



Enhancing TB Patient Care: The Contribution of Health Cooperative Societies through the Ni-kshya Mitra Programme

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Abstract: Tuberculosis (TB) remains a major health challenge in India, where malnutrition, stigma, and economic hardship hinder treatment adherence. The Ni-Kshay Mitra initiative encourages community and institutional support for TB patients through nutritional and psychosocial assistance. This study has been undertaken to examine the role of the Labpur Rural Hospital Health Cooperative Society in Birbhum district as a Ni-Kshay Mitra, documenting how it provides monthly nutrition baskets, counseling, and follow-up support. Using a descriptive case study approach, data were collected from cooperative members, health workers, and beneficiaries. Findings show improved nutritional status, higher treatment adherence, and greater patient satisfaction due to cooperative involvement. The study concludes that Health Cooperative Societies can significantly strengthen community-based TB care and complement national elimination efforts.

I. INTRODUCTION

Tuberculosis (TB) continues to be one of the world's deadliest infectious diseases. As per data from Clinical Epidemiology and Global Health (2021), TB is the thirteenth leading cause of death worldwide and the second most fatal infectious disease after COVID-19. In 2020 alone, TB affected nearly 10 million people globally and caused 1.5 million deaths. The burden is particularly heavy on low- and middle-income countries, which account for more than 98% of TB cases and deaths. Among these countries, India bears the largest burden, with an estimated 26 lakh (2.6 million) new TB cases annually and approximately 4 lakh (400,000) deaths attributed to the disease every year.

Beyond the human cost, TB imposes a significant socio-economic burden. It primarily affects individuals in the most economically productive age group, leading to considerable loss of income, workdays, and increased out-of-pocket health expenditures. The disease often exacerbates poverty, creating a vicious cycle for patients and their families. Recognizing the urgency of addressing TB, the Government of India has committed to ending the epidemic by 2025, five years ahead of the global Sustainable Development Goal (SDG) target.

To achieve this, the Ministry of Health and Family Welfare (MoHFW) has implemented the National Strategic Plan for TB Elimination, which adopts a comprehensive, patient-centric approach. However, TB cannot be eliminated through biomedical intervention alone. Tackling the disease effectively requires addressing broader social determinants, such as nutrition, sanitation, housing, and access to timely healthcare services. One major challenge remains malnutrition, which is both a cause and consequence of TB. Malnourished individuals are more vulnerable to TB, and TB patients, in turn, experience worsened nutritional status due to disease progression.

To address this, the Government of India launched the Nikshay Poshan Yojana in 2018, under which TB patients receive ₹1,000 per month as nutritional support through Direct Benefit Transfer (DBT). While this monetary assistance provides a valuable lifeline, studies and field reports have indicated that these funds may not always be utilized for purchasing nutritious food, as patients might divert the money for other pressing needs such as rent, transportation, or family expenses.

In light of these concerns, and to encourage greater community involvement, the Government launched the Ni-Kshay Mitra initiative on September 19, 2022, under the Pradhan Mantri TB Mukh Bharat Abhiyaan. This scheme allows individuals, NGOs, corporate entities, religious institutions, and community-based organizations to adopt TB patients for a period of at least six months. Through this initiative, adopters—known as Ni-Kshay Mitras—provide nutritional food baskets, psychological and social support, access to diagnostics, and even vocational training in some cases. The initiative aims not only to improve treatment adherence and reduce mortality, but also to build a compassionate ecosystem that reduces the stigma associated with TB.

Against this backdrop, Health Cooperative Societies hold great promise as institutional Ni-Kshay Mitras. These cooperatives are community-based, member-owned organizations that provide affordable and inclusive healthcare services, particularly in rural and underserved regions. Governed by cooperative principles such as voluntary membership, democratic decision-making, and community engagement, health cooperatives operate as non-profit entities that reinvest surplus resources into improving service

delivery and infrastructure. Unlike mainstream healthcare providers that may prioritize profit, health cooperatives emphasize equitable access and social accountability.

Health Cooperative Societies can play a pivotal role in TB elimination efforts by leveraging their strong community networks, localized knowledge, and trust among members. They are well-positioned to coordinate care, distribute nutritional kits, provide counseling, and reduce stigma by fostering collective responsibility. Moreover, their participatory structure enables sustained engagement and long-term support, ensuring continuity of care even in resource-constrained settings. With proper integration into national TB control strategies and support from public health institutions, these cooperatives can bridge critical gaps in patient support, thus complementing government efforts and enhancing the impact of the Ni-Kshay Mitra initiative.

