

Norms and Basis of Costing for RNTCP under NSP:

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 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. All the financial norms are base rate and will be automatically revised by 1.25 times Mid Term period i.e. April 2015 for the remaining project period.

Norms and Basis of Costing for RNTCP -2012-17

Sr. no.	Norms	Basis of Costing (Unit cost)
1	<p>Civil Works</p> <ul style="list-style-type: none"> • Designated Microscopy Centre (DMC)– 1 DMC per 1 Lakh population. (In tribal/hilly/difficult areas 1/50,000 population). States can relax norms by 10% in case of additional requirement of DMC based on geographical or technical considerations. • 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 NRHM BPMU for optimum resource utilization and appropriate monitoring. • DTC 1 per revenue district / NRHM District Program Management Unit. • DRTB Centre (DOTS plus site): 1 per ten million population. • State Drug Store (SDS): 1 per 50 million population. <p>For civil work, plumbing, electrical and other repairs for facilities/ structures under RNTCP like STC, STDC, SDS, IRL, C&DST lab, DRTB Centre, DTC, DDS, TU, DMC etc.</p>	<p>Initial Establishment / Refurbishment costs:</p> <p>One Time Costs - Upgradation</p> <ul style="list-style-type: none"> • DMC- Up to Rs. 60,000 per DMC (Additional Rs. 50,000 to upgrade DMC for rapid diagnostics) • TU – Up to Rs 1,00,000 per TU • DTC – Up to Rs 10 lakhs per DTC. <p>New DTC (where no DTC exists) upto Rs 25 lakhs per DTC which includes the above provision of Rs 10 lakhs per DTC</p> <ul style="list-style-type: none"> • STO Office upto Rs 5 lakhs • STDC: upto Rs.5 lakhs • State Drug Store – upto Rs 20 Lakhs <p>In addition, one time provision of Rs. 10 lakh per SDS and Rs. 60000 per District Drug store to improve storage capacity for 2nd line drugs for DOTS plus.</p> <ul style="list-style-type: none"> • IRL – up to Rs 1 lakhs for Laboratory and Monitoring unit • Culture DST Lab: For Solid method: Rs. 10 lakh, for Liquid including Negative Pressure provisions: upto Rs.50 lakh, for LPA: upto Rs. 4 lakh • DRTB Centre (DOTS Plus Site)-upto Rs. 15 Lakhs <p>Maintenance of Civil works:</p> <ul style="list-style-type: none"> • DMC: Rs. 5000 per year • TU: Rs 10000 per year • DTC including DDS: Rs 50000 per DTC per year • State TB Office, ,STDC, SDS: Rs. 100000 each per year • IRL: Rs. 50000 per year • DRTB Centre: Rs 150000 per year each <p>Culture & DST Lab: Rs. 100000 per C&DST Lab; Rs. 25000 additional for each of the technology – Solid, Liquid & LPA</p> <p>The maintenance amount for DMCs and TUs may be pooled at district level and repairs are undertaken where necessary.</p>
2	<p>Laboratory materials</p> <p>Lab consumables for DMCs, Culture / DST laboratories, STDCs, NRLs and IRLs to be procured. The detailed list of laboratory material is given in the RNTCP laboratory QA protocol / program website.</p>	<p>State Level:</p> <p>Rs. 0.30 lakh/million population at State level for procurement of lab, material for states performing culture and DST activities.</p> <p>District Level:</p>

