

National Rural Health Mission, State Health Society, Mumbai
MOBILE MEDICAL UNIT
Operational Guidelines for NGO

Introduction

Establishment of Mobile Medical Units is one of the innovative schemes which will provide health coverage to people living in the un-served and underserved deep interior and remote areas in the state. These Mobile Medical Units will be outsourced to NGOs/RKS for providing Medical Services in this area on day today basis.

A. Objectives of the Mobile Medical Units:

1. To provide Primary, Preventive, Curative, Promotive and Referral Health Services at the door step to the people in the un-served/underserved areas of the state.
2. To engage in providing essential quality Primary Health Care services to the people with diagnostic facilities.
3. To co-ordinate with the District Public Health Systems to achieve improvement in the Millennium Development Goals such as IMR, MMR, Life expectancy etc.

B. Area of Operation – Un-served & Underserved Areas in the State:

Un-served and underserved areas are those socio-economic backward areas, which do not have access to health care services from the existing government health infrastructure, especially tribal, hilly and desert areas geographically contiguous. And the areas includes where the posts of MO, ANM & LHV have been vacant for more than one year, the PHC is not equipped with minimal infrastructure, performance on critical RCH indicators is poor. Hereinafter this area is called as allotted area. Further details will be as mentioned in the contract document. **The list of allotted area is attached as annexure 6**

C. Execution of Agreement

The Agreement shall be executed initially for a period of one (1) year from the date of signing amongst SHS, Maharashtra and NGO. Renewal of the agreement will be on such terms and conditions and for such a period as may be mutually decided by both the parties, within the overall framework of the scheme.

D. Working of Mobile Medical Unit:

NGO Selected for the District shall operate the MMU as per the day to day plan chalked out in consultation with District Health Officer in the allotted area and implement the programme accordingly by issuing advance intimation to the concern Village Health & Sanitation Committee (VH&SC). District Health Officer to identify the spot in each of the village/ habitation for MMU vehicle dispense Health Services during the visit. Weekly /fortnightly planning of visit is given as details below. Availing weekly holiday, maintenance of vehicles day can be decided by the implementing agency.

Activities	Allotted Day	Remarks
Camp Programme/Field visit	20 days	Weekly/Fortnightly programme schedule to be developed taking in to consideration the local situation, could be decided in consultation with DHO
Medicine stock and Repairs & Maintenance of Vehicles	4 days	Every Saturday will be working for the said activity.
Preparing Report, Monthly meeting	1 day 1 day	On Monthly basis May be organized monthly at district level
Weekly Holidays	4 days	Avail weekly Sunday as holiday or fortnightly or at a stretch at the end of a month as per Camp schedule
Deployment for any emergencies		As & when required in consultation with District Health Officers.
Total	30 days	

E. Composition of Mobile Medical Unit:

Mobile Medical Unit consists of,

1. High body bus with following fittings :

- a) Four foldable seats for staff.
- b) Hooks for a intra-venous bottles.
- c) Brackets for Oxygen cylinder with adjustable straps.
- d) A detachable stretcher.
- e) Medicine cabinets.
- f) Instrument Cabinet.
- g) Automatic folding stretcher
- h) Small Refrigerator/ Ice Lined Refrigerator (ILR)
- i) Basins - 2
- j) Water Storage Tank
- k) Generator
- l) Water Pump

2. Furniture

- a) Examination table
- b) Cot - 1
- c) Chairs
- d) Storage of drugs, equipments, chemicals etc.
- e) Stool
- f) Waste collecting bins, as per Biomedical waste management specifications.
- g) Laboratory Table with Basin

3. Supporting Vehicle :

One Jeep will be provided for Medical Officer and staff to travel/ accompany MMU as supporting vehicle to reach the allotted area without delay. The supporting vehicle will be used for dispensing medicines.

4. Drugs:

All essential drugs are required to be in place & always available in the MMU for dispensation **free of cost** as per requirement. MO to maintain Stock Register for drugs & medicine with utilization in the prescribed format being used for Primary Health Centre.:

5. IEC Material:

It is necessary to create awareness & educate the masses in the areas about use of Medical Services rendered through MMU by using IEC material and methodology.

6. Supply of MMU Vehicles:-

Well equipped Mobile Unit with drugs, medical equipment, furniture, IEC material will be made available by the SHS, NRHM, Mumbai.

