer (DTO) and TB Unit (TU) teams undertake periodic reconciliation.

The model concludes with structured monthly reconciliation between the donor and the third party. Any discrepancies trigger investigation and corrective action as per the Service Level Agreement, with consolidated reports shared with the DTO/TU in-charge to ensure transparency, accountability, and programmatic integrity.

4.3 MODEL-3: Procurement & Distribution directly by Ni-kshay Mitra

Procurement and Direct Distribution by Ni-kshay Mitra is designed for donors with established logistical capacity and a preference for direct engagement with beneficiaries. Under this model, the Ni-kshay Mitra undertakes end-to-end responsibility for both procurement of family food baskets and last-mile delivery to TB Patient and their families, while operating within the facilitative and supervisory framework of the District TB Officer.

The process is initiated by the District TB Officer (DTO)/TB Unit through allocation of verified beneficiary IDs on Ni-kshay and sharing essential details, including the approved Family Food Basket type (aligned to indicative standards and regional food diversity), quantity, and delivery addresses. The donor plans and execute procurement in compliance with the indicative family food basket guidelines, ensuring adherence to nutritional standards, quality assurance, proper packing and clear labelling for traceability.

Prior to delivery, the donor coordinates closely with the respective Ayushman Arogya Mandir (AAM), DTO/TU in-charge, and frontline health staff (ASHA/ANM/CHO) to confirm beneficiary availability, finalize delivery routes, and communicate the delivery schedule. At the time of distribution, doorstep delivery is ensured, accompanied by beneficiary interaction and counselling where feasible. Digital proof of delivery is captured through time-stamped photographs of the beneficiary with the food basket and GPS geo-tagging and uploaded through the TB Mukh Bharat Mobile Application for integration with Ni-kshay. This enables real-time tracking and district-level monitoring.

5. Psychosocial Support during Treatment and Post-Treatment Follow-up

Tuberculosis (TB) is not only a biomedical condition but also a disease with profound psychological, social, and economic implications for patients and their families. Throughout the treatment period and beyond treatment completion, individuals affected by TB often experience stigma, anxiety, depression, social isolation, loss of income, and fear of discrimination, all of which can adversely affect treatment adherence, recovery, and long-term well-being. Psychosocial support is therefore a critical component of person-centred TB care under the National TB Elimination Programme (NTEP).

5.1 During Treatment Phase

During active treatment, TB patients frequently face challenges such as prolonged medication regimens, adverse drug reactions, fatigue, and uncertainty regarding outcomes. These clinical challenges are often compounded by emotional distress, household stress, and reduced social support, increasing the risk of non-adherence and treatment interruption. Structured psychosocial support helps to:

- Provide emotional reassurance and motivation to sustain treatment adherence
- Address fear, misinformation, and stigma, both within families and communities
- Support patients in navigating health systems and attending scheduled follow-up visits
- Strengthen trust between patients, communities, and health services

Community- and youth-led psychosocial engagement complements clinical care by offering regular follow-up, companionship, and encouragement, particularly for adolescents, migrants, urban poor, and other vulnerable groups.

5.2 Post-Treatment Follow-up Phase

The need for psychosocial support continues even after treatment completion. Many TB survivors face ongoing challenges such as residual physical weakness, mental health concerns, social reintegration difficulties, and fear of relapses. In some cases, persistent stigma may affect employment opportunities, education, or marriage prospects. Post-treatment psychosocial support is essential to:

- Facilitate social reintegration and restoration of normal life

- Promote continued health-seeking behaviour and early reporting of symptoms suggestive of relapse
- Address mental health concerns, including anxiety and loss of self-confidence
- Reinforce positive health practices and resilience among TB survivors

Peer support from TB Champions and TB Vijetas, along with continued community engagement, plays a vital role in sustaining recovery, building confidence, and transforming former patients into advocates for TB awareness and stigma reduction.

5.3 Programmatic Importance

Integrating psychosocial support across the treatment continuum strengthens treatment outcomes, patient satisfaction, and quality of life, while reducing loss-to-follow-up and recurrence risk. It also reinforces the principles of dignity, equity, and community participation, ensuring that TB care extends beyond cure to encompass holistic recovery and long-term well-being.

Psychosocial support during and after treatment is therefore indispensable to achieving sustained TB elimination and realizing the vision of a TB-Mukt Bharat.

6. Psychosocial Support through Community and Youth

Psychosocial support under the TB elimination framework is a critical pillar for addressing stigma, emotional distress, social isolation, and treatment adherence challenges faced by TB patients and their families. This support is delivered through a coordinated community and youth engagement model, leveraging the reach and energy of MY Bharat Volunteers, National Service Scheme (NSS), Nehru Yuva Kendra (NYK), National Cadet Corps (NCC), Self Help Groups (SHGs), civil society organisations (CSOs), student unions, and students from schools, colleges, and universities, in close collaboration with frontline health workers and NGO partners.

