

Ministry of
Tribal Affairs



सत्यमेव जयते

Ministry of
Health and Family Welfare

JOINT ACTION PLAN FOR TB ELIMINATION



RAJESH BHUSHAN
Secretary
Ministry of Health & Family
Welfare



DEEPAK KHANDEKAR
Secretary,
Ministry of Tribal Affairs

D.O. No.Z-28015/124/2020-TB

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Dear Chief Secretary,

In spite of the gains made over the previous years, TB continues to be one of the most important public health challenges in India. The Government of India has an ambitious plan to achieve SDG targets for TB by 2025 (five years ahead of the Global target).

2. TB disease is driven by a number of socio-economic factors that require a multi-sectoral response including participation of various line Ministries with a convergent action to reach key populations such as workers, miners, migrants, slum dwellers, tribal population, women and children etc.

3. A joint effort of both the Ministries has promising prospects to complement each other in achieving larger objective of development of tribal communities by leveraging each other's strengths through appropriate convergence. In this regard, Ministry of Health & Family Welfare and Ministry of Tribal Affairs have developed a Joint Action Plan to address the burden of TB among tribal population (copy enclosed).

4. You are requested to customize and develop a State/ District specific Joint Action Plan and submit its progress/implementation status periodically to Central TB Division, MoHFW and Ministry of Tribal Affairs, Government of India.

Yours Sincerely,

(Rajesh Bhushan)

(Deepak Khandekar)

Encls. :A/a

Copy to:-

1. Addl. Chief Secretary/Principal Secretary / Secretary (Health) all States/UTs
2. Principal Secretary/ Secretary (In-Charge of Tribal Development) all States/UTs

Guidance Note on the Joint Action Plan for TB Elimination
Ministry of Health & Family Welfare & Ministry of Tribal Affairs

India has the world's highest Tuberculosis (TB) burden with an estimated 28 lakh people contracting the disease and 4.2 lakh people dying from the disease every year. Moreover, there are almost a million missing patients every year in India which are unregistered or undetected, and who need to be brought under the public health system to ensure quality diagnosis and complete treatment.

TB is not only a medical disease but a social problem. Even though anyone can be affected by TB, the worst hit are the marginalized population who battle poverty, malnutrition, poor hygiene, stigma, loss of wages, poor housing and working conditions etc. Such multi-faceted issues are beyond the efforts of health sector alone and call for comprehensive solutions by meaningful involvement of not just non-health sectors within the Government but also those outside the Government (such as private practitioners). Convergent actions by various Government Ministries are therefore imperative for realization of country's goal of Ending TB by 2025.

About CTD: - Central TB Division (CTD) under the Ministry of Health & Family Welfare (MoHFW) is the nodal agency for coordinating response to Tuberculosis in India through its National TB Elimination Program (NTEP) that it implements across the country. The Ministry of Health & Family Welfare has developed a National Strategic Plan (2017-25) for elimination of TB in the Country by 2025. MoHFW aims to reach key populations served by various ministries such as workers, miners, migrants, tribal population, women and children etc through Inter-Ministerial Coordination. Tribal Action Plan under NTEP provides increased number of health facilities (Microscopy Centre: 1 per 0.5 lakh population, TB unit: 1 per 2.5 lakh population) and human resource for service delivery in tribal areas. This includes high number of microscopies centre, sub-district level TB units, additional allowances to staff working in tribal area and financial support to TB patients in form of Rs 500/ month per patient for nutrition and Rs 750 as one-time compensation for transport is being provided to improve access.

About MoTA: - The Ministry of Tribal Affairs (MoTA) is the Nodal Ministry for overall policy, planning and coordination of programmes for all round development of Scheduled Tribes (STs) with special emphasis on their education and health. MoTA has a gap filling role in the activities of various line Ministries insofar as the welfare of tribal population is concerned and implements a number of schemes through the State Government/Union Territory Administrations or organizations recommended by the Multi-Disciplinary State Level Committee of the concerned State Government and UTs. Tribals are a segment of the populations that is found to be vulnerable to infectious diseases such as TB. The estimated prevalence of pulmonary TB is 703 per 100,000 in tribal population which is more than 3 times higher than their non-tribal counterparts. This is often compounded by poor nutrition, indoor air pollution due to traditional cooking techniques, low penetration of communication technologies, poor health seeking behavior due to lack of awareness and limited access to health services etc.

