Concept note on Medical Camps

1. Background:
Organizing a free medical camp is no mean task. However, if done correctly, it can be a potential tool in increasing community mobilization and winning the confidence of the community, spreading the news around about available health services and increasing credibility. These Guidelines can help the NGO Clinic to gain maximum advantage from a Medical camp organized by them. It would be useful to add that though these guidelines are useful in many ways they may not always be applicable and also they do not guarantee anything.

The Static Clinics are the center point of the medical services given by the project and therefore the outcome of the Intervention depends to a large extent on the quality and quantity of services rendered by them. However as man does not live by bread alone, so also Static Clinics alone cannot cater to the needs of a populace that is mostly negligent in its health care seeking behaviour. So, the Static Health Clinic should be complimented by outreach services that would help to drive 'traffic' to it. Some Projects with only outreach services because of the geographic spread and distribution of the target groups they serve will have to depend on such camps or similar activity to introduce availability of reliable and quality medical services to the community. Before discussing the guidelines for the setting up of health camps as part of outreach activity it would benefit to compare the pros and cons of both these types of medical services.

2. Comparison between Clinic Services and Health Camps:

No.	Static Clinic	Health Camps
1	Fixed location	Mobile Location
2	Permanent	Temporary
3	Better infrastructure	Infrastructure compensated for mobility
4	Better Quality of services	Consequently a compensated Quality of services
5	More Clinical, Individual approach	More Mass/Public Health approach
6	More effective	Not as effective
7	Less efficient – lower patient load over time	More efficient - higher patient load over time
8	Cannot serve distant areas	Can serve distant or remote areas
9	Accessibility depends on location	More accessible
10	Community participation important	Community participation more important
11	Less travel to HCWs,	Less travel to patients
12	One time set-up of infrastructure	Requires multiple setting-up and dismantling
13	Good support for HCW team present	Skeletal HCW team in full Community setting

In order to provide the best of both worlds, a judicious mix of both these types of services should be made, proportions depending entirely on local situations and needs. It would be agreed that whatever be the service type they should be most accessible to the target population not only in terms of location and nearness but also in providing a non-stigmatizing and gender-sensitive service that caters to both general and reproductive health ailments. The importance of including General Health services cannot be over-emphasized, as it is this component that helps build the non-stigmatizing ambiance around the camp as in the clinic. Needless to add the role of the Clinic Advisory Committee in these crucial decisions is vital.

3. Preparatory activities for the Health Camp:
The Clinic Advisory Committee would decide on all the logistics as well as technical inputs which would include:

- Fixing the location, dates, frequency for conduct of the Health Camp
- Estimating the number of patients that would attend the Health Camp
- Procurement of medical supplies as well as equipment, chairs, waiting area furnishing materials, screens, refreshments, meals for HCW team, transport of HCW team etc.,

- Publicity by announcements, media, word of mouth, and distribution of materials like hand bills on information about the Camp
- Selection of Personnel manning the various posts at the health camp
- Delegation of Responsibilities for various tasks like BCC and Publicity, Reception and Registration/documentation, Screening, Examination and Diagnosis, Treatment and Referral, and management of untoward incidents.
- As part of good liaison tactics an important and influential person who could add to the sustainability of the project could be invited to do the inaugural honours.
- The documentation team would make a brief report that would contain at a minimum the data as required for the various indicators of health services as well as suggestions and recommendations if any.

4. BCC role in Patient Traffic and Referral services:
The patients patronizing the camps held by NGOs would have come there normally by the efforts of a strong BCC drive. In few instances they may be accompanied by an Outreach Worker or other member of the Clinic or Project. A point worth noting here is that no service is more valued by the patient than an understanding and empathetic worker who has accompanied him from the patient's workplace, allaying his fears about the subsequent clinical examination and testing for STI/HIV. This would be the very foundation for a follow up, as the first impression of the project is got from the point of first contact. The logical outcome for a patient who has realized that patient-friendly personnel operate the Clinic and Camp is a motivation in itself to frequent this service all the more. At times patients may be referred from the mobile clinic or mobile health camps to the static clinic conducted by the Project or to other centers. Needless to say the success of this referral and its subsequent outcome to a large extent depends on the previous experience that the patient has had.

