



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

**ODISHA**

**Mission Directorate**  
**National Health Mission, Odisha**  
**Department of Health & Family Welfare,**  
**Government of Odisha**

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

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### **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 & 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, primitives 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 population. Hence, based on the concentration of the slum population in cities like Bhubaneswar, Cuttack and Rourkela this has been planned. The categories of vulnerable population in slums to be covered are given below;

#### Category –I

- Floating population in bricks kilns construction sites & other locations
- Night shelters
- Railway station
- Habitation & work places of temporary migrants
- Street children, rag pickers, rickshaw pullers

#### Category –II

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

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 will sign an agreement with selected NGOs for operation of the MHU. The ADMO, PH would be the point person for management of MHU in the cities.
- d. The CHS will identify the sites for the visit of MHU.
- e. The MHU will operate as per the micro plan approved by CHS.
- f. Fixed day, fixed site and fixed time will be followed by the MHU. Proper banding 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 level on routine 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 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 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 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, PNDT 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;

SI No	Categories of positions	Required qualification
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 ADMO (PH) 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, 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 with the support of City 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 31st March 2015. 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	2
2	Cuttack	1
3	Rourkela	1
<b>Total</b>	<b>3</b>	<b>4</b>

#### 12. Eligible criteria of the NGO for making partnership for this project

- Registration:** Three years under the Society Registration Act / Indian Trust Act. Registration under section 12-A of Income Tax Act, 1961 for exemption.
- District presence:** Office in the same district for last two year where the project applied for.
- Experience:** Minimum three years proven experience in H&FW programmes or any Social Development Sectors. Advantages will be given to NGOs having experience in operation of urban slum health project.
- Assets:** Minimum fixed assets of rupees five lakhs in the name of the NGO in terms of land / building / assets.
- Turnover:** Minimum of Rs. Ten lakhs( Rs. 10.00 lakh) as per the last balance sheet.
- The NGO has **not been blacklisted** by any Government (State or Central) Department or

Agency in India, which is in force during the currency of the contract.

- (g) **Any office bearer** on behalf of the NGO should not be convicted by any court of law in India or abroad for any **criminal offence**.
- (h) **Adverse report** against any NGO from the District / NHM / any Govt. Departments or partnership has been discontinued due to poor performance in implementation of any PPP projects under NHM identified during external evaluation shall not be eligible.

### 13. Selection criteria of the NGO for the project

The following process shall be followed in the selection of partner NGO for the project;

- (a) Wide advertisement in leading regional newspapers at State level.
- (b) Desk appraisal of the applications /proposals by a committee at District level.
- (c) Field appraisal of the shortlisted applications/proposals by a committee at District level under the direct supervision of District NGO Committee.
- (d) District NGO Committee headed by Collector & DM to finalise the NGO based on the field appraisal report and further recommendation to State NGO Committee.
- (e) The State NGO Committee of OSH&FWS will decide on final approval.

### 14. Withdrawal of partnership

In case of failure to comply with terms and condition of the MoU, City Health Society /NHM may suspend or cancel the MoU signed for the project. Similarly, CHS or NGO shall have the right to terminate the MoU at any time with **thirty days notice** in writing indicating reasons for the same to the other party. The Govt./NHM/CHS reserves the right to cease the operation of the bank account in which grant under this scheme credited by giving direction directly to the Banker. Govt. /NHM/CHS have the right to stop the funding to the NGO at any time without assigning any reason.

### 15. Application procedure

The interested and eligible NGOs may submit their application with necessary relevant signed documents in the prescribed application format (enclosed) only to the Chief District Medical Officer of concerned district where the project is required through speed post/registered post only before \_\_\_\_\_ by 5.00 P.M. Applications received after the due date or in an open envelope or lack of required information's shall be rejected. No personal enquiry shall be entertained.

