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राष्ट्रीय स्वास्थ्य मिशन

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

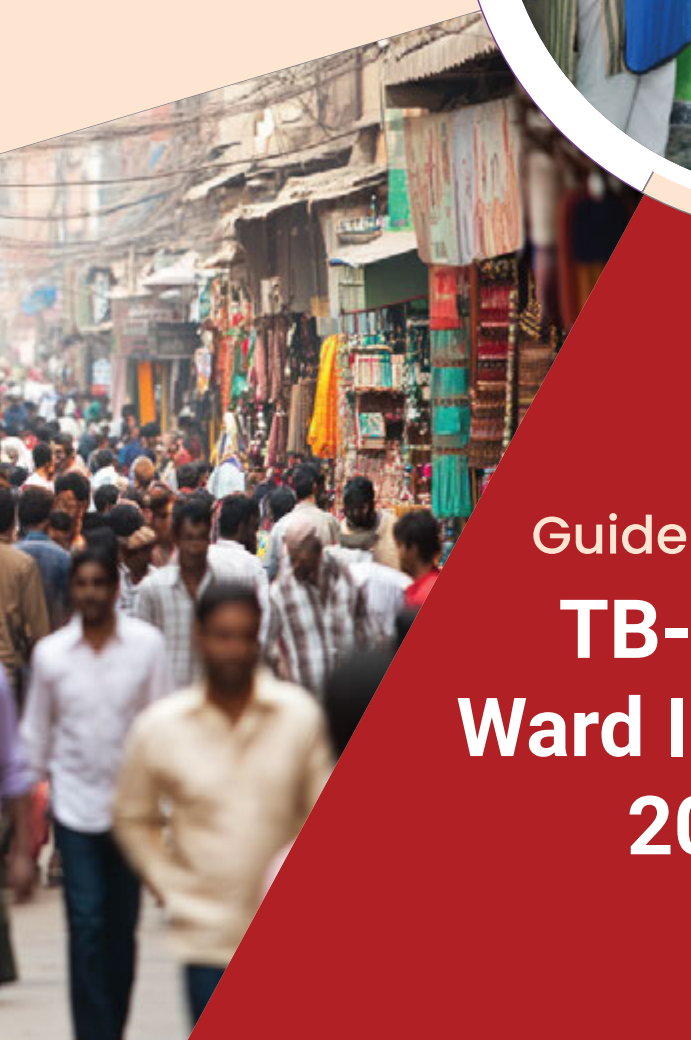
NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME
TB Harega, Desh Jeetega

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











Guidelines on

TB-Mukt Ward Initiative 2026

Table of Abbreviations

Abbreviation	Full Form
AAM	Aayushman Arogya Mandir
AI	Artificial Intelligence
AI-CXR	Artificial Intelligence-enabled Chest X-ray
ANM	Auxiliary Nurse Midwife
ART	Antiretroviral Therapy
ASHA	Accredited Social Health Activist
BMI	Body Mass Index
C&DST	Culture and Drug Susceptibility Testing
CHO	Community Health Officer
COPD	Chronic Obstructive Pulmonary Disease
CSR	Corporate Social Responsibility
CXR	Chest X-ray
DOTS	Directly Observed Treatment Short-course
DS-TB	Drug-sensitive Tuberculosis
DST	Drug Susceptibility Testing
DTO	District Tuberculosis Officer
EDNS	Energy-Dense Nutritional Supplement
FQ	Fluoroquinolone
HIV	Human Immunodeficiency Virus
IAPSM	Indian Association of Preventive and Social Medicine
ICTC	Integrated Counselling and Testing Centre
IEC	Information, Education and Communication
IMA	Indian Medical Association
INH	Isoniazid
JAS	Jan Arogya Samiti
MAS	Mahila Arogya Samiti

Abbreviation	Full Form
NAAT	Nucleic Acid Amplification Test
NCC	National Cadet Corps
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NHM	National Health Mission
NPY	Ni-kshay Poshan Yojana
NRC	Nutritional Rehabilitation Centre
NSS	National Service Scheme
NTEP	National TB Elimination Programme
NUHM	National Urban Health Mission
PLHIV	People Living with HIV
PPSA	Patient Provider Support Agencies
Rif	Rifampicin
RWA	Resident Welfare Association
SMA	State Medical Association
STO	State Tuberculosis Officer
TB	Tuberculosis
TB-HV	TB Health Visitor
TPT	TB Preventive Treatment
U-AAM	Urban Aayushman Arogya Mandir
U-ASHA	Urban Accredited Social Health Activist
U-CHC	Urban Community Health Centre
ULB	Urban Local Body
U-PHC	Urban Primary Health Centre
UT	Union Territory
WiFi	Wireless Fidelity

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Background and Rationale

A vision of 'Healthy Urban Communities' has been envisaged through Urban Local Bodies (ULBs) and Ward governance structures. The health functionaries at the ward and Aayushman Arogya Mandir (AAM) levels, along with the support of Ward Committees and Municipal Corporations/Councils, are making substantial efforts for ending TB in India. However, these efforts need to be recognized and acknowledged in our endeavour towards TB Mukt Bharat.

TB Mukt Ward initiative has been conceptualized focusing on comprehensive TB elimination strategies, particularly targeting areas at higher risk of TB transmission such as densely populated urban areas, congregated settings, or any other informal settlements. As part of this initiative under the TB Mukt Bharat Abhiyan, systematic screening is being prioritised in such settings including urban slums (*Jhuggi Jhopadis*) and slum pockets, urban resettlement colonies, migrant worker clusters, night shelters and prisons, homeless populations, railway yards, rickshaw pullers, auto-rickshaw and cab drivers, other public transport drivers and gig-economy workers. Mobile AI-enabled handheld chest X-ray units with on-site upfront NAAT confirmation are being deployed to ensure rapid detection and linkage to free treatment and care. Where upfront NAAT confirmation facility is not available, sample collection and transportation facility should be made available.