5. Camps and Community Mobilization:
Recently, there has been a lot of debate on role of free camps as an effective Community Led Structural Intervention (CLSI) tool for NGOs. However, the experience has been that a camp is a useful community mobilizing as well as a marketing tool only if its potential is tapped properly which is sadly not the case now. Though most NGOs organize free camps, in which sizeable number of patients turn up, the sad part is, that these patients do not make it to the referral Clinic or hospital in the end. In other words they fail to get translated into follow-ups and referrals. This leaves the NGOs wondering whether the whole exercise was worth it or not. The hard work of the organizing NGO ends up in despair when effectiveness is accounted for, as hardly any referrals get generated in spite of spending so much time and money. Moreover the NGO may fail to convert the short term rapport built with the community into the first step of a long-term CLSI plan.

6. The Process in Health Camps
From the non-stigmatizing viewpoint the structure, name, appearance and location of the health camp should be such that it does not brand any one visiting the Camp. This is very important, as one of the main challenges in getting the STI or General Health patient to the Clinic is that the health seeking behaviour of the patient is negated if the patient is going to visit a special camp for STI. Similarly, the first and foremost point which in turn determines the volumes of attendance at the camp as in the clinic is the attitude of the Health Care deliverers. The Health Care Workers should give utmost care to all forms of communication including non-verbal and body language when they interact with their customers as well as between themselves. Often communication between Health Care Personnel has been overheard by patients and this is more in the Camp settings where private spaces are less and partitions non-existent. Such a problem not only rears up the issue of a breach in confidentiality but also brings in the attendant consequence of reduced attendance by this lackadaisical approach. The Health Care Personnel also should be gender balanced and so if the Medical Officer is a female it is better to have the Nurse/Clinical Attendant from the opposite sex so that both the sex worker and the client can be catered to.

7. Adapting the Camp situations to fulfill Clinical requirements:
A simple place for conducting a Health camp would be temporarily unused buildings in which the area necessary for conduct of the health camp could be procured by prior liaison with the authorities. The necessity to have four rooms as outlined below is deemed from vital to essential on the Vital-Essential-Desirable (VED) scale. Exit and Entrances should be different so that if the patient or client so desires he may leave through a different door. Provision of separate entrance and exit from the same camp as in a clinic has helped generate more attendance by ensuring privacy as well as

reducing chances of being recognized by friends and mates at the camp who may be waiting for services. Adequate Privacy should be present for examination, with provision of good screens or partitions and good source of light both for documentation and general examination. All STI cases detected in the Camp would be treated by referral as far as possible as speculum examination is difficult in camp situations.

If buildings are not available then open but demarcated areas would have to be settled for. In open areas examination can be done in a mobile clinic, while counseling can be done out of earshot under a shady beach umbrella to fulfill the requirement of Audio privacy.

8. Ten mantras for a successful medical camp

1. Organize the camp on a holiday or a weekend. This will allow more patient flow

2. As emphasized, it is not advisable to organize a special camp on a particular HIV/STI related theme, target group or a disease, due to stigmatization. Hence medical camps should be like the general health types as this would allow the comfort of anonymity to those members of the target group who attend.

3. Take help of a local Red-Cross authority, or the Rotary Club or some other NGO to impart some credibility to the camp. Use their facility for the camp. It is also a good idea to use the facility of a smaller nursing home or a clinic for the event. Just make sure that the clinic you are using enjoys a good reputation among the locals. In such a case, the clinic or the nursing home which is co-organizing with you may also share the publicity expenditure with you. They would do so because you are boosting their image in the local market and they will also earn from the investigations or the medicines you might prescribe to the patients. One suggestion is that they could take care of the general health expenses that occur.

4. Make sure you carry a lot of medicine samples to be distributed free to the patients. Contact Local Doctors and get samples from them after telling them about the camp.

5. Always market a camp as a general health screening camp for the procedures which would be carried out at a referral hospital at a later date. Announce a discount for the 'selected' patients. The ideal thing would be to rope in another NGO or some local government body or politicians or businessmen or all of these to bear some percentage of expenses for the procedures you would carry out on 'selected' patients if they are poor. This will help in making your camp a great hit. People will not get offended if you refer them over to a Government centre for the procedure since you have already admitted that the purpose of the camp is to screen eligible candidates for procedures. Plus pitching in credible sponsors will instill confidence in people apart from reducing their monetary burden.

