

MOU for Management of Medical Mobile Unit of NRHM

This Agreement is made on the _____ day of _____ 2009 between District Health Society (DHS), district represented by the Chief Medical and Health Officer (CMHO) of district _____, hereinafter referred as "the FIRST PARTY" and _____ a Non Governmental Organization (NGO) registered under the Societies registration Act of 1860 or The Indian Trusts Act of 1982 or Registered under Rajasthan Co-operative Societies Act of 1958 represented by its, namely _____ and having its main office at _____, in the district _____ in the State of Rajasthan, hereinafter referred to as "the SECOND PARTY"

WHEREAS the Government of Rajasthan (GoR), in its endeavor to improve the health situation of the population in the districts of Rajasthan as well as to bring in qualitative and quantitative improvement in the provision of basic health services, has decided to provide complete Medical Mobile Unit consisting of two vehicles namely Staff Vehicle for carrying medical personnel and a fully equipped mobile medical van through NRHM and to hand over the said vehicles to Second Party selected for this purpose, so that the patients, who are in need of availing medical services in the rural areas of the state of Rajasthan, may avail such facilities as laid out in the MMU Scheme.

AND WHEREAS with the aforesaid aim and object the Government of Rajasthan has authorized the First Party hereto, to enter into this Agreement with the Second Party and has decided to hand over the medical mobile vans to the said Second Party, inter alia, on the following terms and conditions for the aforesaid purpose and the said Second Party has also agreed to enter into this Agreement in consideration of the fact that the said Second Party shall be able to render its services to the general public by providing the health care facilities free of cost.

NOW THIS AGREEMENT WITNESSES as follows:-

1. Simultaneously with the execution of this Agreement, the First Party shall hand over two vehicles for each MMU being (particulars of the vehicle, i.e. make, Engine No, chassis No, Registration No, attached in schedule 1 and referred to here) as more particularly mentioned and described in the schedule of this Agreement hereunder written and hereinafter referred to as "the said Medical Mobile Van" which the Second Party has duly received in good running condition inter alias, on the terms and conditions contained in subsequent clauses.
2. The said MMU shall at all times be owned by the Government of Rajasthan represented by the First Party, and at no point of time the Second Party shall deny or dispute the right, title and interest or ownership over and in respect of the said MMU of the Government of Rajasthan as handed over to the Second

Party. The NGOs/ CSOs/ Trusts etc will not be permitted to undertake any extra fittings in the vehicle without the written approval of the CMHO of the concerned district

3. The embossing on the body of the Vehicle shall be read as follows" राष्ट्रीय ग्रामीण स्वास्थ्य मिशन, जिला स्वास्थ्य समिति.....(जिला ---- The NGOs/CSOs/Trusts etc can display their name as "managed by" on other side of the body of the Vehicle.
4. The said MMU shall be exclusively utilized by the Second Party for providing health care services within the district and as per guidelines issued by the Department time to time.
5. A logbook needs to be maintained by the second party and kept with the driver(s) of the MMU. The aforesaid logbook shall be safely and properly preserved and made available to the CMHO for verification whenever called for.
6. The Second Party shall park the said MMU in the Community Health Centre compound or at any other mutually agreed safe place approved by the CMHO and the NGO. Such parking space will be allotted in the Community Health Centre or at any other safe place at the request of the second party free of cost, subject to availability. The second Party will be entitled to construct a temporary shed for parking within the campus if required at their own cost. A register will be maintained at the parking place in which the entries of vehicle movement will be entered.
7. Registration and Insurance of vehicle shall be done by first Party (CM&HO).
8. The second party shall hire following staff with the consultation of District Health Society. The salary of hired staff will be reimbursed on monthly basis by CMHO on production of bills. The second party shall submit the bills by 5th of every month and First party shall reimburse the expenses by 15th of every month. The staffing pattern shall be as follows.

Staff	Sanction
Doctor	2
Sonologist (Doctor)	1
Staff Nurse - II	1
X Ray Technician	1
Lab Tech.	1
Pharmacist	1
Helper	1
Driver	2

9. A lumpsum provision of Rs. 12.50 lacs per annum per MMU shall be provided for this purpose inclusive of overhead charges.

