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Operational Guidelines :  
Conducting Outreach sessions in  
Urban Areas

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## **Background**

Urbanization is one of the most significant demographic trends of the 21st century. Unplanned and rapid urbanization has led to massive growth in the number of urban poor population, especially those living in slums and other vulnerable population pockets.

Migrants are drawn to urban areas to seek work opportunities and to establish a better life for themselves and their families. However, most Indian cities, from mega cities to small cities, lack the necessary infrastructure in terms of housing, water and sanitation, and basic services such as health care and education to accommodate and meet the needs of migrants, having implications for their health, wellbeing and productivity. While on one hand the cities are considered full of opportunities and affluence, paradoxically enough, they can also become hubs of marginalization, poverty and disease, unless appropriate policies & programmes are put in place to address the needs arising out of rapid urbanization.

The urban poor suffer from poor health status with higher burdens of mortality and morbidity and under-nutrition compared to rest of the urban population. Incidence of vector borne diseases, Tuberculosis and respiratory infections is also significantly higher among the urban poor. It is estimated that about a quarter of our urban population live in slums. Despite the supposed proximity of the urban poor to health facilities their access to them is severely restricted. Social exclusion and lack of information and assistance at the secondary and tertiary hospitals further restricts their access. Ineffective outreach and weak referral system prevents them from accessing the available healthcare facilities. The lack of economic resources limits their access to the available private facilities.

Keeping this in view, one of the main objectives of the National Urban Health Mission is to address the primary health care needs of the urban poor and marginalized population. The Framework of the National Urban Health Mission envisages provision of primary healthcare to the slum dwellers and other vulnerable groups through targeted Outreach services. Unlike rural areas, sub-centers are not being set up in the urban areas as distances are relatively small and transportation facilities are easily available. While routinely the services will be provided at the Urban PHCs, package of certain identified services shall be provided through targeted outreach services in population clusters which are not easily able to access available services due to distance or other reasons.

ANM will provide these outreach services to these populations in slum/vulnerable areas. In addition, Special Outreach services will also be organized for these identified slum & vulnerable population pockets periodically as per the specific local healthcare needs. The following sections provide broad guidelines for the States to plan and implement this vital modality of service provision in community outreach.

## **Morbidity and Mortality in the vulnerable population**

The health burdens of the urban poor are well known. They are associated with a high mortality burden and multiple co-morbidities. There is high prevalence of under-five mortality and malnutrition, lung diseases, skin conditions, and vector-borne diseases. Immunization coverage rates in these populations, particularly the poorer and more vulnerable are also low. Disease epidemics are strongly correlated with cramped habitats, leading to rapid spread of vector-borne and respiratory diseases under the conditions of poor sanitation and exposure to environmental pollution. Mental health problems are prevalent among such populations because of the stressful, lonely, and alienating environment. Deprivation of the traditional emotional and social security support systems also increase chances of co-morbidities and accompanying stigma.

Diabetes, hypertension and to a lesser extent, asthma, are reported as being among the most common chronic diseases. Dog-bites, alcoholism, substance abuse and certain occupational diseases are more frequent in these populations. Common vulnerabilities of children living on urban streets include substance abuse (generally of drugs, tobacco, pan masala and alcohol), hazardous working conditions, inadequate access to nutrition, clean water, sanitation and health care. Among people with disabilities, secondary conditions occur in addition to (and are related to) a primary health condition. Understanding these prevalent morbidities is essential for planning of Special outreach sessions.

## **Outreach Services Under the National Urban Health Mission (NUHM)**

As stated earlier, the framework of the National Urban Health Mission lays significant emphasis on improving the reach of health care services to the vulnerable groups. Outreach Services will play an important role in systematically delivering various benefits of health services to those who need them the most and find it difficult to access the center based services.

Outreach services under NUHM would consciously target the slum dwellers and other vulnerable groups in towns and cities. Service delivery in urban areas is expected to be organized through a network of Urban-PHCs and Urban-CHCs. Most health centres function between 8:00 am and 2:00 pm which may lead to situation where workers such as domestic workers, daily wage workers, and self-employed workers are unable to avail health facilities since during this time of the day as they are engaged in earning their wages. Geographic distance and costs of transport are also frequent barriers to healthcare seeking. Ignorance, cultural impediments and social stigma are particular issues that the vulnerable and urban poor face.

For the urban poor, and even more among the marginalized, the first choice is not to seek care, but to self-medicate and to avoid approaching the public health system. They often

opt for more accessible but poorly qualified private practitioners or the attendant in a pharmacy, who being untrained, follows irrational practices.

Outreach services in urban areas are limited to those who present themselves for care, or at best reach out to pregnant women and children with a restricted basket of antenatal, post natal care, immunization and family planning services. As a strong outreach program offers the best opportunity to penetrate down to the most vulnerable populations with the basic medical facilities, the reach and scope of the Outreach services will be expanded in the urban outreach component. Community based Outreach Sessions/UHNDs in the slums is the first step in the continuum of care approach linking primary to secondary and tertiary care services and will primarily be targeting the slums and other vulnerable groups listed in the earlier section.

**Types of outreach services envisaged under NUHM:** The outreach services can be categorised in two types - Monthly outreach sessions/UHNDs and Special Outreach Sessions to be held periodically as per the local requirements of the specific population subgroups.

