NORMS AND BASIS OF COSTING FOR RNTCP

These are indicative norms and may be used as a guide to prepare annual action plans and budgets. These may not be deemed to be limiting factors and States may provide justification to NHM/NPCC/CTD in case they need to incur expenses over and above these norms. For North-Eastern states (Arunachal Pradesh, Assam, Nagaland, Mizoram, Meghalaya, Manipur, Tripura and Sikkim), these norms would be applicable at the rate of 1.3 times as compared to the rest of the country except for the expenditure under the head "Contractual Services" or contractual staff in other heads.

Norms and Basis of Costing for RNTCP

	Norms	Basis of Costing (Unit cost)
1	**Civil Works**	

	• **Designated Microscopy Centre** (DMC)– 1 DMC per 1 Lakh population. (In tribal/hilly/difficult areas 1/50,000 population). States can relax norms in case of additional requirement of DMC based on geographical or technical considerations and may consider to have DMC at all health facilities, if required
	• **Tuberculosis Unit (TU)** – 1 per 200,000 (1.5 to 2.5 lakh range) population for rural and urban population and 1/100,000 (0.75 to 1.25 lakh) population in hilly/tribal/difficult areas with the overall aim to align with NHM BPMU for optimum resource utilization and appropriate monitoring.
	• **DTC** 1 per revenue district / NHM District Programme Management Unit.
	• **DRTB Centre** (formerly DOTS plus site):
	  ○ Nodal: 1 per million population
	  ○ District level: 1 per district (4-5 beds/OPD based)
	  ○ Additional or increase beds if DRTB patient load is more.
	• State Drug Store (SDS): 1 per 50 Million population
	• For civil work, plumbing, electrical and other repairs for facilities/ structures under RNTCP like STC, STDC, SDS, IRL, NAAT Labs, C&DST lab, DRTB Centre, DTC, DDS, TU, DMC etc.
		Initial Establishment / Refurbishment /Upgradation / Maintenance of Civil work to be carried out as per the rates prescribed by the PWD or Cell/Division/Corporation/Wing for Infrastructure Development

2	**Laboratory materials**	
	• Lab consumables for DMCs, NAAT, Culture / DST laboratories, STDCs, NRLs and IRLs to be procured. • The detailed list of laboratory material is given in the RNTCP laboratory QA protocol / programme website.	• The costing is based on presumptive TB and DR-TB examination in a year, estimated based on consumption of previous year. • The State Health Society/District Health Society may have the flexibility of proportionately increasing the expenditure on laboratory consumables. • Funds to be budgeted based on the work-load, central supplies of lab consumables and other projects and trends of expenditure.

