



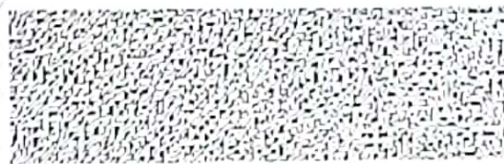
सत्यमेव जयते

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Government of Karnataka

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MoU No. IndianCST/TBKarnataka 004/23
Dated:9th January, 2023

Memorandum of Understanding Between
TB Department, State Government of Karnataka

And

Indian Centre for Social Transformation, Bengaluru

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[Handwritten Signature]

[Handwritten Signature]
Project Co-Ordinator (TB)
RNTCP
Brupath Bangalore Mahanagara Palika
Bangalore

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Indian Centre for Social Transformation(Indian CST), a Public Trust registered on 26th December 2009 (vide Document No. 228 of Book IV in the office of the Sub Registrar Halasur, Bangalore) represented herein by Shri. Raja Seevan, Chairman & Founder Trustee authorized by the board of Trustees (which expression shall unless it be repugnant to the context or meaning thereof be deemed to mean and include its successors and assigns) incorporated and registered under the Indian Trusts Act, 1882 and having its registered office at #25 Grace Mansion, Infantry Road, Shivajinagar Bengaluru – 560001, the First Party.

AND

This Additional Memorandum of Understanding (MOU) is made and entered into and is effective as of JANUARY 11th, 2023 by and between TB DIVISION, GOVERNMENT OF KARNATAKA (“hereinafter referred to as TB Division, Karnataka) (to the already ongoing 10 year MoU signed by Indian CST & HFWD effective from 27th April 2017 and valid till 27th April 2027) an organization of the Government of Karnataka, represented by the District TB Officer(DTO) (which expression shall unless it be repugnant to the context on meaning thereof be deemed to mean and include its successors and assigns), the Second Party.

Background:

Tuberculosis (TB) is a curable disease that has evolved into a persisting global pandemic. Early diagnosis, timely complete treatment and access to quality care are recommended by the World Health Organisation (WHO) and Central TB Division to ensure recovery from TB disease and prevention of transmission. TB needs a long -term treatment of minimum 6 months.

India continues to carry one fourth of this burden contributing to 27% of the world’s TB burden in terms of numbers and 34% of the deaths attributed to TB. Karnataka state according to India TB report 2022, notified 72435 patients in the year 2022. Bengaluru contributed to 58982 cases

Honourable Prime Minister, Shri Narendra Modi has declared that India will End TB by 2025, five years ahead of the year 2030 target set by the UN’s Sustainable Development Goals (SDG). The National TB Elimination Program (NTEP), is under the flagship of Ministry of Health and Family Welfare GoI programme committed towards realizing this bold and ambitious goal.



KshayaMuktha Karnataka:

The State through the TB Elimination Program and National Health Mission has been successful in curtailing the transmission of TB disease. Most of the time, it is noted that TB disease mortality and morbidity has resulted from TB infection, that has progressed to active TB and is not diagnosed early and or treated early.

The State has drawn a five-year action plan i.e., KshayaMuktha Karnataka (2020-2025) which outlines necessary steps to reach End TB targets by the year 2025. The State currently is focussed on reducing the delays in diagnosing presumptive TB; obtaining early diagnosis and treatment to ensure that spread of the disease is curtailed.

TB is also associated with other comorbidities like HIV, diabetes, alcoholism, tobacco and undernutrition related illness. Intensive screening of the populations has been recommended by the Central TB division to identify the illness early; along with treatment for TB, treating the comorbidities is important to ensure that the patient completes treatment successfully.

Role of X-rays:

Chest Xray is a valuable tool to screen populations and presumptive for TB. It has been noticed that even in the absence of symptoms, testing individuals with Chest Xray abnormalities helps in identifying TB disease early.

Examination of the chest x-ray from someone with TB symptoms, we can often see the damage (cavities/ consolidation) in the lung tissue which may indicate that the person might have TB disease. This suspicion leads to early referral for further testing of sputum; quick diagnosis and successful treatment.

The limitation with traditional X rays however is that the equipment is fixed, needs a technician's support and the person with symptoms needs to travel to get these done.

