



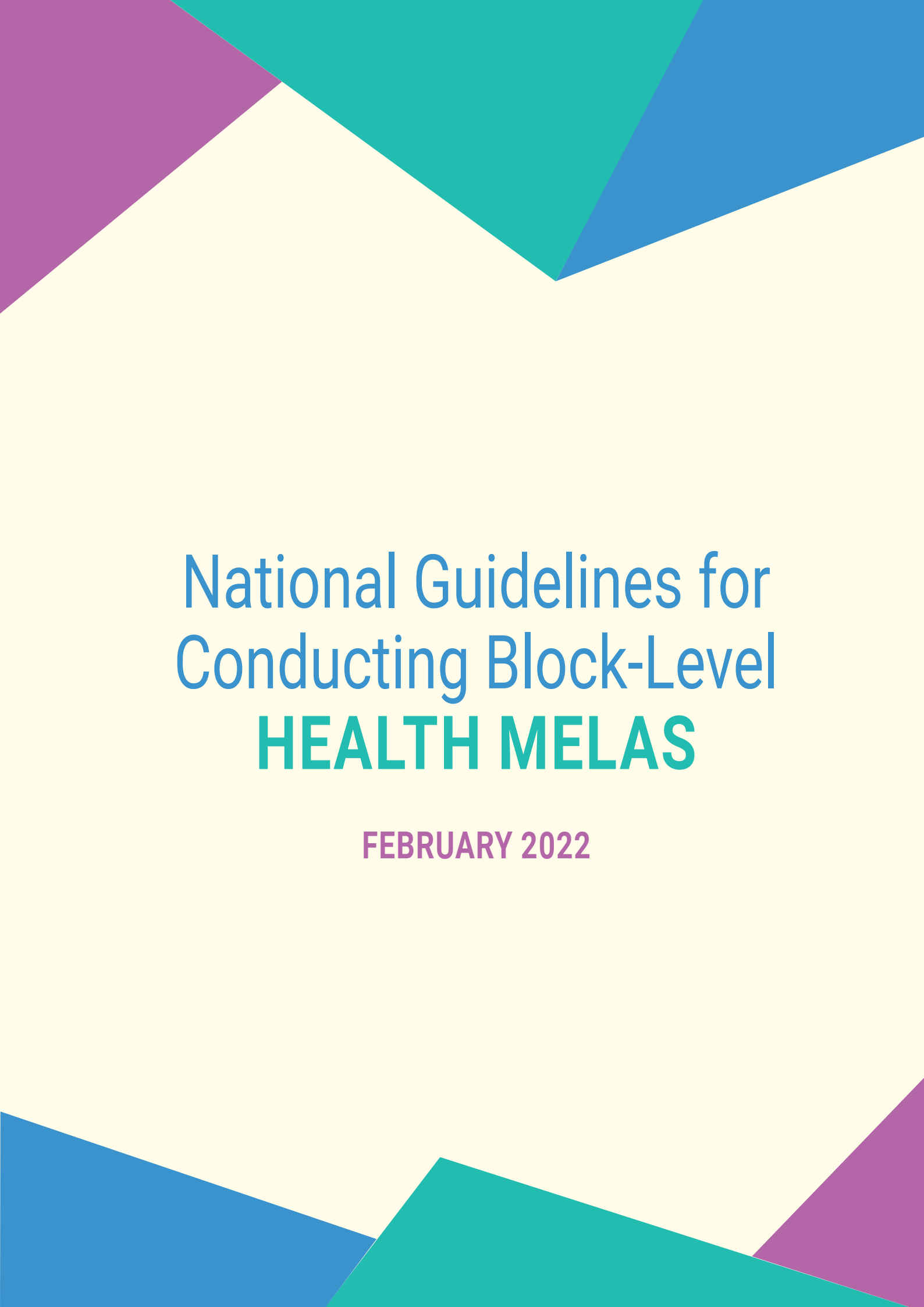
Ministry of Health & Family Welfare  
Government of India



