



# Active Case Finding (ACF) & Direct Benefit Transfer (DBT) Campaigns

2nd September 2021 to 1st November 2021  
(two months)

8<sup>th</sup> September , 2021

# AGENDA

- Inauguration of NTEP AMBALA app by worthy Civil Surgeon Ambala
- Necessity of ACF: Dr Joy Singhal
- Technical Details: Dr Chetan Goel
- ACF Campaign : Dr Kuldeep Civil Surgeon Ambala

# India's Commitment to End TB

India has committed to **End TB by 2025**, five years ahead of Global SDG target



# Political Commitment to Eliminate TB by 2025!



प्रधान मंत्री  
Prime Minister

New Delhi  
December 14, 2017

Dear Shri Manohar Lal ji,

I wish to highlight to you the major public health challenge regarding tuberculosis we are facing in the country today. This is the biggest killer disease among all infectious diseases. There are about 29 lakh new TB cases every year and about 4.20 lakh people, mostly poor, are estimated to die annually on account of TB, leaving lakhs of children orphaned. Economic loss on account of TB in India is estimated to be about Rs.20,000 crore per annum.

We cannot allow such human tragedies, for a disease which is treatable and for which drugs and diagnostics are available in the public health care system. We are committed to eliminate TB by 2025, a good five years ahead of the Sustainable Development Goals for which the Ministry of Health & Family Welfare is implementing Revised National Tuberculosis Control Programme (RNTCP) with new vigour and commitment.

The RNTCP has taken several new initiatives like daily regimen, universal drug susceptibility testing, active case finding in vulnerable groups, and cross reference between HIV and TB cases to help us address the challenge posed by TB.

It is incumbent upon us to address this challenge in a mission mode. I request you to kindly review the progress of the programme at least every quarter and closely monitor key performance indicators like case notification (including from private sector), treatment success rate, active case finding, and HR vacancy.

I have asked the Ministry of Health & Family Welfare to extend all necessary technical and financial support.

With warm regards,

Yours sincerely,

(Narendra Modi)

Shri Manohar Lal  
Chief Minister of Haryana  
Chandigarh

CE FMS/89/HUPPS/HSA/RO/18  
23.1.18  
15.1.18  
DCHS 714  
Dated 15.01.18  
Pl. Put up with an intensive strategy to eliminate TB from Haryana. We may also plan a function for Hon and CM for this.

Respected Pradhan Mantri ji,

Director (RNTCP) 11/1/18  
Wazir 19/1/18 S.T.O.

I am in receipt of your D.O. letter dated 14<sup>th</sup> December, 2017 regarding review of progress of the Revised National Tuberculosis Control Programme (RNTCP) with new vigour and commitment to eliminate TB by 2025.

I have directed the concerned authorities for taking immediate necessary action in this regard on priority.

With warm regards,

O/o PSCM  
No. (FR) 86  
Date 1-1-18

Yours sincerely,

-Sd-  
(Manohar Lal)

Shri Narendra Modi,  
Prime Minister of India,  
South Block, Raisina Hill,  
New Delhi-110011

Endst. No. 9307

Dated: 27-12-17

A copy with the letter under reply (in original) is forwarded to PSCM. Hon'ble CM has desired that immediate necessary action may be taken in this regard on priority.

Spl. Senior Secretary to C.M. Haryana.

Date 09.01.2018  
O/o Health Minister  
O/o PS Health  
Diary No. 838  
Date 12/1/18

S.T.O. 12/23/18  
APO/Cham 23/1/18  
DEO - to put up 23/1/18

# TB Snapshot – India in 2020

Estimated New TB Cases - 193 cases / lakh population  
Estimated TB Cases in 2019 - 26.4 lakh

**2%** HIV Positive

**2.5%** Drug Resistant

**65%** 15 – 45 Years (Age)



**Men**  
**62%**



**Women**  
**38%**



**Children**  
**6%**

**33%** Urban

**58%** Rural

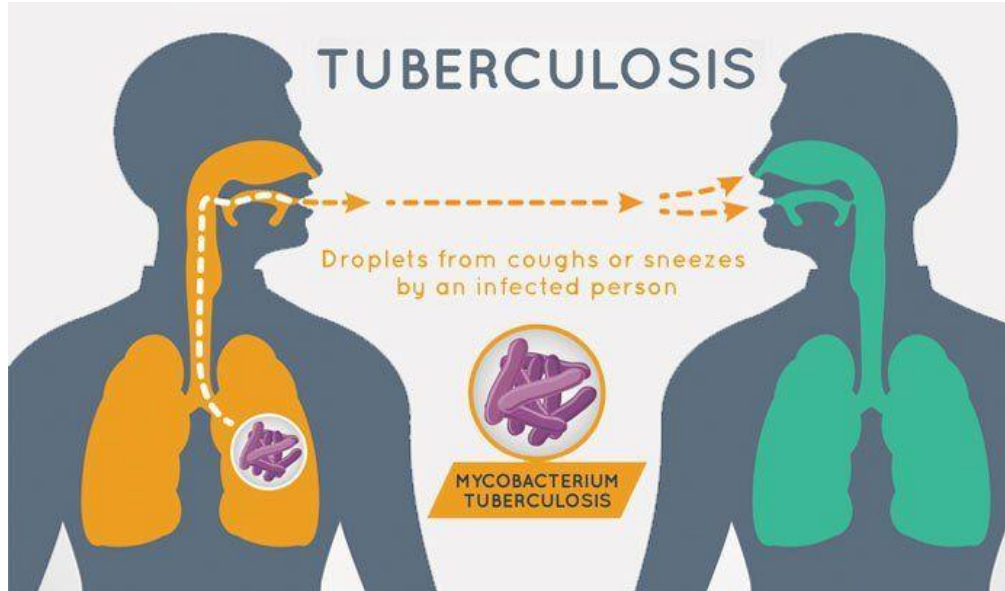
**9%** Tribal

**Case fatality- 17%**

[Global TB Report 2020](#)



# TB disease



- Untreated TB case can transmit disease to 10 to 15 people in a year
- Contacts of an active case are at 10 to 60 times higher risk of developing the disease



