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MGM Medical College, Navi Mumbai

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MEMORANDUM OF UNDERSTANDING

Betwee:

Chief executive officer, Zila Parishad Raigad & District Revised National Tubersulosis Control Programme society, District Raigad

AND

MGM Medical College Hospital, Kamothe

This MOU is executed on 15th December 2017 between Chief executive officer, Zila Parishad Raigad & District Revised National Tubersulosis Control Programme society, District Raigad having its office at In front of Civil Hospital, Alibag (Hereinafter called "the Grantor, which expression shall unless exclude by or repugnant to the context include as successors in-interest, executors, administrators and legal representations JADIO

ive And MGM MEDICAL COLLEGE

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M.G.M. Medical College & Hospita: Kamothe, Navi Mumbai - 410209

जाङ पत्र -2/Annexure-II
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दस्साचा प्रकार <u> </u>
दस्त गोदणी करणार आहेत का हाय/नाही
मेळकतीचे थोडक्यात वर्णन
मुद्रांक विकत घेणाऱ्याचे नाव MGTM Medical collage 4 Hospital.
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हस्ते व्यक्तीचे नावं व पत्ता VIShal
मुदाक विकत घेणा-याची सही
सी. धनश्री एस. बॉ डे किंग्लिक केंद्र
नता मजला, सेक्टर-८, खांदा कॉलनी, चर्वान चनवेल(प.) जि. सयग्रह.
परवार्ग क7/1996 -97
उथा कारणासाठी ज्यांनी नुवांक खरेदी केला त्यांनी त्याच कारणांसाठी
मुद्रांक खरदी कंत्यापासुन ६ महिन्यात वापरणे बंधनकारक आहे .

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HOSPITAL, KAMOTHE hence forth referred to as PPP Partner, having its office at Plot No 1&2, Kamothe, Navi Mumbai acting through its Hereinafter called **"the Grantee"**, which expression shall unless excluded by or repugnant to the context include its successors it, interest, executors, administrators and legal representatives).

WHEREAS the Grantor plans to implement "RNTCP (Revised National TB Control Programme) ie DR TB center with Indoor & Outdoor facilities through Grantee on partnership (PPP partener).

AND WHEREAS the Grantor has agreed to engage the services of the Grantee, subject to terms and as hereunder.

1. **DRTB center (under):** The activities would be implemented in the District/s of **Raigad & Navi Mumbai**, **Maharashtra** for performance of the following activities in accordance with RNTCP policy;

2. Project Location

The PPP Partner would be providing the services as specified above at the following location/(s) as decided in consultation with concerned CTO/DTO

- a. Urban/Rural: Urban/Rural
- b. District/ TU/ Block/ (s): Raigad & Navi Mumbai
- c. Urban Wards/ Panchayats covered: Yes
- d. Population Covered: App. 40 lacs

3. Period of Co-operation:

The PPP Partner agrees to perform all activities outlined in the guideline for partnerships in above mentioned area. The duration of cooperation will be from day signing of MOU or the day of the starting the activity / function whichever is later.

Contract is signed for a period of three year 15th December 2017 to 14th November 2020, renewable as per the needs of the programme, subject to satisfactory performance. The contract can be terminated by the District Health Society/ State Health Society or the PPP Partner any time with one month prior notice by either side.

- 4. Terms, conditions and specific services during the period of the MOU.
- A. The District Health Society shall (please strike out whichever is not applicable)

i. Provide financial and material support to the PPP for carrying out the activities as mentioned in the partnership guideline.

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- ii. Provide relevant copy of technical guidelines, updates, manuals & circulars,
- iii. Provide RNTCP drugs, logistics and laboratory consumables for use as per RNTCP policy as outlined the partnership guideline
- iv. Periodically review the performance and activities being undertaken by the PP Partner

B. MGM will: -

i. Perform all activities as agreed upon and signed under the partnership as mentioned below.