6.1 Role of Youth and Community Platforms

Youth and community volunteers play a pivotal role in extending last-mile psychosocial care and community outreach. Their engagement strengthens:

- School- and campus-based awareness programmes to promote early health-seeking behaviour and stigma reduction

- Promotion of digital adherence and patient support tools
- Community outreach and presumptive TB screening drives
- Companionship, motivation, and basic counselling, particularly for adolescents, young TB patients, migrants, the urban poor, and individuals experiencing social isolation

Their grassroots presence ensures that awareness, encouragement, and supportive messaging reach diverse and underserved populations, transforming TB elimination into a people-led movement.

6.2 Coordination and Convergence Mechanism

At the district level, engagement of MY Bharat Volunteers and allied community structures shall be coordinated under the leadership of the District Youth Officer or designated MY Bharat District Coordinator, in close convergence with the District TB Officer (DTO), Chief Medical Officer (CMO), and block health teams. This coordination mechanism ensures alignment between public health priorities, youth engagement platforms, self-help institutions, and civil society outreach, enabling effective community-based TB care.

6.3 Scope of Volunteer Engagement

Trained volunteers shall function in a supportive, non-clinical role, complementing the work of Community Health Officers (CHOs), Auxiliary Nurse Midwives (ANMs), and ASHAs. Under appropriate supervision, their responsibilities shall include:

- Structured household visits and follow-up calls
- Counselling and emotional support sessions
- Accompanying TB patients to scheduled health facility visits
- Supporting home-based follow-up and continuity of care
- Assisting in monitoring programmatic indicators such as treatment adherence, Body Mass Index (BMI), symptom progression, and adverse drug reactions

Special emphasis shall be placed on vulnerable and high-risk populations, including adolescents, migrants, urban poor, and patients at risk of treatment interruption.

6.4 Family-Centric and Peer Support

Self Help Groups and CSOs shall play a central role in family-centric engagement and peer support, facilitating shared learning, reducing stigma within households and communities, and strengthening social acceptance of TB patients. TB Champions and TB Vijetas shall contribute as peer supporters by sharing recovery narratives, offering motivation, and reinforcing treatment completion with dignity and hope.

6.5 Ethical Engagement and Documentation

All volunteer interactions shall strictly adhere to principles of confidentiality, informed consent, respect, and stigma-sensitive engagement. Activities and follow-up outcomes shall be documented through structured reporting formats and integrated with the Ni-kshay portal or district-approved digital platforms to ensure accountability and continuity of care.

6.6 Community Mobilization and Social Action

Beyond individual patient support, MY Bharat Volunteers, SHGs, CSOs, NSS, NYK, and NCC shall act as catalysts for transforming TB elimination into a community-led mass movement. Volunteers shall plan and implement TB-related activities through the MY Bharat portal, including:

- Awareness and stigma-reduction campaigns
- Presumptive TB screening and outreach camps
- Nutrition counselling sessions
- Livelihood and vocational orientation initiatives

Colleges, universities, and youth institutions shall be actively mobilized to institutionalize TB-related social action within academic ecosystems.

6.7 Recognition, Review, and Learning

To ensure structured and sustained engagement, youth volunteers shall be supported through clearly defined roles, short, standardized training modules, and mentorship by frontline health staff. Recognition mechanisms, including certificates, internships, and public acknowledgment, shall be instituted to encourage continued participation.