7. Ownership of MMU:

Ownership of Mobile Medical Unit (MMU) vehicles (both the vehicles) together with interior, furniture & fixtures, medical equipments, will vest with SHS, Govt. of Maharashtra. NGO will be responsible to operate as per the guidelines and conditions incorporated in the contract document.

8. Services to be rendered by NGO:

The NGO Selected for the district will offer medical services on behalf of the State Government, State Health Society & National Rural Health Mission free of cost for all the people availing the services of Mobile Medical Unit in the allotted area.

The NGO shall be responsible for providing:

Primary Health Care Services as mentioned below in the Geographical area assigned to NGO.

1. Curative Services
2. First Aid
3. Referral Services
4. Family Planning Services
5. Antenatal and Postnatal care
6. Immunizations only for missing children, not routine immunization programme
7. Epidemic Outbreak
8. Counseling on all matters, in particular HIV/AIDS
9. Implementation of National Health Programs
10. Health Education Activities and Environmental Sanitation
11. Designated Lab Tests or sample collection for sending to testing labs
12. Other health related services, as directed by the authorities.
13. The NGO should inform VHS & MC & local public regarding the timing and venue of the Mobile Medical Unit.

14. NGO should inform and seek the help for Departmental staff.
15. Shift any emergency patient to the nearest FRU which they come across during their visits to the village and maintain the record with detail address and the cause of emergency in the register and log book of the vehicle.
16. NGO will give feedback regarding any constraints or to modify the present system to the Project Authority (TMO, DHO and DPM) in writing with evidence.
17. NGO will make alternate arrangement if any of the staff abstain from their duty or goes on leave without disturbing the programme.
18. NGO will report immediately by telephoning the concerned authorities, in case of emergencies with a detail report in writing.
19. NGO will attend the periodical meetings organized by the department as and when called with a progress report and require information, represented by the respective authority of Mobile Medical Unit.

9. NGO will be responsible to ensure:

- (I) To render the standard quality of care as per the norms established by the SHS, NRHM, Mumbai.
- (II) To inform the program schedule to the nearby PHC Medical Officer
- (III) Participation in activities such as National Immunization Days respond appropriately to epidemics, other health emergencies, and carry out such other activities that the NRHM, SHS, Mumbai is responsible for.
- (IV) Careful attention to the needs of patients and communities and ensure that they are more involved and are satisfied with the health services that are provided.
- (V) Continuous and effective communication with the health authorities, represented by the District Health Officer (DHO) and the Taluka HO, Village Health & Sanitation Committee (VH&SC), Rogi Kalyan Samiti (RKS) and the local communities.
- (VI) Attend all the work performance reviews and programme meetings at Taluka, district and SHS levels as and when required & will be obliged to participate in all monitoring and evaluation activities called for by the NRHM, SHS, Mumbai.
- (VII) Implementation of innovative interventions identified and agreed to by the SHS during the quarterly meetings at state level.
- (VIII) Collection of data and report online with guidelines provided by the NRHM, SHS, Mumbai.

10. Appointment of Staff:

Appointment of qualified staff will be responsibility of NGO conforming to the State Guidelines, recruitment rules and regulations meant for each post. District Health Officer will supply copy of latest recruitment rules and regulations. The Medical, paramedical and other staff will be appointed on establishment of the NGO and they cannot claim employment under Government of Maharashtra.

11. Safety & Security of MMU Staff:

NGO will be solely responsible for safety & security of the Staff engaged for the purpose of MMU and for vicarious liabilities.

12. Training:

Training of the staff of the MMU & the stake holders with periodical update will be the responsibility of NGO in consultation with RCH officer under supervision of DHO.

13. Duties and Responsibilities of Mobile Medical Unit Staff:-

I) NGO:

The office bearer of the NGO should have knowledge of health services and management of the hospitals. Update knowledge as and when required by consulting the authorities SHS, DHO, THO and MO for better implementation of the Mobile Medical Unit Services.