Why focussing on urban areas is important?

- Urban population constitutes a significant proportion of India's population.
- Densely populated urban areas present unique epidemiological and socioeconomic challenges that enhance the spread of TB and hinder timely diagnosis and treatment.
- Overcrowding, poor ventilation, malnutrition, high mobility, poverty, and poor health seeking behaviour further aggravates the risk of TB among the residents of densely populated urban areas.
- Private practitioners, Chemists, and Informal health care providers including traditional healers and faith healers are commonly the first point of contact for urban residents, even the urban poor, despite the high out-of-pocket costs.
- Undetected TB cases in these settings can significantly contribute to community transmission and increase in occurrence of disease in people residing in such areas.

Goals of TB Mukt Ward Initiative

1. Strengthen awareness and community sensitization through focused IEC campaigns.
2. Screening and early diagnosis of vulnerable urban population supported by prompt initiation of treatment.
3. Reduce TB mortality by implementing differentiated TB care along with nutritional and comorbidity management support.
4. Prevention of TB disease in vulnerable population through scaling up of TB Preventive Treatment.

Objectives of TB Mukt Ward Initiative

1. **Empower Urban Local Bodies** - Enable Municipal Corporations, Municipal Councils, Nagar Panchayats and Ward Committees to understand and address TB transmission and disease burden in their jurisdiction.
2. **Strengthen Health Systems** - Integrate TB control with broader public health functions at the ward level including private sector engagement.
3. **Validate TB Elimination Efforts** - Measure, monitor, and validate TB elimination activities through evidence-based indicators.
4. **Ensure Equitable Implementation** - Support vulnerable and marginalized communities within urban wards in accessing TB diagnostic, preventive and treatment services.
5. **Recognize and Appreciate Contributions** - Acknowledge the efforts of ward-level governance structures and health workers in TB elimination thereby facilitating a healthy competition among the wards.

Urban specific provisions under the National TB Elimination Programme

While the programme benefits are universally available across States and UTs, additional provisions are being provided in urban areas which are as follows:

- 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 to engage private sector, other service providers and community volunteers.

- Patient Provider Support Agencies (PPSA) - Services of PPSA are being utilized in identified districts having significant urban population to engage with private health care providers to enable notification of TB cases, extend free drugs & diagnostics under NHM and to support public health actions like contact tracing, co-morbidity testing (HIV & Diabetes) and TB preventive treatment to eligible household contacts.

Strategies under the TB Mukt Ward Initiative

The implementation plan will vary based on local contexts such as ward-specific programmatic situations, urban local governance structure and available health infrastructure. However, the following actions are suggested under the TB Mukt Ward Initiative on regular basis:

Community Sensitization

- Integration of TB awareness and service delivery prioritization into local ward meetings
- Involvement of JOSH Teams for TB awareness drives in urban schools and colleges.
- Organizing TB IEC and screening camps in markets through various stakeholders.
- Engage Mahila Arogya Samitis/Jan Arogya Samitis to mobilize households, line-list chest symptomatic, accompany for X-ray/NAAT, and conduct TB awareness and stigma reduction activities.
- Inclusion of TB Mukt Bharat Abhiyaan issues like screening coverage, NAAT positivity, private sector notifications, NPY coverage etc on Ward Committee agendas.
- Existing networks of elected representatives, sanitation champions, volunteers identified under the Swacch Survekshan Survey can support TB awareness, community mobilization and access to healthcare services.

Mapping and prioritization of high-risk areas/wards for screening and case detection

- The high-risk wards identified through hotspot mapping should be prioritized for activities under TB Mukt Ward initiative. In cities where the densely populated urban clusters have been previously mapped during the TB Mukt Bharat Abhiyaan, the existing data can be supplemented using census data, municipal records, and community mapping. Pre-existing slum lists, population data, geo-boundaries, and sampling sites may be used from any other initiative like Swacch Survekshan for TB screening.

- All the private clinics, laboratories, chemists, hospitals and nursing homes should be mapped and linked with District TB centre through routine operations under NTEP.
- Develop ward-level micro plans according to the population size, and locations for conducting the camps to screen the vulnerable individuals and utilize the handheld X-ray for screening.

