



Health Awareness



For Service Providers 2014
Tamil Nadu

Circular No.10 / 2014

MOBILE MEDICAL UNITS (MMU) Functions and Guidelines



NATIONAL HEALTH MISSION

State Health Society - TN

DMS Complex, Chennai

Circular No.10 / 2014

**Roc No: 3543 / P5 / SHS / 2014,
Dated 24.06.2014**

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*“Science and art of preventing disease, prolonging life,
and promoting health through organized community efforts”*

Sub: MOBILE MEDICAL UNITS (MMU) – Functions and Guidelines issued – reg.

It is the well-known fact that, 385 Mobile Medical Units were sanctioned to 385 blocks throughout the state to have access to Quality Health Care for people living in remote areas, to Improve the health of the women and children and promote Healthy family: Healthy Village: Healthy Nation concept.

OBJECTIVES:

- To provide High Quality Reproductive and Child Health Services including laboratory services covering all the villages and hamlets as per the fixed day and fixed place plan specific for each block.
- To plan and implement Holistic Health Care Strategy covering the key areas of Primary Health Care components.
- To enhance the quality of home care of newborns and infants.
- To promote Village Sanitation and Prevention of Communicable Diseases
- To promote Health Literacy through Health Education

HUMAN RESOURCES:

For the Mobile Medical Unit to function effectively and to achieve its core objectives and deliver its services, Human Resources play a vital role. The following are the human resources sanctioned per MMU:

1. Medical Officer – 1
2. Staff nurse – 1
3. Driver – 1
4. Cleaner cum attender – 1

To provide a comprehensive health care service through Mobile Medical Units, the Government of Tamil Nadu upgraded the existing 385 Mobile Medical Units to “Hospital on Wheels Program (HoWP)”,

with an inclusion of Lab technician – 1 number per MMU with the above human resources already sanctioned.

OUTREACH SUPPORT TEAM:

- VHN / SHN
- HSC HI / PHC HI
- Block level staff shall attend in turn
- ASHAs (concerned)

ICDS staff, other community partners and adolescent girl volunteers to be encouraged to attend the camp.

PRINCIPLES FOR PLANNING:

To provide Health services to inaccessible areas / villages and to achieve the above said goals each Mobile Medical Unit is directed to observe the following points:-

- If there are any excess days during fifth week, these days can be utilized for left out area due to holiday or any out break area or any temporary settlements.
- On Tuesday afternoon MMU MO with team staff should attend the Primary Health Centre review meeting in rotation in all PHCs within the block for planning and discussing the issues related to the functioning of the MMU.
- Fixed day and fixed place policy to be followed.
- Monthly FTP Day plan should be displayed in PHCs, in all the important places and at the camp sites.
- **MMU vehicle, Medical Officer and staff should not be utilized for any other activities. If there is any vacancy in MMU due to any reason, MO/other staff should be deputed from the PHC. If MMU vehicle is on off road PHC vehicle within the block or nearby block to be deputed for the camp.**
- For particular location, beneficiaries can come from all around the location irrespective of the jurisdiction of the HSC or PHC.
- All the concerned field staff from the surrounding areas should participate in the camp.

CAMP SITE:

Mobile outreach camps should be conducted in a suitable building identified in consultation with the local health staff, Panchayath and community, preferable HSC building. If HSC building is not suitable Community Hall or School building, ICDS centre or any other suitable building to be identified.

