



NATIONAL AYUSH MISSION KERALA

AYUSH MOBILE MEDICAL UNIT

STANDARD
OPERATING PROCEDURES



Standard Operating Procedures of

AYUSH Mobile Medical Unit



National AYUSH Mission Kerala



National AYUSH Mission Kerala

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STANDARD OPERATING PROCEDURE FOR THE AYUSH MOBILE MEDICAL UNIT.

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PREFACE

The National AYUSH Mission Kerala, with the Department of AYUSH, Govt. of Kerala is committed to improving healthcare accessibility for underserved populations in geographically remote and vulnerable regions. The AYUSH Mobile Medical Unit (AMMU) initiative represents a pivotal step in addressing the triple burden of diseases—communicable, non-communicable, and emerging health challenges—prevalent in these areas.

This Standard Operating Procedure (SOP) has been meticulously developed to serve as a comprehensive guide for Medical Officers, Multi-Purpose Workers, and all personnel involved in the AMMU program. It provides clear, practical directions for implementing, managing, and monitoring the delivery of AYUSH-based healthcare services.

By ensuring uniformity in execution and accountability at every level, the SOP aims to enhance the quality and reach of healthcare interventions, focusing on preventive, promotive, curative, and palliative care tailored to the needs of the underserved. The document also highlights the roles and responsibilities of stakeholders, the processes involved, and the mechanisms for evaluating impact and sustainability.

This endeavor reflects our unwavering dedication to integrating AYUSH systems into public health and advancing the overall well-being of unserved and underserved communities in Kerala. Through the structured implementation of AMMU, we aspire to bridge healthcare gaps, foster health awareness, and empower communities with sustainable health solutions.

We extend our gratitude to all contributors and stakeholders whose expertise and insights have enriched this SOP. Together, let us work towards a healthier, more inclusive Kerala.

State Mission Director
National AYUSH Mission Kerala

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ABBREVIATIONS

AMMU	AYUSH Mobile Medical Unit
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
DMO	District Medical Officer
DPC	District Project Coordinator
DPM	District Program Manager
MO	Medical Officer
MPW	Multi-Purpose Worker
SOP	Standard Operating Procedure
SPC	State Project Coordinator

1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to establish a consistent protocol for potential program implementers to effectively execute the AYUSH Mobile Medical Unit (AMMU) and monitor its activities uniformly across the State of Kerala.

2. Scope

This SOP applies to Medical Officers and Multi-Purpose Workers under the AYUSH Mobile Medical Unit, an AYUSH Public Health Program, and other healthcare personnel involved in the program. It outlines the procedures, responsibilities, and necessary documentation required to ensure compliance and efficiency.

3. Introduction

The population in unserved and underserved tribal regions of our country faces a triple burden of diseases. Malnutrition and communicable diseases, such as malaria and tuberculosis, remain prevalent. At the same time, rapid urbanization, environmental distress, and lifestyle changes have led to a rise in non-communicable diseases, including cancer, hypertension, and diabetes. Furthermore, mental illnesses and addiction are significant concerns. Addressing these persistent challenges, particularly in geographically isolated and vulnerable tribal populations, requires adequate healthcare facilities. The deployment of AYUSH human resources and the development of tailored AYUSH service packages are essential to meet these challenges effectively. AYUSH Mobile Medical Units (AMMUs) aim to deliver preventive, promotive, palliative, and curative services, thereby enhancing healthcare accessibility in remote and underserved areas.

4. Objectives of AYUSH Mobile Medical Unit

- 4.1.** To provide AYUSH healthcare at the doorstep of unserved and underserved tribal /coastal populations through outreach activities by Mobile Medical Units.
- 4.2.** To provide screening and management of common communicable diseases, non-communicable diseases, and basic OPD care (acute simple illnesses) and facilitate referral linkages to appropriate higher AYUSH facilities.

5. Target Group

Unserved and underserved populations in selected panchayats with multiple settlements requiring healthcare services.