Vulnerable population for priority screening

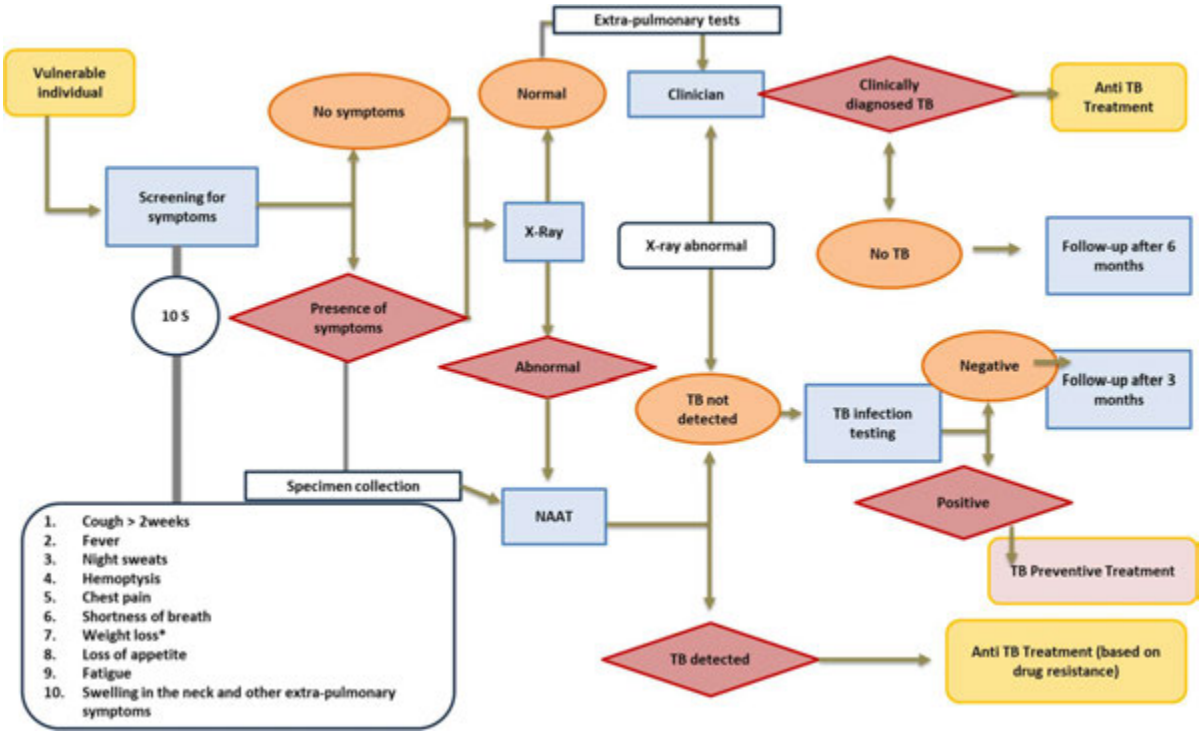
Residents of densely populated urban areas including urban slums (*Jhuggi Jhopadis*), urban slum pockets, and urban resettlement colonies	Household contacts of TB patients
Migrant and industrial workers	Smokers and substance users
Homeless individuals	Elderly population (>60 years)
People living with HIV (PLHIV) and those with co-morbidities (diabetes, COPD etc)	Individuals in congregate settings (e.g., prisons, night shelters / homeless shelters, orphanages, hostels, brothels)
Construction sites, markets, transport depots, prisons	Gig-economy workers such as house maids, rickshaw pullers, auto-rickshaw and cab drivers, and other public transport drivers

- Integrating TB screening into ongoing sanitation worker health check-ups under the Swachh Survekshan Survey

- Conducting community TB screening using handheld X-ray machines at U-AAM and wards office; and 10-S symptoms.
- Deploying Ni-kshay Vahan with portable X-ray and NAAT machines for high-density wards and congested slums for TB screening and diagnosis.
- Empanel private labs for NAAT testing to support the overall diagnostic capacity in the ward.
- Using courier services, human courier, or municipal vans for timely sample transport from UPHCs and camps to NAAT sites.
- Screening 100% of patients in ART/ICTC, NCD, dialysis, cancer, NRC and tobacco cessation clinics in city hospitals.

Algorithm for screening and referral of persons in the wards

The algorithm for screening and referral of persons under the TB Mukt Ward Initiative should remain same as the TB Mukt Bharat Abhiyaan which is given below:



Treatment Adherence and Support

- Ensuring prompt referral and linkage of diagnosed individuals from community to health facilities for timely treatment initiation.
- Establishing decentralised treatment support centres through health facilities under NUHM like U-PHC / U-AAM with flexible timing of operations.
- Vulnerable individuals are more likely to have adverse TB treatment outcomes. Hence, front-line health workers should routinely assess for Differentiated TB Care at the field level and refer the high-risk individuals to the pre-identified district hospitals, tertiary care centres or medical colleges for specialized management.
- Efforts should be made to mobilize Ni-kshay Mitras (CSR donors, NGOs) to support food baskets, transport vouchers, and childcare needs. Link TB patients with Ni-kshay Mitras using the TB Mukt Bharat App for nutritional and psychosocial support.
- Track patients throughout the treatment duration at both community and facility levels.
- Promote the use of digital tools such as 99 DOTS lite for monitoring the treatment adherence.
- Monthly home visits by NTEP staff should strengthen the adherence and prevent dropouts.
- Prompt provision of eligible benefits under Ni-kshay Poshan Yojana for all diagnosed persons with TB.
- Provide Energy-Dense Nutritional Supplements (EDNS) for undernourished TB patients (BMI <18.5) as per the guidelines.
- Ensure post treatment follow up till 2 years after completion of TB treatment.

Preventive Therapy and Infection Control

- Support initiation and completion of TB Preventive Therapy (TPT) for eligible contacts and vulnerable individuals.
- Integrate TPT delivery into routine community health services, including NCD, anaemia & cancer programme.
- Promote use of mask, cough etiquette, and personal hygiene.
- Promote Infection prevention and control measures such as ventilation in Buses, Railway, Metro Stations and other crowded places.
- Discourage spitting in public places through impactful IEC materials.

