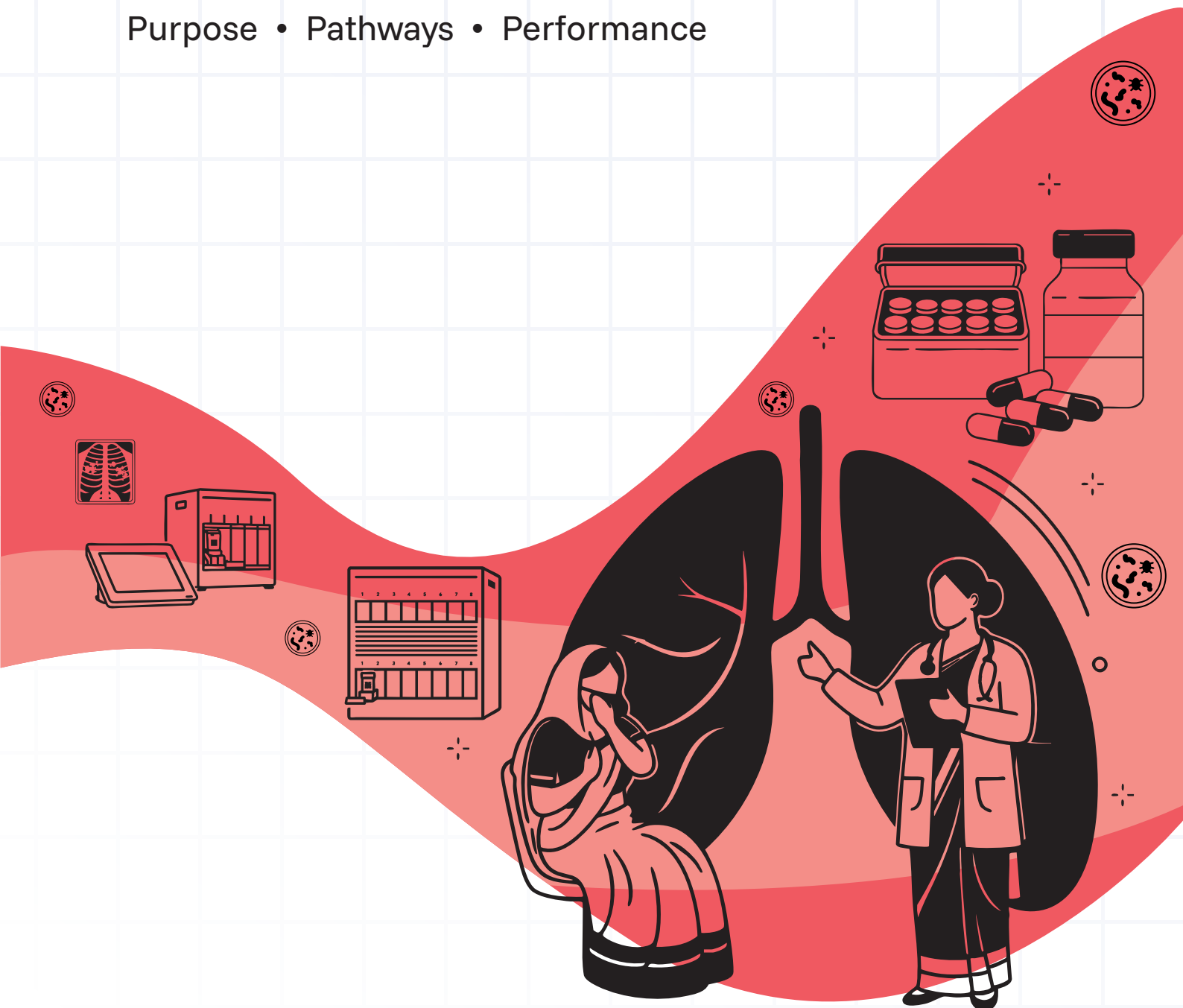










# Tuberculosis State Technical Support Unit, Uttar Pradesh: Journey 2021–2024

Purpose • Pathways • Performance



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## List of Abbreviations

<b>AAM</b>	Ayushman Arogya Mandir
<b>AMC</b>	Annual Maintenance Contract
<b>ASHA</b>	Accredited Social Health Activist
<b>AYUSH</b>	Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy
<b>BEL</b>	Bharat Electronics Limited
<b>BHEL</b>	Bharat Heavy Electricals Limited
<b>CHO</b>	Community Health Officer
<b>CII</b>	Confederation of Indian Industry
<b>CSR</b>	Corporate Social Responsibility
<b>CTD</b>	Central TB Division
<b>DAM</b>	District Accounts Manager
<b>DBT</b>	Direct Benefit Transfer
<b>DTO</b>	District TB Officer
<b>ECHS</b>	Ex-Servicemen Contributory Health Scheme
<b>ESIC</b>	Employee State Insurance Corporation
<b>FO</b>	Finance Officer
<b>FOGSI</b>	Federation of Obstetric and Gynaecological Societies of India
<b>FSDA</b>	Food Safety and Drug Administration
<b>GoI</b>	Government of India
<b>HINDALCO</b>	Hindustan Aluminium Corporation Limited
<b>HIV</b>	Human Immunodeficiency Virus
<b>IAP</b>	Indian Academy of Pediatrics
<b>ICDS</b>	Integrated Child Development Services
<b>ICMR</b>	Indian Council of Medical Research
<b>ICDS</b>	Integrated Child Development Services
<b>IEC</b>	Information, Education and Communication
<b>IHAT</b>	India Health Action Trust
<b>IMA</b>	Indian Medical Association
<b>IOCL</b>	Indian Oil Corporation Limited
<b>J&amp;J</b>	Johnson & Johnson
<b>MoHFW</b>	Ministry of Health & Family Welfare
<b>mWRD</b>	Molecular WHO recommended Rapid Diagnostics
<b>NAAT</b>	Nucleic Acid Amplification Test
<b>NABH</b>	National Accreditation Board for Hospitals
<b>NGO</b>	Non-Governmental Organisation
<b>NHAI</b>	National Highway Authority of India
<b>NHM</b>	National Health Mission
<b>NTEP</b>	National TB Elimination Programme
<b>NTPC</b>	National Thermal Power Corporation
<b>OPD</b>	Outpatient Department
<b>PIP</b>	Programme Implementation Plan
<b>PMTBMBA</b>	Pradhan Mantri TB Mukta Bharat Abhiyaan
<b>PPP</b>	Public-Private Partnerships
<b>PPSAs</b>	Patient Provider Support Agencies
<b>PRI</b>	Panchayati Raj Department
<b>PSU</b>	Public Sector Undertaking
<b>PTER</b>	Presumptive TB Examination Rate
<b>PwTB</b>	People with Tuberculosis
<b>RFP</b>	Request for Proposal
<b>SBI</b>	State Bank Of India
<b>SDG</b>	Sustainable Development Goal
<b>STDC</b>	State TB Training and Demonstration Centre
<b>TB</b>	Tuberculosis
<b>TB-STSU</b>	TB State Technical Support Unit
<b>TPT</b>	TB Preventive Therapy
<b>UDST</b>	Universal Drug Susceptibility Testing
<b>UoM</b>	University of Manitoba
<b>UP</b>	Uttar Pradesh
<b>UPKSK</b>	Uttar Pradesh ke Swasthya Kendra
<b>UPSRTC</b>	Uttar Pradesh State Road Transport Corporation
<b>WCD</b>	Women & Child Development
<b>WHO</b>	World Health Organization
<b>XV FC</b>	15th Finance Commission

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## Background

Tuberculosis (TB) is a preventable and treatable communicable disease, yet it remains the leading cause of death from a single infectious disease worldwide<sup>1</sup>. In 2020, prior to the Tuberculosis State Technical Support Unit's initiation in Uttar Pradesh (UP), an estimated

→ **1.32 million**

people died globally among the 10 million people living with TB.