6. Current Health Infrastructure of Vulnerable Communities

6.1 Tribal Community

6.1.1 Educational Facilities	6.1.2. Health Promoters	6.1.3. Hamlet ASHAs
<ul style="list-style-type: none"> Residential Schools Nursery Schools Community Learning Centres (Samuhya Patanamuri) 	<ul style="list-style-type: none"> ST promoters, including Health Promoters, working on honorarium basis 	<ul style="list-style-type: none"> Local health workers acting as the first point of contact

Table 1: Current Healthcare Infrastructure of Tribal Community

6.2 Coastal Community

6.2.1. Educational Facilities	6.2.2. Health Promoters	6.2.3. Community gatherings
<ul style="list-style-type: none"> Prathibha Theeram 	<ul style="list-style-type: none"> Public health nurses Health inspectors ASHAs 	<ul style="list-style-type: none"> Pakalveed, Ayalkoottam, Thozil Urapp, Prathibha Theeram

Table 2: Current Healthcare Infrastructure of Coastal Community

7. Health Challenges faced by Vulnerable Communities

7.1 Tribal Communities

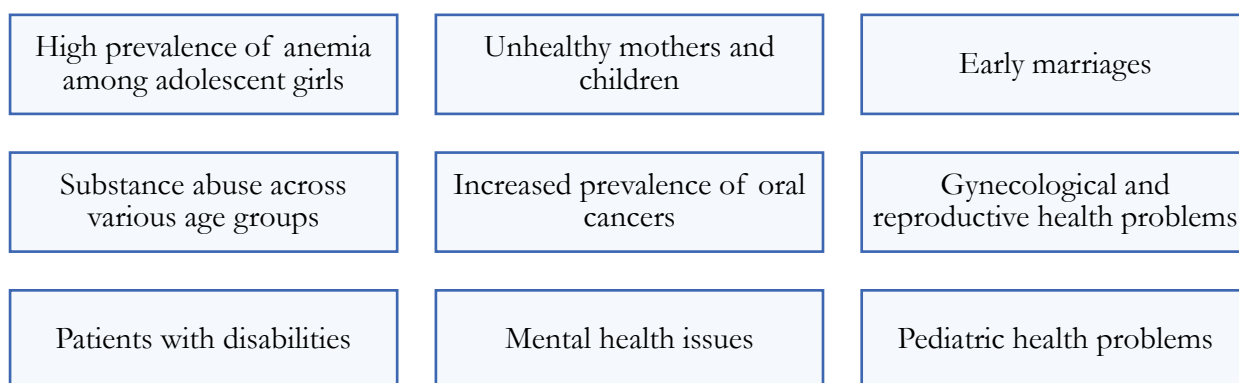


Fig.1. Healthcare challenges faced by tribal communities

7.2. Coastal Communities

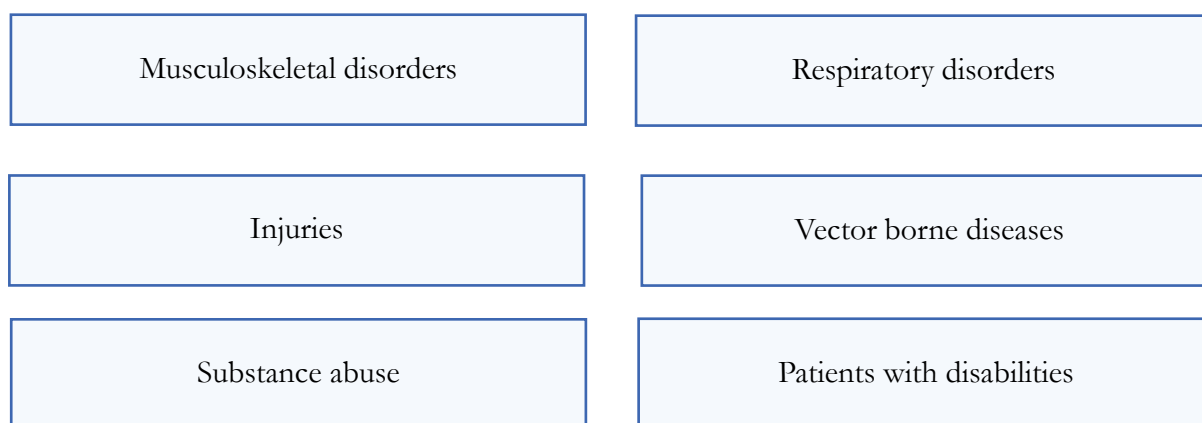


Fig.2. Healthcare challenges faced by coastal communities

8. Process and Implementation

8.1. Administrative Setup



Figure 3: Administrative Setup of AMMU

8.2. Key Stakeholders

- Tribal Department
- Coastal department
- Project Officer
- Tribal Extension Officers/ Concerned officer in the region
- Tribal Promoters/ Health Inspectors
- Task Force (Ministry of Tribal Affairs)
- Hamlet ASHAs or Oorumitram
- Ooru Moopan (Community leaders or elders)
- Teachers at Samuhya Patanamuri
- Forest Department (Coordination for access to remote settlement)
- ASHAs

8.3. Roles and Responsibilities of Stakeholders

Healthcare providers are responsible for implementing the guidelines outlined in this SOP. They must ensure that patients receive comprehensive care, including risk assessment, early diagnosis, appropriate treatment, and education on lifestyle modifications.

Table 3: Process, Parameters, and Responsibility of Stakeholders involved in AMMU.

Process	Parameters	Responsibility
Mapping	<ol style="list-style-type: none"> 1. Map villages/village clusters that are inaccessible and underserved. 2. Map the referral sites (first point of referral) for the same village/village clusters. 	Tribal Extension Officer/Concerned officer in the region + Tribal Promoter/Health Inspectors + MO
Scheduling visits	<ol style="list-style-type: none"> 1. Prepare a detailed schedule of visits to the community 	MO
