

GUIDELINE
OF
AROGYA PLUS

Mission Directorate
National Health Mission
Health & FW Department
Government of Odisha

1. Introduction

NHM seeks to provide accessible, affordable, equitable and quality health care to the population in rural and inaccessible areas. In doing so, it has a focus on the marginalized sections of society which tends to get excluded from the reach of the public health service delivery mechanism. This is so as the existing public health service infrastructure is poor in these areas because of which, it is not possible to provide the desired set of public health services. To bridge this gap in infrastructure, various interventions such as Mobile Health Units (MHUs) have been introduced.

2. Need For Special Approach

As stated above, in a no of cases Mobile Health Units (MHUs) have been provided in inaccessible and tribal areas. But difficulties are being faced in achieving desired outcomes because of reluctance of Public Health functionaries to visit these areas. **Secondly**, there is no synergy between essentially curative (only) services being provided by existing MHUs and strategy of strengthening of health action at community level. **Thirdly**, there is a problem of monitoring of services being provided by MHUs. This is so as service provider, monitor and evaluator are one and same agency i.e. Public Health System.

3. *Project Arogya*: MHU PLUS

In this background, it has been thought for special strategy for delivery of a set of public health services in these inaccessible and conflict areas having strong presence of Left Wing Extremists (LWE). This strategy is being conceptualized as ***Project Arogya*** --- successfully implemented on pilot basis in Kandhamal District.

Under this model, three fold strategy has been adopted. **Firstly**, Set of services to be provided will be called ***MHU PLUS***. A service provider will not only provide curative services as per practice but will also take part in provision of RCH services, Family Planning Services etc. This will be clearly defined. This will bring synergies between various health programmes and traditional MHU services. Moreover IEC and social mobilization campaign on the issues of *health, sanitation and nutrition* will be integrated under the project. **Secondly**, these services will be provided by a reputed NGO or CBO, who has strong presence in the

service area in a partnership mode. **Thirdly**, the same service provider will also be responsible for strengthening health action at community level and their effective participation in various public health programmes. This will strengthen and help in setting up a system of **Community Based Monitoring** of all these services by community alongwith the Gram Panchayat.

It is expected that the new approach will help in better delivery of health services by bringing flexibility, synergy and community ownership. It is further expected that it will also help in better implementation of various other programmes such as Malaria Control, TB control etc.

4. Selection of Project & Service Areas

- a. As this is also designed as part of development response to Left Wing Extremist ideology and to provide services in the in-accessible areas, the selection of the area will be done by a District Level Committee consisting of following members.

Collector & District Magistrate	-	Chairman
Superintendent of Police	-	Member
Project Director, DRDA	-	Member
Executive Engineer, RWSS	-	Member
Dist. Social Welfare Officer	-	Member
Dist. Programme Manager, NRHM	-	Member
CDMO	-	Member-Secretary

- b. The project area will be divided into service areas by clubbing 3 to 5 GPs. The area of operation of one Arogya + Unit will be limited to a particular service area.

5. Formation of Local Steering Committee

A Steering Committee of all stake holders will be formed at “Service Area” level to guide and monitor various activities being under taken under Project Arogya. This Committee will consist of following members:

- a. All Sarapanchs of the Service Area.
- b. All A.N.Ms of Service Area
- c. All CRCC of the Service Area.

- d. 3 Presidents of Gaon Kalyan Samiti out of Service Area to be nominated by Collector
- e. Any other member from the Community which will be nominated by Collector
- f. Chief Functionary of the Partner NGO.

- (i) One Sarapanch on rotation basis will act as Chairman of the Local Steering Committee on quarterly basis. Annual schedule for the same will be approved by ZSS and communicated to Partner N.G.O.
- (ii) The Local Steering Committee (LSC) will sit once in a month and as often as required to discuss, guide, review and monitor various programmes being undertaken under Project Aarogya. It will also be responsible for approving Quarterly Plan of Action of the Partner NGO. The responsibility of the Organizing Committee and preparing minutes of the Committee will lie with the Partner NGO. ZSS will be competent to prescribe any additional framework in this regard.
- (iii) Monthly reports of Local Steering Committee along with compliance to any adverse observation will be essential for release of funds to the Partner Organization.