This paper aims to explore and analyse the contribution of Health Cooperative Societies in supporting TB patients through the Ni-Kshay Mitra programme. It examines how cooperatives mobilize community resources, foster awareness, and promote inclusive health practices that align with the national goal of a TB-free India.

Objectives:

1. To study the role of health cooperatives in providing additional patient support under Nikshya Mitra programme
2. To understand the types and nature of nutritional support being provided to TB patient.
3. To study the various challenges faced by the society in sponsoring TB patients.

Literature review:

Tuberculosis (TB) remains one of the world's deadliest infectious diseases, exerting a disproportionate toll on India despite significant advances in diagnosis and treatment. Socio-economic determinants—such as malnutrition, poverty, and stigma—continue to undermine effective TB care. Recognizing that biomedical interventions alone cannot achieve the ambitious goal of eliminating TB by 2025, India's National TB Elimination Programme (NTEP) has encouraged community-based approaches to complement clinical services.

Two such innovations are the Health Cooperative Societies and the Ni-Kshay Mitra initiative. Health cooperatives represent community-owned, member-driven organizations that pool resources to deliver services and extend social protection. The Ni-Kshay Mitra scheme, launched in 2022 under the Pradhan Mantri TB Mukh Bharat Abhiyan, provides a structured framework for individuals, civil society groups, and institutions to adopt TB patients and support them through nutritional, diagnostic, and psychosocial assistance.

These community-driven models are also aligned with the Sustainable Development Goals (SDGs)—particularly SDG 1 (poverty reduction), SDG 2 (zero hunger), and SDG 3 (health and well-being)—which emphasize tackling undernutrition and achieving Universal Health Coverage (UHC) by 2030.

1. Health Cooperative Societies: Community-Driven Support

The International Labour Organization (2018) highlights health cooperatives as democratic and participatory institutions. Unlike top-down welfare programs, they empower communities to make decisions about patient support, thereby enhancing accountability and trust. This participatory model is particularly relevant for TB, where sustained adherence and confidentiality are central to treatment success.

Banerjee and Singh (2020) demonstrate how cooperatives mobilize resources through pooled contributions, creating a financial safety net that protects TB patients from catastrophic expenditure. Similarly, Nayar et al. (2003) documented earlier cooperative experiments in Bengal, Punjab, and the United Provinces, which provided curative and preventive services, including maternal and child health. These initiatives showed cooperatives as a “third option” between government and private health care.

Sharma et al. (2021) show that cooperatives embedded in village governance structures act as effective intermediaries between patients and frontline health workers. Their rootedness in local social networks helps overcome barriers of distance, mistrust, and limited awareness, thus strengthening early detection and treatment adherence.

Patel and Desai (2019) emphasize that cooperatives promote health literacy by conducting awareness sessions on TB transmission, symptoms, and treatment. Such initiatives reduce stigma, dispel myths, and encourage treatment-seeking behavior.

Chaudhary et al. (2022) and Ribas et al. (2022) argue that cooperatives, operating on principles of mutual aid, offer long-term sustainability and scalability through federated structures. These networks allow successful interventions to be replicated across districts, making them strategic partners for public health authorities.

2. Ni-Kshay Mitra: Structured Donor Support

The Ministry of Health and Family Welfare (2022) defines Ni-Kshay Mitra as a donor-support system within the NTEP, ensuring transparency through digital monitoring. Cooperative societies, corporates, NGOs, and individuals can adopt TB patients or health units, complementing existing government provisions like free diagnostics, treatment, and the Nikshay Poshan Yojana.

NTEP guidelines (2024) integrate donor contributions with patient monitoring systems. District TB Officers ensure that adopted patients receive nutritional and financial support, and outcomes are tracked systematically. This formalizes the role of cooperatives within the continuum of care.

Chakraborty et al. (2021) and Siddalinagappa et al. (2025) identify challenges in implementing nutritional support, such as irregular supplies, logistical delays, and stigma associated with aid distribution. Reports indicate regional disparities in adoption rates, with states like Maharashtra facing low donor engagement.

Nath et al. (2024) explore the motivations of Ni-Kshay Mitras, noting that altruism, professional responsibility, national duty, and personal experiences with TB drive participation. These findings highlight the importance of leveraging both personal and systemic motivations in sustaining donor involvement.