India accounted for 27% of the global TB burden, deaths, and drug-resistant TB, making it the largest contributor among the eight countries responsible for two-thirds of the global burden<sup>2</sup>. In the same year, India reported

→ **1.6 million**

People with Tuberculosis (PwTB), a 27% decrease from 2019.

→ **Only 36%**

of the people with TB symptoms sought care from a qualified healthcare provider, of which more than two-thirds initially sought care from the private sector in UP and India<sup>3</sup>.

Considering the magnitude of the disease burden, India's National Strategic Plan (NSP) (2017–2025) outlined strategies and allocated resources to significantly reduce the TB burden. One of the critical pathways highlighted in the NSP for the National TB Elimination Programme (NTEP) was the expansion of private sector engagement.

Uttar Pradesh, the most populous state in India, accounting for 17% of the national population, accounts for more than 20% of India's TB case notifications. Over 77% of the state's population resides in rural areas and comprises of 75 districts, 823 development blocks and 18 divisions.

The India TB Prevalence Survey (2019–21) estimates TB prevalence in Uttar Pradesh at 427 per 100,000 population. In 2022, the Central TB Division (CTD), Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), estimated the TB incidence to be 265 per 100,000 population.

Private sector data showed that anti-TB drug sales in UP accounted for 33% of all such sales across India, highlighting substantial private sector involvement in TB detection and notification.

During the COVID-19 pandemic, TB detection and notification in Uttar Pradesh were severely disrupted: notifications declined by 50%, and only 37% of diagnosed PwTB were microbiologically confirmed. Furthermore, merely 28% (6,018 of 21,778) of the registered

<sup>1</sup> WHO Factsheet: <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

<sup>2</sup> Global Tuberculosis Report 2023

<sup>3</sup> National TB Prevalence Survey in India (2019-2021): <https://tbcindia.mohfw.gov.in/wp-content/uploads/2023/05/25032022161020NATBPSReport.pdf>

health facilities contributed to TB notification. Despite UP's higher PwTB notification rate (192/100,000) in 2021 compared to the national average (153/100,000), many PwTB remained undiagnosed and unreported, both in the public and private sectors.

Nearly half of Uttar Pradesh's districts (36 of 75) are designated as high-burden districts. These 36 districts contribute to 82% of the state's private sector and 65% of public sector TB notification targets. To address this, in 2021-2022, the state allocated a budget for Patient Provider Support Agencies (PPSAs) to strengthen private sector engagement and support TB elimination efforts.

The Central TB Division initiated an institutional mechanism, in the form of a National Technical Support Unit (NTSU) and nine State Technical Support Units (STSUs), to cater to the nine high TB burden states, identified by their TB prevalence, incidence, and notification gaps. This framework was designed to ensure the successful implementation of innovative interventions, aiming to achieve desired outputs in key areas such as strategic purchasing, private sector engagement, Direct Benefit Transfers (DBT), multi-sectoral collaboration, and health system strengthening.

The Central TB Division, with World Bank funding, contracted the India Health Action Trust (IHAT) to implement the TB State Technical Support Unit (TB-STSU) in UP in December 2021. The Institute for Global Public Health (IGPH), University of Manitoba (UoM), provides technical leadership and strategic inputs to this initiative. IHAT implemented the TB-STSU in UP until March 2025<sup>4</sup>. This document describes the purpose, pathways, and performance of the UP TB-STSU over the period of three years.

# Purpose

## Purpose

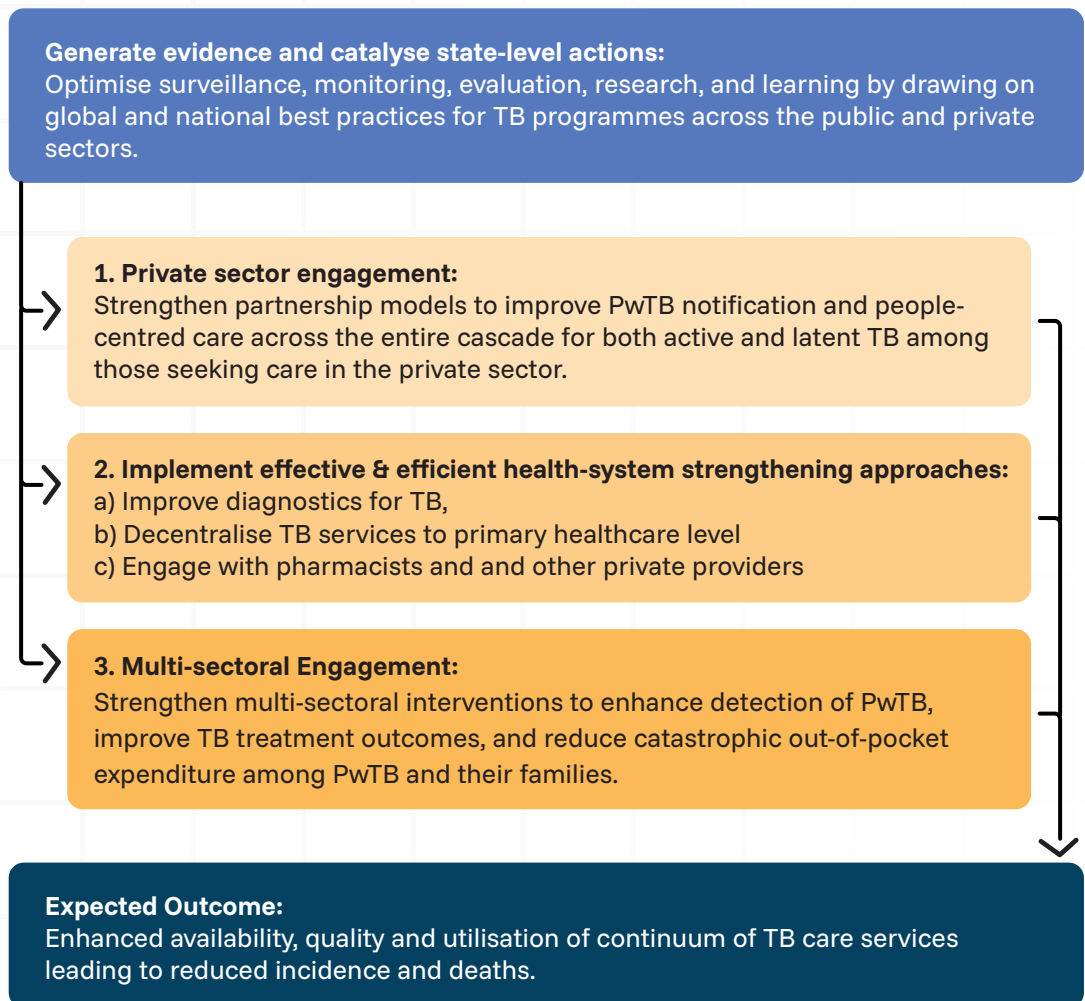
The TB-STSU was established to strengthen the state's capacity for private-sector engagement, improve TB health systems, expand multi-sectoral engagement, and accelerate progress towards TB elimination.

<sup>4</sup> IHAT, with the strategic support of IGPH, continues to provide technical support to Uttar Pradesh.