3	**Honorarium/ Counseling charges**	
	• Incentive to informant for referral of presumptive TB patients to public health facility are to be given on diagnosis of TB • There is no upper cap of honorarium for treatment support. • The honorarium / counselling charges are to be paid to volunteers supervising drug sensitive or drug resistant TB patients for public sector or private sector patients. • The honorarium/counselling charges for provision of treatment support will be paid only to such workers who are not salaried employees of the Central/State Government. This would include among others Anganwadi workers, trained dais, village health guides, community volunteers, ASHA, private providers, private chemists, family members etc. • For active TB case finding activities, honorarium will be paid to the volunteer for house to house visit or visit to high risk area	• Incentives to informant for notification ○ Rs. 500 for referral of presumptive TB patient to public health facility and diagnosis as TB • Honorarium to treatment supporter to be disbursed upon completion or cure of TB patient as below ○ Rs. 1000 for Drug Susceptibility TB Patients ○ Rs. 5000 (Rs. 2000 for IP and Rs. 3000 for CP) for Drug Resistant TB Patients (including shorter regimen, MDR and XDR TB patients or as per latest programme guidelines) • Rs. 25 per injection prick • Volunteer supporting active TB case finding for house to house visit or visit to high risk area may be paid an honorarium as decided by the State NHM.
4	**Advocacy Communication Social Mobilization (ACSM)**	
	The ACSM campaign would be for all the stakeholders including the different target groups i.e., medical professionals, paramedical, patients, relatives of patients and community. This includes various activities like patient provider meeting, community meeting, CME, communication facilitator cost, print media, electronic media, social media, activities in school / educational institutions, advocacy meetings, cost for communication between stakeholders, campaign for intensified case finding, community radio, PRI involvement, involvement of FBOs, activities during World TB Day/ week, nukkadnataks, street plays, puppet shows, brand ambassadors, activities targeting universal access, special population like migrants, tribal and slums, TBHIV, MDR-TB, etc.Funds include cost of IEC Agency to hire for local need based ACSM state level initiatives	• Budget for ACSM activities at State and District level would be as per ACSM plan (to be prepared and submitted along with PIP). • ACSM activities to be planned as per the need and recent updates in programme strategies
5	**Equipment Maintenance**	
	Maintenance/upgradation/calibration costs for Laboratory equipment, office equipment like computers, photocopier, fax, ECG Machines etc. and IT equipment (like PDA /handheld devise/tablets/phablets)are included under this head.	• Maintenance costs for the equipment should be estimated on the basis of the current market cost • For budgeting purpose, maintenance costshould be considered up to 15% of the cost of the equipment or tendered rates (whichever is available). • The maintenance funds can be pooled at state or district level as per the requirements of the State.
6	**Training**	
	• The training of STO/DTOs will be organized in coordination with central institutes / CTD. The other categories of staff will be trained at State/District/Sub-district level. It also includes sensitization. The training will be held in batches and cost for each batch of training for different	• Training to be planned as Initial Training, Retraining and Update training. • The budget for training to be planned based on the training load, additional trainings for newer initiatives and revision of guidelines. • The norms for TA/DA, Honorarium, Refreshment, Course

	category of staff is calculated applying the various approved norms. • The STOs/Dy STO/DTOs/ MO-STC / STDC faculty/Microbiologist/STC, STDC, IRL, SDS staff, RNTCP contractual staff, any personnel participating in any of the RNTCP activities will be allowed travel expenditure as per norm mentioned under this head. • The costs include hiring of venue, organization charges, and honorarium for trainers, TA/DA, course material and refreshment or for any activity related to training. • State level facilities includes State TB cell, STDC, SDS, IRL, C&DST lab, DRTB Centre for all the financial heads including training.	Material, Vehicle hiring, Accommodation, Venue Hiring Incidental expenses should be as per State / NHM norms.
7	**Vehicle operation (POL & maintenance)**	
	• Vehicles used for supervisory visits by DTO, MO-TC and contractual staff under RNTCP are budgeted on the basis of: Kilometers traveled/day, number of days in a month and current cost of POL. • Total amount includes repairs, spare parts, insurance, tax, helmets, PUC, essential accessories, service charges, etc. which may be required for the maintenance of vehicles. • Higher amount can be allowed based on fuel cost, distance travelled and fuel efficiency of vehicle. • Appropriate travel documentation including Advanced Tour Planning, tour dairy/report, vehicle log book is to be ensured. • In case of increase in POL costs, corresponding increase in norms for vehicle operations & maintenance will be made at Central level from time to time.	• Cost of POL and maintenance should be taken as per actuals or State / NHM norms. • In case of 4 wheelers, funds for vehicle operation are only provided to districts which have four-wheelers from system/programme rather than hired vehicles. • Vehicle operation cost (POL only) support can be extended as per actuals for non-programme / personal vehicles used for programme purpose (if programme vehicle has not been provided) as per actual cost within the monthly limit as prescribed by programme.
8	**Vehicle hiring**	
	Vehicles are hired where RNTCP or state government vehicle are not available for supervisory visits. Appropriate documentation for supervisory visits to be ensured. MOTC/ Officer /Staff having NHM hired vehicle available for supervision & monitoring, cannot hire additional vehicle.	• Vehicle hire (inclusive of POL/driver and all costs except toll tax) • Cost of vehicle hire should be taken as per State / NHM norms.