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		<p>Rs. 3 Lakh/million Populations at district level.</p> <p>Central level: <i>Laboratory consumable kits for newer diagnostics like Automated NAAT and other consumables: Rs. 750 per test kit.</i></p> <p><i>The above costing is based on a suspect examination of 180 per lakh population per quarter. If the suspect examination rate is more, the consumption of laboratory consumables will be higher and the DTCS/District Health Society may have the flexibility of proportionately increasing the expenditure on laboratory consumables.</i></p>
3.	Honorarium/ Counseling charges	
	<p>It is presumed that of all the TB patients put on treatment, approximately 25% in the district may not come to the public health facility for DOTS. This group of patients will need community volunteers to facilitate DOTS.</p> <ul style="list-style-type: none"> The honorarium/counseling charges for provision of DOT 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, etc. <p>The honorarium/ counseling charges to be paid to volunteer supervising MDR-TB treatment.</p> <ul style="list-style-type: none"> Special provisions for Tribal areas under 'Tribal action plan' 	<p>Rs. 0.28 lakh/million based on actual expenditure at district level.</p> <p>Rs. 250 per patient upon completion or cure to each volunteer. This is expected to be within 25% of all the patients put on DOTS in the district. With more community volunteers, including ASHA being involved as DOT providers this can be more than 25%.</p> <p>Rs.2500/- (Rs.1000/- for IP and Rs.1500-for CP) to the individual volunteer for each MDR patient treatment completed to be disbursed in two instalments.</p> <p>As per the tribal action plan an aggregate amount of Rs 250 will be provided to patients on completion of treatment to cover travel costs of tribal patients and attendant(s) in tribal areas.</p> <p>As per the tribal action plan, volunteer for sputum collection in tribal areas may be paid an honorarium of Rs 100 per month for costs towards sputum collection and transport to DMC from tribal areas. If visit to health centre is more than one per week then Rs 200 per month may be given.</p>
4.	ACSM	
	<p>The IEC campaign would be for all the stakeholders including the different target groups i.e., medical professionals, paramedicals, patients, relatives of patients and community. This includes various activities like patient provider meeting, community meeting, CME, communication facilitator cost, print media, electronic 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, nukkad natak, street plays, puppet shows, brand ambassadors, activities targeting universal access, special population like migrants, tribal and slums, TBHIV, MDR-TB, etc.</p>	<p>State Level norms:</p> <ul style="list-style-type: none"> Population up to 10 million: Rs. 10 Lakhs Population of 10 to 30 million: Rs. 14 Lakhs. Population of over 30 million: Rs. 20 Lakhs. <p>IEC Agency and Activity cost (apart from above) for local need based ACSM state level initiatives: Rs. 0.40 lakh per million population</p> <p><u>ACSM Officer:</u> 1 per state; - salary norm 3.00 lakh per year Additional 1 per state if population is over 30 million</p> <p>District Level norms:</p> <ul style="list-style-type: none"> Rs 1.88 lakh per million population per year. <p>For more focused targeting already identified urban cities with more than 1 million population the norms is higher at Rs 3.38 lakh/million population per year. For all other urban areas with municipal corporations / councils Rs. 2.33 lakh per million population per year.</p> <p>Central Level norms: Gol initiated Advocacy and Advertisement upto Rs</p>