# NATIONAL GUIDELINES FOR CONDUCTING BLOCK-LEVEL HEALTH MELAS

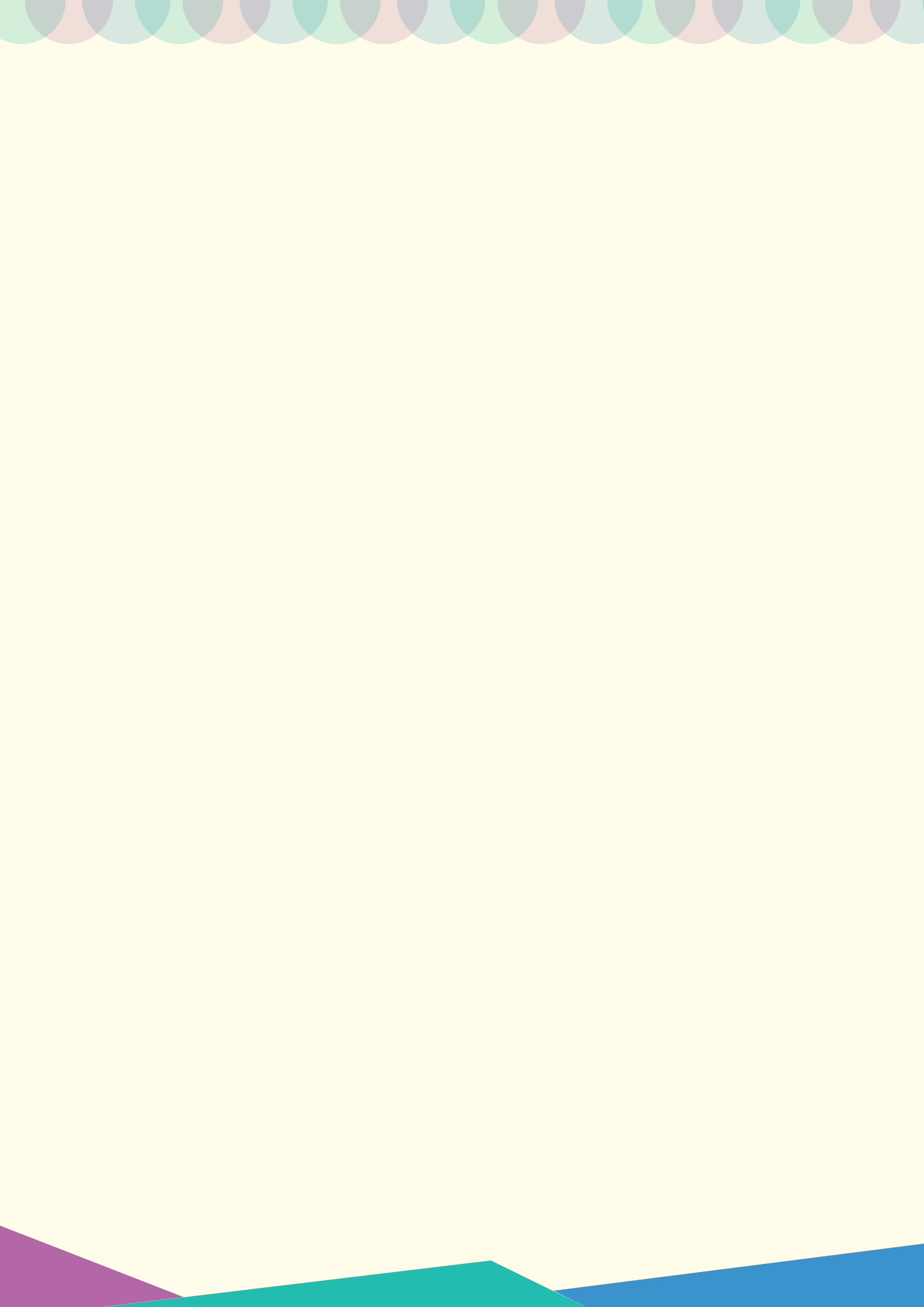
FEBRUARY 2022





# National Guidelines for Conducting Block-Level **HEALTH MELAS**

FEBRUARY 2022



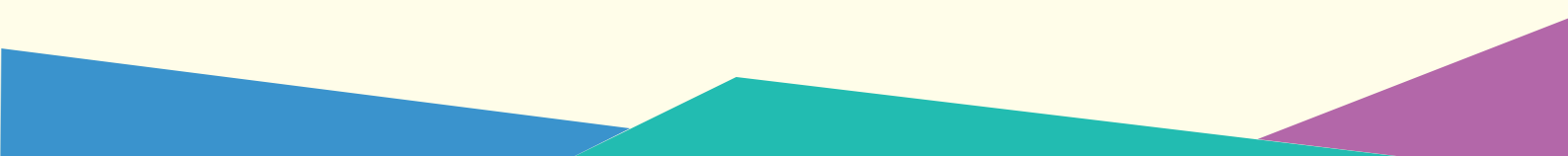


---

# TABLE OF CONTENTS

---

Introduction	5
Objectives	6
Components	6
Operationalisation	7
Financial Norms	9
Reporting	9
Annexure - 1	11
Part 1: Report on Health Mela (Check-ups)	11
Part-2 : Participants Feedback	12
Annexure - 2	14
Roles and Responsibilities of Organising Committee	14







## INTRODUCTION

India is faced with 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.

Ayushman Bharat, a flagship scheme of Government of India, was launched to achieve the vision of Universal Health Coverage (UHC) as envisioned in National Health Policy 2017. This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlining commitment of “leave no one behind.”

Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are -

1. Ayushman Bharat - Health and Wellness Centres (AB-HWCs)
2. Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PM-JAY)

1,50,000 Ayushman Bharat Health and Wellness Centres (AB-HWCs) are being established by transforming the existing Sub Centres and Primary Health Centres. These centres are to deliver Comprehensive Primary Health Care (CPHC) bringing healthcare with a ‘time to care’ principle of 30 minutes from home. They provide an expanded range primary health care services such as reproductive and child health, communicable diseases, non-communicable diseases, elderly care, eye, Ear-Nose-Throat and oral care, care during emergency and trauma, palliative care including free essential drugs and diagnostic services. The emphasis