Staff	No of vehicles eligible
PPM Coordinators – state level	1 (up to 15 days a month)
HIV - TB Coordinators State level	1 (up to 15 days a month)
State TB Cell	1 for States with population <10 million (3 for state with population >30 million & 2 for states with population 10-30 million) per month
STDC	1 per month

	DTO	1 per month (2 for type A districts)
	MO-TC	1 (up to 7 days per month)
	CTD	Upto 6 vehicles per month

Vehicle hire is allowed only for the days of supervision & monitoring or official visits. State level officers & Coordinators can hire vehicle for the days of supervision & monitoring visits.

9	**Public-private Mix: (PP/NGO Support)**	
	Activities included in this head are payments of NGO/PP schemes grant-in-aid, activities undertaken for involvement of NGO/PPs, Cost of the state and district level PPM Coordinators and TBHVs, and costs for pilots / innovations for improving TB control at central / state / district / sub-district level. NGO/Agencies/Institutes should be registered under State Societies Act/ Societies Act/ Companies Act or Trusts Act with their Memorandum /Articles of Association expressly stating that the Company/ Society has been formed for purpose of non-profit and has its independent sources of funding and is not solely dependent on any programme funds. Private practitioner / clinic / dispensary / hospital / agency / individual / institute / organization should be registered with the appropriate authority. • NGOs/PP working for or planning to work for TB Control Programme are required to follow the NGO/PP guidelines of RNTCP. • Out of the total available budget under this head, up to 10% can be utilized for activities involving promotion of NGO / PP involvement, up to 30% can be utilized for piloting / innovations activities which are included in the action plan and approved from CTD. • Private Provider Engagement using incentives, public private support agency, ensure free diagnostic tests and drugs linkages for access to diagnostics and drugs including reimbursement.	Norms for various schemes are as provided in the latestNational Guideline on Partnership issued by RNTCP. Support to Hospitals with only PG degree / DNB courses (other than those included in medical college task force mechanisms): These hospitals / health facilities to be included in various NGO/PP schemes based on the functions like TB diagnostic facility/ DMC, DOT Adherence, Notification etc. Private Provider Engagement • Cost of free Diagnostic tests and drugs either through reimbursement or strategic purchasing as per actual cots, • The incentives of Rs. 1000 will be provided to Private providers for notification and reporting of treatment outcome. Incentives will be given in two installments (Rs. 500 at notification and Rs. 500 on reporting treatment outcome) • Public Private Support Agency (PPSA) Cost for notification of patient, end-to-end Coordination / Engagement with providers and / or patient support as per tendered rates • Cost of linkages of drug or diagnostic access& reimbursement / voucher systems as decided by the State NHM. • Incentives for private pharmacist / doctorsupporting dispensing drugs from their level may be planned for dispensing/storing and for supply chain management.
10	**Medical Colleges**	
	• Medical colleges will be provided funds through concerned State/District Health-TB Control Societies for activities relating to referral of cases and treatment, operational research, sensitization and advocacy among the staff, faculty and medical students. • National/ Zonal/State Task forces have been formed for medical college involvement under RNTCP. The cost for travel and per diem for the Chairman and members of these task forces for attending task forces meetings and follow-up visits to the medical colleges in their jurisdiction would be borne by the respective health societies. The organizational cost for such meetings would	• Provision has been made for need based training / sensitization of resident doctors / faculty / interns/ staff of all departments in RNTCP. It is expected that 50 residents/year/medical college would require this training. Budget may bebased on training plan to be submitted at time of preparation of action plan using NHM norms. • A thesis grant of Rs 30,000 for research on RNTCP priority areas will be approved by State OR Committeeat an average of one thesis per medical college per year in the state. All post-graduate degree / diploma students undertaking thesis as a part of their MCI recognized studies will be eligible for thesis grant. • Provision is also available for support to conferences, symposiums, panel discussions and workshops organized

