

**Annexure-2**

# *Mobile Medical Assessment Tool*

MMU interview schedule

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## APMMU Cost Data Collection tool

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| Sr no | Section  | Status of completion (Yes/NO) |
|-------|--|-------------------------------|
| 1     | General information                            |                               |
| 2     | Capacity utilization and type of services      |                               |
| 3     | Human resource cost                            |                               |
| 4     | Overheads cost                                 |                               |
| 5     | Pathology test                                 |                               |
| 6     | Consumables                                    |                               |
| 7     | Equipment                                      |                               |
| 8     | Medicine                                       |                               |
| 9     | Furniture                                      |                               |
| 10    | IEC activities                                 |                               |
| 11    | Stock of Mobile medical unit supplies or drugs |                               |

Once the data collector have completed, he/she will tick the entire field, which are completed.

**General instruction**

We make a list of articles into the following class, 1) furniture, 2) medical equipment, 3) non-medical equipment, 4) consumables 5) stationary. Try to get all the data of purchase, year of purchase and useful life year of every product from the pharmacist.

Take note of all the vehicles. Get the data on the year of purchase, model make and useful life years of the vehicles from pharmacist.

## APMMU Cost Data Collection tool

### Introductory note

The Piramal Swasthya management and research Initiative is carrying out a research project to analyses the unit cost of Mobile medical unit for delivering the services under the APMMU, intervention and the resource requirement for delivering the health services of the Mobile medical unit, in Andhra Pradesh. We would document all the activities routinely done and the resources required to for the production of these at the MMU health services.

We would like to ask you to about the following types of information:

1. Activities and resources involved in the implementation of all the type of Mobile medical unit.
2. Routinely collected monitoring data on activities, outputs and finance for the Mobile medical unit.

Without prior permission, data not be released and only be used for research purposes. Only our research team will have access to the information during the data collection process.

Once we have completed the analysis we will feed this back to you for your comments. The report from the analysis will be shared with you prior circulation. To collect the information we would like to interview Human resources at ground level, project manager and the finance manager of the project.

The data collection process is two staged:

1. An interview about the activities and resources required to produce Mobile medical unit, services.
2. Record reviews

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### Ethical consent

I, the undersigned, confirm that I have read and understood the information about the project, and data research executive explained to me the interview schedule. I have asked questions about the project and my participation and I voluntarily agree to participate in the project.

I understand that, I can withdraw at any time without giving reasons and for that, I will not be penalised and questioned for withdrawing.

The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymization of data, etc.) to me. The research executive has explained me about the usage of the data in research, publications, sharing and archiving.

I, along with the Research executive, agree to sign and date this informed consent form.

#### Participant:

|                     |           |       |
|---------------------|-----------|-------|
| _____               | _____     | _____ |
| Name of Participant | Signature | Date  |

#### Research executive:

|                    |           |       |
|--------------------|-----------|-------|
| _____              | _____     | _____ |
| Name of Researcher | Signature | Date  |

## APMMU Cost Data Collection tool

### Section 1 General Information

| Sr no. | General information about the MMU | Data |  |  |
|--------|-----------------------------------|------|--|--|
| 1      | Cost data collection tool number  |      |  |  |
| 2      | Interview Date                    |      |  |  |
| 3      | Number of visits                  |      |  |  |
| 4      | Type of MMU                       |      |  |  |
| 5      | Region Name                       |      |  |  |
| 6      | District Name                     |      |  |  |
| 8      | Investigator Name                 |      |  |  |

### Table 1 General Information

Table 1: Interview with the head of the MMU or person In-charge

| Sr no | Questions   | Data            |
|-------|---|-----------------|
| Q1    | How many days per week this MMU is open? :  | (Days per week) |
| Q2    | How many hours per day this MMU is open? :  | (Hours per day) |
| Q3    | If the MMU remains closed on Public holidays then mention total public holidays in last year: | (Days in year)  |
| Q4    | How many days in a month MMU functions?   |                 |
| Q5    | Total distance travelled by MMU vehicle in the last year?                                     | (Kms/year)      |
| Q6    | What is the total number of water bodies tested by the MMU in the last year?                  |                 |