Bhojraj et al. (2022) find that while the Nikshay Poshan Yojana provides cash support, its nutritional impact is inconsistent. Ni-Kshay Mitra's in-kind contributions (e.g., food baskets) complement cash transfers by ensuring direct nutritional benefits. Similarly, Sahu et al. (2020) note that donor support can bypass systemic barriers such as Aadhaar linkage issues and weak rural banking infrastructure.

3. Integrated Synthesis

The literature reveals that health cooperatives and the Ni-Kshay Mitra initiative are complementary models in TB care.

Cooperatives provide grassroots legitimacy, sustainability, and community ownership, while Ni-Kshay Mitra offers structured donor support, accountability, and systemic integration. Together, these mechanisms address both:

- Supply-side gaps (ensuring availability of nutrition, diagnostics, and financial aid).
- Demand-side barriers (reducing stigma, building trust, and sustaining adherence).

Evidence suggests that when cooperatives act as Ni-Kshay Mitras, they create a synergistic, community-embedded model that enhances patient support and contributes significantly toward India's vision of TB elimination by 2025.

Identified Research Gap

Most literature discusses cooperatives in healthcare or TB elimination broadly. Few studies document how cooperatives function as Ni-Kshay Mitras in practice, especially at the block level.

Rationale of the Study:

Tuberculosis (TB) remains one of India's most pressing public health challenges, disproportionately affecting low-income, undernourished, and socially marginalized populations. In 2022, the Government of India launched the Pradhan Mantri TB Mukht Bharat Abhiyaan (PMTBMBA) with a flagship community engagement mechanism—the Ni-Kshay Mitra initiative—inviting individuals and institutions to “adopt” people with TB (PwTB) and provide patient-centric support. Health Cooperative Societies (HCS)—member-owned, democratically governed organizations that already operate at the intersection of livelihoods, primary care, and community finance—are uniquely positioned to strengthen Ni-Kshay Mitra outcomes. This article outlines a comprehensive, practice-oriented roadmap for HCS participation, covering governance, service packages, financing, supply chains, data use, risk management, and evaluation.

TB spreads in conditions of poverty, overcrowding, and malnutrition. While drug regimens and diagnostics have improved, treatment success depends on sustained adherence, timely follow-up, and addressing co-morbidities (diabetes, under nutrition, substance use). Traditional facility-based models struggle to reach migrant workers, informal settlements, and remote rural pockets. A community-anchored, trust-based, and financially predictable support system is essential.

Ni-Kshay Mitra provides an enabling platform for donors and community institutions to support PwTB with nutrition baskets, additional diagnostics, and treatment adherence enablers, and livelihood/vocational aid. The programme formalizes consented adoption, reduces duplication, and allows local customization while aligning with National Tuberculosis Elimination Programme (NTEP) standards. Health Cooperative Societies are natural partners because they have established member registries, governance forums, and audited books. They aggregate purchasing power to reduce costs of nutrition and hygiene supplies and operate microcredit and savings instruments that can cushion income shock and also employ community health workers (or can contract them) for adherence and follow-up.

Hence, health cooperative societies, being community-based organizations, are well positioned to address social determinants of health. Their roles as Ni-kshya mitra strengthens TB care by providing nutritional, financial and emotional support to TB patients. Such engagement reduces treatment default and stigma, ensuring patient adherence. It also fosters collective responsibility for TB elimination at the grassroots level. Therefore, studying their contribution is vital to understand community driven models for sustainable TB care.

Problem Statement

Despite biomedical progress, malnutrition, stigma, poverty, and treatment adherence remain significant barriers. Government schemes like Nikshay Poshan Yojana provide financial support, but cash transfers do not always translate into better nutrition.

Research Questions

How do Health Cooperative Societies enhance TB patient care under the Ni-Kshay Mitra scheme?

What types of support are most impactful for TB patients?

What challenges do cooperatives face in sustaining contributions?

Theoretical framework

This study is anchored in multiple theoretical perspectives that together explain the role of Health Cooperative Societies in supporting TB patients through the Ni-Kshay Mitra programme. The Social Determinants of Health Theory provides the foundation for understanding how non-medical factors—such as malnutrition, poverty, and social exclusion—shape TB vulnerability and treatment adherence. The Community Participation Theory emphasizes that health outcomes improve when local communities actively engage in planning and delivering health support, validating the cooperative model as a people-driven intervention. Social Support Theory further explains how emotional, informational, and instrumental support from cooperatives reduces treatment barriers, enhances motivation, and improves patient well-being.