of health promotion and prevention is designed to bring focus on keeping people healthy by empowering individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and morbidities. The multi-stakeholder community platforms like Village Health, Sanitation and Nutrition Committees (VHSNC) in the community and Jan Arogya Samitis (JAS) in the AB-HWCs are pivotal in enhancing the community ownership of public health facilities and also promoting wellness as a mass movement. The recent recommendation of XV Finance Commission for grants to Panchayat raj Institutions (PRIs) and Urban Local Bodies to plan and monitor primary health care facilities has enhanced the responsibility of the local government while adding fillip to universal health coverage.

Complementarily, Ayushman Bharat PM-JAY, the largest health assurance scheme in the world provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of India’s population.

The recently launched Ayushman Bharat Digital Health Mission (ABDM) is providing the necessary backbone for attainment of Universal Health Coverage, by creating a seamless online platform “through the provision of a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems”

To realise the vision of ‘universal health Coverage’ awareness amongst people about health and services that they can access is equally essential. Evidence also suggests that early diagnosis and prevention can have significant impact on reduction of morbidity and preventable mortality.

Health Melas and fairs where information on wellness behaviour, preventive measures for diseases along with healthcare services for early detection and treatment of diseases, 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.

Union Ministry of Health and Family Welfare (MoHFW) has adopted the 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 thousands of people desiring to avail quality health care services with essential 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 also about the different systems of medicine. (Allopathy, Homeopathy, Ayurveda and Unani etc).