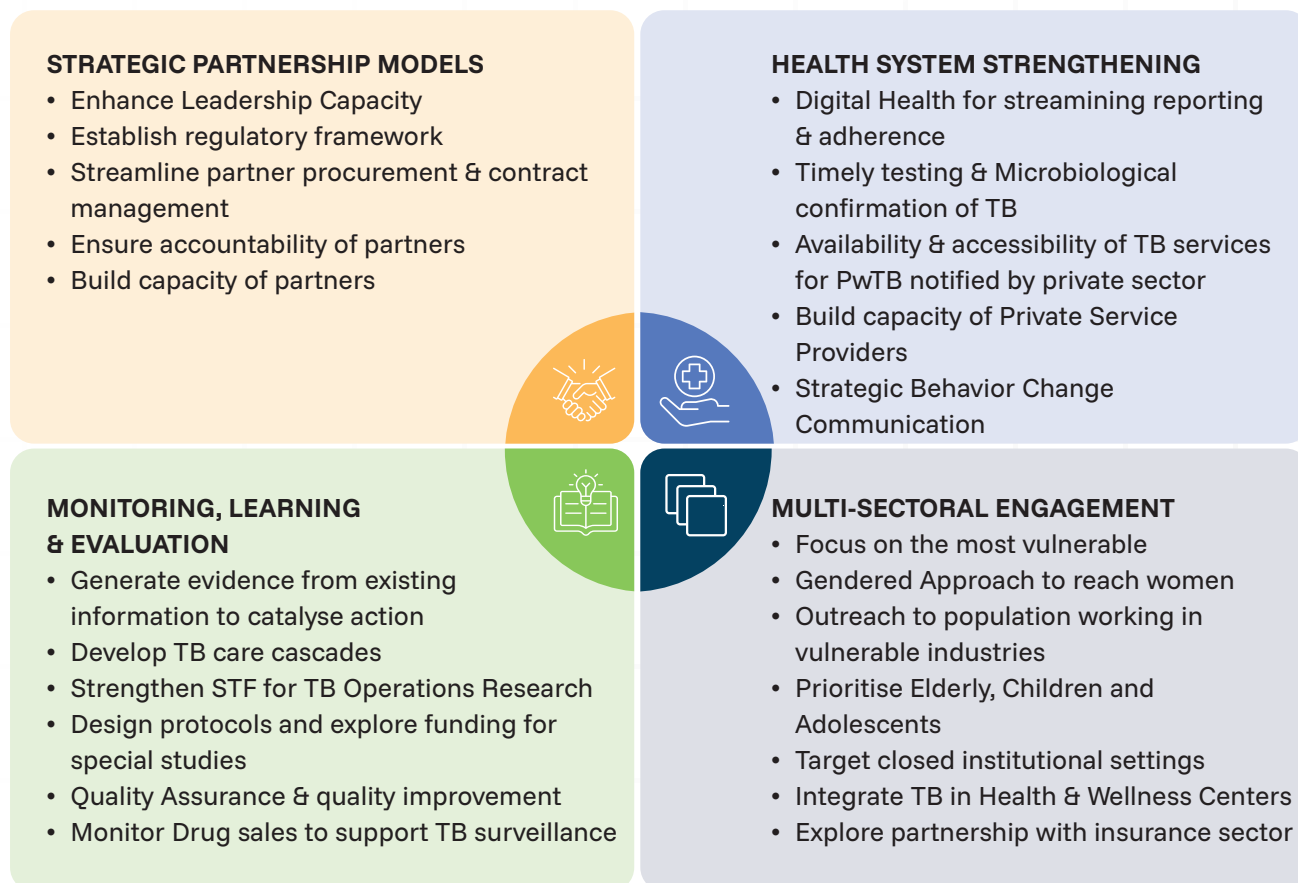
## Pathways and Approach

The TB-STSU aimed to enhance the availability, quality, and utilisation of health services across the continuum of TB care as shown in Figure 1. Drawing on global best practices, the TB-STSU used existing data to generate evidence and catalyse state level actions and applied programme learnings to design innovative solutions that address critical barriers across three main platforms—health facilities, communities, and health systems.

**Figure 1:** The Approach



**Figure 2: Scope of Services: UP TB-STSU**



The Pathways and Approach adopted by the TB-STSU:

## 1. Private Sector Engagement/Strategic Partnership Models

The TB-STSU supported the State TB Cell (STC), UP, in strengthening leadership, establishing a regulatory framework, and streamlining partner procurement and contract management. To expand private sector engagement, the TB-STSU collaborated with the STC to identify programme priorities, design appropriate strategies, and support contracting, evaluation, and operational management of the PPSAs in UP.

In 2022, PPSAs were on-boarded in 36 high-burden districts in two phases - 20 districts in May and 16 districts in December. Shortly thereafter, the TB-STSU, in collaboration with the State TB Training and Demonstration Centre (STDC) and the World Health Organization (WHO) TB consultants, conducted capacity-building and induction training for PPSA staff. The CTD provided access to the Ni-kshay<sup>5</sup> portal that enabled TB-STSU to analyse data, identify gaps, and implement targeted public health actions, including microbiological confirmation, Direct Benefit Transfer (DBT) or nutrition linkages, comorbidity screening for diabetes and HIV, and contact evaluation, thus both generating evidence and supporting the state to enhance district and state-level performance.

In 2023-2024, the TB-STSU actively advocated for inclusion of Public-Private Partnerships (PPP) with private laboratories and X-ray sites, using resources available within UP's approved Programme Implementation Plan (PIP), and supported drafting of concept proposals and tender documents to operationalise these initiatives.

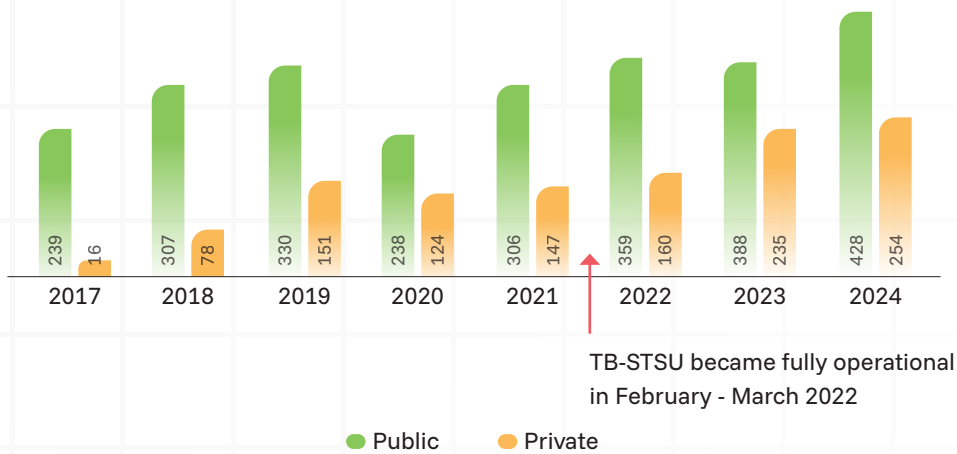
<sup>5</sup> The Ni-kshay portal is the Government of India's web-based platform for TB surveillance, patient management, and programme monitoring under the National TB Elimination Programme.

**Achievements:**

**(a) 100% of PIP-approved PPSAs on-boarded and functional:** All 36 district PPSAs were on-boarded and functional within the first year of project implementation. The TB-STSU played a proactive role in finalising the Requests for Proposal (RFP), issuing tenders, and facilitating pre-bid meetings to accelerate the pace of on-boarding of PPSA agencies. Two Non-Governmental Organisation (NGO) partners were selected and contracted by the National Health Mission (NHM) to enhance private sector engagement for TB elimination in these 36 districts.

