

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 3653
TO BE ANSWERED ON 24th MARCH, 2026**

**DOOR-TO-DOOR VISITS FOR CARRYING OUT HEALTH CHECK-UP FOR
CERTAIN DISEASES**

3653. DR. KANIMOZHI NVN SOMU:

Will the **Minister of HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether Government has initiated or proposes to initiate the process of door-to-door visits for carrying out health check-up for certain diseases and if so, the details thereof;
- (b) whether the said initiative is likely to be implemented in all the States/UTs of the country and if so, the details thereof;
- (c) the names of diseases to be covered under the said initiative/campaign; and
- (d) the likely date of completion of the said initiative/campaign?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (d): The Government of India is committed to attain the goal of ‘Healthcare for All’. To ensure universal healthcare with equity, intensive outreach programmes like health check-up camps are conducted to address specific health concerns. The objective is to address the issues of availability and accessibility of healthcare in endemic, remote and underserved areas by bringing healthcare services to the people’s doorstep, improving public health and promoting overall well-being. Health campaigns which involve door-to-door visits for health screening under the National Health Mission (NHM) are:

- **Non-communicable diseases:** Under the National Programme for Prevention and Control of Non-Communicable Diseases, Accredited Social Health Activists (ASHA) worker goes house to house to fill Community Based Assessment Checklist (CBAC) form to assess the risk factor, population-based screening for Non-Communicable Diseases has been initiated for screening of Individuals aged 30 years and above for common Non-communicable diseases includes Diabetes Hypertension and Cancers (Oral, Breast, and Cervical). This is a regular annual activity for population with 30+ age group implemented across the country.
- **Tuberculosis:** To accelerate the reduction in TB incidence & mortality, the Government has implemented TB Mukht Bharat Abhiyan since 7th December 2024. The key strategies include identification of vulnerable population (includes tribal population)

including asymptomatic through door to door visit by ASHA and screening by Chest X-ray at health facility or outreach camps for early detection, upfront Nucleic Acid Amplification Test (NAAT) for all presumptive TB cases, timely treatment initiation & completion, differentiated TB care for managing high-risk TB cases, nutrition support and preventive treatment to eligible vulnerable population. Under the campaign so far, 32.11 lakh TB cases have been identified, including 10.74 lakh asymptomatic cases and initiated on treatment.

- **Malaria:** Under the National Vector Borne Disease Control Programme (NVBDCP), trained community health workers such as ASHA workers and multipurpose health workers carry out Active Case Detection (ACD) through house-to-house visits to identify fever cases, conduct malaria tests and provide treatment.

- **Kala-Azar:** Kala-azar Elimination programme is implemented in 633 kala-azar endemic blocks in 54 districts of 4 states namely Bihar, Jharkhand, West Bengal and Uttar Pradesh. Under Kala-azar elimination program 4 rounds of ACD are conducted every year in Kala-azar endemic areas to identify any new cases of Visceral Leishmaniasis and PKDL. During these rounds, trained health workers carry out house-to-house visit to identify individuals with prolonged fever or skin lesions suggestive of the disease. Suspected cases referred to the nearest health facilities for diagnosis and prompt treatment.

- **Lymphatic Filariasis:** For Lymphatic Filariasis program, every year the annual Mass Drug Administration campaign is carried out in endemic states. During the campaign, door-to-door visits is carried out for the consumption of anti-filarial drugs by the eligible household members. In addition to drug administration, ASHA workers identify people suffering from Lymphatic Filariasis. In Non- MDA (States where MDA campaign is no more required), annual door-to- door survey is carried out for early diagnosis of LF cases.

- **Leprosy:** Leprosy Case Detection Campaign is carried out annually in high endemic districts with a focus on early detection and treatment of cases, so as to arrest further transmission and prevent occurrence of deformities.