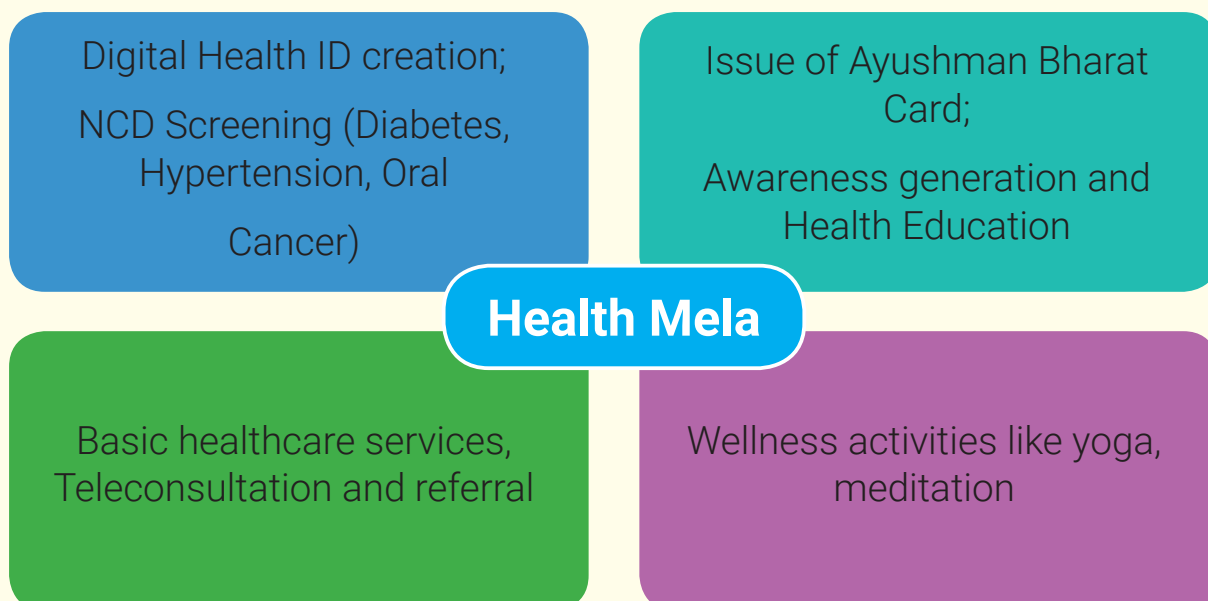
These guidelines are intended for the State, District and Block Program Managers and Service providers. The guidelines provide a framework for realising the following objectives of health melas.

## Objectives

The primary objectives of the Health Mela are to:

1. Build awareness about different health and family welfare programmes, Ayushman-Bharat Health and Wellness centres, PM-JAY.
2. Facilitate creation of Unique Health ID under ABDM for attendees.
3. Facilitate provision of Ayushman Bharat Card under AB-PM-JAY for eligible citizens
4. Increase health awareness of the population for prevention of various communicable and non-communicable diseases.
5. Motivate the masses through innovative mass media and mid-media activities to adopt wellness behaviour to stay healthy.
6. Provide screening for early diagnosis, basic health care services with drugs and diagnostics, teleconsultation with relevant health specialists and referrals as needed.

## Components of Health Mela





## Operationalisation of Health Mela at block-level

The following activities are carried out for successful implementation of a health mela:

- ◆ Conducting a successful health mela requires significant amount of planning, beginning at least two months before the target date.
- ◆ Each mela has to be organized 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.
- ◆ Rupees One lakh is provided for conducting health mela in a block.
- ◆ Each health mela shall be held for 1 day.
- ◆ A block level planning committee of 8-10 persons may be formed well in advance (at least two months) before the scheduled date under the guidance of District Authority (District Magistrate and CMO). Block level committee shall be chaired by Taluk panchayat president, co-chaired by Block Development Officer with Block Health/Medical Officer as member convenor and may include members from Block level Officials of Departments of Women and Child Development, Education, Social Welfare etc.
- ◆ It is advised to have a representative from the following groups in the Organising Committee:
  - o Health professionals: Medical Officer in-charge, staff nurses, CHOs, yoga practitioners
  - o Representation from community platforms- JAS, VHSNC, MAS, self-help groups.
  - o PRI members
  - o Health agencies: medical colleges, hospitals, local NGOs etc.

- o Schools
- o Institutions
- o Local media

Duties of Organizing Committee can be seen at Annexure 2.

- ◆ The proposal for conducting health mela shall be sent to the District Health Authority to be a part of District Health Action Plan.
- ◆ The venue and date of the Health Mela shall be finalized in consultation with the 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 Block PHC/CHC in order to provide facilities of diagnostic tests and drugs, etc. The venue should be centrally located and easily accessible to the public.
- ◆ Necessary medicines and supplies should be arranged through the district health department well in advance. Adequate number of ASHAs, ANMs, CHOs, Staff Nurses, Medical Professionals, Specialists may be drawn from the local Government Hospitals and AB-HWCs
- ◆ 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 AB-Digital Health ID, Ayushman Bharat Cards, AB-HWC with JAS role and VHSNC, CBAC form filling for screening, Screening of NCDs, Teleconsultations, Health education, Yoga practice, IEC activities, etc. Besides above the following services are to be provided
    - (i) General Medicine
    - (ii) Maternal Health
    - (iii) Child Health