### **Monthly Outreach Sessions/UHNDs**

The Monthly outreach sessions/Urban Health and Nutrition Days are expected to be organized along the lines of the Village Health and Nutrition Days under NR HM. Monthly outreach sessions/UHND s would cater to the entire population especially population living in slums/vulnerable populations within the catchment area of an Urban PHC (UP HC), to ensure universal coverage for a set of basic curative and a larger basket of preventive and promotive services focusing on outreach components of RCH and other national health programs.

Monthly outreach sessions/UHND s will be provided at the Anganwadi Centre (AWC) or other suitable community spaces where such services can be provided on a regular basis. AS HA and youth clubs would be involved in mobilizing the community and enabling access to services provided at the Monthly outreach sessions/ UHND s. The Monthly outreach session/UHND is intended as a convergence platform for services to be provided by the AN M and the Anganwadi Worker (AWW). Monthly Outreach Session/UHND will be used as an occasion for health communication on a

number of key health issues as well. AS HA of the area will play a key role in conducting mapping of these vulnerable populations, under the supervision of the AN M to identify such population, subgroups and understand their health needs The AN M with the support of the AS HA, will prepare the list of people requiring services at the Monthly Outreach Sessions/UHND s and make a special effort to include individuals from families of new migrants and the homeless, those living in distant areas, and poor and marginalized families. She will also coordinate with the AWW, and AS HA to know in advance the day on which the Monthly Outreach Sessions/UHND s is scheduled so that they can be inform those who need services.

The AN M will also provide services to pregnant women, newborns, sick children, adolescents and eligible couples and a basic level of curative care for minor illness/injury with appropriate referral where needed. For screening and management of chronic diseases particularly common cancers, diabetes and hypertension referrals will be made to the Urban Primary Health centre on designated days, with monthly follow up and drug supply being provided by the AN M/AS HA at the Monthly outreach Sessions/ UHND s or during home visits.

In order to address the issue of minimizing the barriers of geographic access, the Monthly outreach

Sessions/UHND s should be organized in areas which are distant from Urban PHC or other primary care facilities provided by the government, depending upon the locality and the occupational nature of its inhabitants, the timing of the Monthly outreach Sessions/UHND s can also be varied.

The space for the Monthly outreach sessions/UHND s is to be facilitated by the Urban PHC/Urban Local body. The MO/IC of the Urban PHC is responsible for ensuring the development of an annual calendar for the Monthly outreach sessions/ UHND s in her/his catchment area, and reviewing the coverage and quality of Monthly outreach sessions/ UHND s services and ensure timely submission of monthly and quarterly reports by AN M.

*The service package for Monthly outreach sessions/ UHNDs and checklist for responsibilities are provided in Annexures I and II.*

## **Special Outreach Sessions**

As discussed earlier, certain vulnerable and marginalised groups, because of their circumstance, find it difficult to access the available services. Certain common health care needs of such groups require attention beyond the routine RCH/minor curative care provided by the ANM during Monthly outreach sessions/UHNDs.

Special Outreach Sessions are expected to focus on ensuring such services to these populations. In some states, Special Outreach Sessions are being implemented focusing on healthcare issues like screening for chronic diseases, detection of developmental delays and childhood disability, geriatric care, dental services, etc. Such sessions can be held on a biannual or an annual basis, but it must be ensured that the specific needs of the local vulnerable populations continue to be the focus.

While the special outreach sessions are to provide specialized services, coverage of the population in terms of RCH services is a must and should be ensured on a regular basis.

The Special Outreach Sessions would provide curative, preventive & promotive services and would require services by specialists (including Gynaecologists, Dermatologists, Ophthalmologists, ENT specialist, Orthopaedic Surgeons, Psychiatrists, Dentists) relevant to the services to be provided in the outreach session. Other health professionals such as nurses, laboratory technicians, physiotherapists, occupational therapists, **optometrists, clinical psychologists, medical social workers and pharmacists etc. will also be required.**

When such sessions are held in off/non duty hours, staff from the public health facilities would be encouraged to provide such services

Special Outreach Sessions would also include basic diagnostic facilities wherever applicable. If samples are to be collected, test results must be reported back to the individual as soon as the result becomes available. The ASHA could serve as the focal point person for both communicating the test report and enabling follow up action and incentive could be provided accordingly. Special outreach sessions cannot conform to a set pattern of services such as those available in routine RCH services. The actual services to be provided for each camp would be based on the need of the target population.

Medical officers of the PHC could involve/seek help of Medical Officer of District Hospitals in planning special outreach sessions.

The local UPHC would develop a calendar of such sessions with dates and services to be provided in these sessions, which could vary between different specialist services, rehabilitation, and other curative services.

All frontline workers should be made aware that such special sessions are not intended to substitute primary and secondary outpatient services. So far as possible, effort must be made to ensure that the priority coverage populations for such sessions is the group of highly vulnerable and marginalized who have little or no access to resources of any kind and who are so disadvantaged that they are not able to access the facilities.

The urban PHC must also have a plan for follow up between such sessions. Such follow up could be facilitated by the ANM/ASHA of the area.

Planning and implementation of such special outreach sessions will require engaging with the relevant departments and NGOs to ensure that social support services are made available- such as access to food, clothing, shelter, prosthetic support, etc.

For instance, Special Outreach Sessions for homeless population may also involve engagement with de-addiction centres if there is a coexistence of homelessness and substance abuse. Over time, states should make serious efforts with a focus on sensitizing providers to the special needs of such populations, to ensure access, coverage and quality of facility based services so that such populations are able to access services at facilities and are treated with dignity and respect.