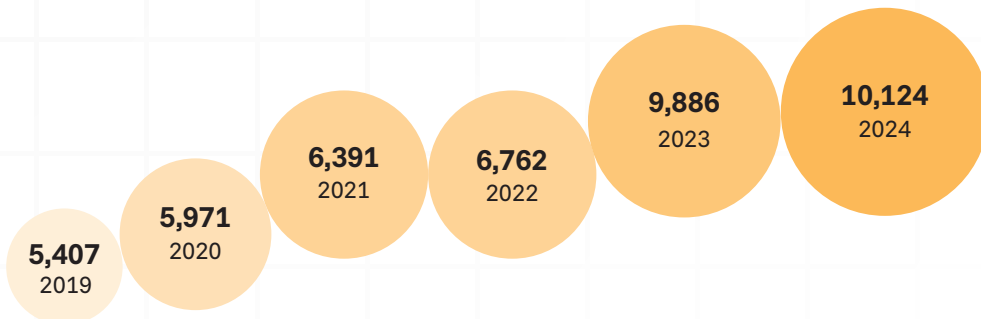
**(b) Increase in Private and Public Sector TB Case Notification:** Both private and public sector TB case notification increased consistently from 2022 onwards as shown in Figure 3. In 2023 and 2024, the state surpassed its private sector PwTB notification targets of 2.2 and 2.4 lakh individuals. The number of private healthcare facilities notifying PwTB also increased (Figure 4). The month-on-month increase in TB notification was also visible for the years 2022-24 (Figure 5). Focused on a state-wide achievement, the TB-STSU supported the state to develop and implement strategies that reduced the inequity in achieving private sector targets between districts, with almost every district achieving more than 80% of the private sector target in 2023 and 2024, irrespective of whether it was a PPSA district or not (Figure 6).

**Figure 3:** Trends in Public and Private Sector Notification of PwTB (000's) [Year 2017-2024]



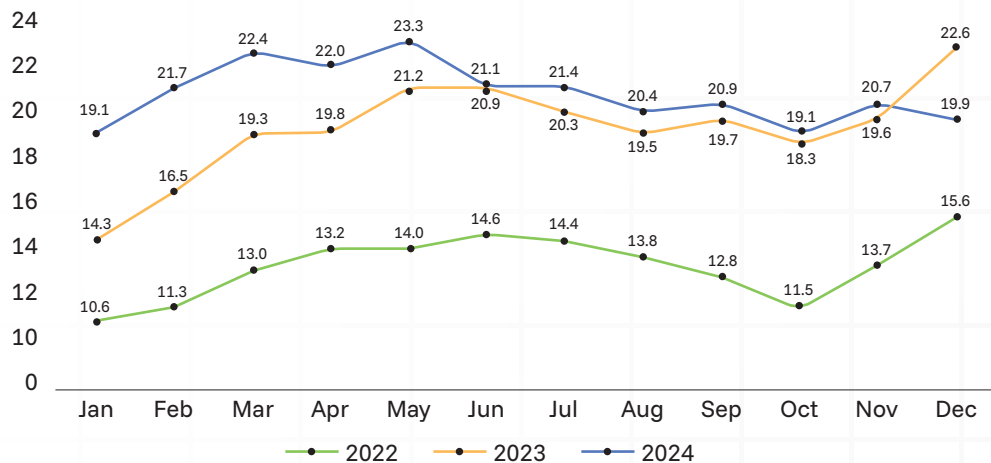
Source: Ni-kshay, Date of Data Download - March 2025

**Figure 4:** Number of Private Health Facilities Notifying PwTB since 2019



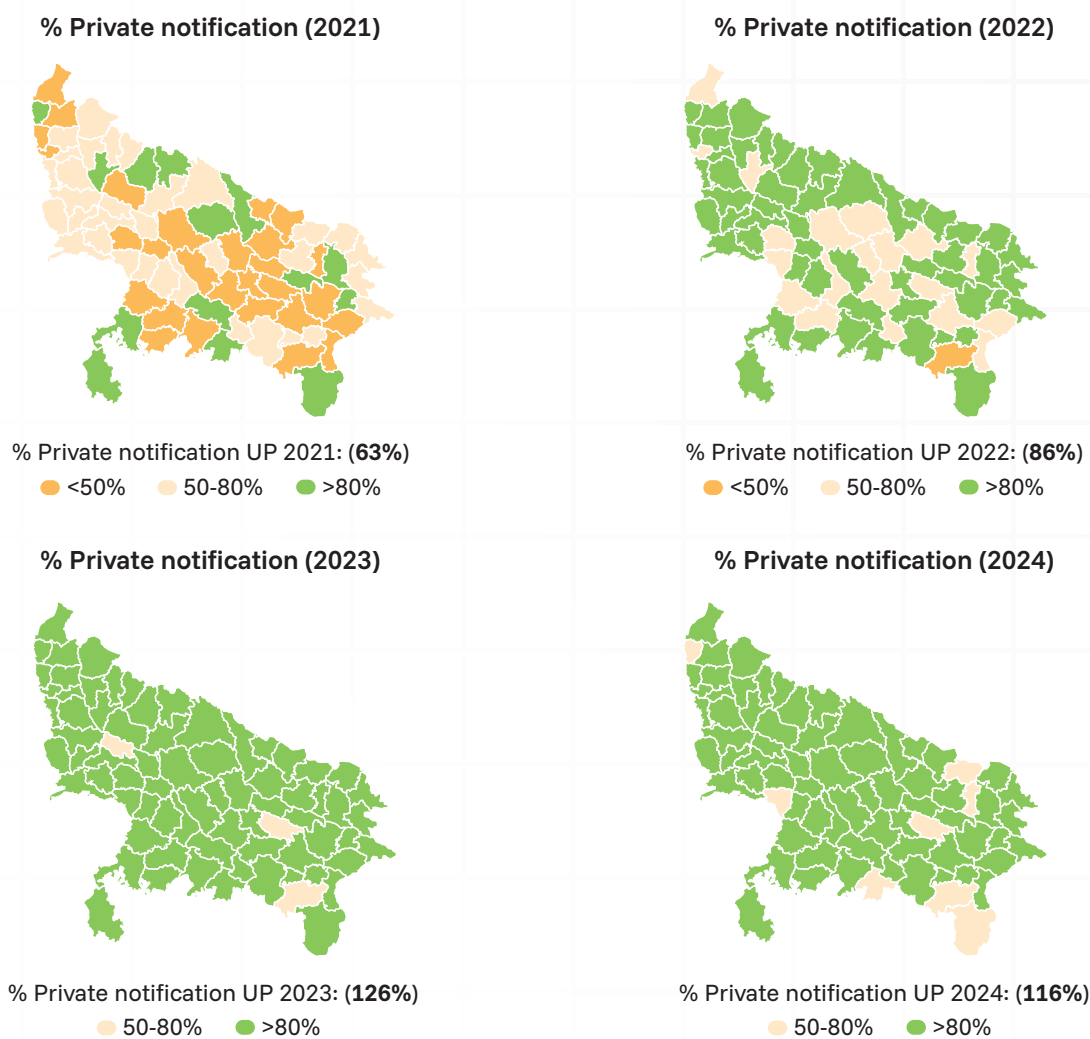
Source: Ni-kshay, Notification Register, Date of Data Download - March 2025

**Figure 5: Monthly Trends (000) in Private Sector Notification (Years 2022-2024)**



Source: Ni-kshay, Date of Data Download - March 2025

**Figure 6: Reducing Inequity between Districts in Achievement of Private Sector Notification Targets, Uttar Pradesh (2021-24)**



Source: Ni-kshay, Date of Data Download - 16 May 2025

## Key achievements

- 58% increase in the number of private healthcare facilities notifying TB in 2024 compared to 2021.
- 72% increase in private sector TB notifications in 2024 compared to 2021.
- An increase in the proportion of private sector notifications from 32% in 2021 to 37% of the total TB notifications in UP.
- Increasing proportion (63% - >100%) and reduced inequity between districts in achievement of private sector notification targets.