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		5000 lakh over 5 years and Gol initiated other IEC activities upto Rs. 2500 lakh over 5 years.
5.	Equipment Maintenance	
	Maintenance/upgradation costs for Laboratory equipment and office equipment like computers, photocopier, fax, etc. are included under this head.	<p>Maintenance costs for the equipment have been estimated on the basis of the current market cost as:</p> <ul style="list-style-type: none"> • Office equipments including Computers/Photocopier /Fax – Rs 45,000/- • LCD system- Rs. 10000 per machine • Refrigerator- Rs. 1000 per machine • Binocular Microscope - Rs. 2000 per microscope • LED Fluorescent Microscope - Rs. 5000 per microscope • Newer diagnostic Automated NAAT - Rs. 92000 per machine per Year • Culture and DST equipment - 6.81 lakh per lab (should be around 15% of cost of C&S equipment per Year). <p>Any other equipment not mentioned above, maintenance can be budgeted at upto 15% of the cost of the equipment.</p> <p>The maintenance funds can be pooled at state or district level and arrangements made for responsive maintenance of equipment for least down time.</p>
6.	Training	
	<p>The training of STO/DTOs will be organised 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 category of staff is calculated applying the various approved norms.</p> <ul style="list-style-type: none"> • The STOs/Dy STO/DTOs/ MO-STC / STDC faculty/Microbiologist/STC, STDC, IRL, SDS staff, RNTCP contractual staff, any personnels participating in any of the RNTCP activities will be allowed travel expenditure as per norm mentioned under this head. <p>All travels involving distance more than 500 km are eligible for economy air-travel. If distance is upto 500 km, then State level staff and other Medical staff will be eligible to travel with 2AC while the para-medical staff will be eligible for travel with 3AC. Air-travels for distance less than 500 km or travel beyond these guidelines can be undertaken with prior approval of appropriate authority.</p> <ul style="list-style-type: none"> • The costs include hiring of venue, organization charges, honorarium for trainers, TA/DA, course material and refreshment or for any activity related to training. <p>State level facilities includes State TB cell, STDC, SDS, IRL, C&DST lab, DRTB Centre</p>	<p>Training to be planned as Initial Training, Retraining and Update training.</p> <p>District level: Annual costs for trainings at district level are Rs. 2.16 lakh per million population.</p> <p>State Level: Annual costs for trainings at state level are Rs.0.21 lakh per million population. In exceptional case higher amount can be sanctioned at district / state level based on the training load.</p> <p>Central Level: Annual costs for training at Central level are Rs. 0.23 lakh per million population. Norms guidance: The norms for trainings are as follows:</p> <p>Course material cost is central level Rs. 350, State level Rs. 300 and District level Rs. 150.</p> <p>Refreshment: Rs. 200 per day for central and state level and Rs. 175 per day for district / sub-district level trainings.</p> <p>Honorarium - faculty: Rs. 750 per day for central, Rs. 500 per day for state / district level trainings.</p> <p>DA with stay facility: Rs. 500 for central level and Rs. 400 for state / district level for medical and Rs. 250 for central level and Rs. 200 for state / district level</p> <p>DA without stay facility: Provision for stay in hotel as per actual - maximum upto; Rs. 1000 for central level, Rs. 800 for state level and Rs. 500 for district level for medical staff and Rs.500 / 400/ 250 for central / state / district level trainings for paramedical. Institutes with hostel facility available cannot be given this option. All state level / central level trainings</p>

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	<p>for all the financial heads including training.</p>	<p>preferably should have hostel facility.</p> <p>TA: All travels involving distance more than 500 km are eligible for economy air-travel. If distance is less than 500 km, then Medical staff eligible to travel with 2AC while the para-medical staff eligible for travel with 3AC. Air-travels for distance less than 500 km or travel beyond these guidelines can be undertaken with prior approval of appropriate authority.</p> <p><i>During training programmes the norms for lunch refreshment and TA/DA costs can be changed with proper justification after approval from NRHM/State Health Society.</i></p> <p><i>The norms for the size of the batch, duration and level of trainings are provided in Annexure I and can be changed by CTD from time to time based on the needs and requirements of the training.</i></p> <p><i>The population based budgetary norm for training can be changed based on the training load, additional trainings for newer initiatives and revision of guidelines.</i></p> <p>Review meetings involving newer updates on program for state level is Rs. 4/2/1 lakh per year for Type A/B/C states.</p>						
<p>7.</p>	<p>Vehicle operation (POL & maintenance)</p> <p>Vehicles used for supervisory visits by DTO, MO-TC and contractual staff under RNTCP are budgeted on the basis of:</p> <ul style="list-style-type: none"> • 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. <p>Higher amount can be allowed based on fuel cost, distance travelled and fuel efficiency of vehicle.</p> <p>Appropriate travel documentation including ATP, tour diary/report, vehicle log book etc as applicable is to be ensured.</p> <p>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.</p>	<p>Cost of POL and maintenance has been taken as:</p> <ul style="list-style-type: none"> • 2 wheelers for STS – Rs. 45,000 per year • 2 wheelers for others– Rs. 35,000 per year • 4 wheelers – Rs. 2.10 lakh per year • 4 wheeler – MOTC upto Rs. 50000 per year, if available <p>In case of 4 wheelers, funds for vehicle operation are only provided to districts which have four-wheelers from system/program rather than hired vehicles.</p> <p>Vehicle operation cost for two wheelers may be increased up to 20% in tribal/hilly/difficult areas.</p>						
<p>8.</p>	<p>Vehicle hiring</p> <p>Vehicles are hired where RNTCP or State Government Vehicle are not available for supervisory visits. Appropriate documentation for supervisory visits to be ensured.</p> <p>MOTC/ Officer /Staff having NRHM hired vehicle available for supervision & monitoring, cannot hire additional vehicle.</p> <table border="1" data-bbox="202 1742 705 1946"> <thead> <tr> <th>Staff</th> <th>No of vehicles eligible</th> </tr> </thead> <tbody> <tr> <td>PPM Coordinators – state level</td> <td>1 (upto 15 days a month)</td> </tr> <tr> <td>HIV - TB Coordinators State level</td> <td>1 (upto 15 days a month)</td> </tr> </tbody> </table>	Staff	No of vehicles eligible	PPM Coordinators – state level	1 (upto 15 days a month)	HIV - TB Coordinators State level	1 (upto 15 days a month)	<p>Vehicle hire (inclusive of POL/driver and all costs except toll tax): four wheeler / jeep: Rs 1100/ day, (up to Rs 1250/day in Tribal / Hilly / difficult areas. <i>The above rates are for a distance of 80 km and duration of 8 hrs. Additional cost towards extra mileage or duration would be on pro-rata basis of Rs.10 per every additional kilometer and Rs.40 for every extra hour.</i></p>
Staff	No of vehicles eligible							
PPM Coordinators – state level	1 (upto 15 days a month)							
HIV - TB Coordinators State level	1 (upto 15 days a month)							

