

STATE HEALTH SOCIETY, PUNJAB

**GUIDELINES FOR
FAMILY HEALTH CAMPS**



**National Rural Health Mission,
Department of Health and Family Welfare,
Punjab**

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FAMILY HEALTH CAMPS

1. OBJECTIVE OF CAMPS:-

- To increase the access to health services in underserved/ uncovered areas through camps
- To provide an array of good quality health services in a safe, client friendly and infection free environment.
- To involve the community in providing health care to create awareness and generate support.
- Promote the health seeking behavior through IEC
- To promote the facilities being provided by the department.

2. STAKEHOLDERS

- Department of Health and Family Welfare
- District Administration
- Social Security Women and Child Development
- Department of Rural Development and Panchayats
- Department of School Education

3. FRAMEWORK

- Unit of the camp will be Rural Development Block – all villages in the Rural Development Block will be covered
 - In the underserved areas mega camps will be organized at underutilized/ underserved CHC/ block PHC level where services of all the specialists will be provided
 - In other blocks RCH camp at underserved PHCs will be organized where specialists services of Gynecologists and Pediatricians will be available
- One camp per month per district per block by rotation will be held till the camps are conducted in all blocks
- Planning for implementation and monitoring will be done under the supervision of Deputy Commissioner who will constitute a committee of district level officers consisting of ADC (Development), DDPO, District Welfare Officer, District Education Officer, Civil Surgeon as convener, Deputy Medical Commission, District Family Planning Officer, District Health Officer, District Ayurvedic Officer, SMO District Hospital, District Programme Manager (NRHM) and Representative of Mother NGOs/ Community Based Organizations

- At Block Level implementation will be done by the Block Level Committee consisting of Sub Divisional Magistrate as Chairperson, Block SMO, BDO, Tehsildar, BEO, CDPO, SMO SDHs/ CHCs of block

4. **SITE OF RCH CAMPS:**

- Underutilized CHC/ block PHC – mega camp will be organized where the services of all the specialists will be provided (DFW and SPM in consultation with Civil Surgeon will make a list of such institutions)
- Underutilized PHCs – RCH camp specialists services of Gynaecologists and Paediatricians will be available (Civil Surgeon will make a list of underutilized PHCs in the blocks other than identified above)

5. **RANGE OF SERVICES TO BE PROVIDED:**

For all Camps

- (1) General Health Examination
- (2) Antenatal care
 - General ANC check-up – provision of IFA, TT
 - Identification of management of high-risk pregnancies
 - Referral
- (3) Advice & Counseling for safe Deliveries:
 - Institutional
 - Deliveries by trained persons
- (4) Post natal care, identification and management of any complication
- (5) Counseling of birth spacing
- (6) Management of other gynecological problems
- (7) Immunization services
- (8) Management of newborns and childhood diseases- ARI/Diarrhea
- (9) Laboratory services- Hb, Blood Groups, urine examination.
- (10) Routine tests and examinations conducted in MMU
- (11) Referral: Wherever cases requiring referral for treatment are identified, facilities to transport them should be provided as part of the camp. Patients treated at the camp should be made aware of the nearest referral facility where they should go in case of any problem.
- (12) Exhibition on various health programme will be organized
- (13) Village level Community Health Survey by involving GNM/ ANM nursing college students (guidelines and formats are being sent separately).