	also be borne by respective Societies. • Meetings /Visits to be conducted by the Task forces will be as under: ○ NTF - Whenever called for ZTF meetings ○ ZTF- Quarterly meetings of ZTF and all STF within the zone will be visited once in six months ○ STF- Quarterly meeting of STF and all medical colleges in the state will be visited once a year	at National and state levels and at level of Medical college. ○ At the National level- Rs. 4 lakhs per conference for 8 conferences annually; ○ At the state level - Rs. 1 lakh/- per conference for 4 conferences annually. ○ Sponsorship of plenary session on RNTCP in seminars / CME /Workshops up to Rs.10, 000/ annually for a medical college. • Organizational cost for each meeting of Task Force and operation research will be as per norms of training head. • Travel costs and per diems for participation in STF/ZTF/NTF, for attending the trainings, participation in meetings and internal / central level evaluations / appraisals will be borne under this head. TA/DA norms as per the training head. • STF Chairman – office and miscellaneous costs. **Norms used for guiding the budget are as follows:** <table><tr><th>Activity</th><th>Amount</th></tr><tr><td>Stationary and Misc Fund for ZTF offices</td><td>Rs 2000</td></tr><tr><td>Stationary and Misc. Fund for STF office</td><td>Rs 2000</td></tr><tr><td>Miscellaneous – core committee expenses, postage, communication, fax, etc. per medical college</td><td>Rs 10,000</td></tr><tr><td>Allowance to existing manpower with STF Chairperson for clerical assistance and data management</td><td>Up to Rs. 1000 per month</td></tr></table> These are norms for budgeting purpose and travel cost will be as per the actual at the rates / norms as mentioned in training head. Accommodation to be done by organizers for residential meetings from this head as per the local cost and DA to be paid to the participant as per the norm of training head except for ZTF / NTF for which norms are stated in this head itself.
11	**Office Operation (Miscellaneous)**	
	Office operation expenditure includes janitorial expenses, electricity, telephone bills, data user charges, video conferencing charges, internet cost, fax bills, postage/courier, office stationery, office furniture for STCs/STDCs/DRTB Centers/C&DST laboratories/DTCs/ TB Units/DMCs/NAAT Labs, display boards, repair of furniture, hiring of daily wage labour for loading and unloading of drugs, sputum transportation box, drug boxes for Cat IV / V, recruitment /procurement/EOI/RFP advertisements, transportation of drugs from State drug store to district store, office rental, *etc. Original software license including annual renewal, if any, for each computer system (Operating System, Office, Anti-virus etc.), for database (at national level) and for firewall (at national level).Internet connectivity and operating cost of PDA/tablet computer will be included in this head as per actuals*	Only costs not covered by State/Districts budgets will be provided under project funds.

12	Contractual Services	

State Level:

1. **Surveillance, M&E and Research Unit:**
   1 Epidemiologist (Asst. Programme Officer)
   1 NIKSHAY Operator
   Data Analyst *(only existing; no new post to be created)*
   Driver *(only existing; no new post to be created)*
2. **Diagnosis & Treatment (DSTB & DRTB):**
   1Medical Officer – STC
   1 HIV-TB Coordinator
   1 DR-TB Coordinator
3. **Partnership, ACSM & Patient support unit:**
   1 State PPM Coordinator
   1 State ACSM Officer
4. **Finance & PSM unit:**
   1 Technical Officer - Procurement & Logistic Personnel
   1 Accounts officer
   1 Secretarial Assistant

STDC
1 Epidemiologist
1 Medical Officer
1 NIKSHAY Operator
1 Secretarial assistant

IRL:
1 Microbiologist
1Microbiologist - EQA
1 Sr. lab technical EQA,
5 Sr. lab technician *(Additional positions based on work load)*
1 NIKSHAY Operator,
1 Lab attendant
1 Bio-Medical engineer only for states with more than 5 C&DST labs