Stakeholder Engagement including Private Sector

- Engage municipal corporations/committee/council, NGOs, self-help groups, and private providers.
- Engage municipal health officers to ensure private providers mandatorily notify TB cases in Ni-kshay.
- Partner with private hospital networks, private clinics, and chemists for presumptive TB identification, NAAT testing and extend free TB diagnostics & drugs available under NHM.
- Display IEC at pharmacies and build capacity of the pharmacists to maintain schedule H1 register as required under Drugs & Cosmetics Act and refer individuals buying cough syrups for TB screening to the nearest health facility.
- Resident Welfare Associations / Co-operative Housing Societies to host IEC sessions in gated communities and rental housing.
- 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.
- Engage city influencers and municipal social media handles for TB campaigns.
- Street plays, nukkad nataks, and loudspeaker announcements in slums and markets
- Utilize Smart City Mission assets across smart poles, digital kiosks, and public Wi-Fi sign-ons for TB IEC.

Capacity Building and Training

- Training frontline workers on the screening strategies, stigma reduction, and referral pathways.
- Training radiographers, lab technicians, and program officers in AI-CXR use and sample transport logistics for NAAT testing.
- Identify and train TB Vijetas/Champions from within the community for mobilization.

Infrastructure and Technology Readiness

- Deployment of the Ni-kshay Vahans with AI enabled mobile X-ray units at the designated screening sites.
- Strengthen sample collection sites and linkages to nearby NAAT laboratories.
- Integrate digital adherence technology and monitoring using Ni-kshay at health facility level.

Framework for declaring a ward as TB Mukt Ward

By maintaining verifiable standards while addressing urban-specific challenges, this framework seeks to empower urban governance structures to act toward accelerating TB elimination efforts, foster healthy competition among wards, and recognize and appreciate their contributions.

1. Introductory meetings of municipal wards

- District-level meetings to be held for all Municipal Corporations/Municipal Councils/Nagar Panchayat, where District Tuberculosis Officer (DTO) and Chief Municipal Health Officer / Medical Officer of Health or counterpart jointly address the meeting on TB Mukt Ward initiative.
- Similarly, wards committee/committee of ward councillors' meetings to be held at Municipal Corporation/Municipal Council/Nagar Panchayat where District Tuberculosis Officer or his representative and Chief Municipal Health Officer or their representative participates to explain the initiative and conduct capacity building of Ward Councillors on TB Mukt Ward initiative.

2. Preparations for TB Mukt ward certification

- The wards are to be prepared for TB Mukt Ward certification with the support of District TB Centre.
- TB Mukt activities to be included in Wards Committee Plans or equivalent forum where wards committee is not there.
- The residents of the wards are to be made aware of various aspects of TB such as symptoms, prevention, stigma reduction, treatment adherence, diagnostic and treatment facilities available and various benefits provided by Government of India for TB Patients.
- TB Patients as well as their household contacts to be provided nutritional support as a part of Ni-kshay Mitra initiative.
- Wards committee / committee of the ward councillors to monitor quarterly pre-requisites for TB Mukt Ward status based on the checklist during wards committee meetings and Jan Arogya Samiti meetings.
- Map the resources to address problems identified in attaining TB Mukt Ward status.

3. Municipal ward submits claim to District Tuberculosis Officer through Municipal Corporation

- A team consisting of Ward Councillor, Urban ASHA/Health Worker, JAS member, Wards Committee member, Medical Officer U-PHC, and ANM/Staff Nurse assesses the claim of a Ward based on indicators to be fulfilled for TB Mukt Ward certification in first half of January every year.
- The Wards committee members / Ward Councillors forwards claim of all eligible Wards for 'TB Mukt Ward' Certification for verification to District Tuberculosis Officer with all relevant documents. Prerequisite indicators are annexed.

4. Verification of claims by district TB team

- All the claims forwarded by member Wards committee / Ward Councillors are to be verified by District TB team consisting of State Tuberculosis Officer or representative, Chief Medical Officer, District Tuberculosis Officer/City TB Officer, Representative from Municipal Corporation/ Municipal Council / Nagar Panchayat, Representative from Indian Medical Association / State Medical Association, Representative from Community Medicine (Medical Colleges)/IAPSM
- District TB team initiates verification process in the 1st quarter of every year and completes the process by 1st week of March of every year.
- Verification process and indicators to be used to complete certification process are detailed in the annexures.
- Conditionality to declare TB Mukt Ward – Mandatory achievement of all the verification indicators for the ward submitting the claim.
- The indicators should be verified using the Ni-kshay Records, facility-based and patient records. Beneficiary and stakeholder interviews should be done to further confirm the accuracy of the records.

5. TB Mukt ward declaration

- The verified list of Municipal Wards that qualify for TB Mukt Ward status, to be submitted by District TB team to Municipal Commissioner / Municipal Executive Officer.
- A Municipal Ward to be declared TB Mukt, if it fulfils the criteria enlisted under verified indicators.

6. Issuance of certification

- Certificates for 'TB Mukt Ward', with one year validity, would be issued to the qualified Municipal Wards by Mayor/Municipal Chairperson/Municipal President on World TB Day i.e., 24th March every year.
- Along with the certificate, a small statue of Mahatma Gandhi would be awarded to TB Mukt Ward as recognition of their achievement towards healthy urban communities. The statue should be of bronze colour for maintaining TB Mukt Ward status for first year, silver colour for continuous two years and gold colour for continuous three years.
- The TB Mukt Ward award to be displayed in respective Ward Office/Municipal Corporation Office/Community Centre.

Role and Responsibilities of various stakeholders for the TB Mukt Ward Initiative

The successful implementation of the TB Mukt Ward Initiative requires coordinated efforts from multiple stakeholders across governance, health systems, and community levels. This section delineates the roles and responsibilities of each stakeholder group under the overall guidance of State Health Authorities.