10. All the operational costs and expenses for plying the said MMU shall be borne by the Second Party including the costs of fuel, lubricants, spare parts repairs and annual maintenance contract including regular servicing of the vehicle and payment of its bills will be reimbursed by the First Party. An annual budget is kept as under for this purpose.

Maintenance and repair of vehicle –I year	Rs.0.50 lacs p.a. (Max.)
Maintenance and repair of vehicle –II year onwards	Rs. 2.00 lacs p.a. (Max.)
Fuel	Rs. 2.00 lacs p.a. (Max.)
Training	Rs. 15000

The service shall be provided free of cost. Total payment admissible for year 2009-10 is Rs. 21.50 lacs. Flexibility in 5% of the MOU funds is provided to Party No 2.

11. For any advances (subject to a ceiling of Rs 5.00 lacs) sought by the NGO, an irrevocable bank guarantee of equal amount should be provided by the NGO. Party No. 2 can claim reimbursement of actual expenditure incurred in the absence of a bank guarantee through a statement of claim raised in favour of party no 1 on a monthly basis. The claim thus submitted by party No 2 shall be paid within a period of 7 days by party No 1 following due scrutiny. Any bill pending for more than 7 days, shall be intimated to FA, NRHM along-with reasons for delay by Party No 1.

12. Necessary drugs for the camps will be procured by the Party No 2 from Generic drugs available in wholesale market. The moneys could also be used for purchase of instruments as per approved list. For this an annual budget provision of Rs.5.00 lacs has been provided which shall be payable on reimbursement basis.

13. The said vehicle along with equipments fitted in the vehicle shall be insured with a public insurance company for comprehensive insurance for its safety and security. First party shall pay the insurance premium.

14. The road tax and other taxes under the Motor Vehicles Act shall be paid by the first party.

15A. Proceedings / inspection registers shall be maintained by the Part No 2. The registers shall record number of patients, disease profile, investigations, Medicine distribution, vaccination, contraceptives etc. The register shall be signed by Sarpanch, Village school teacher, Asha Sahyogini, Anganwadi workers, VHSC member etc.

15B. The Second Party shall have the obligation to provide the health care facilities in rural areas hold camps/clinics and cover all revenue villages as per guidelines of first party. Programme schedule will be prepared by the NGO as per CM & HO's advice, 7 days ahead of the Camp. Adequate IEC will be ensured. One Newspaper releases in the local newspaper shall be issued regularly. Monthly reports will be sent to CM & HO

who will forward it to state H.Q. Minimum 15 Camps per month will be the target. In every camp, the service to be provided by the MMUs shall be in accordance with the guidelines for operationalization of Mobile Medical Units. Monitorable targets for the camp shall be determined by the CMHO of the district.

16. The First Party shall have the right to issue a show-cause notice to the Second Party calling upon the Second Party as to why the said vehicle should not be taken possession of by the First Party as owner thereof and as to why the Agreement should not be terminated on the grounds of violation of this Agreement. The decision as may be taken by the First Party in this regard after considering the reply to such show cause notice shall be final and binding upon the Second Party.

17. This Agreement may be terminated by the First Party in case

- (i) The Second Party is blacklisted by any Government or donor agency;
- (ii) The Second Party fails to show adequate causes on two consecutive occasions for not complying with the Standard Operating Guidelines or for non-compliance with statutory requirements;
- (iii) Of insolvency
- (iv) Of criminal indictment of any office bearer of the Second Party.
- (v) Of recurrent misconduct/dereliction of duty by any driver/attendant engaged by the Second Party.

- (vi) Of charging any user charges.
- (vii) The vehicle has been leased out or sub-contracted by the NGO/CSO/Trust etc to any individual or organization for operation under this scheme.
- (viii) Non engagement of prescribed medical and para-medical staff.

18. The DHS shall monitor the use of the MMU to ensure that it is strictly used for providing health care only. In the event that it is found that the Second Party is plying the MMU for any other purpose, the First Party may terminate this agreement on account of such misuse.

