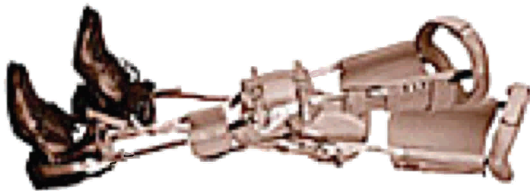




Health Camp



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Health Camp



Our Mission

The purpose of health camps in a community is to provide: prevention, treatment and management of general illness and verify routine / supplementary immunization of polio vaccine in children under five years, as an effective tool for the success of polio eradication.

Public Health Priorities

1. To cater to the urgent health care need of an ailing community.
2. To prove Rotary's concern with public health in addition to Polio eradication.
3. To increase community acceptance of OPV and other preventive diseases.
4. To overcome resistance during Polio vaccination rounds.

Criteria for selection of camp area

1. Polio High Risk District, underserved and low in resources.
2. An area known to have low coverage of routine immunization service.
3. Districts/Towns/UC's known for migrant, nomadic and transit settlements.
4. Problem area with large number of refusals resisting against polio immunization.

Preparation

1. Selection of area jointly with Government EPI department and/or global partners.
2. Make a budget based on estimated number of patients expected to serve.
3. Meeting with political, religious, social leaders and community based organizations, associate departments, school teachers, community centres, madrassahs etc to ensure required arrangements including venue.
4. Coordinate with Government health authorities to issue and deliver proper orders to medical officers and Para-medical staff to serve at the camp. Routine immunization service must be ensured.



Responsibility Sharing

Govt. Health Department

- a. Doctors - at least 2 male + 1 female physician
- b. Para-medical staff - pharmacist, assistants
- c. Vaccines + vaccinators for RI.
- d. Medicines available with health department

UNICEF

Social mobilization support.

Local supporters

Volunteers for crowd management and create favorable atmosphere.

Rotary

- a. Doctors - if not provided by Government.
- b. Rotarian volunteers to manage the camp.
- c. Manager Registration counters.
- d. Provide medicines
- e. Arrange required infrastructure - tent, chairs, etc.
- f. Provide drinking water, tea and refreshment to the Medical Teams
- g. Provide transport to medical team, if required.
- h. Manage high visibility of Polio eradication program displaying & distributing IEC material.
- i. Collect relevant information of the beneficiaries
- j. Ensure press coverage involving media (print / electronic)
- k. Recognize local leaders for their outstanding support.

Budget Cost for each Health Camp must not exceed Rs. 25,000.00

Achievements

**Community satisfaction and no resistance for OPV.
Rotary's efforts in polio eradication recognized.**

Approval Form (A)

FOR PRIOR APPROVAL



Rotary Health Camp

Rotarians are requested to please fill the Rotary Health Camp - Approval Form A. Submit to **Pakistan PolioPlus Committee** office, 91 Shahrah-e-Iran, Clifton, Karachi 75600, for immediate action and approval.

Date _____

Name of Rotarian (In block letters) _____

Name of Club _____

Address _____

eMail: _____ Tel: _____ Cell # _____

Location of Health Camp (District / Union Council) _____

Date for holding Health Camp (date/month/year) _____

Approximate population of community _____

Camp duration (time) _____ From _____ To _____

Camp will be held in: (tick (✓) one of the below) _____

- Community Centre
- Clinic
- Basic Health Unit
- School
- Others (please specify) _____

Approved by

Aziz Memon
National Chair
Pakistan PolioPlus Committee

Signature of the Applicant

Note: All participants are required to fill forms from B - F for Health Camp reimbursement. Filled forms should be sent to Pakistan National Polio Plus Committee. Reimbursement will take 15 days from receipt of forms.



Approval Form (B)

Documentation & Claim Format for Medical Health Camp

(We need all document & bills in English, if used in other languages please translate the document to avoid delay in payment)

REPORT OF HEALTH CAMP

S. No.	Subject	Details
1	Date	
2	Place of Health Camp	
3	Name of Host Club	
4	R. I. District No.	
5	No. of Rotarians Involved	
6	Name of Partner organization(s) involved	
7	Name of Government Depts. involved	
8	Name of Chief Guest (if applicable)	
9	Total patients enrolled	
10	Unused medicine value Rs. (attach)	
11	No. of Children Immunized for polio	
12	Attach brief report of the benefit of the camp to the Community	
13	Any special remarks	

For extra details please use additional page(s)

Approval Form (C)



EXPENSE REPORT

S. No.	Nature of Expenses	Amount (PKR)
1	Medicines (cost)	
2	Tents / Booth, chairs and table	
3	Printing and Stationery	
4	Volunteers Expenses *	
5	Travel expenses of Doctors & Others	
6	Refreshment expenses of Doctors & Others	
7	Publicity Expenses (Banner, mike, etc.)	
8	Other Expenses	
	Total Expenditure	

**Please fill details in form 'E'
For extra details please use additional page(s)*

Amount in words _____

Signature _____

Name _____

Designation _____

Approval Form (D)



DETAIL OF DOCTORS

S. No.	Name	Specialty	Address	Contact No.
1				
2				
3				
4				
5				
6				
7				
8				

For extra details please use additional page(s)

Approval Form (E)



VOLUNTEER EXPENSES

S. No.	Name	Address	Contact No.	Amount Paid	Signature
1					
2					
3					
4					
5					
6					
7					
8					
	Total Expenditure				

For extra details please use additional page(s)

Approval Form (F)

Details of Patient enrolled during Registration



DETAIL OF PATIENTS

S. No.	Name	Age	Male/Female	Contact No.
1				
2				
3				
4				
5				
6				

For extra details please use additional page(s)

Note:

1. Photographs of Health Camp.
2. Photographs of doctors with patients.
3. Original bills and vouchers supporting expenses incurred.
4. Prior approval from the National Chair, if the amount is above the designated amount.
5. Valid reason if the amount of expenditure exceeds Rs. 25,000.

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GOOD-BYE POLIO...
Thank You Rotary!

PolioPlus



Rotary International

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