The study also draws on the Health Systems Strengthening Framework, which positions community-based organizations as essential partners in bridging gaps between formal health services and marginalized populations. Additionally, the Cooperative Development Theory highlights the unique strengths of member-owned institutions in mobilizing resources, fostering solidarity,

and ensuring equitable access to support. Together, these theories provide a comprehensive lens for analyzing how Health Cooperative Societies, through their democratic structure and collective action, contribute meaningfully to nutritional support, adherence monitoring, and stigma reduction under the Ni-Kshay Mitra initiative. This integrated framework guides the assessment of their effectiveness in improving TB care outcomes at the community level.

II. RESEARCH METHODOLOGY

In order to understand the contribution of Health Cooperative Societies through the Ni-kshya Mitra Programme the study employed a descriptive and participatory approach to document and analyze the process by which a Health Cooperative Society at Labpur Block under Birbhum district, enrolled and functioned as a Ni-Kshay Mitra under the Pradhan Mantri TB Mukta Bharat Abhiyan. The study has used descriptive research design.

Case Selection

Location: Labpur Block, Birbhum District, West Bengal.

Unit: One Health Cooperative Society with health staff as members.

Reason: Prior involvement in community health, making it a suitable Ni-Kshay Mitra partner.

The case selection consisted of the following steps:

1. Identification of the Cooperative Society

The Health Cooperative Society operating within Labpur Block where all health staffs are the members in the Health Cooperatives was identified through consultations with the District Health & Family Welfare Samiti (DHFWS) under Birbhum district. The society had prior involvement in community health and livelihood support activities, which made it a suitable partner for enrolling as a Ni-Kshay Mitra.

2. Enrollment Process under Ni-Kshay Mitra Programme

The cooperative society formally registered on the Ni-Kshay Mitra online portal with the support of the District TB Officer (DTO). During enrollment, the society selected the patient pool i.e on treatment patients from Labpur Block for whom they would provide support. Necessary orientation on roles, responsibilities, and support mechanisms under the Ni-Kshay Mitra scheme was provided by the District TB Centre.

3. Beneficiary Selection and Linkage

TB patients in Labpur Block were identified through the Ni-Kshay Portal by the local TB Unit (TU) and were mapped to the cooperative society. Priority was given to nutritionally vulnerable patients, socio-economically disadvantaged groups, and those with limited family support. The list of beneficiaries was verified jointly by the Medical Officer– TB Control and the representatives of the Health Cooperative Society (senior treatment Supervisor). Preliminary information is given by the ASHA and concerned HA(F)/ CHA.

4. Nature of Support Provided

The society committed to provide monthly nutritional baskets (comprising cereals, pulses, oil, milk powder, soyabean and eggs) valued at approximately ₹ 500 per patient per month. Additional support such as health counseling, adherence monitoring, and social support (emotional encouragement, linkage to welfare schemes) was extended. Documentation of support was maintained through distribution registers and digital updates on the Ni-Kshay Mitra portal.

5. Monitoring and Supervision

Field-level monitoring was carried out by the Senior Treatment Supervisor (STS), who ensured that beneficiaries received the committed support. Monthly review meetings were conducted at the block level involving the DTO, block health officials, and cooperative representatives. Feedback from beneficiaries was collected using a simple structured questionnaire to assess the effectiveness and acceptability of the support.

Rationale for Case Study Method

The Ni-Kshay Mitra programme is a recent public health initiative with limited existing research, making the case study method particularly appropriate for its exploration. This approach enables an in-depth understanding of the programme's implementation, processes, and outcomes within real-life community settings. By focusing on specific contexts, the case study method captures the nuanced experiences of key stakeholders—such as TB patients, community supporters, and healthcare workers—while highlighting how social, cultural, and institutional factors influence the programme's effectiveness. It allows researchers to examine not just what is happening, but also how and why it is happening, offering rich, qualitative insights that can inform policy, guide improvements, and support the programme's replication in other regions.

Data Collection and Analysis

Primary data were collected from key stakeholders: cooperative members, health workers, and beneficiary patients. Methods included key informant interviews (KII), focus group discussion (FGD), and household-level beneficiary surveys. Secondary data were sourced from the Ni-Kshaya Portal, block TB register, and cooperative society records. Both qualitative and quantitative data were analyzed to assess the contribution of the cooperative society in improving nutritional support, treatment adherence, and patient satisfaction.

Ethical Considerations

Informed consent was obtained from all TB patients participating in the study. Confidentiality of patient identity and medical history was strictly maintained. The cooperative society adhered to national TB guidelines and worked in close coordination with government health authorities.