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	<table border="1"> <tr> <td>State TB Cell</td> <td>1 (3 for state with population >30 million & 2 for states with population 10-30 million)</td> </tr> <tr> <td>STDC</td> <td>1 per month</td> </tr> <tr> <td>DTO</td> <td>1 per month (2 for type A districts)</td> </tr> <tr> <td>MO-TC</td> <td>1 (upto 7 days per month)</td> </tr> <tr> <td>CTD</td> <td>Upto 6 vehicles per month</td> </tr> </table> <p>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.</p>	State TB Cell	1 (3 for state with population >30 million & 2 for states with population 10-30 million)	STDC	1 per month	DTO	1 per month (2 for type A districts)	MO-TC	1 (upto 7 days per month)	CTD	Upto 6 vehicles per month	
State TB Cell	1 (3 for state with population >30 million & 2 for states with population 10-30 million)											
STDC	1 per month											
DTO	1 per month (2 for type A districts)											
MO-TC	1 (upto 7 days per month)											
CTD	Upto 6 vehicles per month											
9.	Public-private Mix: (PP/NGO Support)											
	<p>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.</p> <p>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.</p> <p>• NGOs/PP working for or planning to work for TB Control Programme are required to follow the NGO/PP guidelines of RNTCP. To intensify the PPM activities, PPM Coordinator approved as follows:</p> <ol style="list-style-type: none"> 1. State level: 1 per state (additional 1 if population >30 million) 2. District level: 1 per district (additional 1 if population > 0.40 million) <p>TBHV: 1 per lakh urban aggregate population in the district</p> <p>Out of the total available budget under this head, upto 10% can be utilized for activities involving promotion of NGO / PP involvement, upto 30% can be utilized for piloting / innovations activities which are included in the action plan and approved from CTD.</p>	<p>Up to Rs. 5 lakh / million populations per year inclusive of central, state & district level. Districts and state health societies may approve additional expenditure over and above the proposed norms.</p> <p>Norms for various schemes are as provided in the revised NGO/PP Guidelines issued by RNTCP.</p> <p>Contractual cost:</p> <ol style="list-style-type: none"> 1. State level: PPM Coordinator: (Two for Type A and One for Type B/C states) 2. District level: Rs 6.00 lakh per year PPM Coordinator (at par with Sr DRTB-TBHIV supervisor): 2.28 lakhs per year TBHV: Rs 1.38lakhs pa (inclusive travel allowance Rs. 1500 after verifying tour diary / reports) per TBHV <p>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 DMC, DOT Adherence, Notification etc.</p>										
10.	Medical Colleges											
	Medical colleges will be provided funds	The Medical colleges to be provided with the										

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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 Chairmen 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 also be borne by respective Societies.