II) Lady Medical Officer:

- a) L.M.O. is the team manager and shall be over all responsible for the effective functioning of the Mobile Medical Unit. The other staff of the Mobile Medical Unit should work under his supervision on day to day basis.
- b) L.M.O. shall be responsible for the effective implementation of Preventive, Curative and Promotive Primary Health Care Services along with emergency First Aid care services (Accidents, Snake Bite, Poisoning and Delivery) to the people in the designated area.
- c) L.M.O. shall refer needy patients to higher centers for treatment, keeping suitable records regarding the same, after issuing a clear descriptive referral slips.
- d) L.M.O. shall take immediate appropriate actions during outbreaks of diseases, epidemics etc. and inform concerned MO PHC, THO, DHO regarding the same and rendered adequate assistance when asked for, and maintains record of the same.
- e) L.M.O. shall work in coordination with the health staff of the department and also with the local authorities, with Village Health & Sanitation Committee (VH&SC), elected representatives to control or eradicate any health emergencies.
- f) L.M.O. shall monitors the National Programmes like:
 - 1) **Malaria:** L.M.O. shall make arrangements for collection of Blood smears (slides) from all new fever cases and distributes anti malarial drug (Chloroquin) as per age, prescribed. She/He makes an arrangement to handover these slides every alternate day to the laboratory for examination. If any case found is positive for malaria he sends the information to the concerned PHC for radical treatment and follow up action.
 - 2) **Tuberculosis:** Any fever case with more than 3 weeks of cough, to be referred the patient for sputum examination to the nearest Microscopic Centre (MC) and gets the report and takes follow up action. If patient found positive intimates the concerned PHC for appropriate treatment.
 - 3) **Immunization:** Immunization is to be conducted for missing children and not the routine Immunization programme of Government, in consultation and directions of THO/DHO, maintaining the cold chain.

- 4) **Family Welfare Programmes:** Counsels and refers priority couples to the nearest hospital for permanent or temporary methods of Family Planning.
- 5) **Leprosy, Blindness control** to be monitored as per the guidelines
- 6) L.M.O shall be in good terms with village health and sanitation committee, elected representatives and local authorities and treat, guide, mobilizes and counsels the local people for better service delivery. Also examine the ANCs and makes an arrangement for routine investigation if needed and refers to higher institutions as per requirement.
- 7) L.M.O shall insure good quality drugs are given along with compassion and humane approach.
- 8) The detailed guidelines shall be issued by concerned Departments of Directorate of Health Services – Disease Control Programmes.

III) Staff Nurse:

She shall assist the doctors, of Mobile Medical Units, and examine the ANCs attending the mobile clinic and counsel regarding the delivery and a moral support to the PNCs.

- 1) She should ensure the immunization of the mothers and children in a village. She should coordinate the immunization programme with the ANM of the nearby SC/PHC.
- 2) She shall develop a rapport with local Anganawadi workers, ANMs, ASHA and local Mahila Mandal / SHG's for a better service.
- 3) She takes care of cold chain maintenance for vaccines.
- 4) Under supervision of doctor will render Preventive, Promotive and Curative Primary health care services.
- 5) In addition to the above, she shall be responsible for counseling, testing and follow up of HIV patients.

IV) Pharmacy Officer:

1. Pharmacy Officer shall dispense the medicines to the patients prescribed by Medical Officer in the Mobile Medical Unit.
2. Pharmacy Officer shall assist the doctor in procuring the drugs and equipments from a good reputed companies.
3. Pharmacy Officer is responsible to take appropriate action for Bio Medical wastage management with doctor in-charge.
4. Pharmacy Officer shall maintain all adequate stock and issue registers with regular up-dation.

V) Laboratory Technician –

- 1) To carry out all ANC related examinations i.e. HB, Complete Blood Count, Blood Grouping, Blood sugar, ESR, Pregnancy test, Urine routine sugar, Albumin and microscopy, Urine Bile Salts, Bile Pigments, stool examination, Widal test, VDRL etc.
- 2) To carry out Sputum examination for AFB.
- 3) To carry out PBSS examination for Malaria.

- 4) To work in coordination with RNTCP & NVBDCP for quality monitoring and keep the required documents / records as per program guidelines.
- 5) To carry out sickle cell solubility test.
- 6) To prepare monthly report and submit to THO and DPM.
- 7) Carry out all other duties ordered by concerned Medical Officer of MMU

All services rendered by the Mobile Medical Unit will be given free of cost.

The staff of Mobile Medical Unit and the NGO shall be humane in approach and responsive to the public representatives, officer of the department and among themselves.