Community Mobilization	<ol style="list-style-type: none"> 1. Inform the unserved and underserved population of the community about the AMMU schedule and screening camps. 	Tribal Promoter/Health Inspectors
Screening	<ol style="list-style-type: none"> 1. Screen for non-communicable and communicable diseases. 	MO
Patient Evaluation and Diagnosis	<ol style="list-style-type: none"> 1. Conduct a thorough medical history and physical examination to identify risk factors and symptoms. 2. Confirm the diagnosis using standard clinical criteria and, if necessary, imaging studies. 3. Classify the severity of the condition to guide treatment decisions. 	MO
Treatment	<ol style="list-style-type: none"> 1. Develop a personalized AYUSH treatment plan based on the patient's condition. 2. Consider AYUSH pharmacological and non-pharmacological interventions. 3. Monitor the patient's progress and adjust the treatment plan as needed. 	MO

	<ol style="list-style-type: none"> 4. Ensure timely referral of cases requiring additional care to higher centres. 	
Follow-up care	<ol style="list-style-type: none"> 1. Schedule follow-up visits to assess the patient's progress. 2. Adjust treatment plans based on patient outcomes and feedback. 	MO
AMMU maintenance	<ol style="list-style-type: none"> 1. Ensure regular and timely servicing of AMMU vehicle. 2. Ensure regular servicing of medical equipment of AMMU 	MO + Driver
Patient Education and Lifestyle Modifications	<ol style="list-style-type: none"> 1. The MO shall educate patients on the importance of lifestyle modifications, including dietary advice, weight management, physical activity, and joint protection. This will be achieved through mandatory awareness sessions which is an integral component of the AMMU. 2. MPW shall assist in conducting outreach activities, such as Health Awareness Classes or screening camps. 	MO + MPW
Data Collection and Documentation	<ol style="list-style-type: none"> 1. MO and MPW capture data at the unit/facility level as hard/soft copy in the pre-designed format and submit it to DPC. 2. DPC collects data at the district level. 	MO + MPW + DPC
Data Management	<ol style="list-style-type: none"> 1. DPC compiles district-level data, analyses, and submits the report to the SPC on or before the 5th of every month. 2. SPC shall collect and manage the data at the State level. 	SPC + DPC
Monitoring and Evaluation	<ol style="list-style-type: none"> 1. DMO and DPM oversee the implementation, monitoring, and evaluation of the program. 2. DPC shall monitor the program monthly in a systematic manner. 	DMO + DPM + DPC