## 16. Documents to be submitted with the application

- (a) Proposal for Urban MHU operation.
- (b) Self certified copy of the Society registration /Indian Trust Act certificate.
- (c) Self certified copy of the 12-A registration certificate.
- (d) Self certified copy of the 80- G registration certificate (if available).
- (e) Self certified copy of the Audit report for last three financial years (2011-12, 2012-13 & 2013-14).
- (f) Self certified copy of the last three annual reports (2011-12, 2012-13 & 2013-14).
- (g) Proof of infrastructure, land and building of minimum 5 lakhs as fixed assets in the name of the NGO and minimum of Rs. 10 lakhs turnover as per last balance sheet of 31/3/2014 (self certified copy).
- (h) Proof of District presence since last two years on the basis of land record/patta/lease agreement etc (self certified copy).
- (i) Bye law and memorandum of the NGO (self certified copy).
- (j) Grant letters received from different organizations /Govt etc (self certified copy).
- (k) Experience on Health and Family Welfare Program with the support of Govt./ Donor Agencies ( attach the proof documents with self certification).
- (l) Experience in other social development sector (attach the proof documents with self certification).
- (m) Undertaking by the Agency that not been blacklisted or placed under funding restriction by any Government or Govt. Agencies.
- (n) Undertaking of the NGO that; any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.
- (o) Undertaking of the NGO that; has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.
- (p) Copy of PAN card.
- (q) Copy of Bank Account number

	<b>APPLICATION FORM FOR OPERATION &amp; MANAGEMENT OF URBAN MHU IN PPP MODE</b>  <b>Name of the City</b> _____  <b>Name of the District</b> _____	
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1	<b>Name of the Organization.</b>	
2	<b>Registered Office address with phone, fax number and email ID.</b>	
3	<b>Name of the Chief Functionary with Mobile number.</b>	
4	<b>Detail address with phone number of the District Office for which funding seeking.</b>	
5	<b>Whether district office located in NGO building or rented building.</b>	NGO building / Rent
6	<b>Year of operation of the activities in the District for which funding seeking.</b>	
7	<b>Which year the organisation has received 1<sup>st</sup> grant from Govt./Non-Govt. (attach copy)</b>	
8.	<b>a. Date &amp; year of society registration under Society Registration Act / Indian Trust Act (Attach copy)</b>	

	<b>b. Act under which registered</b>	
9	<b>Year of 12 A registration (Attach copy)</b>	
10	<b>a. Whether registered under 80 G (Attach copy)</b>	Yes / No
	<b>b. Whether FCRA registered organization (Attach copy of the registration)</b>	Yes / No
11	<b>Bank details (account number and address)</b>	
12	<b>PAN Number ( Attach photocopy)</b>	Yes / No

### 13. Financial turn over

Year	Income (Rs.)	Expenditure (Rs.)	Fixed asset as per the balance sheet (Rs.)
2011-12			
2012-13			
2013-14			

### 14. Experience in Health and Family Welfare Programme (with Govt. support)

Name of the program	Supported by	Programme duration (from-to)	Operational area	Project cost	Remark

(Attach copy of the sanction order/MoU)

### 15. Experience in Health and Family Welfare Programme (with support from other Agencies)

Name of the	Supported by	Programme	Operational	Project	Remark
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program		duration (from-to)	area	cost	

(Attach copy of the sanction order/MOU)

**16. Experience in other Social Development Programmes (with Govt. support)**

Name of the program	Supported by	Programme duration (from-to)	Operational area	Project cost	Remark

(Attach copy of the proof)

**17. Experience in other Social Developmental Programmes (with support from other agencies)**

Name of the program	Supported by	Programme duration (from-to)	Operational area	Project cost	Remark

**18. Experience in Health and Family Welfare Programme (with Govt. support) in the respective district/city applied for grant.**

Name of the program	Supported by	Programme duration( from-to)	Project cost	Remark

**19. Experience in Health and Family Welfare Programme (with support of other agencies) in the respective district/city applied for grant**

Name of the program	Supported by	Programme duration( from-to)	Project cost	Remark

**20. Experience in other Social Development Programmes (with Govt. support) in the respective district/city applied for grant**

Name of the program	Supported by	Programme duration( from-to)	Operational area	Project cost	Remark

(Attach copy of the proof)