Culture & DST Lab (without IRL)
1 Microbiologist
5 Sr. lab technician *(Additional positions based on work load)*
1 NIKSHAY Operator
1 Laboratory Assistant
(Staff in C&DST lab to be increased based on the workload and additional technologies being used, number)

State Drug Store (SDS)
1 Pharmacist cum Storekeeper
1 Store Assistant (Additional post if >1800 Cat IV/V monthly boxes preparation per month)

Nodal DR TB Centre
1 Medical Officer
1 Statistical Assistant
1 Counsellor

District level:
1 Medical Officer (DTC)
1 NIKSHAY Operator
1 Senior DRTB TBHIV Supervisor

Contractual Staff (State Level):

- Compensation package for the contractual staff will be decided by the respective State based on state specific situation, job contents, job responsibilities and compensation for similar positions in other programme under NHM.
- The existing staff will get annual increment based on the satisfactory performance at a rate decided by the State NHM.
- Loyalty bonus: As per NHM Norms.
- Contract period will be as per the State NHM decision.
- Contracts will be renewed by the society based on satisfactory performance.
- The TA/DA norms will be as per the NHM guidelines. DA (daily allowance for travel) is only to be released against appropriate travel documentation. Where eligible such DA may be paid under State Government rules or as mentioned in supervision & monitoring head.
- A fixed allowance of Rs. 1500 per month / as per State Norms will be given to contractual staff at TU/DMCs in notified tribal / hilly / difficult areas.
- The Performance (Workload) based incentives will be given to the contractual staff at State / district / sub-district level. Decisions related to performance-based incentives would be centered on core performance indicators as below. These indicators are based on consideration of workload to the Staff also. The indicators would be changed as per the programme priority time to time from the Central level.Indicators targets can be revised by the State a priory, depending on the variation in epidemiology of district.

Senior TB Treatment Supervisor

Sr. No.	Performance Indicators	Score
1.	% increase in total TB notification (public + private)	
	<10%	0
	10-20%	5
	>20%	10
2.	No. of health facilities to be supervised by the TB Unit (public + private)	
	<10	0
	10-30	5
	>30	10
3.	Treatment success rate of new TB patients in TB unit (public + private)	
	<80%	0
	80-90%	5
	>90%	10
4.	% of eligible patients and treatment supporters provided financial support under RNTCP through DBT	
	<50%	0
	50-75%	5

1 District PPM/ACSM Coordinator
1 District Programme Coordinator
1 District Pharmacist (30% of DDSs)
1 District Accountant
Driver*(only existing; no new post to be created)*
Senior TB Laboratory Supervisor:
1 per 5 lakh population (1 per 2.5 lakh population for tribal/hilly/difficult areas).

Senior Treatment Supervisor (STS) (1 per 1.5 to 2.5 lakh to be aligned with blocks for optimum resource utilization and appropriate monitoring) *(In case of tribal/hilly/difficult areas 1 per 0.75 to 1.25 lakh population to be aligned with blocks)*

(additional STS if >300 cases registered in public sector annually in a TU; additional STS if >50 private health establishments registered in NIKSHAY in a TU and >200 TB patients notified from these private health establishments annually in a TU)

TBHV: 1 per lakh urban aggregate population in the district

Laboratory Technician (upto 30% of the DMCs) 1 Lab Technicians (1 per health facility having a lab and a microscope.
Health system approach as per NHM policy to be applied by bringing together all facility based service deliver HR together and implement IPHS and workload as the basis to determine the number of positions).

* Existing Data Entry Operators at State and District level are redesignated as NIKSHAY Operator at respective levels.