III. Case Study Analysis: Labpur Rural Hospital Health Cooperative Society (HCS) as Ni-Kshay Mitra

Tuberculosis (TB) remains one of the most pressing public health challenges in India, requiring community-based, patient-centric interventions. In response, the Government of India introduced the Ni-Kshay Mitra initiative under the Pradhan Mantri TB Mukta Bharat Abhiyan, where community organizations, institutions, and individuals adopt TB patients to provide nutritional and social

support. This case study analyzes the role of Labpur Rural Hospital Health Cooperative Society (HCS), located in Labpur Block of Birbhum District, West Bengal, which has been actively functioning as a Ni-Kshay Mitra since 2023.

Background of the HCS

Established in 2023 September, the Labpur Rural Hospital HCS consists of 56 active members (all are health staffs of Hospital) under the leadership of Chandan Mondal (working as Senior Treatment Supervisor). Within one year of its operations, the cooperative has emerged as a key community partner in TB care, supporting 72 people with TB (PwTB).

Engagement as Ni-Kshay Mitra

The cooperative began its participation in the Ni-Kshay Mitra programme over a year ago. Their support activities are directed towards nutritional supplementation and psychosocial care. Patients are provided with monthly nutrition baskets sourced through self-help groups (SHGs) and local vendors, while counselling and peer support are facilitated through HA(F) and ASHA workers. Enrollment of patients is systematically carried out through the Nikshay portal with active linkage to ASHAs and Health Assistance Female HA(F)

Implementation and Resources

The cooperative follows an organized structure for implementation. Records and reporting are maintained through the Nikshay portal with support from the District TB Office. Funding is mobilized primarily from individual philanthropists and member contributions. On average, the cooperative spends ₹500 per patient per month, ensuring continuity of nutritional support. Despite limited financial resources, the cooperative has managed to sustain its activities through strong community participation.

Challenges Faced

While the Health Care Service (HCS) continues to demonstrate remarkable dedication and resilience in serving the community, several key challenges persist that limit its capacity to achieve broader and more sustainable impact:

a. Financial Constraints

HCS operates within a tight budget, primarily reliant on limited donor support and irregular funding streams. These financial limitations significantly affect the organization's ability to expand patient outreach, acquire essential medical supplies, invest in training programs, and upgrade infrastructure. In some cases, financial barriers have resulted in delayed interventions or the inability to provide comprehensive care to all patients in need. This constraint also restricts the capacity to scale successful initiatives or introduce innovative health solutions.

b. Limited Staff and Volunteer Capacity

A major operational challenge lies in the shortage of both professional staff and committed volunteers. The current workforce is often overstretched, with individuals managing multiple roles and responsibilities. This not only affects the quality of care delivered but also leads to burnout, reduced morale, and high turnover. The lack of human resources impedes timely follow-ups, reduces community outreach activities, and limits administrative efficiency. Recruiting and retaining skilled personnel remains an ongoing issue, particularly in underserved or remote areas.

c. Stigma and Community Resistance

Social stigma associated with certain health conditions—such as mental health disorders, HIV/AIDS, or chronic illnesses—continues to be a significant barrier. Many patients are reluctant to seek help or disclose their conditions due to fear of judgment, discrimination, or social isolation. Additionally, some community members harbour mistrust or resistance towards HCS interventions, often rooted in cultural beliefs, misinformation, or previous negative experiences with healthcare systems. This resistance can hinder patient enrolment, disrupt continuity of care, and obstruct community-based initiatives aimed at health education and behaviour change.

These challenges highlight the need for greater government and institutional support, particularly in financial assistance, digital/data management, and community mobilization.

Impact and Outcomes

The involvement of Labpur Rural Hospital HCS as a Ni-Kshay Mitra has led to significant improvement in treatment adherence and nutritional security of TB patients. Beneficiaries have reported higher motivation to complete treatment and better physical recovery due to regular nutritional support. The cooperative has also succeeded in building community trust and encouraging early enrollment of patients.

Success Story

One notable case involved a middle-aged woman from a marginalized background who had discontinued treatment due to stigma and financial hardship. With the intervention of the HCS, she was re-enrolled through the Nikshay portal, provided with monthly nutrition support, and attended peer counselling sessions. Over time, she regained confidence, resumed treatment, and is now on the path to recovery. This illustrates how community-based cooperatives can play a transformative role in TB care.