**21. Experience in other Social Developmental Programme (with support from other agencies) in the respective district /city applied for grant**

Name of the program	Supported by	Programme duration( from-to)	Operational area	Project cost	Remark

**22. Detail project proposal for Urban MHU operation:**

**23. List of members of Managing Committee / Executive Committee of the Organisation:**

**24. Staff position of the Organisation as on 31/03/2014:**

Staff categories	Full time ( Number)	Part time ( Number )

**25. Undertaking of the NGO that; any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.**

**26. Undertaking of the NGO that; has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.**

**28. Any other information:**

**Declaration:**

I hereby certify that, I have read the rules and regulation of the Scheme/Project and the above information furnished is true to the best of my knowledge and belief.

**Signature of Chief Functionary with seal**

**Name of the Chief Functionary\_\_\_\_\_**

**NB:**

- 1. Incomplete applications will be rejected.**
- 2. Each page of the proposal document should be signed by the Chief Functionary of the Agency.**

## Annexure II: Suggested list of equipments

1. Folded Examination Table with steps
2. Torch
3. Stethoscope
4. BP apparatus
5. Clinical Thermometer
6. Weight/Height measuring machine
7. Measuring tape
8. Cold storage (vaccine carrier)
9. First aid kit
10. Resuscitation kits
11. Hemoglobinometer
12. Uristix
13. Syringes and needles
14. Suture instruments and material
15. Hub cutter
16. Vaginal specula
17. Water storage device
18. Linen and rubber sheets
19. Gloves
20. Glass slides
21. Stationery & furniture (folding table-1, chair-4 , stool-1)
22. Dust bins: separate for infective and non-infective waste.
23. Patient cards with NHM logo
24. Storage bins for drugs
25. Glucometer, Glucostrip/Lancet
26. Sputum Container
27. MUAC tape
28. Head Circumference tape
29. Baby weighing machine

### Annexure III: List of drugs

#### **Analgesics, Antipyretics and Non-steroidal Anti-inflammatory**

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

#### **Anesthetic**

1. Lignocaine Hydrochloride Topical Forms 2-5%
2. Lignocaine Hydrochloride Injection 1%, 2% + Adrenaline 1:200,000
3. Lignocaine Hydrochloride Injection 1%, 2%

#### **Anti-allergic**

1. Chlorophenyl maleate Tablets 10 mg, 25 mg/ Syrup 5 mg / 5 ml
2. Livo Centrizin

#### **Anti-infective/Antibiotics**

1. Amoxicillin Powder for suspension 125 mg / 5 ml;
2. Amoxicillin Capsules 250 mg/ 500 mg
3. Ampicillin Capsules 250 mg/ 500 mg
4. Ampicillin Powder for suspension 125 mg / 5 ml
5. Co-Trimoxazole Tablets (40 + 200 mg)
6. Co-Trimoxazole Tablets (80 + 400 mg)
7. Co-Trimoxazole suspension 40 + 200 mg / 5 ml

8. Doxycycline Capsules 100 mg
9. Erythromycin Syrup 125 mg / 5 ml
10. Erythromycin Estolate Tablets 250 mg/ 500 mg.
11. Metronidazole Tablets 200 mg, 400 mg
12. Tinidazole U Tablets 500 mg
13. Norfloxacin(400/200)

#### **Miscellaneous**

1. Albendazole Tablets 400 mg/ Suspension 200 mg/ 5 ml
2. Domperidone Tablets 10 mg/ Syrup 1 mg / ml
3. Oral Rehydration Salt/Zinc
4. Chloramphenicol Drops/Eye ointment 0.4%, 1%
5. Tetracycline Ointment 1% Hydrochloride
6. Methylethergometrine tablet 0.125 mg/
7. Iron and Folic Acid : Tablets large and small
8. Ranitidin Tab(150)
9. Hydrogen Peroxide Solution 6%
10. Povidone Iodine Solution 5%, 10%
11. Chlorine/Halogen tablets
12. Oral contraceptives
13. Condoms
14. Emergency contraceptives
15. Injection Tetanus toxoid
16. Drugs for all National Health Programs