- Meetings /Visits to be conducted by the Task forces will be as under:

- o NTF - Whenever called for ZTF meetings
- o ZTF- Quarterly meetings of ZTF and all STF within the zone will be visited once in six months
- o STF- Quarterly meeting of STF and all medical colleges in the state will be visited once a year

Contractual staff i.e MO, LT, and TBHV to be hired at medical colleges for RNTCP work and follow up of cases put under RNTCP regimen.

Post-graduate teaching institutes hospitals (apart from medical college), TB or other hospitals etc. with high load of TB case load will be eligible for contractual MO, LT, TBHV from the program: MO-Hospital or TBHV if annual TB case notification of >800; Both if annual TB case load is more than 1200; LT-Hospital – Daily sputum examination > 60-80 slides a day; This needs prior approval from CTD.

Norms for NTF / ZTF	Norm	Per day cost in Rs.
Personal / Secretarial Assistance	1 per 30 participants	750
Per-diem including residential arrangement		
Outstation experts	1 per 30 participants	3000
Local expert	1 per 30 participants	1000
Outstation participant	Metro / state capitals	2500
	Non-metro	1500
Local participant	15 per meeting	600
Venue hiring	upto 80 participant	10000
	>80 participant	20000
Training material	per participant	750

contractual staff (MO, LT and TB HV each). No. of LTs can be increased if the average daily slide examination volume is more than 80-100 and TBHVs can be increased if no. of all TB patients diagnosed are more than 2000 annually or indoor TB patients are more than 1000 annually.

High case load PG teaching hospitals (other than Medical colleges), TB hospitals can also be provided staff, if eligible.

For Corporate hospitals: there will be one position named Treatment Monitor (at par with PPM Coordinator) based at State TB Cell.

Rates of contract, recruitment norms & annual increment are same as for similar staff at district level.

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. Rs. 60000 per medical college for trainings. May be changed based on the training load and change in training norms.

A thesis grant of Rs 30,000 for research on RNTCP priority areas will be approved by STF at 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 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:

NTF: 4 lakh

ZTF: 4 lakh

STF: 0.5 lakh

Operational research committee meetings: 0.4 lakh per meeting on an average basis; 2 meetings per state / zone

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:

Activity	Amount in Rs. (lakh)
TA/DA costs of NTF/ZTF/STF Chairman and Members to NTF	0.3
TA/DA costs of NTF/ZTF/STF Chairman and Members to ZTF	0.2

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Refreshment	per participant	500
Report writing, publication, documentation, photography, etc	upto 80 participant	15000
	>80 participant	20000
Contingency - inaugural, closing ceremony, local travel etc	upto 80 participant	15000
	>80 participant	20000

TA/DA costs of NTF/ZTF/STF Chairman and Members to STF	0.15
TA/DA costs for National Training of Medical College Faculty per medical college	0.3
STF Chairperson Travel Cost for supervisory visit per medical college	0.05
STF Chairperson Travel Cost for meetings and IE per state	0.7
Stationary and Misc Fund for STF office	0.02 per medical college
Stationary and Misc Fund for ZTF offices	0.01 per medical college
Miscellaneous – core committee expenses, postage, communication, fax, etc. per medical college	0.1
Operational Research Committee Meetings	0.4
Allowance to existing manpower with STF Chairperson for clerical assistance	Upto Rs. 500 per month

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 "with stay facility" as mentioned in 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, 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.

Central level:

- Rs. 0.02 lakh per million population

State level:

Fixed component for states with population:

- upto 20 million – Rs 3 lakhs
- 20-30 million – Rs 5 lakhs
- >30 million – Rs 7 lakhs

And additional for each state: Rs. 0.15 lakh per million population.

District level:

- Fixed: Rs. 0.5 lakh per district
- Additional Rs. 0.8 lakh per million population

Norms for:

- Culture & DST Laboratories: Rs. 24000 annually
 - DRTB Centre (DOTS plus site): Rs. 24000 annually
- Only costs not covered by State/Districts budgets will be provided under project funds.