Medical College
1 Medical Officer
1 Lab Technician
1 TB-HV

District DR-TB Centre:
1 Counsellor (Health system approach as per NHM policy to be applied by bringing together all facility based service deliver HR together and implement IPHS and workload as the basis to determine the number of positions)

	>75%	10
5.	% of diagnosed / notified TB patients (drug sensitive and drug resistant) put on treatment	
	<90%	0
	90-95%	5
	>95%	10

Senior TB Laboratory Supervisor

Sr. No.	Performance Indicators	Score
1.	No. of TB laboratories to be supervised (microscopy & molecular diagnostics) in defined area (public + private)	
	<5	0
	5-10	5
	>10	10
2.	% of increase in examination rate of presumptive TB patients in a year	
	<5%	0
	5-10%	5
	>10%	10
3.	Drug Susceptibility Testing of notified TB patients in defined area (public + private)	
	<80%	0
	80-90%	5
	>90%	10
4.	% of notified TB patients with known HIV status (public + private)	
	<70%	0
	70-85%	5
	>85%	10
5.	% health facilities with sample transport facilities available [(% of non-DMC PHIs with sample transport facilities + % DMC with sample transport facilities to molecular diagnostics)/2]	
	<75%	0
	75-90%	5
	>90%	10

TB – Health Visitor

Sr. No.	Performance Indicators	Score
1.	No. of TB patients in care in a year (public + private) in area	
	<100	0
	100-200	5
	>200	10
2.	No. of health facilities to be supervised in area (public + private)	
	<5	0
	5-20	5
	>20	10

3.	% of Children (<6 years) household contacts of pulmonary TB patients initiated on INH chemoprophylaxis <80% 80-90% >90%	 0 5 10
4.	Adherence score of TB patients on 99 DOTS (public + private) <70% 70-80% >80%	 0 5 10
5.	% of eligible patients and treatment supporters provided financial support under RNTCP through DBT <50% 50-75% >75%	 0 5 10

District TB Centre and State TB Cell

The Performance (Workload) based incentives will be given to the District TB Centre Staff and State TB Cell Staff based on following indicators.

Sr. No.	Performance Indicators	Score
1.	% increase in total TB notification (public + private) <15% 15-25% >25%	 0 5 10
2.	Treatment success rate of new TB patients in TB unit (public + private) <70% 70-85% >85%	 0 5 10
3.	% of eligible patients, treatment supporters and private provider given financial support under RNTCP through DBT <50% 50-75% >75%	 0 5 10
4.	Drug Susceptibility Testing of notified TB patients in TB unit (public + private) <50% 50-70% >70%	 0 5 10
5.	% Human Resource in place at respective state / district level <80% 80-90% >90%	 0 5 10