17. Benzyl Benzoate for scabies
18. Ondansetron for vomiting
19. Eye applicaps for conjunctivitis
20. Sterile gloves/ sterile dressings
21. Disposable syringes and needles
22. Intravenous sets/ stands
21. Rapid diagnostic test kits for malaria

**The list is only indicative. Other medicines may also be added based on the needs**

**NB: The city will provide necessary medicines/drugs to the MHU as per the indene**

## Budget Provision for MHU

SI No	Particulars	Cost Estimate (Monthly )	Cost Estimate (For 3 Months)
<b>I</b>	<b>Manpower cost</b>		
1	Medical Officer (AYUSH)	20,000	60,000
2	Pharmacist	10,688	32,064
3	ANM	10,300	30,900
	<b>Sub Total</b>	<b>40,988</b>	<b>1,22,964</b>
<b>II</b>	<b>Transportation cost</b>		
1	Hiring of vehicle (four wheeler)	18,000	54,000
2	POL/DOL	8,000	24,000
	<b>Sub Total</b>	<b>26,000</b>	<b>78,000</b>
<b>III</b>	<b>Medicine cost</b>		0
<b>IV</b>	Administrative cost to NGO (Management through PPP mode for documentation, report returns and other miscellaneous expenditure) 10% of Total project cost.	3,012	9,036

**PUBLIC PRIVATE PARTNERSHIP IN OPERATION & MANAGEMENT OF URBAN MHU**

**Memorandum of Understanding**

It is hereby agreed this ----- day of ----- between City Health Society, \_\_\_\_\_ - \_\_\_\_\_ (City) and \_\_\_\_\_ (implementing agency)

**Background**

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 & 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.

**Objectives**

The objective of the MHU is to address the health issues of the vulnerable groups, especially the mobile population by providing preventive, primitives 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.

### **Coverage**

One MHU will be covered in slum areas for every one lakh population. The categories of vulnerable population in slums to be covered are given below;

#### **Category –I**

- Floating population in bricks kilns construction sites & other locations
- Night shelters
- Railway station
- Habitation & work places of temporary migrants
- Street children, rag pickers, rickshaw pullers

#### **Category –II**

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

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

### **8. 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 and cataract cases etc.
- Minor surgical procedures and suturing etc.
- Distribution of essential drugs

### **9. 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
- Immunization clinics (to be coordinated with local Sub-centres/PHCs)
- Treatment of common childhood illness such as diarrhea, ARI/Pneumonia, complication of measles etc.
- Treatment of RTI/STI
- Adolescents care such as lifestyle education, counseling, treatment of minor ailments and anemia etc.
- Use of PTK for pregnancy detection
- Detection & referral of SAM

#### **10. Family Planning Services**

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

#### **11. Non Communicable Disease (NCD)**

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

#### **12. Disease Control Program**

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

#### **13. Diagnostic**

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

#### **14. IEC/BCC and Counseling**

- Material on health including personal hygiene, proper nutrition, use of tobacco, diseases, PNDT Act etc., RT/STI, HIV/AIDS, and IYCF shall be developed and used for public awareness.
- Counseling sessions shall be organized in the sites on various themes.

### **Support Services**

- The MHU will be 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.

### **Medicine support**

- Treatment and Free medicines to be provided to the patients
- The MHU will provide emergency services during the epidemic/disaster/public health emergency/accidents.

### **MHU team**

The Urban MHU team shall consist of following team members;

SI No	Categories of positions	Required qualification
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.

## **Role of stakeholders**

### **Role of CHS/City 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

### **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 district
- Documentation

### **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 equipments. 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 ADMO,PH .
- Submission of progress report on monthly basis to ADMO,PH/CHS/CHS
- 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

### **Period of Partnership**

The duration of the project shall be initially till 31st March 2015. 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.

The approved project activities shall be implemented by the NGO within the stipulated time. The MoU can be terminated by City Health Society at any time without assigning any reasons.

