



National Guidelines for conducting Health *Melas* under NHM

Ministry of Health & Family Welfare,
Government of India

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1. Introduction

India has the dual burden of both communicable and non-communicable diseases and many of these diseases can be prevented by early diagnosis, providing health education, timely referral and management. The prevalence of diabetes and hypertension is also significant which ranges from 5-10%. Moreover, 8 lakh cases of Cancer are detected each year and around 60-80% of the cases are diagnosed late. Almost 8% of the geriatric population is homebound and suffering from various ailments. The specialised facilities are observed to be limited in many rural areas of the country. Lack of awareness and poor health seeking behaviour have been found to be the major underlying causes of many diseases. Various studies and evidence suggest that early diagnosis and prevention can have significant impact on reduction of morbidity and preventable mortality.

In order to secure a progressive improvement in the health of people, it is essential that people are educated to adopt and practice a healthy lifestyle and refrain from doing what proves to be harmful to their own health and to the health of others. Holding Health *Melas* and fairs where information on various diseases along with their preventive measures can be provided, along with other healthcare services have been found to be popular with the masses. They are also a potent vehicle for creating awareness about different schemes and programs of the Government, not just of the Ministry of Health & Family Welfare.

With this background, the Union Ministry of Health and Family Welfare (MoHFW) has adopted a strategy of organising Health *Melas* to provide health education and early diagnosis besides providing health care services, free of cost. These Health *Melas* envisage to attract lakhs of people desiring to avail quality health care services with essential pathological tests and medicines. The *Melas* will also help in informing people about the various health programs being carried out by the Central Government, State Government, NGOs etc. and the different systems of medicine (Allopathy, Homeopathy, Ayurveda and Unani etc).

Holding Health *Melas* particularly in the demographically weaker areas is also mentioned in the National Population Policy (NPP) 2000. The Health *Melas* have proved to be successful not only in disseminating information on health and family welfare and population issues, but also in providing actual services to people who otherwise, in many areas, have limited access to health facilities. Though organising such Health *Melas* is reported to be a challenge to the organizers because each *mela* has to be organised in such a way as keeping in mind the socio-cultural set up, disease prevalence, and the existing health facilities of the area, where the *mela* is to be organized. It will however be a unique opportunity to provide composite health facilities such as laboratory services, consultation, medicine and treatment, referral, etc., at one location.

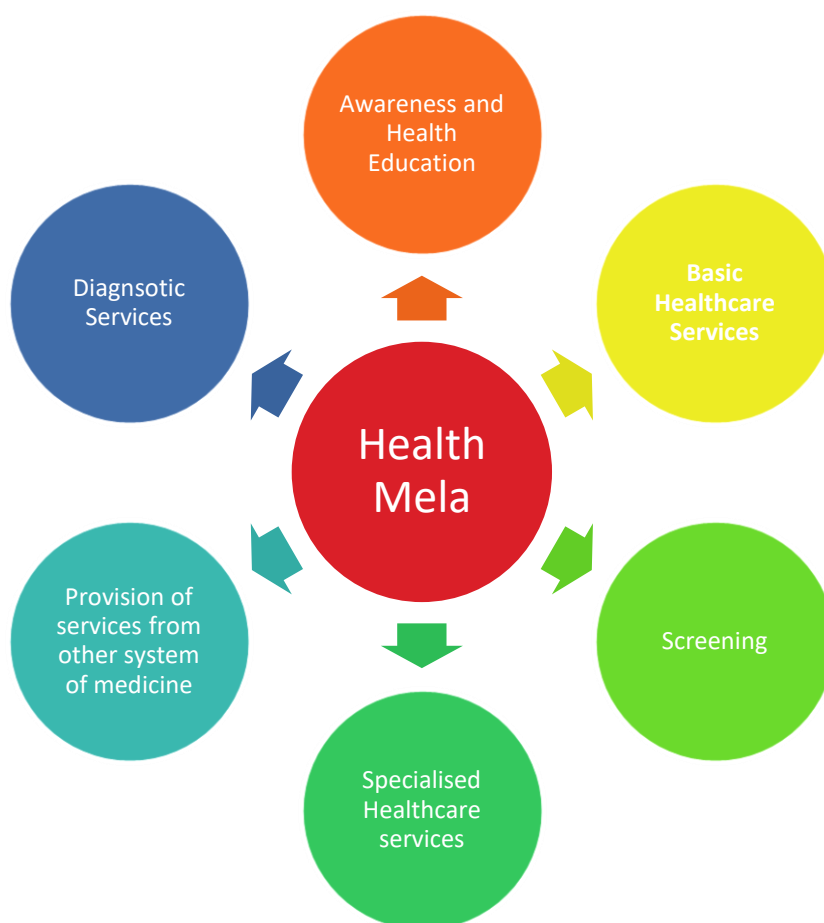
The success and popularity of Health *Melas* held so far has led to a large number of requests from Hon. MPs, Hon. Central Ministers and State Governments for holding *melas* in various States. The requests express urgency in holding these *melas* in their areas. In view of this, this Ministry has decided to hold an annual health *mela* in all Lok Sabha Constituencies across the country.