**APMMU Cost Data Collection tool****Section 2 Capacity utilization and types of services utilized**

Ask the Pharmacist or data entry operator for table 2

**Table 2 - Performance Mobile medical unit indicator (data analysis Vijayawada Team)**

| Sr no. | Questions   | DATA | PERIOD |
|--------|---|------|--------|
| 1      | What total population served by MMU in a month?                       |      |        |
| 2      | What total number of villages served by the MMU in a month?           |      |        |
| 3      | What is the total number of OPD served in the last year               |      |        |
| 4      | What is the total number of pathology test done                       |      |        |
| 5      | What is the total number of different type of patient served annually |      |        |
| 5.1    | Hypertension  |      |        |
| 5.2    | Diabetes Mellitus   |      |        |
| 5.3    | Tuberculosis  |      |        |
| 5.4    | Acute respiratory Infection   |      |        |
| 5.5    | Common cough and cold   |      |        |
| 5.6    | ANC visits total  |      |        |
| 5.7    | ANC Trimester 1 Visit   |      |        |
| 5.8    | ANC Trimester 2 Visit   |      |        |
| 5.9    | ANC Trimester 3 Visit   |      |        |
| 5.10   | Diarrhea  |      |        |
| 5.11   | Dysentery   |      |        |
| 5.12   | Anemia  |      |        |
| 5.13   | Arthritis   |      |        |
| 5.14   | Peptic ulcers   |      |        |
| 5.15   | Skin Infection  |      |        |
| 5.16   | Epilepsy  |      |        |

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|             |   |  |  |
|-------------|---|--|--|
| <b>5.17</b> | Anxiety   |  |  |
| <b>5.18</b> | General weakness and Vitamin Deficiency   |  |  |
| <b>5.19</b> | General fever with multiple reasons   |  |  |
| <b>6</b>    | What is the total number medicine dispensed to patients in last year?             |  |  |
| <b>6.1</b>  | What is the total number of different type of patient medicine dispensed annually |  |  |
| <b>6.2</b>  | Hypertension  |  |  |
| <b>6.3</b>  | Diabetes Mellitus   |  |  |
| <b>6.4</b>  | Tuberculosis  |  |  |
| <b>6.5</b>  | Acute respiratory Infection   |  |  |
| <b>6.6</b>  | Common cough and cold   |  |  |
| <b>6.7</b>  | ANC visits total  |  |  |
| <b>6.8</b>  | ANC Trimester 1 Visit   |  |  |
| <b>6.9</b>  | ANC Trimester 2 Visit   |  |  |
| <b>6.10</b> | ANC Trimester 3 Visit   |  |  |
| <b>6.11</b> | Diarrhea  |  |  |
| <b>6.12</b> | Dysentery   |  |  |
| <b>6.13</b> | Anemia  |  |  |
| <b>6.14</b> | Arthritis   |  |  |
| <b>6.15</b> | Peptic ulcers   |  |  |
| <b>6.16</b> | Skin Infection  |  |  |
| <b>6.17</b> | Epilepsy  |  |  |
| <b>6.18</b> | Anxiety   |  |  |
| <b>6.19</b> | General weakness and Vitamin Deficiency   |  |  |