Recommendations

To strengthen the effectiveness of Health Cooperative Societies (HCS) in their role as Ni-Kshay Mitras and enhance their contribution to tuberculosis (TB) elimination, the following strategic measures are recommended:

1. Provision of Financial Grants and Subsidies

To address the pressing issue of financial constraints, it is crucial to mobilize targeted funding through government schemes, CSR initiatives, and philanthropic organizations. These financial resources can be directed towards expanding patient coverage, upgrading infrastructure, procuring nutritional and medical support for TB patients, and incentivizing community health volunteers. Dedicated financial backing will ensure program sustainability and enable HCS to scale up its outreach and impact.

2. Capacity Building Through Volunteer Training

Regular training programs should be instituted to equip HCS volunteers with essential skills in digital reporting, patient monitoring, and TB-specific counselling. This will enhance the quality of care and streamline data collection for better coordination with the Ni-Kshay portal and health authorities. Empowered and well-trained volunteers will also be better positioned to engage with patients, ensure treatment adherence, and carry out timely follow-ups.

3. Development of Advocacy and Communication Tools

To effectively combat social stigma and misinformation, the creation of context-specific advocacy materials—such as brochures, videos, community theatre scripts, and awareness campaigns—is vital. These tools should focus on educating communities about

TB symptoms, transmission, and treatment, while promoting empathy and reducing discrimination against patients. Grassroots-level sensitization can significantly increase patient trust and community participation.

4. Promotion of Multi-Stakeholder Collaboration

Collaboration between various actors—including Health Cooperative Societies (HCS), Self-Help Groups (SHGs), Panchayati Raj Institutions (PRIs), local NGOs, and District Health Authorities—should be actively encouraged. These partnerships can facilitate resource-sharing, mutual learning, and more coordinated service delivery. A decentralized, community-driven approach supported by institutional backing will ensure a more inclusive and resilient response to TB control efforts.

The case of Labpur Rural Hospital Health Cooperative Society demonstrates that grassroots community institutions can effectively contribute to TB elimination goals through the Ni-Kshay Mitra programme. Despite challenges, their localized efforts in nutritional support, counselling, and patient engagement have strengthened the continuum of TB care. With stronger institutional backing, health cooperative societies like this one can play a pivotal role in realizing the vision of a TB-free India.

IV. RESULTS AND DISCUSSION

Tuberculosis (TB) remains one of the world's most persistent infectious diseases, with India contributing to the highest global burden. The disease not only affects the physical health of patients but also imposes economic, social, and psychological burdens. Poor nutrition, loss of income, stigma, and treatment adherence challenges are some of the major barriers to recovery. Recognizing these multifaceted challenges, the Government of India launched the Pradhan Mantri TB Mukh Bharat Abhiyan with the ambitious goal of eliminating TB by 2025.

A cornerstone of this campaign is the Ni-Kshay Mitra initiative, which encourages community and institutional support for TB patients. Under this scheme, individuals, organizations, corporates, and community-based groups can voluntarily adopt TB patients and provide nutritional, social, and psychological support. Among these stakeholders, Health Cooperative Societies hold a unique position. Functioning as people's collectives, they are rooted in local communities, making them capable of mobilizing resources, offering direct assistance, and building trust with patients. Their involvement as Ni-Kshay Mitras not only improves the health of individual patients but also strengthens community participation in TB care.

This paper highlights the contributions of Health Cooperative Societies in enhancing TB patient care through the Ni-Kshay Mitra programme, with a focus on their role in areas like Labpur Block of Birbhum district in West Bengal.

Understanding the Ni-Kshay Mitra Programme

The Ni-Kshay Mitra programme is designed to complement the medical care provided under the NTEP programme. While the government provides free diagnosis, medication, and financial support under the Nikshay Poshan Yojana (₹ 1000/month), patients often face other challenges such as food insecurity, lack of emotional support, and treatment fatigue. To bridge these gaps: Ni-Kshay Mitras adopt TB patients for a period of six months or until completion of treatment. They provide monthly nutritional kits worth around ₹ 500 per patient, including protein-rich and calorie-dense food items. Beyond nutrition, Mitras are encouraged to extend psychosocial support, health education, and linkage to welfare schemes. The scheme reflects the principle of Jan Bhagidari (people's participation), where community actors directly contribute to public health outcomes.

Health Cooperative Societies: An Overview

Health Cooperative Societies are community-based organizations formed by groups of individuals, often with the support of state or district cooperative federations. Their key features include:

1. Community Ownership: Members contribute financially and socially to sustain activities.
2. Collective Decision-Making: Activities are planned and implemented through consensus.
3. Social Orientation: Health cooperatives are not profit-driven; they emphasize social development, welfare, and solidarity.
4. Local Trust: Being embedded in the community, cooperatives enjoy credibility and access to vulnerable populations.