*The suggestive service package for special outreach sessions and checklist for responsibilities are provided in Annexure III and IV.*

## **Planning and Implementing the Outreach Sessions**

Planning and implementing effective Outreach sessions involves following activities:

**1. Mapping the vulnerable (clusters/families/ individuals) and the available resources:**

As the main focus of the outreach sessions is to provide services to such population which do not actively seek health care services, a mapping exercise is a mandatory requirement to identify and reach to these groups. In order to deliver healthcare services, mapping these populations and developing a systematic understanding of their health needs would require an understanding of the epidemiological profile of the local population, disease burden, and social determinants of health.

The process of mapping enables identification of the vulnerable so that they become visible to the health care system, and an understanding of their problems regarding access and their health care needs.

Mapping is not in term of geo-spatial distribution of populations alone, but also the social relationships and issues of access to health care. Targeting of population groups/households for special outreach camps would be based on 'Profile of Household in slum & vulnerable areas' such as availability of piped water supply, pakka houses, basic facilities like toilets, solid waste management, drains, government recognized identity, means of livelihood available, income status, accessibility to existing health services and education level of their family members etc.

Vulnerable population would also be identified based on their means of livelihood and/or social status such as daily wage labourers, construction workers, rickshaw pullers, people involved in begging, domestic workers, elderly poor, widows/deserted women, rag pickers, destitute, widows, street children, transgenders, beggars, street children, construction workers, coolies, sex workers, street vendors and migrant workers etc.

In addition to identifying the vulnerable, mapping should also include identifying community resources (organizations or individuals) who could provide support to the UHNDS/Special Outreach Sessions, and non-medical essential social services. One of the competencies of the urban ASHA is in mapping the vulnerable, and she would be the point person for undertaking such mapping with support from MAS members. ASHA and MAS of the area will play a key role in conducting mapping of these vulnerable populations, under supervision of the ANM to identify such population, subgroups and understand their health needs.

While conducting the survey, ASHA must make a special note of vulnerable clusters/families/ individuals as per the Annexure V.

**2. Deciding the services to be provided in the Special Outreach Sessions/Camps:**



While a common defined basket of services will be delivered through UHNDs, the services for the Special Outreach will have to be carefully chosen keeping in mind the locally endemic conditions/ requirements of a specific population group ie. Elderly poor, homeless, headloaders, sex workers, rag pickers, street children, individuals with visual impairment, women for screening for common malignancies, adult population for screening for NCDs. etc.

### **3. Identifying Sites for organizing UHNDs/ Special Outreach Sessions:**

The UHNDs/Special Outreach Sessions should be organized as close as possible to where the marginalized and vulnerable live.

Outreach Sessions will be organized at locations such as community structures, primary schools, anganwadi centers in coordination with ASHA. Beside the above, buildings constructed under the schemes of the Department of UD, HUPA, WCD, Social Welfare, RAY, IHSDP and JnNURM could be utilized as fixed points for providing periodic outreach services. The sessions also might be required in the parts of the city where high concentrations of unorganised working populations work, such as wholesale markets, land-fills, labour addas, railway and bus stations.

Most public health facilities as well as out-patient premises of medical colleges are usually vacant in the evenings. These spaces should be used for special outreach sessions, provided that geographic access is not a barrier.

### **4. Listing out the requirements and arranging for the required manpower and logistics**

### **5. Ensuring sufficient IEC about the proposed Outreach sessions to the stakeholders and beneficiaries. (Annexure VIII).**

**6. Involvement of the Community Volunteers:** While the ASHA have an important role to play in mapping and supporting Special Outreach Sessions, the task of mapping, mobilization of community groups, accompanying those who need facility based care, and providing follow up care, would require the support of community resources. One important resource is a cadre of community volunteers who are willing and able to support the process. Such volunteers could either belong to the vulnerable community, be part of the general community and represent specific sub groups such as adolescents, or individuals in the community willing to extend domiciliary support to aged and disabled people.

While no financial compensation is necessary, a badge of identification by the UPHC that not just facilitates but assures access to public health facilities and other support services could be provided.



In addition to individual volunteers, groups such as the Indian Medical Associations, local clubs-Lions Club, Rotary, Residents Welfare Associations, and local Philanthropic organizations could be involved.

**7. Involvement of Male Health Workers:** Many cities have sizeable populations of single male migrants with unique health concerns. Given our cultural context, women health workers may not be able to address these. Many States and city corporations involve male health worker in urban health care and support them out of their own budget. NUHM does not support male health workers and wherever they are available they should be utilized in organizing routine and special outreach session in urban areas. Depending upon local situations and available resources districts may wish to involve male community volunteers who may be engaged on the lines of ASHA.

**8. Enabling access to referrals beyond health facilities:** To enable continuity of care, mechanisms should be established to refer these groups to supportive care facilities other than U-PHCs and U-CHCs. However, in the meantime such population must have access to not just preventive and promotive services but also access to special services, rehabilitation therapy and social support including referral and follow-up for tertiary level institutional care.

These may include: a) Free residential and out-patient Drug De-addiction Centres,

b) Free residential mental health care recovery centre,

c) Nutrition rehabilitation centres,

d) Homeless recovery shelters, and

e) Palliative care centres and hospitals

**9. Mobile Clinics:** Such special outreach sessions could also include services through “mobile clinics”. Mobile units, whose package of services would be similar to special outreach, would provide services at a fixed date or time to unreached areas, such as remote slums, temporary migrant populations, and scattered homeless persons.

