



SITUATIONAL ANALYSIS ON THE IMPLEMENTATION OF THE PRADHAN MANTRI TB MUKTA BHARAT ABHIYAN IN CHATTISGARH

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Abstract

Introduction: Community Engagement has been playing the role of improving the treatment outcome in many diseases. Government of India has used this strategy for ending the Tuberculosis (TB) under the initiative of Pradhan Mantri TB Mukta Bharat Abhiyan.

Objective: To describe the implementation of the program in a state in Chattisgarh.

Method: A cross-sectional study was conducted based on secondary data available for the state of Chattisgarh to know the implementation of program. The data was extracted from the portal. Data such as total patients of Tuberculosis, number of patients consented for the program and number of the patients getting benefit from the same were extracted. The data was presented with the appropriate tables and figures.

Result: Total patients in the state were 23153, out of which 18990 (82.02%) had consented for the provision of Nutritional kits. Out of Consented, nearly 5626(30%) of patients had received the nutritional kits. It was noted that the districts which were classified as aspirational districts and tribal block had more patients benefitted from the program.

Conclusion: Out of consented only 30% of patients were given nutritional kits. This highlights the greater number of Nikshay Mitra should be identified for increasing the benefit to the patients, which will accelerate the effort of Government to combat the TB.

Key words: Community Engagement, Nikshay Mitra, Pradhan Mantri TB Mukta Abhiyan

Introduction

Tuberculosis (TB) remains one of the most pressing public health challenges in India, with the country bearing one of the highest TB burdens globally. An estimated 26 lakh people contract TB annually, and approximately 4 lakhs succumb to the disease (1). According to the WHO Global Tuberculosis Report 2024, India accounts for 26% of global TB cases and deaths, underscoring the

magnitude of the challenge (2). The Ministry of Health and Family Welfare (MoHFW) has committed to addressing this challenge through the ambitious National Strategic Plan, aiming to achieve the Sustainable Development Goal (SDG) target of ending TB by 2025 (3). Beyond the immediate health implications, TB exerts a substantial economic burden on the nation, particularly by affecting the most economically productive age group. This leads to significant loss of income, days of productive work, and a cyclical descent into poverty for affected individuals and families (4). Thus, in view of the multifaceted nature of the disease, there is a need for a multi-sectoral approach to tackle the social determinants of TB, including nutritional support, improved living and working conditions, and an enhanced access to diagnostic and treatment services (5).

Community engagement has emerged as a cornerstone of these efforts, which helps empower individuals and groups to collaboratively identify, prioritize, and address local challenges (6). Strengthening the link between communities and formal and informal systems ensures improved governance, accountability, and quality of service delivery. To further enhance this strategy, the MoHFW has launched the "Community Support to TB Patients – Pradhan Mantri TB Mukta Bharat Abhiyaan" (7). Under this initiative, the Ni-kshay Mitra program encourages a broad range of stakeholders, including cooperative societies, corporates, elected representatives, NGOs, institutions, and individuals, to support TB patients by adopting health facilities, blocks, urban wards, districts, or states (7). These efforts, coordinated with district administrations, aim to complement government interventions and accelerate the TB response based on region-specific needs (8).

The situational analysis of the Pradhan Mantri TB Mukta Bharat Abhiyaan provides critical insights into the program's structure, progress, and potential impact in addressing this pressing health crisis. Within India, Chhattisgarh has a TB prevalence rate of 451 per 100,000 population, ranking as the third highest in the country (9). Hence, situational analysis in this state will provide the insight in the implementation of the program.

Materials and Methods:

Descriptive observational study was conducted from the data which is readily available at the Pradhan Mantri TB Mukta Bharat Dashboard/website. For this study the data was taken for all the districts of Chhattisgarh. The program was launched in September 2022. The dashboard has readily available data from the initiation of the program. Ethical approval was received from the Institutional Ethics Committee, VY Institute of Medical Sciences Ref No. VYH/EC/408/2024 on November 12, 2024.

The data was extracted from the portal as per pre-tested questionnaire. The questionnaire included variables such as District wise on patient treatment, patients who have consented for the program and how many kits were distributed were taken. Aspirational district and tribal block wise data was also extracted.