Closed spaces

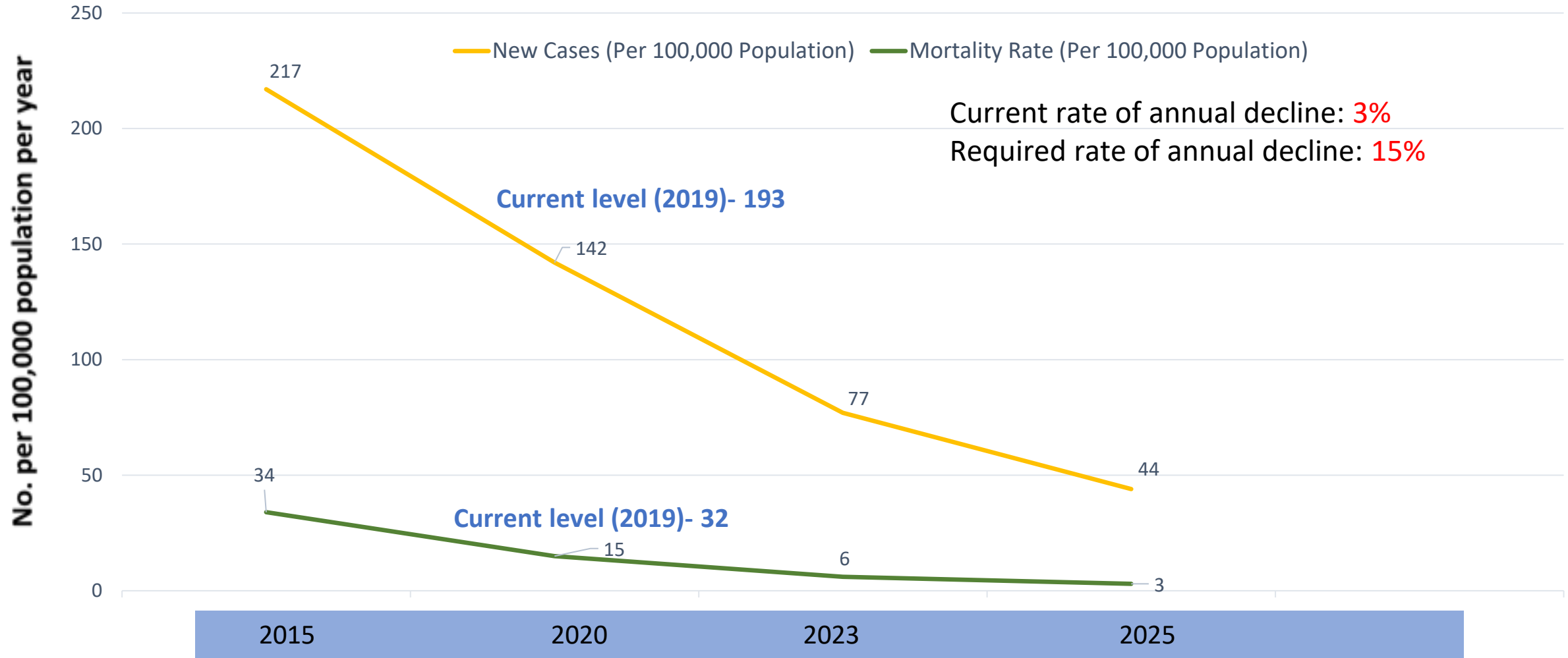


Malnutrition

Low immunity

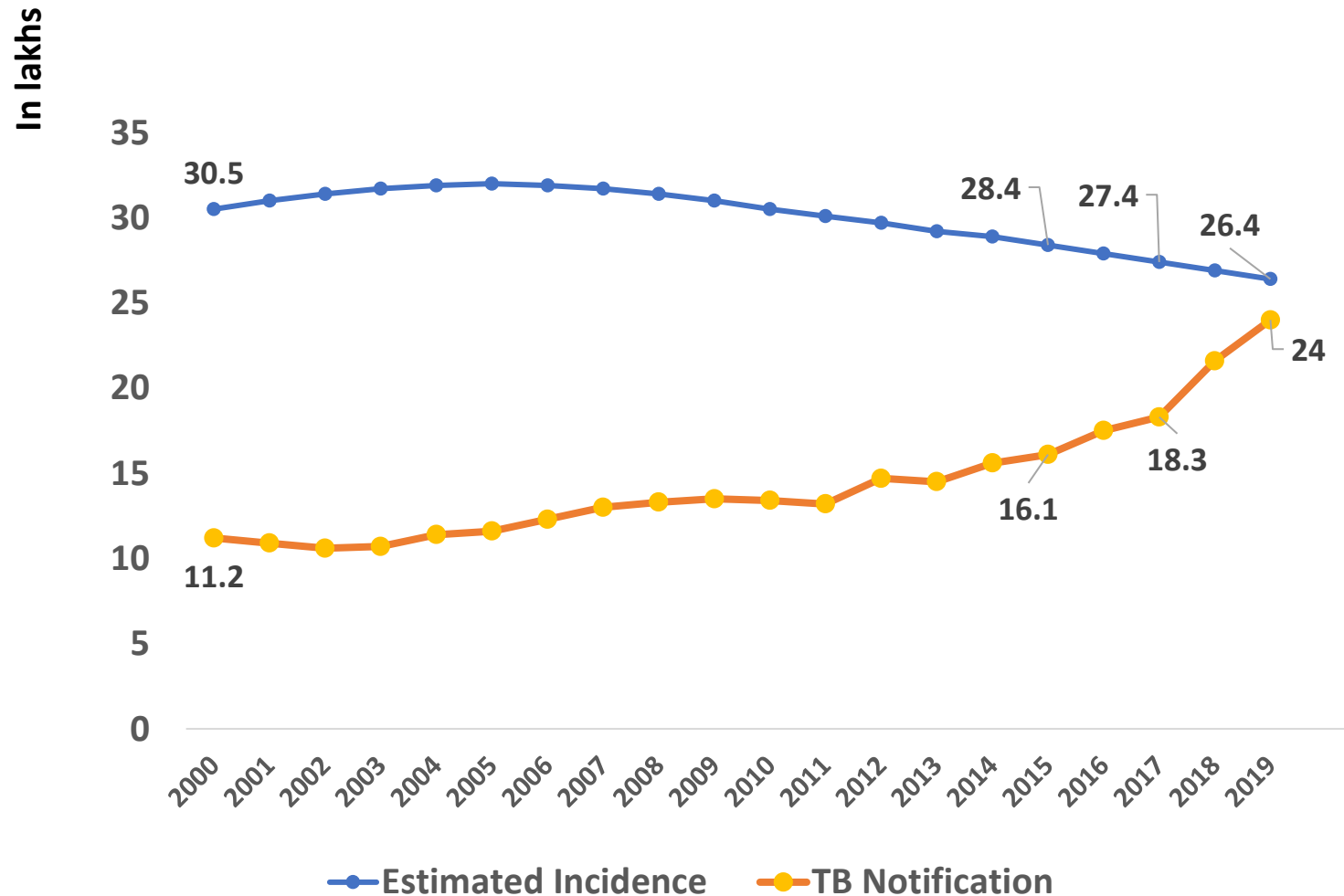


# End TB Targets – NEW TB Cases & TB Mortality



# Progress Towards Ending TB

## Trend in TB Notification against estimates



MDGs Achieved

2.4 lakhs Missing Cases  
10 lakh (2015) to 2.4 lakh  
(2019)

