

IMPACT INDIA FOUNDATION



A MANUAL ON THE LIFELINE EXPRESS

“JEEVAN REKHA”





CONTENTS

<u>Topic</u>	<u>Page</u>
❧ Foreword	4
❧ Introduction	5
❧ Acknowledgements	6
❧ What Is the Lifeline Express?	
<i>Impact India and the Lifeline Express</i>	7
<i>Lifeline Express - The Basic Concept</i>	8
<i>Lifeline Express as a Community Health Project</i>	9
<i>Lifeline Express as a Public Relations Endeavour</i>	10
❧ Physical Layout and Staffing Pattern	
<i>Physical Layout</i>	11
<i>Compartments</i>	12
<i>Staff</i>	14
❧ Preparations before entering the site	
<i>Terms of Contract between Impact and Collaborator</i>	15
<i>Setting up a Team at the Collector's Level</i>	16
<i>Selection of Venue</i>	16
<i>Planning</i>	17
<i>Preparation of Budget</i>	18
<i>Preparation of Publicity Material</i>	21



<u>Topic</u>	<u>Page</u>
☞ Pre programme preparations: Local Level and at Site	
<i>Railways</i>	25
<i>Cooperation from Local Government Officials & Volunteer Organisations</i>	27
<i>Preparation of Site</i>	29
<i>Transport</i>	32
<i>Audio Systems</i>	33
<i>Travel and Living Arrangements</i>	33
<i>Accommodation and Food for Patients Checklist - Precamp Preparations</i>	33
☞ A Diagnostic and surgical Programme for the Orthopaedic, Visually and Hearing Disabled, Cleft Lip and Post Burn Contractures	
<i>Publicity and Promotion</i>	36
<i>Designating Spokesmen</i>	39
<i>Screening Patients at Local Level</i>	39
<i>Briefing Medical Coordinators / Leaders</i>	44
<i>Guidelines for sequence of Handicaps handles</i>	47
<i>Checklist</i>	48
<i>Involvement of Volunteers</i>	49
<i>Functioning of the Programme</i>	50
<i>Typical Daily Tasks at Site</i>	52



<u>Topic</u>	<u>Page</u>
<i>Record Keeping</i>	52
<i>Distributing Certificates of Appreciation</i>	55
<i>Collaborators</i>	55
<i>Impact</i>	55
<i>Farewell Function</i>	55
❧ Conclusion	55
❧ Appendix	56



FOREWORD

The LIFELINE EXPRESS of IMPACT India is a revolutionary concept in the medical field. This well-equipped Hospital-On-Wheels reaches those parts of India where medical facilities are scarce and provides much-needed sophisticated medical care, free of cost. The Rajiv Gandhi Foundation has been proud to have collaborated with IMPACT India in bringing these services to the less privileged.

In this venture where experts from medical and technical fields have pooled their talents and resources, there is a need for proper information systems. The "User's Manual" is helpful in evolving an information system where the entire data is at one's fingertips.

The "User's Manual" is comprehensive, covering every aspect of information regarding the project. At the same time, it is simple, clear and direct. It is a laudable effort, which could help in strengthening the organization of LIFELINE EXPRESS projects. I hope that this Manual will be put to maximum use so that the services of the LIFELINE EXPRESS can be made more effective, besides providing a fund of information to the experts involved in this noble task.

Sonia Gandhi



INTRODUCTION

It has been an exciting journey since the LIFELINE EXPRESS was first launched on July 16, 1991. a venture which started as a response to the urgent needs of the handicapped in remote inaccessible areas, has now attracted national and international attention. This Manual is for organisations and individuals who wish to know how the LIFELINE concept is translated into reality.

The purpose of the Manual is three-fold: It is a detailed guide to conducting a LIFELINE EXPRESS programme. It also serves as a guide for consultation in order to replicate the LIFELINE projects within India and in other countries. For students, journalists and researchers, the Manual may serve as a useful reference document.

A Manual for a field-based organization and project must be only a guide, not an instructor, for field realities vary in each situation. Flexibility and adaptation to local conditions are the hallmark of all LIFELINE EXPRESS programmes.

Finally, the Manual is not meant to record only what is being done, but to indicate what can be done by a project such as the LIFELINE EXPRESS. While based on the LIFELINE EXPRESS experiences this Manual will, we hope, assist many other similarly oriented efforts.

IMPACT is committed to sharing its experience and to assist others in setting up similar projects. Equally, IMPACT expects to learn from national and International organizations.

The LIFELINE EXPRESS commenced its adventurous journey with three coaches on 16th July 1991. Subsequently, one more coach was added, making the LIFELINE EXPRESS a complete hospital with testing facilities and an auditorium for training of local Doctors.

A.H. Tobaccowala
Chairman



ACKNOWLEDGEMENTS

The Manual is the result of the collective efforts of IMPACT India Foundation's staff, associates and friends.

We thank the Indian Railways, Ministry of Health and the Ministry of Social Welfare for their cooperation.

The CEO of IMPACT India Foundation, Mrs. Zelma Lazarus and the Consultant, Special Projects, Mr. Ashok Kumar, have provided the overall guidance for the preparation of the Manual.

Special thanks are due to Lt. Col. K.C.P. Singh, Consultant Hospital Administrator and the LIFELINE EXPRESS staff for their cheerful co-operation.

We thank Mrs. Neelam Kshirsagar, National Coordinator, and Ms. Aditi Bhattacharya, Corporate and Creative Communicator, for updating the Manual.



CHAPTER 1 WHAT IS THE LIFELINE EXPRESS?

I IMPACT INDIA AND LIFELINE EXPRESS

IMPACT is an International initiative, which brings together the resources of the United Nations, the Governments of participating countries and private enterprise. India was chosen to be the site of the global launch of IMPACT and accordingly, in 1984, the IMPACT India Foundation was registered as a Charitable Trust.

The LIFELINE EXPRESS is based on a simple concept of bringing free medical facilities and surgical interventions to the underserved communities of the Indian sub-continent by utilizing the 70,000 kms of Indian rail track. Interestingly, it was none other than Pandit Jawaharlal Nehru who first had the vision to use the vast network of Indian Railways to reach essential services to remote rural areas of India.

With the initiative of the late Sir John Wilson, President, IMPACT Worldwide, and IMPACT India, the cooperation of the Indian Government, particularly the Railways and Health Ministry, International and national welfare organizations, corporate houses and individual experts, the LIFELINE EXPRESS was launched on 16th July 1991.

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The LIFELINE EXPRESS / JEEVAN REKHA - the world's first hospital-on-rails



II LIFELINE EXPRESS: THE BASIC CONCEPT

If disabled persons cannot reach a hospital, then the hospital should reach them. The seed of an idea - so powerful and yet so simple - has taken shape as the World's first Hospital-On-Rails. Attracting worldwide attention, the "LIFELINE EXPRESS" or "JEEVAN REKHA" never fails to evoke a positive response in all who are associated with it. India's awesome railway network consists of more than 70,000 kilometres of rail track over which ply nearly 11,000 train routes with 7,000 sidings.

This is where lies the awe-inspiring potential of bringing vital health services to the remotest corners of the country. The LIFELINE EXPRESS consists of four railway coaches, equipped with sophisticated medical and surgical facilities, as well as training centre for Doctors, which are attached to the train, to travel to far away villages. At a selected destination, it is parked at a railway siding for a period of 30 days. It provides on-the-spot diagnostic, medical and surgical treatment completely free of charge to those with polio affected disabilities, hearing and visual handicaps as well as post burn contractures, cleft lips and palates. Each programme presents a gigantic and complex exercise in planning, meticulous coordination and action by various bodies. Typically the following bodies are involved:

- The Sponsor which may be an Indian Business House, Foundation, Institution, or the State / Central Government.
- The Government's Ministry of Health & Family Welfare, Social Welfare, and through them, the various local, State and Central Government agencies working in the rural areas.
- The Indian Railways, for coordinating the movement of the LIFELINE EXPRESS, parking facilities at sidings along with provision for water, electricity, and levelling of the siding.
- NGO's to take care of the minute local details at the site, create awareness about the LIFELINE EXPRESS as well as mobilize volunteers.
- Medical and Para-medical professionals, who provide their services and expertise on a voluntary basis.
- The mass media to help create public awareness.
- And finally, the beneficiaries for whom this entire exercise is targeted.

The organization which coordinates this effort, virtually the nerve center of the entire operation, is IMPACT, an International Initiative Against Avoidable Disablement, promoted by the UNDP, UNICEF, WHO, in association with the Government of each participating country. As a result of the effectiveness and massive outreach of this



project, the LIFELINE EXPRESS has been replicated in Central Africa and China, the latter has two hospital trains and three more are planned. Bangladesh has replicated the concept into a Riverboat hospital, because of the geographical structure of the land.

III LIFELINE EXPRESS AS A COMMUNITY HEALTH PROJECT

The services available on the LIFELINE EXPRESS are: -

Restoration of movement to polio affected persons and others with similar deformities by surgical interventions and provision of callipers.

- Restoration of sight through cataract operations, Intra Ocular Lens implants and providing suitable spectacles.
- Identifying refractive errors, through Auto Refractometer. Diagnosis and provision of medication for eye ailments through the Slit Lamp.
- Ear Surgery
- Counselling, guidance and referral services.
- Restoration of mobility in limbs through post burn contracture surgeries.
- Cleft surgeries.
- Follow-up of Patients' progress arrangements with local authorities.
- Training local Doctors as well as updating local surgeons with the latest surgical technologies in a specially constructed training centre on the fourth coach.
- Computerised Patients Records & Management System

By ensuring access to such services for the needy in the poor remote areas, the LIFELINE EXPRESS not only renders a much-needed service but also emphasizes the demand for this crucial input among the local government and voluntary health authorities of the area who are involved in all aspects of the programme, and are encouraged to provide follow-up services after the LIFELINE EXPRESS has departed. It leaves behind much greater awareness and a better motivated administration for the handicapped. It serves a similar purpose among the voluntary agencies and the general population. And last but not the least, it creates awareness about this easily replicable project.

At the macro level too, the LIFELINE EXPRESS creates awareness and motivation for the cause of the handicapped across a wide cross section, since various agencies, particularly the Government, business houses, voluntary organizations and individual volunteers, are involved in each programme. The extensive media coverage which the LIFELINE EXPRESS invariably generates also aids this process and consequently, the impact generated is beyond the medical services provided by each individual LIFELINE EXPRESS project. IMPACT India and its LIFELINE EXPRESS are committed to combat the appalling loss of productive life and economic potential of the disabled.



IV LIFELINE EXPRESS AS A PUBLIC RELATIONS ENDEAVOUR

While the LIFELINE EXPRESS is mainly identified as a community health project, and rightly so, it must be emphasized that the project has another equally important facet. It is an exercise in public relations by the corporate sector.

LIFELINE projects are conducted in collaboration with a corporate or other partner. The corporate Collaborator and IMPACT India share a joint responsibility not only financially, but also every aspect of the organizational function at the project. This is because IMPACT India demands from every Collaborator complete commitment, not only for the duration of the project but also for follow-up. In real terms, this translates into weeks of planning, coordination, and action, including liaison with various agencies and follow up.

Inevitably, the corporate Collaborator stands to gain tangibly in terms of public relations, as they are seen by the media and society to be fulfilling a much needed health requirement of the rural masses.

In this regard, Public Relations may be quantified, as:

1. The Collaborators are identified as organizations which care, and are concerned not only with profits but also social responsibilities. The philanthropic side of the corporate Collaborator image is portrayed effectively.
2. A related gain is that such a programme can achieve tremendous goodwill among specific audiences identifies by the Collaborators.
3. Much liaison is required for a programme, which is actively conducted by the Collaborators. This helps develop and nurture contacts, both at the local and State levels.
4. Publicity and promotion being a vital part of the project, helps corporate Collaborators to interact with the media. Each programme has been exhaustively covered by regional, national and even International publications like Newsweek, Span, London Times, etc., as well as T.V. documentaries by CNN, B.B.C, MVC Paris, Japanese News-Tokyo, ARD, ZDF-Germany to name a few.
5. The hands-on participation by employees of corporate Collaborators has numerous gains - working as a team to make the programme a success creates a team spirit, which lasts well beyond the programme. Such a venture arouses feelings of participation, sense of pride and sensitivity to social issues, among the corporate employees, which mere donations cannot hope to arouse.
6. The programme leaves behind a better motivated administration and greater involvement of the voluntary and private sectors.



CHAPTER 2 PHYSICAL LAYOUT AND STAFFING PATTERN

It is often difficult to envisage a Hospital-On-Rails without having seen it. It is important to detail the structure of the LIFELINE EXPRESS and the functioning of its staff, not only to demonstrate its capabilities to undertake the medical tasks it seeks to fulfil, but also to provide a complete guide to those who would like to replicate this project.