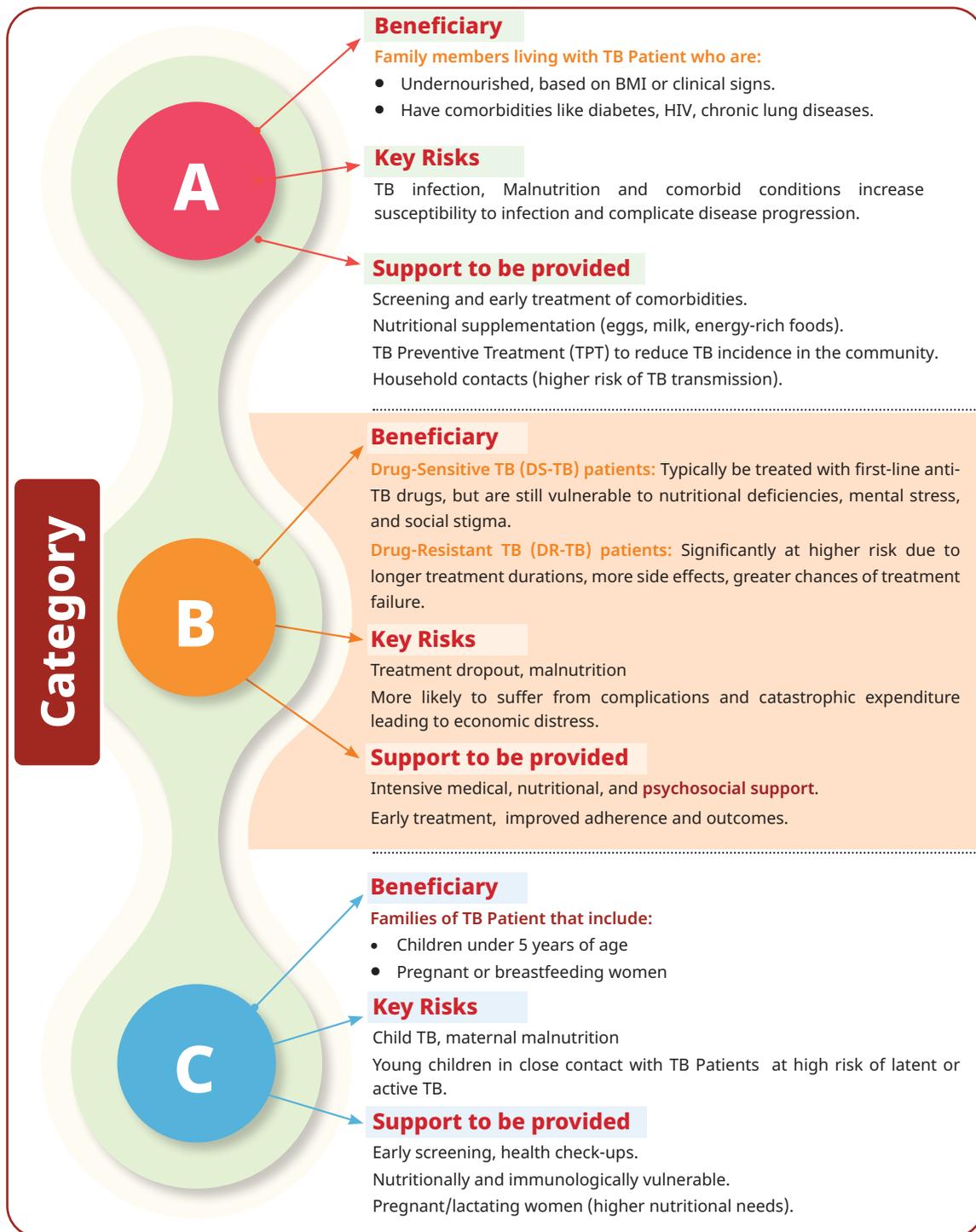
Regular block- and district-level review meetings shall assess volunteer contributions using indicators such as:

- Number of patient follow-ups supported
- Facility visits facilitated
- Adherence and BMI monitoring instances
- Community events conducted
- Presumptive TB cases referred

Through this integrated approach, psychosocial support through community and youth engagement strengthens treatment adherence, reduces stigma, enhances community awareness, and nurtures a generation that is empathetic, informed, and actively committed to the national goal of TB elimination.



7. Beneficiary Prioritization for Targeted Support under Differentiated TB Care



8. TB Mukh Bharat Kosh

8.1 TB Mukh Bharat Kosh (TBMBK)

The TB Mukh Bharat Kosh (TBMBK) shall be established as a child account of the District Health Society (DHS) and shall function within the administrative and financial framework of the DHS. The District Administration shall exercise overall administrative oversight and facilitate inter-departmental coordination to support effective implementation of community-based TB support interventions under the TB Mukh Bharat Abhiyaan.

The signatory arrangement, fund-flow mechanisms, and operational protocols for the TBMBK shall be determined by the District Administration, in accordance with prevailing Government Financial Rules, DHS norms, and State-specific instructions. The Chief Medical Officer (CMO) and District TB Officer (DTO) shall be associated with operational management, utilization of funds, programme implementation, reporting, and grievance redressal, as assigned by the District Administration. The TB Unit shall support execution, monitoring, and documentation as per approved district arrangements.

Funds under the TBMBK shall be mobilized from Ni-kshay Mitras, CSR allocations, and philanthropic contributions, and disbursed in tranches linked to approved district micro-plans and verified milestones, following DHS-approved financial procedures. This governance and fund-flow framework shall ensure transparency, accountability, and optimal utilization of donor resources to strengthen nutritional, psychosocial, and social support for TB Patient and their families.



TB Mukt Bharat Mobile Application



Download & Install
APP NOW!