Reached additional 8.1 lakh  
cases in 2019 as compared  
to 2015



# TB Notification Progress Under NTEP

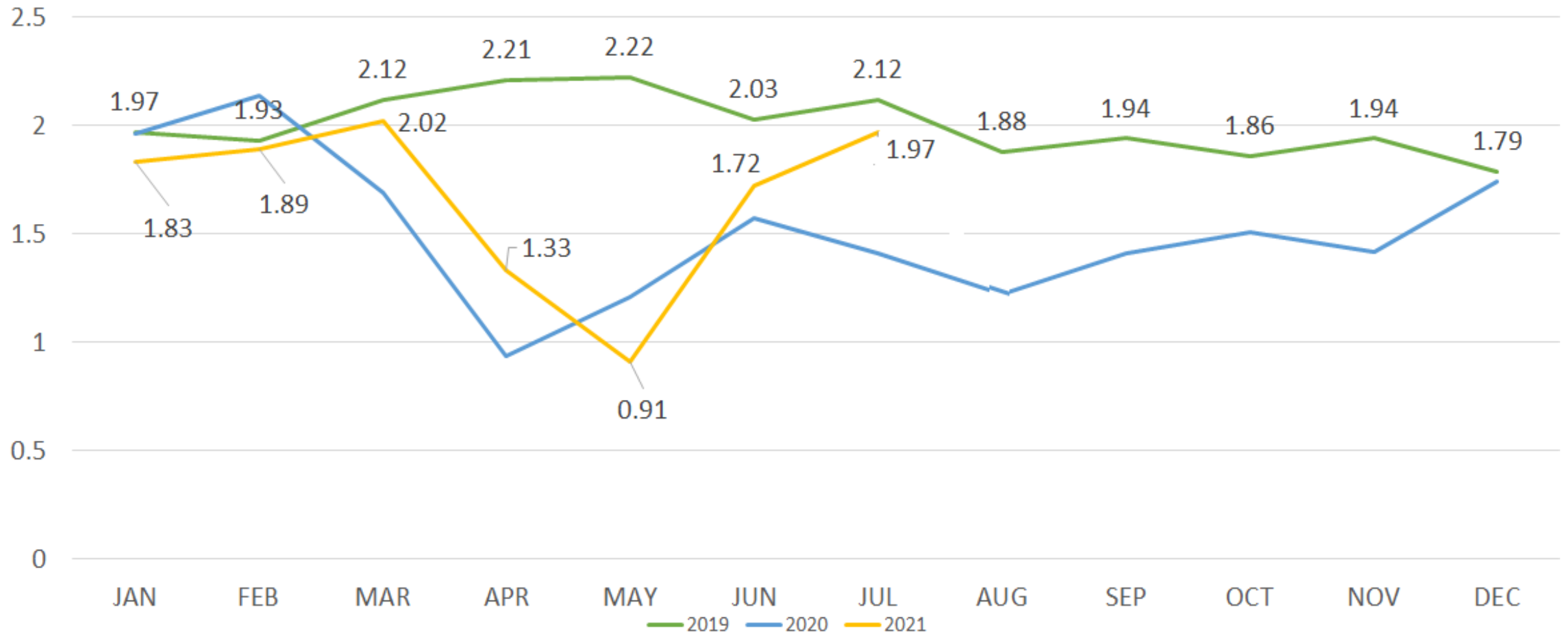
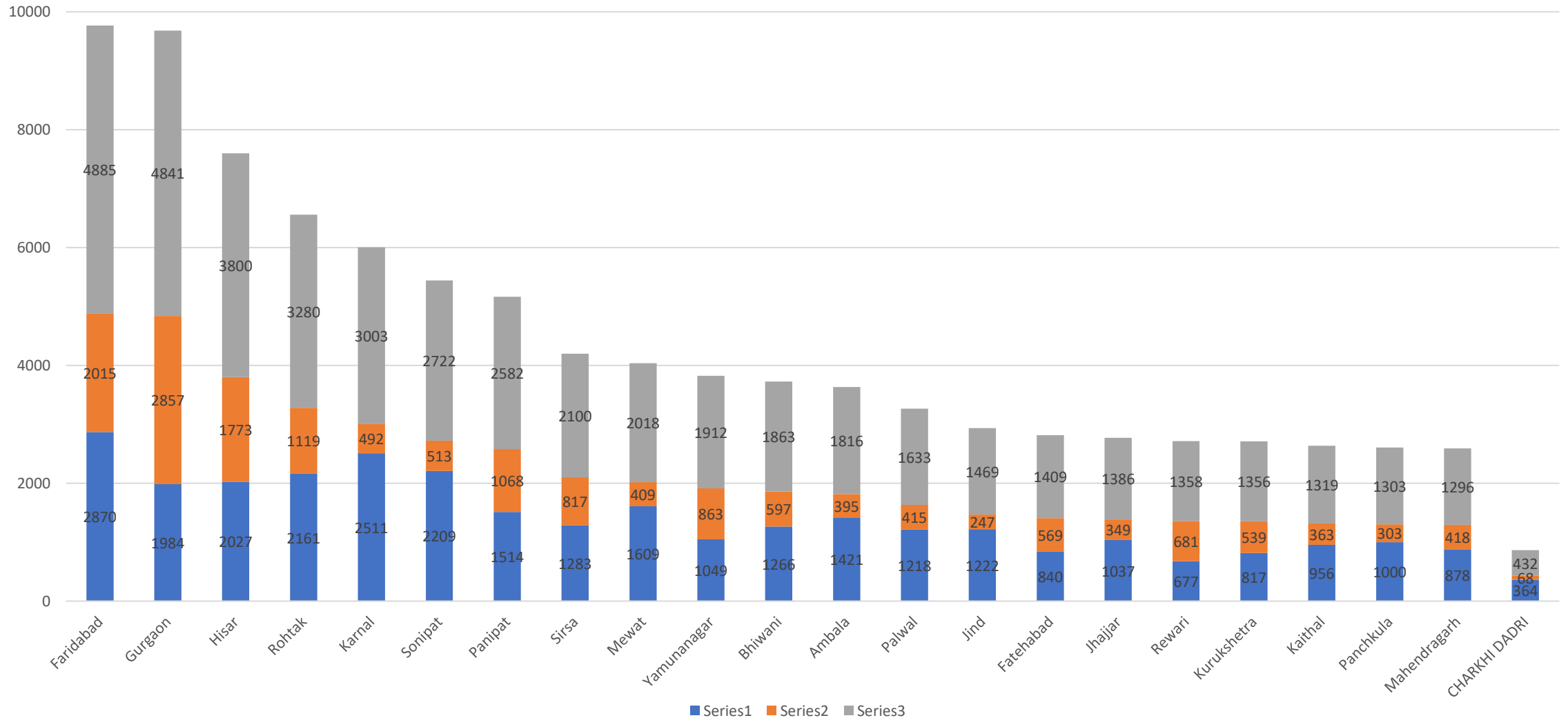
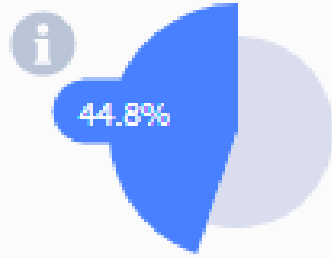


Chart Title

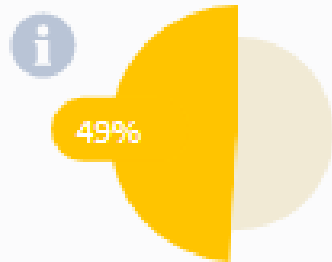
# TB Notification Ambala vs rest of Haryana