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|             |  |  |  |
|-------------|--|--|--|
| <b>6.20</b> | General fever with multiple reasons  |  |  |
| <b>7</b>    | What is the total number of different type of patient pathology test done annually |  |  |
| <b>7.1</b>  | Hypertension   |  |  |
| <b>7.2</b>  | Diabetes Mellitus  |  |  |
| <b>7.3</b>  | Tuberculosis   |  |  |
| <b>7.4</b>  | Acute respiratory Infection  |  |  |
| <b>7.5</b>  | Common cough and cold  |  |  |
| <b>7.6</b>  | ANC visits total   |  |  |
| <b>7.7</b>  | ANC Trimester 1 Visit  |  |  |
| <b>7.8</b>  | ANC Trimester 2 Visit  |  |  |
| <b>7.9</b>  | ANC Trimester 3 Visit  |  |  |
| <b>7.10</b> | Diarrhea   |  |  |
| <b>7.11</b> | Dysentery  |  |  |
| <b>7.12</b> | Anemia   |  |  |
| <b>7.13</b> | Arthritis  |  |  |
| <b>7.14</b> | Peptic ulcers  |  |  |
| <b>7.15</b> | Skin Infection   |  |  |
| <b>7.16</b> | Epilepsy   |  |  |
| <b>7.17</b> | Anxiety  |  |  |
| <b>7.18</b> | General weakness and Vitamin Deficiency  |  |  |
| <b>7.19</b> | General fever with multiple reasons  |  |  |
|             |  |  |  |
|             |  |  |  |
|             |  |  |  |

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#### Section 3 Human resource – salary and fringe benefits

Ask the question to the upper division clerk and review the record in the administrative room. Ask for help if required in understanding the salary structure and fringe benefits.

**Table 3a - Human resource personnel**

(Interview and record review)

| Sr no . | Type of personnel | Types of service delivered,<br>1-clinical, 2-admin, 3-clinical & admin, 4-non clinical, 5-non clinical & admin, 6-Driving, 7-others | HR involving in the APMMU activity<br>1=exclusive.2=jointly involved,3=not involved | Total number of days worked | Absent days | Total salary with benefits and allowance | PERIOD |
|---------|-------------------|---|---|-----------------------------|-------------|--|--------|
| 1       |                   |   |   |                             |             |  |        |
| 2       |                   |   |   |                             |             |  |        |
| 3       |                   |   |   |                             |             |  |        |
| 4       |                   |   |   |                             |             |  |        |
| 5       |                   |   |   |                             |             |  |        |

**APMMU Cost Data Collection tool****Table 3b - Details of annual allowances received (Interviews and record review)**

| Staff No. | MMU parking and Uniform cost  |                                    |   |                       |                             |  | Training cost                            |                                       |                    |                   |             |
|-----------|---|------------------------------------|---|-----------------------|-----------------------------|--|--|---------------------------------------|--------------------|-------------------|-------------|
|           | Square meter or square feet of the house building or rooms provided i.e. covered area<br>Parking area | Amount paid in a year for maintain | Vehicle name and year of make, if provided free | Times per year<br>(a) | Unit cost of uniform<br>(b) | Amount incurred on uniform (a*b) or<br>If unit cost not available ask,<br><br>"For how much it will be available from market, if bought on its own?" | Number days of Training in the last year | Dearness allowance + Travel allowance | Accommodation cost | Food and beverage | Or Per Diem |
|           |   |                                    |   |                       |                             |  |  |                                       |                    |                   |             |
|           |   |                                    |   |                       |                             |  |  |                                       |                    |                   |             |
|           |   |                                    |   |                       |                             |  |  |                                       |                    |                   |             |
|           |   |                                    |   |                       |                             |  |  |                                       |                    |                   |             |
|           |   |                                    |   |                       |                             |  |  |                                       |                    |                   |             |

**Section 4 - Overheads cost**

Ask the question to the Upper division clerk/Block accounts manager he/she will be able to provide us with all data for the Table 5. The data should be of ideally one year but if it is not then please specify the time.