19. Monitoring committee at state level, under Chairmanship, of PHS will be convened on a quarterly basis to review progress and implementation issues.

20. The Second Party shall keep and maintain the MMU in proper roadworthy condition and shall have the obligation to hand over the MMU to the First Party in case of termination of this Agreement (or on expiry). Prior to such handover of the MMU, the Second Party shall ensure that the vehicle is in proper roadworthy condition, subject to normal wear and tear. In case of any damage to the vehicle and equipment (other than normal wear and tear) the Second Party shall pay the essential cost of repairs to the First Party.

21. In case this Agreement is terminated by the First Party on grounds of violation of agreed terms and conditions by the Second Party, the Second Party shall be debarred by

the Department of Medical, Health and Family Welfare, Government of Rajasthan from receiving any funds / grant from any scheme or programme run by Government of Rajasthan or any institution funded by the Government of Rajasthan, for a period of three years from the date of termination of agreement.

22. This Agreement shall be initially valid for a period of 3 years from the date of signing and operational cost subject to review annually. Renewal of the agreement will be on such terms and conditions and for such a period as may be mutually decided by both the parties, within the overall policy framework of the Government.

23. This Agreement shall be liable to termination upon one-month notice from either side. In case of disputes, rendition will be done by the state level committee whose decision will be final.

24. Advance publicity shall be made by the NGO for camps so that public can take benefit of the services. IEC material for the camp shall be distributed in the village where the camp is to be held one or two days in advance.

25. First party shall provide list of 'C' Category villages with more than 1500 population where no sub centre and PHC exists. Second party shall provide advance Programme to concerned Sarpanch of that village and M.P., MLA and Pradhan of that area. Concerned CMHO, Block CMO and CHC incharge will inspect the camps frequently.

26. Planning of camp schedules shall be given utmost importance. The camp schedule shall be organized to cover 1-2 Tehsils / Month. Contiguous villages shall be taken up by party No. 2 in consultant will party No 1. The camp schedule thus finalized would be sent to the state Health society on a monthly basis by party No. 1 and any changes proposed from State level shall be incorporated into the camp schedule by party No. 2

27. Second party shall not assign, sublet or subcontract its rights or obligations under this Agreement or any part thereof without the prior written consent of the first party

In witness where as the parties here to have signed the agreement on the day and year print above written,

Signed by -----

Signed by -----

On behalf of -----

On behalf of Govt.

As Second Party

As First Party

In witness of

1. _____

2. _____

In witness of

1. _____

2. _____

NOTICES MISSING

Any dispute or difference which may arise between the parties or their representatives, with regard to the construction, meaning and effect of this agreement or an part thereof, or the rights and liabilities of the parties under this agreement shall be referred to arbitration in accordance with the provisions of Arbitration and Conciliation Act, 1996. The venue of arbitration will be at Jaipur. The Jaipur Courts alone will have the exclusive jurisdiction to adjudicate upon the matter arising between the parties.

In witness of this agreement executed by or on behalf of the parties above names on the day and date mentioned above.

Signed and delivered by the within names.

(Authorized Signatory)

For and on behalf of

Govt. of Rajasthan

Date:

Place:

(Authorized Signatory)

For and on behalf of

Date:

Place:

Guidelines for the Operationalisation of Mobile Medical Unit

Introduction

Access to health care and equitable distribution of health services are the fundamental requirements for achieving Millennium Development Goals and the goals set under the National Rural Health Mission (NRHM) launched by the Government of India in April 2005. Many areas in the State predominantly tribal and desert areas, even in well developed districts lack basic health care infrastructure limiting access to health services at present. Over the years, various initiatives have been taken to overcome this difficulty with varied results.

Many NGOs have successfully tried out Mobile Medical Units. Taking health care to the doorsteps is the principle behind this initiative and is intended to reach underserved areas. Under the NRHM, provision of Mobile Medical Unit (MMU) in each district is one of the strategies to improve access.

Objectives

- To operationalize mobile medical units in every district across the state for improved access to health care services.
- To make health care services available in under served areas.