12. Contractual Services

Central Level

Technical section:

Technical Officers*, Assistant Technical Officer* Data Entry Operators , Secretarial Assistant Statistician, Data Analyst IT Officer*, Network administrator*

Administration section:

Administrative Officer, Administrative Assistant

Finances

Consultant Finance, Finance Manager* Accountants, Accounts Officer

Procurement & Logistics

Consultant Procurement and Supply Management Logistic Manager*, Supply Chain Manager* Logistic & supply chain management Assistants*

NRLs:

Contractual Staff (State Level): These are the positions at each level. The annual unit cost is the maximum salary that is allowed under program. However this is up to states that how much the salary is fixed by state within the maximum limit.

Name of the staff category	Annual Unit Cost in lakh
Central Level	
Technical:	
Technical Officers*	7.8
Assistant Technical Officer*	3.6
Data Entry Operators	2.4
Secretarial Assistant	2.4
Statistician	3.6
Data Analyst	3.6

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Consultant Microbiologist , Senior Laboratory Technician(EQA)	Network administrator*	6.0
	Administration section:	
NTI:*	Administrative Officer	7.2
HR Officer, Training Facilitator	Administrative Assfstant	1.8
Epicentre Expert (1 computer & 1 field expert)	Finance section	
Epidemiologist, Research officer, Librarian	Consultant Finance	7.2
Documentation Assistant	Finance Manager*	5.4
State Level:	Accountants	4.2
Provision is available for	Assistant Accountant	3.6
Epidemiologist(Asst. Prog. Officer)^	Accounts Officer	4.8
Medical Officer (MO-STC)	Procurement & Logistics	
TB HIV Coordinators^	Consultant PSM	7.2
Accounts Officer / State Accountant^	Logistic Manager*	4.2
Secretarial Assistant	Supply Chain Manager*	3.6
Data Entry Operator (STC)^	Logistic & supply chain management Assistants*	3
Driver (if RNTCP vehicle available)	NRLs:	
DR-TB Coordinator*^	Consultant Microbiologist	7.8
State PPM Co-ordinator*^	Senior Laboratory Technician(EQA)	3
DEO-STF chairman*	National TB Institute:*	
Data Analyst*^	HR Officer	4.8
Technical Officer - Procurement & Logistic Personnel*	Training Facilitator	6
^ Additional posts for bigger states.	Epicentre Expert (1 computer & 1 field expert)	3
IRL	Epidemiologist	6
Microbiologist - EQA*	Research officer	4.8
Culture & DST Lab (wherever approved)	Librarian	3
Microbiologist	Documentation Assistant	1.2
Sr. Lab. Tech. for IRL	State Level	
Data Entry Operator for IRL	Epidemiologist(Asst. Prog. Officer)	7.2
SDS	Medical Officer (MO-STC)	6
Pharmacist cum Storekeeper	TB HIV Coordinators	6
Store Assistant (Additional post if >1800 Cat IV/V monthly boxes preparation per month)	Accounts Officer / State Accountant	3
District level:	Secretarial Assistant	1.44
Medical Officer (MO-DTC) (upto 20-40% of DTCs in the state)	Data Entry Operator (STC)	1.8
Senior Treatment Supervisor (STS) (1 per 1.5 to 2.5 lakh to be aligned with blocks for optimum resource utilization and appropriate monitoring) (additional STS if >500 cases registration annually in a TU)	Driver	1.44
In case of tribal/hilly/difficult areas 1 per 0.75 to 1.25 lakh population to be aligned with blocks and additional STS if >250 cases)	DR-TB Coordinator*	6
Senior TB Laboratory Supervisor:	DEO-STF chairman*	1.8
1 per 5 lakh population (1 per 2.5 lakh population for tribal/hilly/difficult areas).	Data Analyst*	2.4
Laboratory Technician (upto 30% of the DMCs)	Technical Officer - Procurement & Logistic Personnel*	4.2
Driver (only if RNTCP vehicle is available)	IRL	
Data Entry Operator (2 for Type A districts)	Microbiologist - EQA*	6
Senior DRTB TBHIV Supervisor (2 for Type A districts)	Culture & DST Lab	
DRTB Centre (DOTS plus site): Following staff 1 per DRTB Centre:	Microbiologist	7.2
Senior MO DRTB Centre (DOTS Plus Site)***	Sr. Lab. Tech. for IRL	2.28
Counselor DRTB Centre	Data Entry Operator for IRL	1.56
Statistical Assitant DRTB Centre***	SDS	