State TB Officer

- Provide overall strategic direction and policy guidance for TB Mukt Ward implementation across the state
- Coordinate with Municipal Corporations and Urban Local Bodies for state-wide rollout
- Monitor implementation progress through quarterly review meetings
- Ensure adequate resource allocation including deployment of AI-enabled mobile X-ray units
- Facilitate capacity building and training programs for all stakeholders
- Consolidate and analyze state-level data on TB Mukt Ward indicators
- Provide technical support to District TB teams for verification processes
- Participate in or depute representatives for District TB team verification of ward claims
- Ensure alignment of TB Mukt Ward activities with broader State TB Elimination plans
- Facilitate inter-departmental coordination between health, urban development, and municipal administration
- Review and approve district-level implementation plans and micro-plans

Chief Medical Officer / Chief Municipal Health Officer / Medical Officer of Health

- Jointly address district-level meetings with DTO on TB Mukt Ward initiative
- Participate in ward committee meetings to explain the initiative and build capacity of Ward Councillors
- Participate as member of District TB verification team
- Coordinate with Municipal health infrastructure for implementation support
- Ensure continuity of care for NCDs diagnosed during TB screening activities
- Monitor health facility readiness for TB Mukt Ward activities

District TB Officer / City TB Officer

- Lead district-level meetings with Municipal Corporations, Municipal Councils, and Nagar Panchayats to introduce TB Mukt Ward initiative
- Support wards in preparation for TB Mukt Ward certification through District TB Centre
- Receive and examine the claims submitted by Ward Councillors through Municipal Corporation
- Lead the District TB team for verification of all ward claims
- Coordinate deployment of mobile units with ultra-portable handheld X-rays and radiographers
- Lead screening activities across high-risk wards
- Ensure AI-enabled chest X-ray screening and upfront NAAT testing with real-time Ni-kshay data entry
- Ensure a robust sample transportation mechanism in the district
- Ensure mechanisms for continuous follow-up and monitoring for diagnosed TB patients
- Conduct periodic review meetings to evaluate key performance indicators
- Submit verified list of qualified Municipal Wards to Municipal Commissioner/Executive Officer
- Map and link all private clinics, labs, chemists, hospitals, and nursing homes with District TB Centre
- Ensure PPSA mechanism implementation for private sector engagement where available.
- Monitor verification indicators using Ni-kshay records, facility-based and patient records

District NTEP Team

- Support State TB Cell in micro-planning and mapping of densely populated urban clusters
- Conduct community awareness programs and outreach activities for screening campaigns
- Lead continuous advocacy and communication through awareness campaigns
- Coordinate with NGOs, local community leaders, and TB Champions for IEC dissemination
- Provide monthly home visits to TB patients to strengthen adherence and prevent dropouts
- Track patients throughout the treatment cascade at community and facility levels
- Conduct beneficiary and stakeholder interviews during verification processes

Municipal Corporation / Municipal Council / Nagar Panchayat

- Participate in district-level introductory meetings on TB Mukt Ward initiative
- Facilitate ward committee meetings for capacity building on TB Mukt Ward
- Support micro-planning activities through provision of census data, municipal records, and community mapping
- Provide updated slum lists, population data, and geo-boundaries for prioritizing TB screening
- Include TB Mukt activities in Ward Committee Plans
- Receive ward claims from Ward Councillors and forward to District TB Officer
- Provide representative for District TB verification team
- Receive verified list of qualified wards from District TB team
- Facilitate use of municipal vans for timely sample transport from UPHCs and camps to NAAT hubs
- Engage municipal health officers to ensure private provider notification compliance
- Leverage Swachh Survekshan networks and Smart City Mission assets for TB awareness

Mayor / Municipal Chairperson / Municipal President

- Issue certificates for TB Mukt Ward status with one-year validity on World TB Day (March 24) each year
- Award Mahatma Gandhi statues (bronze/silver/gold) to TB Mukt Wards based on years of sustained status
- Provide high-level advocacy and political support for TB elimination efforts

Municipal Commissioner / Municipal Executive Officer

- Receive verified list of qualified wards from District TB team
- Facilitate certification process and award ceremonies
- Ensure institutional support for TB Mukt Ward implementation
- Coordinate inter-departmental efforts within municipal administration

Ward Councillor / Ward Committee Members

- Participate in capacity building meetings conducted by DTO and Municipal Health Officer
- Lead ward-level assessment team consisting of Urban ASHA/Health Worker, JAS member, Ward Committee member, Medical Officer (U-PHC), and ANM/Staff Nurse for claim submission.
- Assess ward claims based on fulfilment of TB Mukt Ward certification indicators in first half of January each year as part of the District TB Verification Team.
- Forward claims of all eligible wards for TB Mukt Ward Certification to District TB Officer with relevant documents.
- Integrate TB awareness and screening into ward meetings.
- Include TB Mukt Bharat Abhiyaan on Ward Committee agendas (screening coverage, NAAT positivity, private notifications, NPY coverage).
- Monitor progress towards TB Mukt Ward status during ward committee meetings.
- Map and augment resources to address challenges in attaining TB Mukt Ward status
- Ensure mechanisms for impactful IEC in the ward area for TB symptoms, prevention, stigma reduction, treatment adherence, facilities, and benefits

Jan Arogya Samiti / Mahila Arogya Samiti Members

- Participate in ward assessment team for TB Mukt Ward claim evaluation
- Monitor progress towards TB Mukt Ward status during Samiti meetings
- Support community mobilization and awareness activities

Medical Officer - Urban Primary Health Centre (U-PHC) / Urban Community Health Centre (UCHC) / Aayushman Arogya Mandir (U-AAM)

- Participate in ward assessment team for TB Mukt Ward certification claim
- Establish decentralized treatment support centres
- Triage and manage patients according to the differentiated TB care guidelines