I PHYSICAL LAYOUT

Four old railway coaches leased by the Indian Railways, were completely redesigned and restored by engineering and medical consultants and re-furnished into a fully functional, air-conditioned hospital, equipped with all modern, medical and surgical facilities. Indian Railways willingly came forward with both men and material. The staff of the Central Railway Workshop at Matunga, Bombay, enthusiastically refitted the coaches and transformed them into a rail-worthy train once again, with a gaily painted exterior.

There are two entry/exit doors from the front and the rear of the train. The commonly used door is from the rear, with the front entry/exit being reserved for Patients.

The Utilities coach at the rear end is equipped with two powerful Diesel Generating Sets (125 KVA and 440 V each). Each set is capable of meeting the total requirement of power on the train and the project site. Provision however is also made to connect the train to an external power supply source.

This coach also contains:

- Non air-conditioned living accommodation for the train staff consisting of 12 berths.
- Toilets for the train staff.
- Well equipped kitchen.
- A cabinet where L.P.G. cylinders are stored.
- A guard room as required by Railway regulations.



II COMPARTMENTS

2nd Coach

The second coach has the following compartments:

- A changing room for Doctors prior to surgery
- A rest room for surgeons and para-medical staff between surgeries.
- Residential accommodation, if the need arises.

The third compartment is used as a store for all medicines, surgical equipment and instruments, when not in use.

Beyond the store is a door, which leads into the sterilising room. It consists of two Autoclaves of three-drum capacity. Each Autoclave can sterilise all equipment, linen and instruments required for surgery.

In addition, the central coach has two toilets that are connected to an external sanitation system for the use of Doctors.

3rd coach

The Operation Theatre lies in the next coach, which is the heart of LIFELINE EXPRESS. It consists of the following:

- The scrub room and a Changing Room.
- The Operation Theatre, which is fully equipped to conduct three operations simultaneously.
- Pre-Post operative ward where Patients are received prior to the surgery & after surgery. The Patients recuperate here until the effect of anaesthesia is worn out. This ward has six berths and is equipped to deal with post-operative emergencies.

In addition, this coach has a toilet, space for storage of gas cylinders and a stretcher bag.



4th Coach

The LIFELINE EXPRESS has recently acquired a fourth coach which serves the dual purpose of a diagnostic centre as well as training centre for Doctors, surgeons and health workers. The salient features of this coach are:

- An auditorium that can seat upto 50 people. This auditorium also has 16 folding beds and can be converted into a temporary ward in case of an emergency.
- Cubicles of the following:
 1. An audiometric diagnostic
 2. An X-ray
 3. A pathological laboratory.

□



The operation theatre on the world's first Hospital-on-Rails



III STAFF

The LIFELINE EXPRESS is one of IMPACT India Foundation's major projects. The headquarters staff at Bombay offers administrative and other support to the Lifeline Express.

Impact India employs separate staff for the Lifeline express.

- The National Medical Coordinator reports on all medical matters to the Chairman. The job profile includes liaison with future Collaborators, liaison with the Railways at all stages and coordination with the Central & State Governments, sponsors and local voluntary agencies.
- The Chief Administrator who travels on the Lifeline Express, administers the day-to-day activities of the project and its staff, and interacts with Collaborators on a daily basis at site. In addition the incumbent is required to stock, check and procure essential items whenever the need arises and is responsible for daily accounts and registers.

Apart from the senior functionaries, the LIFELINE also has three **Operation Theatre Assistants**. Their job is to prepare the Operation Theatre with equipment for surgery and assist the surgeons during the surgery.

The **Orthotist** who makes nylon callipers for polio Patients at the camp; a **Maintenance Mechanic** to ensure maintenance of the air-conditioner, generator and sterilizer, a **Computer Operator** to computerise Patient's records; a **Cook** for the train staff, Doctors and visitors, whose job also includes purchase of provisions and to maintain kitchen expense accounts; and a **Driver** for the vehicle attached to LLE. These staff members are essential for the train project.

Each of the staff responsibilities translate into scores of tasks at the project site, with the result that each staff member has become a multi-functionary.

It may be noticed that there is no medical functionaries. This is because all medical functionaries required at the project site are volunteers. Detailed information on this is provided in the next chapter.



CHAPTER 3 PREPARATIONS BEFORE ENTERING THE SITE

When a project is conducted at a location, it is the culmination of weeks of effort. The pre-project preparations are at two levels: before entering the site, and at the site.

This chapter describes the initial preparations before the preparatory team reaches the project site.

1. TERMS OF CONTRACT BETWEEN IMPACT AND COLLABORATOR

At the very onset, the senior IMPACT personnel meet the senior management of the potential Collaborator - the initial approach may be from either side. At the first meeting an overview about IMPACT India, the LIFELINE EXPRESS and the role of a Collaborator are explained. If the management agrees to be a Collaborator, a formal letter of contract is given to the Collaborator by IMPACT (Details in Appendix II). This letter lists in detail the respective areas of responsibilities to be shared between IMPACT India and the Collaborator. To briefly recapitulate the terms of the contract, the Collaborator, with IMPACT's guidance arranges for: -

- Medical Personnel
- Communications Aids. (Designs for poster, banners and Patients' forms)
- Volunteers
- Drugs and medicines arranged by IMPACT India but paid by the Collaborator
- Vehicles for use at site area
- Guest House facilities for medical and para-medical staff / IMPACT personnel in close proximity to the project's site
- Food for indoor Patients, guardians and Doctors
- Temporary wards, Out Patient Department, Calliper Workshop
- Callipers, hearing aids and spectacles (Arranged by IMPACT but paid for by the Collaborators)
- Follow-up

Representatives of the Collaborator are required to be present at the initial meeting since they will have to participate in all the pre-programme activities and throughout the duration of the project. The Collaborator is also expected to ensure the follow-up of the Patients operated for one year after the programme. IMPACT provides a fully equipped and staffed Hospital-On-Rails. The partner organises the programme with support from IMPACT India.



II SETTING UP A TEAM AT THE COLLABORATOR LEVEL

At this point, the Collaborator may find it useful to set up a team from amongst its own personnel. Usually, Collaborators prefer to involve the Public Relations Department and the Welfare Officer (if any) with an 'overall-in-charge' who is usually a General Manager/ Senior Manager.

It would be useful for the Collaborator to assign a minimum of two persons to assist the person who is in overall charge of the project for the day-to-day activities. Duties can be divided, functions can be interchanged and continuity ensured in case one is absent. Normally, one person from the corporate Collaborator's head office, and one from the regional office closest to the campsite, is delegated. These two comprise the "permanent" team till the end of the project and are usually Managers or Senior Executives. (It is useful to have the same senior personnel in the team throughout to avoid the confusion and facilitate quick decision-making). From time to time, the two-member team is supported by others from the corporate Collaborator's staff for publicity, promotion, etc.

The basic team must also comprise the Collaborator's National Medical Coordinator. He will be in charge of:

- Arranging or organising as well as briefing voluntary Doctors.
- Coordinating voluntary Doctors.
- Act as a liaison for all the medical aspects of the camp.

The composition of the team is left entirely to the Collaborator, in consultation with the National Medical Coordinator of IMPACT India.

III SELECTION OF THE VENUE

During the initial discussions, the venue of the programme is discussed and finalised by the Collaborator. The site is usually a rural setting of the Collaborator's choice. Normally, once the region is decided upon, the actual location is selected keeping in mind the following:

- Accessibility by road for the beneficiaries.
- A railway siding to park the LIFELINE EXPRESS (Broad gauge)
- Accessibility to the local Primary Health Centre.
- Proximity of some schools, playground or Railway sheds to convert into wards, calliper workshop, etc.
- Availability of a Collaborator's Doctor near the project site.



This may mean short-listing more than one potential location, after a field visit by the Collaborator and IMPACT representatives.

IV PLANNING

Planning would involve two aspects:

- 1) Programme Schedule (Macro planning)
- 2) Taluka Schedule (Micro-planning)

1. Preparation of Schedules

- a) Selection of talukas to be covered: Generally, the surrounding talukas are targeted for publicity and scheduling of the Patients' visits from these areas. **The selection of the number of talukas to be covered by the programme is done by the Collaborator, bearing in mind that an overwhelming response is usually generated by the publicity. This results in large number of Patients coming from beyond the selected talukas.**
- b) The PHCs / Cottage Hospitals, Anganwadis / play schools and other NGOs in the area are identified.
- c) An estimate of the population in the area and the expected number of disabled persons in the four categories is made.

2. Preparing an overall schedule and a taluka schedule

These schedules are announced to the local authorities before the programme. (Details in next chapter). The Programme Schedule and the Taluka Schedule are extremely important and widely distributed to local authorities. All posters, Banners & Handbills should include the Taluka Schedule. It is initiated at least 15 days before the date of inauguration of the programme.



Programme Schedule (Guideline)

PREPARATION OF SITE	TWO WEEKS BEFORE INAUGURATION (D - 14)
ARRIVAL OF TRAIN AT SITE	ONE WEEK BEFORE INAUGURATION (D - 7)
INAUGURATION PROGRAMME	DATE (D)
ORTHOPAEDIC DISABILITIES	SUNDAYS (D+6)
BREAK	ONE DAY (D+7)
OPHTHALMIC DISABILITIES	TEN DAYS (D+17)
BREAK	ONE DAY (D+18)
PLASTIC SURGERY	SIX DAYS (D+24)
BREAK	ONE DAY (D+25)
HEARING DISABILITIES	FOUR DAYS (D+29)
CLOSING CEREMONY	ONE DAY (D+30)
DEPARTURE OF THE TRAIN	DATE (D+31)

V PREPARATION OF BUDGET

The Collaborator needs to plan a budget, for which broad estimates are provided by IMPACT. The major heads of expenditure for the Collaborator would be:-

i. Accommodation of Patients :

This includes tents for

- 1) Ward , and
- 2) Toilets,

or buildings (if available), with furniture for Out-Patients, bedding for Patients.



ii. **Food:**

Food arrangements for Patients, guardians, volunteers and para-medical staff need to be arranged. Generally, a local caterer is given the contact. It must be remembered that a number of possibilities are to be considered, such as:

- A varying number of people are at the project.
- A set menu that needs to be indicated.
- Various arrangements like shamiana (tent), water, electricity etc., that have to be finalised.

As a guideline for preparing the budget, and entering into a contract for food, the terms and conditions of a sample contract with a caterer for the camp at X Y Z station is attached. (Appendix III).

iii. **Water:**

About 4,000 litres per day is required. This can be arranged with the assistance of the railway authorities in advance.

iv. **Electricity:**

This can also be arranged with the railway authorities.

v. **Diesel for generators:**

About 200 litres, thereafter as and when required.

vi. **Aids and medicines:**

Aids include

- Spectacles for operated cases to be arranged.
- Hearing aids, which are arranged and procured by IMPACT and paid for by the Collaborator. However, in certain situations hearing aids can be arranged from Ali Jung Institute, Mumbai. The Institute gives these hearing aids free of cost to the poor (for which income certificate is required).
- Material for making callipers (if required). Ready-made metallic callipers are arranged through renowned institutions. These are purchased from private suppliers by IMPACT. Bills are submitted to the Collaborator.



The quantity of all aids required is determined by the turnover of Patients Health Centre.

In order to avail of Government aid for callipers, a form needs to be completed and sent to the Artificial Limbs Manufacturing Corporation of India by the Collaborator. For this, an Income Certificate is required.

As far as medicines are concerned, IMPACT has prepared a list of medicines required, based on its experience in the past programmes. These can be modified according to the opinion of the consulting Doctors at the particular project. The Collaborator can either buy these medicines or pay for them. **It is important to provide for adequate funds for food, aids and medicines as these directly affect the beneficiaries' perception of the quality of the programme and resultant good will and reputation.**

vii. **Transportation:**

At least two vehicles with drivers and fuel are essential during the period of the programme for transportation of Doctors, Interns, para-medical volunteers and Collaborator's staff, etc. An additional vehicle is required for Patients if the ward is located away from the LIFELINE EXPRESS.

Additional vehicles and drivers will be required during the publicity stage.

viii. **Publicity and communications:**

Patients' data forms and publicity materials like hoardings, banners etc. have to be prepared. If preferred, special jingles and cinema slides may be composed and recorded for playing during mobile mass publicity campaigns. (Details later in this chapter). In addition to the loudspeakers, which must be arranged for the publicity campaign, a public announcement system for the programme is useful.

ix. **Accommodation:**

Accommodation for visiting media, Doctors, para-medical staff and Visitors (from Collaborators and IMPACT's head office).