**Table 4a - Overhead cost in MMU**

| Sr no | Overheads         | Yearly cost | PPERIOD |
|-------|-------------------|-------------|---------|
| 1     | Electricity Bills |             |         |
| 2     | Telephone Bills   |             |         |
| 3     | Stationary        |             |         |

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|    |                                       |  |  |
|----|---------------------------------------|--|--|
| 4  | Annual Maintenance Contracts          |  |  |
| 5  | Petrol Oil Lubrication                |  |  |
| 6  | Internet                              |  |  |
| 7  | water bill                            |  |  |
| 8  | Audit Expenses                        |  |  |
| 9  | Annual maintenance contract equipment |  |  |
| 10 | Annual maintenance contract transport |  |  |
| 12 | TOTAL                                 |  |  |

**Section 5 pathology examination**

Ask the pathology attendant about the quantity and type of pathology test done. Take data for a period of a year but if not possible please mention the duration of the data collected.

**Table 5 - Pathology Examinations**

| Sr No | Item                | No. consumed by patients |    |    |     |        | Total No. consumed in period | PERIOD |
|-------|---------------------|--------------------------|----|----|-----|--------|------------------------------|--------|
|       |                     | HTN                      | DM | CD | ANC | OTHERS |                              |        |
| 1     | Sputum collection   |                          |    |    |     |        |                              |        |
| 2     | Hemoglobin          |                          |    |    |     |        |                              |        |
| 3     | Widal Test          |                          |    |    |     |        |                              |        |
| 4     | Urine Albumin       |                          |    |    |     |        |                              |        |
| 5     | Blood group         |                          |    |    |     |        |                              |        |
| 6     | Malaria card Test   |                          |    |    |     |        |                              |        |
| 7     | Random Blood sugar  |                          |    |    |     |        |                              |        |
| 8     | Pregnancy Test card |                          |    |    |     |        |                              |        |
| 9     | ECG                 |                          |    |    |     |        |                              |        |
| 10    | Urine Microscopy    |                          |    |    |     |        |                              |        |
| 11    | Urine Sugar         |                          |    |    |     |        |                              |        |

**Section 6 medicine**

Ask the pharmacist to show the medicine stock register, then identify general medicine used in the Mobile medical unit (sterilization procedure eg antibiotics, analgesics, antacids). Ask for the common prescription practice after the medicine course after the treatment per case both male and female.

**APMMU Cost Data Collection tool****Table 6 Medicine**

| Sr no. | Item   | Unit of Measure | No. consumed in period | Unit Cost | PERIOD |
|--------|--|-----------------|------------------------|-----------|--------|
| 1      | Acetyl Salicylic Acid Tablets IP 150mg   |                 |                        |           |        |
| 2      | Albendazole Suspension 200 mg/ 5 ml in 10ml bottle   |                 |                        |           |        |
| 3      | Albendazole Tablets (Chewable) IP 400 mg   |                 |                        |           |        |
| 4      | Aluminum Hydroxide + Magnesium Hydroxide and Semithione Tablets USP 250mg+250mg + 50mg                 |                 |                        |           |        |
| 5      | Amlodipine Tablets IP 5mg  |                 |                        |           |        |
| 6      | Amoxicillin Capsules IP 250 mg   |                 |                        |           |        |
| 7      | Amoxicillin +Clavulanic Acid Oral Suspension   |                 |                        |           |        |
| 8      | Amoxicillin 500mg +125mg Clavulanic Acid Tablets   |                 |                        |           |        |
| 9      | Ascorbic Acid Tablets IP (Chewable) 500 mg   |                 |                        |           |        |
| 10     | Atenolol Tablets IP 50mg   |                 |                        |           |        |
| 11     | B Complex therapeutic (NFI III)  |                 |                        |           |        |
| 12     | Benzoic Acid + Salicylic Acid Cream 6% Benzoic Acid + 3% Salicylic Acid Cream in 100grams tube - Cream |                 |                        |           |        |
| 13     | Bisacodyl Tablets IP 5 mg(Enteric Coated)  |                 |                        |           |        |
| 14     | Calcium Carbonate with Vitamin D3 Tablets 500mg +250 IU  |                 |                        |           |        |
| 15     | Cetirizine Hcl Tablets IP 10mg   |                 |                        |           |        |
| 16     | Chlorpheniramine Maleate Tablets IP 4 mg   |                 |                        |           |        |
| 17     | Ciprofloxacin Tablets IP 500 mg  |                 |                        |           |        |
| 18     | Ciprofloxacin Hcl Eye /Ear Drops IP 0.3% w/v in 5 ml   |                 |                        |           |        |
| 19     | Cotrimaxazole Oral Suspension IP. 40mg+200mg   |                 |                        |           |        |
| 20     | Cotrimaxazole Tabs. IP 160mg+800mg (Trimethoprim+Sulphamethoxazole)                                    |                 |                        |           |        |
| 21     | Dexamethasone Injection IP 8 mg / 2ml  |                 |                        |           |        |
| 22     | Diclofenac Sodium 50mg Tablets IP (Enteric coated Tablets)   |                 |                        |           |        |
| 23     | Domperidone Tablets IP 10 mg   |                 |                        |           |        |
| 24     | Doxycycline Hcl Capsule IP 100 mg  |                 |                        |           |        |
| 25     | Enalapril Maleate Tablets IP 5mg   |                 |                        |           |        |
| 26     | Etophylline 77mg + Theophylline 23mg Tablets IP  |                 |                        |           |        |
| 27     | Etophylline 84.7 mg + Theophylline 25.3mg / ml in 2ml  |                 |                        |           |        |