Outdoor DRTB center Scheme:

- 1. Institute should be tertiary care hospital with the pulmonologist will be available round the clock.
- 2. Separate designated clinic for DR TB patient management should be available and comply with the National Guidelines for Air -borne infection control for out patient settings
- Relevant Pulmonologist, specialists like Physician, Dermatologist & gynecologist etc should be available.
- 4. DR TB center Committee to be formed with the above group of doctors.
- 5. To renovate (in keeping with the National Airborne Infection Control Guidelines and National Guidelines for Programmatic Management of Drug Resistant TB (PMDT) provided for the purpose) and designate a special clinic area designated for MDR TB out patient service with earmarked well ventilated preferably open air waiting area separate from other waiting areas, away from clinics managing immune suppressed and venerable cases where the patients who will be eligible to avail DR TB services under RNTCP will be fast tracked, segregated and counseled in accordance with RNTCP guidelines.
- 6. Doctors and Nursing staff should be available from institute round the clock consultation services made available, if required by the patients.
- 7. Management of adverse drug reactions (ADRs) as per National PMDT Guidelines.

8. The diagnostics services to be provided by the partner organization would include at least.

Sl No	Investigations
1	Complete blood count
2	Blood sugar
3	LFT. OT/PT/Bilirubin
4	Blood Urea Nitrogen
5	Serum Creatinine
6	TSH
7	Urine routine & microscopy

Minimum No. of times test will be done	Rate for tests** (In Rs.)
	138
i	25
1	275
	55
1	56
	125
	39

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0	Prognancy test	į.	69
5	Pregnancy test	3	70
9	Chest X ray		100

^{*}Rates are based on rate of CGHS Delhi rates (per test) and are subject to revision as and when updated in CGHS website

Indoor DR TB Center scheme:

The terms and condition are as follows.

- To designate a special ward compliant with national AIC guidelines and at least 10 beds earmarked for indoor management of DRTB patients according to National PMDT Guidelines.
- Routine clinical laboratory investigation facility to be made available for pretreatment evaluation and monitoring.
- Doctors and Nursing staff should be available from institute round the clock to the DRTB patients
- Ancillary drugs to be provided as per DR TB center Committee's advised services / facilities to diagnose and manage adverse drug reaction (ARDs) as per National PMDT Guidelines.
- Services /facilities to diagnose and manage the comorbid condition
- 6. Records and reports to be maintained for PMDT registration, follow up, referral and transfer (if required) \of patients as per guidelines update the same on the day basis using Nikshay
- Quarterly reports to be submitted electronically
- All doctors in the hospital should be following Standards fore TB care in India and notify all TB cases through Nikshay
- Ensure coordination with implementing District officers and staff as well as laboratory for proper follow up of patients till outcome.
- 10. The diagnostics services to be provided by the partner organization would include at least

nclud	e at least.		D . C
Sl No	Investigations	Minimum No. of times test will be done	Rate for tests** (In Rs.)
1	Complete blood count	1	138
2	Blood sugar	1	25
3	LFT. OT/PT/Bilirubin	1	275
4	Blood Urea Nitrogen	1	55
5	Serum Creatinine	1	56
6	TSH	6,	125
7	Urine routine & microscopy	1	39
8	Pregnancy test	1	69
9	Chest X ray	3	70
10	ECG	1	100
11	Indoor stay for maximum of 7days	1	
12	Food for maximum of days	1	

Chief Executive Officer

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13	Specialist consultation	As required	
14	Ancillary drugs for management \of adverse drug reaction and combidities	As required	

- 11. The DR TB Centre cannot deny services to any eligible patient from the geographical area assign to the centre
- 12. This does not restrict the DR TB Centre from extending any further services to the patients, if clinically deemed necessary
- 13. DR TB Centre committee doctors will have to be trained in PMDT at National Level.
- 14. Management of MRD/XRD TB patients is to be done as per RNTCP Guidelines second line anti TB drugs will be provided from RNTCP.
- 15. The performance review of the PPM partner would be done bi annually and in case lack of satisfactory performance the contract may be terminated by either party with one month written notice

Gant-in-Aid

Fund shall be released by the respective health society in the name of the MGM for initial six months and subsequently biannually, within 30 days of the satisfactory completion activities and submission of required documents. The MGM will submit utilization certificate indicating expenditure during the particular quarter and available unspent balance to the respective State/District Health Society on quarterly basis. The subsequent release will depend on the unspent balance and committed liability (if any).