2. Objectives

The primary objectives of the Health *Mela* are to:

- (i) Increase health awareness of the population for prevention of various communicable and non-communicable diseases.
- (ii) Motivate beneficiaries through innovative mass media and mid-media activities to make positive health behaviour changes.
- (iii) Provide screening for early diagnosis, basic health care services including referrals, specialised services and diagnostic services.
- (iv) Make people aware about different health and family welfare programmes and various systems of medicine being undertaken by the Government which could lead them to avail such services.

3. Components of a Health *Mela*



4. Operationalisation of a Health *Mela*

The following activities are to be carried out for successful implementation of a Health *Mela* :

- a) Conducting a successful Health *Mela* requires significant amount of planning, beginning at least two months before the target date.
- b) The planning for the mela should be undertaken by office of the Chief Medical Officer/District Magistrate. It is essential for the Hon. Member of Parliament of

the Constituency to be an integral part of the entire consultation and implementation process. Every health *mela* shall be inaugurated by a Chief Guest who may be a Union Minister/CM of the State/State Minister/MP/MLA or any other dignitary.

- c) Since a constituency may be spread across more than one district in some cases, the Hon. MP may decide whether one health *mela* is to be conducted or two or more *melas* are to be organised in the districts falling within the constituency. One time grant of Rs. 12 lakhs (rupees twelve lakhs) shall be provided for conducting the Health *mela* per year in the constituency /Nodal district of Hon. Member of Lok Sabha/Rajya Sabha respectively. Funds for Health Melas are to be provided through NHM after seeking proposal from the States/UTs in their PIPs/SPIPs. As per NHM norms, Centre/State share of funding has to be 60:40/90:10/100% for different categories of States/UTs.
- d) Each health *mela* shall be held for 2 (two) days. In case it is decided by the Hon. Member of Parliament to prolong it further, appropriate arrangements for the same may be made locally. The funding support from the Centre however, shall remain the same. i.e as based on the category of State/UT under NHM.
- e) A Planning Committee of six to eight persons may be formed well in advance (at least two months) before the target date. The Committee shall be chaired by the Hon. MP from the respective constituency. The District Magistrate and CMO shall be integral members of the Committee. The Planning Committee shall identify members for the Sub-Committees, and provide leadership, guidance and coordination for subcommittees.

It is advised to have a representative from the following groups on the Planning Committee:

- ❖ Health professionals: physicians, dentists, chiropractors, paediatricists, optometrists, nurse practitioners, physicians etc.
- ❖ Health agencies: hospitals, clinics, nursing homes, retirement centers, emergency medical services, IMA , local NGOs etc.

- ❖ Schools
- ❖ Religious leaders/institutions
- ❖ Local media
- ❖ Some prominent members of the community

The following Sub-Committees may be considered to be formed under the main planning committee. Duties of Planning Committees and Sub-Committees are provided at Annexure 4.

- ❖ Clinical Subcommittee
- ❖ Facilities Subcommittee
- ❖ Procurement Subcommittee
- ❖ Food Subcommittee
- ❖ Clerical/Staffing/Scheduling Subcommittee
- ❖ Publicity/Community Relations Subcommittee

- a) The proposal for conducting Health Mela shall be sent by the State Government as part of the State PIP/Supplementary PIP, to the Ministry for approval and transfer of funds through NHM Division.
- b) The venue and date of the Health *Mela* shall be finalised in consultation with the Hon. Member of Parliament, District Magistrate and the Chief Medical Officer. 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 ultrasound, pathological tests, etc. The venue should be centrally located and easily accessible to the general public.
- c) Necessary medicines and supplies should be arranged through the State health department well in advance. Local NGOs can also be roped in for the purpose. Adequate number of medical specialists, surgical specialists, gynecologists, ENT surgeons, eye surgeons, skin specialists, dental surgeons, child specialists, etc., may be drawn from the local Government Hospitals, Primary Health Centers, Private Doctors and the IMA.