1

Donate to Defeat TB
Be a Ni-kshay Mitra



2

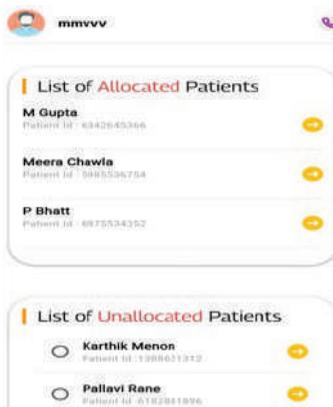
Welcome
Choose Option



TB Mukt Bharat

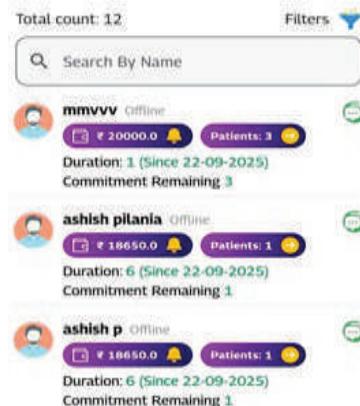
4

Volunteer-
Allocate Patient



3

Ni-Kshay
Mitra List



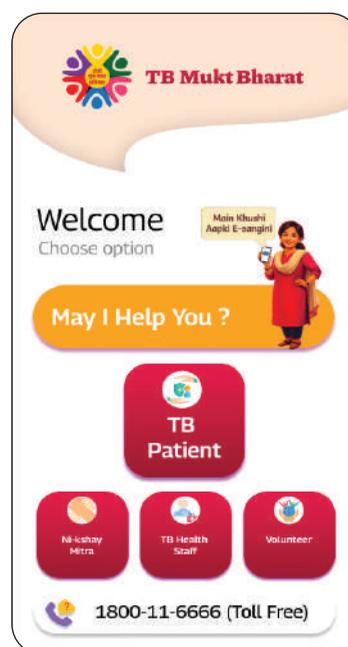
9. Flow of TB Mukh Bharat Mobile App

9.1 Summary

The 'TB Mukh Bharat Mobile App' is a comprehensive digital platform designed to strengthen patient support and stakeholder coordination under the TB Mukh Bharat Abhiyan. The app enables 'Ni-kshay Mitras' to sponsor TB patients, track nutrition and support contributions, and receive verified delivery updates. 'Volunteers' use the app to facilitate ground-level support, upload geo-tagged proof of kit distribution, and act as a link between patients and health staff. 'Health staff' monitor treatment adherence, verify services, address patient queries, and coordinate with Mitras and volunteers. 'Patients' can track nutrition kit delivery, access treatment information, report issues, and directly connect with support providers. Integrated with the multilingual AI chatbot 'Khushi – Your e-Sangini,' the app offers medicine reminders, FAQs, language support, and personalized assistance, enhancing accessibility, transparency, and engagement across India's TB care ecosystem.

9.2 TB Patients

TB Patients are at the centre of the TB Mukh Bharat Mobile App, using the platform to access reliable treatment information and FAQs through an interactive chatbot. The app enables them to track the delivery of Ni-kshay Poshan Kits and other support, report issues such as non-delivery, and directly connect with Ni-kshay Mitras, volunteers, and health staff through chat or call. This ensures timely support, transparency in service delivery, and continuous engagement throughout the treatment journey.



9.3 Ni-kshay Mitra

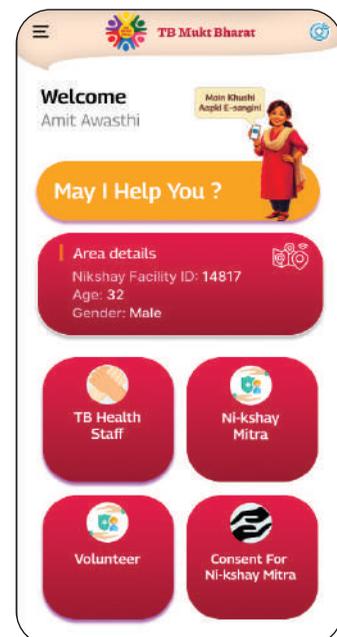
Ni-kshay Mitras play a key supportive role in the TB Mukh Bharat Mobile App by sponsoring and assisting TB patients with nutrition kits and other forms of aid. Through the app, they can track their contributions end-to-end, view delivery status that has been verified and approved by district health authorities and directly communicate with patients for feedback and continued support. This digital visibility ensures transparency, accountability, and sustained engagement in patient care.