Proposed Solution:

After the successful implementation of Indian CST's GPMS Transportal for Universal Healthcare, Digital ACF-TB survey across selected districts in Karnataka and the recently completed TB screening of Construction Workers in Bangalore Urban and Rickshaw Pullers in Delhi along with our Partners; we continue to envision a "KshayaMuktha Karnataka" by furthering our TB initiatives.



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Arjun
Project Co-Ordinator (TB)
RNTCP
Bruhath Bangalore Mahanagara Palike
Bangalore

Combining basic health screening along with verbal screening for Tb and X Ray screening will yield better identification of TB presumptive in the communities. Portable X- Rays devices can be used on the location for immediate results that will help in the next course of action. The device is smaller than the fixed machines and can be moved; It allows radiographers to take X Ray images of patients without calling them to the lead lined room. The principle is still the same, whereby it emits X-rays through a person and it is reflected back showing up as white on the images. There are certain machines where upgradation can also be done to include readings through Artificial intelligence; images of the X Ray can be shared through technology platforms to get an opinion from specialists as well (linkage with telemedicine); expense is minimal.

This initiative will be spearheaded by Indian CST and Brahm Indian Development Joint Venture(BIDJV) and its partners.

Geography to be covered:

Mode of operation:

- A van suitable for functioning as a mobile medical unit will be procured; the van will be customised and compartmentalised to carry equipment; medicines; consumables and reagents.
- Health team consisting of medical doctor; lab technician; nurse (BSc Nursing and above) and driver will be recruited; training will be provided on the operations and on the TB Elimination program objectives and guidelines
- Health screening kit will be designed for basic screening; it will include anaemia detection strips device; weighing scale; BP machine; glucometer kit with strips; shakirs tape; pulse oximeter
- A detailed calendar of visits will be made covering the identified wards; each ward will be visited once in a month
- The plan will be communicated to the respective area health staff including nearest HWC staff and NTEP TB Unit staff
- The staff in turn will be responsible for creating awareness and mobilising the presumptive; patients; household contacts and other vulnerable communities for screening; staff will also carry with them the referrals formats and sputum cups
- Verbal screening for TB will be done for all beneficiaries through the health staff; details collected in prescribed format



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RNTCP
District Bangalore Mahanagara Palike
Bangalore

- Basic tests; clinical signs and symptoms will be recorded in an OPD booklet provided to the beneficiary
- X-ray will be taken by the technician and the reading given
- The X Ray will be read by the telemedicine
- Any person screened as suggestive for TB will be further followed up with sputum examination and medical officer evaluation
- Any person screened as suggestive for other illness like Diabetes; Hypertension; anaemia etc., will be further followed up for medical officer evaluation in the nearest PHCs
- All details collected will be entered and integrated into the NIKSHAY portal and reported periodically in the prescribed reporting format
- Medicines for the common ailments will be provided based on the guidelines

Budgetary requirements: This cost would vary based on the specifications of the medical equipment procured

S l n o	Cost category	Number of units	Number of months/days	Cost per unit in Rs	Total cost in Rs	Explanation
1	Capital cost					
1 a	Mobile van	1	1			One-time expense
1 b	Portable Xray	1	1	300000	300000	Range from Rs 2 lakhs to 50 lakhs based on the specifications
1 c	Health screening kit	4	1	15000	60000	Specified as above in the mode of operations; can be expanded to include other services
2	Recurrent cost					



Dr. S. S. Srinivas
Project Co-Ordinator (TB)
RNTCP
Brughath Bangalore Mahanagara Palika
Bangalore

2a	Salary of medical officer	1	12	45000	540000	
2b	Salary of Nurse	1	12	20000	240000	
2c	Salary of driver	1	12	15000	180000	
2d	Salary of technician	1	12	15000	180000	
2e	Cost of fuel	45	270	8	97200	total working days expected in the year is 270 days (excluding holidays; Sundays; 2 nd and 4 th Saturdays); each day the van is expected to cover 45 kilometres; cost of each kilometre Rs 8;
2f	Maintenance charges for vehicle	1	12	5000	60000	
2g	Miscellaneous	1	12	3000	36000	
2h	Basic medicines	1	12	20000	240000	
2i	Consumables and reagents	1	12	5000	60000	
Total cost					1993200	

* GST and other taxes as applicable



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Jeeva
Project Co-Ordinator (Ib),
RNTCP
Brudath Bangalore Mahanagara Palike
Bangalore

Advantages:

- Prevent patients from travelling; reduces out of pocket expenditure
- can be used in the periphery without fear of radiation induced ill effects
- These machines can also be set up for emergency services where intelligent decisions can be taken when patients are critically ill
- Cost effective as a health team can use the strategy in outreach activities enabling screening in hard-to-reach areas;
- Also enables screening of household contacts of Lung TB patients before TB Preventive therapy initiation

Billing /invoice

Payment will be based on the number of Chest X-rays done; reports and films submitted to eligible persons/providers.