Impact evaluation	1. SPC compiles the systematically collected data and performs impact evaluation yearly.	SPC
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8.3.1. Roles and Responsibilities of AMMU Medical Officer

1. Clinical Services:

- Screening and Diagnosis - Conduct health screenings for both communicable and non-communicable diseases (NCDs). Diagnose and treat common ailments during mobile medical visits.
- Treatment and Prescription - Provide AYUSH-based treatments and prescribe medicines for patients with acute and chronic illnesses. Ensure that patients on long-term treatments receive their medications regularly.
- Follow-up and continuity of care - Ensure patients are given follow-up instructions after every consultation and inform them about the next scheduled visit of the MMU.
- Referral Services - Identify cases that require specialized care and refer patients to higher centers or specialized AYUSH/Allopathy facilities, ensuring proper documentation and follow-up.

2. Health Camps and Outreach:

- Organizing Health Camps - Lead health camps focusing on prevalent health issues such as anemia, substance abuse, maternal and child health, and oral cancers. Conduct screenings for emerging diseases and epidemics.
- Awareness Classes - Conduct educational sessions on topics such as nutrition, reproductive health, and lifestyle modifications. Lead community awareness activities on disease prevention and healthy practices. Provide educational talks, demonstrations on exercises and distribute materials on managing musculoskeletal disorders.
- Counseling - Provide personalized counseling on diet, lifestyle, mental health, and other health issues based on AYUSH principles.

3. Coordination and Collaboration:

- Local Engagement - Work with local health workers (ASHAs, Tribal Promoters/Health Inspectors) and community leaders to mobilize communities and ensure smooth MMU operations. Assist in community mobilization to ensure maximum participation.

- Interdepartmental Coordination - Collaborate with health staff from other departments and local health facilities to ensure an integrated approach to healthcare delivery.

4. Administrative Roles:

- Data Entry and Reporting - Ensure meticulous documentation of patient records, including health screenings, treatments, referrals, and follow-ups. Submit regular reports, including daily activity logs, patient data, and monthly reports, in the prescribed format.
- Inventory Management - Oversee the medical inventory (medicines, medical supplies) of the MMU, ensuring that stocks are replenished in time. Report shortages or replenishment requirements promptly.
- Logbook Maintenance - Maintain a logbook of the vehicle's movement, listing villages covered, patient consultations, and other activities. Ensure compliance with reporting requirements for trips, medicine usage, and patient outcomes.

5. Community Engagement and IEC/BCC activities:

- Information, Education, and Communication (IEC) activities - Lead IEC/BCC campaigns focusing on preventive healthcare, nutrition, and AYUSH lifestyle practices. Promote de-addiction measures and Yoga for mental and physical well-being.

6. Emergency Response:

- Emergency Care - Manage emergency cases during visits, provide first aid and emergency medicines, and arrange for the referral of serious cases to the nearest healthcare facility.

8.3.2. Roles and Responsibilities of AMMU Multipurpose Workers:

1. Assisting Medical Officer:

- Patient Management - Assist the Medical Officer in the screening, diagnosis, and treatment of patients. Support the doctor during health camps, consultations, and outreach programs.
- Vital signs monitoring - Measure and record patients' vital signs such as blood pressure, pulse rate, respiratory rate, temperature, and others as directed by the Medical Officer.
- Diagnostic support - Assist with basic diagnostic tests like blood glucose monitoring, hemoglobin testing, and other essential health checks during field visits.

2. Data Collection and Record Keeping:

- Patient Records - Maintain accurate and updated patient records, including demographic information, health status, treatment details, and follow-up actions.
- Data Entry - Ensure timely data entry into registers such as the daily patient register, referral register, and follow-up log. Assist in submitting monthly reports as required.
- Logbook and Inventory Management - Maintain the logbook for vehicle movement, tracking the routes covered, the number of patients seen, and the treatments administered. Help manage medical supplies and assist in stock replenishment.