Incentive Structure

Sr.	Performance	Total	Incentives

		No.	Grade	Scores	
		1.	Grade A	>40	30% of total remuneration for staff
		2.	Grade B	20 – 30	15% of total remuneration for staff
		3.	Grade C	10-20	5% increment will not be given
13	**Printing**				
	Printing of stationery items such as treatment cards, patient identity card, TB register, laboratory form, referral form, notification form, health establishment registration form, transfer form, training modules, quarterly report format, research reports, Action Plans and other formats required for Programme implementation at State/District level. Modules, registers, guidelines, etc. needs to be undertaken at state level while the forms, identity cards, reporting formats etc. to be district level printing. Printing of prototype materials, RNTCP materials, perf reports, quarterly / annual / bi-annual reports of performance and its dissemination	• Budget for printing at State and District level would be as per printing plan (to be prepared and submitted along with PIP). • Printing to be planned as per the need and recent updates in programme strategies			
14	**Research & Studies & Consultancy**				
	There are certain studies like disease burden studies including prevalence surveys, mortality surveys, inventory studies, ARTI surveys, social assessment studies, IEC impact assessment studies, and drug resistance surveillance studies which will be undertaken by CTD and Central Institutes or appropriate agencies / institutes. Additionally operational research proposals on identified priority areas will be invited from State level and from the Medical Colleges. Capacity building programmes for Operation research for stakeholders to be carried out. National Operational Research cell supported by HR as mentioned in contractual salary head. Proposals approved by State level OR committee / Zonal level OR committee / Central TB Division / National OR cell to be funded. Consultancy charges for procurement of drugs, lab testing charges for drug quality assurance, agency fees for advocacy / media management campaigns, consultancy cost for agency developing web based DOTS plus recording & reporting software, MIS system with web based case based reporting system	The priority areas for operations research and formats for proposals are given in the website **www.tbcindia.gov.in**. The research may be initiated at district, states or medical colleges. Proposed studies and their estimated costs may be included in the Annual Action Plans. • Research proposals up to Rs 2 lakh may be approved by State OR Committee, • Proposals up to Rs. 5 Lakhs may be approved by the ZTF (for medical colleges) • Proposal above Rs 5 lakhs will be forwarded to CTDand put up to the theNational OR Committee for review and recommendation for approval to CTD		
15	**Procurement of Drugs**				
	Drugs required during TB treatment are being procured centrally. They are not to be procured at the State and Districts levels except with written approval from CTD.	Procurement of drugs will be done from the Centre as per the appropriate financial guidelines Procurement of drugs from the State will be done only in case of permission from Central TB Division after following appropriate financial guidelines			
16	**Procurement of Vehicles**				
	New Four Wheelers: All districts are expected to hire four wheeler except	• Vehicle procurement to be done at a tendered rate or State or NHM norms prevailing in the State.			

	where procurement of four wheeler has been specifically approved in writing for hilly/ tribal/difficult districts or in special extra-ordinary situations. These are to be procured to be procured following General Financial Rules 2017. **Two Wheelers:** 1 Two wheeler vehicle for mobility for each STS, STLS, DOTS plus & TBHIV Supervisor, PPM Coordinator. • **Replacement:** Replacement of four wheeler vehicles will be permitted for notified tribal and hilly / difficult districts. Purchase of new four wheeler vehicles will be done in consultation with CTD. Vehicles due for replacement should have completed 6.5 years or 150,000 Kms whichever is later. • **Replacement for 2 wheelers** may be allowed if they have completed 6 years or 100,000 kms whichever is later. Condemnation rules of State Government will be followed, where applicable.	
17	**Procurement of Equipment**	
	Lab Equipment: Binocular Microscopes & Fluorescent LED based microscope are being provided by CTD for training institution and for service delivery in RNTCP areas. • **Culture and Sensitivity Equipment:** Will be procured by CTD, wherever approved. • **Office Equipment:** Office equipment will be procured by States/districts for new units planned under the project (State TB cell, DTC, SDS, *IRL and DRTB Centre)* and for replacing them which are more than 5-7 years old and are not functional. ***Condemnation rules of State / Local self-Government to be followed.*** Every district will be provided with photo-copier, if not already available. Computer system with internet, Fax machine for every DTC, IRL, Culture DST laboratory, SDS, STDC, DRTB Centre (DOTS plus site), NRLs, and all STCs. STCs will have computer systems for Type A will have 3, STCs Type B will have 2 and Type C will have 1. Similarly bigger districts DTC Type A will have 2, while Type B & C will have 1 system. States with 15 or more medical colleges to have provision of one computer system for STF Chairperson office. Every state Type A /B/C will be eligible for LCD with laptop system 2/1/1 respectively to be placed in STC/STDC. Urban / districts with more than 40 lakh population are eligible for LCD with laptop. SDS and DDS/DTC level Refrigerator – 1 per district/SDS; Equipment & software for bar-code reading: 1 per SDS & 1 per DDS. Barcode printer: 1 per SDS; PDA (handheld devise): 1 per DTC, TU, DMC, PHI Staff.	• As per the market rate, State/NHM fixed rates of procurement equipment, tendered rates and to be procured following General Financial Rules 2017

