

Ministry of  
Health and Family Welfare  
Government of India



Ministry of  
Tribal Affairs  
Government of India



# TRIBAL TB INITIATIVE

Improving the cascade of TB care and support services  
among Tribal Populations in India



आजादी का अमृत महोत्सव



## Background

India has the highest global Tuberculosis (TB) burden (WHO, 2020)<sup>1</sup> and the nation is committed to ending the TB epidemic by 2025, five years ahead of SDG target timeline. The National TB Elimination Programme (NTEP) is dedicated to channelizing the efforts towards achieving this goal. The COVID-19 pandemic has had a strong impact on the efforts made towards eliminating TB. In 2019, 24 lakh patients were notified through the Nikshay national digital information system under the programme, while the same in 2020 was 18 lakhs<sup>2</sup>, a decrease of 25%. India still stands among the top five countries that account for more than half of global missing cases.

Tribal people (10.4 Cr, 8.6% of total population) have higher prevalence (703 per 100,000) of TB compared to national average (256 per 100,000).<sup>3</sup> 10.4% of all TB notified patients are from tribal communities.<sup>4</sup> The National TB program has prioritized this sub-group of population through Tribal Action Plans since 2005. However, access, availability, and utilization of TB care services of these communities are hindered by geographical barriers, poor state of social determinants, high impact of malnutrition, insufficient community involvement, health system constraints including lack of trained human resources, cultural and communication gaps between the care-provider and the community, etc. The COVID-19 pandemic has probably further worsened the situation.

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 populations 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.

As a part of the Multisectoral collaboration with various Ministries, a guidance note on the joint action plan was developed by MoHFW and M/o Tribal Affairs in October 2020 and shared with the Secretaries of all States/ UTs for field level implementation.

## Tribal TB Initiative

This collaboration would be a 4 (four) year initiative till 2025, in line with the Government's goal to End TB by 2025 and part of the Celebration of 75 Years of Independence.

Tribal TB initiative, a unique partnership between the Ministry of Health and Family Welfare and Ministry of Tribal Affairs to improve the cascade of TB care and support services among Tribal Populations in India. The technical assistance for this initiative will be provided by USAID.

Tribal TB Initiative, is a first-of-its-kind initiative that brings together multiple stakeholders with diverse capabilities required to tackle multi-dimensional issues prevalent in Tribal areas. It includes collaboration between donors, governments and partners to

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<sup>1</sup> Global Tuberculosis Report 2020. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

<sup>2</sup> Nikshay Portal. Central Tuberculosis Division, Government of India. 2021.

<sup>3</sup> Thomas BE, Adinarayanan S, Manogaran C, Swaminathan S. Pulmonary tuberculosis among tribals in India: A systematic review & meta-analysis. *Indian J Med Res.* 2015; 141:614–23.

<sup>4</sup> India TB Report, 2020

strengthen primary health care service delivery from a system's perspective, build a strong technology & information backbone, and provide support to the health workforce. At the same time, it will strengthen other elements like governance, financing, supply chain and infrastructure. TB tribal initiative will leverage the expertise of all involved stakeholders and partners. Overall TB tribal initiative will align with India's vision for 'ending TB with a priority focus on TB hotspots of tribal areas.

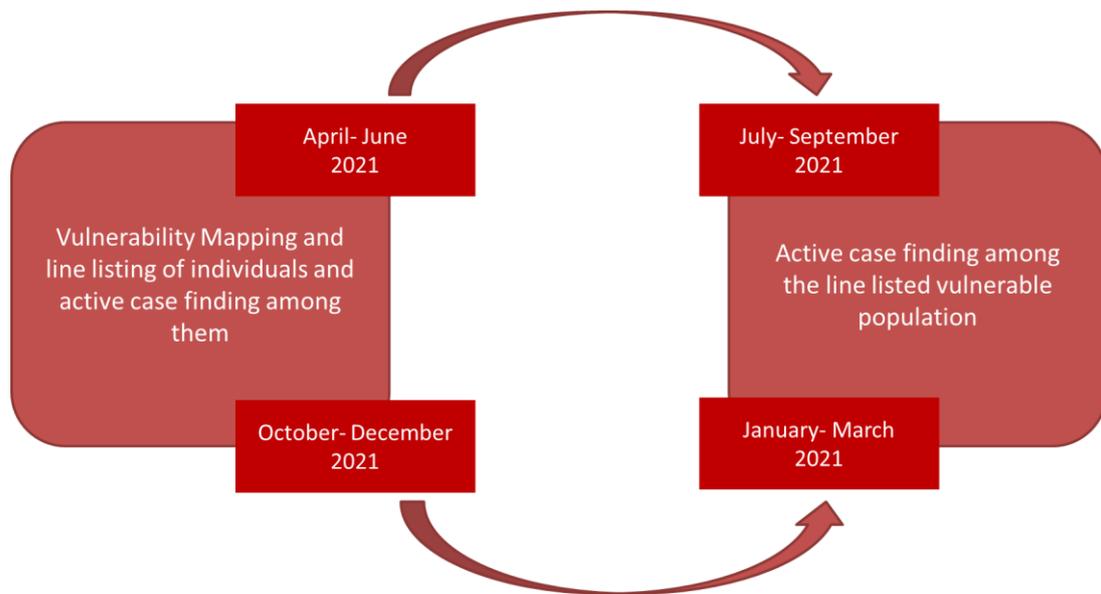
The details of activities to be carried out in the first year (2021-22) along with responsibilities of each stakeholder is as under:

- a. Launch of the Tribal TB initiative by MoHFW and MoTA with technical assistance by USAID: The intervention area for the activities in the first year of roll-out would be all the tribal districts of States identified under Fifth Schedule and tribal districts of North Eastern States identified under Sixth Schedule during the first year of the project starting from 26th March 2021.
- b. TB vulnerability mapping and periodic TB-Active Case Finding Drives of all individuals in all the tribal districts of identified States as under:

S. No.	Name of State	No. of Districts
1	Andhra Pradesh	1
2	Chhattisgarh	19
3	Gujarat	10
4	Himachal Pradesh	3
5	Jharkhand	20
6	Madhya Pradesh	19
7	Maharashtra	5
8	Odisha	14
9	Rajasthan	6
10	Telangana	1
11	Arunachal Pradesh	16
12	Assam	7
13	Manipur	5
14	Meghalaya	7
15	Mizoram	8
16	Nagaland	11
17	Sikkim	4
18	Tripura	5
<b>Total</b>		<b>161</b>

The activities in 161 districts across 18 identified states would involve deploying improved vulnerability mapping techniques, conduct sensitization and capacity building workshops for volunteers, periodic TB active case finding drives, provision of Isoniazid Preventive Therapy (IPT) to identified vulnerable population and develop long term mechanisms for vulnerability reduction.

Population level screening followed by Active Case Finding in 161 tribal notified districts across 18 States in India during 2021-22.



### Responsibilities of Stakeholders:

The Tribal TB Initiative will involve the local stakeholders of both departments along with USAID.

**1. Role of CTD, MoHFW** - Central TB Division at the National level would develop the overall plan with MoTA and USAID and coordinate with State / District TB Officers to prepare State / District specific implementation plan. MoHFW would provide a complete oversight and monitoring of the Tribal TB Initiative and its field level implementation.

### 2. Role of MoTA-

- a. MoTA through its schemes of 'Special Central Assistance to Tribal Sub-Schemes (SCA to TSS)', and 'Grant-in-Aid will provide grants to States having notified STs. Funds under the scheme 'Development of Particularly Vulnerable Tribal Groups (PVTGs)' would be provided to the States / UTs having notified PVTGs. These grants are additive to the funds allocated by NHM and are provided for State Government's initiatives and efforts for Tribal Development to plug critical gaps in various sectors of tribal development including health & nutrition. MoTA will also provide 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 health infrastructure in remote locations, diagnosis and treatment of TB with special focus on nutrition issues among children in EMRS / Ashram school.
- b. Involvement of Tribal Research Institutes (TRI) and Centres of Excellence (CoE) of MoTA to identify gaps and carry out research in TB care cascade that could then feed into improved implementation.
- c. Developing State / District specific implementation plans in coordination with MoHFW and with technical assistance of USAID.
- d. Allocation of funding for supporting TB specific activities from the 'District Mineral Fund'

### 3. Role of USAID –

USAID would support the following under the Tribal TB initiative:

- a. Will set up a National Program Management Unit (NPMU) which will provide technical assistance in monitoring and implementation of the Tribal TB Initiative
- b. Conducting sensitization and capacity building workshops for volunteers on utilization of vulnerability mapping tools.
- c. Improving the operational excellence to increase the efficiency of existing demand-side interventions such as Village Health Sanitation and Nutrition Days (and committees), Jan Arogya Samiti platforms, Jan Andolan initiatives, engaging TB-Champions, and training of faith healers and other community influencers, among others.
- d. TA for periodic targeted Active Case Finding (ACF) drives in the identified States.
- e. Facilitate the roll-out of the Isoniazid Preventive Therapy (IPT) to identified vulnerable populations.
- f. TA for state-wise strategy for long-term actions for TB vulnerability reduction.
- g. Coordination among NTEP, NHM, Ministry of Development of North Eastern Region, Ministry of Tribal affairs at National, state and district levels through national level Technical Support Unit.
- h. Developing district-level implementation plan based on guidance note on the joint action plan developed by MoTA and MoHFW.
- i. Partnering with private sector players for leveraging resources for TB elimination in Tribal communities.
- j. Documenting best practices, and commission tribal health research studies in collaborations with identified government institutions.
- k. Coordination with 'Centre of Excellence' within the Ministry of Tribal Affairs, with a key focus on TB.
- l. Advocate for Community-rooted health system strengthening to reduce barriers to TB care and management.

The Tribal TB Initiative would be implemented through the funds provided as part of PIP under NTEP/NHM and supplemented by USAID / MoTA wherever required based on gap analysis.



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