For Mega Camps

In addition to above following facilities will be provided in Mega Camps

- (1) Specialist services of ENT, Eye, skin, orthopedics and general medicines to be provided
- (2) RTI/STI management and counseling including for HIV/AIDS
- (3) To prepare the list of cataract cases
- (4) Laboratory services- Hb, Blood Groups, urine examination, slide for RTI/STI examination, Blood slide collection for Malaria and other tests.
- (5) Referral for sputum test
- (6) In the mega camp block level workshop on Family Planning Programme will be organized and the funds provided for workshop will be integrated with arrangement of camp. All guidelines of organizing workshop will be followed
- (7) Identify persons for prosthetics and reconstruction surgery

6. SERVICE PROVIDERS: suggested deployment of staff in camps

For all Camps

- (1) Gynecologist
- (2) Pediatrician
- (3) MO - 2 Medical Officers of MMU
- (4) Staff Nurse - 3 Staff Nurses + 1 Staff Nurse of MMU
- (5) Lab Technician - LT of MMU
- (6) ANM - all ANMs of the block where camp is being organized
- (7) Sweeper - Locally available

For Mega Camps

Additional deployment of manpower for Mega Camps:

- (1) Specialists - Medicine, ENT, Eye, Skin Specialists, Orthopaedics
- (2) MO - 2 Medical Officer
- (3) AYUSH Doctor - 1 Ayurvedic, 1 Homeopathic
- (4) Staff Nurse - Staff Nurses of CHC + 2 others
- (5) Ophthalmic Assistant - One
- (6) Lab Technician - LTs of CHC/ PHC + 1 other
- (7) Pharmacist - 3
- (8) AYUSH Dispenser - 1 Ayurvedic, 1 Homeopathic

The team of specialists will be from the CHC/ SDH/ DH and it will be responsibility of Civil Surgeon to depute the team in advance

7. PREPARATORY ACTIVITIES

- (1) The Mega Camps will be organized under the overall superintendence of Deputy Commissioner and Civil Surgeon, they shall finalize the schedule for holding the camps in the districts for the year
- (2) Civil Surgeon should identify the team of specialists (Gynecologist, Pediatrician and other specialists) and deploy them for Camps. A roster of MOs will be also be made. Other support services like stationing of MMU vehicle, transportation of teams and availability of consumable and other items like medicines immunization follow up card IFA, ORS packets, Vit A, contraceptives should be tied up.
- (3) Calendars should be prepared for at least a month in advance and publicized through banners and interpersonal communication (IPC).
- (4) Essential equipments if required will be brought by team coming from district hospital, FRU well in advance of the date of the camp.
- (5) For transportation vehicles need to be fixed.
- (6) Recurring cost of medicines, consumables, transportation and publicity will be given per camp basis.
- (7) All arrangements shall be supervised by District Health Officer who shall be delegated the responsibility for organizing the camps. The SMO will be responsible for camp organization and management. The camp management will be decentralized to PHC level and all required equipment and supplies will be dispatched from the district to camp site well in advance.
- (8) It should be ensured that all patients attending the camp should be providing with free medication. In case of patients who have undergone any operative procedure, should be given a full course of antibiotics for at least 5 days.
- (9) Punjab State AIDS Control Society will handle the services relating to RTI/STI and counseling for HIV/AIDS.

8 PUBLICITY

- (1) Publicity is needed to make people aware of the constellation of good quality services available near their door steps. The services available will be listed at camp site and at prominent places to serve as a reminder in all villages. Cloth banners at road crossings will be put in all large villages' fairs and markets.
- (2) Programme Coordinator BCC from State shall ensure that publicity is effectively done.
- (3) IEC material will be prepared at the block level. State will send the samples.
- (4) The information provided to the community should be specific in so far as the details of the services available and not available at the camps. This should also include information on where and to whom the community should go to for referral care.
- (5) A few days prior to each camp pre recorded loud hailer messages with attractive jingle set to film music will be played in towns and in important markers and villages in the catchments area of each camp to attract prospective clients.
- (6) Pamphlets will be displayed and distributed through school children's
- (7) PRIs will be involved in community mobilization.
- (8) NGOs will help in providing information on camp date and mobilize the community
- (9) The ANMs, AWW, ASHA will also motivate patients to attend the camps
- (10) Publicity through Prabhat Feri and Nukkar Natak

9 MONITORING

Pre camp activities (at least 10 days prior to camp)