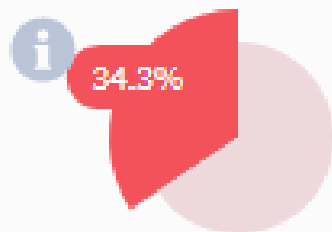
# Ambala Notification status



Total Notification  
**1,816**  
**44.8%** VS Target : 4,050

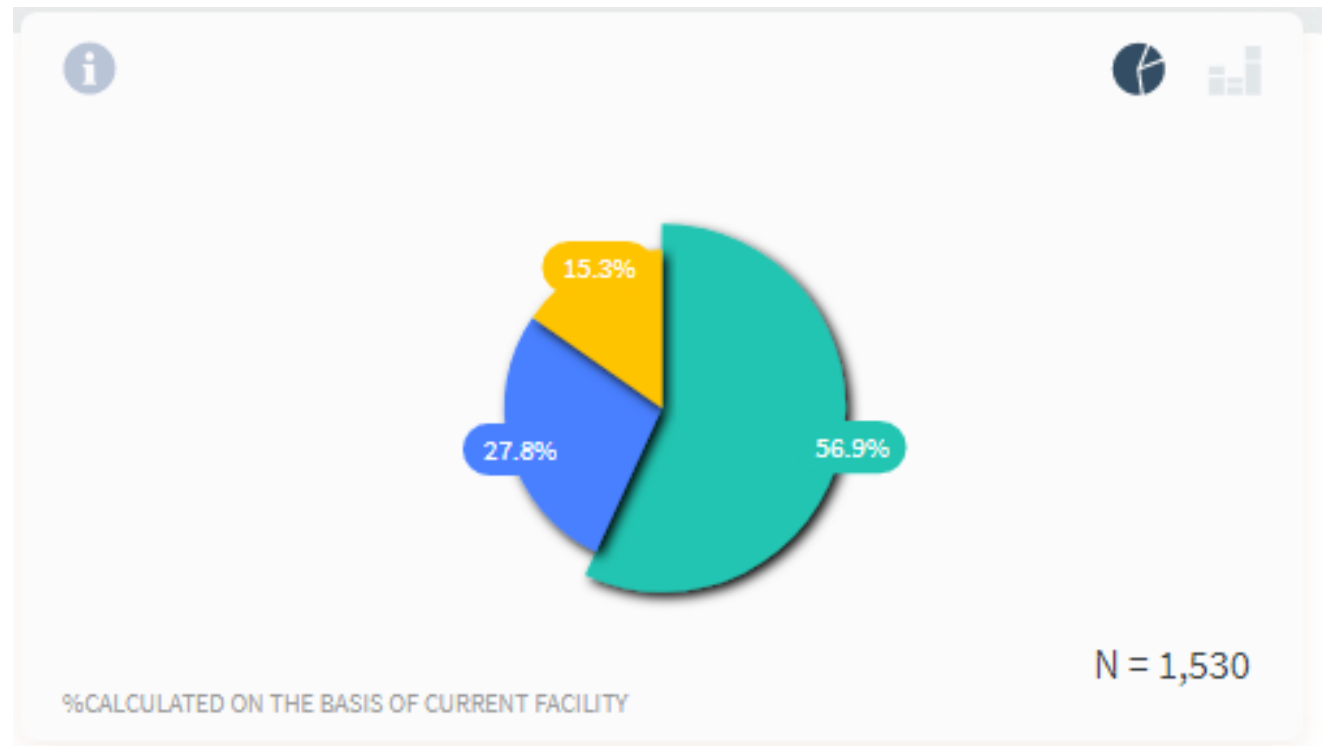


Public Notification  
**1,421**  
**49%** VS Target : 2,900



Private Notification  
**395**  
**34.3%** VS Target : 1,150

# Type of TB



## Pulmonary Vs Extra Pulmonary

PULMONARY

| 870

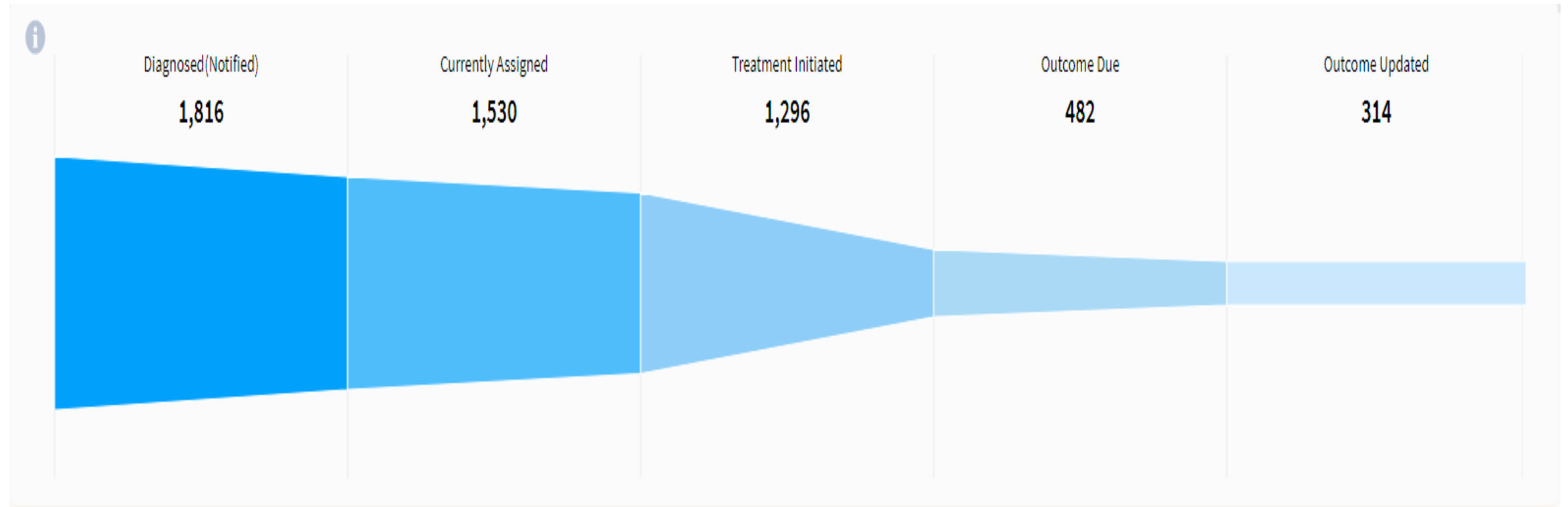
EXTRA PULMONARY

| 426

UNKNOWN

| 234

# Status of TB Notification



Notification Care Cascade

# Steps taken by India to overcome the COVID challenge

Advance **directives**  
to ensure  
continuity of TB  
services

Implementation of  
**bi-directional TB-  
COVID screening**

TB screening and  
testing for all  
presumptive  
**ILI/SARI/COVID cases**

TB diagnostic labs  
to remain  
functional

Integrated **TB-  
COVID** laboratory  
services

Effective **sample  
collection and  
transportation**  
system

Active TB **case  
finding campaign**

**Contact tracing** for  
close household  
and workplace  
contacts

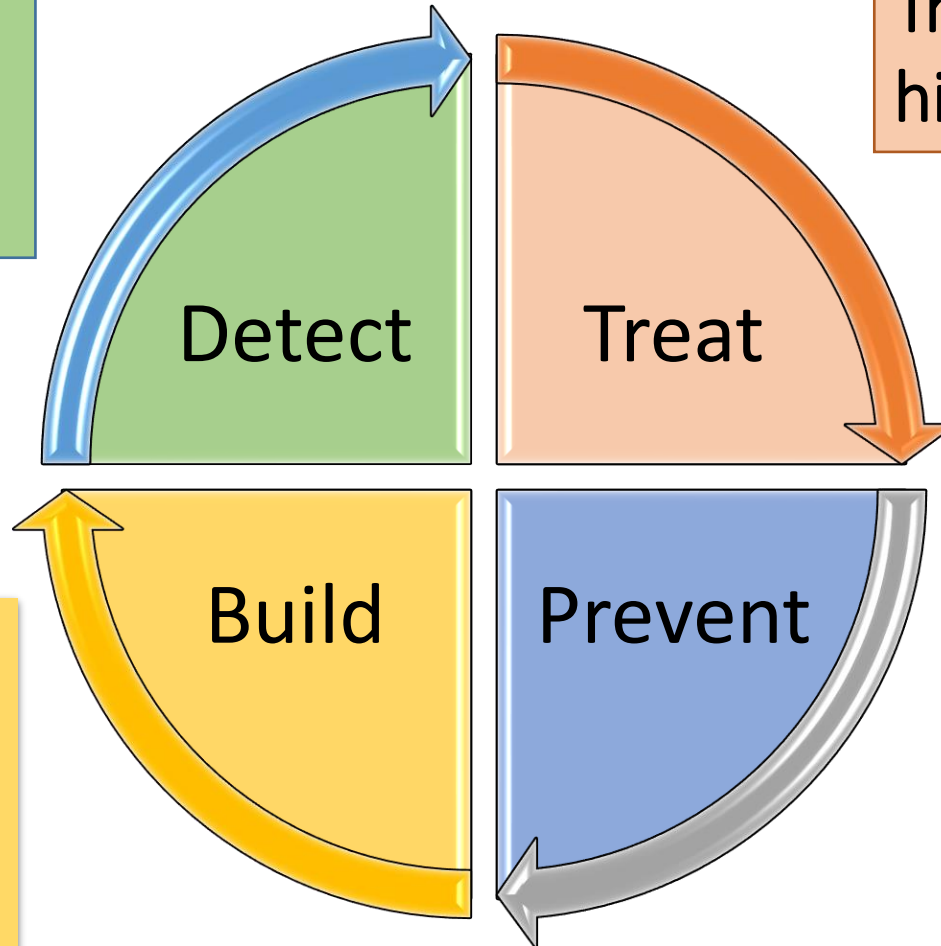
Home based  
sample collection

Provision of at least **one  
month supply of drugs** to  
the patients' door step



# Reaching elimination goal by 2025: Strategic plans till district level

Find all TB cases with an emphasis on reaching every TB patient in the private sector



Treat all TB cases with high quality anti TB drugs

Build & strengthen supportive systems including enabling policies, empowered institutions & human resources

Prevent the emergence of TB in susceptible populations and stop catastrophic expenditure due to TB by all

1.

Increasing TB Notification

# Increasing TB Notification

- TB testing centers in all PHCs
- X-ray facilities below District Level Hospitals
- Decentralized molecular testing up to the Block level