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|    |   |  |  |  |  |
|----|---|--|--|--|--|
| 28 | Furazolidone Suspension IP 25mg/5ml,60ml                              |  |  |  |  |
| 29 | Furazolidone Tablets IP 100 mg  |  |  |  |  |
| 30 | Furosemide Tablets IP 40mg  |  |  |  |  |
| 31 | Gamma Benzene Hex chloride Lotion 1% in 60ml bottle                   |  |  |  |  |
| 32 | Glibenclamide Tablets IP 5mg  |  |  |  |  |
| 33 | Iron Folic Acid Large Blue Enteric Coated                             |  |  |  |  |
| 34 | Lignocaine Hcl Injection 2% in 30 ml Vial                             |  |  |  |  |
| 35 | Metformin Tablets IP 500 mg   |  |  |  |  |
| 36 | Metronidazole Tablets IP 400 mg (Film Coated )                        |  |  |  |  |
| 37 | Oral Rehydration Salts IP (ORS) 20.5gm WHO formula with citrate salts |  |  |  |  |
| 38 | Pantoprazole (Enteric Coated) Tablets 40mg                            |  |  |  |  |
| 39 | Paracetamol Syrup IP (Non-Alcohol based) 125 mg / 5 ml in 60ml        |  |  |  |  |
| 40 | Paracetamol Tablets IP 500 mg   |  |  |  |  |
| 41 | Pheniramine Maleate Injection IP 22.75 mg / ml in 2ml amp             |  |  |  |  |
| 42 | Povidone Iodine Solution 5% , 500ml bottle                            |  |  |  |  |
| 43 | Prednisolone Tablets IP 5mg   |  |  |  |  |
| 44 | Salbutamol Sulphate Syrup IP 2 mg / 5 ml in 100 ml bottle             |  |  |  |  |
| 45 | Salbutamol Sulphate Tablets IP 2 mg                                   |  |  |  |  |
| 46 | Sodium Chloride Injection IP 0.9%in 500ml BFS / FFS                   |  |  |  |  |
| 47 | Surgical Spirit Solution BP in 500ml                                  |  |  |  |  |
| 48 | Vitamin A and D Therapeutic   |  |  |  |  |
| 49 | Erythromycin Tab 500mg  |  |  |  |  |
| 50 | Glimipride Tab 1mg  |  |  |  |  |
| 51 | Losartan Potassium Tablets IP 50 mg (film coated)                     |  |  |  |  |
| 52 | Nitrofurantoin Tablets IP 100 mg                                      |  |  |  |  |
| 53 | Phenytoin sodium Tablets IP 100mg                                     |  |  |  |  |
| 54 | Sodium valporate Tablets IP 200mg                                     |  |  |  |  |

## APMMU Cost Data Collection tool

### Section 7 consumables

The consumables includes all the medical and non-medical type of consumables. Please ask the pharmacist about the list about its completeness, if asks to add some items which are not included in the list please add if you find it relevant to the Mobile medical unit project.