- Ensure continuity of care and follow-up for NCDs diagnosed during TB screening
- Conduct community TB screening using handheld X-ray machines at facilities
- Support sample collection and linkage to NAAT labs
- Integrate digital adherence technology on Ni-kshay (99 DOTS lite) at facility level

ANM / Staff Nurse

- Participate in ward assessment team for TB Mukt Ward claim evaluation
- Support patient care and treatment adherence monitoring
- Assist in community screening activities and sample collection
- Provide counselling and psychosocial support to TB patients

Urban ASHA / Health Worker / TB Health Visitor (TB-HV)

- Participate in ward assessment team for TB Mukt Ward certification
- Identify red flag criteria as per Differentiated TB Care provisions at field level
- Stratify TB patients based on risk profile
- Conduct monthly home visits to strengthen treatment adherence and prevent dropouts
- Track patients throughout treatment duration at community and facility levels and ensure post treatment follow up till 2 years after treatment completion.
- Mobilize community members for screening camps
- Provide psychosocial support to reduce pre-treatment loss to follow-up
- Line list chest symptomatic individuals in the community
- Accompany the eligible individuals for X-ray and NAAT testing
- Conduct TB awareness and stigma reduction activities at household level
- TB Health Visitors specifically:
    - Engage private sector and community volunteers (1 TB-HV per 1 lakh urban population)
    - Undergo training on screening strategies, stigma reduction, and referral pathways

Senior Treatment Supervisors

- Coordinate TB Mukt Ward activities within the TB Unit.
- Support ward-wise mapping of vulnerable populations and high-risk areas.
- Train CHOs, ASHAs, ANMs, treatment supporters, TB Champions and community volunteers.
- Facilitate engagement of additional community volunteers where needed.

- Coordinate with UPHCs, U-AAMs, Medical Officers, and field staff for ward microplanning.
- Maintain updated lists of campsites, X-ray facilities, NAAT sites, and referral centres.
- Ensure staff are trained in referral, recording, reporting, and Ni-kshay updates.
- Coordinate availability of drugs, TPT, logistics, IEC materials, and reporting tools.
- Ensure prompt linkage of diagnosed patients to treatment and support services.
- Arrange treatment supporters and monitor treatment adherence.
- Coordinate contact investigation, TPT initiation, and TPT completion.
- Facilitate differentiated TB care assessment and referral of high-risk patients.
- Support access to NPY and Ni-kshay Mitra benefits for eligible patients.
- Monitor ward and facility performance indicators and provide feedback.
- Ensure complete and timely reporting of TB Mukt Ward activities at TB Unit level.

Senior Treatment Lab Supervisor and Lab Technicians

- Perform upfront NAAT testing with real-time data entry in Ni-kshay
- Ensure proper sample collection, handling and transportation logistics from wards, UPHCs, and U-AAMs to NAAT and C&DST laboratories.
- Ensure availability of sputum containers, packaging materials, and biosafety supplies at all collection points.
- Train staff on quality sample collection, packaging, and biosafety precautions.
- Maintain an updated mapping of wards, sputum collection points, X-ray facilities, NAAT sites, and referral laboratories.
- Assess laboratory workload and ensure availability of consumables, laboratory staff, and machine capacity.
- Facilitate additional shifts, mobile units, or empanelled private laboratories where needed.
- Identify and strengthen sites for collection of non-sputum specimens for paediatric and extrapulmonary TB.
- Ensure required equipment, consumables, and trained staff are available at non-sputum specimen collection sites.
- Visit laboratories and X-ray facilities regularly to assess readiness and resolve operational gaps.
- Monitor key laboratory indicators such as NAAT testing coverage, positivity, DST coverage, specimen quality, turnaround time, and machine utilization.

JOSH (Joint Squad for Health) team

- Engage with TB Mukt Bharat Abhiyaan as Nikshay Mitra
- Enroll and participate in Experiential Leaming progams (ELP) on MY Bharat portal, quizzes and other activities to better understand and involve with TB Mukt Bharat Abhiyaan
- Participate in TB awareness activities like rallies, street plays (Nukkad natak), poster/wall - writing campaigns and verified social-media posts related to TB so as to counters myths and misinformation and mitigate stigma
- Reinforce core health messages on Swachhata- Cleanliness like No Spitting and promote health sanitation habits including cough etiquette and infection control to prevent spread of TB
- Reinforce messages pertaining to Nasha Mukti including No to drugs, No Alcohol, No Smoking/ Tobacco to reduce the risk of acquiring TB
- Facilitate TB prevention awareness among household contacts and in community, especially among those vulnerable for TB
- Promote use of the TB Mukt Bharat app and Khushi Chatbot by communities to increase their knowledge about TB
- Volunteer to distribute nutrition baskets TB patients
- Support health workers in mobilising community members for TB screening camps and Ayushman Arogya Shivirs

Community Leaders

- Participate in meetings with District NTEP team and NGO partners during micro-planning
- Facilitate community access and trust for screening teams
- Support awareness campaigns and community mobilization
- Address community concerns and reduce stigma

Resident Welfare Associations (RWAs) / Co-operative Housing Societies

- Host IEC sessions in gated communities and rental housing
- Facilitate screening camps in residential complexes
- Display TB awareness materials in common areas
- Support identification of chest symptomatic individuals

Private Hospitals, Clinics, and Nursing Homes

- Mandatorily notify TB cases in Ni-kshay system
- Partner with public health system for presumptive TB identification and NAAT testing
- Participate in providing free TB diagnostics and drugs available under the NTEP
- Undergo mapping and linkage with District TB Centre through PPSA mechanism