- Decentralized TB care services to Health & Wellness Centres (HWCs)
- Enforcement of mandatory TB notification for both Public & Private sector
- Active case search

# ACF CAMPAIGN

- Activate all chest Xray Facilities – CHC Barara and CHC Mullana
  - TRUENAT machines to be shifted to
    1. CHC Chaurmastpur
    2. TB Hospital Ambala City
    3. CHC Shahzadpur
    4. CH Ambala Cantt ( already installed)
    5. MMIMSR Mullana- (CHC Mullana and CHC Barara)
- (Two TRUENAT machines to be used) ( cartridges to be issued from District)

# Difference between Private and Public Sector patients TB services

## Private Sector TB patients

- Diagnosis and Treatment
- Occasional follow up

***Now RNTCP is extending all these services to private sector TB patients as well for course completion- PUBLIC HEALTH ACTION***

## Public Sector TB patients

- Free Diagnosis and treatment
  - 1) CBNAAT test for ruling out drug resistance
  - 2) Patient and their family counselling
  - 3) NIKSHAY Poshan Yojana (NPY) for nutritional support (500 Rs per month through DBT)
  - 4) Contact Tracing
  - 5) Isoniazid chemoprophylaxis to eligible children
  - 6) HIV/Diabetes/Tobacco/Alcohol screening
  - 7) Free drugs for adverse drug reaction
  - 8) Health education for nutrition, de-addiction and cough etiquettes to prevent infection in community
  - 9) Digitalized data for patient monitoring and care

2.

Ensuring completion of treatment and cure



# 2020 Outcome

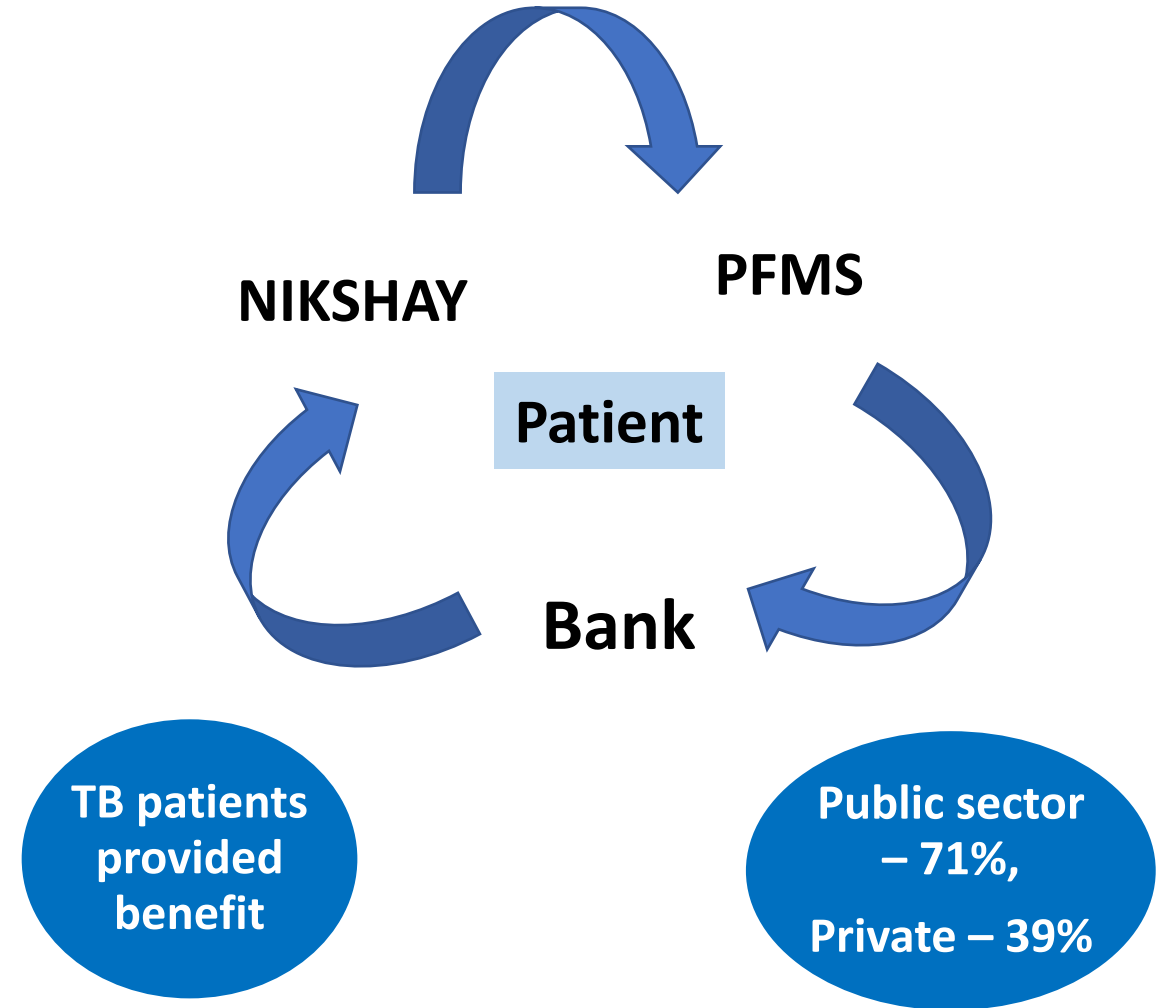
Total Notified 2020	Outcome assigned	Cured	Treatment completed	Died	Died before treatment started	Treatment Failure	Lost to follow up	Treatment Regimen changed	Yet on treatment	Outcome to be assigned to t/t initiated
2486	2223	616	1285	153	46	23	76	34	84	36
Treatment success Rate		1901 (76.4%)								
Death rate				199 (8%)						