**10. Involvement of Union of Informal Groups (Occupational Occupationally Vulnerable Groups):** It would be useful to involve trade unions and collectives of vulnerable groups – such as of Planning and Implementing the Outreach Sessions rickshaw pullers, construction workers, ragpickers, homeless people, single women, disabled peoples collectives, organisations of the aged, homeless and street children to support the implementation of such session so as to build community ownership.

**11. Involvement of field workers** dedicated to control of Malaria, TB, Leprosy in Urban areas may also be explored. In many towns and cities urban malaria scheme is operational

with dedicated vector control workers in field. Municipal Health officers may employ Sanitary inspectors for malaria surveillance. Male Health workers of UPHC may also be working at cluster level (covering 2 or 3 wards) to control spread of malaria.

TB Health Visitor is placed to cover 1 lac population each. Tuberculosis Units, Designated Microscopy Centre and DOTS providers may also be located in urban areas to provide support to ASHA and ANMs to ensure diagnosis, treatment and follow up of suspected TB cases. ASHA gets incentive once the patient registered with her completes the course of treatment. Leprosy control in urban areas may have Non Medical Supervisors and Non Medical Assistants who monitor treatment and carry out field level activities. They are assisted in these tasks by ASHAs and ANMs.

12. Involving Urban Local Bodies: Such Special Outreach Sessions should seek active participation of the ULB that ensures ownership and accountability. Such engagement could include provision of monetary resources, space, mobility support, access to non-health facilities, and linkages with other departments such as housing, etc.

13. The resources required would go beyond those available through the NU HM. States are encouraged to leverage support from city corporations, philanthropic organizations, volunteer human resources from medical and nursing institutions, other academic institutions and civil society.

14. **Supportive Supervision and Follow up:** While the responsibility for implementing the UHND s and Special Outreach Session is with the UP HC, the overall supervisory responsibility is with the City/District health authorities. Supervision involves support to the UP HC in annual planning, allocation of resources, identification of specialists to be deployed, and monitoring the actual conduct of sessions in terms of coverage, quality and follow up. At the level of the UP HC the MO would monitor each session held and ensure complete line listing of the catchment area,enable the provision of drugs and supplies coverage in terms of reach, and follow up of patients identified for treatment either at the community level or at the facility. Such follow up could be facilitated by the issue of health cards/health booklets.

*Suggestive formats for reporting are given at Annexure VI &VII.*

**Table 1:** Planning/Implementing UHND s and Special Outreach sessions is summarized in the table given below:

	<b>Urban Health &amp; Nutrition Day (Monthly outreach sessions/UHND s)</b>	<b><i>Special Outreach Camps</i></b>
<b>WHO:</b> Population to be covered	Slum and vulnerable population (predominantly women and children) in the catchment areas of the UP HC. The already identified patients needing follow-up may be catered to by providing medicines.	Vulnerable groups; emphasis on the most disadvantaged and hardest to reach (migrant labourers, homeless, etc.) Target population for the specific services. All women in a special outreach session being conducted for screening for breast/cervical cancer.
<b>WHAT :</b> Service Coverage	AN C, Immunisation, Health Education, Child Growth Monitoring, Nutrition Supplementation, Nutrition Counselling, education on Water Sanitation and Hygiene, Use of RD K, Drug Dispensing	Health check-up/Specific services/set of services (for locally endemic diseases and population sub group with specific problems), screening and follow-up (for chronic and non-communicable diseases), basic laboratory investigations (using portable /disposable kits), and drug dispensing.
<b>WHERE :</b> Site of providing the Service	Anganwadi Centre (AWC) or any other community level structure in slum.	Space or structure at the community level in slum/near vulnerable population (Community Centre, School which may be near Railway Station, railwaytracks, city outskirts, Bus Stand, underpasses, outside place of worship, etc.).
<b>BY WHOM:</b>	ANM Supported by team of ASHA worker and AWW.	Doctors/Specialists, Lab Technician, Pharmacist, Physiotherapists, Social Workers. Supported by MO-UPHC, with ANM and ASHA.
<b>When:</b> Frequency	Twice a month	Twice a Month



### CASE STUDY

**UHND:** Sunita works in AS HOK Vihar UP HC. A part of her catchment area lies beyond the Ring Road and across the Drain - Bada Nala. The area is called Prem Badi Pul slum cluster where majority of those working in nearby Industrial area reside with their families. The population living here is around 4000 (800 households). She has decided that she would provide RCH and other preventive services through a regular monthly UHND in that area. For this the UP HC has tied with the AW No. 419 and AWW, Bimla. The first Monday of every month has been decided upon as the UHND for the Cluster. The area AS Has and AWWs along with the potential beneficiaries have been made well aware of the monthly event/the venue/ services.





### CASE STUDY

**Special Outreach :** Sunita holds a regular UHND in her slum pocket of 4000 population. During their surveys and mapping AS HAs found that many families have elderly with visual impairment and some children and adults also having some vision problems. The AN M has brought this to the notice of her MO I/C. A special outreach camp has been planned with the objective of screening of the elderly population for Cataract and others with impaired vision for refractory errors. The session has been organized with the help of Ophthalmologist and Optometrist from the district hospital. The ground floor hall of the Basti Vikas Kendra normally occupied by the DUSIB will be lent for the activity as it is a Sunday. AS HA will ensure that all potential line listed beneficiaries reach the camp and subsequent follow-up.