6. *Project Activities*

Various activities to be undertaken by partnership with NGO under this project can be categorized into three groups.

A. *Services under MHU:* MHU will visit villages at least for 22 days in a month. These visits will be as per the approved plan. The approved plan will be circulated to respective villages, GPs, Blocks and District for generating awareness about the same. During visit to villages following services will be provided by the Partner NGO.

(i) Curative services

- Treatment of minor ailments
- Referral of complicated cases identified during screening.
- Leprosy, TB, Malaria treatment and awareness
- First aid

(ii) RMNCH+A services

- ANC and PNC check up and related services

- Referral complicated pregnancies
- Promotion of institutional delivery & reduce unsafe home delivery
- Health check up
- Treatment of childhood illness
- Adolescent care such as life style education, counseling, treatment of minor ailments and anemia etc.
- Immunization coverage
- RTI/STI treatment

(iii) Family Planning services

- Awareness on family planning
- Distribution of condom, oral pill, emergency contraceptives
- IUCD insertion

(iv) Diagnostic Services

- Basic investigation facilities like haemoglobin, urine examination for sugar & albumin
- RDK test for malaria
- Sputum collection for diagnosis of TB
- Any kind of kit based tests as per provision made by Govt.

(v) IEC/BCC

- Counseling in RTI/STI/HIV/AIDS
- Personal/ environmental hygienic awareness
- Smoking & ill effects of alcohol

(vi) Others support services

- The MHU will provide emergency services during the epidemic/disaster/public health emergency/accidents.
- Institutionise the implementation of VHND (Mamata diwas)
- Increasing the referral to Pustikar diwas to make the programme demand driven
- Increasing awareness on improved health services
- Implementation of National Health Programme
- Other health related services directed by ZSS and Govt./NHM
- A family health card may be issued to each patient of the targeted areas.
- Those requiring further investigation, specialist opinion and treatment will be referred to higher institutions.

- Counseling
- GKS strengthening like facilitate in regular GKS meeting, development and implementation of village health plan, increasing the expenditure of GKS untied fund as per the need, establishment of community based monitoring system at GKS level to monitor the MHU services.

(vii) Medicine support

Free treatment, diagnostic service and medicines are to be provided to the patients.

B. Strengthening of community based initiatives:

- Facilitate for strengthening of GKS in terms of development & implementation of Village Health and Sanitation Plan, regular meetings, maintenance of records/registers.
- Integration of other health determinants programmes at community level.
- Monitoring ASHA activities and on spot capacity building.
- Community Based Monitoring System: Partner Organization will strengthen capacities of LSC, Gram Panchayat and GKS to monitor the performance and achievement under various health programmes. It will further help ZSS in implementing any mechanism/ frame work/mechanism developed by it in this regard.
- Jana Adalat-cum-Health Grievance Redressal Camp: It will be organized at the GP level on monthly basis. Representatives of each GKS, ASHA, AWW, ANM, LSC, block health functionaries will be invited to attend this. This will have the three fold purpose of
 - Redressal of Grievances related to Health, Sanitation, and Nutritional Services Provided by Government
 - Monitoring & Auditing of Services provided by Partner NGO under Project Aarogya
 - Consultation for preparing Monthly Action Plan for coming months. Best practices of different GKS will be shared.

7. **Key Deliverable:**

- The MHU will visit at least 22 days in a month to the field areas as per the approved micro-plan and health camps will be organized at least two sessions in a day.
- The MHU will provide the services in the fixed points & fixed day as identified and declared as treatment points.
- The operational micro-plan should not be deviated without prior approval of Block MO I/c.
- Detail tour report along with categories of patients screened, refereed, follow up etc must be maintained.
- Regular submission of monthly reporting in a standardized format.
- The approved plan will be circulated to the respective GPs, blocks, district for public awareness. The telephone number of the MHU will be circulated to the different stakeholders.