# Improving Cure + Completion Rate

- Ensure Treatment completion
  - Review Lost to Follow Up in Nikshay portal
  - Identify vulnerable areas/communities
  - Take intensive steps to track high risk patients
- Manage TB patients having other comorbidity like HIV, Diabetes, etc.
- Popularize use of TB Aarogya Saathi app
- Ensure timely payment of Nikshay Poshan Yojana

# Nikshay Poshan Yojana

- Rs. 500/- per month given to every TB patient through DBT for duration of treatment
- Scheme rolled out from April 2018
- Rs. 1265 Cr amount disbursed to beneficiaries from Apr'18 till July 2021



# Nikshay Poshan Yojana - % Beneficiaries Paid (Jan- Sept2021)

Nikshay Poshan Yojana Beneficiary Paid Status (1st Jan 21 to 1st September 2021)									
Sr. No.	Districts	Total Beneficiaries Eligible	Paid Beneficiary atleast one incentive & (%)		Paid All Incentive & (%)		Payable Amount	Paid Amount-NIKSHAY & (%)	
1	Rewari	1,281	1,040	81%	156	12%	28,30,500	22,29,500	79%
2	Yamunanagar	1,927	1,522	79%	346	18%	39,97,000	30,97,500	77%
3	Fatehabad	1,427	1,120	78%	176	12%	29,50,000	18,78,000	64%
4	Jind	1,706	1,284	75%	271	16%	35,19,000	26,62,500	76%
5	Panipat	2,752	2,044	74%	400	15%	57,51,000	44,21,500	77%
6	Kurukshetra	1,290	885	69%	210	16%	26,63,000	17,83,000	67%
7	Rohtak	2,322	1,559	67%	272	12%	48,12,500	30,52,000	63%
8	Bhiwani	1,989	1,303	66%	390	20%	39,82,500	24,93,500	63%
9	Ambala	1,453	951	65%	189	13%	28,58,500	17,65,000	62%
10	Jhajjar	1,689	1,079	64%	202	12%	34,57,000	22,16,500	64%
11	Hisar	3,483	2,109	61%	370	11%	71,35,500	38,74,500	54%
12	Mewat	1,805	1,044	58%	163	9%	37,28,000	23,16,000	62%
13	Sirsa	2,076	1,188	57%	262	13%	43,34,500	22,87,000	53%
14	Sonipat	2,761	1,562	57%	262	9%	57,72,000	31,42,000	54%
15	Panchkula	1,072	587	55%	101	9%	21,54,500	10,70,000	50%
16	Faridabad	5,530	3,000	54%	605	11%	1,15,82,000	61,99,000	54%
17	Kaithal	1,480	799	54%	130	9%	29,01,000	14,12,000	49%
18	Karnal	2,464	1,322	54%	272	11%	50,66,000	25,69,500	51%
19	Palwal	1,809	889	49%	164	9%	37,22,000	16,72,500	45%
20	Charkhi Dadri	503	238	47%	45	9%	9,84,500	4,81,000	49%
21	Mahendragarh	1,332	627	47%	31	2%	28,00,500	8,82,500	32%
22	Gurgaon	4,604	1,850	40%	231	5%	91,65,500	36,46,000	40%
Haryana		46,755	28,002	60%	5,248	11%	9,61,67,000	5,51,51,000	57%

# Ensuring Treatment Adherence: other incentives

Incentive for Treatment supporter	Incentive for Informant	Travel support in Tribal blocks
<ul style="list-style-type: none"><li>• Drug sensitive TB : <b>Rs. 1,000/-</b> at completion of treatment</li><li>• Drug Resistant Case: <b>Rs.5,000/-</b> during treatment</li></ul>	<ul style="list-style-type: none"><li>• <b>Rs. 500/-</b> for a confirmed TB case</li></ul>	<ul style="list-style-type: none"><li>• <b>Rs. 750/-</b> as travel support for all TB patients of tribal blocks</li></ul>

# DBT Catch-up Campaign:

Reach everyone through digital payments



# Active Case Finding Campaign :

Reaching the unreached in a campaign mode to  
enhance TB case finding

# Unreached & Vulnerable Population

- Slum dwellers
- Construction site workers
- Migrants
- Old age home inmates



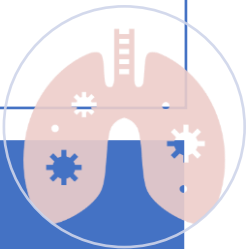
Urban  
population

- Difficult to reach village population
- Mine workers
- Stone crushers
- Unorganized labour
- Prisons