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<p>(***Additional 1 if annual enrollment is more than 250) Accountant (full time)* District Program Coordinator* (* new positions)</p>	Pharmacist cum Storekeeper	1.8
	Store Assistant	1.2
	District level:	
	Medical Officer (MO-DTC)	4.8
	Senior Treatment Supervisor	1.8
	Senior Laboratory Treatment Supervisor	1.8
	Laboratory Technician	1.2
	Driver	1.2
	Data Entry Operator	1.26
	Senior DOTS-plus & TBHIV Supervisor	2.28
	DOTS Plus Site/DRTB Centre Senior MO	5.4
	DOTS Plus Site/DRTB Centre Statistical Assistant	2.28
	MO-Medical college	4.8
	LT-Medical college	1.2
	Counsellor for DOTS plus site*	1.2
	Accountant*	1.2
	District Program Coordinator*	2.64
<p>A fixed allowance of Rs 1000 per month will be given to contractual STS/STLS/LT at TU/DMCs in notified tribal / hilly / difficult areas. Additional upto 10% to be paid in case of giving additional charge to the staff due to vacancy or leave or absence. Additional 10% of base salary to be given to MO-Medical college providing support to the NTF / ZTF / STF Chairperson.</p> <p>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.</p> <p>All new recruits will commence at above basic rate of remuneration. All the existing staff will continue to get all the existing increments in addition to revised basic salary. All contracts will be for one year. Contracts will be renewed by the society based on satisfactory performance.</p> <p>On every renewed contract the remuneration would be enhanced by 10% or at the rate prescribed by NRHM (whichever is lower) for every one year of service in RNTCP.</p> <p>Enhancement will be calculated over the basic rate and not the remuneration in the previous year.</p>		
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	Rs.2.25 lakh/million population, including printing undertaken at State and District levels. State level budgets upto 66% and district level upto 34%. The norm for the central level is Rs. 50 lakh.	

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	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	
14.	Research & Studies & Consultancy	
	<p>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 programs 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.</p> <p>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</p>	<p>The priority areas for operations research and formats for proposals are given in the website www.tbindia.org. 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, upto Rs. 5 Lakhs may be approved by the ZTF (for medical colleges) or OR committee of the STCS. Proposal above Rs 5 lakhs will be forwarded to CTD. CTD may approve proposals upto Rs 15 lakhs and proposals above Rs 15 lakhs will be forwarded to the Central OR Committee.</p>
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.	Drugs are procured centrally through a competitive process.
16.	Procurement of Vehicles	
	<p>New Four Wheelers: All districts are expected to hire four wheeler except 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 at DGS & D rate contract.</p> <p>Two Wheelers: 1 Two wheeler vehicle for mobility for each STS, STLS, DOTS plus & TBHIV Supervisor, PPM Coordinator. Existing two-wheelers at TU will be retained by STLS after new two-wheelers are procured for STS, DOTS plus-TBHIV Supervisor and PPM Coordinator.</p>	<ul style="list-style-type: none"> • Jeep (petrol/diesel) - Rs. 6.5 lakh • Two-wheeler - Rs. 0.65 lakh

