

Guidelines for the Operationalisation of Mobile Medical Unit (in North-eastern States, Himachal Pradesh and J&K)

Introduction

Access to health care and equitable distribution of health services are the fundamental requirements for achieving the Millennium Development Goals and the goals set under the National Rural Health Mission (NRHM) launched by the Government of India in April 2005. Many areas in the Country, predominantly tribal and hilly areas, even in well-developed States, lack basic health care infrastructure limiting access to health services at present. Over the years, various initiatives have been taken to overcome this difficulty with varied results. Many States/NGOs have successfully tried out operationalizing Mobile Medical Units. Taking health care to the doorsteps is the principle behind this initiative and is intended to reach underserved areas. Under the NRHM, provision of Mobile Medical Unit (MMU) in each District is one of the strategies to improve access. For North Eastern States, Himachal Pradesh and J&K, due to their difficult hilly terrain, non-approachability by public transport, long distances for reaching the health centres necessitate the need of MMU with specialised facilities for the patients requiring basic specialist examination. Otherwise, the basic purpose of taking the health care to the door step of the needy people in rural areas would be defeated due to non-possibility of diagnostic examination to be conducted.

The States are expected to address the diversity and ensure the adoption of the most suitable and sustainable model for the MMU to suit their local requirements\). States are also required to plan for long term sustainability of the intervention.

Objectives

- To operationalise Mobile Medical Units in every district across the country for improved access to health care services.
- To make health care services available in underserved areas.

Type of services to be provided

Every Mobile Medical Unit has to provide the following services:-

Curative:

- Referral of complicated cases;

- Early detection of TB, Malaria, Leprosy, Kala-Azar, and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes and cataract cases etc.;
- Minor surgical procedures and suturing;
- Specialist Services such as O&G Specialist, Paediatrician and Physician.

Reproductive & Child Health Services:

- Ante-natal check up and related services e.g. injection - tetanus toxoid, iron and folic acid tablets, basic laboratory tests such as haemoglobin, urine for sugar and albumin and referral for other tests as required;
- Referral for complicated pregnancies;
- Promotion of institutional delivery;
- Post-natal check up;
- 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..

Family Planning Services :

- Counselling for spacing and permanent method;
- Distribution of Nirodh, oral contraceptives, emergency contraceptives;
- IUD insertion.

Diagnostic:

- Investigation facilities like haemoglobin, urine examination for sugar and albumin;
- Smear for malaria and vaginal smear for trichomonas;
- Clinical detection of leprosy, tuberculosis and locally endemic diseases;
- Screening of breast cancer, cervical cancer etc.

Specialised facilities and services:

- X-ray
- ECG
- Ultrasound test

- **Emergency** services and care in times of disaster/epidemic/ public health emergency/ accidents etc.
- **IEC Material** on health including personal hygiene, proper nutrition, use of tobacco, diseases, PNDT Act etc., RT/STI, HIV/AIDS.

Suggested composition of the Team

- Medical Officers: Two, one of whom will be a Lady Medical Officer
- Radiologist
- Nurse
- Laboratory technician
- Pharmacist
- Helper
- Drivers: three
- Specialists: O&G Specialist, Paediatrician and Physician

Suggested Equipment and Accessories

Suggested list of equipments and accessories is at **Annexure I**

Suggested Drugs

The suggested list of life-saving drugs and for common ailments is at **Annexure II**. A cold storage device (e.g. vaccine carrier) will be provided for storage of heat sensitive drugs and vaccines. Drugs under various National Health Programmes will be procured under the respective programmes.

Type of vehicle

Three vehicles will be provided for the purpose with the NRHM logo. One will be a ten seater passenger carrier to transport medical and para-medical personnel. The other vehicle will be for carrying equipment/accessories along with basic laboratory facilities. The space at the back will be utilized for placing a couch. This couch will be used as the examination table during camps and for transfer of patients at times of emergency. The States will have the flexibility to decide the type and the number of vehicles to be procured within the given budget.

In addition to the above two types of vehicles, a mobile van with diagnostic equipments such X-ray, ultrasound, portable ECG machine and generator will be provided. For North-Eastern States, procurement, fabrication and supply of the vehicles, would be facilitated by the Regional Resource Centre, Guwahati.

The states of West Bengal, Bihar, Assam, A&N Island and Lakshadweep will have Boat Clinics to serve riverine districts.