9.4 Volunteer

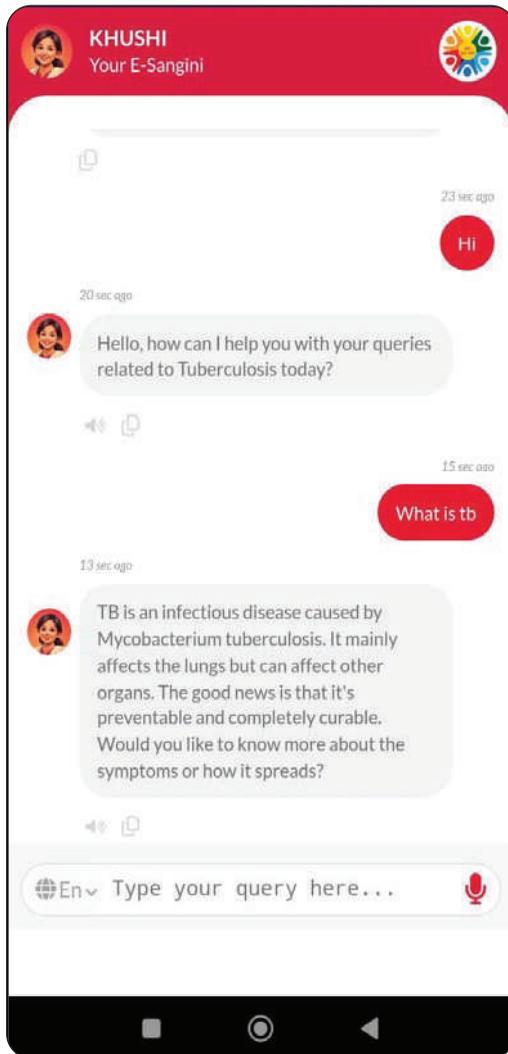
Volunteers play a vital role in the TB Mukh Bharat Mobile App by supporting on-ground implementation and ensuring last-mile delivery of services to TB patients. They upload geo-tagged photographs during nutrition kit distribution, help maintain accurate and timely reporting, and act as a crucial link between patients and health staff. Through regular interaction and guidance, volunteers strengthen communication, support patient needs, and enhance transparency and accountability in service delivery.

9.5 TB Health Staff

TB Health staff play a central coordinating and oversight role in the TB Mukh Bharat Mobile App by monitoring patient progress and treatment adherence throughout the care continuum. They verify nutrition kit delivery through geo-tagged evidence, provide medical guidance, and address patient queries in a timely manner. By coordinating closely with volunteers and Ni-kshay Mitras, health staff ensure that support services are delivered smoothly, accurately, and in alignment with program guidelines, strengthening accountability and continuity of TB care.



9.6 Khushi – Your e Sangini



Purpose:

A multilingual AI-powered chatbot developed to support patients, healthcare providers, Ni-kshay Mitras, and citizens under the **TB Mukht Bharat** initiative by providing easy, accessible, and reliable digital assistance.

Key Features :

Khushi offers daily medicine reminders, personalized responses linked with Ni-kshay data, auto language detection and correction, and a health facility locator. It ensures seamless access across devices and browsers while supporting chat and voice interactions in **15 regional languages**.

Impact:

Khushi improves accessibility, simplifies patient and stakeholder support, and strengthens engagement across India's TB care ecosystem, contributing to better adherence, awareness, and program effectiveness.

10. Real Time Dashboard

10.1 Impact Monitoring Dashboard

Centralized Digital Platform: A unified digital platform hosts the registration of both TB Patient and Ni-kshay Mitras, maintaining a dynamic database of Ni-kshay Mitras, their areas of support (e.g., food baskets, financial aid), and the regions they serve. This centralized system is the backbone of the initiative, enabling coordinated and transparent service delivery.

Automated Matching Mechanism: The platform includes a built-in algorithm that matches Ni-kshay Mitras with TB Patient based on criteria such as geographic proximity, type of support required, and availability. This automated process ensures timely assistance, minimizes manual coordination, and reduces administrative burden.

Dedicated Monitoring Dashboard: A real-time dashboard captures and tracks the support extended by Ni-kshay Mitras including nutritional food basket, diagnostic services, vocational support, and other interventions. Health institutions such as TB Units, District TB Officers (DTOs), and State TB Officers (STOs) can access and update this dashboard to monitor progress and ensure consistency in service delivery.

Mobile Application (iOS & Android): A dedicated mobile app, available on both iOS and Google Play Store, mirrors the functionalities of the web platform. The app enables TB patients and Ni-kshay Mitras to register, track support, and receive real-time notifications. Health officials can also update records, monitor activities, and generate reports directly through the app, ensuring accessibility and convenience at all levels of the Programme.



11. Recognition & Appreciation

Ni-kshay Mitras shall be accorded formal recognition through a structured two-stage appreciation mechanism. Upon successful registration on the Ni-kshay Mitra platform, individuals and institutions shall be issued a Certificate of Registration acknowledging their commitment to support the TB Mukta Bharat Abhiyaan and their enrolment as partners in India's TB elimination efforts. This certification serves as an official endorsement of their willingness to contribute towards patient-centric care and community participation.