Type of services to be provided

Every Mobile Medical Unit has to provide the following services:

Curative:

- Treatment of minor ailments,
- Referral of complicated cases
- Early detection of TB, Malaria, Leprosy, etc. other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes and cataract cases etc.
- Minor surgical procedures and suturing
- Specialist Services such as O&G Specialist, Pediatrician and Physician.

Reproductive & Child Health Services:

- Ante-natal check up related services e.g. injection tetanus toxic, iron and folic acid tablets, basic laboratory tests such as hemoglobin, urine for sugar and albumin and referral for other tests as may be required;
- Referral for complicated pregnancies;
- Promotion of institutional delivery;
- Post-natal check up;
- Immunization clinics (to be coordinated with near by Sub-centres, PHCs)
- Treatment of common childhood illness such as diarrhea, ARI/Pneumonia, complication of Measles etc.;
- Adolescents care such as lifestyle education, counseling, treatment of minor ailments and anemia etc.;

Family Planning Services:

1. Counselling for spacing and permanent method;
2. Distribution of Nirodh, oral contraceptives, emergency contraceptives;

3. IUD insertion

4. Diagnostic

- Investigation facilities like hemoglobin, urine examination for sugar and albumin;
- Smear for malaria and vaginal smear for trichomonas;
- Clinical detection of leprosy, tuberculosis and locally endemic diseases;
- Screening of breast cancer, cervical cancer etc.

5. Emergency services and care in times of disasters/epidemics/ public health emergencies/ accidents etc.

6. IEC Material on health including personal hygiene, proper nutrition, hazards of tobacco, diseases, PNDT Act etc., RT/STI, HIV/AIDS.

Composition of the Team for MMU.

- Medical Officers: Two, one of whom will be a Lady Medical Officer
- Nurse
- Laboratory technician
- Pharmacist
- Helper
- Drivers: two

Suggested Equipment and Accessories

Suggested list of equipments and accessories is at Annexure I

Suggested Drugs

The suggested list of life-saving drugs and for common ailments is at Annexure II.

A cold storage device (e.g. vaccine carrier) will be provided for storage of heat sensitive drugs and vaccines. Drugs under various National Health Programmes will be procured under the respective programmes.

Type of vehicle

Two vehicles will be provided for the purpose with the NRHM logo. One will be a ten seater passenger carrier to transport medical and para-medical personnel. The other vehicle will be for carrying equipment/accessories and basic laboratory facilities. The space at the back will be utilised for placing a couch. This couch will be used as the examination table during camps and for transfer of patients at times of emergency.

The model of the vehicle will be decided and procured by the State depending on the geographic and technical feasibility provided.

The State needs to involve District Health Society/ Rogi Kalyan Samitis/ NGOs in deciding the appropriate modality for operationalisation of the MMU.]

Operational Aspects

Overall operationalizing of the scheme will be the responsibility of the District Collector, chairperson of the District Health Society.

- State will submit an Action Plan for operationalizing these units.
- District will draw up an Action Plan for the proposed converge through Mobile Medical Unit.,

- Mobile Medical van may move to next target point and staff van move as per requirement of staff. It will be decided by the district health society.
- The camp timings will be 10 AM to 5 PM

Administrative Aspects

- Officer-in-charge will be the Chief Medical & Health Officer at district level, who will be responsible for the operational aspects.
- The local Sub-centre staff and members of the Village Health Committee will assist in the camps.
- Local NGOs will be present for the camp.
- Fixed day- fixed time will be intimated to all the concerned villages in advance and care should be taken to maintain regularity in these camps as per the schedule. The schedule will also be available at the CM&HO so as to facilitate monitoring of the activity.
- Referrals should be made, based on the case, either to PHC, Community Health Centre, District Hospital or Medical College.
- Areas to be covered will be decided on the basis of need analysis by District Collector / CM&HO.

Monitoring & Evaluation

In order to achieve effective functioning, regular monitoring will be done through the CM&HO. This will be made possible through following mechanism:

- Record maintenance (Name of the patients visited during the camp)
- Periodic review of efficacy and effectiveness by CM&HO.