This is inclusive of local transport, food and modest lodgings for fluctuating number, ranging from 20 to 50 people at a time. The lodgings should be near the programme site. (Details of the number of Doctors and other medical staff required, in the next chapter). Volunteers need to be from the local area.

x. **Administration:**

Telecommunications, correspondence besides laundry facilities, sweepers, etc.



xi. **Miscellaneous and contingencies:**

It must be remembered that the cost of publicity depends on the Collaborator's own decisions. The costs of preparing the site and accommodation for all (except Patients and guardians) are related to availability of local facilities. Transport is also a relative cost. It should be noted that IMPACT must plan its own budget as it bears an equal expenditure for each programme.

The expenditure by IMPACT is as below :-

- Salaries of the LIFELINE staff.
- Food and welfare of the LIFELINE staff.
- Travel of staff.
- Surgical equipment and instruments, linen and theatre wear for Operation Theatre.
- Repairs and maintenance.
 - 1) Vehicles.
 - 2) Generator sets.
 - 3) Equipments.
 - 4) Diesel and Oil for Generator sets.
- Maintenance of coaches: Payment to Railways by IMPACT.
- Insurance.
- Administration.

VI PREPARATION OF PUBLICITY AND COMMUNICATIONS MATERIAL:

The Collaborator prepares the following material prior to the commencement of the programme.

Publicity material:

This includes separate **banners** for inauguration and for publicity; **posters** giving key information about the programme; dates on which Patients of different talukas must report to the train; and **handbills** similar in text and layout to the posters. **Flags** giving such information may also be prepared. The reverse side of the handbill may be used to



print information about the Collaborator. Except for the banners at the site, all banners and handbills are in the local language. (Appendix IV).

Since public announcements are made on the loudspeakers, the Collaborator arranges for about five sets of publicity teams, each with a vehicle (jeeps are ideal for rural areas), a loudspeaker and at least two persons to make announcements, address meetings and distribute handbills. If preferred by the Collaborator, jingles may be composed and recorded for this purpose. Needless to add, this activity must be included in the budget.



Assessing curvature of cornea by a Keratometer on the LIFELINE EXPRESS

Rubber stamp: A small stamp to register names / logos of Collaborator and LIFELINE could be used on all documents.

Jingles: Specially composed and recorded for publicity and **Cinema slides** for screening in rural and semi-urban theatres, slides giving relevant information could be distributed to local cinema in the area to be shown with other advertisements before the main movie, are two optional additional sources for publicity. These must be budgeted for in the publicity and communication package.



Forms for use at the programme: The following forms are required at site. Designs / copy material are provided by IMPACT, to be reproduced in bulk by the Collaborator.

- i. **Registration and assessment forms:** The format of the assessment form is given in Appendix V. These forms are retained at the rural Primary Health Centre (PHC) by the Doctors at the LIFELINE EXPRESS project and later handed over to the District Health Officer and then to the Programme organisers. These assessment forms can be in English on one side and the local language on the reverse. The Patients are given registration cards which contain details about the Patient and dates when they must report to the train depending upon the Taluka they come from. These assessment forms are given to the Patients at the Primary Health Centre. The Patients must be instructed to bring their registration cards to the OPD area at the train site.
- ii. **Meal Card:** To be issued to Patients who are admitted for treatment, this card entitles them and their guardian to three meals a day. The card serves a dual purpose - it discourages gatecrashers and helps the Collaborator to monitor the number of meals served (Appendix VI).
- iii. **Entry Pass:** This is for the use of the guardian who stays with the Patients at the train site. It gives the name of guardian, Patient and duration of stay.
- iv. **Volunteers Badge:**

This is marked VOLUNTEER with the full name and the duty of the volunteer and should be stamped by the issuing officer. All volunteers, helpers, casual workers and visitors like media persons, Collaborators, guests, etc. are issued these badges (Appendix VIII).
- v. **Consent form:**

This is used as a Declaration of Consent in the local language stating that the Patient has been explained and understands the procedures of the surgery prescribed and has given his consent to it. These forms can be made into a separate booklet, and then stapled to the registration forms for those Patients who undergo surgery (Appendix IX).
- vi. **Prescription/ Scribble pad:**

Small pads of 50 pages each, for the use by Doctors at the OPD, or the supervisor at the indoor ward, etc. (Appendix X).



vii. **Discharge Card:**

When the Patient is discharged after surgery/treatment or on receipt of appliances, a discharge card is given. This card can be carried by the Patient as a record. It will be invaluable for any follow-up required, and should therefore preferably be in a transparent plastic cover to ensure longer life (Appendix XI).

viii. **Certification for Doctors or/and overseas volunteers:**

An ornamental certificate on thick paper is given to the Doctors who participate in the programme, as a token of appreciation for their voluntary service.

ix. **Certification of appreciation:**

A similar certificate is issued, to the volunteers by Collaborators, if so desired.

x. **Questionnaire:**

This is to be completed by surgeon.

xi. **Operation Register**



CHAPTER 4

PRE-PROGRAMME PREPARATIONS: LOCAL LEVEL AND AT SITE

The second level of preparation for a LIFELINE EXPRESS project is at the local level and at the train site. It must be emphasized that preparations are related to facilities available, which may vary at different sites. The major areas of preparation are presented as for a typical medical programme. The preparations at each level need not necessarily be carried out in the order listed. More than one preparatory activity may be launched simultaneously.

I. RAILWAYS

There is a special relationship between the LIFELINE EXPRESS and the Indian Railways. When the idea of LIFELINE EXPRESS as a Hospital-On-Rails was conceptualised by IMPACT India, the Ministry of Railways agreed wholeheartedly to participate in the project and a Memorandum of Understanding between IMPACT India Foundation and the Ministry of Railways, Government of India, was signed. The terms and conditions for remodelling the coaches and future collaboration were clearly enumerated (Appendix XII). The partnership with Indian Railways is vital for smooth operations of this unique hospital train. Briefing of all General Managers of the Railways was carried out during the inception of the project. For a programme at any station, the system works as follows:

- The General Manager of the Zonal Railways is given the venue and dates of the programme at the district level. He informs:
 - i. The Divisional Railway Manager (DRM) who informs:
 - ii. The Head of the Subdivision.
- The local Station Master's support is essential as the entire railway staff in the area is involved.
- The DRM is requested to the local Station Masters to permit:
 - i. Movement of the LIFELINE EXPRESS.
 - ii. Parking of the LIFELINE EXPRESS at the required siding for a specified period.



- iii. Provision of water (about 4000 litres per day) which is paid for by the Collaborator. If the Railways are not able to provide water, the Collaborator has to arrange it from other local sources.
- iv. Provision of electricity, which is paid for by the Collaborator. If not available from Railways it can be obtained from the State Electricity Board or an alternate source. Besides, electricity is also required for the various infrastructure and buildings at the project site.
- v. Sanitation: The Collaborator has to coordinate for provision of: -
 - a) Drainage facilities for the LIFELINE EXPRESS toilets into septic tanks.
 - b) Drainage facilities for ten temporary toilets to be constructed beside the coaches (near the General Wards) for the Patients use.
 - c) One toilet for the staff.
 - d) Drainage facilities for the catering unit.
- vi. Assistance of railway communication system for liaison. Other telecommunications through local source.
- vii. Assistance of railway maintenance set up for technical problems if any, e.g. electrician and fitters for technical problems.
- viii. Permission for preparation of site. The programme is held in the vicinity of a railway siding, as far as possible. A survey of local facilities is generally made before the venue is finalised. Depending on the individual situation, the required permissions from the local Railway authorities could be for:
 - a) Use of covered/open space and erection of tents.
 - b) Use of platform adjoining LIFELINEEXPRESS, construction of temporary/permanent platform/ramp, if not available.
 - c) Cleaning, sometimes even painting, of surroundings.
 - d) Displaying publicity material.
 - e) Parking space for Collaborator's and IMPACT's vehicles. Generally, if permission is sought through the proper channels, there is no problem.



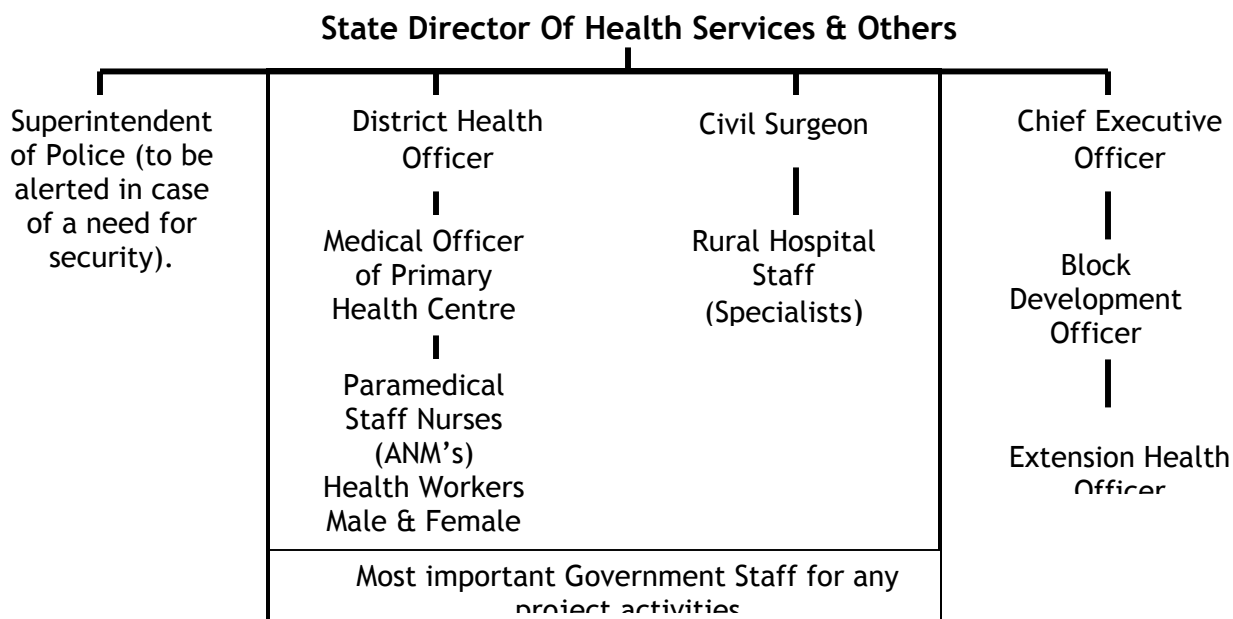
Of course, like any other interaction, it is essential to build a good rapport, with the local Station Master. All these arrangements have to be made the Collaborator's team with IMPACT's guidance.

II. COOPERATION FROM LOCAL GOVERNMENT OFFICIALS AND VOLUNTARY ORGANISATIONS

When IMPACT was established in 1984, a Coordination Committee consisting of all major Ministries was set up. Hence, IMPACT and the LIFELINE EXPRESS are well known at the Government levels. At the local level, a meeting is organised with the local Government and voluntary organisations to obtain their support. A local level beginning is made at the District Collector's level who can be contacted through the State Directorate of Health Service. A letter is issued to the Collector from the State Directorate with a request to contact senior Government officials concerned with health services and administration. The help of the State Government Medical Officer who works under the District Magistrate and Collector is very essential, therefore, cooperation of District Collector is important. It is important to note the hierarchy and the branches of Government to be dealt with. **It must always be remembered that the initial screening of the Patients before the programme and the follow up after the programme are the crucial activities which can make or mar the success of the programme, and are conducted wholly by the Government Health infrastructure and officials. Being sensitive and responsive to the Local Government Officials is important.**

Apart from these, the other important group to be contacted is the main local voluntary organization like the Rotary or the Lions Club. **It should be noted that local social organizations generally arrange for Doctors and Interns on a voluntary basis for the entire duration of the programme.**

GOVERNMENT OFFICIALS TO CONTACTED FOR EACH PROJECT:





They in turn, may contact local dignitaries who may arrange for volunteers. For example, the Principal of the College may be invited to encourage the students to become volunteers for the programme as part of their National Service Scheme duty. **Again, it is important to be sensitive and responsive to local dignitaries for their best co-operation.**

- Venue and location of meeting to be decided by mutual convenience.
- Contacts to be made to organise the meeting by Collaborator, in consultation with IMPACT.
- Meeting to be jointly addressed by:
 - I. Representative of Collaborator.
 - II. IMPACT staff: Senior Consultant and Chief Administrator

Agenda of meeting:

- I. Introduction of the LIFELINE EXPRESS.
 - II. Introduction of the Collaborator.
 - III. Short description of programme.
 - IV. Announcement of Programme Schedule and Taluka Schedule.
- Decisions taken at the meeting:
 - i. Screening of the Patients, procedure and schedule:

Initial screening of Patients before sending them to the train is done through the Government machinery. The procedure is explained and a schedule is set up with the District Health Officer, to meet and brief the Primary Health Centre Doctors who will assist specialised surgeons to conduct the screening. (Details of the screenings are in the next chapter).
 - ii. Arrangements for volunteer Doctor teams for the programme:

Normally, Doctors are arranged through a social organisation. They may be Government/private practitioners from the local area. A Leader/Medical Coordinator is organised for each of the three specialities i.e. Orthopaedic, sight and ENT (10 days, for each handicap). He generally organises the teams in shifts lasting for 3-4 days. The team for one shift would ideally comprise:

 - Three senior surgeons.
 - Two surgeons.
 - Two anaesthetists.
 - Six Nurses: 4 for the day and 2 for the night.



