



# MOBILE HEALTH UNIT



## MOBILE HEALTH UNIT

The NRHM seeks to provide accessible, affordable and quality health care to the population in rural & inaccessible areas, especially the vulnerable sections. Given the status of public health infrastructure in our State, it is not possible to provide the desired services till the infrastructure is sufficiently upgraded. Factors negatively influencing in delivery of health services through existing public health institutions are as follows:

- ✍ Distance of remote villages from public health institution
- ✍ Geographical barriers to reach out to such pockets
- ✍ Lack of inadequacy in public transportation network & difficult terrain like, Ghat sections isolating the vulnerable sections of the society.
- ✍ Lack of health awareness & health consciousness among people, hinders in accessing health services on their own.
- ✍ No exclusive medical team to reach out to these disadvantaged sections.
- ✍ Mobile Health Unit (MHU) in our health delivery system is designed as an alternative model of rural health care delivery for a specified area with earmarked team of health professionals with supporting equipments & drugs. It is envisaged to provide preventive, promotive & curative health services in the inaccessible areas & difficult terrains which are un-served /underserved under usual circumstances.

### Mobile Health Unit: Successfully being implemented in KBK districts under RLTA

- ✍ Mobile Health Units have been functioning in Orissa successfully under long term action plan in 80 tribal blocks of KBK districts since 1995-96.
- ✍ The outcome of this unique model are encouraging such as
- ✍ Improved access to population groups in the difficult zones to the health system
- ✍ Reducing cases of hospitalisation & thus related costs.
- ✍ Screening campaigns (Cataract, TB etc.)
- ✍ Early diagnosis & timely referral of cases requiring hospitalisation.
- ✍ Increased awareness among focused population.

This proven project is proposed to be replicated in tribal blocks in the non KBK districts under NRHM.

### OPERATIONAL PLAN:

#### Monthly Work Plan

Activities	Allotted Days	Remarks
Camp programme/Field visit	24 days	Weekly/Fortnightly programme schedule may be developed taking local situation into consideration
Preparing Report & Return	1day	
Monthly Meeting	1day	May be organised monthly at district level
Weekly Holidays	4 days	May avail weekly/fortnightly or at a stretch at the end of a month as per Camp schedule
Deployed for any emergencies		As & when required
Attached to OPD/ other sections as deemed fit by MO (I/c) of respective block		This should be done without hampering monthly scheduled camp programmes
<b>Total</b>	<b>30 days</b>	



## Preparation of visit schedule:

The Medical Officer in-charge of Block PHC/CHC shall in consultation with Medical Officer in-charge of the M.H.U and such other functionaries, whom the Medical Officer in-charge of Block PHC/CHC considers proper, bring out a fortnightly camp programme of the M.H.U functioning in the Block. The camp programme shall be such that difficult villages are visited on a fixed day in each fortnight. This programme schedule has to be approved by RKS concerned.

Fixed day-Fixed time will be intimated to all concerned villages in advance & care should be taken to maintain regularity in these camps as per the schedule. The schedule will also be available at District HQ hospitals & nearby PHC(N)s so as to facilitate monitoring of the respective activity. A copy of the schedule should be sent to Collector, Sub-Collector, Tahasildar & BDO to facilitate effective monitoring at their level.

## MHU Team

Each M.H.U shall consist of the following personnel.

Position	Sanctioned Strength	Qualification	Details of selection procedure
Medical Officer(AYUSH)	1	BHMS/BAMS	
Pharmacist	1	Diploma in Pharmacy	
Health Worker(Female)	1	HSC Pass & must have undergone 18 months training course on MHW(F)	Annexed as Annexure-C
Driver (in case of Institutional van only)	1	10th Pass with light vehicle license	
Attendant	1	10th Std. Pass	

## Mode of Transportation

Private vehicle (Jeep Model) may be hired or if possible institutional vehicle may be repaired for scheduled visit of Mobile Health Units. Financial procedures for engaging private /Institutional vehicle are detailed at Annexure-C.

While ZSS will be responsible for maintenance of institutional vans, the maintenance of hired vehicles shall be the responsibility of the owner of the vehicle excepting minor repairs involving Rs.50/- or less. While on duty the vehicles shall be placed at the disposal of Medical Officer In-charge of the M.H.U and vehicle shall be used exclusively for the camp purpose. On off days of the week the vehicle may be checked-up and repairs undertaken.

TE shall be paid to the staffs observing TA/DA rules approved by OSHFWS(details in the budget section), for performing duty beyond a distance of 8 KM from the Block Headquarters or the M.H.U Headquarters (if this is different from the Block Headquarters) irrespective of distance covered & hours halted.