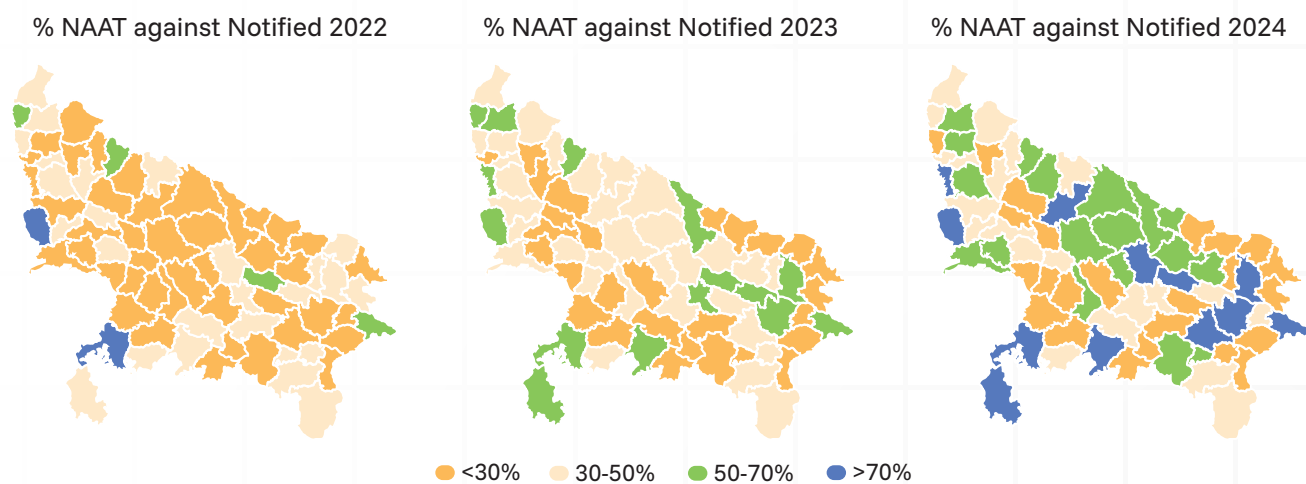
**(c) Increase in Nucleic Acid Amplification Test (NAAT) Uptake:** The NAAT uptake among privately notified PwTB improved from 30% in 2022 to 58% in 2024 as shown in Table 1. NAAT testing among pulmonary PwTB improved from 36% in 2022 to 69% in 2024. The inequity in NAAT coverage by district also reduced over the years, as shown in Figure 7.

**Table 1:** Trends in NAAT Uptake in the Private Sector (Year 2022-2024)

	Jan – Dec '22	Jan – Dec '23	Jan – Dec '24
Total Private Notification	158,221	234,915	253,574
Total Private Notified Tested with NAAT	47,906	100,244	146,830
Percentage of Private Notified with NAAT	30%	43%	58%
Total Pulmonary TB Notified (Private)	110,125	163,384	170,028
Percentage of Private Pulmonary TB among All Private Notified TB	70%	70%	67%
Total Private Pulmonary TB with NAAT	39,834	82,718	116,995
Percentage of Private Pulmonary TB with NAAT	36%	51%	69%

**Source:** Ni-kshay; Date of Data Download - 26 January 2025

**Figure 7: District-Wise Distribution of the Proportion Tested by NAAT Among Total Private Sector Notified PwTB (2022–2024)**



**Source:** Ni-kshay Analytics, Date of Data Download - January 2025

**d) Proportion of Active PwTB Offered NAAT and Confirmed Microbiologically:** Overall bacteriological confirmation among those tested remained low. The proportion bacteriologically confirmed in public sector was much higher than the private sector, and actually declined during the period (2022-2024). Microbiological confirmation of PwTB accessing treatment in the private sector remained low and inequity in microbiological confirmation between the public and private sectors persisted as shown in Table 2.

**Table 2: Coverage of Microbiological Confirmation in Public and Private Sectors (2022–2024)**

Microbiological Confirmation among TB Notified, Public vs Private Sector (2022-2024)						
	January – December 2022		January – December 2023		January – December 2024	
Health Facility Type	Notification	Microbiological Confirmation	Notification	Microbiological Confirmation	Notification	Microbiological Confirmation
<b>Public</b>	358,957	210,966 (59%)	388,667	210,529 (54%)	4,28,090	221,891 (52%)
<b>Private</b>	159,247	36,945 (23%)	234,495	50,445 (22%)	254,370	58,980 (23%)
<b>Total</b>	518,204	247,911 (48%)	623,162	260,974 (42%)	682,460	280,871 (41%)

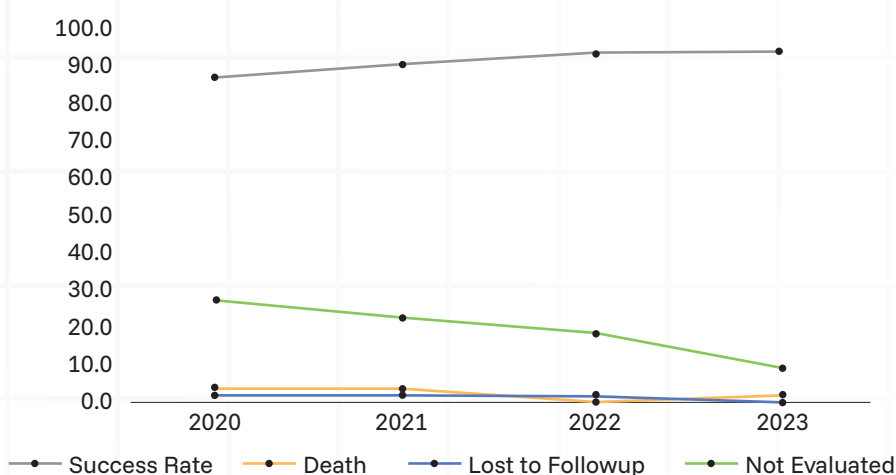
**Source:** Ni-kshay Dashboard Data, Date of Data Download - 27 May 2025

**(f) Treatment Success Rate (Private Sector):** The proportion of individuals successfully treated for TB among private sector PwTB in UP increased from 85% in 2021 to 94% in 2024, with a similar increase evident in the public sector from 83% to 91%, (Table 3). The increased proportion of PwTB successfully treated was accompanied by declines in deaths, loss to follow-up, and PwTB recorded as “not evaluated”. (Figure 8).

**Table 3:** TB Treatment Outcomes (Public/Private Sector) [Cohort 2020-2023]

Successful TB Treatment Outcomes (Successful Outcomes/ Currently Treated PwTB)	Private	Public
2021 (Cohort - 2020)	85% (90,082/106,478)	83% (213,703/257,186)
2022 (Cohort - 2021)	88% (100,899/114,690)	86% (290,244/338,804)
2023 (Cohort - 2022)	93% (106,416/114,932)	89% (361,743/ 408,169)
2024 (Cohort - 2023)	94% (221,999/237,515)	91% (35,8671/395,444)

**Figure 8:** Private Sector TB Treatment Outcomes (sub-category) [Year 2022-2023 (%)]



**(g) PPSA Payment Status in Districts:** Timely payments to PPSA agencies enables their smooth and continuous functioning. The TB-STSU tracked payment status and facilitated timely payments by ensuring timely submission and verification of reports. As of March 2025, 76% and 75% of ‘payments due’ had been released to Hindustan Latex Family Planning Promotion Trust (HLFPPT) and Doctors For You (DFY), respectively, against the submitted monthly invoices for 2022, 2023, and 2024.