- Six ward boys: 4 for the day and 2 for night.
- One dresser.

Most Doctors bring along their own anaesthetist. Briefing of these three Leaders/Medical Coordinators about manpower requirements is usually for them to organise the teams. Normally, only the Medical Coordinator is briefed about the medical details, and he in turn briefs his team. (Details of briefing on medical details is provided in the next chapter).

- iii. Arrangements of Interns/post-graduate students: Normally, about 10 Interns/post-graduate students are required at one time, two each at the indoor ward, OT, OPD and post operative/recovery ward. Two are required for night duty. These are generally arranged with the help of Medical Coordinators from the local medical college(s) for which written permission is sought from the Joint Secretary Department of Health of State Government and addressed to the Dean or directly from the Dean(s) of the medical college(s). This is arranged by the Collaborator.
- iv. Arrangement for volunteers: Volunteers for various responsibilities are key members of the programme and are needed in large numbers at site. (Duties of volunteers and briefing given to them are in the next chapter). At any given time, about 20 volunteers should prefer to arrange volunteer teams from their own staff. Otherwise, volunteers can be arranged by the Collaborator from among local college students through their college Principal (invited at the meeting).

III PREPARATION OF SITE

As the train site has to be prepared before hand, it would involve a number of actions, depending on the facilities already available at the Railway station near the project site.

- Cleaning, levelling and filling of surrounding areas where the train is parked. A coat of paint on the siding premises may also be required. Normally the Collaborator organises a contractor for this purpose.
- Planning and organising the following working areas at or near the train. This requires tents to be erected if adequate railway or other suitable public buildings are not available. If such buildings are available, then permission for the use of the buildings can be negotiated by the Collaborator.



Placards indicating each area should be put up to indicate:

i) **Inquiry booths:** which should be accessible and near the registration area. The booth is equipped with a long table and three chairs for volunteers tending the booth.

ii) **Registration and Waiting space:** An area of about 20 feet by 10 feet with floor covering, if possible, located in a tent would suffice. It should have a long table and three to four chairs for volunteers handling registrations.

iii) **Out Patients Department (OPD) and examination area :** An area of about 30 feet by 20 feet with floor covering in a tent is adequate. It should be equipped with the following: -

- Forms and cards, around 4000 totally, should be available at all times.
- Sufficient quantity of writing stationery.
- Four volunteers for registration. In addition the Collaborator may also provide for a minimum of 20 volunteers and social workers. Two tables and four chairs for the volunteers may also be provided.
- Two volunteers, each at a minimum of two places earmarked for examination of the OPD Patients.

The examining area for Patients should be equipped with:

- Cots according to number of Doctors.
- Two bowls for fresh water, antiseptics and other liquids.
- One side-table along with each couch.
- Chairs - one each for Doctors.

The examining area for surgeons requires:

- 1 table
- 1 chair
- 1 BP apparatus
- 1 Stethoscope
- 2 Bowls for antiseptic solutions and fresh water.
- 1 Towel
- Writing pads
- 2 Ball pens/pencils

The Sight OPD and Hearing OPD require the following:



Sight OPD

- 2 Extension wires
- 2 Ophthalmoscopes
- 4 Head lights
- 2 Vision Charts
- 1 Anaesthetist during operations as stand by
- 1 Nurse
- A Refraction room with a technician and eye testing equipment

Hearing OPD

- 2 Oscopes
- 3 Headlights
- 2 Extension wires
- A place for Audiologists. (It is better to have two Audiologists).
- Two volunteers to assist the Audiologists.
- Ball pens/pencils
- Writing pads.

Separate queues for men and women at the OPD area are maintained by the volunteers. The volunteers would also escort the Patients for further procedures after examination. One or two Interns at this site would remain to guide, reassure and provide information to Patients before they depart.

iv) **Medicine Counter:** A cupboard with a lock for medicines stored inside, a table and one representative of the Collaborator to dispense medicines, are required. This is located close to the General Ward.

v) **Discharge Area:** It should be near the medicine counter where the Patient is examined by Doctors and the discharge-form filled up. This area, which is also located in the General Ward, should have 2 tables and chairs.

vi) **Post operative ward:** This is the largest area which should be able to house 150 Patients and guardians at any time, where Patients have to stay after operation. The requirements here would include: -

- 2 tables and 4 electric plugs.

It is preferable to locate the wards in existing buildings since they are normally equipped with electricity and all necessary plug points. The ward



area should be divided into rooms with floor mats. Patients are asked to bring their own bedding or mattresses. However, straw mats may be provided. Additional accommodation can be provided in case of need by erecting tents. Pedestal fans should be provided unless the project is being conducted during winter.

vii) **Calliper Workshop:** - This is the area where callipers are prepared. It needs:

- A tent or a room divided into two for removal of plasters and fitting of callipers.
- 2 Tables (One working table size 8” x 4” and one table for taking measurement for making callipers.)
- 2 chairs.
- Long tables for Patients to sit / lie on while the plaster is removed and the callipers fitted.

viii) **Catering unit:** A large *shamiana* or built-in accommodation for preparing and serving food, with a water connection, drums to hold water, seating arrangement to eat (maybe tables and chairs) and drainage facilities.

ix) **Sanitation:** Sanitation facilities should include adequate drainage and toilet facilities. (See Appendix XII).

x) **Drinking water.**

xi) **Electrification:**

- All tents can be electrified by a contractor.
- Electrification is essential in all working areas and surroundings.
- All the arrangements are to be made by the Collaborator’s team.

IV TRANSPORT

During the programme, two vehicles with drivers are needed from the Collaborator’s side: one bus or van for transporting large number of people like batches of Doctors and Interns along with one light vehicle, e.g. a jeep, to be constantly available at the project site.

(Vehicles for project publicity in the surrounding areas are separate from these and are discussed in the next chapter).

An ambulance with driver can be arranged to transport operated Patients if the post-operative ward is too far away from the surgical units of the LIFELINE EXPRESS.



V AUDIO SYSTEM

A public announcement system is invaluable at the site, (apart from its utility for the inauguration) and should be arranged by the Collaborator.

VI TRAVEL AND LIVING ARRANGEMENTS FOR MEDICAL STAFF, VISITORS, MEDIA AND VOLUNTEERS

The living arrangements including lodging and food, for a variety of people, must be arranged by the Collaborator. Accommodation on a modest scale to be arranged for:

- Doctors / Nurses / Interns / Ward boys.
- Visitors from the Collaborator and IMPACT Head Office.
- Media.

A company guest house / rented and furnished rooms with baths are to be arranged.

The total number of such people at site could range from 20 to 50. If accommodation can be arranged near the project site it would save on additional vehicles needed for carrying people to and from the site.

All long distance travel is to be arranged well in advance. It helps if bookings are delegated to one person from the Collaborator's team. Travel and living arrangements are to be provided by the Collaborator.

VII ACCOMMODATION AND FOOD FOR PATIENTS CHECKLIST: PRECAMP PREPARATION AT LOCAL AND PROGRAMME LEVELS.

Please note: Preparations are related to local conditions. Activities need not follow the same order as given below.

i) Railways

Permission for:

- Movement of LIFELINE to station
- Parking of the LIFELINE
- Provision of water.
- Provision of electricity.
- Sanitation
- Use of Railway communication system for liaison with Railways.



- Use of Railway maintenance set up.
- Preparation of programme site.

To be arranged by Collaborator team in consultation with Chief Administrator / Senior Consultant.

ii) Cooperation from local government, voluntary organisations, at a high level meeting.

- Venue and location of meeting.
- Contacts to set up meeting
- Meeting to be jointly addressed.
- Agenda of meeting.
- Decisions to be taken at the meeting.
- Screening of Patients: procedure and schedule including setting up meeting with PHC Doctors.
- Finalising the Taluka Schedule.
- Arranging Doctors who volunteer their services.
- Arranging Interns.
- Arranging volunteers.

All these to be arranged by the Collaborator in consultation with Administrator / Senior Consultant.

iii) Preparation for programme site:

- Cleaning, leveling and painting if necessary, of surrounding areas.
- Planning and organising following working places at nearby buildings or tents: -
 - i. Inquiry booth
 - ii. Registration and waiting space.
 - iii. Out Patients Department (OPD)
 - iv. Medicine Counter
 - v. Discharge Area
 - vi. Post Operative Ward
 - vii. Calliper Workshop Area
 - viii. Catering Unit
 - ix. Toilets
 - x. Drinking Water
 - xi. Immunization booth
 - xii. Electrification



Cleaning, levelling, painting and setting up of tents can be done by a contractor, to be arranged by the Collaborator's team, in consultation with the Chief Administrator / Senior Consultant.

- Transport:
 - i. One bus and one light vehicle with drivers to be arranged by the Collaborator. (Vehicle required for publicity is separate).
 - ii. One vehicle and ambulance with a driver should be available.

- Sound System:

For use at site for publicity

- Travel (long distance and local), and living arrangement for medical staff, visitors and volunteers.

The number of persons may range from 20 to 50. Modest lodgings to be arranged in hotel / company guesthouse / furnished rooms with bath, near the train site. To be arranged and paid for by Collaborator.

- Accommodation (in ward) and food (through contractor)



CHAPTER 5

A DIAGNOSTIC AND SURGICAL PROGRAMME FOR THE ORTHOPAEDIC, VISUALLY AND HEARING DISABLED.

Our project at XYZ station is scheduled for inauguration but the first phase of programme activities has already been completed before inauguration.

The two major activities which have already been conducted, both simultaneously, are Publicity and Screening.

I PUBLICITY AND PROMOTION

This is done at two levels: -

i. **By arranging for press coverage of the project:**

At the head office of IMAPCT and the Collaborator, for International and National coverage.

At the local level by arranging for regional press coverage.

ii. The second level is a **publicity campaign at the local level where the programme** is conducted.

To inform people about the programme

To create a demand so that people can avail of services offered.

iii. **The media used for publicity are:** -

Print media (through newspaper coverage).

Extensive announcements through loudspeakers (here, the messages are the same as the contents of the handbills). Jingles may also be used.

Distribution of handbills in the local language.

Display of banners, posters and flags (carrying the same message).

While the Collaborator would have already prepared all materials before commencing the Programme, he could also plan for use of jingles and cinema slides.



We must re-emphasize that the level of publicity should be proportionate to the capabilities of the Collaborators of the programme to meet the demand for medical services created by the publicity. Generally, there is an excellent response in terms of the number of referred Patients.

The number of talukas to be covered should also be decided upon keeping this factor in mind.

- iv. **The schedule** of the publicity campaign is planned before hand. Generally it is 10 - 15 days before the inauguration.
- v. **The arrangement of publicity teams** by the Collaborator is essential. This would consist of at least five teams, each equipped with a vehicle and a driver, a public address system (loudspeaker), handbills, posters, banners, flags and any other material. There should be at least two persons, besides the driver, for each vehicle.
- vi. **Publicity / rural propaganda:** Since the talukas to be covered are decided upon before, they are divided for coverage between the five teams, equipped and allotted areas, depending on the geographical locations and population of the talukas. Thus, for our camps at XYZ station, the teams could be divided.

DIVISION OF AREAS FOR PUBLICITY TEAMS

District A	Taluka 1 Taluka 2 (both near each other with small population)	Publicity Team I
District B	Taluka 3	Publicity Team II
District C	Taluka 4 Taluka 5 (farthest and largest population)	Publicity Team III Publicity Team IV Publicity Team V

It is essential to allot one team per taluka. The division of areas to be covered for rural propaganda is dependent on the field conditions and availability of vehicles and manpower.

Each part of the allotted area is covered by a publicity team travelling by a vehicle.



Please note:

- Announcements are made in the local language at public gatherings like market days, schools, etc.
- The Government Primary Health Centre is visited and Doctors and other staff are contacted.
- Handbills are distributed extensively.
- Wherever appropriate, posters, banners and flags are displayed.