Table 7a– Consumable-Medical

| Sr no. | Name of Items  | Model & make | Code | Doctors view | Unit cost | Year of purchase | Shared between patients 1=yes, 2= no |
|--------|--|--------------|------|--------------|-----------|------------------|--------------------------------------|
| 1      | Absorbent Cotton 500gms                                    |              |      |              |           |                  |                                      |
| 2      | Gauge Cloth (Medical) 20m x100cm                           |              |      |              |           |                  |                                      |
| 3      | Intra Venous Set   |              |      |              |           |                  |                                      |
| 4      | Micro Slide 76 X 26 X 1.35mm ( -0.20 mm ) Box of 50 Slides |              |      |              |           |                  |                                      |
| 5      | Paper Plaster Size: 1"                                     |              |      |              |           |                  |                                      |
| 6      | Reagent strips for urine tests                             |              |      |              |           |                  |                                      |
| 7      | Sterile Blood Lancets Ethylene Oxide                       |              |      |              |           |                  |                                      |
| 8      | Surgeons Mask  |              |      |              |           |                  |                                      |
| 9      | Disposable Syringe with Needle Sterile 5cc, 23 Gauge       |              |      |              |           |                  |                                      |
| 10     | Gloves, Surgical, Disposable 6 1/2"                        |              |      |              |           |                  |                                      |
| 11     | Gloves, Surgical, Disposable 7 1/2"                        |              |      |              |           |                  |                                      |
| 12     | Green cloth 91cm Length One Meter                          |              |      |              |           |                  |                                      |
| 13     | Blood Glucose Testing Strips                               |              |      |              |           |                  |                                      |

Table 7b – Non-Medical consumable

| Sr no. | Name of Items | Model & make | Code | Doctors view | Unit cost | Year of purchase | Shared between patients 1=yes, 2= no |
|--------|---------------|--------------|------|--------------|-----------|------------------|--------------------------------------|
| 1      | Register 1    |              |      |              |           |                  |                                      |

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|    |                     |  |  |  |  |  |  |
|----|---------------------|--|--|--|--|--|--|
| 2  | Register 2          |  |  |  |  |  |  |
| 3  | Register 3          |  |  |  |  |  |  |
| 4  | Register 4          |  |  |  |  |  |  |
| 5  | Register 5          |  |  |  |  |  |  |
| 6  | Register 6          |  |  |  |  |  |  |
| 7  | Medicine Pouch      |  |  |  |  |  |  |
| 8  | Patient Booklet     |  |  |  |  |  |  |
| 9  | OPD form 1          |  |  |  |  |  |  |
| 10 | OPD form 2          |  |  |  |  |  |  |
| 11 | OPD form 3          |  |  |  |  |  |  |
| 12 | Beneficiary Booklet |  |  |  |  |  |  |
| 13 |                     |  |  |  |  |  |  |
| 14 |                     |  |  |  |  |  |  |
| 15 |                     |  |  |  |  |  |  |

**Section 8 equipment**

Ask the pharmacist about the medical and non-medical equipment. Ask then pharmacist to show stock register of the medical and non-medical equipment items. First, develop a line list after inspecting the health MMU. After line, listing please ask the pharmacist to add or subtract the extra items. The purchasing price, useful life years and the quantity of the items.

