

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF FAMILY WELFARE
HEALTH MELAS IN PARLIAMENTARY CONSTITUENCIES
GUIDELINES

When the National Population Policy (NPP) 2000 was adopted in February, 2000 one of the schemes taken up was on advocacy, and holding seminars and melas all over the country, particularly in the demographically weaker areas.

These melas popularly known as “Parivar Kalyan Avam Swasthya Melas” aim at providing quality services, with converging and integrated delivery of services for all segments of population. People become aware of a number of options before them in terms of the different systems of medicine (allopathy, homeopathy, ayurveda and unani etc) They also begin to comprehend the linkages between preventive, promotive, curative and rehabilitative health care as well as between the primary, secondary, and tertiary health sectors. They get sensitized to the roles of Central Government, State Government, elected local bodies, NGOs and professional organizations.

The health melas held in 2000-01 had proved to be successful not only in disseminating information on health & family welfare and population issues, but also in providing actual services to people who otherwise had limited access to health facilities.

These health melas have attracted lakhs of people desiring to avail quality health care services with essential pathological tests and medicines, along with information, without any cost. The health care services involved national programmes for control of tuberculosis, malaria, blindness, leprosy, cancer, and HIV/AIDS, apart from services relating to maternal health, child health, immunisation and Family Planning.

The success and popularity of health melas held so far has led to a large number of requests from MPs, Central Ministers and State Govt. for holding of more and more melas. The requests express urgency in holding these melas in their areas. In view of this large number of requests, this Department decided to observe 'Swasthya Jagrukta Maah' from 15th January, 2004 to 15th February, 2004 and hold one health mela each during that period in all Lok Sabha Constituencies.

The following is the plan of action to hold Health Melas.

- Attempt will be made to hold Health Melas in all Lok Sabha Constituencies of the country during this period.
- The health mela will be held for 3 days.
- The venue of the Health Mela should be selected so that it is in the vicinity of a Medical College/Civil Hospital/CHC in order to provide facilities of ultra-sound, pathological tests, etc. The venue should be centrally located and easily accessible to the general public.
- The venue and dates of the Health Mela shall be selected in consultation with the Member of Parliament, District Magistrate and Chief Medical Officer.
- The venue should be divided into stalls, with clear indication of location of each service like maternal care, child care, family planning, NSV, RCH, blindness control etc.
- There should be a printed map, indicating the layout of the stalls at the mela venue.
- The Health Mela will provide health care services along with awareness and information at the doorsteps of the people for promoting preventive, curative and rehabilitative health care.
- National programmes for control of Cancer, HIV/AIDS, Tuberculosis, Blindness, Malaria and Leprosy; and the Ministry of Health & Family Welfare will participate in various melas.

- Special focus would be on ‘Save the girl child’, and arresting declining sex ratio in the relevant States.

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- The Health Melas, in addition to above, also have the following components:
 - Physical check-up of those who report at the Mela/Camp., especially eye, ENT, dental, etc. A health card is to be given to each person attending the health camp.
 - Investigations like urine, sugar, blood sugar, Hb, ECG, sputum test, PAP smear.
 - Those requiring further investigations, specialist opinion, admission and reference for surgery need to be referred to higher institutions.
 - All referral cases must be entered into a register indicating the name of the patient and the hospital where the patient has been referred.
 - In case the local Administration feels that some programme needs to be carried on even after the 3-day mela, appropriate arrangements for the same may be made locally.
 - A health promotion and health education campaign by way of health exhibition to be held in the Mela.
 - For each of the Melas adequate number of medical specialists, surgical specialists, gynecologists, ENT surgeons, eye surgeons, skin specialists, dental surgeons, child specialists, may be drawn from local Government Hospitals, Primary Health Centers, Private Doctors and the IMA.
- The local branches IMA will be fully involved under the guidance of Secretary General, All India IMA.
 - * In each Mela the following subject are to be taken up for publicity and counseling.:
 - * Family Welfare (including immunisation & contraceptive services)
 - * Counseling for RTI/STI.
 - * Prevention of Blindness
 - * Rehabilitation of the disabled
 - * Leprosy control
 - * TB control

- * Nutrition
- * Bad effects of smoking
- * Cancer control
- * Personal hygiene, environmental hygiene
- * Diabetes control
- * ill effects of alcohol
- * Indian System of Medicines etc.

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- * IMA local branch, Voluntary Health Association of India and other National NGOs put up stalls for family welfare and RCH programmes with IEC back up.
- * No Scalpel Vasectomy(NSV) stall is put up and NSV conducted with complete arrangements in consultation with local hospitals.
- * Information, Education and Communication(IEC) Division will arrange publicity with the Media Units of the Ministry of Information and Broadcasting e.g. Song. Drama Division, Dte. Of Field Publicity, DAVP, Doordarshan, AIR etc.