SERVICES OFFERED:

The following services are to be provided by the Mobile Medical Units (MMU):

- Antenatal care \ Post natal care
- Immunization
- New Born screening \ Under five care
- RTI / STI management (Syndromic Treatment)
- Adolescent care
- Health checkup for ICDS children
- Treatment of minor ailments particularly for women and children
- Family Welfare counseling
- Fever surveillance.
- TB and Leprosy - new case detection, review and follow up
- Inspection of village drinking water supply system and general sanitation
- Laboratory services : Basic laboratory services like PS for MP, Hb estimation, Urine albumin, Urine sugar examination, Sputum for AFB, Blood sugar estimation for pregnant women
- Screening and follow up of Diabetes, Hypertension and Cancer
- IEC / BCC / Counseling services.
- High risk family counseling and surveillance to prevent female infanticide / feticide.
- Adolescent counseling
- Family Welfare counseling
- Water and sanitation issues
- Anemia prevention and control
- Maternal and child health issues
- IMNCI counselling

CAMP INFORMATION:

- a. Display of board with list of MMU services in PHCs and other important places.
- b. Board informing the fixed outreach session day and time should be displayed at the camp site.
- c. Banner to be displayed at the camp site.
- d. Banner to be displayed on the outreach vehicle also.
- e. Fixed outreach plan to be printed and distributed to all Elected Representatives, SHGs, NGOs, ICDS and other stakeholders.

REPORTING:

The camp performance report is entered in the www.dph.tn.nic.in portal under outreach link. The Medical Officer in charge should ensure the correctness and uploading the camp reports without any backlog from time to time.

FUNDING:

A scheme without a funding source will flounder under the weight of its own debt. Funding is the fuel on which a scheme runs.

To provide uninterrupted quality services, National Health Mission funds the Mobile Medical Units under the following components:

- Human Resources – Medical Officers, Staff Nurses, Lab technicians, Drivers & Cleaner cum Attenders.
- Operational Cost – POL, Contingency Maintenance.
- Other Recurring Cost – Drugs, Lab Reagents etc.
- Capital cost & Non recurring cost – Purchase of vehicle, AVL devices etc.

SALARY / REMUNERATION:

The salary / remuneration for the MMU team are as follows:

1. MEDICAL OFFICER:

The salary for MMU Medical Officer is through Treasury pay as time scale pay, like other medical officers working in the PHC.

2. STAFF NURSE:

The contractual salary for staff nurses placed in the Mobile Medical Units in the state is given an entry level contractual salary of Rs. 7700 / month with an annual increase of Rs. 500 / month every year till they are regularised with effect from 01-04-2013 (*as per G.O No. 312 dated 26-12-2013 of Health and family welfare department (EAP II)*).

3. DRIVER & CLEANER REMUNERATION:

The remuneration for the drivers and cleaners are paid as per the daily wages fixed by the district collector of the respective Districts. The daily wages per camp with effect from:

- a. MMU drivers – 29-07-2013 (Pro. No: 5711/SHS/P/2013 dated 29-07-2013)
- b. MMU cleaners – 01-02-2014 (Pro. No: 5711/SHS/P/2013 dated 01-02-2014)

The daily wages will not be paid on

- a. Government holidays
- b. Second Saturdays (MMU holiday)
- c. Sundays
- d. If the driver or cleaner on Leave / Absent

MONITORING:

STATE LEVEL:

a. State Health Society:

The Mission Director, State Health Society along with DPH, reviews the performance of the Mobile Medical Unit, HUD-wise, during the Deputy Director of Health Services (DDHS) review meeting which is conducted every month. Also during the Supportive Supervision visits to the Districts, by the State official, the Mobile Medical Units are reviewed.

b. The Department of Public Health and Preventive Medicine:

The DPH has establish a Hospital on Wheels program wing, with JD (PHC) and an Assistant Director, to monitor the activities and performance. The State of Tamil Nadu and the DPH has signed a MoU with an NGO – M/s Wockhardt Foundation, to monitor at the field level.

They have divided the state into 10 zones. Each zone has two Zonal coordinators who will inspect the MMU camp site (one in the forenoon and another in the afternoon) and report it to the state cell. These zonal coordinators are placed in the respective revenue district DDHS office.