### **Financial Guidelines:**

Monthly outreach sessions/UHND s services involve outreach by the ANM to different geographic sites within the catchment area of the UP HC. The Monthly outreach sessions/UHND s are expected to be organized along the lines of the Village Health and Nutrition Days under NR HM.. Since regular services will be provided at the UP HCs and peripheral primary level health facilities in the urban areas, through the AN Ms headquartered at these facilities; separate financial provision has not been made, except for Rs. 500 per AN M per month as mobility support for conducting outreach in slum areas. The consumables and supplies (like ORS , IFA, diagnostic test kits, etc.) for the Monthly outreach sessions/ UHND s will be provided through UP HC from the provisions made under NU HM.

### **Operational Guidelines for UHND**

1. An amount of Rs. 250/ ANM/UHND will be given for the celebration of UHND by the MOI/C of the U-PHC
2. Cost norms for UHND
  - a. This amount of Rs. 250/- may be utilized for the refreshment of the participants.
  - b. The amount of Rs. 250 will be sent into the SKS account of the U-PHC from the DPMU's NUHM account, and will be given to the ANMs on submission of the bills and the UHND report to the MO I/C . All the details will be maintained by the IA cum AA.\*
3. The ANM will record the proceedings of the UHND in a separate register.

The proceeding should include the following points:

  - i. Name and signature of the participants.
  - ii. All details as per annexure VI .
  - iii. Names of the organizers of the UHND i.e ANM, ASHA,AWW etc.
  - iv. Date , Venue and agenda of the next UHND.
4. MOI/C and the District Urban Health Consultant will be responsible for the monitoring of the UHND.
5. The UHND report at annexure VI will be filled by the ANM and will be submitted to the MOI/C of the U-PHC and then to the District Urban Health Consultant.
6. The District Urban Health Consultant will further compile the reports from all the U-

PHCs and send the report to the State HQ by the end of every month duly signed by the Urban Nodal Officer as per the format.

\*If SKS accounts are not open yet then the same will be paid by the NUHM account of District Health and Family Welfare society.

#### Special Outreach Camp:

Special Outreach/Health Camps would cater to other special healthcare needs of the local community/vulnerable population, as per requirement. These would require doctors, specialists, pharmacist, lab technicians, relevant to the services being provided along with the procurement of the consumables and supplies for Special outreach sessions. Suggested budgeting pattern is given below for different components of a Special Outreach Session:

#### **Operational Guidelines for Special Outreach Camps.**

- 1.** An amount of Rs. 10000/- per special Outreach Camp/ U-PHC will be given for organizing special outreach camp by Specialist Doctors in slum areas or U-PHCs.
- 2.** Specialist Doctors( preferably Gynecologist, Pediatrician, Skin Specialist, Ophthalmologist, Cardiologist, E.N.T, Chest Medicine, General Medicine, General Surgery etc) may be empanelled in each districts for these outreach camps.
- 3.** These specialist doctors will give their services on pre fixed days on rotation basis at the U-PHCs or U-PHC s catering areas.
- 4.** A roster will be prepared for all the specialist doctors by the Urban Nodal Officer and will be shared with the specialists and the MOI/C.
- 5.** Cost Norms for Special Outreach Camp:

Cost Head	Amount per session/camp (Rs.)
Specialist Doctors( For Paying their Fees) 2 doctors per camp	4000/- per Specialist/camp
Medicine and consumables( including consumables for Rapid Diagnostic Kits)	1000/-
Contingency ( Stationary, publicity, refreshments, incidental expenses,etc)	1000/-
<b>Per Special Outreach Camp</b>	<b>10000/-</b>



- 6.** The Amount of Rs. 4000/- to each specialist will be paid by the NUHM account of District Health and Family Welfare society by DAM.
  - 7.** The amount of Rs. 1000 for medicines and Rs. 1000 for contingency will be paid by U-PHC MOI/C through SKS account.\*
  - 8.** Along with the specialist doctor, 1 lab technician, 1 Pharmacist and 1 Staff Nurse for the U-PHC will also provide their services in the camps and will also maintain the record of the services.
  - 9.** ANM and ASHA will be responsible for mobilization of the community to the camps.
  - 10.** MO I/C will be responsible for facilitating and monitoring of the Special Outreach camps.
  - 11.** The Special Outreach Camp Report at annexure VII will be filled by the ANM/Staff Nurse and will be submitted to the MOI/C of the U-PHC, the compiled report for the month will be submitted at DPMU to the District Urban Health Consultant.
  - 12.** The compiled report of all the U-PHCs of the District will be sent to the State HQ by the end of every month duly signed by the Urban Nodal Officer.
- \*If SKS accounts are not open yet then the same will be paid by the NUHM account of District Health and Family Welfare society.

Districts can also pool their available resources to have dedicated teams to conduct special outreach camps and provide equipment such as ECG, X-Ray, basic lab diagnostic and other facilities and have dedicated team of doctors, paramedics and vehicles etc. States and city corporations may enter into partnership with medical colleges, not for profit/charitable organisations and with private sector for conducting special outreach sessions/health camps. The municipalities/ corporations can also put additional funds out of their budgets for conducting outreach sessions. Local volunteers/youth clubs/ /women's SHG groups can also be involved in organizing the camps.

Estimates suggest that the slum population in a catchment area of a UP HC would be around 25% and the other vulnerable population would be an additional 10% of the urban population. The funding support for IEC includes the cost of mobilization and publicity to generate widespread awareness by ASHA, and AWW, on the objectives of the camp and services available. If any IEC support is required like Banner, poster etc the budget can be booked under IEC /BCC FMR 4.6.