- (1) SDM will hold pre camp meeting. Civil Surgeon/ DFPO, BDO, Tehsildar, Sarpanches, Chairman VHSCs, Principles Senior Secondary Schools, BEO, NGOs, Patwaris, Panchayat Secretaries and ANMs will attend the meeting.
- (2) Publicity: Banners, audio cassettes publish address system munadi to be completed. Local Panchayat will be responsible for publicity in all villages. SMO will provide audio cassettes, banners and posters. Tehsildar will ensure and monitor the field publicity.
- (3) ANM, LHV, ASHA worker will identify the pregnant woman, children for the camp.
- (4) Camp Arrangements; Layout of services, generators, waiting area tents chairs refreshment for the clients to be finalized by the Tehsildar and BDO
- (5) SDM will coordinate to ensure that local bus facility is available to reach the camp site and from camp site to villages.
- (6) Transport Provision: Transportation of specialist team, district Officers MO Paramedical Staff will be through MMU and other official vehicles
- (7) Medical Equipments: Equipment if needed, will be brought from FRUs/CHCs.
- (8) Drugs/ vaccines/ contraceptives will be made available from district headquarter.

10. CAMPS DAY/ FOLLOW-UP MONITORING

Camp monitoring is crucial to maintain standards and collect feedback from clients regarding quality of care local needs. Record keeping is important.

Each camp should be attended by SDM, Civil Surgeon who will be responsible for providing support in mobilizing cases and closely monitoring the quality at site and follow-up of cases. They will also document the various activities and outcome of the camp through report. Officers from state may visit the camps from time to time.

11 FINANCIAL NORMS FOR CAMPS

Funds will be transferred to districts and provided to Rogi Kalyan Samiti for the arrangements of camps. Broadly funds will be as below:

ITEM	Amount
Publicity:	
Banners at village level & loud speaker	Rs.500/- per village (to be met out of VHSC funds). Banner to be displayed at prominent places Loud speaker through Mandir/ Gurudwaras and other religious places. Public Address System through Rickshaw.
Munadi by Patwari	Patwaris will ensure Munadi in all the villages of the block
Cloth Banners at camp site	Rs. 1000/- (to be met out of RKS/ Untied funds of Block headquarter)
Pamphlets for mega camp	Rs. 2500/- (to be met out of RKS/ Untied funds of Block headquarter)
Loud Speaker at camp site	Public Address System will be provided by BCC wing of districts headquarter
IPC	By Patwari, Gram Sewak, ANMs and Anaganwadi Workers
Exhibition for mega camp	Displayed by BCC Wing
Camp Arrangements	Rs.3500/- for mega camp
Layout of services	(Rs 1500/- to be met out of VHSC funds of village where camp is organized and Rs. 2000/- from funds for workshop on FP)
Tents	
Chairs	
Contingencies	Rs. 1500/- for RCH camps to be met out from VHSC funds.
Refreshment	Rs. 2000/- (to be met out of funds for advocacy workshop on FP) only for mega camp
Transport Provision	Official vehicles
Transportation of specialists, district officers, Medical Officers, para medical staff & equipments	
Medicines/Drugs/Consumables	Civil Surgeon in consultation with specialists and SMOs will identify the requirement of drugs and supplies of the block .As these camps will be serving the same population of the block which is under the service area of SDH/ CHC/ PHCs so requirement will be met out from drugs available with PHCs/ CHCs/ SDHs. Rs.5000/- per camp will be available for the local purchase of drugs if required.
Total Funds to be released per camp by the District	Rs. 5000/- out of funds of RCH Camps Rs. 4000/- out of funds for Advocacy Workshop of FP at block level

Broadly the funds available will be:

SN	Activity	Funds	Source
1	For Banners and Loud speaker announcement at village level Rs. 500/- x No. of villages	Actual	VHSC
2	For Munadi by Patwari	Actual	VHSC
3	For Banners at camp site Rs. 1000/- x 1	Rs. 1000/-	RKS/ Untied funds of Block headquarter
	For Pamphlets Rs. 2500/- for mega camps	Rs. 2500/-	RKS/ Untied funds of Block headquarter
4	For Camp Arrangements For Mega camp	Rs. 5500/-	Rs. 4000/- to be released by District of funds available for advocacy workshop of FP and Rs. 1500/- from VHSC of village where camp is being organized
	For RCH camp	Rs. 1500/-	To be met out from VHSC funds
5	For Medicines etc Rs. 5000/-	Rs. 5000/-	Released by Districts out of RCH Camps
Total Outlay for mega camp except SN 1 & 2		Rs. 14000/-	
Released by districts		Rs. 9000/-	
Out of VHSC funds		Rs. 1500/-	
Out of RKS funds		Rs. 3500/-	
Total		Rs. 14000/-	
Total Outlay for RCH camp except SN 1 & 2		Rs. 6500/-	Rs. 5000 to be released by Districts out of RCH Camps and Rs. 1500 from VHSC funds

12. ROLE OF VARIOUS DEPARTMENTS

A Responsibility of Health Department

Family health camps are domain of Department of Health and Family Welfare so it will be the responsibility of the department to coordinate all the activities.

District level

Civil Surgeon will act as a Nodal Officer for organizing these camps and ensure that:

- All arrangements for camps are adequate.
- All the guidelines, funds are transferred within stipulated time.
- Will hold the meeting of all the district officers of health, block SMOs, SMOs of SDHs & CHCs and Medical Officers of PHCs
- Will closely monitor the activities and send the monitoring feedback to the State.
- Will identify and depute the medical teams

Block level

Block SMO will be responsible for successful implantation of the programme and ensure that:

- The meeting of all SMOs, Medical Officers of PHCs and other health functionaries and orient them for the programme
- All the ANMs visit all the villages of their area and mobilize the people
- ANM will ensure that VHSC meeting is organized one day prior to camp
- IEC/ BCC activities are undertaken prior to camp at village level
- Will monitor and direct all the health functionaries that all health activities are conducted during camp
- Mobile Medical Unit will be placed in the block at least 7 days prior to camp

B Responsibility of District Administration

- A Committee under the Chairmanship of Deputy Commissioner will be constituted. This committee will be responsible for holding the camps. District administration will identify the venue and fix the date of camp. One camp per month per district will be held till the camps are conducted in all blocks.
- Issue guidelines and funds to the block level
- Issue instructions to the offices/ officials of stakeholder departments/ organizations

C Responsibility of Department of Social Security Women and Child Development

District level:

- As a member of Districts Planning Team, assist the administration to prepare micro plan for camps
- To depute officer for the camp
- To issue guidelines and directions to the field staff for implementation of programme

Block level:

- To display the programmes of ICDS at the camp site
- Provide IEC material
- To ensure and prepare the list of pregnant women and children for services

Supervisor level:

- To ensure that all Anganwadi Worker attend the camp
- To ensure that pregnant women and children are brought to the camp
- To provide information about nutrition

Anganwadi level:

- To help in advocacy and publicity of programme
- To help the ANM for mobilizing the people

D Responsibilities of Department of Rural Development

District level:

- As a member of Districts Planning Team, assist the administration to prepare micro plan for camps
- To depute officer for the camp
- To issue guidelines and directions to the field staff for implementation of programme
- To issue instructions to the BDOs for camp arrangements like tent, electricity, cleanliness

Block level:

- To mobilize the PRIs for advocacy of the programme
- To hold meeting of Block Planning and Monitoring Committee one of two days prior to camps
- To provide instructions for IEC

Village level:

- Publicity of the camp
- Mobilization of community
- To ensure proper space, cleanliness and other arrangements of camp in village