Further, upon completion of sustained support to a TB Patient across the treatment period, Ni-kshay Mitras shall be felicitated with a Certificate of Appreciation recognizing their compassionate post-treatment engagement and tangible contributions towards nutritional, psychosocial, and social support to the patient and family. This recognition underscores their role in facilitating treatment adherence, recovery, and reintegration, while upholding the spirit of Jan Bhagidari. Such testimonials shall act as a motivational and reputational incentive, encouraging continued engagement and wider participation from citizens, youth groups, institutions, and corporate entities in the national mission to achieve a TB Mukta Bharat.



Optimizing Last-Mile Food Basket Distribution

An integrated and accountable supply chain management system shall be established to ensure seamless movement of Family Food Baskets from procurement agencies to eligible TB Patient and households. Upon procurement, food baskets shall be received at designated district or block-level storage points, where batch-wise entry, physical verification and stock documentation shall be undertaken. Inventory records shall be maintained through stock and issue registers, supplemented by digital records wherever available, and shall be periodically reviewed by the DTO and TB Unit (TU) to prevent shortages, duplication or leakages.

Based on the approved delivery plan derived from Ni-kshay beneficiary lists, food baskets shall be issued for last-mile delivery to SHGs, NGOs, MY BHARAT Volunteers, TB Vijetas, TB Champions or other community-based organizations authorized by the district. Allocation of delivery responsibilities shall be guided by geographical coverage, community trust, availability of trained personnel and operational feasibility, under the supervision of the Senior Treatment Supervisor (STS) and TB Health Visitor (TBHV). Delivery schedules shall be synchronized with routine monthly follow-up visits of TB Patient to optimize outreach and continuity of care.

Last-mile delivery may be undertaken through home delivery or through designated pick-up points such as Anganwadi Centres, government schools, Gram Panchayat offices or Urban Local Body community centres, based on patient preference and local context. ASHAs, MY BHARAT Volunteers, TB Vijetas/TB Champions shall integrate food basket delivery with nutrition counselling, treatment adherence reinforcement and psychosocial support. TB Vijetas/TB Champions, drawing upon their lived experience, shall play a critical role in motivating patients and families, addressing stigma and reinforcing positive health-seeking behavior during the delivery process.

Each delivery shall be mandatorily documented through Ni-kshay portal or TB Mukta Bharat mobile application, with capture of geo-tagged photographs, date and time stamps and digital acknowledgement of receipt by the TB Patient or an adult family member. This digital confirmation should serve as proof of delivery and enable real-time monitoring by the District and State TB Cells. Random household verification, monthly review meetings under the chairpersonship of the District Magistrate/Collector and structured grievance redressal mechanisms led by the CMO and DTO shall be institutionalized to ensure service quality, accountability and continuous improvement of the supply chain and last-mile delivery system.

Policy on Nutritional Support:

Family Food Basket - Building Healthier Households, Ending TB

Effective from **1st November 2024**, the Ministry of Health and Family Welfare introduced a major enhancement in the nutritional support framework for TB Patient.

Recognizing the strong correlation between **undernutrition and TB** outcomes, the revised model ensures:

- **Monthly distribution** of standardized, high-calorie family food basket;
- Inclusion of **household contacts**;
- Focused support to **vulnerable categories**, including children, under-nourished, and drug-resistant TB Patient;
- Comprehensive **digital monitoring** through the **Ni-kshay platform** to ensure transparency and traceability.

This policy advancement supports the TB Mukt Bharat Initiative, reinforcing national and community partnerships. It affirms India's commitment to inclusive, patient-centric TB care, ensuring that no TB patient is left unsupported due to logistical or systemic barriers.