## ANNEXURES

### **Annexure: I- Service Package at monthly Outreach Sessions/UHNDs**

The services will be provided monthly by the AN M in coordination with the AS HA and Anganwadi Worker (AWW) at a community structure in slum/ near vulnerable population (like Anganwadi Centre, School, Railway Station, Bus Stand, place of worship, etc.). The package of services will include the following:

#### **A. Maternal Health**

- a. Pregnancy testing, and Early registration of pregnancies.
- b. Provision of full complement of ANC services with quality and accuracy.
- c. Completed Mother and Child Protection Card.
- d. Referral for high risk women/women with signs of complications during pregnancy and those needing emergency care.
- e. Referral for safe abortion to approved MTP centres.
- f. Counselling on a range of topics such as: Education of girls, Age at marriage, Care during pregnancy, Danger signs during pregnancy, Birth preparedness, Importance of nutrition. Institutional delivery, awareness of the JSY and JSSK schemes, Post-natal care. Breastfeeding and complementary feeding, Care of a newborn, and Contraception.
- g. Organizing Maternal and infant death reviews.

#### **B. Child Health**

- a. Registration of new births.
- b. Counselling for care of newborns, exclusive breast feeding and Complementary feeding at six months.
- c. Complete routine immunization and all doses of Vitamin A along with Tracking and vaccination of missed children by ASHA and AWW.
- d. Weighing and Nutritional Surveillance– examination of all children for anemia/ Micronutrient and Vitamin deficiencies. Provision of Tablet IFA - (small) to children with clinical anaemia.
- e. Provision of supplementary food for grades of mild malnutrition and referral for cases of severe malnutrition.
- f. Case management of those suffering from diarrhoea and Acute Respiratory Infections, Counselling to all mothers on home management and where to go in event of complications, Provide ORS packets, Counselling on nutrition supplementation and balanced diet, Counselling on and management of worm infestations.

#### **C. Adolescent Health (Age group 10-19 yrs)**

- a. Screening for anemia and other Micronutrient and Vitamin deficiencies (Iodine-deficiency, Protein Calorie Malnutrition, etc.), Supply of iron supplements, vitamins, and micronutrients.
- b. Counselling against substance abuse, promoting healthy life style and responsible sexual and social behaviour and practices

**D. Family Planning**

- a. Information on use of contraceptives.
- b. Distribution - provision of non-clinic contraceptives such as condoms and OCPs.
- c. Information on compensation for loss of wages resulting from sterilization and insurance scheme for family planning.

**E. Reproductive Tract Infections and Other Related Conditions**

- a. Counselling on prevention of RTI s and STI s, including HIV/AIDS , Information on transmission and prevention of HIV/AIDS.
- b. Referral of cases for diagnosis and treatment, and distribution of condoms for dual protection.
- c. Referral for ICTC and PPTCT services to the appropriate institutions.

**F. Health Promotion**

- a. Importance of clean drinking water, safe water handling practices, use of long handle ladle, and ways to keep the water clean at point-of-use, using chlorine tablets, boiling, water filters, etc.
- b. Education on Healthy food habits, hygienic and correct cooking practices, and hand washing.
- c. Testing of household salt sample for Iodine (using the testing kits supplied under NIDDCP programme).
- d. Prevention/elimination of breeding sites for mosquitoes.
- e. Mobilization of community action for safe disposal of household refuse and garbage.
- f. Gender issues: Communication activities related to PCPNDT , Communication on the Prevention of Violence against Women and Children, Domestic Violence Act, 2006, Age at marriage, especially the importance of appropriate age at marriage for girls, Issues of Alcohol and drug abuse, tobacco. Review of the AWC's daily activities at the centre, supplementary nutrition services being provided for children and pregnant and lactating mothers, and growth charts being recorded at AWC.
- g. Sanitation issues: Identification of space for community toilets, Guidance on where to go and who to approach for availing of subsidy for those eligible to get the same under the Jawaharlal Nehru National Urban Renewal Mission (JnNURM)/AMRUT.

## Annexure II- Checklist for the Personnel involved in UHND

Sr. No.	Action	Tick when Done
<b>MO I/C of the Center</b>		
1.	Develop a calendar for Monthly outreach sessions/UHND s and designate geographic areas for where it is to be held, ensuring complete coverage in the catchment area and familiarizing each member with the calendar.	
2	Coordinate with the CDP O and ICDS Supervisors for availability of the Anganwadi Centre and the Anganwadi Worker.	
3	Dialogue with ULB representatives (Ward member) on availability of community centres and other alternative facilities, along with support for the cleanliness, water, security and other support required at the site.	
4	Ensure that the supplies of drugs, vaccines and consumables reach the site well before the day's activities begin.	
5	Ensure reporting of the Monthly outreach sessions/UHND s to the UCHC and City/ District PMU (as per format suggested in Annexure VI).	
<b>ANM</b>		
1.	Ensure that all concerned AS HAs/AWWs know where the Monthly outreach sessions/UHND s is to be held.	
2	Ensure that the information about the outreach is available with the community through IE C.	
3	Ensure that the supply of vaccines reaches the site well before the day's activities begin.	
4	Ensure that all instruments, drugs, and other materials are in place.	
5	Ensure reporting of the Monthly outreach sessions/UHND s to the MO in charge of the Urban PHC (UP HC) (as per format suggested in Annexure VI).	
<b>ASHA: Actions to be taken before the Monthly Outreach Sessions/UHNDs</b>		
1	Visit all households and line list women and children needing Monthly Outreach Sessions/UHND s services. - AN C, Immunization, Malnourished children, and particularly focus on those that were missed/drop-outs	
2	Ensure publicity of the event (as per Annexure VIII ).	
<b>ASHA: Actions to be taken On the day of Monthly Outreach Sessions/UHNDs</b>		

1	Ensure that all listed women and children report to the health centre and receive services.	
<b>Anganwadi Worker( AWW)</b>		
1	Ensure that the Anganwadi Centre (AWC) is prepared for the Monthly outreach sessions/UHND s (if it is to serve as the site for Monthly outreach sessions/UHND s)- cleanliness, water supply, privacy for AN C/PN C.	
2	Provide the Supplementary Nutrition and Take Home Ration (THR) and ensure arrangements for growth monitoring.	
3	Coordinate activities with the AS HA and the ANM.	