In rural districts like Birbhum, West Bengal, such cooperatives often engage in health awareness, small-scale livelihood support, and welfare linkages. When enrolled as Ni-Kshay Mitras, they are uniquely positioned to integrate TB patient care into their broader social development agenda.

Contributions of Health Cooperative Societies through Ni-Kshay Mitra

The contributions of Health Cooperative Societies as Ni-Kshay Mitras can be understood across multiple dimensions:

Nutritional Support

Nutrition is central to TB treatment, as malnourished patients are more vulnerable to delayed recovery and relapse. Health Cooperative Societies provide: Monthly food baskets containing rice, pulses, cooking oil, milk powder, and eggs. Occasional inclusion of seasonal fruits and vegetables to improve micronutrient intake. Locally sourced food items, ensuring sustainability and affordability.

For example, in Labpur Block, the cooperative society mobilized local farmers to donate rice and pulses, thereby creating a community-supported nutrition model. Patients reported visible weight gain and improved appetite within three months of consistent food support.

Psychosocial and Emotional Support

TB patients often face isolation due to stigma. Cooperatives may organize patient support group meetings, encouraging patients to share experiences. They provide counseling to address depression and anxiety related to TB. They celebrate small milestones (e.g., completion of intensive treatment phase) to boost morale. One female patient in Labpur reported that before support from the cooperative, she avoided social interactions due to stigma. Regular visits and encouragement from cooperative members restored her confidence and motivated her to continue treatment.

Ensuring Treatment Adherence

Adherence to TB medication is crucial to avoid drug resistance. Cooperative societies contribute by: appointing community volunteers as treatment buddies who remind patients about their medication. Coordinating with local TB Health Visitors (TBHV) to

track adherence. Providing small non-monetary incentives (such as blankets or soap) upon completion of treatment milestones. This active monitoring reduced treatment interruption cases in Labpur Block by more than 20% within one year of cooperative involvement.

Linkages with Welfare Schemes

Health cooperatives act as a bridge between patients and government welfare schemes by ensuring patients receive Nikshay Poshan Yojana DBT benefits, assisting families in accessing ration cards, old-age pensions, and job cards (MGNREGA), supporting patients in livelihood rehabilitation after recovery. Such linkages reduce the financial stress of TB-affected families and prevent treatment discontinuation due to economic hardship.

Community Awareness and Advocacy

Cooperatives play a crucial role in promoting community awareness and advocacy for tuberculosis (TB) prevention and care at the grassroots level. They actively organize village-level campaigns aimed at educating the public about the importance of early diagnosis, prevention strategies, and the availability of free treatment under national programmes. These campaigns are not conducted in isolation; instead, cooperatives collaborate with local institutions such as schools, women's groups, and self-help groups to broaden their outreach and ensure that TB-related information reaches a wide and diverse audience. By partnering with these community-based platforms, they are able to integrate TB awareness into everyday social structures, making the message more relatable and accessible.

A key strategy involves engaging local influencers and community leaders, such as panchayat members, teachers, and religious heads, who hold significant social credibility. Their involvement helps to normalize conversations around TB, dispel myths, and reduce the stigma often associated with the disease. This approach fosters a more supportive environment for TB patients and encourages community members to seek timely medical help.

For instance, in Labpur, the cooperative took a proactive step by organizing a "TB Mukta Gram Sabha" (TB-Free Village Assembly), where local leaders publicly pledged their commitment to eliminating stigma and supporting TB-affected individuals. Such events not only raise awareness but also create a sense of collective responsibility and ownership, strengthening community engagement in the fight against TB. By mobilizing social capital and embedding health advocacy into local governance, these initiatives significantly enhance the effectiveness and sustainability of TB control efforts.

Impact on Patient Care

The collective contributions of health cooperatives translate into measurable outcomes such as improved Nutritional Status. Many patients reported weight gain of 2–4 kg within the first three months of nutritional support. Defaulter rates decreased significantly, with over 90% of patients in the cooperative-supported cohort completing treatment which indicates better treatment adherence. Regular counseling and community awareness sessions reduced social isolation of TB patients. Beneficiaries expressed a sense of dignity and belonging due to consistent support which enhanced patient satisfaction. Cooperative involvement created a culture of solidarity, making TB care a shared responsibility which enhances community empowerment.