Family Food Basket



Indicative Nutritional Family Food Basket

| Regional Indicative Family Food Basket under Ni-kshay Mitra Initiative | | | | | | | | |
|--|-----------------------|------------------------|-------------------------|--|--|--|---|--|
| S. No | Nutritional Food Item | Quantity (gms) | Approx. Calories values | North | South | West | East | North East |
| 1 | Pulses/ Dal | 4500g | 18,000 kcal | Matki (moth bean), Toor Dal (Arhar Dal)/ Moong Dal/ Masoor Dal/Chana Dal Urad Dal (Black Gram), etc. | Toor Dal (Arhar), Moong Dal, Udad Dal (Black Gram), Horse Gram (Kulthi), Bengal Gram (Chana Dal) | Toor Dal (Arhar), Moong Dal (Green Gram), Chana Dal, Arhar (Toor) Dal, Matki (Moth Beans), Kulith (Horse Gram) | Masoor Dal, Moong Dal, Chana Dal, Arhar (Toor) Dal | Masoor Dal, Moong Dal, Local Black Dal (e.g., Udi Dal in Assam) |
| 2 | Cereals/ Grains | 7000g | 23,600 kcal | Rice, Wheat, Bhajra, etc. | Raw Rice, Boiled Rice, Ragi, Jowar | Jowar, Bajra, Wheat, Rice, Rajgira | Parboiled Rice, Gobin-dobhog/ Usna Rice, Wheat, Maize, Bajra | Joha Rice, Red Sticky Rice, Ragi, Local Maize |
| 3 | Pro-tein-rich foods | 4500g | 19,400 kcal | Roasted Peanut, Soya chunks, Roasted Chana, Besan etc | Roasted Peanuts, Sundal (Roasted Bengal Gram), Soya Chunks, Roasted Green Gram | Roasted Groundnuts (Shengdana), Soya Chunks, Roasted Chana, Besan | Roasted Chana, Sattu (roasted gram flour), Soya Chunks, Local Seeds | Fermented Soybean (Akhuni, Kinema), Perilla Seeds (Bihu Til), Roasted Chana, Soya Chunks |
| 4 | Cooking Oil, etc. | 2000g | 17,000 kcal | Mus-tard Oil, Groundnut oil, Soy-abean Oil etc | Coconut Oil, Groundnut Oil, (as per local preference), or Sunflower Oil | Groundnut Oil, Sesame (Til) Oil, or Sunflower Oil (based on availability and regional preference) | Mus-tard Oil, Refined Soybean Oil | Mus-tard Oil, Refined Soybean Oil |
| Total | | 18,000g (18 Kg) | 81,000 kcal | | | | | |

Grievance Redressal Procedure

Multiple channels are established to address grievances effectively



A **TOLL FREE** helpline:
1800-11-6666

GMS portal

CP Gram

E-mail/Postal



Contact with the
District TB Officer
(DTO).

Monthly patient
feedback forms to
gather direct input.



An escalation
process for logging
grievances through
the Ni-kshay portal.

Roles & Responsibilities of Stakeholders

The success of the Ni-kshay Mitra Initiative depends on the active participation and coordination among various stakeholders at national, state, district, block and community levels.

The Ministry of Health and Family Welfare (MoHFW), as the nodal ministry for the TB Mukt Bharat Abhiyaan, anchors the strategic implementation of the Ni-kshay Mitra initiative in collaboration with 23 allied line ministries, facilitates a whole-of government approach to address the multidimensional needs of TB-affected individuals and families. Each allied ministry has nominated a nodal point of contact, enabling the identification of areas for Programmatic convergence and the mobilization of departmental schemes such as those related to nutrition, livelihoods, and social protection to complement core TB services.

This coordinated engagement enhances cross-sectoral synergy, optimizes existing resources, and strengthens last-mile delivery. Through the Central TB Division (CTD), MoHFW ensures policy alignment, inter-ministerial coordination, digital integration via the Ni-kshay platform, and regular performance reviews, thereby fostering accountability, inclusivity, and sustained support towards the national goal of a TB Mukt Bharat.

Roles of Other Stakeholders (National, State, District, Community)

| Level | Stakeholder | Key Roles & Responsibilities |
|----------|----------------------------------|--|
| National | Central TB Division (CTD), MoHFW | <ul style="list-style-type: none"> Develop policy guidelines, reports, periodic update Coordinate across 23+ line ministries, CSR stakeholders (FICCI, CII etc.) Manage and enhance Ni-kshay portal Review Programme impact and outcomes |
| | Line Ministries (23) | <ul style="list-style-type: none"> Ensure convergence and inclusion of TB goals in ministry schemes Nominate nodal officers Support with policy, schemes, and resources |
| | Corporate Sector & PSUs | <ul style="list-style-type: none"> Mobilize CSR engagement Donate nutrition family food basket, diagnostics, or logistics Monitor support impact through Ni-kshay |

| Level | Stakeholder | Key Roles & Responsibilities |
|-----------|--|---|
| State | Health Dept./ NHM/DHS/State TB Office (STO) | <ul style="list-style-type: none"> • Implement Ni-kshay Mitra initiative across districts • Facilitate convergence with state departments • Track state-level performance and resolve bottlenecks |
| | State Line Departments | <ul style="list-style-type: none"> • Integrate TB services with health, nutrition, and welfare schemes • Participate in district reviews • Enable operational linkages |
| | State CSR Boards / Chambers | <ul style="list-style-type: none"> • Engage corporate donors • Promote state-level adoption drives • Support technical/financial contributions |
| District | District Collector / Magistrate (DC/ DM) | <ul style="list-style-type: none"> • Lead and oversee the Ni-kshay Mitra Initiative at the district level • Mobilize departments, PRI, NGOs, corporates for adoption of TB Patient • Ensure linkages, resource convergence, and monitor implementation through regular reviews |
| | District TB Officer (DTO) | <ul style="list-style-type: none"> • Identify eligible TB Patient for adoption • Register, link, and coordinate with Ni-kshay Mitras • Validate support delivery and update dashboard |
| | District Line Departments | <ul style="list-style-type: none"> • Align support schemes (e.g., ICDS, Ration) with TB response • Facilitate storage and delivery logistics |
| Community | TB Units/AAMs/ CHOs / AWCs / ANMs / ASHAs | <ul style="list-style-type: none"> • Distribute food baskets and other support items • Collect patient feedback • Link TB Patient with DTOs and Ni-kshay Mitras • Coordinate and support with GPs in achieving TB Mukta Panchayat status |
| | Gram Panchayats / PRI | <ul style="list-style-type: none"> • Integrate TB support into GPDP • Adopt patients and support with family food basket, additional diagnostics, transport • Mobilize local resources and engage the community |
| | TB Champions / Vijetas | <ul style="list-style-type: none"> • Counsel and motivate TB Patient • Reduce stigma through personal storytelling • Mobilize awareness efforts at grassroots level |