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	<p>• 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.</p> <p>• Replacement for 2 wheelers may be allowed if they have completed 6 years or 100,000 kms whichever is later.</p> <p>Condemnation rules of State Government will be followed, where applicable.</p>	
17.	Procurement of Equipment	
	<p>Lab Equipment: Binocular Microscopes & Fluorescent LED based microscope are being provided by CTD for training institution and for service delivery in RNTCP areas.</p> <p>• Culture and Sensitivity Equipment: Will be procured by CTD, wherever approved.</p> <p>• 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 system 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 STS. Video-conferencing unit: 1 per CTD / NRL / STC; Office equipments for CTD</p>	<p>Lab Equipment: Light Binocular Microscope with LED: Rs. 20000 each unit Binocular Microscope: Rs. 12,000 each Fluorescent LED based microscope: Rs. 75000 Automated NAAT: Rs. 9.2 lakh per machine Culture & DST equipments: Rs. 45 lakh per set</p> <p>Office Equipment: Computer, Modem, Scanner, Printer, UPS, software and set-up-Rs. 60,000 per system Fax Machine Rs. 10000 Photo-copier: Rs. 1 lakh per unit LCD system with laptop: Rs. 1 lakh per unit Refrigerator: Rs. 20000-25000 per unit (depending on capacity) Equipment & software for Bar-code reading: Rs. 85000 per unit Bar-code printer: Rs. 1 lakh per unit PDA: upto Rs.15000 per unit Video-conferencing unit and arrangements: upto Rs. 5 lakh per unit CTD level office equipments: Rs. 15 lakh per year</p>
18.	Patient support & transportation charges:	
	Tribal/Hilly/Difficult areas : Patients from tribal / hilly/ difficult areas to be provided an	

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	<p>aggregate amount of Rs. 250 on completion of treatment to cover travel costs of patient and attendant.</p> <p>Sputum collection and transportation: Non-salaried dot provider / community volunteers / govt staff without provision of TA, to be provided an aggregate amount of Rs. 15 per patient (maximum Rs. 1000 per month) for sputum sample transportation non-DMC PHI to DMC.</p> <p>Sputum sample transportation cost from DTC / DMC / Collection centre to Culture / DST lab by individual / courier agency / volunteer within the pre-decided time limit.</p> <p>MDR TB suspect travel to DTC / Collection centre for Culture / DST: MDR TB suspect travel to DTC / Collection centre to be paid as per the actual with public transport.</p> <p>Drug resistant TB patient travel: MDR / XDR TB patient travelling to 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 upto equivalent to travel cost with public transport or norms approved by society for such visits to be provided.</p>									
19	<p>Supervision & Monitoring</p>									
	<p>Activities including component of supervision, monitoring, evaluations, appraisals, review meetings</p> <p>Includes cost of TA/DA(except for training) for STOs, STDC staff, IRL Microbiologist, DTOs, MO-TC and all RNTCP contractual staff.</p> <p>Internal Evaluations: All districts to be covered atleast once in 3-4 years and All states to be covered under CIE atleast once in 3 years.</p> <p>Norms for SIE:</p> <table border="1" data-bbox="264 1487 606 1692"> <thead> <tr> <th>Population in million</th> <th>Districts per quarter</th> </tr> </thead> <tbody> <tr> <td>Upto 30</td> <td>2</td> </tr> <tr> <td>>30 to 70</td> <td>3</td> </tr> <tr> <td>>70</td> <td>4</td> </tr> </tbody> </table>	Population in million	Districts per quarter	Upto 30	2	>30 to 70	3	>70	4	<p>Central level:</p> <ul style="list-style-type: none"> Rs. 0.08 lakh per million population <p>State level:</p> <p>Fixed component:</p> <ul style="list-style-type: none"> Population upto 20 million – Rs 3 lakhs Population of 20-30 million – Rs 5 lakhs Population of >30 million – Rs 7 lakhs <p>Additional component:</p> <ul style="list-style-type: none"> Rs. 0.35 lakh per million population <p>District level:</p> <ul style="list-style-type: none"> Rs. 0.8 lakh per district – fixed & Rs. 2.3 lakh/million population <p>Central / State level IE: Mobility support, Refreshment cost, external members residential accommodation, material cost etc:</p> <p>Norm: Rs. 0.81 lakh per SIE & Rs. 1.05 lakh per CIE (the norms are for budgeting, but the actual expenditure on IE for mobility, refreshment, residential accommodation etc will be as per the financial norms applicable for RNTCP)</p> <p>TA/DA would be as per approved norms mentioned in training head or as approved by NRHM. Only costs not covered by State/Districts budgets will be provided under RNTCP.</p>
Population in million	Districts per quarter									
Upto 30	2									
>30 to 70	3									
>70	4									

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