1. Remuneration for following posts on contractual basis will be provided:

Counselor –Rs.10,000/-pm

- 2. For diagnostic test of MRD -TB patients on outdoor basis, private partner would be reimbursed as per rates given above (applicable for area) by RNTCP.
- 3. In case ambulatory care of MRD TB patients Rs 200/day/per patients consultation charges would be applicable
- Package cost per day for admitted MRD-TB cases will be Rs 800/including pre treatment evaluation (as per list above), bed charges , meals
 and ancillary drugs.
- 5. In house Specialist Consultation charges would be applicable at Rs 200/day/per patient for indoor patients.
- 6. For patients convenience, if he/she is partially or completely managed on ambulatory basis at the district level under guidance of DR TB Centre Committee

7. Rs 500/- per day if pre treatment investigation is done at the district level and patient is admitted to the ward hospital

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- 8. Rs 500/- one time for only DR TB Centre decision based on reports sent from the districts, if pre treatment investigation and treatment initiation is done at the district level in case patient refuses to get admitted. This will also be applicable if the district's request for follow up advise over email/phone/post on decision of DR TB Centre for either charges in regimen, adverse drug reaction management, co-morbidity management etc. without patient admission to the DR TB centre
- 9. In case of re-admission/ extension of stay due to cause /s secondary to TB or side effects of second line anti-TB drugs or co-morbidity management.
- 10. Charges up to Rs.800/day/patient(including bed and meals + investigations and ancillary drugs)
- 11. To provide Training, formats and registers for PMDT
- 12. To provide Computer and Internet Facility
- 13. To Provide access & training to NIKSHAY for online data management and patient tracking

6. Fund Management

Funds under this MOU shall be placed at the disposal of the Grantee in separate account opened by it, subject to its furnishing to the Grantor a letter of commitment containing such conditions as may be approved by the Grantor from the bank that the bank shall not exercise a lien over the said account or may right to set off or adjust any amount due to payable under any loan or credit arrangement which the Grantee may be having or may have with the bank against the amounts standing to the credit of the Grantee in the said amount.

The Grantee shall install and maintain separate books of accounts on cash basis accounting along with proper vouchers for expenditure incurred and with details of outstanding liabilities, if any. The Grantor shall have the right to inspect by its authorized officers of independent agencies the books of accounts and other records relating to the project fund kept by the Grantee any time during the agreement period or thereafter.

7. Grievance Redressal Mechanism

All grievances will be addressed within a period of thirty days, by DTO of the concerned district. Final decision will rest with district Health Societies. Annual review would be a platform for addressing grievance of PPM partners.

8. Right over Information/data

All documents, information, statistics and data collected by the Grantee in the discharge of the obligation under the MOU incidental or related to it (whether or not submitted to the Grantor) shall be the joint property of the Grantor, and the

Grantee

Chief Executive Officer

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9. Indemnity

The Grantee hereby agrees to always keep the Grantor indemnified and harmless from all claims /demands / action and proceedings which may arise by reason of any activity undertaken by Grantee if the activity is not in accordance with the approved guidelines.

This MOU shall be enforceable in courts situated at [Mumbai, Maharashtra]; any suit or application for enforcement of the above shall be filed in the competent court at Mumbai and no other district of Maharashtra or outside Maharashtra shall have any Jurisdiction in the matter

10. Termination Mechanism

The partnership may be terminated by either side through written notice of one month. In case services of PPM partner are discontinued, unspent balance, if any will be refunded by the partner.

If the Grantor at any stage decides that the Grantee has misutilised the amounts (or any part thereof) already received from the Grantor or has fraudulently claimed any covenants, stipulation or obligations hereunder a commits a breach of any of the terms, conditions or provision of this MOU on its part to be observed and performed, or it at any stage reasonable ground exist to apprehend the breach of the terms and condition of the MOU in future or that the continuance of this project

may be prejudiced or be in jeopardy he/she may revoke this MOU wholly or partially and ask the Grantee to refund the amount received till then along with interest accrues, if any after giving at least fifteen days' notice and an opportunity of being heard to the Grantec.

11. The programmatic and financial review of the partnership will be conducted every quarter.

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12. Necessary approval of State Hearth has been obtained: Yes

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Dr G S Narshetty M.G.M. Medical College & Hospital

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nature of authorised signatory Chief executive officer, Zila Parishad Raigad & District Revised National Tubersulosis Control Programme society, District Raigad

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