Programme Monitoring & Review Mechanism

A. Monitoring Indicators

These reflect the immediate, tangible results of Ni-kshay Mitra activities and service delivery:

| Output Indicators | Description |
|--|--|
| Number of Ni-kshay Mitras registered | Total count of Ni-kshay Mitra registered on the portal |
| Number of TB Patient linked with Ni-kshay Mitras | Number of active beneficiaries-Mitra linkages established |
| Number of food baskets distributed | Monthly count, disaggregated by patient category |
| Number of TB Patient getting Family food baskets till end of treatment | Number of Family Food Basket provided to each TB Patient. |
| Number of psychosocial Support provided to TB Patient | Count of psychosocial support provided to a TB Patient during the treatment. |

B. Review Mechanism

A structured monitoring and feedback loop to ensure real-time progress tracking, accountability, and adaptive action:

- Monthly Reviews at District Level**

Monthly reviews chaired by the District Magistrate/Collector or DTO shall assess coverage, timeliness and outcomes of diagnostics, transport and screening interventions, ensuring accountability and optimal utilization of TBMBK resources.

- Quarterly State-Level Reviews**

Quarterly review meetings will be convened by the State TB Cell under the chairmanship of the Mission Director, NHM, or Principal Secretary (Health) / Director of Health Services (DHS), as per state protocol.

- **Biannual National Review by MoHFW**

The Central TB Division will conduct biannual national reviews under the chairmanship of the Additional Secretary & Mission Director (NHM) or Joint Secretary (TB). These reviews will focus on

- **Grievance Redressal & Feedback System**

- Feedback forms integrated in the Ni-kshay portal
- Patient helpline tracking
- Concurrent audits/spot validations

- **Grievance Redressal Mechanism**

In situations of any grievances for the TB Patient, registration of the grievance can be done on the Ni-Kshay Sampark Helpline Number  **1800-11-6666** for redressal.



List of Contributors

| S.No. | Name | Designation |
|--|----------------------------|--|
| Ministry of Health and Family Welfare (MoHFW), GOI | | |
| 1 | Ms. Aradhana Patnaik | Additional Secretary & Mission Director (NHM) |
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| 4 | Dr. Veena Dhawan | Additional Commissioner |
| 5 | Dr. Sanjay Kumar Mattoo | Joint Commissioner |
| 6 | Dr. Vinay Kumar Garg | Deputy Commissioner |
| 7 | Dr. Raghuram Rao | Assistant Director General |
| 8 | Dr. Nishant Kumar | Joint Director |
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| 10 | CA Rahul Sharma | National Consultant-DBT |
| 11 | Dr. Mrigen Deka | National Consultant - Partnerships |
| 12 | Sh. Vigneshwaran PS | Inter-Departmental Programme Integration |
| 13 | Sh. Ashish Bhardwaj | Deputy Director (ACSM) |
| 14 | Dr. Paranjoy Bordoloi | National ACSM Consultant |
| 15 | Ms. Bhoomi Shah | Junior consultant |
| 16 | Sh. Gangadhar Das | Public Health Specialist |
| 17 | Sh. D. Dharma Rao | National Consultant- Ni-Kshay Mitra Initiative |
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| 18 | Dr. Rehana Begum | Project Director, IMPACT India Project |
| 19 | Sh. Mohan H. L | Chief Executive Officer |
| 20 | Sh. Mohit Sharma | National Lead -PRI & CE |
| 21 | Dr. Akhilesh Srivastava | National Consultant- Ni-Kshay Mitra Initiative |
| 22 | Ms. Shilpi Pandey | Regional State Program Officer-Ni-Kshay Mitra Initiative |
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| 24 | Mr. Pradeep Rawat | Regional State Program Officer-Ni-Kshay Mitra Initiative |

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