



Guidelines for Operation & Management of Urban Mobile Health Unit (MHU): under PPP

ODISHA

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MANAGEMENT OF MOBILE HEALTH UNIT (MHU) IN URBAN AREAS IN PPP MODE UNDER NUHM, ODISHA

1. Introduction

The National Urban Health Mission (NUHM) seeks to improve the health status of the urban population particularly of the poor and disadvantaged segment of population by facilitating equitable access to quality health care through a revamped public health system and community based mechanism with the active involvement of the urban local bodies. In consideration with the urban poor and disadvantaged section of the community, it is increasingly realized that a sizeable percentage of population do not reside in slums but stay in temporary settlements. They are termed as homeless, destitute, beggars, street children, construction workers, coolies, rickshaw pullers, sex workers, street vendors or other such migrant workers. To address the health needs of such groups and improving the reach of the health care services, NUHM targets these segments consciously, irrespective of their formal status of resident ship.

Similarly, the urban poor living in slums or slum like conditions especially the most vulnerable groups are exposed to wide array of diseases. Lack of access to health care delivery points backed by low health/treatment seeking behavior compound the plight of the poor and they are deprived of health facilities provisioned for them and in turn the incidence of preventable diseases and deaths rises alarmingly.

Hence, to address the health issues of the vulnerable sections of the community, the Urban Mobile Health Unit (MHU) has been planned for Bhubaneswar, Cuttack, Sambalpur, Berhampur, Khordha/ Jatani, Puri & Rourkela cities to provide health care delivery services at the door steps in urban slum areas. MHU is portable and self-contained vehicles managed by a team of medical and paramedical workers and are primarily envisaged to provide preventive, primitives and curative health care to both mobile vulnerable population and people living in inaccessible slums under difficult circumstances.

2. Objective

The objective of the MHU is to address the health issues of the vulnerable groups, especially the mobile population by providing preventive, promotive and curative health care services at their doorsteps on routine manner and thereby creating an enabling environment through awareness generation for improved health seeking behavior towards public health.

3. Coverage

One MHU will be covered in slum areas for every one lakh slum population. Hence, based on the concentration of the slum population in cities like Bhubaneswar, Cuttack, Berhampur, Sambalpur, Puri, Khordha/ Jatani and Rourkela this has been planned. The categories of vulnerable population in slums to be covered are given below;

Category –I

- Floating population in brick kilns construction sites & other locations
- Night shelters
- Railway station
- Habitation & work places of temporary migrants
- Street children, rag pickers, rickshaw pullers, Transgender, difficulty abide, Leprosy Colony.
- Homeless/ Houseless
- Residential or habitat based vulnerability
- Social/ occupational vulnerable population
- Domestic workers
- Elderly poor

Category –II

- Vulnerable slum population residing more than two kilometers distance from the UPHC/UCHC.

Category-III

- The MHU to be engaged in any emergency/ endemic / pandemic situation as per decided by competent authority.

The MHU will cover all the identified sites in a month.

4. Operational modalities of MHU

- a. The Urban MHU shall be operationalised & managed by the NGOs in PPP mode.
- b. The partner NGOs shall be selected through open advertisement followed by transparent selection procedure.
- c. The City Health Society/ District Health Society will sign an agreement with selected NGOs for operation of the MHU. The ADUPHO/ CDM & PHO would be the point person for management of MHU in the cities/ districts.
- d. The CHS/ DHS will identify the sites for the visit of MHU.
- e. The MHU will operate as per the micro plan approved by CHS/ DHS.
- f. Fixed day, fixed site and fixed time will be followed by the MHU. Proper branding of the MHU vehicle and fixed sites shall be made.

- g. Maximum two sessions (Morning & afternoon/evening) in a day to be conducted in providing services to the identified population group. Duration of the session should not be less than four hours, excluding travel time.
- h. The services under the MHU will be display in each MHU visit sites.
- i. In a month, the MHU will visit 22 days to different sites and 4 days will be reserved for reporting/meetings/ other activities.
- j. The performance of the MHU shall be reviewed at city/ district level on routine (monthly) basis.
- k. The performance of the partner NGO shall be assessed based on the deliverables.

5. Services to be provided by MHU

(a) Consultation, Screening & Referral

General services

- Consultation and treatment of common ailments.
- Referral of complicated cases wherever required.
- Early detection of suspected TB, Malaria, Leprosy, along with referral for confirm sick and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes, Cancer and cataract cases etc.
- Minor surgical procedures and suturing etc.
- Distribution of essential drugs

(b) RMNCH + A Services

- Ante-Natal checkup and related services e.g. injection - tetanus toxoid, iron and folic acid tablets, basic laboratory tests such as hemoglobin, urine for sugar and albumin and referral for other tests as required
- Referral for complicated pregnancies
- Promotion of institutional delivery
- Post-natal checkup
- Treatment of common childhood illness such as diarrhea, ARI/Pneumonia, complication of measles etc.
- Co-ordination with ILR points and RI program
- Mobilization to denatures/dropouts for immunization
- Treatment of RTI/STI
- Adolescents care such as lifestyle education, counseling, treatment of minor ailments and anemia, promoting healthy life style etc.
- Use of PTK for pregnancy detection
- Detection & referral of SAM

(c) Family Planning Services

- Counseling for spacing and permanent method
- Distribution of Nirodh, oral contraceptives, emergency contraceptives
- Counseling for CAC/safe abortion services

(d) Non Communicable Disease (NCD)