DISTRICT LEVEL:

The Deputy Director of Health Services at the HUDs review the performance of the MMUs during the monthly review meeting held at the O/o The District Collector, headed by the District collector. The camp activities of the MMUs are also monitored in the field, under Supportive Supervision, by the

- The Deputy Director of Health Services
- The Assistant Program Manager
- The District Training Team Medical Officer
- The Assistant Director
- The District Maternal and Child Health Officer

TO IMPROVE:

To deliver a proper, complete and effective services and to achieve the goals of NHM, through the Mobile Medical Units, from the existing level to a new elevated platform of offering quality services, the following is suggested:

A. To reduce the Maternal Mortality and Infant mortality:

- List of the Mother and infant details should be available for the particular village where camps are conducted
- Detailed examination report and follow-up details of all AN / PN mothers and High risk cases, who attend the camps, should be maintained
- Clear IEC to be given to all AN / PN cases, especially High risk moth regarding the course of pregnancy, preparedness for labour, advantages of institutional delivery, post-partum period spacing after delivery, neonatal care and especially

about the complications which arise during pregnancy and during labour. Instructions to be given to those mothers and also to relatives about when to seek for medical care during the above situations, if arises.

- Proper counselling and guided referral should be given to all AN / PN cases, especially High risk mother and sick infants, if any complications arise.
- Spacing / permanent sterilization methods to be made aware among the eligible couples and they must be motivated to practice the same. Stress should be made on the pros of Vasectomy over Tubectomy and steps to be taken to improve the adoption of male sterilization among eligible couples.
- Along with the AN / PN mothers, the adolescent age group girls also to be made aware of the nutritional supplementation to prevent any deficiency especially anemia. Importance of Iron and Folic acid supplementation to be emphasized during these interactions.

B. IMMUNIZATION:

Drop out cases should be traced using the VHN / ASHA and ensure they are immunized

During outreach immunization camps all due list children and drop out children to be immunized

C. CLEAN AND SAFE DRINKING WATER:

The Team along with the local Health inspector who is incharge should conduct chlorination test in the locality to ensure clean and safe drinking water.

D. LAB INVESTIGATIONS:

Basic investigations like Hb, Blood Smear, Sputum Sampling, RBS, Urine – albumin / sugar, Urine pregnancy tests, Serum Cholesterol, Serum Creatinine should be taken from the needy patients.

E. RTI / STI CLINICS:

To reduce the incidence of RTIs / STIs, the team should be capable of not only identifying the symptoms and sign but also to effectively counsel the patients and educate them

They should also follow up the patients in their subsequent visits and ensure the compliance of treatment

F. RNTCP:

The screening of new cases for Tuberculosis should be effectively undertaken by the team during their visits.

Sputum samples lifted from camp site should be taken to the CHC / TU to process and due care should be taken not to break the cold chain transport of samples

The received samples to be processed and report, if positive, to be informed to the local VHN through the Medical Officer (PHC) and the VHN should ensure that the patient reaches the CHC / PHC for further treatment

The team should also ensure the compliance of existing TB patient on treatment and if any assistance need to the patient, they should be referred to the CHC / PHC / GH

G. NLEP:

New cases detection should continue in a critical manner to achieve our goal

Cases under treatment are also to be followed up

H. NCD:

All person (more than 30 years of age) attending the camp should be screened for Diabetes and Hypertension

All positive cases and existing cases should be followed up and tablets to be given for 30 days.

I. DUTIES OF THE DEPUTY DIRECTOR OF HEALTH SERVICES:

The DDHS is responsible for the functioning of the MMU. He/ She has to monitor the activities of MMU on daily basis and ensure the following:

Daily and timely movement of MMU

Adherence to FTP

Availability of Human Resources, if not, alternate arrangements

Drug availability

Timely and correctiones of the reports uploaded online availability of concerned VHN / HI on their respective area Camps.

Any issues in MMU to be brought to the knowledge of the District Collector.

Focus on local health issues in controlling emergency situations e.g. during epidemics.

To guide the MMUs to focus more on area specific indicators. E.g. if MMR is high in an area, the focus should be more in that area and necessary steps to be taken to reduce MMR.

J. **THE DUTIES OF THE TEAM:**

The duties of the MMU team is.