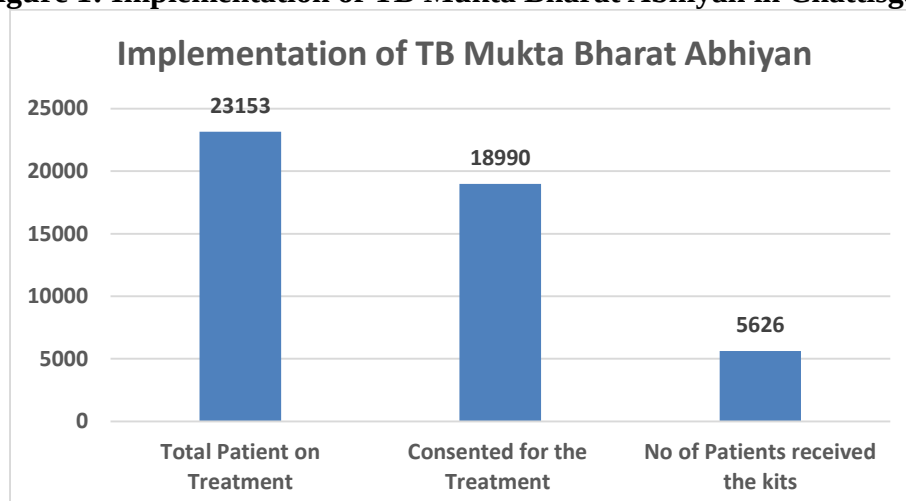
Statistical analysis

Data entry and analysis was done by MS Excel. The data was described with frequency and percentage and with appropriate graphs.

Results:

There are total of 33 districts in the state. Total patients in the state were 23153, out of which 18990 (82.02%) had consented for the provision of Nutritional kits. Out of Consented, nearly 5626(30%) of patients had received the nutritional kits (Figure 1). Table 1 shows the district wise implementation of the program.

It was noted that the districts which were classified as aspirational districts had more patients benefitted from the program (Table 2). The patients staying at the tribal block were having more benefit of getting the kits as compared to the non-tribal block (table 3).

Figure 1: Implementation of TB Mukta Bharat Abhiyan in Chattisgarh**Table 1: District wise implementation of the program**

Districts	Total Patient on Treatment	Consented for the Treatment	Percentage	No of Patients received the kits	Percentage (Out of Consented)
BALOD	532	477	89.66	212	44.48
BALODA BAZAR	659	584	88.62	47	7.96
BALRAMPUR	510	472	92.55	45	9.46
BASTAR	788	701	88.96	133	18.95
BEMETARA	469	427	91.04	50	11.63
BIJAPUR	262	203	77.48	58	28.33
BILASPUR	2261	1959	86.64	62	3.15
DANTEWADA	366	342	93.44	935	273.25
DHAMTARI	857	707	82.50	234	33.05
DURG	2163	2117	97.87	826	39.03
GARIYABAND	410	401	97.80	149	37.07
GAURELA PENDRA MARWAHI	149	81	54.36	5	5.56
JANJGIR-CHAMPA	410	336	81.95	292	87.00
JASHPUR	588	494	84.01	31	6.34
KABIRDHAM	769	746	97.01	28	3.80
KANKER	506	503	99.41	143	28.43
KHAIRAGARH CHHUIKHADAN GANDAI	175	152	86.86	17	10.96
KONDAGAON	512	445	86.91	126	28.20
KORBA	1043	945	90.60	244	25.82
KORIYA	201	161	80.10	20	12.63
MAHASAMUND	1070	966	90.28	74	7.61
MANENDRAGARH-CHIRMIRI-BHARATPUR	230	212	92.17	8	3.93
MOHLA-MANPUR-AMBAGARHCHOWKI	157	135	85.99	47	34.94
MUNGELI	849	687	80.92	132	19.26
NARAYANPUR	147	125	85.03	65	52.00
RAIGARH	1213	1172	96.62	385	32.84
RAIPUR	3263	1867	57.22	641	34.32
RAJNANDGAON	543	458	84.35	349	76.13
SAKTI	283	239	84.45	15	6.28
SARANGARH BILAIGARH	431	361	83.76	31	8.45
SARGUJA	685	160	23.36	95	59.06
SUKMA	327	249	76.15	108	43.44
SURAJPUR	325	250	76.92	24	9.47
Grand Total	23153	18990	82.02	5626	29.63