- Blood pressure examination
- Blood sugar examination for detection of diabetes cases/blood sugar monitoring for under treatment cases.
- Health education/ IEC and awareness on cervical, breast and oral cancer. Propagating –Self breast examination (SBE), technique of self breast examination , Referral of women/high risk patient to urban CHC/PHC/other hospitals
- BMI- Measurement of height and weight , over weight/obesity
- Patient counseling for LSM for all population/specially people diabetes, HIN, obesity, tobacco and alcohol users.
- Referral of all cases of having visual, hearing an mental problems to DHQ/Capital hospital/tertiary institutions

(e) Disease Control Program

- Early detection of suspected TB, Malaria , Dengu, leprosy cases and referral to higher institutions

(f) Diagnostic

- Investigation facilities like Blood sugar, hemoglobin, urine examination for sugar and albumin, blood pressure, PTK
- Screening of breast cancer, cervical cancer & oral cancer etc.
- Smear for malaria/RDK.
- Clinical detection of leprosy, tuberculosis and locally endemic diseases

(g) IEC/BCC and Counseling

- Material on health including RMNCH +A, personal hygiene, proper nutrition, use of tobacco, Non communicable Disease and Diseases Control Program, PNDD Act, RT/STI, HIV/AIDS,IYCF shall be used for public awareness.
- Counseling sessions in the sites on various themes.

6. Manpower for each MHU

The Urban MHU team shall consist of following team members;

Sl. No	Categories of positions	Required qualification
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1	Allopathic Doctor -1 (preference). (In case none available of MBBS; the AYSH Doctor can be hired. Female may be given preference as RMNCH + A is one of the key activities of MHU)	Allopathic Doctor – Must be a MBBS with valid registration certificate of OMC. AYUSH Doctor- Must be a BAMS/BHMS with valid registration license from their respective State Councils.
2	ANM- 1	Passed from Govt./Govt. recognized ANM School. Should have valid license form Odisha Nursing & Midwives Council.
3	Pharmacist- 1	D.Pharma / B.Pharma with valid license.

The above staff shall be engaged by the NGO. Before engagement, the concerned ADUPHO/DPHO shall verify the qualification, registration/license and other relevant documents in original. The staff engaged by the NGO for MHU can't claim their service for regularization in Govt., or taken over by NHM at any circumstances.

7. Support services by MHU

- The MHU will equipped with all medical equipment's to provide the above mentioned services at various locations as per the micro plan.
- IEC materials for awareness generation at the camp site shall be available well in advance with ASHA to help strengthen the health and treatment seeking behavior of the vulnerable communities.
- The supply chain management along with ensuring the replenishment is the responsibility of the MO I/C of the UPHC.
- The drugs and other medical equipments will be taken from the respective UPHCs.
- In case of any critical emergency patient found during the camp, the MHU vehicle may refer the patient to the nearest UCHC, if required but not mandatory.

8. Inter sect oral Coordination

- During the camp site, it is suggested to have coordination among all the frontline workers of line departments (ULBs, PHEO, ICDS, MAS, School & Mass Education) to maximize the opportunities of strength.
- MAS shall be well informed the date and timing of the camps so that they participate fully in mobilizing people in need for services

- ASHA may be kept in the loop and acts as the point person during the camps at different slum locations. ASHA should be engaged in awareness creation & mobilization of patients in association with MAS to treatment points in the slum.

9. Monitoring& reporting.

- MHUs activities shall be monitored on daily basis by the City Health Society/ District Health Society with the support of City PMU/ District PMU.
- The ADMO (PH) with the support of City PMU will take review of the MHU activities in every month in a fixed day, where the ULB officials will be present.
- The performance of the NGO in operation of MHU shall be assessed based on the deliverables in quarterly basis.
- The NGO will report on the activities of the MHU to the CHS on monthly basis in a standardized format.
- NHM, Odisha may conduct any assessment/evaluation as and when required.

10. Duration of the project partnership.

The duration of the project shall be initially till _____. However, the project may be extended subject to the fund provision by MoH&FW, GoI in NUHM PIP and satisfactory performance of the NGO in MHU operation.

11. Number of MHUs to be operationalised.

Sl. No	Name of the Cities	Total number of MHU sanctioned
1	Bhubaneswar	3
2	Cuttack	1
3	Rourkela	1
4	Sambalpur	1
5	Berhampur	1
6	Khordha/ Jatani	1
7	Puri	1
Total	7	9
The Number can be increased/ reduced as per the situation.		

12. Role of different stakeholder

12. A. Role of City Health Society/ District Health Society

- Signing of MOU

- Release of funds, review and monitoring of the programme
- Capacity building support to the NGOs/steering committee
- Documentation of the programme
- Submission of reports to Govt. /NHM
- Termination of the partnership

12. B. Role of DPMU/CPMU

- Monitoring and supervision
- Support & guidance to the NGO for effective implementation MHU
- Compile the monthly report and submit the same to State
- Documentation

12. C. Role of NGO

- Submission of expression of interest to implement the programme
- Implementation of various activities under the programme after selection
- Attend the monthly & periodical meeting organized by deptt./ city/ district.
- Ensure that health services provided comply with the standard quality of care and other agreed norms established by Govt.
- Appointment of qualified staff and proper training as mentioned in the guideline issued by the Mission Director NHM Odisha.
- Engagement of vehicle with necessary equipment's. During the period when the vehicle is out of order the NGO will make alternative arrangements for providing services.
- Preparation of the monthly plan of action and submission to ADUPH/ CDM & PHO.
- Submission of progress report on monthly basis to ADUPHO/ CDM&PHO/CHS/DHS
- Documentation of the best practices/process
- Maintenance of records and proper utilization of funds
- Co-ordination with different deptts. Committee and other stakeholders
- Create community awareness to ensure utilization of health services