As a rule, the farthest areas are covered first.

vii) Publicity through the Government channels: It must be remembered that since the Government Health Officers are involved, they ensure that information is disseminated through official bulletins and even separately designed handbills, through their infrastructure, which includes health centres, schools, offices, training centres, etc.

viii) Publicity through voluntary and social organisation: This works in a similar fashion, but here it may be more by direct verbal communication with small groups.

ix) Publicity through word of mouth: The largest volume of publicity is through sheer word of mouth. This happens when officials and others associated with the train's functioning, talk about it. More importantly, the rural grapevine works better than modern telecommunications and is so efficient that Patients come from as far away as other States.

x) LIFELINE EXPRESS creates its own publicity: The gaily-coloured train is a centre of local attraction and creates its own publicity. Organisers must be prepared to cope with different groups of local visitors wanting to know about the programme and to see the train. They may be local Doctors, officials, families, organisations, schools or just residents of the area.



II DESIGNATING SPOKESMEN

Normally, the two permanent members of the Collaborator's team along with the Train Administrator from IMPACT are the spokesmen at the site. Press and visitors may also be addressed by the visiting IMPACT staff like Director, Chief Administrator, Senior Consultant, National Coordinator and Communications Officer. **On no account should detailed briefing be handled by any other person, to avoid misinformation or disseminating of partial information.** However, the media and visitors are free to meet and interview anyone at the site. The restriction is only to enable correct information to be disseminated.

III SCREENING OF PATIENTS AT LOCAL LEVEL (BEFORE PATIENTS COME TO THE TRAIN)

It may be recalled that the Senior Government Officers, namely, the District Health Officer and the Civil Surgeon, are contacted at an initial meeting and their cooperation is solicited for screening of Patients.

The following steps are taken before screening:

i) **Briefing the Primary Health Centre Medical Officers.**

In rural India, the Government has established one Primary Health Centre for every 30,000 people, which has one or two Medical Officers (MO) who are qualified Doctors. When the publicity takes place, the Patients are asked to go to the nearest Primary Health Centre. Here, the Medical Officers conduct the initial screening of Patients to identify eligible cases, which can be handled at the project site. Before this process is initiated, a meeting is arranged by the District Health Officer (contacted at the initial meeting with officials), where all the medical officers of the Primary Health Centre in the talukas to be covered are invited. **A briefing is conducted by a representative of IMPACT, generally the Chief Administrator; or by the Medical Officer of the Collaborator, if so desired by the Collaborator.**

The health workers under the Primary Health Centre's Medical Officer are generally briefed by the MO at the Primary Health Centre. If desired by the District Health Officer / Medical Officers, the Health Workers and Auxiliary Nurse Midwives (ANM's) can also be briefed by the organisers.



The contents of the briefing for PHC Medical Officers are as follows:

Role of Primary Health Centre Doctors and Village Health Workers

To identify surgery cases for:

Cataracts: Patients should be healthy and capable of withstanding an operation.

- Conduct clinical examination
- Check for diabetes.
- Check for High Blood Pressure
- Check for other chronic ailments

Deafness: of the middle ear sclerosis type only -

- No running ears.
- No running noses.
- No tonsillar problems

Check with Tuning fork 512 frequency for conductive deafness only. Patient hears better with the tuning fork on his mastoid than by the side of his ear. Normally, deaf mutes from birth cannot be helped by an operation alone.

Polio Deformities: Children under 14 with gross deformities at the hip, knee and ankle or foot levels are not suitable for surgery.

Pre-operative preparation: during the week before the programme starts:

- Clinical examination for medical fitness.
- Complete blood count.
- Blood and urine sugar for older Patients.
- Injection Tetanus Toxoid 1/2ml is given to cases considered for surgery.

Cleft Lip Surgery:

Pre-operative preparation: during the week before the programme starts:

- Clinical examination for medical fitness.
- Complete blood count.
- Blood and urine sugar for older Patients.
- Injection Tetanus Toxoid 1/2ml is given to cases considered for surgery.

In all cases: It is important to advise the Patients not to expect miracles. Otherwise, all and sundry, crowd around the train with high expectations.



Broadly speaking:

Polio: Approximately 10% of all polio cases screened have been found suitable for surgery on the train with another 30% suitable for callipers alone. It is necessary that Health Centre Doctors should identify these 40% Patients rather than send all 100% to the train.

Eye: About 40% to 50% adults with visual disorders are suitable for cataract surgery.

Deafness: Only about 5% of those tested are found suitable for the "Stapedectomy" operation with immediate restoration of hearing on the operation table.

Another 5% to 10% could be helped with hearing aids but hearing aids are expensive, involve a certain level of intellectual ability to handle them, service them and use them regularly. Hearing aids are provided to those who will return to productive vocation, occupation or education. All Patients should not be promised hearing aids.

Briefing of Medical Officers (MOs) may require a number of sessions, at least one meeting per taluka / district, is essential. **Briefing of MOs must take place at least one month before the camp.** Arrangement of these meetings is done through the District Health Officer by the Collaborator. The IMPACT staff involved at this stage is generally the Chief Administrator.



Cleft Lip and Burn Contractures: Cleft lip with or without cleft palate can be repaired on the LIFELINE EXPRESS.

BEFORE SURGERY



CLEFT SURGERY ON LIFELINE EXPRESS HAS TRANSFORMED DOOTIKA'S LIFE

AFTER SURGERY





Surgery for post Burn Contractures will be limited to minor contractures only, which may give relief to movements of joint affected.

ii) The forms to be used for screening are distributed to Medical Officers.

These are: -

Registration and Assessment Forms: To be filled by the surgeons at the Primary Health Centre. The assessment forms include Orthopaedic, Ophthalmic, Hearing deficiencies and Plastic Surgery.

Orthopaedic Registration Card: To be completed by the Medical Officer to register eligible Orthopaedic cases (Appendix XIV).

Ophthalmic Registration Card: To be completed by the Medical Officer to register eligible Ophthalmic cases (Appendix XV).

Hearing Registration Card: To be completed by the Medical Officer to register eligible, hearing disability Patients (Appendix XVI).

All Registration cards are handed over to the respective Patients.

iii) Each PHC is visited during the publicity campaign and MOs are re-briefed.

The Taluka Schedule must definitely be given to the Medical Officers to ensure that they enter the right dates for Patients to report to the train.

iv) Levels of Screening : Having completed the preparatory steps, screening is then conducted. The two stages of screening (to be also clearly conveyed to DHO and MOs) are: -

Stage A: Patients goes to the Primary Health Centre after obtaining information from:

Publicity campaign, or

Referred to Primary Health Centre by Nurses (ANMs) and health workers of the Primary Health Centre.



Stage B: After preliminary examination of the Patient, the MO fills the Registration form.

Those who are thought to be eligible, based on the criteria given after briefing, are examined thoroughly by a surgeon, brought from the nearest city by the Collaborator, assisted by the PHC para medical staff and the respective assessment form is completed by the MO. At this stage, the Patient receives pre-operative testing. The Registration forms and the Assessment forms are retained by the MO. The Patient is given a registration card, with details of the date on which to report to the train. This is done in order to avoid needless crowding at the site.

IV BRIEFING OF MEDICAL COORDINATORS/LEADERS

At the initial meeting, usually some contact is established with persons / organisation who will arrange for the Doctors. A medical coordinator / leader for each speciality, who should be available throughout the period of the particular surgery, is selected for each team. Generally, they are to be briefed at one or more meetings, and will, in turn, take care of the briefing for other members of the medical team i.e. Doctors, Interns / Nurses, ward boys, post graduates, medical students, etc., and also allot their duties to them. It is important to inform the participating medical team about the corporate Collaborator, IMPACT India and the LIFELINE EXPRESS. Some medical guidelines have been developed for each speciality, which must be communicated to the Medical Coordinator.

Guidelines for Medical Coordinators:



Patient treated on the LIFELINE EXPRESS

- 1) Polio: It is possible to use all 3 tables simultaneously in the Operation Theatre for polio-Anaesthesia machines and all the required amenities are available.

The team should consist of:

- 4 Surgeons.
- 3 Anaesthetists,
- 4 Theatre Nurses,
- 3 Ward Boys
- 10 Interns
- 1 Lab Technician,
- 3 Fitters
- 1 barber to remove hair.



Period of stay: One Doctor should stay back till all Patients have been discharged.

Follow-up: 3 weeks after surgery all Patients should be attended to over a 2 day period for removal of plasters, sutures and fittings of callipers under the supervision of 1 or 2 Senior Consultants.

Measuring and fitting of callipers should start from the first day itself and continue daily till all Patients have been fitted. **All selected for operation should be measured for callipers prior to surgery. Follow-up is provided to Patients who require it. It is conducted at nearby clinics / Hospitals by the Collaborators.**



A Voluntary Doctor performing Audiometry on a Patient at the site.

II) **Ear Surgery** (Stapedectomy)

Team

- 2 Senior surgeons
- 3 Assistants
- Anaesthetist
- Theatre Nurses
- Ward boys
- Audiologist
- Lab. Technician
- 1 Barber to remove hair.

Period of stay: Each team should spend 3 full days at the camp for maximum efficiency with at least one team staying for the remaining four of the 10 day programme.



Follow-up: A week, after the last day of the programme, should be set aside for follow-up of all operated cases for e.g. like removal of sutures and pack if used.

Hearing Aids: To be given to the deserving cases.

Audiometry: To commence from the first day of ear surgeries.

III) **Cleft lip:** Three surgeon with three assistants and there anaesthetist 4 theatre sisters & 1 lab assistant to stay 4-5 days. Adequate amount of am. to be arranged including peadratition ends torch tube.

IV) **Cataract Surgery:** It is possible to operate on all 3 operation tables simultaneously.

Team:

- 3 Ophthalmic Surgeons
- 3 Assistants
- 1 Anaesthetist
- 4 Theatre Nurses
- 3 Ward boys
- 1 Lab. Technician



A Cataract surgery being performed on the LIFELINE EXPRESS.



Period of stay: Each team should stay for 3 full days with one team staying for all days in a period of 10 days. 2 Doctors should remain for 2 days still all Patients have been discharged.

Spectacles can be given at the time of discharge.

Intra-ocular lens implants is the method of choices in as many cases as is possible.

Medicines are standardised to facilitate availability and uniformity.

Antibiotics - Oral Cephalexines.

Antibiotic eye drops - Betnesol H eye drops; Neosporin eye ointment.

Pre-operative preparation: (As directed by the Ophthalmologist). Local anesthesia block on train. 2% Liganocaine (with Marcaine supplement or Adrenaline).

Pre-operative treatment: Eye drops

V GUIDELINES FOR SEQUENCE OF THE HANDICAPS HANDLED

In our camp at XYZ station, we saw that the sequence of handicaps handled are:

Orthopaedic	- 6 days
One day rest	
Cataract	- 10 days
One day rest	
Ear surgeries	- 4 days
One day rest	
Plastic surgeries	- 6 days



The Orthopaedic surgeries are always the first. This is to allow enough time to carry out follow-up activities for polio Patients after surgery. Rest days are used to attend to pending cases when there are no fresh registrations. This is also the time for replenishing stock, checking arrangements, and giving a break to the full-time workers like the Collaborator team, and the LIFELINE staff.

VI CHECKLIST

PHASE ONE OF THE PROGRAMME: Before Inauguration

1. PUBLICITY AND PROMOTION

- Press coverage
- Publicity campaign
- Media used for publicity
- Schedule of publicity campaign
- Arrangement of publicity teams.
- Method of conducting rural propaganda.
- Publicity through government channel.
- Publicity through voluntary and social organizations.
- Publicity through word of mouth.

2. DESIGNATING SPOKESMEN / SPOKEPERSONS

3. SCREENING OF PATIENTS AT LOCAL LEVEL

(Before Patients come to site)

- Briefing Primary Health Centre (PHC), Medical Officers (MOs).
- The forms to be given to Medical Officers.
- Each PHC revisited during publicity.
- Levels of screening.
 - i. Health Workers level.
 - ii. Medical Officer level.
 - iii. Rural Hospital's Specialists level (optional)

4. BRIEFING OF MEDICAL COORDINATORS / LEADERS.

5. SEQUENCE OF HANDICAPS HANDLED.

6. PROCESS OF WORK FOR IMMUNIZATION.



PHASE TWO OF PROGRAMME: Inauguration Onwards

The inauguration is generally a simple ceremony in the presence of officials from the Collaborator's head office, IMPACT head office and local dignitaries. It is recommended that officials listed in the Chart on page 23, and voluntary organizations should be invited. Normally a Chief Guest is identified to inaugurate the programme.