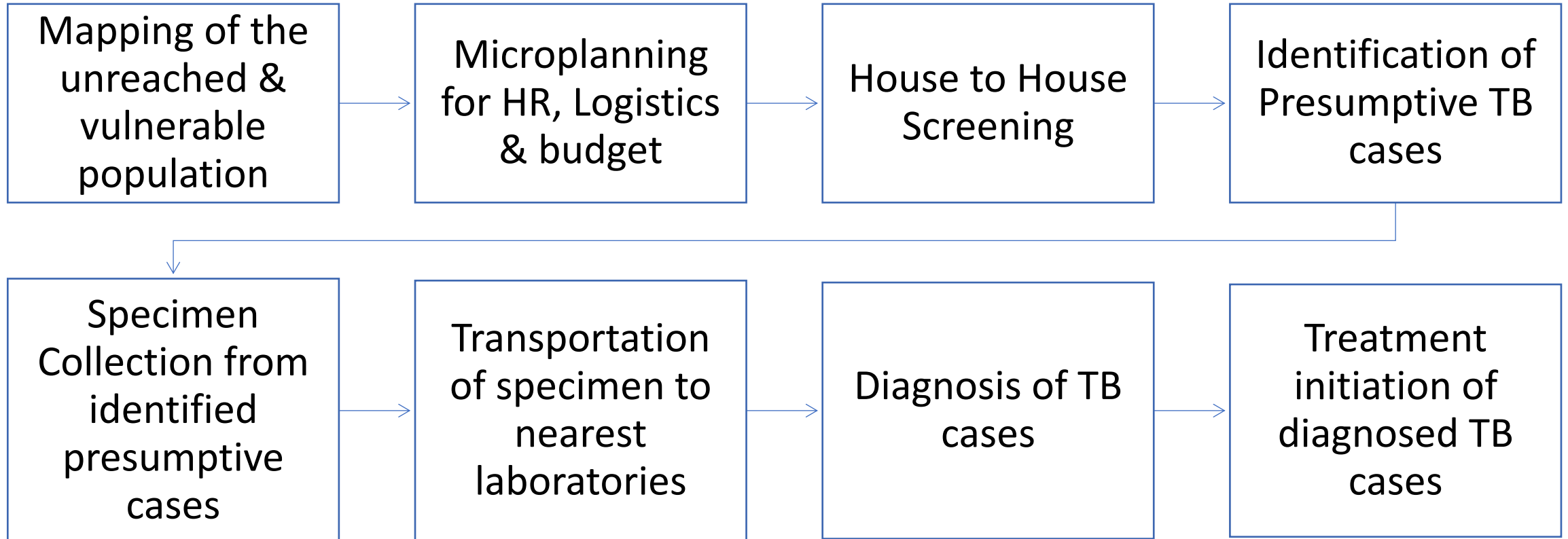
Rural & Tribal  
population

- Diabetics
- Hypertensives
- Cancer patients
- Chronic Kidney/  
Liver/Lung patients
- COVID recovered
- HIV positive



Comorbid  
population

# Steps of Active Case Finding



# Expectations from Hon'ble State/UT Health Ministers on campaigns

## Active Case Finding

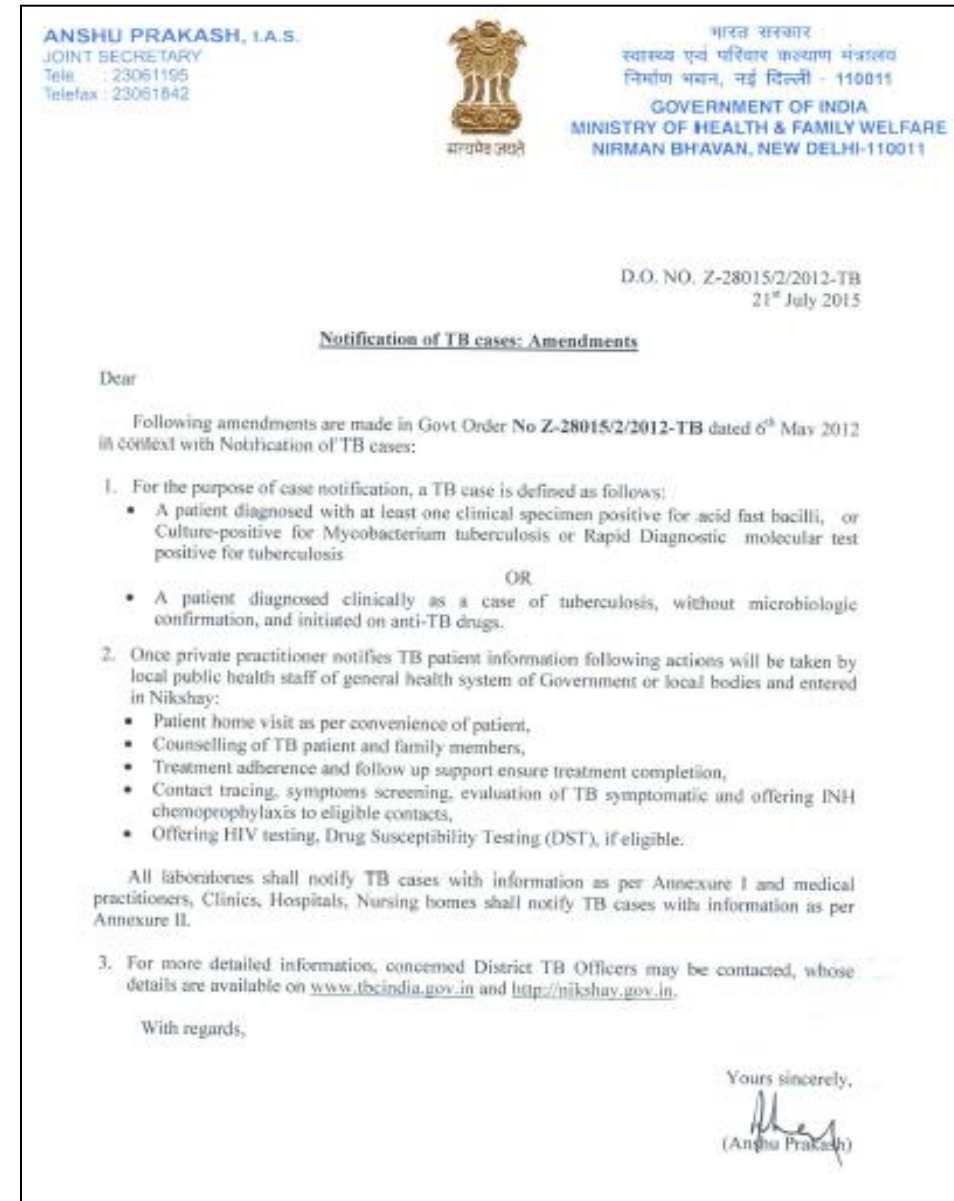
- Ensure vulnerability mapping and line listing of vulnerable individuals
- Thorough screening of the identified population
- Review of the campaign

## Nikshay Poshan Yojana (DBT)

- Ensure all TB patients/others have bank accounts / open new accounts under Jan Dhan Yojana, if required
- Ensure first payment to patient starts immediately after diagnosis
- Ensure all instalments are paid on due dates
- Review of all payments/incentives

# From RNTCP

- Notification Order (May, 2012)
- Amendment to the notification Order (July, 2015)
  - Case definition
  - Public Health Action
  - Contact details