- (iv) Immunization
  - (v) Family Planning Counseling
  - (vi) IEC-Family Welfare
  - (vii) Cataract check up
  - (viii) ENT check up
  - (ix) Dental Check up
  - (x) Skin checkup
  - (xi) Counseling for Nutrition
  - (xii) Counseling for RTI/STI/AIDS Control
  - (xiii) Leprosy control
  - (xiv) TB control
  - (xv) Malaria
  - (xvi) Prevention of Blindness (eye check up)
  - (xvii) Bad effects of smoking & tobacco use
  - (xviii) Cancer control awareness
  - (xix) Personal/environmental hygiene
  - (xx) Rehabilitation
  - (xxi) Indian Systems of Medicine- Ayurveda, Unani, Homeopathy
  - (xxii) Programmes of Song and Drama Division, Dte. Of Field Publicity
  - (xxiii) BOC (erstwhile DAVP)\_exhibition
- 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 2 days before start of the mela.
  - Adequate number of registration counters 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/counters may be set up -
    - Registration, Digital ID creation and CBAC form filling by Staff Nurse/CHO
    - Diabetes screening counter-generation of digital health ID and screening, referral if required.
    - Hypertension screening counter-generation of digital health ID and screening, referral if required.
    - Oral cancer screening counter-generation of digital health ID and screening, referral if required.
    - Health education and health promotion counter: referral services, information regarding diet counselling, exercise, etc
    - Yoga and meditation counter : information regarding wellness activities and conduct timed yet regular yoga and meditation sessions
    - Clinical Examination and Teleconsultation with MOs and CHOs/ MLHPs
    - Laboratory testing including testing for Food Adulteration
    - Medication counter CHOs/MLHPs and Pharmacists - providing medicines if appropriate.

- IEC counter: awareness generation regarding AB-HWCs, various national health programs, XV Finance Commission grant and health, PM-ABHIM, ABDM, etc
- PMJAY counter- Awareness regarding eligibility, creation of PM-JAY cards, information regarding PM-JAY empaneled hospitals, etc
- ◈ Lifestyle modification and wellness promotion using multimedia including local art and culture, along with 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 in 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
- ◈ The following may be carried out for planning the logistics:
  - Adequate number of volunteers for guiding the people to the concerned stall. Leverage VHSNC members, JAS members and School Health and Wellness Ambassadors in the block.
  - Adequate number of Doctors, CHOs/MLHPs, ANM, ASHAs for attending to these stalls.
  - Medicines for full course of therapy in case of acute illness and at least for 1 month in case of Hypertension, Diabetes and Mental illness 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/CHOs/Pharmacists/ANMs and other health staff. A detailed briefing may be given to them about their roles/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 healthy food as per Eat Right and Eat Safe norms may be put up for sale at reasonable prices
- ◈ Facilitating continuum of care:
  - 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.
  - All referral cases must be entered into a register indicating the name of the patient and the hospital where the patient has been referred.
  - Referred patients shall be mapped village-wise and linked to the nearest SHC-HWC/PHC-HWC shall be shared with the CHO/PHC MO for following-up on the status/outcome of the referrals to health institutions.

## Financial Norms

- Rs 1 lakh per block for organizing the health mela would be the allocated.
- The health Melas shall be organized under National Health Mission.
- 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. The central state funding pattern will be 60:40/90:10/100% as per the existing NHM norm.

- The Ministry of AYUSH may also supplement funds for these health melas. The amount of funds and the terms of engagement with Directorate/Department of AYUSH shall be decided by State/District.

### 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 utilized and reported for the heads as indicated at Annexure-1.
- Further, a brief report on the benefits accrued as an outcome of Health Mela is 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.