VII INVOLVEMENT OF VOLUNTEERS

Volunteers are needed in large numbers, if the programme is to run smoothly. At least 10 are required at a time.

1. Briefing of volunteers (non-medical).

(By Impact & Collaborators representatives).

The following points may be covered:

- i. About the corporate Collaborator, IMPACT and the LIFELINE EXPRESS.
- ii. Activities at the programme.
- iii. The schedule.
- iv. Criteria of Patient's eligibility.
- v. Counseling skills and health education to answer the Patient's queries.
- vi. Recording skill for various paper work.
- vii. Importance of volunteers.

2. Duties of volunteers (non-medical).

The following may be the broad duties of volunteers.

- i. Crowd control.
- ii. Guiding and escorting Patients
- iii. Giving information to Patients
- iv. Registration of Patients
- v. Assist medical team at OPD, Wards, Calliper Unit, etc.
- vi. Pre-operative preparations (like cutting hair) and carrying / escorting after operation.
- vii. Procuring stocks and medicines, if needed.
- viii. Look after accommodation and meals of Patients.
- ix. Assist in smooth administration of the programme.

Volunteers are arranged by Collaborators and are briefed at work, allotted daily by the Collaborator's team / Chief Administrator.



VIII FUNCTIONING OF THE PROGRAMME

If the identification and treatment of a polio Patient, whom we shall call Ramu, is followed through, what would we observe ?

Ramu would have known of the programme through the pre-project publicity.

He would have already been through the screening process and reached the train. Typically, the average distance he would cover and the expenditure for travel that he would incur would be much lower than for his previous treatment at other centres. On an average, a Patient could have travelled upto 45 kms., and spent upto Rs.50/- to reach the train; whereas for other treatment, he would have travelled an average distance of 85 kms., and spent upto Rs.2, 000/- on travel, fees, medicines, etc. This is the amount spent by Ramu alone, his escort / guardian would have spent some more.

Surprisingly, if Ramu were asked for his reasons for seeking treatment from LIFELINE EXPRESS, the fact that the treatment is free of cost, the facilities for operations and aids available, would be cited. However, the major reasons quoted by about 80% of Patients, would be that he, and all other Patients who have come, expect to be given proper treatment as the train has all facilities for providing advanced medical treatment. This is the major aim of LIFELINE EXPRESS - to reach those handicapped who do not have access to such treatment. (All figures quoted are from an evaluation study of an earlier camp at Bihar, conducted by Operations Research Group - ORG).

Perhaps Ramu's guardian would go to the enquiry counter for directions, who would be directed / escorted to the registration area. Here, he would submit his registration card to the volunteers and his details are entered in the register. His assessment form would be attached to his registration card. The volunteers would do all this. Ramu would then be directed to wait in the queue for males in the OPD. He would be screened by the Doctors and either be accepted for further treatment or rejected.

If rejected Ramu may be given: -

- Medicines if needed.
- Referred to a nearby public / private hospital.
- Guidance and health education by Doctor / Intern.
- If he has travelled a long distance and cannot leave the same day, he will get a place to sleep.
- Although free food is given, only if he is accepted, if the Collaborator agrees, Patients may be offered at least a subsidised meal even if not accepted for treatment, provided they have arrived at the venue at night or from long distances and cannot return at once when rejected.



Ramu may be found suitable only for callipers, without a corrective operation in which case, his measurements would be taken and he would have to return to have them fitted.

If Ramu is accepted for operation, he will be sent for pre-operative preparations like haircut, etc. It must be remembered that his tests have already been done at the PHC level. If the necessary tests have not been done at the PHC level then it should be done at the camp by the Laboratory Technicians. He may be sent to the medicine counter for pre-operative medication and be offered **medical guidance** and counselling. He or his guardian will sign the **consent form**.(Appendix IX)

Ramu then waits outside the train's Operation Theatre (OT) and is taken to the **pre-operative ward** on the train before being sedated.

When his operation is scheduled, he is carried into the Operation Theatre. A senior surgeon along with a team, operates on him after which he is carried back to the recovery ward adjoining the OT on the train. The Patient is next carried / transported to the Post-operative Ward outside the train which has floor covering and mattresses, where his guardian attends to him. This will be his residence for the next five days. In the case of Ophthalmic and Hearing operation, the stay before discharge is five days and about three days respectively.

Meanwhile, his guardian, being given an entry pass and a meal card receives meals regularly at the catering unit. Toilets and drinking water are available.

Ramu is checked by Doctors and Nurses and given all medication, until found fit for discharge. Now a discharge card is half filled by a Doctor with available information and handed to him, with instructions to return for follow-up.

After follow-up (details later in this chapter), Ramu will be given:

- His completed discharge card.
- Guidance and information.
- Plan, PHC/Hospital name where follow up will be done.

If asked whether satisfied with treatment, Ramu would probably agree (as per evaluation study cited earlier). While Ramu was being treated, around him, at least 100 Patients at a time would be simultaneously going through various stages of treatment.

The IMPACT staff involved at this stage is the Train Administrator.



IX TYPICAL DAILY TASKS AT SITE FOR ORGANISERS

A number of activities are to be organised on a daily basis during Phase Two of the camp. Some of the important functions are:

- Morning and Night Rounds in Wards (by medical team).
- One Doctor required for night duty.
- Medication of Patients (by medical team).
- Daily cleaning of site and of the train (requiring at least four sweepers, paid by Collaborator).
- Laundry of OT linen (by two washer men paid by the Collaborator).
- Monitoring of pre-operative and post-operative care of Patients (by Train Administrator and Collaborator team).
- Briefing and allocation of duties to volunteers (by Collaborator's team).
- Stock checking and replenishing stock of medicines (by train Administrator and his staff), if medicine is supplied by IMPACT, otherwise Collaborator.
- Liaising with Doctors and medical team (by Train Administrator and Collaborator team).
- Meals for Doctors, Interns, visitors (prepared and served at LIFELINE) during lunch time.
- Liaising with visitors including media (by Train Administrator and Collaborator team).

X RECORD KEEPING

In such a complex field setting dealing with numerous agencies, keeping of records is imperative.

Ideally, there should be a brief weekly / bi-weekly report to both head offices (Collaborator and IMPACT). A Representative of the Collaborator's team and the Chief Administrator should jointly sign the report.



Other records to be maintained and persons to maintain them are:

RECORD REGISTERS

<u>TYPE OF REGISTERS</u>	<u>TO BE MAINTAINED BY</u>
Out Patients Department	} Wards
Wards	
Operations	} Interns / Doctors (Notes)
Anaesthetist	
Callipers	Orthotist
Audiologists	Audiologist & Volunteers
Glasses	Volunteers
Hearing Aids	Audiologists
Medicine Stock	Train Administrator (If medicine is supplied by IMPACT, otherwise by the Collaborator)
Travel and Transport Accounts (Local)	For own vehicles by Collaborator team and LIFELINE staff
Total cases in each category	Medical Coordinator/Hospital Administrator
Follow-up cases to be given to sponsor and PHC level Doctors	Medical Coordinator/ Hospital Administrator
Collaborator's expenditure	Actuals by Collaborator's team. Medical Coordinator, Hospital Administrator to keep rough check and suggest ways to reduce expenditure
LIFELINE's expenditure	Administrator



CHECKLIST:

PHASE TWO: INAUGURATION ONWARDS

- **Involvement Of Volunteers**
 - i. Briefing of volunteers
 - ii. Duties of volunteers
- **Functioning Of The Programme**
- **Ten Typical Daily Tasks At Camp For Organisers**
- **Record Keeping**

PHASE THREE: FOLLOW-UP

Follow-up of the four disabilities is done:

- i. During the project period - at site, and
 - ii. After the project period - at pre-determined hospital / PHC.
- **Follow-Up At Site**
 - i. **Polio**

For non-operative cases after screening, they are sent to orthotists to be measured for callipers. They need to make one follow-up visit, roughly after 10 days to collect their callipers. For operative cases, they are called after three weeks or six weeks.
 - **Follow-Up After The Programme**

A list of all Patients requiring follow-up is prepared by LIFELINE staff and given to

 - i. Collaborators and
 - ii. Medical Officers (who conducted the surgery) through the DHO.



It is the responsibility of the Collaborator to give the follow-up service for about two years to the Orthopaedic Patients. Fixed dates and locations can be set where the Patient can receive -

- i. Adjustment of Callipers
- ii. Cataract cares (6/8 weeks after surgery)
- iii. Hearing disabilities (6/8 weeks after surgery)
- iv. Cleft lip
- v. Physiotherapy

PHASE FOUR : WINDING UP

XI DISTRIBUTING CERTIFICATES OF APPRECIATION TO VOLUNTARY DOCTORS AND VOLUNTEERS

XII COLLABORATORS

- Settle accounts with contractors, etc.
- Stock checking
- Information / Documentation exchanged with LIFELINE staff.

XIII IMPACT

- Settle Railways bill at Railway Headquarters level after collecting locally, statements for daily detention charges and usage of electricity and water.
- Settle Railway bills at local level for haulage charges.
- Inventory and restocking of LIFELINE.

IX FINAL MEETING BETWEEN COLLABORATOR'S TEAM AND IMPACT STAFF: A FAREWELL FUNCTION

CONCLUSION:

The LIFELINE Project is not just project but a unique concept in combating preventable disability, virtually at the doorsteps of the Patients. It aims to reach out and change the lives of the disabled, not only at the programme site, but involve various segments such as the Government, voluntary agencies, voluntary medical and paramedical professionals, and above all, the corporate sector, in the fight against disability on an on-going basis. By far, the biggest gain to the disabled is the tremendous awareness and goodwill generated for their cause, among ordinary people.

In the final analysis, the programme at the project site is only a link towards creating an overall atmosphere of care and concern for the disabled.



APPENDIX I Physical Layout of the train

UTILITIES

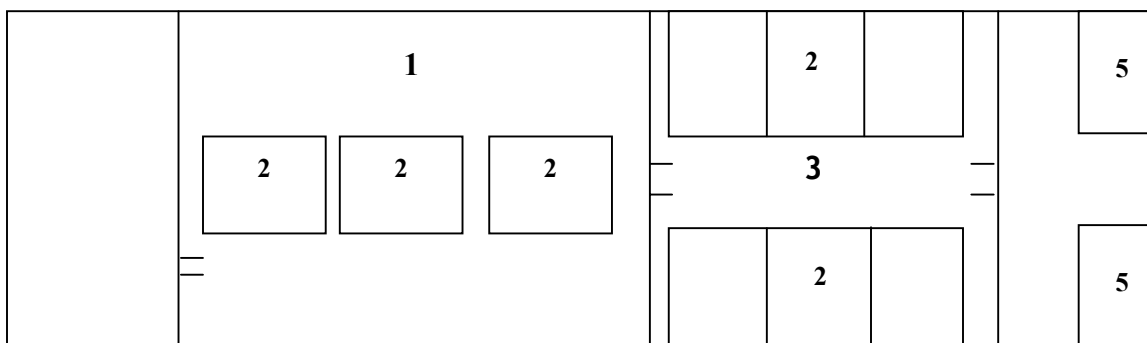
STERILIZATION ROOM	1	ADMINISTRATOR'S RESIDENCE	4
UTILITY ROOM/LOUNGE	2	STORE	5
OFFICE	3	TOILET	6