Indicators for monitoring and evaluation will be-

- No. of camps held
- Regularity of camps
- Patient attendance
- Referrals
- Antenatal and postnatal checkups
- Identification of Malaria, TB, leprosy, Blindness cases.
- Improvement in access to service as per evaluation by PRIs.
- Counseling for spacing & Permanent Methods of Family Planning.
- HIV/AIDS Investigation performed.

The unit cost is illustrative and not inflexible- there will be space for diversity within the ceiling of the unit cost. The flexible and need based approaches are encouraged.

Suggested list of equipments and accessories

1. Examination Table with steps
2. Torch
3. Stethoscope
4. BP apparatus
5. Clinical Thermometer
6. Weighing machine
7. Knee hammer
8. Measuring tape
9. Cold storage (vaccine carrier)
10. ENT and Eye examination kits
11. Oxygen cylinder
12. First aid kit
13. Resuscitation kits
14. Hemoglobinometer
15. Uristix
16. Microscope
17. Syringes and needles
18. Suture instruments and material
19. Needle cutter
20. Vaginal specula
21. Water storage device
22. Furniture: foldable cot/ chairs/ tables/ stools for pharmacist
23. Linen and rubber sheets
24. Gloves
25. Glass slides
26. Stationery
27. Dust bins: separated for infective and non-infective waste
28. Room heater for states experiencing severe winter
29. Public address system
30. Patient cards with NRHM logo
31. Storage bins for drugs
32. Display board on services offered by MMU

List of equipments for Mobile Medical Units with specialized facilities

1. Ultrasound scanner and accessories
2. Portable X-ray and accessories
3. Portable ECG Machine and accessories
4. Generator

The list is only indicative. State has flexibility to modify.

Suggested list of Drugs in the MMU**Analgesics, Antipyretics and Nonsteroidal Anti-inflammatory**

1. Acetyl Salicylic Acid Tablets 300-350 mg
2. Ibuprofen Tablets 200 mg, 400 mg
3. Paracetamol Tablets 500 mg
4. Tablet Nimuslied 100mg.

Anesthetic

1. Ethyl Chloride Spray 1%
2. Lignocaine Hydrochloride Injection 1%, 2%
3. Diazepam Tablets 5 mg/ Injection 5 mg/ ml

Antiallergic

1. Dexamethasone Tablets 0.5 mg/ Injection 4 mg/ ml
2. Promethazine Tablets 10 mg, 25 mg/ Syrup 5 mg/ 5 ml
3. Tab Pheniramine (Avil) / Injection

Anti-infective

1. Amoxicillin - Syrup 15ml. / 100mg.
2. Tab Azithromign 250
3. Amoxicillin Capsules 250 mg/ 500 mg
4. Co- Trimoxazole Tablets (80+400 mg)
5. Tab Diclormine 10mg.
6. Co- Trimoxazole suspension 40+200 mg / 5 ml
7. Doxycycline Capsules 100 mg
8. Metronidazole Tablets 200 mg, 400 mg
9. Norflonicin 400mg.
10. Tab Sporlac

Miscellaneous

1. Albendazole Tablets 400 mg/ Suspension 200 mg/ 5 ml
2. Domperidone Tablets 10 mg/ Syrup 1 mg/ ml
3. Oral Rehydration Salts
4. Chloramphenicol Drops / Eye ointment 0.4%, 1%
5. Tetracycline Ointment 1 % Hydrochloride
6. Iron and Folic Acid: Tablets large and small
7. Cap. C.V.P. / Tab ethymsylate 500mg.
8. Hydrogen Peroxide Solution 6%
9. Povidone Iodine Solution 5%, 10%
10. Chlorine tablets
11. Oral contraceptives
12. Condoms
13. IUD

14. Emergency Contraceptives
15. Injection Tetanus toxoid
16. Anti Snake venom
17. Drugs for all National Health Programmes
18. Ringer Lactate
19. Dextrose
20. Normal Saline
21. Sterile gloves/ Sterile dressings
22. Disposable syringes and needles
23. Intravenous sets/ stand
24. Lab Consumables including test kits for malaria

I.V. Fluids

The list is only indicative. State has flexibility to modify.