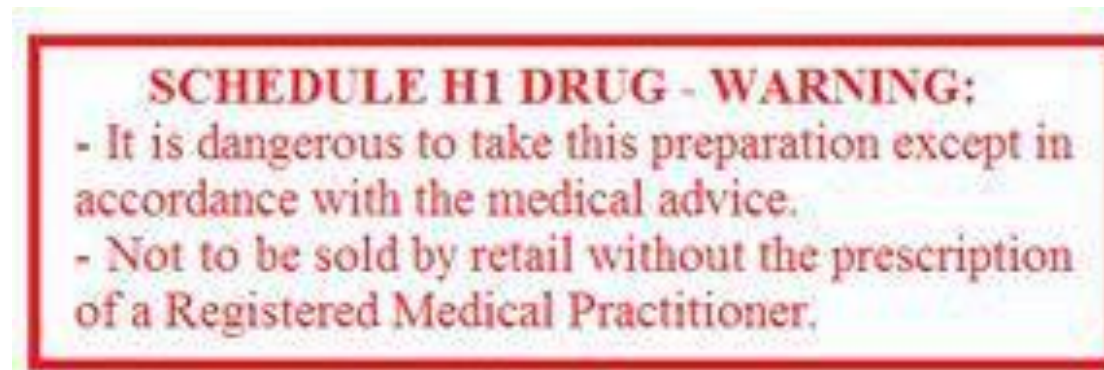


Drugs & Cosmetics Rule



# Schedule H-1

- The Schedule H1 notification of the Government of India on Aug 30, 2013,
- An amendment to the Drugs and Cosmetics Rules of 1945
- The schedule is primarily intended to control the rampant use/misuse through over-the-counter (OTC) dispensing) of antibiotics in India.



# Schedule H-1

- They can be sold by pharmaceutical chemists only on production of a valid prescription.
- The chemist will maintain a separate register
  - where identity of the patient,
  - contact details of the prescribing doctor
  - and the name and dispensed quantity of the drug will be recorded.
  - This register has to be retained for at least three years.

# Schedule H-1

- The drugs control authority has the responsibility to enforce the order.
- Government drug inspectors can conduct surprise checks on these registers
- Monitor sale of 46 drugs under Schedule H1.

Medical Council of India

# Medical Council of India

- Every patient of TB has to be notified as required by the MCI Code of Medical Ethics under Regulations 5.2 and 7.14. Not doing so is professional misconduct

# Regulation 5.2 of the MCI Code of Ethics Regulations, 2002

*“5.2 Public and Community Health: Physicians, especially those engaged in public health work, should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases.*

*At all times the physician should notify the constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities.*

*When an epidemic occurs a physician should not abandon his duty for fear of contracting the disease himself.”*

# Regulation 7.14 of the MCI Code of Ethics Regulations, 2002

*“7.14 The registered medical practitioner shall not disclose the secrets of a patient that have been learnt in the exercise of his / her profession except –*

- in a court of law under orders of the Presiding Judge;*
- in circumstances where there is a serious and identified risk to a specific person and / or community; and*
- notifiable diseases.*

*In case of communicable / notifiable diseases, concerned public health authorities should be informed immediately.”*

# Privacy & Confidentiality

- Expected to maintain privacy and confidentiality
- Not disclose the secrets of a patient that have been learnt in the exercise of his / her profession



# Exceptions

In circumstances where there is serious and identified risk to a specific person and/or the community and in case of notifiable diseases

(Regulation 7.14 of the MCI Code of Ethics Regulations, 2002)

Not notifying diseases like TB, is a violation of the above regulations including local municipal acts.

Indian penal code

# Section 269 in The Indian Penal Code

“Negligent act likely to spread infection of disease dangerous to life.—  
Whoever unlawfully or negligently does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both.”

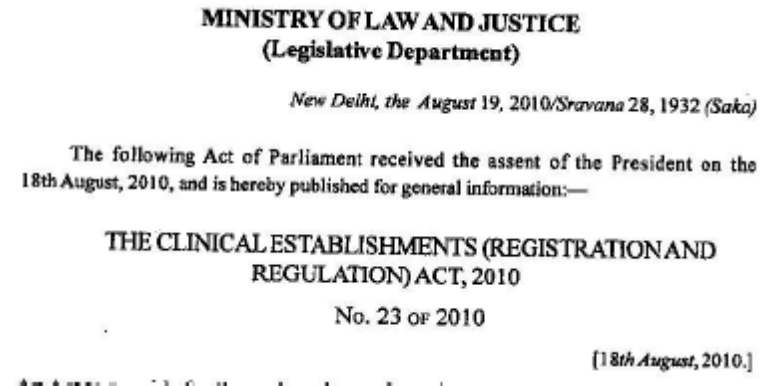
# Section 270 in The Indian Penal Code

“Malignant act likely to spread infection of disease dangerous to life.—  
Whoever malignantly does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both.”

# Clinical Establishments Act

# Clinical Establishments Act

- The Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted by the Central Government to provide for registration and regulation of all clinical establishments in the country



- The Act is applicable to all types of Clinical Establishments from the public and private sectors, belonging to all recognized systems of medicine
- The only exception is Clinical Establishments run by the Armed forces.

# Clinical Establishments Act

- Maintenance of records and submission of reports and returns as prescribed
- The establishment shall maintain and provide electronic health records (EHR) and electronic medical records (EMR) of every patient as may be prescribed by the Central or the State Govt;
- Every establishment shall maintain information and statistics in respect of all other applicable laws and rules, thereunder.

# TB free district/State awards for healthy competition!

Award / Status	Monetary award	Non-Monetary award
Bronze	2,00,000	Medal and Felicitation at the National level
Silver	3,00,000	
Gold	5,00,000	
TB Free District / Cities	10,00,000	Certification and Felicitation at the National level

## 3.1.2 Award for States/UTs

Award / Status	Monetary award	Non-Monetary award
Bronze	25,00,000	Medal and Felicitation at the National level
Silver	50,00,000	
Gold	75,00,000	
TB Free State/UT	1,00,00,000	Certification and Felicitation by the at National level

Achievement of reduction in TB incidence as compared to 2015 incidence rate (in terms of number of incident TB cases per lakh population)	Award / Status
20%	Bronze
40%	Silver
60%	Gold
>80%	TB Free District / State



# TB Free Certification- 2020 winners



- State of Kerala
- UT of Puducherry
- 29 Districts across 11 States

- Lahul Spiti in Himachal Pradesh
- Kolhapur District of Maharashtra
- Parel (ward) of Mumbai
- West Tripura District of Tripura

- District Diu of DNH&DD

- UT of Lakshadweep
- District Budgam of J&K

# TB Harega, Desh Jeetega!

- Aim for TB Free State /UT by 2022/23
- Ensure State and district level-plans
- Whole of Government approach:
  - Corporate TB Pledge
  - PRI, SHGs, TB champions, communities
  - Partners, NGOs
- Ensure **5 Ts** for TB: **T**racing; **T**esting; **T**racking; **T**reatment; **T**echnology
- Review of TB progress at State level on quarterly basis



# Thank You



- Link for Nikshay: <https://nikshay.in/>
- Link for DISHA: <https://dishadashboard.nic.in/>
- Nikshay Sampark: 1800-11-6666
- Link for TB Arogya Saathi: [https://play.google.com/store/apps/details?id=com.tb.aarogya.sathi&hl=en\\_IN&gl=US](https://play.google.com/store/apps/details?id=com.tb.aarogya.sathi&hl=en_IN&gl=US)<sup>51</sup>