The model of the vehicle will be decided and procured by the States depending on the geographic and technical feasibility provided, the purchases are made at DGS&D rates (if available) from authorized dealers of standard manufacturers selected as per prescribed procedure.

The States are needed to involve District Health Society/ Rogi Kalyan Samitis/NGOs in deciding the appropriate modality for operationalisation of the MMU. The provision of staff will be considered only for the States who would run the vehicles with support of NGOs/RKS and in case of States outsourcing the vehicles. **All staff positions to be filled on contractual basis.** Remaining States are required to facilitate it from their existing strength of manpower. They may also plan to utilize the user-charge corpus funds of Rogi Kalyan Samiti, in hiring the manpower for running the vehicle. At periodic intervals, specialists from the District Hospital will accompany the vehicle. States can also explore the option of outsourcing the vehicle through public-private partnership with credible NGO/Institutions, in which case, the manpower would be provided by the Government of India.

Operational Aspects

Overall operationalizing of the scheme will be the responsibility of the District Collector/District Magistrate, who is the chairperson of the District Health Society.

- District will draw up an Action Plan for the proposed coverage through Mobile Medical Unit.
- The Mobile Medical Unit will be provided with material for fabricated rooms or will be encouraged to use appropriate buildings at the site of camp, thus fostering better community participation.
- Location of the vehicle may either be in the district headquarters or a centrally located town with easy access to the areas identified. It will be decided by the District Health Mission. Alternately, it can also be stationed at more than one conveniently located place during the course of the month.

Administrative Aspects

- Officer-in-charge will be the Chief District Medical Officer at district level, who will be responsible for the operational aspects.
- The Medical Officer in the Primary Health Centre of the area of the camp will remain available for the camp.
- The local Sub-centre staff and members of the Village Health Committee will assist in the camp.

- Local NGOs will be present for the camp.
- Fixed day- fixed time will be intimated to all the concerned villages in advance and care should be taken to maintain regularity in these camps as per the schedule. The schedule will also be available at the District Hospital so as to facilitate monitoring of the activity.
- Medical College in the region will also be involved in the referral network. Referrals should be made, based on the case either to PHC, Community Health Centre, District Hospital or Medical College.
- Areas to be covered will be decided on the basis of need analysis

Monitoring & Evaluation

In order to achieve effective functioning and also to review /modify the scheme based on the experience, regular monitoring will be done through the States/districts Rural Health Mission and Panchayati Raj Institutions. This will be made possible through following mechanism:

- Record maintenance
- Periodic review of efficacy and effectiveness by District Hospital, and designated Medical College

Indicators for monitoring and evaluation will be –

- No. of camps held
- Regularity of camps
- Patient attendance
- Referrals
- Antenatal and postnatal checkups
- TB, leprosy cases detected.
- Improvement in access to services as per evaluation by PRIs.

Financial Implications

1 Capital Cost

A) A Mobile Van for staff

Capital expenditure	
Vehicle	Rs.7.00 lakhs

B) Mobile Unit with essential accessories

Capital expenditure

Vehicle	Rs.14.00 lakhs
Equipment**	Rs.4.25 lakhs
Total	Rs.18.25 lakhs/district

****Equipment:**

Generator	-	Rs. 1.25 lakhs
Microscope	-	Rs. 1.00 lakhs
Auto-analyzer	-	Rs. 2.00 lakhs

C) A Mobile Unit with diagnostic facilities*

Capital expenditure	
Vehicle	Rs.14.00 lakhs
Equipment^	Rs.9.75 lakhs
Total	Rs.23.75 lakhs/district

^Equipment:

Generator	-	Rs.1.25 lakhs
Portable X-ray	-	Rs. 4.00 lakhs
Portable Ultrasound Machine	-	Rs. 3.50 lakhs
Portable ECG machine	-	Rs.1.00 lakhs

\$ The unit cost is illustrative and not inflexible – there will be space for diversity within the ceiling of the unit cost. The flexible and need based approaches are encouraged.

Total Capital cost for 104 districts

1) A Mobile Van for staff

For Tempo Traveller – Rs. 7.28 Crores.

