



सत्यमेव जयते

MEMORANDUM OF UNDERSTANDING

**This Memorandum of Understanding (MoU) is signed
on 8th day of July, 2022**

Between

Ministry of Panchayati Raj

And

**Central TB Division,
Ministry of Health and Family Welfare**

Government of India

[Handwritten signatures in blue ink]

INTRODUCTION

India has the world's highest Tuberculosis (TB) burden with an estimated 26 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 for ensuring quality diagnosis and treatment.

The economic burden of TB in terms of lives, income and workdays is also substantial. TB usually affects most economically productive age group of the society resulting in a substantial loss of working days and pushing the TB patients further into the vortex of poverty. In the absence of welfare support and mounting catastrophic out-of-pocket expenditures therefore result in patients leaving the treatment prematurely. This jeopardizes not only patients' lives but also the health of the community at large. As per the global estimate, reducing TB incidence could generate benefits of \$43 per dollar spent, and therefore it's in the interest of the country to provide quality care to those with or affected by tuberculosis.

TB is not only a medical disease but a social problem. Even though anyone can be affected by TB, the worse 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 non-health sectors. Convergent actions by various Government Ministries are therefore imperative for realization of country's goal of Ending TB by 2025.

Central TB Division (CTD), Ministry of Health and Family Welfare and Ministry of Panchayati Raj (MoPR) are hereinafter referred to together as "the parties".



Article 1


1. CENTRAL TB DIVISION (CTD)

- 1.1 Central TB Division (CTD) under The Ministry of Health & Family Welfare (MoHFW) is the nodal agency for coordinating response with respect to tuberculosis in India. It implements Revised National TB Control Program (RNTCP) across the country.
- 1.2 The Ministry of Health & Family Welfare has developed a National Strategic Plan (2017-25) for elimination of TB in the Country by 2025.
- 1.3 Through Inter-Ministerial Coordination, MoHFW aims to reach key populations served by various ministries such as workers, miners, migrants, tribal population, women and children etc.
- 1.4 TB-Free India Campaign launched under MoHFW is a social movement which envisions TB-Free villages and TB-Free panchayats.

Article 2

2. Ministry of Panchayati Raj (MoPR)

- 2.1 The Ministry of Panchayati Raj has the primary objective of overseeing the implementation of Part IX of the Constitution, implementation of "The Provisions of the Panchayats (Extension to Schedule Areas) Act ,1996" in the Fifth Schedule areas and operationalizing District Planning Committees in terms of Article 243ZD of Part IX-A of the Constitution. Since most of the actions including framing of laws rests with the State Governments, the Ministry strives



to reach its goals with regard to improvements in the functioning of Panchayats primarily through policy interventions, advocacy, capacity building, persuasion and financial support.

- 2.2** The Mission of MoPR is "Empowerment, enablement & accountability of PRIs to ensure inclusive development with social justice, and efficient delivery of services."

Article 3

3. OBJECTIVE

- 3.1** To forge convergence at policy, programme and implementation levels across the ministries of the Government of India for a multi-sectoral and accelerated response towards TB Free India

Article 4

4. SCOPE OF COLLABORATION

- 4.1** The thematic areas for collaboration are listed below –

- a) Awareness generation and advocacy for TB-Free villages and TB-Free Panchayats
- b) Facilitate Gram Panchayat and Panchayat Samiti meetings to spread awareness on TB
- c) Facilitate environmental sanitation at village through Village Health, Sanitation and Nutrition Committee (VHSNC)
- d) Facilitate inclusion of TB related activities in the Gram Panchayat Development Plans (GPDP)
- e) Develop and include TB related content / materials in the Training Modules of Elected Representatives of Panchayats

f) Workplace Policy Adoption at the Ministry offices/ sub-ordinate offices / other facilities under MoPR)

4.2 The discretion lies with the Nodal Officers from the parties in terms of amendment to or expansion of the scope of collaboration.

Article 5

5. ROLE OF CENTRAL TB DIVISION

5.1 Provide technical assistance to MoPR for development of annual work plan for TB related activities.

5.2 Provide support for implementation of activities under the scope of collaboration.

5.3 Provide technical support and establish linkages with various schemes and programmes under MoPR for TB-Free villages and TB-Free Panchayats

5.4 Share relevant IEC material / training modules with MoPR.

Article 6

6. EXECUTION OF MEMORANDUM OF UNDERSTANDING

6.1 Both the parties will nominate one Nodal Officer each who will act as a focal point for their respective Ministry. The Nodal Officers will be responsible for-

- a) Finalization of the scope of collaboration between the parties and any subsequent modification to it
- b) Development of implementation plan / strategies and indicators
- c) Facilitation for the effective execution of the implementation plan



- d) Regular monitoring of the indicators and course correction
- e) Periodic reporting of outputs and outcomes
- f) Any other relevant activity agreed upon by both the parties

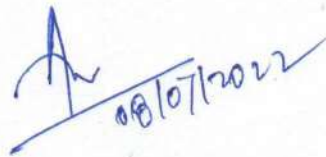
6.2 The modalities for operationalization of the MoU would be decided in accordance with the recommendation of the Nodal Officers.

6.3 Nodal Officers would meet at least bi-monthly for first three meetings, quarterly for subsequent four meetings and bi-annually after that till 2025. The parties can prescribe any modification or extension to the said frequency or period.

6.4 The MoU would be effective from the date **8th July, 2022** and any modification to the MoU is to be carried out by written agreement of both the parties.

The parties herein have appended their respective signatures on the day and the year stated below

SIGNED FOR AND ON BEHALF OF
CENTRAL TB DIVISION, MINISTRY OF HEALTH
AND FAMILY WELFARE



DR P. ASHOK BABU
JOINT SECRETARY
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA
8TH JULY, 2022

SIGNED FOR AND ON BEHALF OF
MINISTRY OF PANCHAYATI RAJ



DR BIJAYA KUMAR BEHERA
ECONOMIC ADVISOR
MINISTRY OF PANCHAYATI RAJ
GOVERNMENT OF INDIA
8TH JULY, 2022

Acronyms

ACF	Active Case Finding
CTD	Central Tuberculosis Division
DTC	District Tuberculosis Centre
DOTS	Directly observed treatment, short-course
DR-TB	Drug Resistant Tuberculosis
IEC	Information Education and Communication
GPDP	Gram Panchayat Development Plans
JWG	Joint Working Group
MDR-TB	Multi Drug Resistant Tuberculosis
MoH&FW	Ministry of Health & Family Welfare
MoPR	Ministry of Panchayati Raj
MoU	Memorandum of Understanding
NTEP	National Tuberculosis Elimination Programme
STC	State Tuberculosis Cell
TB	Tuberculosis
UTs	Union Territories
VHSNC	Village Health, Sanitation and Nutrition Committee