### **Annexure III- Service package at Special Outreach Camps**

Special Outreach Sessions will cover the most vulnerable and marginalised groups with special attention to their specific health needs. The package of services may include the following:

**A. Curative services:**

- a. Specialist Services such as Obstetric/ Gynaecology, Paediatrics, Ophthalmology, Dermatology, Dental and any other special services.
- b. Detection of TB , Malaria, Leprosy, Kala-Azar, and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes and cataract cases.
- c. Referral of complicated cases.

**B. Diagnostic services:**

- a. Investigation facilities like haemoglobin, blood sugar, urine examination for sugar and albumin.
- b. Screening for Hypertension, Diabetes and COPD.
- c. Vision screening
- d. Blood counts
- e. Urinalysis
- f. Clinical detection of leprosy, tuberculosis and locally endemic diseases.
- g. Screening for breast, cervical and oral cancers etc.
- h. ECG

**C. Preventive and Promotive services:**

If needed, routine RCH services may also be organised as discussed under routine Monthly outreach sessions/UHND s.

- D. Continuity of care for every chronic patient (such as diabetic, hypertensive or suffering from Chronic obstructive Pulmonary Disease (COPD ) should be ensured with a health card and provision of essential medicines and clinical advice on a continuous basis.**

### Annexure IV: Responsibilities and Functions for Special Outreach

Sr. No.	Action	Tick when Done
<b>MOI/C ( at UPHC) and District Programme Management unit</b>		
1	District Program Unit to prepare calendar for Monthly Outreach Sessions/UHNDs in consultation with MoIC of UP HC and designate geographic areas for where camps to be held, ensuring complete coverage in the catchment area and familiarizing each member with the calendar.	
2	Ensure that adequate money is available for disbursement to the private providers, wherever they are engaged on a daily basis.	
3.	Ensure that the supply of diagnostic kits, equipment, drugs and consumables reaches the site well before the day's activities begin.	
4	Dialogue with ULB representatives (Ward member) on availability of community centres and other alternative facilities, along with support for the cleanliness, water, security and other support required at the site.	
5	Ensure that the Special Outreach/Health Camp is held on the stipulated day and time and also ensure the presence of the required health functionaries.	
6	Ensure reporting of the Special Outreach Camp to the U-CHC and City/District PMU (as per format suggested in Annexure VII )	
<b>ANM</b>		
1.	Ensure that the supply of diagnostic kits, equipment, drugs and consumables reaches the site well before the day's activities begin.	
2	Carry communication material	
3	Ensure reporting of the special outreach camp as per the format suggested in Annexure VII	
4	Coordinate with ASHA and AWW to ensure publicity of the event, mobilization of the vulnerable groups and follow up.	
5	Ensure publicity of the event as per annexure VIII.	
<b>ASHA/Local Volunteer: Actions to be taken before the special Outreach Camps</b>		
1	Visit all households and make a list of most vulnerable and marginalised population and mobilize them.	
2	Make a list of potential beneficiaries for a given service/set of services ie. list of children with special needs, particularly girl children, Make a list of persons suffering from cough for more than 3 weeks, Make a list of those with visual	

	impairment, make a list of all elderly in the cluster. Identify persons having symptoms of mental illness such as depression, anxiety, social withdrawal etc.	
3	Make sure that the target population is aware of the Camp – date/venue/services.	
4	Coordinate with the AWW and the AN M. Share the calendar of Special Outreach/Health Sessions (if applicable), and the date/day of next camp.	
5	Ensure publicity of the event (as per Annexure VIII ).	
<b>ASHA/Local Volunteer: Actions to be taken on the day of special Outreach Camps</b>		
1	Ensure that all potential beneficiaries report to the health camp and receive services. Ensure followup of those where further action required.	



## **Annexure V: Listing the vulnerable Areas/Individuals/Families/Subgroups**

The population being covered by an AS HA/AN M is expected to be a heterogeneous mix of individuals/families/population groups with different demographic and socioeconomic backgrounds. Their vulnerability and need for help may be of varying severities. During the household surveys, the AN M/AS HA must be on the lookout for those with a higher vulnerability and mark them for special attention. More effort and time must be spent for the following areas/individuals/sub populations and if required, the services must be provided through outreach component of the health center. During the survey, special note must be made of the following:

1. An area/population pocket in the periphery of the catchment area of the health center.
2. An area where nature/ timing of working hours prevents the group from accessing the services from available public health facility.
3. Area deficient in safe/piped water supply
4. Habitation of Semi-pucca/katcha houses.
5. Areas with lack of basic facilities like toilets, solid waste management facilities, drains etc.
6. Unauthorized areas housing the poor with its lack of government recognized identity.
7. Household having no access to sanitation & water supply.
8. Slum dwellings near hazardous location (footpath, railway track, fly-overs, under bridge)
9. Homeless individuals/families/clusters.
10. People living in institutions like night shelters, homeless recovery shelters, beggars home, leprosy homes.
11. People involved in Begging
12. Daily wage laborers
13. Construction workers
14. Rickshaw pullers
15. Rag Picker
16. Head loaders
17. Domestic Worker
18. Elderly Poor
19. Street Children
20. Trans Gender
21. Sanitary Workers
22. Widow/Deserted women
23. Differently Abled
24. Individuals suffering from Debilitating illnesses- HIV/AIDS , TB , Asthma, Diabetes, Leprosy etc.
25. People with mental illness

- 26. Women/child headed household
- 27. Household with severely/acute malnourished child or an infant without mother or caregiver.
- 28. Any Other, Please Specify.....