2) A Mobile Unit with essential accessories

Rs.18.98 Crores

3) A Mobile Unit with diagnostic facilities for 102 districts (of J & K, Himachal Pradesh and NE States)

Rs.24.70 Crores

Grand Capital Cost - Rs. 50.96 Crores

2. Recurring cost

Manpower	Rs.14.56 lakhs p.a.
Drugs	Rs.5.00 lakhs p.a.
Training of manpower	Rs.15,000 p.a.
Maintenance and repair of vehicle	Rs.2.00 lakhs p.a.

Fuel	Rs.2.00 lakhs p.a.
Total recurring cost	Rs.23.71 lakhs per district per annum

Total Recurring Cost for 104 districts of North-Eastern States, J & K and Himachal Pradesh- 24.65 Crores

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Annexure I**Suggested list of equipments and accessories**

1. Examination Table with steps
2. Torch
3. Stethoscope
4. BP apparatus
5. Clinical Thermometer
6. Weighing machine
7. Knee hammer
8. Measuring tape
9. Cold storage (vaccine carrier)
10. ENT and Eye examination kits
11. Oxygen cylinder
12. First aid kit
13. Resuscitation kits
14. Hemoglobinometer
15. Uristix
16. Microscope
17. Syringes and needles
18. Suture instruments and material
19. Needle cutter
20. Vaginal specula
21. Water storage device
22. LPG gas cylinder
23. Prefabricated building material
24. Furniture: foldable cot/ chairs/ tables/stools for pharmacist
25. Linen and rubber sheets
26. Gloves
27. Glass slides
28. Stationery
29. Dust bins: separate for infective and non-infective waste.
30. Room heater for states experiencing severe winter.
31. Solar panels
32. Public address system

33. Patient cards with NRHM logo
34. Storage bins for drugs
35. Display board on services offered by MMU

List of equipments for Mobile Medical Units with specialized facilities

1. Ultrasound scanner and accessories
2. Portable X-ray and accessories
3. Portable ECG Machine and accessories
4. Generator

The list is only indicative. States will be given flexibility to choose.

Annexure II**Suggested list of Drugs in the MMU****Analgesics, Antipyretics and Nonsteroidal Anti-inflammatory**

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

Anesthetic

1. Ethyl Chloride Spray 1%
2. Lignocaine Hydrochloride Topical Forms 2-5%
3. Lignocaine Hydrochloride Injection 1%, 2% + Adrenaline 1:200,000
4. Lignocaine Hydrochloride Injection 1%, 2%
5. Diazepam Tablets 5 mg/ Injection 5 mg / ml

Antiallergic

1. Dexamethasone Tablets 0.5 mg/ Injection 4 mg / ml
2. Promethazine Tablets 10 mg, 25 mg/ Syrup 5 mg / 5 ml

Anti-infective

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

Miscellaneous

1. Activated Charcoal Powder
2. Atropine Sulphate Injection 0.6 mg / ml
3. Albendazole Tablets 400 mg/ Suspension 200 mg/ 5 ml
4. Domperidone Tablets 10 mg/ Syrup 1 mg / ml

5. Oral Rehydration Salts
6. Chloramphenicol Drops/Eye ointment 0.4%, 1%
7. Tetracycline Ointment 1% Hydrochloride
8. Methylethergometrine tablet 0.125 mg/
9. Methylethergometrine Injection 0.2mg/ml
10. Iron and Folic Acid : Tablets large and small
11. Hydrogen Peroxide Solution 6%
12. Povidone Iodine Solution 5%, 10%
13. Chlorine tablets
14. Oral contraceptives
15. Condoms
16. IUD
17. Emergency contraceptives
18. Injection Tetanus toxoid
19. Anti Snake venom
20. Drugs for all National Health Programmes
21. V Ringer Lactate
22. Dextrose
23. Normal Saline
24. PHC drug kits
25. Sterile gloves/ Sterile dressings
26. Disposable syringes and needles
27. Intravenous sets/ stand
24. Lab Consumables including rapid diagnostic test kits for malaria.

The list is only indicative. States will be given flexibility to choose.

Guidelines for the Operationalisation of Mobile Medical Unit (in other than North-eastern States, Himachal Pradesh and J&K)

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The States are expected to address the diversity and ensure the adoption of the most suitable and sustainable model for the MMU to suit their local requirements. States are also required to plan for long term sustainability of the intervention.

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- Specialist Services such as O&G Specialist, Paediatrician and Physician.