## 2. Health Systems Strengthening

The TB-STSU supported the Government of Uttar Pradesh (GoUP) in strengthening health service delivery for TB by expanding and integrating detection, treatment, and prevention across the public-health system. This included mapping and profiling TB services at all levels, integrating NTEP services within Ayushman Arogya Mandir (AAM) centres, improving presumptive TB examination rates, optimizing diagnostic networks particularly to increase use of molecular WHO-recommended rapid diagnostics (mWRDs) or NAAT and introducing innovative digital tools to track TB notifications from the private sector.

### (i) Strengthening Ayushman Arogya Mandir (AAM) Engagement in the NTEP

The TB-STSU adapted national guidelines into training modules for Community Health Officers (CHOs) to improve presumptive TB identification, linkage to testing and treatment, and follow-up through ASHAs. CHOs were trained to use Ni-kshay, subsequent to ensuring that all functional AAM centres were registered on Ni-kshay. The performance of AAM centres was regularly tracked, using Ni-kshay.

In October 2022, the TB-STSU, under the guidance of the STC and the NHM, developed guidelines to mainstream TB-related activities at the AAM centres, aligned with the NTEP framework. A series of meetings were held under the leadership of the STC and NHM to ensure that CHOs began screening individuals for TB symptoms in Outpatient Departments (OPDs) and conducting community-level screenings with the support of ASHA workers.

NTEP staff at district level played a crucial role in training CHOs on creating presumptive TB case entries in the Ni-kshay portal. During field visits, the TB-STSU team members facilitated this process and provided hands-on support. The TB-STSU also began tracking the number of AAM centres enrolling presumptive TB individuals each month and shared these findings with the state. In response, the state regularly reviewed the progress of TB-related activities at AAM centres.

The TB-STSU, under the guidance of the state, also played a key role in piloting an incentive-based sputum collection and transport mechanism from AAM centres to the nearest TB detection centres between September and November 2022. Following the pilot's encouraging results, the initiative was scaled up across all 75 districts with funds allocated from the 15th Finance Commission (XV FC).

Ni-kshay Diwas was initiated and observed on the 15th of every month at all public-health facilities to support TB elimination. On these days, individuals are screened for TB, their bank details collected, and PwTB who interrupted treatment are traced and brought back into care. Between December 2022 and March 2025, a total of 11,414 PwTB were notified through Ni-kshay Diwas activities. Verbal screening for TB symptoms was integrated into health campaigns for TB, Filariasis, Kala-Azar, and Leprosy.



Community Health Officer (CHO) examining a patient at a AAM centre -Kachari in District Hardoi , Uttar Pradesh

## Achievement

The number of individuals with presumptive TB, diagnosed with TB, and notified from AAM centres steadily increased across the state (Table 4).

**Table 4:** Key Indicators AAM (Year 2023, 2024)

Key Indicators	2023 (Jan to Dec)	2024 (Jan to Dec)
AAMs Active where CHOs are Present	16,401	16,401
AAMs Created ID for at least one presumptive case	12,324 (74%)	13,037 (80%)
Enrolment of persons with presumptive TB by AAM	5,14,391	8,50,000
TB Diagnosed	27,510 (5%)	24,448 (3%)
Microbiologically Confirmed among TB Diagnosed	13,751 (50%)	11,293 (46%)
Comorbidity Tests (HIV and Diabetes) among TB Diagnosed	26,479 (96%)	22,450 (92%)
Put on Treatment among TB Diagnosed	26,289 (96%)	23,367 (96%)
Bank Details Added among TB Diagnosed	25,555 (97%)	22,436 (96%)

**Source:** Ni-kshay Enrolment Register (Date of data download -15 May 2025)

### (ii) Enhancing Presumptive TB Examination Rate (PTER) and Notification

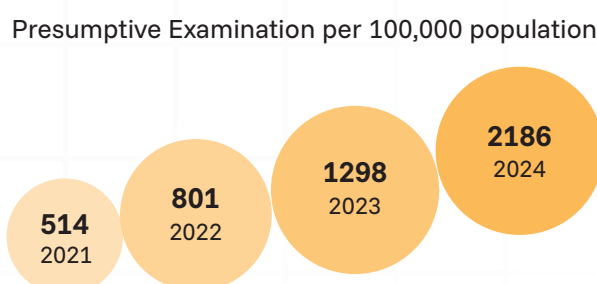
The TB-STSU supported the state in implementing and monitoring achievement of the PTER target of 2,000/100,000 population in 2023.

The TB-STSU adopted three pathways to enhance PTER:

- 1) Screening individuals with TB symptoms at AAM centres, which are managed by CHOs.
- 2) Enhancing private sector engagement through PPSAs, which engage with private health facilities to improve TB notification and public health actions.
- 3) Enhancing TB screening and testing among outpatient attendees in public health facilities to a minimum of five percent.

The above pathways collectively contributed to an increase in presumptive case screening, and PTER increased from 514 (2021) to 2,186 per lakh population in 2024.

**Figure 9:** Annualised PTER per Lakh Population - UP



### (iii) Strengthening TB Diagnostics

In 2023, the TB-STSU mapped diagnostic facilities, assessed the capacity for smear microscopy, X-ray, and NAAT (CBNAAT/TRUE-NAT), and flagged “zero test” sites for corrective action. Gaps were addressed by ensuring the availability of trained staff, timely Annual Maintenance Contract (AMC) renewals, and uninterrupted supplies of cartridges and chips.

#### Achievement

The availability of NAAT machines increased from 65% (2023) to 72% (2024) of blocks having at least one NAAT machine. This increase was partly due to the procurement of 185 TRUE-NAT machines under the XV FC, an initiative to strengthen Integrated Public Health Laboratories (IPHL) at the block level. Annual number of tests conducted by NAAT increased from 5.48 lakh tests in 2023 to 13 lakh tests in 2024, reaching 72% of annual testing capacity.



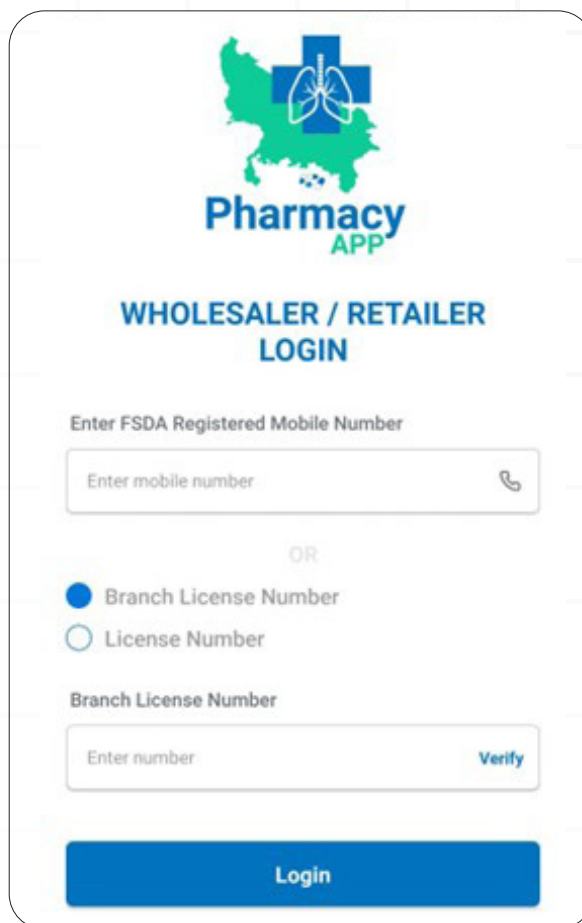
TB Detection Centre in District Kanpur Nagar

### (iv) Digital Health Innovation – Pharmacy Application

To address the lack of a uniform system for tracking Schedule H1 anti-TB drug sales, the TB-STSU developed a Pharmacy Application in collaboration with the Uttar Pradesh Technical Support Unit (UP TSU), Food Safety and Drug Administration (FSDA), and the STC. The application enables retail and wholesale pharmacists to log sales into a centralised portal, linked to real-time dashboards for Drug Inspectors and District TB Officers (DTOs). It cross-references sales data with Ni-kshay to identify un-notified PwTB and non-reporting providers.