Private Labs

- Get empanelled to test all specimens on NAAT when public sector labs are overworked
- Maintain turnaround time standards for diagnostic reporting
- Ensure quality assurance and proficiency as per the NTEP norms and report results in Ni-kshay

Pharmacists and Chemists

- Display IEC materials at pharmacies
- Maintain Schedule H1 register as required under Drugs & Cosmetics Act
- Refer individuals buying cough syrups for TB screening to nearest health facility

Indian Medical Association / Professional Medical Associations

- Provide representative for District TB verification team
- Support private sector engagement efforts under the NTEP
- Facilitate continuing medical education on TB for private practitioners

Medical Colleges / Community Medicine Departments / IAPSM

- Provide representative for District TB verification team
- Offer technical expertise for implementation and evaluation
- Support capacity building and training programs

IEC and Communication Teams

- Develop and disseminate ward-specific IEC materials
- Use bus panels, metro stations, and digital screens for TB awareness
- Organize street plays, nukkad nataks, and loudspeaker announcements
- Engage city influencers and municipal social media handles for IEC campaigns
- Utilize Smart City Mission assets (smart poles, digital kiosks, public WiFi sign-ons)
- Promote cough etiquette and mask use through public address systems

Monitoring and Reporting

Monitoring of TB Mukt Ward activities shall be undertaken at ward, health facility, TB Unit, and district levels using routine programme records, Ni-kshay data, and the prescribed verification indicators. Ward Committees and Jan Arogya Samitis to review progress on a quarterly basis, including screening coverage, presumptive TB examination, notification, NPY coverage, and other prerequisites for TB Mukt Ward status. The verification indicators to be reviewed in terms of progress towards attaining the set benchmarks (Annexure I).

Health facilities, TB Units, and District NTEP teams should undertake regular review of implementation and continuous follow-up of patients for treatment initiation, adherence, TPT, and patient support. A consolidated ward-wise review may be undertaken monthly at TB Unit or district level for programme monitoring, gap identification, and corrective action, in line with the document's emphasis on periodic review meetings and continuous follow-up.

All the programmatic data shall continue to be reported in the Ni-kshay portal.

The claims submission and verification formats are detailed in the Annexures II - IV.

ANNEXURE I - Verification Indicators

Indicator	Description	Target
Vulnerable individuals screened with CXR	**Numerator:** Number of vulnerable individuals screened with CXR in the year × 10000 **Denominator:** Total eligible population of the ward in that year	2000 per 10,000 population of the ward
Presumptive TB examination rate	**Numerator:** Number of presumptive TB persons examined by NAAT in the year x 10000 **Denominator:** Total population of the ward for that year	≥300 per 10,000 population of the ward
Notification Rate	**Numerator:** Number of TB cases notified (All types) in the year x 10000 **Denominator:** Total population of ward for that year	≤10 per 10,000 population of the ward
TB Treatment Success Rate	**Numerator:** Number of DSTB- patients notified during the time period where treatment outcome was assigned as treatment completed or cured x 100 **Denominator:** Total number of DSTB patients notified during the same time period	At least 85%
Support to TB patients under the Ni-kshay Mitra initiative	**Numerator:** TB patients who received at least 1 food basket under the Ni-kshay Mitra initiative x100 **Denominator:** Number of TB patients consented in the previous calendar year	At least 50%
TB Preventive Treatment	**Numerator:** No. of eligible household contacts of microbiologically confirmed pulmonary TB (after ruling out active TB) initiated on TPT **Denominator:** No. of household contacts of pulmonary TB (after ruling out active TB) eligible for TPT	At least 60%

ANNEXURE II – Format 1 For Quarterly Reviews

(Filled by U-ASHA with help of the TB Unit NTEP Staff)

Section	Field/Indicator	Data/ Response
Ward Details	Ward Number	
	Ward Name	
	Municipal Corporation/Council/Nagar Panchayat	
	Total Ward Population	
Reporting Period	Quarter (Q1/Q2/Q3/Q4)	
	Year	
	Date of Submission	
Screening Activities	Number of vulnerable individuals screened with CXR	
	Number of presumptive TB persons identified	
	Number of presumptive TB persons referred for NAAT	
	Number of persons with abnormal X-ray	
Diagnosis and Notification	Number of TB patients notified (all types)	
	Number of patients tested for Rifampicin resistance	
	Number of patients tested for INH resistance	
	Number of patients tested for FQ resistance	
Treatment Support	Number of TB patients initiated on treatment	
	Number of patients receiving monthly home visits	
	Number of patients using digital adherence tools (99 DOTS lite)	
	Number of patients assessed for Diferentiated TB Care	
	Number of patients referred for severe disease/DR-TB/comorbidities	
Contact Investigation & TPT	Number of household contacts screened	
	Number of eligible contacts initiated on TPT	
	Number of contacts completing TPT	
	Number of children <15 years initiated on TPT	
Patient Support	Number of TB patients enrolled for NPY	
	Number of TB patients who received NPY payment this quarter	
	Number of TB patients linked with Ni-kshay Mitra	
	Number of patients receiving nutrition support	
Remarks/Challenges	Key challenges faced in the quarter: 1. 2. 3.	
	Actions needed from supervisors/district team: 1. 2. 3.	