8. **MOU and role of key stakeholders:**

A tri parties MoU will be signed between the ZSS, NGO, and Local Steering Committee for implementation of the programme. The draft MoU is attached in the guideline. The role of various stakeholders will be as follows:

(i) Role of Zilla Swasthya Samiti

- Signing of MOU /renewal of contract.
- Vetting on the engagement of qualified staff by the Agency for the Project.
- Release of funds
- Periodical review & monitoring of the programme and performance assessment of the partner Agency.
- Capacity building support to the Agency/Steering Committee
- Documentation of the programme
- Submission of reports to Govt. /NHM
- Recommendation for termination of partnership with the Agency, in case performance of the Agency found substandard.

(ii) Role of Block Health Administration & BPMU

- Jointly preparation of micro-plan for visit of MHU
- Monitoring of the operational activities of the MHU
- Supportive supervision & guidance to the Agency and Steering Committee for effective implementation MHU programmes
- Analysis of MHU report and feedback for improvement in services.
- Documentation

- Participation in the Jan Adalat and public health grievance redressal camps to make it effective and successful

(iii) Role of Steering Committee

- Approval of the plan of action/activities of MHU programmes. The Agency will prepare the plan of action/activities of MHU programme and place it before the committee
- Closely monitor the activities of MHU.
- Extend necessary guidance & supportive supervision for smooth implementation of the programmes.
- The steering committee will submit feedback report to the block and ZSS on operation of the project in the areas.

(iv) Role of partner NGO

- Preparation of operation micro-plan in consultation with the Block CHC.
- Engagement of qualified staff for the project as per the guideline and in consultation with the District Health Administration.
- Implementation of various activities under the programme.
- Attend the monthly & periodical meeting organized by State/District/Block.
- Ensure that health services provided comply with the standard quality of care and other agreed norms established by Govt.
- Ensure continuous and effective communication with the health authorities, represented by the district officials, PRIs, GKS, Steering committee and local communities.
- Engagement of vehicle with necessary equipments and drugs. During the period when the vehicle is out of order the Agency will make alternative arrangements for providing services.
- Ensure branding of the vehicle as per the standard prototype.
- Preparation of the monthly plan of action and submission to MO(I/C), Secretary of the Steering Committee and ZSS.
- Submission of progress report on monthly basis, annual report, annual audit report, SoE/UCs to ZSS and Block MO I/C.
- Documentation of the best practices/process
- Maintenance of records and proper utilization of funds
- Co-ordination with different line Departments and other stakeholders
- Capacity building support and making the GKS fully functional in the respective areas
- Create community awareness to ensure utilization of health services
- Support for Institutionalize the implementation of VHND(Mamata diwas), Routine Immunisation etc.

- Establishment of Community based monitoring system.
- The approved project activities shall be implemented by the Agency within the stipulated time

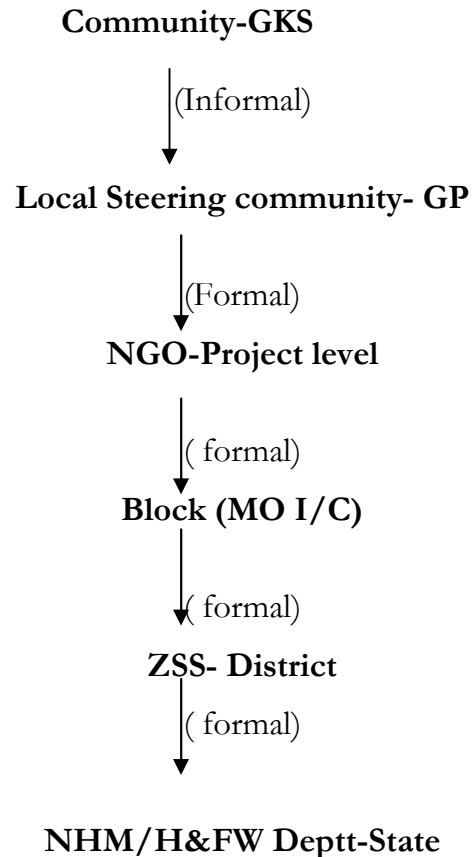
9. *Jan Adalat cum Health Grievance Redressal Camp on Bi-monthly basis:*

Jan Adalat cum health grievance redressal camp will be organized in different pockets of the target area on bi-monthly basis to assess the local health needs and issues which can be flagged at upper level for corrective action. The venue of the Adalat cum health grievance redressal camp will be held in one village on rotation basis also on basis of population to be decided by the Steering Committee.