3. Community Engagement and Mobilization:

- Community Outreach - Support the Medical Officer in engaging with community health workers (ASHAs, Tribal Promoters/Health Inspectors), local leaders, and community members. Help organize health camps, screenings, and awareness classes.
- Mobilization for Health Services - Inform and mobilize the community, particularly vulnerable groups such as women, children, and elderly, to participate in health camps and consultations.

4. IEC/BCC support:

- Awareness sessions - Assist in conducting awareness sessions on various health topics, including hygiene, nutrition, substance abuse, and preventive health practices. Distribute IEC materials to communities during visits.
- Health Education - Support in disseminating key health messages and educating community members about the importance of disease prevention and healthy lifestyle practices.

5. Logistical and Operational Support:

- Vehicle Management - Assist in coordinating the MMU's visits to different villages, ensuring that the vehicle is ready for travel, adequately supplied, and maintained.
- Event Setup - Help in setting up for health camps, including organizing the space for patient consultations, diagnostic tests, and awareness programs. Ensure all necessary materials (medical supplies, IEC materials) are available on-site.
- Emergency Response Assistance - Provide support during emergencies, assist in managing patients, and help arrange transport for referral cases as needed.

6. Follow-up and continuity of care:

- Patient Follow-up - Ensure patients are aware of the next visit by the MMU, and help them adhere to follow-up instructions provided by the Medical Officer. Facilitate the collection of medicines for chronic patients between MMU visits.

8.4. Implementation strategy

- The AMMU AYUSH Public Health Programme is proposed to be implemented in 150 villages of unserved and underserved tribal /Coastal regions identified in consultation with district activities.
- One unit of AMMU shall consist of a Medical Officer and a Multi-Purpose worker. They should adhere to a strict workweek, with one week off permitted.
- One unit of AMMU shall be deployed for a minimum of 8 (eight) villages and shall cover multiple villages per month on a roster basis.
- In accordance with the communication from the Ministry of Tribal Affairs, Government of India, it is suggested that special attention must be given to the *Particularly Vulnerable Tribal Group (PVTG)*.
- The vehicle for AMMU shall be hired only and branded with the name 'AYUSH Mobile Medical Unit' and the logo of NAM.
- The Medical Officer in consultation with the Tribal Extension Officer/ Concerned officer in the region and Tribal Promoter /Health Inspectors shall map the village and village clusters that are underserved and inaccessible. The deployment of MMUs should be prioritized in those areas where there are no functional facilities. The mapping should also identify referral sites that are the first point of referral for these inaccessible clusters.
- The Medical Officer shall prepare a clear and detailed schedule for AMMU visits, tailored to the local context, to cover the targeted area effectively. The Medical Officer shall prepare and submit a comprehensive monthly visit calendar to the DPM at the start of each month. This calendar should outline the planned visits of the AYUSH Mobile Medical Unit, ensuring better organization and adherence to the schedule.
- The route of an MMU would be planned such that it reaches a site which serves a cluster of villages that are otherwise inaccessible.
- The AMMU shall visit one distant village per day, depending on the distance. This plan allows for 4 (four) hours of travel time and 4-5 (four to five) hours at the site. For shorter distances, additional villages shall be covered.