Table 2: Aspirational District wise implementation of the program

Aspirational District	Total Patient on Treatment	Consented for the Treatment	Patients receiving the kits (Out of Consented)
Yes	5564 (100%)	4937 (88.73%)	2233 (45.22%)
No	17589 (100%)	14053(79.89%)	3394 (24.15%)
Grand Total	23153	18990	5626

Table 3: Implementation status of the program in the tribal block

Tribal Block	Total Patient on Treatment	Consented for the Treatment	Patients receiving the kits (Out of Consented)
Yes	7873(100%)	6260 (79.51%)	2485 (39.26%)
No	15280(100%)	12730 (83.31%)	3141 (24.67%)
Grand Total	23153	18990	5626

Discussion:

The Pradhan Mantri TB Mukta Bharat Abhiyaan was initiated with the objectives of providing additional patient support to improve treatment outcomes and leveraging Corporate Social Responsibility to end TB by 2025 (10). There is increasing evidence supporting the success of nutritional interventions in improving tuberculosis treatment outcomes (11,12). Nutritional support helps in improving the BMI and immunity of TB patients, which is crucial for improving treatment outcomes (13).

The nutritional kits provided under the program include a food basket consisting of cereals, pulses, vegetable cooking oil, milk or milk powder, and eggs, aimed at giving extra energy to combat TB (14). These kits are supplemented with a monthly 500 rupees under the Direct Beneficiary Transfer (DBT) scheme (15).

Chhattisgarh, with its third-highest TB prevalence in India, has a lower socio-economic income per household, which can exacerbate the TB situation (16). Tuberculosis weakens the immune system, which can be improved through a nutritious diet. However, due to poor household income, this is a challenge for TB patients (17). Under the Pradhan Mantri TB Mukta Bharat Abhiyaan, Nikshay Mitra (individuals or companies) register to provide nutritional support to TB patients for six months (18).

As per the current study, nearly 82% of patients consented for nutritional support. However, only 30% of consented patients received the nutritional kits. The shortage of nutritional kits may be attributed to a lower number of Nikshay Mitra enrollments (19). Increased awareness of the program could improve the outcomes (20).

The aspirational districts and tribal blocks were more beneficially impacted by the program compared to non-aspirational districts and non-tribal blocks. This can be attributed to government prioritization of these regions (21).

Study strengths and limitations:

This study provides valuable insights into the Pradhan Mantri TB Mukta Bharat Abhiyan implementation in Chhattisgarh, a state with one of the highest TB burden across India. The key strength lies in the use of comprehensive, statewide data covering all the 33 districts of Chattisgarh, which provides a robust overview of the program's reach and coverage. This data analysis effectively highlights disparities in the distribution of nutrition kits. It reports the trends of program benefits among the patients from the tribal blocks and aspirational districts. This can hence inform the targeted policy interventions. Data based on the the use of official government dashboard data ensures a level of consistency and accessibility in the data source. However, the study has some limitations. This being a cross-sectional, descriptive analysis based on secondary data, it lacks the depth and accuracy that primary data collection through field validation or stakeholder interviews might provide. There are potentially incomplete or outdated online records which could compromise data reliability (22). There are no qualitative insights hence contextual barriers—such as logistical issues, community hesitancy, or administrative delays—are not explored. This can be the way

forward. The data is restricted to one state, hence may not be generalizable to regions with different demographic or health system characteristics. Lastly, the study design restricts causal inference, limiting the ability to evaluate the effectiveness or impact of the program components beyond observed associations.

Conclusion:

Out of total Tuberculosis patients on the treatment, over three-fourth patients had consented to the treatment. Out of those who had consented, only 30% of patients had been given the nutritional kits. The patients belonged to tribal block and the aspirational districts had been more beneficial from the program as compared to the non-aspirational districts and non-tribal block.

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Conflict of Interest: None

Highlights:

1. Though a significant proportion (82%) of TB patients in the state of Chattisgarh consented to receiving the nutritional support, 30% of those who consented actually received the nutritional kits. This indicates a gap in the program implementation.
2. Patients from the tribal blocks and aspirational districts benefited more from the program. Thus, targeted government prioritization had a potential impact. This highlights the need for more active engagement of Nikshay Mitras to improve overall coverage.

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