Funding

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A grant of Rs. 8 lakhs will be given by Central Government to meet the cost of logistical arrangements, publicity and necessary Drugs, Medicines etc. In order to have a participatory approach the local MP and the District Administration are requested to mobilize further financial and other supports locally to supplement the Central Government funding. An indicative checklist has been prepared for the activities in organising the health mela, a copy of which is annexed. Local initiative can supplement with further relevant activities.

The Central Government funds will be provided to State Government SCOVA societies who will further release the funds to Magistrate/CMO or Local branch of IMA whosoever is selected by local MP/District administration to organize the Health Mela.

IMPORTANT ITEMS OF WORK TO BE ATTENDED FOR THE HEALTH MELA

1. Publicity- at least from 15 days before the start of mela through leaflets, hoarding, posters, wall writings, banners, film slides, video-vans, advertisements in newspapers.
2. Health cards to be printed locally.
3. Duty Chart of Doctors and other staff.
4. An enquiry office, with duty chart of doctors and other staff with layout map should be functional at least from 3 days before start of the mela.
5. Registration counters –at least 25 so that the crowd is spread.
6. At least 40 stalls for different diseases/disciplines/exhibitions listed below. If the stalls are in the open space, each stall may be of size 15’X15’ and should be ready with all furniture, fixtures, posters, equipment etc. one day before the start of the mela.
 - i) General Medicine (at least 4 stalls)
 - ii) Maternal Health
 - iii) Child Health
 - iv) Immunisation
 - v) Family Planning counseling } arrangement for sterilization, if OT is available
 - vi) Non Scalpel Vasectomy } arrangement for operation, if OT is available
 - vii) IEC- Family Welfare
 - viii) ENT check up
 - ix) Dental Check up
 - x) Cardiac check up
 - xi) Skin
 - xii) Counseling for Nutrition
 - xiii) Counseling for RTI/STI/AIDS Control
 - xiv) Leprosy control
 - xv) TB control
 - xvi) Malaria
 - xvii) Prevention of blindness (eye check up)
 - xviii) Bad effects of smoking
 - xix) Cancer control
 - xx) Personal/environmental hygiene
 - xxi) Diabetes control
 - xxii) Rehabilitation
 - xxiii) Indian Systems of Medicine-Ayurveda, Unani, Homeopathy
 - xxiv) .Pathological investigation (urine, sugar, blood sugar, Hb, BCG, Sputum test) and arrangement for diagnostic tests (X-ray, Ultra Sound, ECG etc.)
 - xxv) Programmes of Song and Drama Division, Dte. Of Field Publicity
 - xxvi) DAVP exhibition.

7. One page site map showing location of stalls for different disciplines with numbers may be got printed in sufficient number for distribution among volunteers and doctors to guide patients.
8. Adequate number of volunteers for guiding the people to the concerned stall.
9. Adequate number of Resident Doctors and Medical Students for manning these stalls
10. Medicines for 5 days or full course will be distributed by pharmacists posted at each stall. Adequate store and distribution facility should be arranged.
11. Directory of functional health institutions should be readily available in the health mela so that the Doctors attending the patients can refer the case for subsequent follow up.
12. Allocation of stalls and duty should be fully explained to the Doctors/pharmacists/ANMs and other health staff. A detailed briefing may be given to them about their role/duties.
13. The organizers will take due care of hygiene at the Mela site. Arrangements for drinking water, sanitation at the mela site should be made.
14. Stalls for quality, hygienic food may be put up for sale at reasonable prices.

National Rural Health Mission

The National Rural Health Mission seeks to provide effective health care to the entire rural population in the country with special focus on 18 States which have weak public health indicators.

The Mission is an articulation of the commitment of the Government to raise public spending on Health from 0.9% of GDP to 203% of GDP, over the next 5 years.

It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Programme.

It has as its key components provision of a health activist in each village; a village health plan prepared through a local team headed by the panchayat representative, strengthening of the rural hospital for effective curative care and made measurable through Indian Public Health Standards (IPHS) and accountable to the community; and integration of vertical Health & Family Welfare Programmes and Funds for optimal utilisation of funds and infrastructure and strengthening delivery of primary healthcare.

It aims at effective integration of health concerns with determinants of health like sanitation & hygienic , nutrition and safe drinking water through a District Plan for Health.

It seeks decentralization of the programme for district management of health.

It seeks to address the intra-State and inter-district disparities, especially among the 18 high focus States, including unmet needs for public health infrastructure.

It aims to promote policies that strengthen public health management and services in the country.

It shall define time-bound goals and report publicly on their progress.

Above all, it seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

GOALS

Reduction in Infant Mortality Rate and Maternal Mortality Ratio by 50% from existing levels in next 7 years.

Universalise access to public health services: such as Women's health, child health, water, sanitation, immunisation, Nutrition.....

Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.

Access to Integrated comprehensive primary healthcare.

Assuring Population Stabilisation, gender and demographic balance.

Promotion of health life styles.