10. *Feedback, Monitoring and Review*

- (i) Bench Mark Survey will be taken up in the project area to assess the existing situation with respect to various parameters on health, sanitation and nutrition. This survey will include details of households on use of public health services, RCH Programme, Immunization status of children, institutional delivery rate, incidence of mal-nutrition, status of sanitation in the village etc.
- (ii) A set of indicators will be developed with respect to services to be provided under the project. These indicators will include following:
 - a. Provision of treatment and free medicines.
 - b. No. of visit days by Mobile Health Unit (MHU).
 - c. No. of places visited by MHU.
 - d. ANC and PNC check up.
 - e. Institutional delivery rate.
 - f. IMR
 - g. Promotional of family planning.
 - h. Institutionalization of all VHND(Mamata Divas)
 - i. Status of referral cases (Pustikara Divas)
 - j. Incidence of mal-nutrition.
 - k. Status of sanitation.
 - l. Strengthening of Gaon Kalyan Samiti (GKS).
 - m. Development of Village Health and Sanitation Plan.
 - n. Holding of Jana Adalat etc.
- (iii) On the basis of Bench Mark Survey, milestones for achievement with respect to inputs, processes, outputs and outcomes will be set up. The milestones so set up will be on quarterly and annual basis. On the basis of such indicators and milestones, monthly review of the programme will be taken up at LSC and ZSS level.

(iv) Feedback Mechanism



The information will be collected from the ground level and submitted to Govt/NHM and accordingly the feedback system will be introduced.

(v) Report:

- The NGO will prepare a monthly report and submit the same to LSC/Block/District/NHM as per the standardized reporting format.
 - The Statement of Expenditure (SOE) and UC will be submitted by the NGO on quarterly basis to the district.
 - Annual Audit and annual progress report will be submitted by the NGO after completion of one year.
- (vi) The monitoring and review of the project will be undertaken by Govt. of Odisha/ NHM at State level and ZSS at district level, Block Health Administration, Local Steering Committee.
- (vii) The process and implementation of the programme will be documented by the NGO and will be shared with the Local Steering Committee/Block Health Administration/ZSS. The ZSS will prepare documentation of the best practices of the AROGYA +.

11. *Manpower under the Project*

To provide the services as described above, the minimum staff deployed would be as under. Any changes in the above pattern would be effected with approval of the State Government/ZSS. The work certificate of the Staff shall be signed by the Block Public Health Officer (BPHO) every month.

Sl. No.	Category of Staff	No of post.	Eligibility Qualification
1.	AYUSH Medical Officer	1	<ul style="list-style-type: none"> • Age- S/he must have attained the age 21 years by the date of advertisement. • The candidate must have a bachelor degree in Ayurvedic medicine & Surgery (BAMS)/Bachelor in Homeopathic Medicine & Surgery (B.H.M.S) as the case may be, from a recognized university. He/She must have completed the internship training if any. • He/She should have passes odia language in M.E standard. • Must have valid Registration Certificate from the State Ayurvedic/Homeopathic Council. No provisional registration certificate will be entertained.
2.	Pharmacist	1	<ul style="list-style-type: none"> • Age- S/he must have attained the age 21 years by the date of advertisement. • Minimum Qualification- Degree/Diploma in Pharmacy from a Govt./Govt. recognized Institution. Minimum 1 year Experience in managing a drug store in a reputed hospital/health center organized by the Govt. • He/She should have passes odia language in M.E standard.
3.	ANM	1	<ul style="list-style-type: none"> • Age- She must have attained the age 21 years. • Minimum Qualification-The candidates must have passed the HSC examination & shall have completed ANM course from institution recognized by Govt and approved INC and must have registered in the odisha nursing council. • He/She should have passes odia language in M.E standard.
4.	Attendant	1	<ul style="list-style-type: none"> • Age- S/he must have attained the age 21 years. • Minimum Qualification- Minimum 8th Standard.