d) The following points may be considered before deciding the lay-out plan:

- ❖ The venue should be divided into stalls with clear indication of location of each service like maternal care, child care, family planning, blindness control, dental care, ENT etc. There should be a printed map in the local language indicating the layout of the stalls at the mela venue.
- ❖ Duty Chart of doctors and other staff should be clearly visible.
- ❖ 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.
- ❖ Adequate number of registration counters, at least 25, need to be set up so that the people are not inconvenienced and can easily get themselves registered.
- ❖ 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., at least one day before the start of the mela.
- ❖ The stalls need to be such that inconvenience during inclement weather (rain etc.) is avoided.
- ❖ The following stalls may be set up:

1. General Medicine	14. TB control
2. Maternal Health	15. Malaria
3. Child Health	16. Prevention of blindness (eye check up)
4. Immunisation	17. Bad effects of smoking
5. Family Planning counseling	18. Cancer control
6. IEC	19. Personal/environmental hygiene
7. ENT check up	20. Diabetes control
8. Dental Check up	21. Rehabilitation
9. Cardiac check up	22. Indian Systems of Medicine- Ayurveda, Unani, Homeopathy
10. Skin	
11. Counseling for Nutrition	
12. Counseling for RTI/STI/AIDS Control	
13. Leprosy control	

23. Pathological investigation (urine, sugar, blood sugar, Hb, BCG, Sputum test) and arrangement for diagnostic tests (X-ray, Ultra Sound, ECG etc.)

24. Programmes of Song and Drama Division, Dte. Of Field Publicity

25. DAVP exhibition.

- e) Lifestyle information and screening help build awareness of health risks and provide information on how an individual can make changes in their lifestyle to enhance their health. When considering health screening at a health *mela*, there is a need to take care of confidentiality of the results. As most screenings take several minutes, participants need to be given extra time to attend these booths.
- f) The following may be carried out for planning the logistics:
- ❖ Adequate number of volunteers for guiding the people to the concerned stall.
 - ❖ Adequate number of Resident Doctors and Medical Students for attending to these stalls.
 - ❖ Medicines for 5 (five) days or full course will be distributed by pharmacists posted at each stall. Adequate store and distribution facility should be arranged.
 - ❖ 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.
 - ❖ The organizers will take due care of hygiene at the mela site. Arrangements for drinking water, sanitation at the mela site should be made.
 - ❖ Separate toilets for men and women, adequately provided with water, soap etc., shall be installed.
 - ❖ Stalls for quality, hygienic food may be put up for sale at reasonable prices.
- g) All referral cases must be entered into a register indicating the name of the patient and the hospital where the patient has been referred. 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.

- h) A register for following-up on the status/outcome of the referrals to Hospitals/other health institutions shall be maintained.
- i) Information, Education and Communication (IEC) Division will arrange publicity with the Media Units of the Ministry of Information and Broadcasting e.g. Song and Drama Division, Dte. of Field Publicity (DFP), DAVP, Doordarshan, AIR etc.
- ❖ DD, AIR may be approached for special programmes to be telecast/broadcast the State level, with linkage with a national level coverage also.
 - ❖ Use of Social Media (Twitter, Facebook, YouTube) may be considered for wider dissemination of the program. Mobile technology may be harnessed for wide awareness generation before and during the Health Mela.
 - ❖ Special focus would be on ‘Save the girl child’, and arresting declining sex ratio in the relevant States.
 - ❖ In each *Mela*, the following subjects shall to be taken up for publicity and counseling.:
 - ❖ Family Welfare (including immunisation & contraceptive services)
 - ❖ Counselling for RTI/STI
 - ❖ Prevention of blindness
 - ❖ Rehabilitation of the disabled
 - ❖ Leprosy control
 - ❖ TB control
 - ❖ Nutrition
 - ❖ Adverse effects of smoking, tobacco and alcohol consumption, etc.
 - ❖ Cancer control
 - ❖ Personal hygiene, environmental hygiene
 - ❖ Diabetes control
 - ❖ Indian System of medicines etc.

- ❖ The local branch of IMA, Voluntary Health Association of India and other National NGOs can be requested to put up their stalls for family welfare and RCH programmes.

5. Financial Guidelines

The support for each Health Mela from NHM shall be Rs. 12 (rupees twelve lakhs) per year per constituency/Nodal district of Hon. Member of Parliament – Lok Sabha/Rajya Sabha respectively. The Health melas shall be organised under the flagship program of National Health Mission (NHM) of the Health Ministry. The Centre State funding pattern will be 60:40/90:10/100%. This funding may be used for conducting one mela in any one district of the constituency or more melas in the districts composing the constituency, as decided by the Hon. Member of Parliament. In order to have a participatory approach, the Hon. MP and the District Administration may mobilize further financial and other support locally to supplement the Central Government funding.