## Services to be Provided :

### ➤ Curative

- Treatment of minor ailments
- Referral of complicated Cases
- Early detection of TB, Malaria, Leprosy & other locally endemic communicable & non communicable diseases such as hypertension, diabetes & cataract cases.
- Minor surgical procedures & suturing

### ➤ Reproductive & Child Health Services

- Antenatal check up & related services e.g. Providing TT, IFA, basic Lab services such as haemoglobin, urine for sugar & albumin & referral of other tests as may be required.
- Referral of complicated pregnancies
- Promotion of Institutional Services
- Immunisation (To be coordinated with local Sub centre & PHC)
- Treatment of childhood illness
- Adolescent care such as life style education, counselling, treatment of minor ailments & anaemia etc.

### ➤ Family Planning Services

- Counselling for spacing & permanent method
- Distribution of Condom, Oral Pill, emergency contraceptives
- IUD insertion

### ➤ Diagnostic Services

- Investigation facilities like haemoglobin, urine examination for sugar & albumin
- RDK test for malaria
- Fixation of slide for diagnosis of TB

### ➤ Emergency services & care in times of disasters/epidemic/public health emergencies/accidents

### ➤ IEC/BCC campaign on different health issues

#### Monitoring & evaluation

#### Operational heads

Over all operationalisations of the scheme will be the responsibility the District Collector who is the chairperson of Executive Committee, ZSS. Administrative head will be the Chief District Medical Officer at district level. Reporting authority will be the block Medical Officer concerned. The Medical Officer In-charge of the M.H.U shall head the team.



## Other strategies

- MO (I/c) of MHU concerned shall maintain a register of work in which date-wise performance details shall be maintained on given heads:

- Names of the village covered
- Patient's details
- Particulars of medicine dispensed
- Particulars of examinations conducted if any
- Any peculiar health related matter worth reporting
- General opinion of the Medical Officer in-charge

The register of work of each M.H.U shall be presented to the Medical Officer of Block P.H.C / C.H.C of MHU head quarter for counter signature on return from the camp or before proceeding to next camp.

## ➤ Monitoring by District & Block level Officers

The district level monitoring need to be activated under the supervision of CDMO of the concerned district. All Wing Officers of district along with the staffs of DPMU (NRHM) as well as the Block Medical Officer, BPO will monitor the MHU activities as per the proposed tour schedule. The monitoring cost (mobility) may be met from the existing BPMU and DPMU mobility cost, if required.

## ➤ Monitoring by State level Officers

State level officers from NRHM, RRC, NGO Cell & Directorate while on tour to different districts shall make it a point to oversee the functioning of M.H.U and collect necessary information about their achievement shortcomings both in physical and financial target. They should also collect progressive details about the physical and financial achievement of the districts from the concerned Chief District Medical Officer.

## ➤ Payment Procedure:

- Work Certificate has to be countersigned by MO (I/c) for payment of salaries.
- The payment of salary and non-salary component shall be made by the P.H.C / C.H.C.

## ➤ Performance Indicators:

- No. of tour days with date and time of attending camps
- No. of villages visited
- Approximate patients treated basing on local population
- Preventive measures undertaken
- No. of schools covered
- Achievement in National Programme
- Engaged for management of any other sudden situations like epidemic, natural calamities etc .

## ➤ Budget:

For MHU in KBK Districts- Details in Annexure-A

For MHU in non KBK Districts- Details in Annexure-B

**Prepared by:**  
**Under Secretary, H& FW Dept.**  
**Consultant, Health Plan, NRHM**

**Addl. Secretary-cum-FA, H&FW Dept.**



**DISTRICT WISE ALLOCATION OF MHU IN DIFFERENT PHASES (NOW TO BE FUNDED UNDER NRHM)**

Sl. No.	District	KBK Dist. RLTA	Non- KBK Districts			Non-KBK Total	Total no. of MHUs in KBK & Non-KBK districts
			(ADAPT)	Sanction order no. - KBK-10/06 - 25017/ H dt. 7/11/08	Sanction order no. - KBK-10/06 - 1117/ H dt. 22/01/09		
1	Angul				1	1	1
2	Balasore			1	1	2	2
3	Baragarh			1	4	5	5
4	Bhadrak			1		1	1
5	Bolangir	15				0	15
6	Boudh			1	1	2	2
7	Cuttack					0	0
8	Deogarh			1		1	1
9	Dhenkanal			1	4	5	5
10	Gajapati		2		6	8	8
11	Ganjam					0	0
12	Jagatsinghpur			1		1	1
13	Jajpur					0	0
14	Jharsuguda			1		1	1
15	Kalahandi	14				0	14
16	Kandhamal		2	13		15	15
17	Kendrapara					0	0
18	Keonjhar		2		10	12	12
19	Khurda			1		1	1
20	Koraput	15				0	15
21	Malkangiri	10				0	10
22	Mayurbhanj		5		15	20	20
23	Nawarangpur	11				0	11
24	Nayagarh			1		1	1
25	Nuapada	6				0	6