- Bills will be submitted once in a month for payment on the total number of Chest X-rays done in the month. The bills are to be submitted before 5th of every month to District TB Officer, (7th Floor, Jayanagar Shopping Complex, 4th Block, Jayanagar, Bangalore -11) in triplicate for arranging payment. The payment will be made through PFMS to the concerned.

1. The brief information about NGO/ Private facility is provided below:

1	(a) Name of Private Provider's Organization:	Indian Centre for Social Transformation
	(b) Type of Organization:	Pvt. Ltd. Company / Not-for-Profit Company / LLP / NGO / Trust / Proprietorship firm / any other
2	Brief description of Private Provider's main lines of business	GPMS Transportal for Digital Transformation



Jeethu
Project Co-Ordinator (TB)
RNTCP
Br: :th Bangalore Mahanagara Petika
Bangalore

3	Brief Description of project / services / activities performed which is similar to those given in Annexure-A: Scope of Services	<p>GPMS for Health</p> <ul style="list-style-type: none"> - UniversalHealthCare, Government of Karnataka - ACF TB across four districts in Karnataka State - ICMR funded TB screening program in Bangalore & Delhi(Partnered with M.S.Ramaiah hospital, Bangalore & Share India - BIRAC: National Diabetes registry etc to name a few
4	<p>Details of individual(s) who will serve as the point of contact/ communication for the Private Provider:</p> <p>(a) Name: (b) Designation: (c) Telephone No. (d) Mobile No. (e) E-mail: (f) Fax No.</p>	<p>Raja Seevan</p> <p>Raja Seevan Chairman & Founder Trustee 1800-258-2010 9739047849 rajaseevan@gmail.com NA</p>
5	GST Registration Details (if applicable)	
6	<p>Bank Details:</p> <p>(a) Name of Bank (b) Name of Branch / Address (c) Nature of Account (d) Account No. (e) IFSC / RTGS No.</p>	<p>State Bank of India, Incube branch, Bangalore Current A/c 37299375577 SBIN0011349</p>



Deeba
Project Co-Ordinator (TB,
RNTCP
Brubath Bangalore Mahanagara Palike
Bangalore


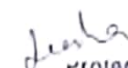
Annexure 1: Specifications as per NIM Guidelines

Sr No	Criteria for Certifications & Safety
1	Should be FDA/European CE/BIS approved product
2	Manufacturer and Supplier should have ISO 13485 certification for quality standards.
3	Electrical safety conforms to the standards for electrical safety IEC 60601-1-General requirements(or equivalent BIS Standard)
4	Shall meet internationally recognised standard for Electromagnetic Compatibility (EMI/EMC). for electromedical equipment: IEC 60601-1-2
5	Certified to be complaint with IEC 60601-1-3, IEC 60601-2-54
6	AERB type approved



Deeba
Project Co-Ordinator (IB),
RNTCP
1st Floor, 1st Bangalore Mahanagara Palike
Bangalore

Signature Name, Title and Seal of Authorized official

<p>Signed and Delivered by the within Indian Centre for Social Transformation, Bengaluru</p> <p>Signature:  Name: Shri. Raju Seeyan Designation: Chairman & Founder Trustee, Indian Centre for Social Transformation Date: 11th January 2023 Place: Bengaluru</p> <p>Witness: 1. Witness: 2.</p>	<p>Signed and Delivered by the within Project Co-ordinator (TB), BBMP</p> <p>Signature:  Project Co-ordinator (TB) RNTCP Bruhath Bangalore Mahanagara Palike Bangalore</p> <p>Name: Designation: Project Co-ordinator (TB), Bruhath Bengaluru MahangaraPalike. Date: 11th January 2023 Place: Bengaluru</p> <p>Witness: 1. Witness: 2.</p>
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