Reproductive & Child Health Services:

- Ante-natal check up and related services e.g. injection tetanus toxoid, iron and folic acid tablets, basic laboratory tests such as haemoglobin, urine for sugar and albumin and referral for other tests as may be required;
- Referral for complicated pregnancies;
- Promotion of institutional delivery;
- Post-natal check up;
- Immunization clinics (to be coordinated with local Sub-centres.PHCs);
- Treatment of common childhood illness such as diarrhea, ARI/Pneumonia, complication of Measles etc.;
- Adolescents care such as lifestyle education, counseling, treatment of minor ailments and anemia etc.;

Family Planning Services:

- Counselling for spacing and permanent method;
- Distribution of Nirodh, oral contraceptives, emergency contraceptives;
- IUD insertion;
- **Diagnostic:**
 - Investigation facilities like haemoglobin, urine examination for sugar and albumin;
 - Smear for malaria and vaginal smear for trichomonas;
 - Clinical detection of leprosy, tuberculosis and locally endemic diseases;
 - Screening of breast cancer, cervical cancer etc.
- **Emergency** services and care in times of disasters/epidemics/ public health emergencies/ accidents etc.
- **IEC Material** on health including personal hygiene, proper nutrition, use of tobacco, diseases, PNDT Act etc., RT/STI, HIV/AIDS.

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- Nurse
- Laboratory technician
- Pharmacist
- Helper
- Drivers: two

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The States of West Bengal, Bihar, Assam, A&N Island and Lakshadweep will have Boat Clinics to serve riverine districts.

The model of the vehicle will be decided and procured by the States depending on the geographic and technical feasibility provided, the purchases are made at DGS&D rates (if available) from authorized dealers of standard manufacturers selected as per prescribed procedure.

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Operational Aspects

Overall operationalizing of the scheme will be the responsibility of the District Collector/District Magistrate who is the chairperson of the District Health Society.

- State will submit an Action Plan for operationalising these units.
- District will draw up an Action Plan for the proposed coverage through Mobile Medical Unit.
- The Mobile Medical Unit will be provided with material for fabricated rooms or will be encouraged to use appropriate buildings at the site of camp thus fostering better community participation.
- Location of the vehicle may either be in the district headquarter or a centrally located town with easy access to the areas identified. It will be decided by the district health mission. Alternately, it can also be stationed at more than one conveniently located place during the course of the month.

Administrative Aspects

- Officer-in-charge will be the Chief District Medical Officer at district level, who will be responsible for the operational aspects.
- The Medical Officer in the Primary Health Centre of the area of the camp will remain available for the camp.
- The local Sub-centre staff and members of the Village Health Committee will assist in the camps.
- Local NGOs will be present for the camp.
- Fixed day- fixed time will be intimated to all the concerned villages in advance and care should be taken to maintain regularity in these camps as per the schedule. The schedule will also be available at the District Hospital so as to facilitate monitoring of the activity.
- Medical College in the region will also be involved in the referral network. Referrals should be made, based on the case either to PHC, Community Health Centre, District Hospital or Medical College.
- Areas to be covered will be decided on the basis of need analysis

Monitoring & Evaluation

In order to achieve effective functioning and also to review /modify the scheme based on the experience, regular monitoring will be done through the States/Districts health care mission and panchayati raj institutions. This will be made possible through following mechanism:

- Record maintenance
- Periodic review of efficacy and effectiveness by District Hospital, and designated Medical College

Indicators for monitoring and evaluation will be -

- No. of camps held
- Regularity of camps
- Patient attendance
- Referrals
- Antenatal and postnatal checkups
- TB, leprosy, cases detected.
- Improvement in access to service as per evaluation by PRIs.

Financial Implications

I. Capital Cost

1 For land

A) A Mobile Van for staff

Capital expenditure	
Vehicle	Rs.7.00 lakhs

B) Mobile Unit with essential accessories

Capital expenditure	
Vehicle	Rs.14.00 lakhs
Equipment**	Rs.4.25 lakhs
Total	Rs.18.25 lakhs/ district

**Equipment:

Generator	-	Rs. 1.25 lakhs
Microscope	-	Rs. 1.00 lakhs
Auto-analyzer	-	Rs. 2.00 lakhs

II For riverine districts

A) A Boat Clinic with diagnostic facilities*

Capital Expenditure	
Boat (20 m. X 3 m. X 3.2 m)	Rs. 10.00 lakhs

Equipment^	Rs. 12.75 lakhs
Total Capital Expenditure	Rs. 22.75 lakhs

*For flood prone districts of West Bengal, Bihar, Assam, A&N Island & Lakshwadeep.