21337 OVERBODY = 21.3 MTS. X 3.24 MTS (70FT. X 10-6 FT)

OPERATION THEATRE & LYING IN AREA

OPERATION THEATRE	1	LIE-IN BERTHS	4
OPERATING TABLES	2	TOILET	5
RECOVERY ROOM	3		

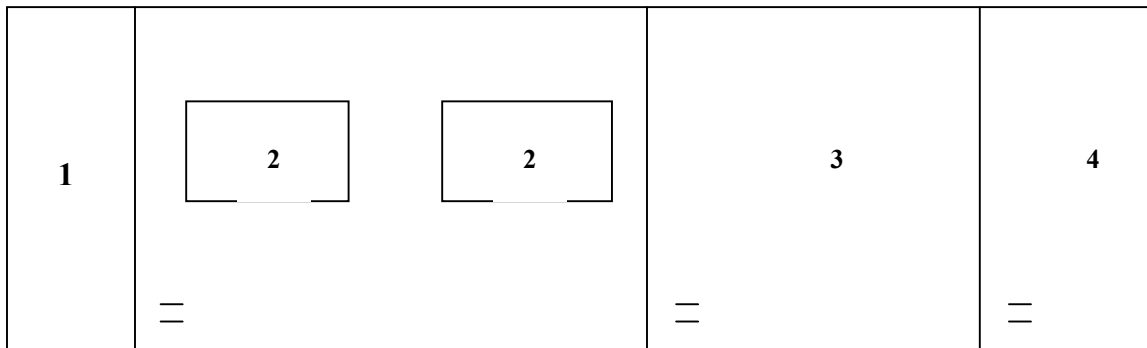


N.B. NOT TO SCALE



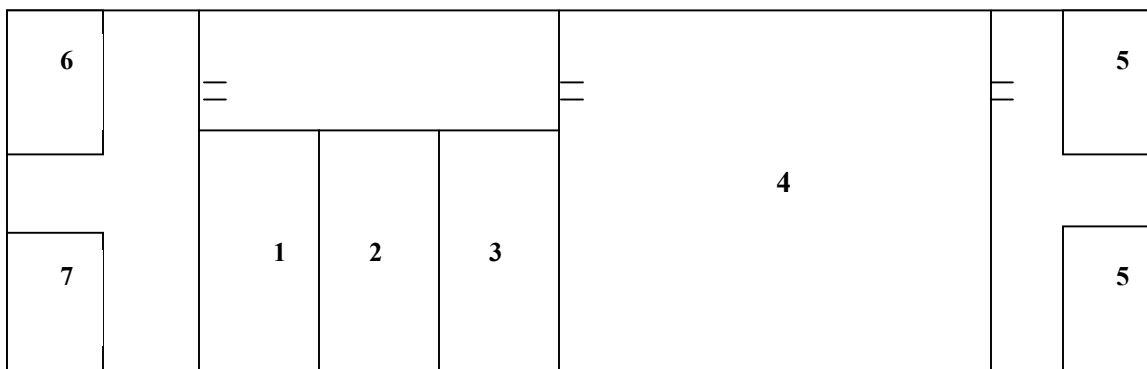
SERVICE COACH

- | | | | |
|------------|---|-------------------------|---|
| GUARD ROOM | 1 | ACCOMMODATION FOR STAFF | 3 |
| GEN SET | 2 | KITCHEN | 4 |



AUDITORIUM

- | | | | |
|---------------------|---|-----------|---|
| LABORATORY | 1 | TOILET | 5 |
| X-RAY ROOM | 2 | DARK ROOM | 6 |
| DIAGNOSTIC ROOM | 3 | STORE | 7 |
| AUDITORIUM CUM WARD | 4 | | |



N.B. NOT TO SCALE



APPENDIX II PROTOTYPE OF CONTRACT LETTER

Dear Sir,

Sub: The LIFELINE EXPRESS at XYZ station.

Thank you for agreeing to collaborate with IMPACT India Foundation in organising a Medical Camp through the Hospital Train.

As you are aware, the main aim of our project is to offer medical services in rural areas. We offer on-the-spot diagnostic, medical and surgical treatment for prevention and curative interventions for the handicapped using the entire Indian Railway network, which is the largest in the world. We are in partnership with the Ministry of Railways in this unique project entitled "The LIFELINE EXPRESS" or "JEEVAN REKHA".

Four railway carriages have been converted into a fully air-conditioned mobile hospital. Each carriage is specially equipped and provides diagnostic and surgical facilities for the restoration of sight, movement and hearing, to treat conditions, which could lead to disability, and a training unit for surgeons working in remote areas.

The train will be shunted into a nearby siding where, over a period of six weeks, it will reinforce local health services. The aim of the Foundation will always be to supplement and not to substitute the local activities.

We need the support, cooperation and collaboration of our local partners at the campsite in order to achieve our above-mentioned aims. Now that you have kindly expressed your willingness and agreed to be a partner in the LIFELINE EXPRESS project at _____ we would like to indicate our respective areas of responsibilities.

IMPACT will provide a fully equipped and administered hospital train, with all facilities.

We will provide the designs for posters and banners for the purpose of publicising the camp.

To supplement the existing infrastructure, our collaborating partner may provide the following facilities.

1. **Medical Personnel:** Medical personnel for Orthopaedic, Eye, Ear and Plastic surgeries at the campsite. Each category of surgery is conducted for 10 days respectively i.e. 30 days, and 15 days later for follow-up. Anaesthetists and Interns will be required for specific periods during the camp.



2. **Communication Aids and Personnel:** It would be of advantage if TV's and videos are available to show educational films to the villagers at the camp site, and loudspeakers to communicate in the field. Poster, survey/registration forms, banner, meal coupons are required.
3. **Volunteers:** Volunteers are required for registration of Patients and other duties.
4. **Drugs and Medicines:** A total of approximately 5,000 Patients are served on the train including 250 operations for Orthopaedic, 500 for ophthalmic and 150 for hearing disabilities, for who drugs are required. It should be possible to get donations in kind from Pharmaceutical Industries. **A tentative list of medicines that are usually made available for each project attached as approx.**
5. **Vehicles for use at the site:** About five vehicles are required.
 - a. Ambulances for shifting Patients
 - b. For advance publicity in the villages; and
 - c. To bring the Doctors from the station / living quarters to the campsite.
6. **Guest House facilities:** About 10 rooms near the site are to be made available for staff, volunteers and other guests.
7. **Food:** Food for indoor Patients and guardians who will be staying at the camp site for about six days.
8. **Temporary wards:** The Patients who have been operated upon are kept in a recovery ward i.e. a nearby school building or a dormitory for 5-6 days. About 200 beds / mattresses are to be provided.
9. **Aids:** Callipers, hearing aids, spectacles / lenses are to be provided. Arrangements are made by IMPACT and the cost is borne by the Collaborator.

We would like to ensure that adequate follow-up treatment is provided to the Patients. For this purpose, a list of those operated on the train will be given by us to our local Collaborator and to the Primary Health Centres concerned, for action.

We trust you will agree to these terms and we look forward to working with you for the benefit of those in need.

Yours sincerely,

Sd/-
IMPACT India Foundation



APPENDIX III SAMPLE CONTRACT WITH CATERER

Date: _____

Dear Sir,

Sub: Awarding of Catering Contract for LIFELINE EXPRESS- Catering arrangements from _____ to _____ at XYZ station.

We are pleased to award the catering contract to you on the following terms and conditions.

1. Duration of LIFELINE EXPRESS catering arrangements will be from _____. If there is any extension, the same will be intimated to you well in advance.
2. You will be required to make the catering arrangements at the XYZ station.
3. The number of persons availing the facility will be specified a week prior to the commencing of the project. You will, however, be informed about the exact requirement on the previous evening by us. Apart from the number of persons given in the enclosed list, you will also be required to make catering arrangements for 20 to 50 volunteers, paramedical staff and others.
4. You will provide the following menu: -

MORNING BREAKFAST OR AS PER LOCAL HABITS:

One glass tea, one pau / bread and one piece cake.

LUNCH

Two katoris rice , one katori dal , two katoris bhaji and three chappatis.

EVENING TEA:

One glass tea , two biscuits.

DINNER

Two katoris rice , one katori dal, two katoris bhaji and three chappatis.

5. For the 20 to 50 others, you will provide unlimited lunch and dinner along with morning and evening tea.
6. For the entire menu as provided at item no. 4 you will be paid an all inclusive sum of Rs. ____ /- per head per day.



7. We will only provide place at the XYZ Railway Station with necessary shamiana covering, necessary lighting and water arrangements. All other things have to be borne by you fuel.
8. The Patients have been told to bring their own utensils for meals to be served. For the volunteers you will be required to make the necessary arrangements.
9. In case any Patient or his representative desires to have additional items apart from the fixed items mentioned at column no.4 above, you may charge them your rates.
10. As requested by you, an advance will be paid to you, in the initial stage, which will be cleared subsequently with your bills. You will submit your bills on a weekly basis that will be cleared by us on the 10th day. Please also note that our Representative will certify the number of Patients who have availed the catering facilities and payment will be made only as per this certification.

As required by you, payment will be made through cheques in the name of XYZ payable at bank XYZ.

Kindly sign on the duplicate copy of this letter, in token of acceptance of the contract as per terms and conditions mentioned above.

Thanking you.

Yours faithfully,

Sd/-
XYZ Limited
By its Constituted Attorney

NOTE :-

- Forms are a guideline
- Because of the computerization of the Patients' records, request to follow the forms.
- Request to volunteers to collect the information as per forms.



**APPENDIX IV
PUBLICITY HANDBILL
(to be printed in the regional language)**

LIFELINE EXPRESS

Physical disability and ENT surgeries performed free of charge

Golden Opportunity for the Disabled

LIFELINE is the world's first Hospital-on-Rails, which has all the equipments for screening, treatment and surgeries to be performed free of charge. The schedule for the services are as mentioned below:

Place:	Railway Station
Screening / treatment / surgery	Service available
Polio (Patients up to the age of 15 yrs. Will be given callipers)	Date
Patients having Cataract and Other eye ailments (The Patients operated for Cataract will be given spectacles)	Date
Deafness and other ear ailments (Patients will be provided with hearing aids)	Date

Those who require surgery will have to stay at the campsite for 5 days.

1. Lodging and boarding will be provided to the Patient and one accompanying person only, free of cost.
2. Patient and the accompanying person has to bring his own bedding and plates.
3. Each Patient will be treated as per the above-mentioned schedule only.
4. For any other additional information please inquire with local Primary Health Centres and health workers.

Patients should be accompanied by only one person.



APPENDIX V REGISTRATION FORMAT

JEEVAN REKHA LIFELINE EXPRESS

PATIENT DATA FORM

Impact India

Patient Registration Number: _____

To be filled out by a Primary Health Centre (PHC) Doctor.
Complete one form like this for each potential Lifeline Patient.
Write in the information **Or** circle or tick the correct answer.

INITIAL SCREENING AT PHC

Registration: _____ Patient's Name: _____ Sex: M / F

Age: _____ AgeGroup: A 1-4yrs. B 5-9 yrs. C 10- 14yrs

D 15-19 yrs. E 20-39yrs . F 40-59 yrs. G 60+

Taluka: _____

Number of Children: _____ Brothers: _____ Sisters: _____ Dependents: _____

Treated Before: Yes / No

Sources of Previous Treatment

- Private Physician
- Private Hospital
- Government Hospital
- Camp
- Home Remedy
- Puja

Sources of Publicity Information

- Handbills & Posters
- Loudspeaker
- Newspaper
- TV & Radio
- Sponsor Staff
- Fellow Villagers



JEEVAN REKHA LIFELINE EXPRESS

PATIENT DATA FORM

Impact India

Patient Registration number: _____

To be filled out by a Primary Health Centre (PHC) Doctor
Complete one form like this for each potential Lifeline Patient.
Write in the information or tick the correct answer.

EXAMINATION AT CAMP:

Examination Date: _____

Patient's Name: _____

Diagnosis:

Polio:

Cataract:

Deafness

Plastic
Surgery

Right leg (PRL)

Right eye (CRE)

Right ear (DRE)

Cleft Lip

Left Leg (PLL)

left eye (CLE)

left ear (DLE)

Burn
contracture

both legs (PBL)

both eye (CBE)

both ears (DBE)

Location &
extent

Diagnosis Notes:



**Recommended
TREATMENT: -**

Polio:

Cataract:

Deafness

**Plastic
Surgery**

Surgery (PS)

Surgery (CS)

Surgery (DS)

Repair of Lip

Callipers (PC)

i) Intra Ocular
Lens

Left Ear (DLE)

Excision of
Contracture
with / without
skin grafting

No Treatment
(PN)

ii) Conventional
- Glasses (CG)
- No treatment
(CN)

No Treatment
(DN)

Recommended Treatment Notes:



JEEVAN REKHA LIFELINE EXPRESS

PATIENT DATA FORM

Impact India

Patient Registration Number: ____

To be filled out by a Primary Health Centre (PHC) Doctor.
Complete one form like this for each potential Lifeline Patient.
Write in the information or tick the correct answer.

POST-OPERATION INFORMATION:

Treatment Date:_____

Patient's Name:_____

TREATMENT GIVEN:

Polio:

Cataract:

Deafness

Plastic Surgery

Surgery (PS)

Surgery (CS)

Surgery (DS)

Repair of Lip

Callipers (PC)

i) Intra Ocular Lens

Hearing Aid (DH)

Excision of Contracture & skin grafting

No Treatment (PN)

ii) Conventional - Glasses (CG) - No treatment (CN)

No Treatment (DN)

Post-Operation Notes:

Length of stay in ward (in days): _____

Care required in ward:

Release date: _____ Camp Name : _____ Aids given: -

- Callipers (C)
- Glasses (G)
- Hearing Aid(H)
- Other (O)



**JEEVAN REKHA LIFELINE EXPRESS
FORM**

PATIENT DATA

Impact India

Patient Registration Number: _____

To be filled up by Camp Doctor after treatment is given.
Complete one form like this for each Lifeline Patient.
Write in the information or tick the correct answer.