#### Achievement

The application was piloted in Lucknow in November 2024, where it trained 196 pharmacists and recorded 697 drug-sale events (16,702 tablets across 28 formulations). Analysis showed that 32% of PwTB purchasing anti-TB drugs from the private sector were not notified on Ni-kshay. The pilot demonstrated strong potential for state-wide scale-up to improve private sector TB notification and treatment tracking.

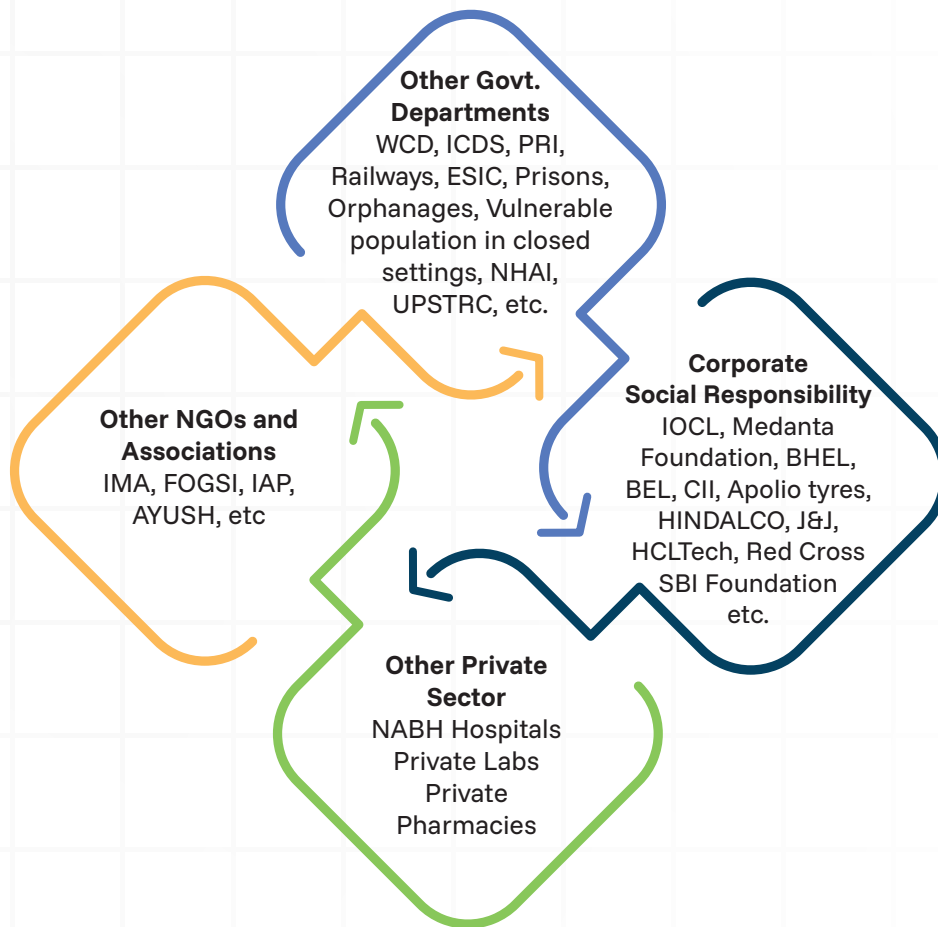


Snapshot of the pharmacy application login page

### 3. Multi-sectoral Engagement

The TB-STSU supported GoUP in enhancing the TB response through collaboration with government, non-governmental, corporate, and academic institutions. Efforts focused on vulnerable populations, including workers in high-risk industries, residents of closed settings (prisons, orphanages, elderly homes), urban poor, and tribal groups. Activities ranged from TB-Free workplace sensitization, Information, Education and Communication (IEC) display at National Highway Authority of India (NHAI), streamlining TB clinical services offered within the workplace with NTEP, linking individuals vulnerable to or diagnosed with TB in these industrial settings for screening, testing and treatment services, mobilising nutrition and diagnostic support.

#### States Inter-Sector Collaboration with Various Departments



#### Four-pronged process and strategy adopted by State for Multi-Sectoral Engagement in TB



### **(i) Engagement with Government Departments**

The TB-STSU supported the state's TB programme by strengthening collaboration with departments such as the Railways, Defence, Women and Child Development (WCD), the Rural Livelihood Mission, Panchayati Raj Institutions (PRIs), and the Employees' State Insurance Corporation (ESIC). The TB-STSU facilitated meetings, issued departmental directives, aligned diagnostic and treatment services with NTEP, and mobilised Care, Support, and Treatment (CST) resources, including nutrition support for individuals with TB.

### **Achievement**

This coordination enabled 1,888 PwTB to be notified in 2024 from the Railways, Cantonment Hospitals, District Jails, the Ex-Servicemen Contributory Health Scheme (ECHS), Apollo Tyres, and Hindalco. Notifications from National Accreditation Board for Hospitals (NABH) accredited hospitals increased from 2,700 in 2022 to 5,088 in 2024.

### **(ii) Corporate and Public Sector Undertaking (PSU) Engagement through Corporate Social Responsibility**

Once departmental links were established, the focus shifted to engaging with corporates and PSUs, such as Indian Oil Corporation Limited (IOCL), National Thermal Power Corporation (NTPC), Bharat Electronics Limited (BEL), ITC, Hindalco, the Medanta Foundation, the HCLTech Foundation, the Reliance Foundation, and others, often in partnership with the Confederation of Indian Industry (CII) and other industry bodies. The TB-STSU advocated for TB workplace policies, mobilised corporate funds for nutrition support, and secured donations for diagnostic equipment and mobile vans.



Field visit of TB STSU team during the 100 Days Intensified TB Campaign in Barabanki District, UP

### **Achievement**

As of March 2025, five industries adopted TB-Free Workplace Policies. IOCL supported the programme by providing 64 TRUENAT machines, which conducted around 1.05 lakh tests in 2024. Reliance Power donated three TRUENAT machines to Barabanki district, while the Adani Foundation provided a handheld digital X-ray machine to Amethi district. The Medanta Foundation contributed a diagnostic van equipped with X-ray and TRUENAT facilities.

Additionally, 16 handheld digital X-ray devices were provided by various organisations during the 100-day Intensified TB Campaign, as detailed below:

William J Clinton Foundation	8
Indian Council of Medical Research (ICMR)	3
Other Sources (TB Alert, Heal Foundation, Yashoda Hospital)	3
Doctors For You	2
<b>Total</b>	<b>16</b>

### (iii) TB Mukat Gram Panchayat Certification

The TB-STSU supported the state in rolling out TB-Free Gram Panchayat Certification, adapting the NTEP measurement framework, developing training modules, and conducting Training-of-Trainers (ToT) sessions with WHO consultants and STC officials. Gram Panchayat members were sensitised on enhancing patient treatment, providing nutrition support, and promoting TB elimination.