E Responsibilities of Education Department

- District Education Office will issue instruction to all the schools of the block regarding these camps.
- One week prior to Health Camps, students have been sensitized so that public can be motivated to take benefits of these camps. For these camps all principle of schools of the block to take the initiative.
- School will identify team of students who will sensitized the local community for the camps.
- To organize a rally of students in all the villages one day prior to camp

District Level

Action to be taken	Officer responsible	Assistant Officer	Time Line	Remarks
Preparation of District Plan for camps	Deputy Commissioner	ADC Development		
District Level pre camp Meeting	Deputy Commissioner	ADC Development		
Circulation of Guidelines, Schedules and Plans	Civil Surgeon	District Programme Manager		
Block level preparatory meeting	SDM	SMO and BDO		
Media	PRO	IEC wing of Health Department		
Publicity of Camps	SDM	SMO		
Arrangement of Camps	BDO	Tehsildar		
Publicity of Scheme	SMO and CDPO			
Human Resource and Logistics Arrangements	Civil Surgeon	SMO		
Meetings of VHSCs, one day prior to camp	SMO will issue instructions to all the ANMs. BDO will instruct the Panchayats			
Mobilization of Masses	SMO will instruct the NGOs, CDPO will instruct the Anganwadi Workers and SDM will mobilize Youth Clubs for mobilization of masses			
IEC material related to social welfare schemes and ICDS	CDPO			
Exhibition	DPM	BCC Facilitator/ Block Extension Educator		
Meetings of ASHAs at block level	Block SMO	Block Extension Educator		
Office In-charge of Camp	Sub-Division Magistrate	SMO		

FAMILY HEALTH CAMP REPORTING FORMAT

Name of District _____

Name of Block _____

Camp Site _____

Date _____

SN	Subject	No. of Participants
1	Community Participation	
	Male	
	Female	
	Total	
2	Participation of Officers	
	SDM & Other Administrative Officers	
	Officers of Department of Health and Family Welfare	
	PRIs	
3	NGO Participation	
	Name of Present NGO	

SN	Services to be provided	Male	Female	Total	No. of patients Referred
I	Child Health				
1	Total No. of Children Examined				
	Pnaeumonia				
	Diarhoea				
	Measles				
2	Immunization				
	BCG				
	DPT/OPV-1				
	DPT/OPV -2				
	DPT/OPV -3				
	Measles				
	DPT/OPV Booster				
	Vitamin A				
3	No. of Immunization Cards				
	Total Children examined and immunized				
II	Maternal Health				
1	No. of Pregnant women examined				
2	No. of Pregnant women registered				
3	No. of Pregnant woman provided ANC services				
	TT				
	IFA				
	Weight				
	BP				
	HB				

4	No. of Complicated pregnancies identified				
5	No. of woman provided PNC services				
6	Any other problems diagnosed and treated				
III	No. of patients examined in general OPD				
1	No. of patients referred to specialists				
	ENT				
	Eye				
	Medicine				
	Skin				
IV	No. of ENT patients examined				
V	No. of Eye patient examined				
1	No. of patients diagnosed for cataract				
VI	General Medicines				
1	No. of patients examined for fever				
2	No. of patients examined for TB				
VII	No. of patients examined in skin OPD				
VIII	No. of patients examined for RTI/ STI				
IX	Other Diseases				
X	No. of patients examined in Orthopaedics (give details category wise)				
XI	Adolescent services				
1	HB examination of adolescent girls				
2	Adolescent girls provided with IFA tablets				
3	Adolescent girls counseled for personal hygiene and treated for menstrual disorders				
4	Total Adolescents counseled				
XII	Ayurveda				
1	Total No. of patients examined				
2	No. of patients identified for Piles and Fistula				
XIII	Homeopathy				
1	Total No. of patients examined				
	Grand Total of patients I to XIII				
XIV	Lab Test				
1	Urine AFB				
2	Blood Slides				
3	Sputum				
4	Hemoglobin				
5	Slide for RTI/ STI				
6	Other				
	Total Lab Tests conducted				
XV	X-ray				
XVI	ECG				