- The Medical Officer shall ensure the MMU is equipped with the necessary supplies and staff.
- The visits of the AYUSH Mobile Medical Unit must be communicated in advance to local representatives and Health promoters.
- The local head of the village may carry out the function of community mobilization, ensuring that people, who need services, are informed about the AMMU schedule and mobilize them for screening.
- The AMMU Medical Officer and Multi-Purpose Worker shall be recruited and provided with comprehensive training to effectively deliver medical care, and administrative support, ensuring alignment with the program's objectives.
- Clinical management, including the prescription of AYUSH medicines, dietary recommendations, and lifestyle modifications, with follow-up checkups shall be provided by the AMMU unit, ensuring comprehensive care for patients.
- Continuity of care should be assured with the tentative date of the next visit to be mentioned on each prescription along with details of follow-up.
- Chronic patients on regular long-term medications should be able to collect their medications from the AMMU.
- In case of emergency, dedicated emergency contact numbers may be provided to the beneficiaries.
- AMMU unit shall provide screening for communicable and non-communicable diseases for the target population. IEC/BCC activities to enhance the health-seeking behaviour of aspirational districts including Tribal and Coastal Population may be conducted. The IEC/BCC will focus on AYUSH interventions to deal with Malnutrition, de-addiction, Yoga etc.
- Registers should be entered and maintained strictly. This includes the date of the visit, patient data, referral register, work schedule, movement logbook, awareness class register, medical camp register, monthly visit statement, monthly report, and annual report.
- Timely replenishment of medicines shall be ensured.
- A logbook of movement shall be maintained separately by the driver of AMMU and the medical officer/supporting staff.
- The Medical Officer and Multi-Purpose Worker shall submit the monthly report of AMMU to the District Program Manager and District Project Coordinator before 3rd of every month.

- The District Project Coordinator shall submit the monthly report to the State Project Coordinator before the 5th of every month.
- The State Project Coordinator shall perform impact analysis of the project at the 3rd month of every year.

9. Training and capacity building

- State and District Level Training: Conduct comprehensive training sessions at the State and District level for Medical Officers, Multi-Purpose workers, and other healthcare personnel involved in AMMU. Emphasis will be placed on ensuring a thorough understanding of program objectives, protocols, and procedures to deliver services to the target population effectively.
- Annual Refresh Training: Conduct annual refresh training to sustain knowledge and upgrade the skills of the healthcare personnel involved.

10. General Instructions

- Compliance with relevant healthcare regulations and standards shall be ensured at all times, maintaining the integrity and quality of program implementation.
- Patient privacy and adherence to ethical and professional standards should be maintained rigorously across all program facilities and activities.
- Adhere to AYUSH treatment principles.
- Continuously update knowledge and skills by attending all training and orientation sessions.
- Ensure patient safety and follow emergency procedures.
- Conduct regular team meetings for collaboration and problem-solving.
- Promote the importance of AYUSH and the project within the community.

11. Performance Indicators

- Number of beneficiaries availed of AMMU services.
- Number of screening camps conducted by AMMU.
- Number of beneficiaries screened and categorized by health status.
- Number of awareness programs conducted by the AMMU.
- Number of health issues identified and managed through the program.
- Number of beneficiaries availed outreach activities including screen camps and awareness camps.

- Patient satisfaction rate.
- Number of patients referred to higher centres.

12. Infrastructure and equipment required

12.1. Infrastructure

- Mobile Medical Unit: Fully equipped vehicle with necessary medical and diagnostic equipment.
- Case records facility: A system for maintaining and organizing patient records.

12.2. Equipment list

- Stethoscope
- Blood Pressure Monitor
- Thermometer
- Pulse Oximeter
- Weighing machine
- Vitals monitor
- Files
- Case sheet
- Brochures
- Banners
- Laptop

13. ANNEXURES

13.1. Annexure I

AYUSH Mobile Medical Unit Data Collection Proforma

Date:	Location: (Name of village/settlement)
Medical Officer (Name):	Multipurpose worker (Name):

Patient Information:

1. Name:	2. Age:	3. Gender
4. Address:	5. Contact Number:	
6. Occupation:	7. PVTG Group: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Any known allergies:		
Habits:		
9. Tobacco use: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Smoking <input type="checkbox"/> Smokeless (Chewing, Snuff) Frequency: _____ per day/ week/ month		
10. Alcohol consumption: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____ per day/ week/ month		
11. Other Substance abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: Frequency: _____ per day/ week/ month		
12. Physical Activity Level: <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous		
13. Dietary Habits:		
14. Menstrual History: Menarche Age: _____ yrs Menstrual cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Duration of Menstrual Cycle: _____ days		

