



## MOBILE MENTAL HEALTH UNIT (MMHU) UNDER DMHP

Microplan for the month of November-2022



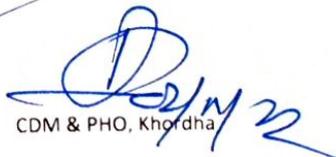
No of tour visit	Date of visit	MMHU vehicle move from HQ (Time)	Name of the Block	Name of the first visit CHC	Name of the second outreach area	Name of the staffs deployed in MMHU
1	05.11.2022	8:00 AM	Begunia	Botalama	Baghamari & Simore village area	Smt Madhusmita Parida Ms Rasmita Hota
2	09.11.2022	8:00 AM	Banapur	Banapur	Gambharimunda CHC & Binjhala village	Smt Madhusmita Parida Mr Ajit Bikram Pradhan
3	10.11.2022	8:00 AM	Tangi	Tangi	Bhusandapur & Balipatpur village area	Ms Shreedatta Mohanty Sri Sambit Kumar Mohapatra
4	16.11.2022	8:00 AM	Balipatna	Balipatna	Sarakana & Luna village area	Smt Madhusmita Parida Mr Ajit Bikram Pradhan
5	17.11.2022	8:00 AM	Bolagarh	Bankoi	Arikima & Kaduapada village area	Ms Shreedatta Mohanty Sri Sambit Kumar Mohapatra
6	19.11.2022	8:00 AM	Bhubaneswar	Mendhasal	Daruthenga & Nandankanan village area	Smt Madhusmita Parida Mr Ajit Bikram Pradhan
7	22.11.2022	8:00 AM	Chilika	Balugaon	Jharana & Chandibasta village area	Ms Shreedatta Mohanty Sri Sambit Kumar Mohapatra
8	23.11.2022	8:00 AM	Khordha	Haladia	Keranga & Tangiapada village area	Smt Madhusmita Parida Ms Rasmita Hota
9	25.11.2022	8:00 AM	Jatni	Jatni	Harirajpur & Kudiary village area	Ms Shreedatta Mohanty Ms Rasmita Hota
10	29.11.2022	8:00 AM	Balianta	Balakati	Balakati village & Panasapatna village area	Ms Shreedatta Mohanty Ms Rasmita Hota

**N.B.**

1. The team will submit the report regularly to this office for onwords transmission to Govt. The reporting format is attaced herewith for your information.
2. The team will use MMHU vehicle as per scheduled, Driver Name: Sri Manoranjan Baliarsingh, Mob: 7978639194 , vehicle No: OD 02 AV 5321.
3. The team members are instructed to coordinate with vehicle driver before visit. The Clinical Psychologist/Psychiatric Social Worker will sign the MMHU vehicle logbook.
4. The team may contact before visit of the concerned CHC or HWC staffs as per SOP. The details as per State SOP attached herewith for your kind reference accordingly.
5. The signature of the respective visit report must be their MO I/C, / BPM/PHEO/Supervisor/CHO/ANM/AWW/ASHAs/PRI members or Patient care giver.

  
DPM (NHM), Khordha

  
DPHO, Khordha  
2/11/22

  
CDM & PHO, Khordha