14. Responsibility of Department:

a) NRHM, SHS & Public Health Department:

- 1) Overall supervision and monitoring of working of the Mobile Medical Units.
- 2) Periodically inspect the Mobile Medical Unit and the area of operation & cross checks the activities in the field.
- 3) Periodically examines the records maintained by the Mobile Medical Units.
- 4) Exercise right to continue or terminate the services of NGO's, on the basis of services, as per contract.
- 5) Approve or otherwise, any additional requests made by the NGO to run the Mobile Medical Unit.
- 6) Approve or otherwise, any change of designated place, day and time of Mobile Medical Unit.

b) DHO:

- 1) Overall supervision, monitoring and evaluation of the functioning of MMUs in the districts.
- 2) Supply the drugs, vaccines, IEC materials (of vertical health programmes) and support to the NGO and the staff of the Mobile Medical Unit to carry out a effective services in the area.
- 3) Take appropriate action in case of any medical emergencies and out breaks.
- 4) Call any person from the NGO for Taluka level or District level periodical meetings, without jeopardising the MMU functioning.
- 5) Verify the qualification of Medical Officer and the staff of the NGO.
- 6) Report in a prescribed format on monthly basis as Annex - 5.

c) DPM:

- 1) Monitor the functioning of Mobile Medical Unit.
- 2) Submit the monthly report of Mobile Medical Unit to the SHS, NRHM, Mumbai office at Mumbai.
- 3) Cooperate officer in between the DHO and Mobile Medical Unit.
- 4) Coordinate action in effective implementation of all National Health Programme in designated Mobile Medical Unit areas.
- 5) Check the qualification of staff of Mobile Medical Unit, when felt necessary.

d) THO:

- 1) Monitor Mobile Medical Unit, operating in the Taluka.
- 2) Coordinate with the DHO for supply of the drugs, cold chain equipments, vaccines and IEC materials to carry out National Programmes in the field.
- 3) Take appropriate action in case of medical emergencies and out breaks, with the cooperation of PHC.
- 4) Check qualifications of the Medical Officer and staff of the NGOs as and when required.

e) MO:

- 1) The Medical Officer of the concerned PHC shall also monitors the regularity and quality of services rendered by the Mobile Medical Unit in his jurisdiction.
- 2) Deploy any staff of his PHC to take up IEC activities in the area along with IEC materials.
- 3) Treat or investigate the patients referred by the Mobile Medical Unit staff.
- 4) Shall arrange for the regular effective implementation of all vertical National Health Programme in the designated area of Mobile Medical Unit in his PHC area with his staff.
- 5) Create awareness of the Mobile Medical Unit among the population of the Mobile Medical Unit area.

f) ANM/MPW:

- 1) Monitor the MCH services carried out by Mobile Medical unit.
- 2) Coordinate the activities and programmes run by MMU staff.
- 3) Make follow up visits of the cases identified by MMU staff.

15. Use of MMU Vehicles

NGO must use the Mobile Medical Unit Vehicle, supporting vehicle and the staff exclusively for the purpose of rendering medical services in the allotted area & in no case divert the use of MMU other than the purpose for which it is assigned, failing which NGO will incur disqualification resulting into termination of contract, blacklisting and the penalty proportionate to the default committed.

16. Reporting System:

A monthly reports of visits by MMU, patients examination, stock of drugs / medicines and its utilization to be submitted to THO, DPM, RCH Officer and DHO, the State Project Office i.e. SHS before 10th of every month in the Annexure 2, 3 and 4.

17. Night Shelter for MMU and Staff :

NGO shall be responsible to make night halt facility for MMU Staff at their own cost in the safe and secure accommodation. MMU vehicles will be parked in the nearby Government Health Centre in the night time and on holidays fully at the responsibility of NGO. Movement register of MMU vehicle will be maintained at such Govt. health facilities.

18. Monitoring and Evaluation:

The Mobile Medical Units shall be monitored by concerned Medical Officer of the PHC, Taluka Health Officer, Districts Health Officer Periodically. For effective monitoring of the programme GPS system to be installed in the dispensary vehicle. The movement of the dispensary vehicle to be recorded at concerned Taluka Health Officer and Anganwadi worker. The outcome indicators will be analysed after one year and their performance will be evaluated.

19. Modification of Guidelines:

Guidelines can be modified by SHS, Mumbai as and when absolutely required considering the field experience for practical result and the interest of effective delivery of services.