The personnel engaged by the Agency should also be suitably trained for the job they are selected for. Further, on selection of such manpower, the concerned District Health Administration must be kept informed by the Agency on each occasion for due verification of their qualification and other related documents. The manpower engaged by the Agency will be the sole responsibility of the Agency and would have no claim at any time whatsoever, by virtue of their contract with the Agency or for any other reason, for being absorbed into Government service at a later date. The Agency will make alternative arrangement, if any staff remained long absent in duty or goes on leave, so as to ensure uninterrupted service by the Arogya Plus.

12. Grant-in-Aid and accounts management under the project

- (i) Grant-in-Aid for the project shall be released to the Agency on the basis of budget provision made in the PIP.
- (ii) The disbursement/release of funds by Zilla Swasthya Samiti (ZSS) to the Agency would be in three installments i.e. 30%, 35% and 35% in advance of total project cost. The 1st installment i.e. 30% will be released after signing of the MoU and submission of the performance security in the mode of Bank Guarantee. The 2nd installment, i.e. 35% will be released on 4th month after receipt of the utilization certificate for 75% of 1st installment. The 3rd installment i.e. 35% will be released after receipt of the utilization certificate for 75% of 2nd installment on 9th month of annual project period.
- (iii) The Agency will open a separate saving bank account for the grant-in-aid in any Nationalized Bank. The account will be opened in the name of the project, which shall be operated jointly by at least two office bearers authorized for the purpose by the management committee of the NGO.
- (iv) A Statement of Expenditure (SOE) / Utilization Certificate (UC) will be furnished by the Agency to the District on monthly/quarterly basis. Annual audit of the project accounts would be undertaken through a qualified Chartered Accountant and the audit report and accounts for the year would be furnished to the District and Mission Directorate, NHM by 31st May of the succeeding year.
- (v) NHM / ZSS will conduct concurrent audit on quarterly basis and as and when required.
- (vi) The Government reserves its right to get a special audit conducted of the accounts of the project after giving at least 30 days notice to the Agency. Further, Auditor General of Odisha, can as per their discretion, conduct an audit of the accounts of the Project.
- (vii) The selected Agency is required to deposit a Bank Guarantee of Rs. 1,00,000/- (Rupees one lakh only) per project in the name of Zilla Swasthya Samiti from a Nationalized Bank with valid period of minimum one year as performance security. It will be the responsibility of the Agency to renew the Bank Guarantee before expiry and ensure its validity as per the contract period extended time to time.

13. *Termination of contract*

- The Government or the Agency desires to terminate the project before the expiry of the contract, a notice period of 30 days will be given to the other party.
- The Government reserves the right to terminate the agreement without assigning any reason, if services of the Agency create serious adverse publicity in media and prima facie evidence emerges showing negligence of the NGO /any financial irregularities done by the NGO /misappropriation of Govt. funds by the NGO.
- Any assets created under the project out of the project grant-in-aid or funds collected from any sources will be the property of the State Government and will be handed back to the Government, as such, after the project duration is over/discontinued/terminated. Assets created by the Agency from its own funds for the project will also remain the property of the Government.

14. *Monitoring mechanism*

- The District Programme Management Unit & Block Programme Management Unit will regularly monitor the progress by undertaking field visits, provide supportive supervision and resolve the operational issues, if any. Primarily the PPP Coordinator at the District level is responsible to coordinate & facilitate for smooth functioning of the project.
- At the State level, PPP Cell, NHM will monitor the project and organize external evaluation of the projects by External Independent Agencies in each three years of completion of operation.
- Regular annual assessment of the project shall be done by the District after completion of one year for further renewal of contract.
- The programme will be reviewed bi-monthly/quarterly at the district level and half-yearly/annually at the State level.

15. *Monitoring mechanism*

- The Agency will not indulge in promotion or encouragement of any religious or political activities. The Agency should be sensitive to the local sensibilities and the tribal culture. It is presumed that the Agency will undertake only lawful activities.
- The Agency is permitted to establish partnership with other agency /organization for performing full or in part any of the activities expected from the Agency as per this MoU.
- The Government reserves its rights to give directions to the Agency in public interest regarding the management and operation of the project or for any other matter related to the project including the selection of personal.

- Agency may mobilize additional resources for supplementary support to improve the service delivery and facility under the project. The ZSS must be kept informed on such activity.