Sustainability of Contributions

A key strength of Health Cooperative Societies is their sustainability model: Cooperatives pool contributions from members, local donors, and agricultural surpluses which successfully includes resource mobilization model. Nutrition and welfare support for TB patients are integrated into their ongoing social and livelihood activities which integrate with existing activities: Community Participation because patients are supported by their own community structures, trust and continuity are assured. This model reduces dependency on external donors and ensures long-term community-driven TB care.

Challenges Faced by Health Cooperative Societies

Health Cooperative Societies have made commendable contributions to enhancing TB patient care through the Ni-Kshay Mitra Programme. However, several challenges affect their reach and long-term sustainability:

a. Limited Financial Capacity

Many cooperatives function with restricted budgets generated from member contributions or small local resources. While these funds are enough for routine cooperative activities, they often fall short when it comes to supporting a large number of TB patients with nutrition, medicines, and social support. This financial limitation creates dependency on external aid and prevents scaling up of services.

b. Logistical Issues in Remote Villages

Delivering nutrition baskets or medical supplies to patients living in rural or tribal areas is a persistent challenge. Poor road connectivity, lack of transportation facilities, and the high cost of travel make it difficult to ensure timely delivery of support items. These logistical barriers sometimes result in irregular supply, which reduces the effectiveness of patient care.

c. Stigma and Social Perceptions

Despite being volunteers, cooperative members are not immune to stigma. Some face negative attitudes from communities that associate TB with poverty, weakness, or social exclusion. This discourages volunteers from engaging fully and also affects the dignity of patients who rely on their support. Addressing stigma requires continuous awareness campaigns and strong community sensitization.

d. Need for Continuous Coordination with Health Staff

Sustained TB care requires ongoing collaboration with government health workers such as ASHAs, ANMs, and medical officers. However, due to limited manpower and communication gaps, coordination is not always smooth. This affects information sharing on patient needs, follow-ups, and proper monitoring of the support extended by cooperatives.

Way Forward

To overcome these challenges, stronger partnerships between cooperatives and the health department are essential. Targeted capacity-building of cooperative members in logistics, counseling, and patient follow-up can improve efficiency. Providing small financial grants or subsidies will help sustain their initiatives. Finally, integrating community awareness drives with patient support programmes can reduce stigma and ensure that the efforts of cooperatives are more widely accepted.

V. ACKNOWLEDGMENT

The engagement of Health Cooperative Societies as Ni-Kshay Mitras under the Pradhan Mantri TB Mukh Bharat Abhiyaan illustrates the transformative potential of community-driven health models in addressing complex public health challenges like tuberculosis. Their involvement not only supplements government efforts but also brings in localized, people-centric solutions that resonate deeply with the communities they serve. These cooperatives extend their support far beyond the provision of nutritional supplements. By leveraging their trust-based relationships within the community, they help in reducing stigma, encouraging early diagnosis, and ensuring treatment adherence—all of which are critical components for successful TB control.

A compelling example of this is seen in Labpur Block of Birbhum district, where a local health cooperative has actively participated in organizing awareness drives, providing nutritional baskets, and mobilizing community support for TB patients. The “TB Mukh Gram Sabha”, led by the cooperative in collaboration with local leaders, exemplifies how such grassroots institutions can create a sense of ownership, solidarity, and accountability in the fight against TB. This community-centric approach not only improves patient outcomes but also fosters a health-supportive ecosystem that addresses the social determinants of health, such as nutrition, awareness, and psycho-social support.

Health Cooperative Societies inherently reflect the principles of Jan Bhagidari (people’s participation), positioning TB elimination not solely as a government responsibility but as a shared societal mission. Their democratic and inclusive structures enable meaningful participation from all segments of society—including women, youth, self-help groups, and marginalized communities—making TB care more accessible, empathetic, and sustainable.

As India races toward its ambitious goal of eliminating TB by 2025, the experience and impact of cooperative-led initiatives offer valuable lessons. Scaling up these models across the country could significantly bridge the last-mile gaps in healthcare delivery, especially in rural and underserved regions where formal healthcare systems often fall short. Moreover, institutionalizing the role of Health Cooperative Societies within national and state TB programmes could provide a sustainable and cost-effective model for community engagement in public health.

In conclusion, the integration of Health Cooperative Societies as Ni-Kshay Mitras represents a paradigm shift in public health delivery—where empowered communities, local governance, and civil society institutions work in tandem with the state. Such partnerships, rooted in empathy and collective action, hold the key to not only eliminating TB but also strengthening India’s overall healthcare fabric. The path to a TB-free India is not just a medical journey, but a social movement—and Health Cooperatives are emerging as vital pillars in that mission.

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