

## 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><b>Civil Works</b></p> <ul style="list-style-type: none"> <li>• <b>Designated Microscopy Centre (DMC)</b>– 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.</li> <li>• <b>Tuberculosis Unit (TU)</b> – 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.</li> <li>• <b>DTC</b> 1 per revenue district / NRHM District Program Management Unit.</li> <li>• <b>DRTB Centre (DOTS plus site):</b> 1 per <del>ten</del> million population.</li> <li>• <b>State Drug Store (SDS):</b> 1 per 50 million population.</li> </ul> <p>For civil work, plumbing, electrical and other repairs for facilities/ structures under RNTCP like STC, STDC, SDS, IRL, C&amp;DST lab, DRTB Centre, DTC, DDS, TU, DMC etc.</p>	<p><b>Initial Establishment / Refurbishment costs:</b></p> <p><b>One Time Costs - Upgradation</b></p> <ul style="list-style-type: none"> <li>• <b>DMC</b>- Up to Rs. 60,000 per DMC (Additional Rs. 50,000 to upgrade DMC for rapid diagnostics)</li> <li>• <b>TU</b> – Up to Rs 1,00,000 per TU</li> <li>• <b>DTC</b> – Up to Rs 10 lakhs per DTC.</li> </ul> <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"> <li>• <b>STO Office</b> upto Rs 5 lakhs</li> <li>• <b>STDC:</b> upto Rs.5 lakhs</li> <li>• <b>State Drug Store</b> – upto Rs 20 Lakhs</li> </ul> <p>In addition, one time provision of Rs. 10 lakh per SDS and Rs. 60000 per District Drug store to improve storage capacity for 2<sup>nd</sup> line drugs for DOTS plus.</p> <ul style="list-style-type: none"> <li>• <b>IRL</b> – up to Rs 1 lakhs for Laboratory and Monitoring unit</li> <li>• <b>Culture DST Lab:</b> For Solid method: Rs. 10 lakh, for Liquid including Negative Pressure provisions: upto Rs.50 lakh, for LPA: upto Rs. 4 lakh</li> <li>• <b>DRTB Centre (DOTS Plus Site)-upto Rs. 15 Lakhs</b></li> </ul> <p><b>Maintenance of Civil works:</b></p> <ul style="list-style-type: none"> <li>• <b>DMC:</b> Rs. 5000 per year</li> <li>• <b>TU:</b> Rs 10000 per year</li> <li>• <b>DTC including DDS:</b> Rs 50000 per DTC per year</li> <li>• <b>State TB Office, ,STDC, SDS:</b> Rs. 100000 each per year</li> <li>• <b>IRL:</b> Rs. 50000 per year</li> <li>• <b>DRTB Centre:</b> Rs 150000 per year each</li> </ul> <p><b>Culture &amp; DST Lab:</b> Rs. 100000 per C&amp;DST Lab; Rs. 25000 additional for each of the technology – Solid, Liquid &amp; 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><b>Laboratory materials</b></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><b>State Level:</b></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><b>District Level:</b></p>

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		<p>Rs. 3 Lakh/million Populations at district level.</p> <p><b>Central level:</b>  <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>
<b>3.</b>	<b>Honorarium/ Counseling charges</b>	
	<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"> <li>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.</li> </ul> <p>The honorarium/ counseling charges to be paid to volunteer supervising MDR-TB treatment.</p> <ul style="list-style-type: none"> <li>Special provisions for Tribal areas under 'Tribal action plan'</li> </ul>	<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>
<b>4.</b>	<b>ACSM</b>	
	<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><b>State Level norms:</b></p> <ul style="list-style-type: none"> <li>Population up to 10 million: Rs. 10 Lakhs</li> <li>Population of 10 to 30 million: Rs. 14 Lakhs.</li> <li>Population of over 30 million: Rs. 20 Lakhs.</li> </ul> <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><b>District Level norms:</b></p> <ul style="list-style-type: none"> <li>Rs 1.88 lakh per million population per year.</li> </ul> <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><b>Central Level norms:</b>  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.	<b>Equipment Maintenance</b>	
	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"> <li>• Office equipments including Computers/Photocopier /Fax – Rs 45,000/-</li> <li>• LCD system- Rs. 10000 per machine</li> <li>• Refrigerator- Rs. 1000 per machine</li> <li>• Binocular Microscope - Rs. 2000 per microscope</li> <li>• LED Fluorescent Microscope - Rs. 5000 per microscope</li> <li>• Newer diagnostic Automated NAAT - Rs. 92000 per machine per Year</li> <li>• Culture and DST equipment - 6.81 lakh per lab (should be around 15% of cost of C&amp;S equipment per Year).</li> </ul> <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.	<b>Training</b>	
	<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"> <li>• 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.</li> </ul> <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"> <li>• The costs include hiring of venue, organization charges, honorarium for trainers, TA/DA, course material and refreshment or for any activity related to training.</li> </ul> <p>State level facilities includes State TB cell, STDC, SDS, IRL, C&amp;DST lab, DRTB Centre</p>	<p>Training to be planned as Initial Training, Retraining and Update training.</p> <p><b>District level:</b> Annual costs for trainings at district level are Rs. 2.16 lakh per million population.</p> <p><b>State Level:</b> 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><b>Central Level:</b> 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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