The funds available under NHM may be utilised for organising the Health Melas. In view of this, the States/Uts shall propose this activity under IEC component in the State PIPS/SPIPs. The State Mission Director shall accordingly release the funds to the District Magistrate/Chief Medical Officer, whosoever is selected by the administration to organize the Health Mela.

The Ministry of AYUSH may also decide to supplement these efforts by providing funds for the Health melas. The funds to be provided and the terms of engagement with the respective States, may be decided by Ministry of AYUSH.

6. Reporting

The reporting mechanism to the Ministry Of Health and Family Welfare on utilisation and expenditure of funds for the Health Mela shall be on similar lines as for the other activities taken up by the State/UT under the NHM .

The funds may be utilised and reported for the heads as indicated at Annexure- 1.

Further, a brief report on the benefits accrued as an outcome of Health Mela to be maintained by the State /UT NHM for record and audit purpose as per the Annexures 2 and 3. Accordingly, the State/UT NHM may issue guidelines to this effect to the Districts.

FINANCIAL OUTLAY FOR 2-DAY Health *Mela*
IN
PARLIAMENTARY CONTITUENCY-----

S.No.	Activities	Amount (in Rs.)
1.	Campaign phase a) Advertisement in print, electronic media b) Posters c) Leaflets d) Hoarding e) Banners f) Intensive advertisement through mike, etc.	
2.	Registration & Computerization of Patient Data	
3.	Diagnostic Services a) Pathological Investigation b) X-ray c) Ultrasound d) ECG	
4.	Infrastructure development at venue (Including venue charge, water, electricity etc.)	
5.	Transport during mela	
6.	Honorarium & TA of doctors during mela	
7.	Honorarium & TA of paramedical staff during mela	
8.	TA & honorarium of volunteers during mela	
9.	Exhibition, street play, quiz competition etc. during mela	
10.	Printing of certificates, booklets, health cards, badges etc.	
11.	Reporting and documentation	
12.	Preparatory meetings	
13.	Telephone, Fax, Email, Postage & Stationery	
14.	Contingency	
15.	Drug & Surgical Kits, etc.	
Total Rs. 12.00 Lakhs		

Annexure 2

Part 1: Report on Health Mela (Check-ups) held on date.....

Sl. No.	Item	No. of people benefited	Remarks
1.	Registration		
2.	Check – up		
3.	Treatment		
4.	NSV / Vasectomy		
5.	Tubectomy		
6.	RCH		
7.	Gynaecology		
8.	Breast Feeding (Nursing Mothers)		
9.	Paediatrics		
10.	RTI/STD Check up		
11.	Malaria		
12.	Tuberculosis		
13.	Leprosy		
14.	Blindness control		
15.	Non-Communicable Diseases (Diabetics etc.)		
16.	HIV/AIDS Counseling		
17.	Cancer		
18.	Family Planning Counseling		
19.	Polio & DPT Vaccination		
20.	Cardiology		
21.	Asthma		
22.	Dental		
23.	ENT		
24.	Medicine		
25.	Surgery		
26.	Plastic Surgery		
27.	Skin/Dermatology		
28.	Blood Test		
29.	ECG		
30.	X-Ray		
31.	Ultrasound		
32.	Contraceptives distributed		
33.	Ayurveda		
34.	Unani		
35.	Siddha		
36.	Homeopathic		
37.	Others (please specify)		

	Total		
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Part 2 : Feedback on the Health Mela (check-ups)

i. General Report

Lok Sabha Constituency.....

Name of the District(s).....

Name of Hon. M.P.

Venue of the Mela.....

Date of the Mela

ii) Participation Details

1. No. of Doctors

a) General Screening

b) Specialists

c) Contributed by (Source).....

2. No. of Pharmacists

a) Contributed by (Source)

3. No. of other Health Staff (NGO, LHV etc).....

4. No. of Volunteers.....

a) Major Source(s).....

b) Name(s) of NGOs who participated and type of participation

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c) Involvement of IMA

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iii) Impact Details:

1. General impact of IEC publicity material on health care issues.....

2. Problems faced by the authorities, if any

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3. Suggestions and remarks

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.....
(Signature of organizing authority with seal)

Name:.....

Designation:.....

Date:.....