Schemes of MoTA: Ministry of Tribal Affairs, through its schemes of 'Special Central Assistance to Tribal Sub-Schemes (SCA to TSS)', and 'Grant-in-Aid under Provision to Article 275 (1) of Constitution of India' provides grants to States having notified STs. Funds under the scheme 'Development of Particularly Vulnerable Tribal Groups (PVTGs)' is provided to the States / UTs having notified PVTGs. These grants are additive to other Ministries' and State Government's initiatives and efforts for Tribal Development and seek to plug critical gaps in various sectors of tribal development including health & nutrition. MoTA also provides funds to the State Government based on their request to fill critical gaps in strengthening health services for STs including and not limited to building infrastructure and providing equipment to CHCs / PHCs, Mobile Dispensary in remote locations, Eradication of prevalent endemic diseases like malaria, leprosy, TB etc., Screening of Sickle Cell Anemia among Tribal students, Training of tribal students in paramedical courses, Special focus on nutrition issues among children in EMRS / Ashram schools, documentation of Traditional tribal medicines and Supporting 'Telemedicine' as a solution in remote and inaccessible areas to ensure better healthcare system among others.

Priority districts identified by MoTA: MoTA has identified priority districts to lay special focus on tribal development needs. The State wise number of such identified districts is as follows: -

S. No.	State	No. of priority Districts
1	Andhra Pradesh	01
2	Arunachal Pradesh	16
3	Assam	07
4	Bihar	06
5	Chhattisgarh	19
6	Gujarat	10
7	Himachal Pradesh	03
8	Jharkhand	20
9	Madhya Pradesh	19
10	Maharashtra	05
11	Manipur	05
12	Meghalaya	07
13	Mizoram	08
14	Nagaland	11
15	Odisha	14
16	Rajasthan	06
17	Sikkim	04
18	Telangana	01
19	Tripura	04
20	West Bengal	02

Web-portals of MoTA: - Ministry has developed a health & nutrition portal ("Swasthya" <https://swasthya.tribal.gov.in/home>) for Scheduled Tribes (STs). This is an e-portal, providing all health and nutrition related information of the tribal population of India on a single platform. The portal provides data analytics support to facilitate evidence-based policy making and implementation strategies along with identification and documentation of successful models, best practices and innovative solutions for tribal communities in India. A detailed district level factsheet has also been made available (using the NFHS – 4 data sets). In order to create awareness regarding sickle cell disease, a sickle cell support corner has been created (<https://scdcorner.in/>) which also has a knowledge repository. SCD Support Corner will develop data repository of such tribal people who are affected by the disease and create a plan to start awareness campaigns and to mitigate health issues affecting such patients.

MoTA has also developed a "National Tribal Migration Support portal" whose database will be helpful for States in linking ST vulnerable families to activities/schemes that will keep a track them. Ministry in collaboration with Ministry of Rural Development has done mapping of sectoral gaps down to the level of Gram Panchayat & Village. Data have been maintained in the online portal. These data may be utilized for chalking out strategies for mitigating sectoral gaps at village level in the field of health and nutrition.

Thus, a joint effort of both the Ministries (Ministry of Health & Family Welfare and Ministry of Tribal Affairs) has promising prospects to complement each other in achieving the larger objective of development of tribal communities by leveraging each other's strengths through appropriate convergence. To take this convergence initiative forward, the following activities will be carried out by each of the Ministries/Departments to synergize the efforts to fetch tangible results to be reckoned with.

Activities to be conducted under National TB Elimination Programme (NTEP)

- At National level: through involvement of Central TB Division, MoHFW
- At State level: through involvement of State TB Cell/ STDC
- At District level: through involvement of District TB Cell

Activities to be carried out by the Ministry of Health and Family Welfare, with support from the Ministry of Tribal Affairs

1. Provision of Technical Assistance: Central TB Division will provide technical assistance to the MoTA and State Departments (in-charge of tribal development) for development of annual work plan for TB related activities which address issues related to awareness generation, screening, treatment, nutrition and DBT.
2. **Planning Support:** Further, the State TB Cells will work closely with the State Departments (in-charge of tribal development) and jointly develop District Specific Action Plans for 177 High Priority Tribal Districts (>50% tribal population) to address TB among tribal populations. The District Action Plans will be developed through an intensive mapping, data and gap analysis, strategizing and deliberation exercise.
3. **Establishment of TB Diagnostic Centre and Treatment Services:** Based on the data and gap analysis, provide support to the State Department (in-charge of tribal

development) to establish TB diagnostic and treatment services at the nearest public sector health facilities operating in tribal areas.