### **Report & Monitoring**

- The monitoring of the project will be undertaken by Govt.of Orissa, PPP Cell /NUHM Cell of NHM at State level and CHS/DPMU/CPMU.
- MHUs activities shall be monitored on daily basis by the City Health Society with the support of City 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.

### **Budget and release of funds**

The 1<sup>st</sup> installment (50%) will be released immediately after signing of MoU. The 2<sup>nd</sup> installment (rest 50%) will be released after receipt of the utilization of 75% of 1<sup>st</sup> installment.

The fund will be properly accounted in a separate bank account of NGO. The Bank A/C will be jointly operated by Secretary and Treasurer/President or as per norms of the organization. The interest earned on the deposit of the account should be shown in the final audited accounts of the project.

The accounts of the NGO shall open to check by the officials of Govt. of Orissa/ Accounts general of India/ NRHM/CHS/DPMU/BPMU.

### **Withdrawal of partnership**

Failure to comply with terms and condition of the MoU and directions issued from time to time by CHS Health & Family Welfare Department/ NHM may suspension or cancellation the MoU.

Either CHS or NGO shall have the right to terminate the MoU at any time with thirty days notice in writing indicating reasons for the same to the other party.

The CHS reserves the right to cease the operation of the Bank account in which grant under this scheme credited by giving direction directly to the Banker.

CHS has the right to stop the funding to the NGO at any time without assigning any reason.

Signed on behalf of NGO

Signed on behalf of

City Health Society

(Authorized members of the  
Governing Body)

(Authorized member of the  
Governing Body)

Date:

Date:

Name:

Name:

Designation:

Designation:

**Witness**

**Witness**

Signature of witness

Signature of witness

Name

Name

Address

Address

Each page on this MOU has to be signed by at least two office bearers of the organization who are authorized to operate upon and bind the funds of CHS/ Govt. of Orissa).

## Monthly Reporting of MHU

S l. N o .	District/City	Name of the MHU	Total no of Treatment points ( Slums + other points ) proposed to be covered in a month as per microplan	Meeting details :	Tour Details ( Visit to targeted slums + other areas )				Health Clinic : Cases treated				Type minor ailments treated (mention no. patients treated):					
				City level meeeting organised exclusively for MHU team members:	No of tour days performed	Total No of treatment point attended	No. of treatment point attended twice	No of days deployed for epidemic management	Adult Male	Adult Female	(<18 years of age)	Total (a+b+c )	A RI	Diarrhoea diseases	Skin diseases	Suspected Malaria	Others	

<b>Referal:</b>	<b>Malaria :</b>								<b>Blindness Programme :</b>									
<b>No of cases referred</b>	<b>No of fever cases attended</b>	<b>RDK test done (for no of cases )</b>	<b>No. of them diagnosed positive</b>	<b>No of them given treatment</b>	<b>No of BS Diagnosed positive</b>	<b>No of BS sent for examination</b>	<b>No. of them are under treatment</b>	<b>Suspected cases &amp; referred to designated Microscopic centre</b>	<b>No of under treatment cases followed up</b>	<b>No of cataract cases identified &amp; referred</b>	<b>No of cases referred cases undergone operation</b>	<b>CC distributed(no. of cycles )</b>	<b>OP distributed(no. of cycles )</b>	<b>No. of cases mobilised for male Sterilisation (in no.)</b>	<b>No. of cases mobilised for femal Sterilisation (in no.)</b>	<b>No. of regular monthly session conducted by MHU</b>	<b>No. of periodic session conducted at different sites</b>	

RCH Services (details of report must be sufficed to ANM concerned ):						Epidemic Management & Control :					IEC Activities :	
No of cases facilitated for registration at HWF within 3 months of pregnancy	No of ANC cases given TT	No of ANC cases given IFA 100	No of delivery cases transported through MHU Vehicle to nearest L0/L1/L2/L3 Insts.	IFA Large	IFA Small	No of Well disinfected 1st round	No of Well disinfected 2nd round	No of days engaged	Halogen tablet distributed (in nos)	No of ORS distributed (in nos)	Health education session conducted(n o.) in the sites	Health education session conducted(n o.) in other sites

