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Implementation Reflections of a Nodal Officer on Active Case Finding for Tuberculosis under the National Tuberculosis Elimination Programme in Puducherry, India

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ABSTRACT

This article describes the experiences of a nodal officer in leading an Active Case Finding (ACF) campaign for tuberculosis (TB) as part of India's National Tuberculosis Elimination Program (NTEP). The campaign, conducted across several Primary Health Centres (PHCs) in "Puducherry", focused on early detection of TB in high-risk communities. A team of ASHA workers, Anganwadi workers, and interns carried out door-to-door screenings. Data was gathered using EpiCollect5, which facilitated real-time updates and precise, accurate reporting. Although there were challenges with logistics and some resistance from the community, the campaign demonstrated how important community engagement and cultural understanding are for practical public health work. This report details the operational aspects of ACF and proposes improvements for future campaigns.

Keywords: Active Case Finding, Tuberculosis, National Tuberculosis Elimination Program, Field Experience, India

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INTRODUCTION

Tuberculosis (TB) remains a significant public health challenge in India, particularly among marginalised populations, where active detection is essential to reduce transmission (1). India's National Strategic Plan for Tuberculosis Elimination introduced Active Case Finding (ACF) under NTEP to address this need by targeting high-risk communities (2). ACF initiatives are essential for identifying symptomatic individuals who might not seek care independently, especially in resource-limited settings where TB-related stigma persists (3). This manuscript details the experiences of a nodal officer conducting ACF in Puducherry, emphasising the campaign's logistical challenges, community engagement, and operational insights (4).

ROLE AS A NODAL OFFICER

Monitoring and Coordination: My role involved ensuring the team closely followed NTEP guidelines, managing door-to-door screenings, and maintaining accurate data collection and reporting (5).

Data Management: We utilised EpiCollect5 for entering data on the spot, ensuring timely and reliable information. This approach enabled us to stay on top of large amounts of data effectively in a busy field setting (6).

Resource Allocation: With the assistance of medical officers, we established mobile units equipped with chest x-ray machines and CBNAAT devices. This made diagnostics more accessible, especially in rural areas where healthcare is harder to obtain (7).

MATERIALS AND METHODS

Mapping and Initial Survey: We began by mapping the population in the area to ensure thorough coverage and effective use of resources (3). This early planning enabled us to establish routes and daily schedules for the field teams.

Image 1: An intern writing the ACF (Active Case Finding) code on the household wall during a tuberculosis screening visit.

Resource Organisation

Key diagnostic tools, such as mobile X-ray units, were strategically arranged to facilitate easier access to services for people in remote areas (7). This setup reduced the need for travel, especially for those in hard-to-reach locations (8).

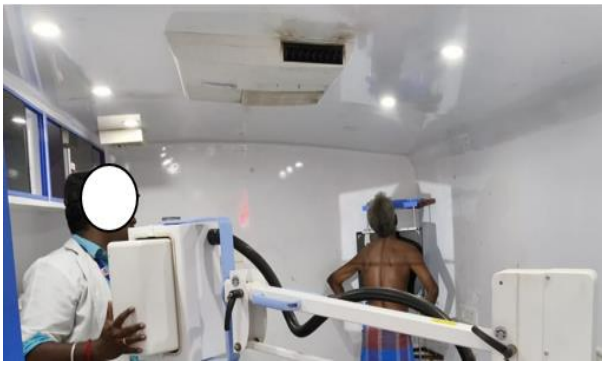
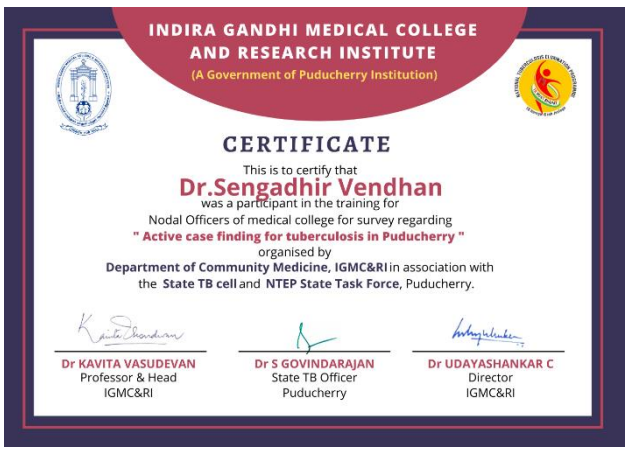


