Dear Doctor,

The Central TB Division is in receipt of various queries and requests for clarification as regards the honorarium payable to patient counseling and provision of directly observed treatment to the community volunteers. We also learn that this provision has been interpreted in different ways in states and districts, which in some cases, is not in the spirit of the provisions laid down in the norms issued under RNTCP.

According to the norms and basis of costing issues by Central TB Division in January 2006, 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. It also states that Rs. 250 is payable per patient upon completion or cure to each volunteer and that this is expected to be within 25% of all the patients put on DOTS.

Although this has been repeatedly discussed and clarified in various meetings, it is further clarified that this 25% is not a ceiling and has only been mentioned as an expectation for states to ensure that the general health system continues to be involved in the provision of DOT. Even where community volunteers are providing DOT, the functionaries of the general health system, including ANMs and MPWs, are required to supervise and monitor the functioning of these community volunteers and to also be involved in drug-box logistics. Thus, all community volunteers meeting the criteria for provision of honorarium, and who are not salaried employees of the Central of State government, should be provided the honorarium as per the norms provided by CTD.

I would request you to bring this to the knowledge of the concerned in the State Health Directorate, as also of your district level program officers, and intimate to me the action being taken in this regard, for which I shall be grateful to you.

With regards,

Yours sincerely,

Dr. L.S. Chauhan

To,
All State TB Officers
All WHO RNTCP Consultants
(By E mail)