Annexure 3**Utilization of funds for Health Mela**

Name of District(s):

Date:

Funds Received for Health Mela:	Amount (in Rs.)
Govt. of India	
MPLADS	
Donations/ Any other sources	
Total	
Expenditure Heads:	
Campaign Phase	
Advertisement/ Electronics Media	
Posters	
Leaflets	
Hoarding	
Banners	
Intensive Advertisement through Mike	
Registration & Computerization of Patient Data	
Diagnostic Services	
Hiring of Medical Instruments	
Procurement of drugs etc.	
Infrastructures Development of Venue	
Venue Charge	
Water, Electricity	
Any other:	
TA & Honorarium for doctors	
TA & Honorarium for Paramedical Staff	
TA & Honorarium for Volunteers	
Transport during Mela	
Exhibition, Street Play, Quiz Competition etc. during Mela.	
Reporting and Documentation	
Preparatory Meetings	
Telephone, Fax, E-mail, Postage & Stationery	
Contingency	
Any other	
Total Expenditure (in Rs.)	

(* this is an indicative list. Any other expenditure incurred for conducting the Mela may be enumerated)

(Signature of organizing authority with seal)

Name:.....

Designation:.....

Date:.....

Roles and Responsibilities of Sub-Committees

Clinical Subcommittee:

Health professionals on the Clinical Sub Committee can help determine what is appropriate to include in a Health *Mela* for the target audience. Not all brochures, giveaways, or topics should be included. For example, giving away small objects that could be swallowed by toddlers should be avoided at family-oriented Health *Mela*. If screenings are provided, the Clinical Subcommittee must help in determining appropriateness for the audience, finding appropriate providers, making sure universal precautions are followed, results are accurate, and participants are properly informed about results and provided with follow-up suggestions. Provisions must be made for situations for example when someone's blood pressure or blood sugar is found to be dangerously high during the Health *Mela* — where can that person go for immediate help?

Other Tasks of Clinical Sub Committee

- ❖ Identify key health topics and booths for the target audience.
- ❖ Plan and arrange for types of clinical staff, laboratory services, mammogram van or transportation to the location for mammograms such as a local hospital for clinic.
- ❖ Plan for meeting universal precautions regarding drawing and handling blood, etc.
- ❖ Plan for delivery of results to the participants.
- ❖ Plan and arrange for treatment referrals for participants with abnormal results, both immediately and longer term (for example, if someone has a very high blood glucose or blood pressure, where can they be seen immediately?).
- ❖ Define and review the kinds of health information, brochures, and giveaways appropriate for the target audience (for example, no small objects for young children or free drug samples, etc.).
- ❖ Plan for immunizations appropriate for the target audience.
- ❖ Plan for first aid needs during the Health *Mela*.
- ❖ Plan to protect confidentiality of participants regarding results.

Facilities Subcommittee

The Facilities Subcommittee should consider the following when selecting facilities:

- ❖ Inside versus Outside: if the Health *Mela* is outside, a contingency plan will be needed for bad weather, including wind; booth workers may need sunscreen.
- ❖ Plan for equipment and electrical needs.
- ❖ Are tables and chairs available?
- ❖ Are adequate restroom facilities available?
- ❖ Are drinking water and refreshments available?
- ❖ Food safety: cooking and refrigeration.
- ❖ Parking: Is it adequate?
- ❖ What type of cleanup is required?
- ❖ Safety: Are there stairs?
- ❖ Can the location be easily accessed through public transportation?
- ❖ Is the location easy to find?

Food Subcommittee:

The Food Subcommittee is responsible for refreshments.

- ❖ When deciding on the types of refreshments to serve, please consider:
 - ❖ Appropriateness of the refreshments.
 - ❖ Sources for the refreshments and food safety.

Clerical/Staffing/Scheduling Subcommittee:

- ❖ Provide necessary clerical support, including writing letters and invitations, and creating the following forms:
 - Sign-in or registration forms.
 - Evaluation forms for participants and exhibitors.
- ❖ Plan for setup and cleanup on all days of the Health *Mela* ; procure adequate staff to assist.

- ❖ Plan for and procure adequate staff for the Health *Mela*, considering breaks and lunch times. Having a break room for exhibitors is helpful.
- ❖ Develop an assignment list for the day of the *Mela* so volunteers can be easily directed to their assigned areas.
- ❖ Assist with management of the Health *Mela*.

Publicity/Community Relations Subcommittee:

- ❖ Developing and disseminating posters, flyers, and mailings.
- ❖ Developing and disseminating announcements to the media, including radio, TV, newspapers, store bulletin boards, church bulletins, etc.