	Biometric finger printing device as USB attachment with PDA (UIDAI Approved) Biometric attendance equipment 1 per State TB Cell, STDC, State Drug Store, DTCs, Culture DST Labs, DR-TB Centre, District Drug Store. Video-conferencing unit: 1 per CTD / NRL / STC; Office equipment for CTD	
18	**Patient support & transportation charges:**	
	Tribal/Hilly/Difficult areas :All TB Patients intribal / hilly/ difficult areas to be provided to cover travel costs of patient and attendant. **Nutrition support:** Financial incentive to TB patientthrough DBT for Nutritional support, to prevent catastrophic expenditure andIncentivize treatment adherence. The States/UTs may provide this incentive to the notified patients either in cash through Aadhar linked DBT mechanism or in-kind. **Sample transportation(for diagnosis or follow up of drug sensitive or drug resistant TB patients):** Sample transportation from non-DMC PHI to DMC or DTC / DMC / Collection centre to Molecular lab (CBNAAT) / Culture & DST lab by non-salaried Treatment supporter / community volunteers / govt staff without provision of TA / Patient attendant / courier agency within the pre-decided time limit. **Travel cost to Presumptive TB or DR TB patients travel to DTC / Collection centre for Culture / DST or molecular test (for diagnosis or for follow up):**Presumptive travel to DTC / Collection centre to be paid as per the actual with public transport. It includes patient travel for follow up also **Travel cost to Drug resistant TB patients:** DRTB patient travelling to District or Nodal DRTB Centre or to district for treatment initiation /follow-ups / adverse reaction management during the treatment along with one accompanying person / attendant. Travel cost to be reimbursed as per actuals maximum up to equivalent of travel cost with public transport or norms approved by society for such visits to be provided. Patient support for investigations will be reimbursed for tests which are not available in government hospital and on prior approval **ICT based Treatment Adherence Support:** This may include cost of software solution, recurring cost of communications (SMS, call), printing (sleeves) and supply chain.	**Tribal/Hilly/Difficult areas :**Patients from tribal / hilly/ difficult areas to be provided an aggregate amount of Rs. 750 to cover travel costs of patient and attendant. **Nutrition support** at an average of Rs. 500 per month till completion of treatment. **Sample collection and transport(for diagnosis or follow up of drug sensitive or drug resistant TB patients)** *Through volunteer / Govt. Staff* – As per actual cost per visit through public transport (Within district,uptoRs. 400 per visit; Outside district uptoRs. 1000 per visit) or norms approved by the State Health Society for such acitivity *Through courier / post* – As per actual cost of post / courier **Travel cost to Presumptive TB or DR TB patients travel to DTC / Collection centre for Culture / DST or molecular test:** to be paid as per the actual with public transport or maximum upto norms approved by the State Health Society for such visit **Travel cost to DR-TB patient to District DR-TB Centre or Nodal DR-TB Centre (for diagnosis or for follow up):**As per actual cost per visit through public transport (Within district uptoRs. 400 per visit; Outside district uptoRs. 1000 per visit) or norms approved by the State Health Society for such visit
19	**Supervision & Monitoring**	
	Activities including component of supervision, monitoring, evaluations, appraisals, review meetings Includes cost of TA/DA (except for training) for STOs, STDC staff, IRL Microbiologist, DTOs, MO-TC and all RNTCP contractual staff. Internal Evaluations: All districts to be covered at	**Central / State level IE:** Mobility support, Refreshment cost, external members residential accommodation, material cost etc. to be budgeted *Local hiring of vehicles for mobility support, refreshment costs, accommodation, TA/DA would be as per approved norms mentioned in training head or as approved by NHM/State.*

	least once in 3-4 years and All states to be covered under CIE at least once in 3 years. Norms for SIE: Call Centre with TOLL FREE number to be established for patient management and awareness. Data cost, call centre executives and client relationship management (CRM) software with communication costs to be managed from centre support.	Only costs not covered by State/Districts budgets will be provided under RNTCP.

Population in million	Districts per quarter
Up to 30	2
>30 to 70	3
>70	4