### Achievement

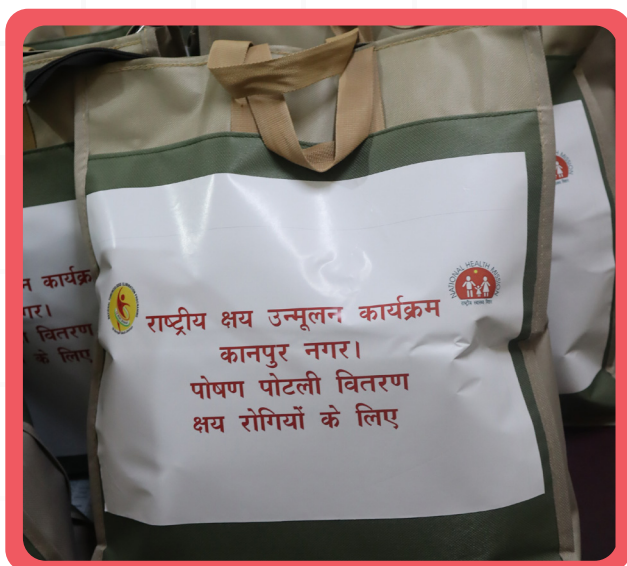
TB-Free Gram Panchayats increased from two percent in 2023 (1372 out of 1,777 submitted nominations) to 12% in 2024 (7191 panchayats out of 7,782 panchayats eligible for claim), representing a six-fold increase.

### (iv) Mobilising Nutrition Support

The Corporate Social Responsibility partnerships under the Pradhan Mantri TB Mukat Bharat Abhiyaan (PMTBMBA) and Ni-kshay Mitra initiatives were leveraged to provide nutritional aid to PwTB and their families.

### Achievement

A total of 289,837 nutrition kits were distributed across the state through CSR support in 2024.



Poshan potli (Nutrition Kit) for PwTB on treatment

**(v) Strengthening Private Sector Partnerships**

The TB-STSU collaborated with 321 private hospitals to expand diagnostic access and streamline TB case reporting through Ni-kshay.

**Achievement**

These hospitals provided free X-ray services during the 100-Day Campaign (7 December 2024–31 March 2025), expanding access to timely TB screening.

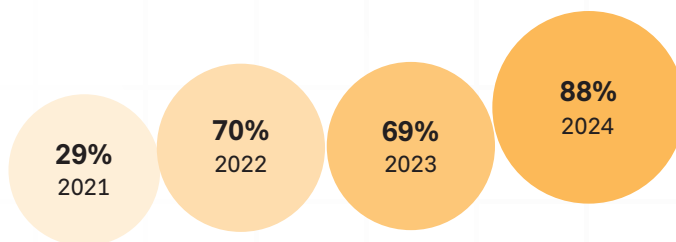
**Other Key Achievements**

- Improved Timely DBT Payments: DBT coverage rose from 64% in 2021 to 92% in 2024 in the public sector and from 42% to 83% in the private sector. Private provider incentive disbursement increased from 29% to 88% in the same period, driven by continuous gap identification, advocacy for fund release, and technical troubleshooting.
- Strong Programme Performance Reviews: Quarterly Programme Management Committee reviews consistently rated TB-STSU’s performance above 80%, resulting in the timely payment release from CTD.

**Figure 10: Proportion of PwTB Who Received the First Ni-kshay Poshan Yojana (2021-2024)**



**Figure 11: Proportion of Eligible Private Providers Paid Incentives for TB Notification (2021-2024)**



Source: Data Source: Ni-kshay, Date of Data Download – 23 April 2025

## Recognition and Achievements



- On 7th and 8th February 2024 in the Experience Sharing and Dissemination Workshop for Private Sector Engagement in TB Elimination organized by Central TB Division at New Delhi, the State of Uttar Pradesh was honoured with Certificate for highest Notification of TB Cases from Private Sector
  - Highest private sector TB notification achievement against target in 2023: 223K
  - Highest proportion of districts with >90% private sector TB notification in 2023: 79%
  - Highest gain in private providers notifying PwTB to NTEP in 2023 over 2022
  - 3rd highest proportion of district with % private sector TB notification gain in 2023 over 2022: 17/75 vs 59/75
  - Highest private sector TB notification gain in 2023 over 2022

The award was presented during a workshop, “Experience Sharing and Dissemination Workshop for Private Sector Engagement in TB elimination”, held on 8 February 2024 in New Delhi.



- The TB-STSU contributed to global learning from UP through oral and poster presentations made at The Union World Conference on Lung Health 2024 held in Indonesia.

Five abstracts were selected for presentation in the UNION (2024) World TB and Lung Conference, of which the following four were presented:

- Oral Presentation (Abstract No-3072): Patient Provider Support Agencies (PPSA) and its Impact on the Private Sector Engagement in the state of Uttar Pradesh, India.
- E-Poster {Poster No-1518}: Enhancing the Coverage of Molecular Diagnostics Tests among Private Sector Individuals with Tuberculosis in Uttar Pradesh.
- E-Poster [Poster No-EO6PP35]: Multi-sectoral Approach to Mainstream TB-related activities - Outputs in the state of Uttar Pradesh, India.
- E-Poster (No-3046): Reducing Inequity in Access to Molecular Diagnostics among Public and Private Sector Individuals with TB in the state of Uttar Pradesh.

## Learnings

Over the three-year period, the TB-STSU collaborated with stakeholders and used data to generate evidence that catalysed actions by the STC, Directorate of Health, and NHM for TB elimination activities across the state.

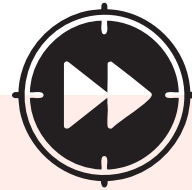
The experience highlighted several key lessons:

1. **Data as a driver of change** – Using data to generate evidence helps optimise programme implementation. Evidence-based strategies enhance the effectiveness of TB interventions, ensure that resources are utilised efficiently, and facilitate continuous quality improvement based on real-world outcomes.
2. **Leveraging existing platforms** – The integration of TB services within AAM centres was a first step. However, AAM engagement can be enhanced to provide person-centric, family-focused TB care, improve detection and treatment outcomes, expand TB Preventive Therapy (TPT), and strengthen nutrition and social support. ASHAs can play a vital role in community-based surveillance and in identifying social and economic factors contributing to TB deaths.
3. **Expanding TB diagnostics** – Despite enhancing performance of NAAT facilities and improving PTER, the state of UP falls short in achieving the milestones set under the NTEP of offering NAAT tests to 70% of those presumed to have TB and 85% of those with confirmed TB. Bacteriological confirmation too remained stable at around 40%. Diagnostics for TB would need to be expanded for availability, doubled in numbers of tests performed and improved in quality of actions across the spectrum of specimen collection, transportation, testing, and timely reporting. Strengthening TB diagnostics will also enhance surveillance systems that can provide the data needed to monitor trends, respond quickly, and adjust strategies effectively.
4. **Focus on vulnerable groups** – The state has been able to achieve targets set for notification and has made commendable progress with other public health actions for those notified. Yet, focus needs to be enhanced on children, adolescent girls, and women who require personalised, and targeted care to address their unique needs. The urban poor is another population sub-group that is growing in size and relevance to TB, yet tends to be missed out.
5. **Addressing underlying determinants** – Tackling underlying determinants such as malnutrition, gender inequality, poverty, and inadequate housing is essential for sustained TB control and the TB-STSU efforts in this direction were merely a drop in the vast ocean.

Yet, the achievements of the TB-STSU have paved the way and created pathways which, when strengthened, can accelerate UP's and India's progress towards TB elimination.

## Moving Forward

The TB-STSU in UP, implemented by IHAT with strategic support from the IGPH, UoM, has played a pivotal role in accelerating progress towards TB elimination. Moving forward, IHAT and IGPH will continue to support the TB elimination agenda of the national and state governments by working in close engagement with the government, coordinating initiatives between health, nutrition and social sectors, integrating data from multiple sources to enhance programmatic intelligence and implementation, and ensuring that programme experience, insights and global and national research findings are translated into practical, community-focused field level interventions. Engagement with medical colleges will be strengthened to drive innovative programme level implementation and foster collaboration for more strategic and effective TB elimination agenda. The TB-STSU will also prioritise addressing the needs of specific population groups and integrating social determinants into TB strategies to improve overall programme efficacy.



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