6. Build up hype for the camp at least four days before the event. Make your camp unique. Don't make it sound as just another camp by some NGO. This can be done using marketing tools. The most effective ones are:

a) Pamphlets if designed professionally, give it a catchy headline, use short sentences, mention free medicine and include a picture in the pamphlet to catch attention. These pamphlets can be used as inserts in the paper

b) A loud speaker mounted on the top of a vehicle and a person announcing the event date and other particulars. You could be innovative to have these announcements be made in an interesting way, like in form of a poem or a song in the vernacular. This helps to gain attention of people.

c) Banners put at a decent height so as to be visible. Put these at places like bus stand or a busy crossing

d) Run an ad on the local cable TV channel. Highlight whatever is free and also tell them that the procedures will be performed at a discount rate on patients selected from the camp.

e) Give a pre-camp press note to all the vernacular newspapers of the area. Tell them you are arriving with something very relevant and unique

f) Always have a small opening ceremony for the camp. The person who should be cutting the red ribbon should be chosen carefully. A shrewd businessman, president of a rich NGO, your local MLA, the Deputy Commissioner or the richest businessman having a penchant for social service should do the honours. This will help you get the funds for operating people selected as eligible candidates at your camp. Do not forget to have a cameraman be present there for clicking the photographs

7. During the camp manage the crowd in a systematic way. Make sure that people do not have to wait long hours and are taken care of. Always have a 'liaison guy' seated alongside you when examining people. This person will do the job of telling eligible patients how much discount they would get if they reach within ten days for procedures. Who all are paying a part of their hospital bill, what is the best way to reach the referral hospital and what advantages they would get if they come to you in the next ten days.

Take care that all this is done in a subtle way. People are likely to get upset if they experience any hard sell. This guy must take the addresses and phone numbers if any of all the potential patients so that they are informed whenever you have another camp in the area. However, the referrals for those suffering from STI should not be forgotten in the sale of general health.

8. Ensure that you are running audio-visual clips in the OPD area while the camp is on. These clips may highlight your clinic services and may also contain testimonials from your previous patients. Also give brochures and other reading material to the patients generously.

9. Invariably follow a camp with a press conference. Have the local press and cable TV people to be present at a nearby cafe. Give them photographs of the camp to be printed. Tell them something which is sensational enough to make headlines the next day. For instance tell them why holding both STI camps and general health camps together help reduce stigma or how the newer initiatives implemented by your organization has revolutionized the prevention of HIV/STI, etc.

10. At the end of the day if you get the names and addresses of a few legitimate patients and if the press people send in a detailed report on your camp, you have done your job. Not to forget the 'sponsors' who chip in to help poor patients requiring procedures.

As it turns out, organizing a camp is not a joke. It requires a team of three-four people from the Clinic Advisory Committee, out of which at least one does a marketing-liaison work and has his/her roots from the community in the area. However, if done correctly, a camp can be a sure way to increase patient flow and community mobilization.

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Report on the Medical Camp conducted by Nagari Seva Prabodhini at Chembur on 19th May 2005.

Background:
Due to the difficulty faced by the Health care team of Nagari Seva Prabodhini (NSP) in conducting medical examination in the Bars, it was decided during a consultation with the Peer Educators that a Medical Camp would be conducted in Chembur.

Venue:
The venue selected was sufficient in terms of examination space. The waiting area was in the ground floor. There were four examination booths in the first floor. Larger waiting space would be required in future camps if larger crowds are expected.

IEC Materials:
These will have to be arranged in future camps. For example, Audio-visual clips running in the waiting area while the camp is on, help to highlight the clinic services and may also contain testimonials from your previous patients. Also give brochures and other reading material to the patients generously.

Personnel and Roles:
It is suggested that there be a clear lay out of the Camp made with names of the Personnel manning the respective areas shown in that figure. Roles and responsibility of various Personnel is to be fixed prior to the camp. A pre-camp dry-run with mock patients can be done a day before especially with teams who are doing it for the first time to ensure understanding of roles and smooth flow of patients.

Clinic Examination Equipment:
Adequate numbers of speculums has to be procured. It is suggested that a total of hundred speculums are made available so that the need for repeated sterilization does not arise. The number of stethoscopes, sphygmomanometers etc., should at the least be equal to the number of examination booths.

Medical Officers in Health Care Team
As the main focus of the camp is STI Management, using the Essential Sex Workers Service Package in which considerable training of the NGOs own doctors have taken place, there would be difficulties in employing outside doctors for manning STI booths in the camps, as these new doctors would have to be immediately oriented in the various amended STI regimes and in filling the Clinic Encounter form as well as the reporting format. NGO doctors also have the added benefit of ensuring follow-up at their clinic as the emphasis would be on long-term rapport. However for the booths like Paediatric and General Health it would be better to get outside doctors.

Medicines:
Paediatric formulations must be provided. Outside Doctors prescribing General Health Medicines should be familiar with the list of medicines available under General Health and asked if their prescriptions could be kept within the list.