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

Sl. No.	Item	No. of people benefited	Remarks
1.	Registration		
2.	Digital Health ID created		
3.	Ayushman Cards issued		
4.	Check – up		
5.	Treatment		
6.	Teleconsultation		
7.	Obstetrics		
8.	Breast Feeding (Nursing Mothers)		
9.	Family Planning Counseling		
10.	Polio & DPT Vaccination		
11.	RTI/STD Check up		
12.	Pediatrics		
13.	Gynecology		
14.	Malaria		
15.	Tuberculosis		
16.	Leprosy		
17.	Blindness control		
18.	Non-Communicable Diseases (Hypertension, Diabetics etc.)		
19.	HIV/AIDS Counseling		
20.	Cancer		
21.	Cardiology		
22.	Asthma		
23.	Dental		
24.	ENT		
25.	Medicine		
26.	Plastic Surgery		
27.	Skin/Dermatology		
28.	Blood Test		
29.	ECG		
30.	X-Ray		
31.	Contraceptives distributed		
32.	Ayurveda		
33.	Unani		
34.	Siddha		
35.	Homeopathy		
36.	Others (specify)		
	<b>Total</b>		

## Part 2 : Participants Feedback

### 1) General Report

Name of the BLOCK.....

Name of the DISTRICT & STATE .....

Venue of the Mela.....

Date of the Mela.....

Name of Hon. M.P.....

Name of the MLA.....

### 2) Participation Details

1. No. of Doctors .....
- a) General Screening .....
- b) Specialists .....
- c) Contributed by (Source).....
2. No. of CHO/MLHPs.....
- a) ANMs .....
- b) ASHAs .....
- c) OTHERS.....

### 3) No. of Pharmacists .....

### 4) No. of other Health Staff (NGO, CBOs).....

### 5) No. of volunteers.....

- a) PRI Members.....
- b) JAS Members.....
- c) VHSNC Members
- d) Professional Organizations like IMA etc.....

### 6) Name(s) of NGOs who participated and type of participation.....

### 7) Other major source(s) of revenue.....

- a) CASH.....
- b) KIND.....



8) Impact Details:

General impact of the Health Mela. List top 3.

.....

.....

9) Problems faced by the authorities, if any. List maximum 2

.....

.....

10) List 3 Suggestions and general remarks

.....

.....

(Signature of organizing authority with seal)

Name:.....

Designation:.....

Date:.....

## Roles and Responsibilities of Organising Committee

### 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 :

- ◆ Identify key health topics and booths for the target audience.
- ◆ Plan and arrange for types of clinical staff, Digital ID creation, laboratory services, teleconsultation services, issue of Ayushman Bharath Card, transportation to a local hospital
- ◆ 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 appropriate giveaways for 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
- ◆ Plan for adequate restroom facilities
- ◆ Plan for provision of Drinking water & Sanitation.
- ◆ Accessibility of location through public transportation
- ◆ Provide necessary clerical support, including writing letters and invitations, and creating the following forms:
  - ◆ Sign-in or registration forms.
  - ◆ Plan for setup and cleanup on all days of the Health Mela; ensure 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.
- ◆ Develop and disseminate posters, flyers, and mailings at Village Panchayats, Fair Price Shops, Anganwadis, AB-HWCs and other Govt Hospitals, Schools and Colleges, Village Fairs, Bus Stops
- ◆ VHSNC and JAS Members shall proactively mobilize people for the mela from their villages or locality. Suitable award for the village with highest participation can be considered
- ◆ Develop and disseminate announcements to the media, including radio, Community Radio, TV, Newspapers, store bulletin boards 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 identifying people with hypertension, diabetes, heart disease and mental illness
- ◆ In each Mela, the following subjects shall be taken up for publicity and counselling.:
  - Wellness behavior
  - Nutrition
  - Personal hygiene, environmental hygiene
  - Immunization & contraceptive services)
  - Counselling for RTI/STI
  - Tuberculosis and Leprosy
  - Adverse effects of smoking, tobacco and alcohol consumption, etc.
  - Identification of Hypertension, Diabetes, Heart Diseases
  - Cancer control
  - Prevention of blindness
  - Post Covid sequel
  - Indian System of medicines etc.
- ◆ The local branch of IMA, Voluntary Health Association of India and other credible NGOs working in Health sector can be requested to put up their stalls









### **Namaste!**

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB-HWCs, do connect to the following social media handles:

-  <https://instagram.com/ayushmanhwcs>
-  <https://twitter.com/AyushmanHWCs>
-  <https://www.facebook.com/AyushmanHWCs>
-  [https://www.youtube.com/c/NHSRC\\_MoHFW](https://www.youtube.com/c/NHSRC_MoHFW)



**NATIONAL HEALTH SYSTEMS RESOURCE CENTRE**