To Conduct camps regularly according to the FTP

To ensure prior intimation and place of camps (fixed place) to be conducted.

To give all possible services listed, to the patients.

To ensure the availability of Drugs lab reagents.

To Co-ordinate with other staffs and local heads for mobilising patients to camp.

To display IEC materials at camp site

To upload the camp data online on daily basis and ensure the correctness of data uploaded.

To reports to BMO or to DDHS, if any problem arises in conducting camp / delivering the services to the needy.

K. **MONITORING:**



Automated Vehicle Location Tracking device (AVLT) is to be fitted to the MMU vehicle to track the movement of vehicles

All the 385 vehicles can be tracked from a single point place.

Feedback can also be given to the district and block, if any situations arise viz. camps not conducted, vehicle idle, any deviations from FTP etc.

L. REVIEWS:

The performance of MMU are reviewed during the monthly review meeting with the DDHS.

To improve the effective functioning - all the 385 MMU MO shall be called to state, in groups equally divided (by HUD) across 9 months, on second Saturdays. This enables us to not only review them but also enables us to get their grievances and solve them. This review them will be conducted by the Mission Director, SHS & The Director of Public Health and Preventive Medicine,

A tentative schedule is for the above said meeting is as follows:

S NO	MONTH (SECOND SATUR- DAYS)	TOTAL NUMBER OF MMUs	HUDs
1	JULY	45	THIRUVALLUR & POONAMALLEE (14) KANCHIPURAM & SAIDAPET (13) THIRUVANNAMALAI & CHEYYAR(18)
2	AUGUST	46	TIRUCHIRAPALLI (14) ARIYALUR (6) PERAMBALUR (4) THENI (8) DINDUGAL & PALANI (14)
3	SEPTEMBER	40	THIRUNELVELI & SANKARANKOVIL (19) THOOTHUKUDI & KOVILPATTI (12) NAGERKOVIL (9)
4	OCTOBER	38	VELLORE & THIRUPPATHUR (20) DHARMAPURI (8) KRISHNAGIRI (10)
5	NOVEMBER	35	CUDDALORE (13) VILLUPURAM & KALLAKURUCHI (22)
6	DECEMBER	43	COIMBATORE (12) UDHAGAMANDALAM (4) ERODE (14) THIRUPPUR (13)
7	JANUARY	43	SALEM (20) NAMAKKAL (15) KARUR (8)
8	FEBRUARY	48	THANJAVUR (14) THIRUVARUR (10) NAGAPATTINAM (11) PUDHUKOTTAI & ARANTHANGI (13)
9	MARCH	47	MADURAI (13) VIRUDHUNAGAR & SIVAKASI (11) RAMANATHAPURAM & PARAMAKUDI (11) SIVAGANGAI (12)

The concerned DDHS and the MMU Medical Officer has to attend the meeting without fail. If the MMU medical officer post is vacant the deputied MO who is incharge of the MMU should attend the meeting. This is a tentative schedule. Confirmative schedule and other details will be communicated in monthly basis.

A good support, clear guidelines, well equipped system, timely review and effective grievence redress mechanism are to be always ensured by the DDHS for achieving a goals of NRHM and ensure Quality Health Care services to the poor and needy through our Mobile Medical Units.

All the officers are requested to adhere the instructions and submit their report within time – Concerned HOD is requested to ensure whether all the above said instructions is carried out.

Sd/ ...
(Dr.C.N. Mahesvaran)
Mission Director,
National Health Mission-TN.

To

The All District Collectors
The Director of Medical Education
The Director of Medical & Rural Health Services
The Director of Public Health & Prevention Medicine
All Joint Directors in the District
All Deputy Director of Health Services
Medical Superintendent of Taluk & District Hospitals & Non-Taluk Hospitals
All Primary Health Center Medical Officers
Programme Officers and HOD's of Vertical Programme
Copy Submitted to Secretary to Government
Health & Family Welfare Department,
Secretariat, Chennai.