ANNEXURE III – Format 2 For Claims Submission

Filled by the team - Ward Councillor, Urban ASHA/Health Worker, JAS member, Wards Committee member, Medical Officer U-PHC, ANM/Staff Nurse in 1st half of Jan every year; Submitted by Ward Councillor to the District TB Officer

Section	Field/Indicator	Target/Response
Ward Identification	Ward Number	
	Ward Name	
	Municipal Corporation/Council/Nagar Panchayat	
	District	
	Total Ward Population	
Claim Submission Details	Claim Year	
	Date of Submission	
	Submitted By (Ward Councillor Name & Signature)	
	Contact Details	
Declaration	This ward has fulfilled all verification indicators for TB Mukt Ward certification	Yes/No
	MoM from the quarterly reviews are attached	Yes/No
	Data verified from Ni-kshay and facility records	Yes/No
	Beneficiary and stakeholder consultations conducted	Yes/No
	Claim submitted for verification by District TB Team	Yes/No
Verification Indicators	1. Vulnerable individuals screened with CXR (per 10,000 population)	Target >=2000 | Achieved: _____
	2. Presumptive TB examination rate (per 10,000 population)	Target >=300 | Achieved: _____
	3. Notification Rate (per 10,000 population)	Target <=10 | Achieved: _____
	4. TB Treatment Success Rate (%)	Target >=85% | Achieved: _____%
	5. Ni-kshay Mitra Support Coverage (%)	Target >=50% | Achieved: _____%
	6. TB Preventive Treatment Initiation (%)	Target >=60% | Achieved: _____%
	7. All mandatory indicators achieved	Yes/No
Ward Assessment Team Details	Ward Councillor (Name, Signature, Date)	
	Urban ASHA/Health Worker (Name, Signature, Date)	
	Jan Arogya Samiti Member (Name, Signature, Date)	
	Medical Officer U-PHC/UCHC/U-AAM (Name, Signature, Date)	
	ANM/Staff Nurse (Name, Signature, Date)	
Certification	Forwarded to District Tuberculosis Officer for verification	
	Date of Forwarding:	
	Seal of Ward Committee/Municipal Office:	

ANNEXURE IV – Format 3 For Claims Verification

Filled by the District TB Verification team after verification of the indicators submitted to the DTO

Section	Field/Details	Data/Status
Ward Details	Ward Number	
	Ward Name	
	Municipal Corporation/Council/Nagar Panchayat	
	District	
	Ward Population	
Verification Team Details	State TB Officer/Representative	
	Chief Medical Officer	
	District TB Officer/City TB Officer	
	Rep - Municipal Corporation/Council/Nagar Panchayat	
	Rep - IMA/State Medical Association	
	Rep - Community Medicine (Medical College)/IAPSM	
	Verification Start Date	
	Verification Completion Date	
Verification Period	Claim Received Date	
	Verification Year (1st Quarter)	
Indicator 1: Screening with CXR	Target: >=2000 per 10,000 population	
	Numerator (Ni-kshay): Number screened with CXR	
	Denominator: Total ward population	
	Calculated Rate (per 10,000)	
	Status (Met/Not Met)	
Indicator 2: Presumptive TB Examination	Target: >=300 per 10,000 population	
	Numerator (Ni-kshay): Presumptive TB examined	
	Denominator: Total ward population	
	Calculated Rate (per 10,000)	
	Status (Met/Not Met)	
Indicator 3: Notification Rate	Target: <=10 per 10,000 population	
	Numerator (Ni-kshay): TB cases notified (all types)	
	Denominator: Total ward population	
	Calculated Rate (per 10,000)	
	Status (Met/Not Met)	
Indicator 4: Treatment Success Rate	Target: >=85%	
	Numerator (Ni-kshay): DS-TB completed or cured	
	Denominator: Total DS-TB patients notified	
	Calculated Percentage	
	Status (Met/Not Met)	

Section	Field/Details	Data/Status
Indicator 5: Ni-kshay Mitra Support	Target: >=50%	
	Numerator: TB patients received >=1 food basket	
	Denominator: TB patients who consented	
	Calculated Percentage	
	Status (Met/Not Met)	
Indicator 6: TPT Initiation	Target: >=60%	
	Numerator: Eligible contacts initiated on TPT	
	Denominator: Contacts eligible for TPT (TB ruled out)	
	Calculated Percentage	
	Status (Met/Not Met)	
Record Verification	Ni-kshay records reviewed	Yes/No
	Facility-based records reviewed	Yes/No
	Patient records reviewed	Yes/No
	Consistency between records	Yes/No
Beneficiary/Stakeholder Verification	Number of beneficiaries interviewed	
	Number of stakeholders interviewed	
	Feedback summary	
	Major concerns/issues identified	
	Confirmation of service delivery	Yes/No
Overall Assessment	All 8 mandatory indicators achieved	Yes/No
	Records complete and accurate	Yes/No
	Beneficiary verification satisfactory	Yes/No
	Ward qualifies for TB Mukt Ward status	Yes/No
	Remarks/Observations	
Team Certification	State TB Officer/Rep (Name, Signature, Date)	
	Chief Medical Officer (Name, Signature, Date)	
	DTO/City TB Officer (Name, Signature, Date)	
	Municipal Rep (Name, Signature, Date)	
	IMA/SMA Rep (Name, Signature, Date)	
	Community Medicine Rep (Name, Signature, Date)	
	Verification Completion Date	
	Official Seal of the State TB Cell	
Final Recommendation	Recommendation	Eligible / Not Eligible
	Reasons for ineligibility (if applicable): 1.	
	Submitted to Municipal Commissioner/Exec Officer on:	
	Received by (Name, Signature, Date, Seal):	

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Ministry of Health & Family Welfare, Government of India
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Nikshay Sampark Helpline: 1800-11-6666

https://www.nikshay.in/

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