4. **Strengthen Recording and Reporting:** Provide necessary support to inter-link information management systems across different programmes including strengthening recording and reporting of collaborative activities through data reconciliation at all levels (e.g. Swasthya portal, MoTA and Nikshay Ecosystem: Patient and Information Management System may be inter-linked).
5. **Training:** Leveraging the existing capacities of the State Training and Development Cell (State TB Cell) and the District TB Cell, provide support towards to orient and leverage the existing traditional tribal healers to improve accessibility, acceptability, and utilization of services and free availability of TB medicines.
6. **Address TB related Stigma and Discrimination in Tribal Areas:** Provide support for capacity building of tribal TB survivors and key population representatives (Tribal leaders, women leaders, Tribal healers, youths etc) as TB Champions for community-based advocacy towards ending TB and TB related stigma and discrimination.
7. **Mentoring TB Champions through MoTA's GOAL Project:** Provide support to train and mentor TB Champions who will serve as Peer Counsellors for TB patients and support treatment initiation, follow-up and adherence under GOAL project of MoTA.
8. **Intensified TB Surveillance in Tribal Areas:** Provide necessary support to strengthen and leverage the platform of Tribal Research Institutes (TRIs) for intensified TB surveillance in tribal areas as well as provide support to maintain surveillance data of tribal migrant population through Migration portal of MoTA for periodic review to create a data base to work on improving service delivery, especially outcome. MoTA will support to MoHFW's efforts in active case finding in high priority tribal areas (difficult to reach hamlet, villages with known high case load, tribal schools and hostels, areas with known high malnutrition, village seeking care from traditional healer, population known to drink raw milk, population known to eat uncooked meat and tribal areas with low ventilated huts) identified under National Strategic Plan for TB Elimination 2017-23.

9. **Advocacy and Awareness Generation:** Share relevant IEC material / training modules with Ministry of Tribal Affairs for targeted dissemination.

Activities to be carried out by the Ministry of Tribal Affairs with support from the Ministry of Health and Family Welfare

1. **State Planning:** The State Department (in-charge of tribal development) will work in close co-ordination with the State Health Department under the National Tuberculosis Elimination Program (NTEP) during development of their State/District Annual Action Plan and will include the plan submitted by the State Health Department keeping in view the availability of funds (to be supported under State TSP and MoTA schemes). The State Tribal Welfare Department will finalize its Annual Action Plan with the approval of Executive Committee under the Chief Secretary preferably by 31st December of preceding financial year of the Annual Plan. MoTA will intimate next financial year's total share of allocation under the afore-mentioned Schemes and Grant-in-Aid under Proviso to Article 275 (1) of Constitution of India to the respective States well in advance preferably by the end of November.
2. **Training and Capacity Building:** Training of PRIs, tribal heads, elected representatives & SHGs and strengthening "Gram Sabhas" towards initiation of community-based activities like early detection, sputum collection, facilitate treatment, monitoring and social support for needy patients in tribal areas through TRIs/COEs/NGOs associated with MoTA.
3. **Research & Documentation:** Undertake research to enhance understanding of inter-relationship of TB and comorbidities, determine burden of TB among priority population in local settings, identify gaps in services, KAP/health seeking behaviour/feasibility studies through TRIs and CoEs of MoTA. Develop novel strategies and innovative approaches for comprehensive TB care to tribal population through partnering with NGOs/CoEs/CSRs working in tribal areas.
4. **Support towards upgradation of health infrastructure:** Support towards upgradation of health infrastructure and provision for medical equipments (digital X-

Ray, digital microscope and other laboratory testing tools for screening presumptive TB cases, as gap fulfilling measures) in tribal areas based on the proposal received from the States under the scheme of the MoTA. Strengthening & Upgradation of Drug store infrastructure at state and district level for storage of medical commodities in tribal areas (as Gap fulfilling measures) as per proposal submitted by the State Governments under the schemes of MoTA.

5. **Sensitization of Ashram/EMRS school teachers:** Sensitization of Ashram/EMRS school teachers and involving them towards disseminating IEC material; allocating and disbursing the required funds to the States for sensitization within its existing schemes and issuing necessary instructions.
6. **Advocacy & awareness generation:** Create, publish and disseminate customized IEC materials in local/tribal languages for advocacy and public education to inform about TB (transmission and care) through the Tribal Research Institutes (TRIs).
7. **On-site sample collection and provision of treatment:** Provide support for on-site sample collection and provision of treatment through mobile outreach services functional under the MoTA scheme.
8. **Integration of 'NIKSHAY' & 'SWASTHYA':** Provide support towards integration of NIKSHAY and other IT-based analytics of National TB Division in MoTA's SWASTHYA portal (Health & Nutrition Portal) for boosting the data compilation on a real-time basis and expedite the local level convergent action and follow up.
9. **State Representation:** The State Department (in-charge of tribal development) will include representatives of State & District TB Elimination Board in all the planning and monitoring committees at state and district level.

Periodic Reporting: State/ District specific Joint Action Plan may be prepared and its progress / implementation status be submitted periodically to Central TB Division, MoHFW and Ministry of Tribal Affairs, Government of India.