**PROGRAMME COST FOR OPERATIONALISATION OF MMU (In KBK districts)**

Sl. No.	7	Unit cost	Cost Estimate (Monthly)	Cost Estimate (Annual)	Remarks
<b>I</b>	<b>Personnel Cost</b>				
1	Medical Officer (Remuneration @ Rs.8000/-p.m. + Special allowance @Rs.2000/-p.m)	10,000	10,000	120,000	
2	Pharmacist (Remuneration @ Rs.4000/-p.m. + Special allowance @Rs.300/-p.m)	4,300	4,300	51,600	
3	Health Worker (Female) (Remuneration @ Rs.3500/-p.m. + Special allowance @Rs.300/-p.m)	3,800	3,800	45,600	
4	Attendant-cum-Sweeper (Remuneration @ Rs.2000/-p.m. + Special allowance @Rs.150/-p.m)	2,150	2,150	25,800	
	<b>Sub Total</b>		<b>20,250</b>	<b>243,000</b>	
<b>II</b>	<b>Transportation cost</b>				
1	Hiring of vehicle	16,000	16,000	192,000	Procedures as followed for engagement of DPMU Vehicle to be maintained
2	Driver (Remuneration @ Rs.3000/-p.m. + Special allowance @Rs.150/-p.m)- in case Govt. vehicle is used	3,150			The cost will be met out of head "Hiring of vehicle"
3	Maintenance of institutional Vehicle	15,000			Repair/Maintenance of government vehicle will be done observing government guidelines if institutional vehicle is used instead of hired Vehicle then amount shall be borne from head "Hiring of vehicle"
4	POL/DOL	8,000	8,000	96,000	
5	TE (MO @Rs.45/- per day, Pharmacist/Health Worker(F)/ Driver @Rs.35/- per day & Attendant @Rs.30/- per day)	3,400	3,400	40,800	
	<b>Sub Total</b>		<b>27,400</b>	<b>328,800</b>	
<b>III</b>	Medicine (AYUSH + Modern Medicine)	24,000	24,000	288,000	Due procurement procedures to be maintained as per OGFR



Annexure (NRHM Int.) - 5

PROGRAMME COST FOR OPERATIONALISATION OF MMU (In non-KBK districts)

Sl. No.	7	Unit cost	Cost Estimate (Monthly)	Cost Estimate (Annual)	Remarks
<b>I</b>	<b>Personnel Cost</b>				
1	Medical Officer	7,000	7,000	84,000	
2	Pharmacist	4,000	4,000	48,000	
3	Health Worker (Female)	3,200	3,200	38,400	
4	Attendant-cum-Sweeper	2,000	2,000	24,000	
	<b>Sub Total</b>		<b>16,200</b>	<b>194,400</b>	
<b>II</b>	<b>Transportation cost</b>				
1	Hiring of vehicle	15,000	15,000	180,000	Procedures as followed for engagement of DPMU Vehicle to be maintained
2	Driver - in case Govt. vehicle is used	3,000			The cost will be met out of head "Hiring of vehicle"
3	Maintenance of institutional Vehicle	15,000			Repair/Maintenance of government vehicle will be done observing government guidelines if institutional vehicle is used instead of hired Vehicle then amount shall be borne from head "Hiring of vehicle"
4	POL/DOL	8,000	8,000	96,000	
5	TE (MO @Rs.45/- per day, Pharmacist/Health Worker(F)/ Driver @Rs.35/- per day & Attendant @Rs.30/- per day)	3,400	3,400	40,800	
	<b>Sub Total</b>		<b>26,400</b>	<b>316,800</b>	
<b>III</b>	Medicine (AYUSH + Modern Medicine)	24,000	24,000	288,000	Due procurement procedures to be maintained as per OGFR
<b>IV</b>	Other expenditure {Office Stationeries, Documentation, Cost of head load for transportation of medicines & other essential etc. to camp site at inaccessible pockets (as per actual), Expenses on hiring audio	500	500	6,000	