Image 2: Chest X-ray being performed for a tuberculosis-suspect patient inside a mobile diagnostic unit.

Training and Capacity Building

The training sessions equipped the team with the skills to identify TB symptoms, communicate sensitively, and utilise EpiCollect5 for digital data entry. Focusing on cultural sensitivity helped build trust and reduce TB stigma within the community (9).



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(A Government of Puducherry Institution)

CERTIFICATE

This is to certify that
Dr.Sengadhir Vendhan
was a participant in the training for
Nodal Officers of medical college for survey regarding
" Active case finding for tuberculosis in Puducherry "
organised by
Department of Community Medicine, IGMC&RI in association with the State TB cell and NTEP State Task Force, Puducherry.

Dr KAVITA VASUDEVAN
Professor & Head
IGMC&RI

Dr S GOVINDARAJAN
State TB Officer
Puducherry

Dr UDAYASHANKAR C
Director
IGMC&RI

Image 3: Training certificate for Active case finding for Tuberculosis in Puducherry

FIELD EXPERIENCES DURING ACF

Community Engagement

For this campaign, getting the community on board was crucial. ASHA and Anganwadi workers, who arefamiliar with the people and culture, were the backbone here. Their connections made it possible to earn trust, especially in rural areas where people may feel uncomfortable about TB (8).

Image 4: A household survey is being conducted by an intern

Logistical Challenges
Coordinating mobile X-ray units across different locations was no easy task, especially given the limited transportation options. However, with the support of medical officers and by establishing a temporary diagnostic point, we managed to keep things moving (10).

Coordination with Health Workers
Our team—interns, ASHA workers and Anganwadi workers visited homes to screen for symptoms. Ensuring adherence to NTEP protocols and addressing on-site challenges was essential to campaign effectiveness (6).

Image 5: An intern handing over a Falcon tube to a patient for CBNAAT-based sputum testing during tuberculosis screening.

Data Collection and Management
We utilized EpiCollect5 for gathering data as we progressed, but it required some training to get everyone on board with it. My role as the nodal officer was to ensure the data was clean and accurate so we could rely on it entirely (5).

Challenges and learnings
Knowing and respecting local customs made a big difference. Involving community leaders helped us attract more people to participate and reduce resistance, especially in rural areas with deeply rooted traditions (9). We had to stay flexible. Setting up temporary screening points and adjusting schedules helped us work around transportation issues, whether caused by weather or limited local infrastructure (4). The commitment of ASHA and Anganwadi workers was central to our progress. Their close connections with the community boosted engagement and made the campaign much more effective (7).

Recommandations for future ACF Campaigns
Adding more mobile diagnostic units and field equipment would make it easier to handle logistical issues, especially in rural areas (8). Running awareness campaigns before the ACF starts can help reduce stigma and make people more receptive to TB screening (6). Providing training in cultural sensitivity, digital data handling, and effective communication about TB would better engage health workers and improve data quality (10). Expanding the use of tools like EpiCollect5 would make it simpler to manage data, track progress in real time, and keep reports accurate (5).

CONCLUSION
The ACF campaign provided valuable insights into the challenges of managing a considerable public health initiative under NTEP. We learned that community engagement, flexibility with logistics, and using digital tools effectively were all essential. This experience highlighted the importance of ongoing training, strong support systems, and adaptable logistics in achieving successful TB elimination efforts (10).

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