VI Annexure- Format for reporting Information on Monthly Outreach Sessions/UHNDs

	Date of monthly Outreach Sessions/UHNDs:	
Sr. No.	Activity	
1	Name of Urban PHC	
2	Locality/Slum Name	
3	Place where UHND Held( AWC, School, any other please specify)	
4	Name of the ANM:	
Service Statistics		
1	Total No. of women who received treatment	
2	Total No. of Children who received treatment	
3	No. of Pregnant women checked up for ANC	
4	No. of Pregnant women immunized with T.T	
5	No. of Pregnant women with complications referred to higher facilities	
6	No. of Children Vaccinated	
7	No. of Women motivated and referred for IUCD	
8	No. of Women motivated and referred for sterilization	
9	No. of men motivated and referred for sterilization	
10	No. of severely Malnourished children Identified , Counselling and referred to higher facilities:	
11	Any Other Services:	
12	Line listing of all the individuals with name , diagnosis and follow-up who attended the camp attached ( YES/NO:	
Verifications		
Name and Sign of ANM		Name and Sign of AWW
Name and Sign of ASHA		
Please Note: ANM and ASHA should line list all the individuals with name and diagnosis and follow up who attended the camp and attach the list with the report		
Name and Sign of MOI/C		

Consolidated Monthly Report of each UPHC will be Submitted to the District Urban Nodal Officer and the ANM wise Consolidated report of the district will be sent to the state HQ.

UHND report for the month of .....			Name of the District.....	
Sr. No.	Name of the ANM under NUHM	Name of the reporting Unit	No. of UHNDS Planned	No. of UHNDS Held

### Annexure VII- Format for Reporting Information on Special Outreach Session

	Date of Camp:
Sr. No.	Activity
1	Name of Urban PHC
2	Locality/Slum Name
3	Place where UHND Held( AWC, School, any other please specify)
4	No. of Specialist Attended( Indicate Government and Empanelled Specialist seperately):
5	No. of Individuals who received treatment in the camp: M.....F.....
6	No. of Children who received treatment in the camp
7	No. of individuals diagnosed/Screened with the disease ( specification/Condition wise):
7.1	Tuberculosis
7.2	Diabetes Mellitus
7.3	Hypertension
7.4	COPD
7.5	Cervical Cancer
7.6	Other
8	No. of individuals referred to higher Centre/Alternative Referral Unit:
9	No. of follow up cases attended
10	No. of persons provided diagnostic services: X-Ray..... ECG....., Blood Glucose....., B.P....., Others.....
11	Line listing of all the individuals with name , diagnosis and follow-up who attended the camp attached ( YES/NO:
12	Approximate quantity and value of drugs distributed..... .....
	Verifications
Name and Sign of ANM/Staff nurse	Name and Sign of AWW
	Name and Sign of ASHA
Please Note: ANM and ASHA should line list all the individuals with name and diagnosis and follow up who attended the camp and attach the list with the report	
	Name and Sign of MOI/C

Consolidated Monthly Report of each UPHC will be Submitted to the District Urban Nodal Officer and the Camp wise Consolidated report of the district will be sent to the state HQ.

Special Outreach Format																	
Name of the District						Name of UPHC											
No. of Camps Organized( Month - Wise)	No. of Specialists/ MO Attended ( Specify the speciality)		No. of OPD Cases		No. of Cases Referred	No. of Children Screened	No. of Cases						Diagnostic Services Available ( Yes/No)	Drugs Available( Yes/No)	Health worker ( ANM/A SHA) present ( Yes/No)	Micro plan Available( Yes/No)	Remarks
	Govt.	Empanelled	Male	Female			TB/COPD	Diabetes Mellitus	Hypertension	Cancer Screening	Skin Infection	Dental Problems					

## **Annexure VIII- Publicity for the Outreach Sessions**

### **Key Communication Objective**

For the Outreach Session to be successful, it is imperative to make the community, especially women from vulnerable sections and other stakeholders in the community, aware of services being made available on fixed days at the site chosen for conduct of Outreach sessions ( AWC or other venue).

### **Whom to Involve**

1. AS HA
2. Members of local RWAs/Mohalla Sabhas
3. Ward members
4. SHG members
5. Teachers and other community leaders
6. School children
7. Beneficiaries
8. Traditional Birth Attendants (TBA ) and other
9. Registered Medical Practitioners (RMP)

### **Media and Methods**

- a. Wall writings in the local language
- b. Hoardings at one or two prominent places in the locality
- c. Handbills and pamphlets
- d. Munadi a day before the event.

Resources for publicity activities can also be accessed through the IE C fund made available and untied funds available with the Urban PHC, in addition to the amount indicated in the guidelines.

AS HA can help and facilitate this whole process at different levels.