**Table 8a - Equipment Medical**

| Sr no. | Items Name               | Asset Code | Model and make | Quantity | Year of purchase | Purchasing price | Years of useful life |
|--------|--------------------------|------------|----------------|----------|------------------|------------------|----------------------|
| 1      | 12 LEAD ECG Machine      |            |                |          |                  |                  |                      |
| 2      | Ambu Bag Adult           |            |                |          |                  |                  |                      |
| 3      | Ambu Bag Pediatrics      |            |                |          |                  |                  |                      |
| 4      | Auto Pipettes            |            |                |          |                  |                  |                      |
| 5      | Auto Scope               |            |                |          |                  |                  |                      |
| 6      | B.P.Apparatus - Manual   |            |                |          |                  |                  |                      |
| 7      | Centrifuge Machine-Mini  |            |                |          |                  |                  |                      |
| 8      | Detachable Stretcher     |            |                |          |                  |                  |                      |
| 9      | Digital clock            |            |                |          |                  |                  |                      |
| 10     | Dressing Drum (11 X 9)   |            |                |          |                  |                  |                      |
| 11     | Examination Torch        |            |                |          |                  |                  |                      |
| 12     | Height Measurement Chart |            |                |          |                  |                  |                      |



**APMMU Cost Data Collection tool**

|           |                                   |  |  |  |  |  |  |
|-----------|-----------------------------------|--|--|--|--|--|--|
| <b>13</b> | Hemoglobin Meter-Manual           |  |  |  |  |  |  |
| <b>14</b> | Laboratory Table -Portable        |  |  |  |  |  |  |
| <b>15</b> | Microscope-Light Source           |  |  |  |  |  |  |
| <b>16</b> | Nebulizer                         |  |  |  |  |  |  |
| <b>17</b> | Needle Cutter                     |  |  |  |  |  |  |
| <b>18</b> | Ophthalmoscope                    |  |  |  |  |  |  |
| <b>19</b> | Needle cutter (manually operated) |  |  |  |  |  |  |
| <b>20</b> | Add if required                   |  |  |  |  |  |  |

Table 8b Non-Medical equipment

| Sr no.    | Items                        | Asset Code | Model and make | Quantity | Year of purchase | Purchasing price | Years of useful life |
|-----------|------------------------------|------------|----------------|----------|------------------|------------------|----------------------|
| <b>1</b>  | Amplifier With Mic           |            |                |          |                  |                  |                      |
| <b>2</b>  | Fire Extinguisher            |            |                |          |                  |                  |                      |
| <b>3</b>  | Laser Printer                |            |                |          |                  |                  |                      |
| <b>4</b>  | Refrigerator 60Ltrs          |            |                |          |                  |                  |                      |
| <b>5</b>  | Screen (Green Curtain)       |            |                |          |                  |                  |                      |
| <b>6</b>  | Soap Container Box - Plastic |            |                |          |                  |                  |                      |
| <b>7</b>  | Speakers                     |            |                |          |                  |                  |                      |
| <b>8</b>  | Water Purifier-Pure IT       |            |                |          |                  |                  |                      |
| <b>9</b>  | GPS                          |            |                |          |                  |                  |                      |
| <b>10</b> | Chloroscope                  |            |                |          |                  |                  |                      |
| <b>11</b> | Plastic Crates (Drug Boxes)  |            |                |          |                  |                  |                      |
| <b>12</b> | Counter Display Boards       |            |                |          |                  |                  |                      |
| <b>13</b> | Laptop E4080                 |            |                |          |                  |                  |                      |
| <b>14</b> | Android Tablet               |            |                |          |                  |                  |                      |
| <b>15</b> | D-Link device DWR 720        |            |                |          |                  |                  |                      |
| <b>16</b> | Web Cam                      |            |                |          |                  |                  |                      |
| <b>17</b> | TP Link                      |            |                |          |                  |                  |                      |

**APMMU Cost Data Collection tool**

|    |             |  |  |  |  |  |  |
|----|-------------|--|--|--|--|--|--|
| 18 | MMU Vehicle |  |  |  |  |  |  |
|    |             |  |  |  |  |  |  |
|    |             |  |  |  |  |  |  |
|    |             |  |  |  |  |  |  |
|    |             |  |  |  |  |  |  |

**Section 9 furniture assessment**

Ask the pharmacist/upper division clerk/ account manager regarding this section. After the MMU, inspection try to come with a line list of all the furniture in the MMU and validate it with the furniture stock register. Get the purchasing price, year of purchase and useful life year. If prices not present with health MMU then state head office centrally procures after the demand made by the health MMU.

