Introduction

Tuberculosis (TB) is an infectious disease and is considered to be as a major global health problem.[1] The Southeast Asian region of the WHO contributes to 38% of the global incidence of TB. In 2013, there were around 3.4 million new TB cases and 440,000 deaths due to TB.[2] India accounts for nearly one-fourth of the global burden of TB every year. In 2013, the incidence of TB accounted to be around 2.2 million, with the prevalence of 2.8 million TB cases and 0.27 lakhs mortality due to TB.[3] The WHO recommended directly observed treatment short course (DOTS) strategy, which is a part of the Revised National TB Control Program in India in 1997 to address the problem of TB. DOTS comprises of five components, namely political commitment, diagnosis by quality microscopy, adequate supply of right drugs, directly observed treatment, and accountability.[3] The DOTS strategy includes treating TB patients with the standardized drugs, rifampicin, isoniazid, pyrazinamide, and ethambutol-based regimens of 6 months’ duration for new TB cases and 8 months for retreatment cases with the addition of streptomycin.[4] Patient compliance is monitored by DOTS providers by ensuring that every dose of the medicines is consumed by the patients under their direct supervision. DOTS provider may be a health worker,