^Equipment:

Generator	-	Rs. 1.25 lakhs
Microscope	-	Rs. 1.00 lakhs
Auto-analyzer	-	Rs. 2.00 lakhs
Portable X-ray	-	Rs. 4.00 lakhs
Portable Ultrasound Machine	-	Rs. 3.50 lakhs
Portable ECG machine	-	Rs.1.00 lakhs

§ The unit cost is illustrative and not inflexible – there will be space for diversity within the ceiling of the unit cost. The flexible and need based approaches are encouraged.

Total Capital cost for 491 districts

- 1) **A Mobile Van for staff**
Rs. 34.37 Crores
- 2) **A Mobile Unit with essential accessories**
Rs. 89.60 Crores

Grand Capital Cost - Rs.123.97 Crores

2. Recurring Cost

Manpower #	Rs.10.72 lakhs p.a.
Drugs	Rs.5.00 lakhs p.a.
Training of manpower	Rs.15,000 p.a.
Maintenance and repair of vehicle	Rs.2.00 lakhs p.a.
Fuel	Rs.2.00 lakhs p.a.
Total recurring cost	Rs.19.87 lakhs per district per annum

Total Recurring Cost for 491 districts of other than NE, H. P. and J&K- 97.56 Crores

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Financial requirement of the States for Mobile Medical Units

(Rs. in Crore)

Name of the States	Number of Districts	Proposed capital expenditure per district	Proposed recurring expenditure per district/annum
Karnataka	26	0.47	0.21
Kerala	14	Not given	0.092
Gujarat	25	0.29	0.18
West Bengal#	10	0.28	0.13
Himachal Pradesh	12	0.28	0.17
Uttaranchal	13	0.21	0.18
Mizoram	9	0.62	0.23
Orissa	30	0.52	0.22
Tamil Nadu	30	0.28	0.17
Rajasthan*	32	0.28	0.17
Manipur	9	0.31	0.10
Arunachal Pradesh	16	Not given	Not given
Sikkim	4	Not given	Not given
Meghalaya	7	Not given	Not given
Tripura	4	1.18	0.10
Nagaland	11	0.33	0.18
Andhra Pradesh@	23	0.08	0.13

* For desert and tribal distts 2 units per distt (total 40)and one each for other distts.

For 128 BPHCs in 10 distts. The state also wants MMU through launches for 369 villages in riverine areas.

@ The State of Andhra Pradesh wants 46 ambulances for 23 districts.

One of the activities under National Rural Health Mission (NRHM) as approved by the Cabinet is “Support to Mobile Medical Units/ Health Camps with the objective to take health care to the doorsteps of the public in the rural areas, especially in under served areas”.

The proposal for provision of MMUs were requested from the States. As of now, we have received the proposals from the States of Karnataka, Kerala, Gujarat, West Bengal, Himachal Pradesh, Uttaranchal, Rajasthan, Orissa, Tamil Nadu, Mizoram, Manipur, Arunachal Pradesh, Sikkim, Meghalaya, Tripura and Nagaland. State- wise number of districts, proposed capital expenditure per district and proposed recurring expenditure per district per annum is tabulated as placed below.

Based on the experiences of the State/UTs in running MMUs and also taking into account typical terrain in hilly States, it has been decided to provide MMUs with provision of specialized facilities to N-E states, Himachal Pradesh and J&K. The Guidelines for provision of MMUs in North- eastern States, Himachal Pradesh and J&K may be seen at flag ‘X’. For other than the above States, the Guidelines may be seen at flag ‘Y’.

Many States are running the scheme of MMUs at the cost lower than the uniform cost that has been given in the Guidelines. The States are free to adopt most sustainable and cost effective model for running MMUs in their States. Keeping the ceiling of funds as per the Guidelines for provision of MMUs in view, we may release funds to the States based the proposals received from them. Other States have been reminded to send their proposals at the earliest. Accordingly, a draft sanction order is put up for kind approval please.

(Sushama Rath)
US (ID/PNDT)

DS (ID)

DC (ID)

JS (AS)