Duration of Menstrual Period: _____ days Menstrual flow: (Heavy/Moderate/Light): _____ LMP: _____
15. Obstetric History: Gravida: _____ Parity: _____ Live Birth: _____ Abortion: _____ Death: _____ Mode of delivery (if applicable): Postpartum Complications:
16. Current Pregnancy (if applicable): Last Menstrual Period/LMP: _____ Expected Date of Delivery/EDD: _____ Complications if any:

Health Assessment:

17. Chief complaint:			
18. Past History:			
19. Family History:			
20. Medical History: (Hypertension/Diabetes/Tuberculosis/Malaria/Others)			
21. Current Medications (if any):			
22. Blood Pressure	23. Heart Rate	24. Respiratory Rate	25. Temperature
26. Physical Examination Findings			
27. Diagnostic tests:			
28. Treatment Provided (Prescription):			

29. Advice/Instructions:

Referral Details (if applicable):

30. Reason for Referral:

31. Specialist MO/ Healthcare Facility referred to:

32. Date of Referral:

33. Follow-up instructions:

13.2. Annexure II

PATIENT REGISTER - AMMU

Sl. No.	OP No.	Name	Age	Sex	SES	Address/ Settlement	Phone No.	Provisional Diagnosis	Prescribed Medicine	Follow up

13.4. Annexure III

REFERRAL REGISTER - AMMU

Sl. No	OP No.	Name	Age/ Sex	Settlement/Ooru	Provisional Diagnosis	Referred to	Reason for referral

13.5. Annexure IV

OUTREACH ACTIVITIES- AWARENESS SESSION - AMMU

Sl. No.	Topic	Location	Faculty	Number of Beneficiaries

13.6. Annexure V

MEDICAL CAMPS REGISTER – AMMU

Location of the Camp:

Sl. No.	Name	Age/Sex	SES	Provisional Diagnosis	Medicine given	Phone No.	Referrals

13.7. Annexure VI

MONTHLY STATEMENT – Visit wise - AMMU

Visit	Cases	Bedridden						Total
		Male		Female		Others		
		Yes	No	Yes	No	Yes	No	
Domiciliary visit	New							
	Old							
Total								

13.8. Annexure VII

MONTHLY REPORTING FORMAT – AMMU

Sl No.	Date of visit	No. of visit to the colony this month	New Case						Old case (Follow up)						Total Beneficiaries	Pregnant Women	Lactating women
			Male			Female			Male			Female					
			<17	17-60	>60	<17	17-60	>60	<17	17-60	>60	<17	17-60	>60			

13.9. Annexure VIII

MONTHLY REPORTING (OUTREACH ACTIVITIES) - AMMU

Sl. No.	Date	Location	Beneficiaries of medical camps for elderly		Beneficiaries of medical camp (Gynecology)			Beneficiaries of awareness classes / other medical camps		Remark
			Male	Female	<17	17-60	>60	Male	Female	

13.10. Annexure IX

ANNUAL REPORTING OF AMMU

Month	Beneficiary Details									Details of outreach activities									
	Male			Female			Pregnant women	Lactating women	Total	Medical camps for elderly		No. of medical camps for gynecology		No. of awareness classes/other medical camps		No. of Capacity building sessions for Promoters		Total outreach activities	Total beneficiaries of outreach activities
	<17	17-60	>60	<17	17-60	>60				Number of camps	Beneficiaries	Number of camps	Beneficiaries	Number of camps	Beneficiaries	Number of camps	Beneficiaries		
April	New																		
	Old																		
May	New																		
	Old																		
June	New																		
	Old																		
July	New																		
	Old																		

13.10. Annexure X

ANNUAL REPORTING – DISEASE WISE – AMMU

	Diabetes Mellitus	Hypertension	Anemia	Depression/Psychological complaints	Respiratory complaints	Dermatological complaints	Addictions	Palliative care	Female complaints	Orthopedic complaints	Fever	Acute Diarrheal Disease	Other	Total

AYUSH MOBILE MEDICAL UNIT

STANDARD OPERATING PROCEDURES



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