**Table 9 - Furniture in MMU**

| Sr no. | Item's Name     | Model and make | Asset Codes | Quantity | Year of purchase | Purchasing price | Years of useful life |
|--------|-----------------|----------------|-------------|----------|------------------|------------------|----------------------|
| 1      | Foldable Chairs |                |             |          |                  |                  |                      |
| 2      | Foldable Tables |                |             |          |                  |                  |                      |
| 3      | Patient Stool   |                |             |          |                  |                  |                      |
| 4      | Towel Holder    |                |             |          |                  |                  |                      |
| 5      |                 |                |             |          |                  |                  |                      |
| 6      |                 |                |             |          |                  |                  |                      |
| 7      |                 |                |             |          |                  |                  |                      |
| 8      |                 |                |             |          |                  |                  |                      |
| 9      |                 |                |             |          |                  |                  |                      |
| 10     |                 |                |             |          |                  |                  |                      |

Almirah (Big steel)=1,Almirah (Small steel)=2,Almirahs (Small wooden)=3,Armless chairs=4,Bed side attendant chair=5,Bed side locker=6, Bed side Scree=7, Bed side table=8,Buckets=9,Centrifuge=10,CFL tubes=11,Bulbs=12,Clock /watch=13,Coat rack=14,Curtain rods=15,Curtains=16,Cylinder=17,Delivery table=18,Dressing trolley=19,Drum with tap for storing water=20,Examination bed=21,tableFans=23Foot step=24,Hand washing basin=25,Height measuring stand=26,Inpatient iron bed=27,Kerosene stove=28,tables=29,Large medicine cupboard=30,Large steel benches=30, Large wooden benches=31, Mattress=32, Medicine chest=33, Medicine trolley=34,Metal chair=35, Metal file cabinet=36,Microscope=37,Mugs=38,Operation Lamp=39, Plastic bin=40,Refrigerator=41,Rubber / plastic shutting Sauce pan with lid Side =42,Wall mounted fan=43,Side wooden racks=44,SinkStool (steel )=45.

## APMMU Cost Data Collection tool

### Section 10 Information, education and communication and water testing

Prepare the list of all the Mobile medical unit wall paintings, posters, print material displayed in the Health MMU. Look for any audio and video materials used in the MMU. Ask the Pharmacist to show the IEC stock register, and now asses for yourself the IEC materials used for the FP services individually and in combinations.

Q1. What is the number of public meeting conducted by the MMU in the last year? \_\_\_\_\_

Q2. What is the total number of the beneficiaries reached by the MMU in the last year? \_\_\_\_\_

Table 10 - IEC

| Item   | Unit of Measure | No. consumed in period | Unit Cost | PERIOD |
|--|-----------------|------------------------|-----------|--------|
| <b>Display on all facilities (posters/ wall paintings)</b> |                 |                        |           |        |
| a) Poster  |                 |                        |           |        |
| b) Wall Paintings  |                 |                        |           |        |
| <b>Print materials (handouts/ flipcharts)</b>              |                 |                        |           |        |
| a) Handouts  |                 |                        |           |        |
| b) flipcharts  |                 |                        |           |        |
| <b>Audio materials (CDs) for local broadcast</b>           |                 |                        |           |        |
| <b>Video materials (CDs) for projections</b>               |                 |                        |           |        |
|  |                 |                        |           |        |

Table 11 - IEC

| Sr no | Description of Water testing procedure (specify the name of HR carrying out the testing and also Instrument, time, consumables required for the procedure with the periodicity also) | HR personnel- Doctor | HR personnel- Nurse/any one carries out the activity |
|-------|--|----------------------|--|
|       |  |                      |  |
|       |  |                      |  |
|       |  |                      |  |