FOLLOW-UP INFORMATION:

Patient Name: _____

Follow-up done: Yes / No

Follow-up date: _____

By whom - Camp medic (CM)
- PHC Doctor (PD)
- Sponsor medic (SM)
- Other (OT)

Name of medical personnel: _____

Degree of improvement: ___ None (N) / ___ Mild (M)
___ Moderate (O) / ___ Excellent (E)

Success of treatment: Yes / No

Doctor's comments:



LIFELINE EXPRESS
BROUGHT TO XYZ STATION
BY
XYZ LTD.

ORTHOPAEDIC ASSESSMENT FORM

Registration Number: _____

Name of Patient: _____

Examining Doctor: _____ Place: _____

B.P : _____ Temp : _____

Urine Sugar: _____ Bld Sugar: _____

CBS : _____ BT/CT: _____ Hb: _____ TLC: _____

Date of coming to the train on: _____

I COMPLAINTS:

- | | | |
|----|-----------------|-----------------------|
| | Duration: _____ | Duration: _____ |
| a. | Pain: _____ | b. Stiffness: _____ |
| c. | Swelling: _____ | d. Parasthesia: _____ |
| e. | Others: _____ | |

II DESCRIPTION OF DEFORMITY:

III AETIOLOGY:

- | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Congenital | <input type="checkbox"/> Polio | <input type="checkbox"/> Neoplastic | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Traumatic | <input type="checkbox"/> Dystropic | <input type="checkbox"/> Infective | <input type="checkbox"/> Others |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Dorsal | <input type="checkbox"/> Lumbar | |

Region:

Extremities: UL/LL _____ R/L _____

Higher Functions: _____



IV PRESENT MODE OF AMBULATION :

- | | | |
|-----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Stable | <input type="checkbox"/> Callipers | <input type="checkbox"/> Crawling |
| <input type="checkbox"/> Limp | <input type="checkbox"/> With Sticks | <input type="checkbox"/> Others |
| <input type="checkbox"/> Buttocks | <input type="checkbox"/> Crutches | <input type="checkbox"/> Quadruped |

Others: _____

DIAGNOSIS

	<u>LEFT</u>	<u>MUSCLE CHART</u>	<u>RIGHT</u>	NOTES
FOOT AND ANKLE		<u>Gastro Solcus</u>		
		Tibialis Anterior		
		Tibialis Posterior		
		Peronci		
		Flexor Hallucis		
		Extensor Digitarum		
		Longus		
		Extensor Hallucis Longus		
KNEE		Quadriceps		
		Inner Hamstrings		
		Outer Hamstrings		
HIP		Flexion		
		Extension		
		Abduction		
		Abduction		
		Internal Rotation		
		External Rotation		
SHOULDER		Levator Scapulac		
		Trapezins		
		Deltoid		
		Lalissimms Dersi		
		Serr. Ant.		
		Peet Muj		
		Flexer		
		Extensor		



I TREATMENT ADVISED:

Leave alone: _____ Physiotherapy: _____ Appliance: _____

Surgery at Site: _____ Surgery at Civil Hospital: _____

Investigation: _____

Others: _____

II NATURE OF SURGERY RECOMMENDED:

SURGERY DONE:

III NOTES ON FOLLOW-UP: _____

Name: _____ Registration Number: _____

Date: _____

Appliance Required: Full length / Tuber Bearing / Below knee
Spinal Brace / Pelvic Band / Hip Jt. / Knee Jt.
Ankle Jt. Fixed/ Limited Action / Stop / Dorsiflexion

Shoes: R / L Both
Valgus Pads/metatarsal Bar, MT Pad,
Crooked & Elongated
Heels
1/8" 3/8" Raise Outer Border Sole
No Heels / With Heels / Floating Heels.
Compensation
T Straps. Medical Shift border.

DATE OF APPLIANCES: Trial _____ Fitting _____
Final _____ Adjustment _____

Doctor's Signature

Notes:



LIFELINE EXPRESS
BROUGHT TO XYZ STATION
BY XYZ LTD.

PLASTIC SURGERY ASSESSMENT FORM

Registration Number: _____

Name of Patient : _____

Examining Doctor: _____ Place: _____

General Examination: _____

B.P: _____ Temp: _____

Urine Analysis: _____ Alb.Sugar : _____

Blood Counts: _____ Hb : _____ RBC : _____ TLC : _____ BTCT : _____

I COMPLAINTS:

II DESCRIPTION OF DEFORMITY:

III CORRECTION NEEDED:

Doctor's Signature

Notes:



LIFELINE EXPRESS
BROUGHT TO XYZ STATION
BY
XYZ LTD.
AUDIOGRAM

1. NAME: _____ SEX / AGE: _____
REGISTRATION NUMBER: _____
2. ADDRESS: _____ OCCUPATION: _____
3. DIAGNOSIS: _____ DT.OFAUDIOMETRY: _____

-10								-10
0								0
10								10
20								20
30								30
40								40
50								50
60								60
70								70
80								80
90								90
100								100
110								110
120								120

TEST FREQUENCY

AIR X = LEFT EAR
O = RIGHT EAR Rinne Hearing Loss for Speech R L

BONE <= LEFT EAR
>=RIGHT EAR WEBER
Masking Discrimination Score R L

No Response: _____

Audiologists Remarks: _____

Audiometer: _____ Tester: _____

Notes:



LIFELINE EXPRESS
BROUGHT TO XYZ STATION
BY
XYZ LTD

OPHTHALMIC ASSESSMENT FORM

Name: _____ Age: ___ M/F: ___ Registration Number: _____

Complaints 1. _____
2. _____
3. _____

Past History: _____

Eye examination:	Conjunctiva	R.E.	L.E.
	Cornea	_____	_____
	Iris	_____	_____
	Pupil	_____	_____
	Lens	_____	_____
	Sac	_____	_____
	Vision with glasses	_____	_____
	Without glasses	_____	_____
	Tension	_____	_____
	Fungus	_____	_____
	Others	_____	_____

Investigations: Blood Sugar: Hb TC DC
BP: _____

Diagnosis: _____

Treatment: Medical: _____
Surgical: _____ Date of operation: _____

Follow up recommendations:



APPENDIX VI

MEAL CARD

LIFELINE EXPRESS, XYZ Meal Coupon

Name of the Patient: _____

Registration Date: _____

Date: _____ Lunch: _____ Dinner: _____

Note: On losing this card, another card will not be issued.

APPENDIX VII

LIFELINE EXPRESS AT XYZ Entry Coupon

NAME: _____

NAME OF PATIENT: _____

VALID UPTO: _____

CHIEF COORDINATOR



APPENDIX VIII

VOLUNTEER BADGE

LIFELINE EXPRESS, XYZ
VENUE: _____
DATE: _____
NAME: _____
DUTY: _____

VOLUNTEER's SIGNATURE

APPENDIX IX

CONSENT FORM

(to be printed in the regional language)

CONSENT FOR ANAESTHESIA AND OPERATION
I/We hereby give consent for giving anaesthesia for Internal surgery at my / our own risk for the Patient. I/We fully understand the implications of giving anaesthesia and I/We have been made fully aware of the same.
Signature: _____
Name: _____
Relation with the Patient: _____



APPENDIX X Prescription Pad

**LIFELINE EXPRESS
AT
XYZ STATION**

From: _____ to: _____

Patients Name: _____

Rx

Doctor's Signature

APPENDIX XI

**LIFELINE EXPRESS
Discharge Card**

Name: _____

Age: _____ Sex: _____

Regd. No: _____

Address: _____

Nature of Deformity: _____

Nature of Surgery: _____

Date of Surgery: _____

T/t given on: _____

Aids & Appliances: _____

NEXTDATE OF FOLLOW UP: _____

DOCTOR'S SIGNATURE



APPENDIX XII

MEMORANDUM OF UNDERSTANDING BETWEEN THE IMPACT INDIA FOUNDATION AND MINISTRY OF RAILWAYS GOVERNMENT OF INDIA

This agreement entered into on this 21st day of August, 1997 between the Impact India Foundation (IIF), a registered Public Trust under Section 29 of the Public Charitable Trust Act, 1950, having its office at Ravindra Mansion, Dinsha Vachha Road, Mumbai (hereinafter referred to as party of the First Part) and the President of India (hereinafter referred to as party of the Second Part) in place of M.O.U. entered into on 12th October, 1990.

WHEREAS party of the First Part has set up a mobile hospital using three broad gauge coaches for outreach areas offering on-the-spot diagnostic, medical and surgical treatment for prevention and curative interventions to restore sight, mobility and hearing and is proposing to use an additional broad gauge coach to conduct medical tests and training in rural areas of India.

NOW THIS AGREEMENT WITNESSETH: that in consideration of the party of the First Part having set up a mobile hospital facility to impart on the spot diagnostic, medical and surgical treatment for prevention and curative intervention to restore sight, mobility and hearing of persons living in the rural areas and to conduct medical tests and training, the party of the Second Part agree to the proposal on the following terms and conditions: -

COVENANTS OF THE PARTY OF THE FIRST PART

2. The party of the First Part covenants to do the following:
 - i. The projects will be conducted anywhere in India only where broad gauge exists.
 - ii. Impact India Foundation will furnish specifications and other technical details for remodelling of the Fourth Coach, within two months from the date of this Agreement.
 - iii. To bear all cost of such remodelling and refurnishing of rolling stock.
 - iv. Infrastructural arrangements like making approach roads, water supply, electric supply and sanitary arrangements where not available should be arranged by the IIF in consultation with local authorities, Panchayat, etc.



- v. To bear the entire cost of all ancillaries including generating sets, medical equipment and miscellaneous equipments.
- vi. To undertake all social, technical and medical work in running the mobile hospitals.

CONVENANTS OF THE PARTY OF THE SECOND PART

3. Party of the Second Part Covenants to do the following: -
- i. To make available four Broad Gauge AC coaches for use by the party of the First Part for the purpose mentioned in Para - I
 - ii. To prepare estimate of costs of remodelling the Fourth coach within two months of furnishing of the details of remodelling of the coaches by party of the First Part referred to in Para (2) (III) supra of this Agreement. The cost of remodelling would be non-negotiable.
 - iii. Remodelling of the coach shall be started only after the receipt of the full cost and compatible equipment (if any) from the party of the First Part and completed within six months of receipt of such cost.
 - iv. A limited number of permanent staff required for upkeep of costly equipment and issued with Identity Cards by the IIF may remain on board at project sites and when moving from one site to another.
 - v. A revolving deposit of Rs. 1.30 lacs may be kept with the Central Railway to meet contingent expenditure arising on run of the Lifeline Express. These expenses will be adjusted against lump sum deposited which will be replenished to that extent by IIF.
 - vi. To charge as a very special case 50% of the cost of operation and maintenance for coaching services as revised from time to time.
 - vii. When four coaches or less run as part of regular mail/Exp./passenger trains, haulage charges will be recovered as 25% of the actual cost of movement of AC sleeper class coaches as revised from time to time.
 - viii. Existing detention charges i.e. a token amount of Rs. 5.00 per 8-wheeler vehicle per day will continue to be collected.



- ix. Charges for running the Lifeline Express as a separate train when it runs with four coaches have already been notified in Board's letter No. TCII/221/91/Impact India/Vol. II dated 5.12.1996, which will be deposited by the party.
- x. To indicate through ED (Coaching) working with party of the Second Part the stations where the above said medical facilities is described in this Agreement.
- xi. To endeavour to give any facility requested for by the party of the First Part after receipt of cost from the party of the First Part.

ARBITRATION

- 4(a) In the event of any question, dispute or difference arising under the conditions of this Agreement or in connection with this agreement, the same shall be referred to the sole arbitration of a gazetted Railway Officer of the Railway Board appointed to be the arbitrator by the Chairman, railway Board, Ministry of Railway and the award of the arbitrator shall be final and binding on the parties to this agreement.
- (b) In the event of the arbitrator dying, neglecting or refusing to act or resigning or being unable to act for any reasons, or his award being set aside by the court for any reason, it shall be lawful for the authority appointing the arbitrator to appoint another arbitrator in place of the outgoing arbitrator in the manner aforesaid.
- (c) It is further a term of this Agreement that no person other than the person appointed by the authority as aforesaid should act as arbitrator and that if for any reason that it is not possible, the matter is not to be referred to arbitration at all.
- (d) The arbitrator may from time to time with the consent of all the parties to the Agreement enlarge the time for making the award.
- (e) Upon every and any such reference, the assessment of the cost incidental of the reference and award respectively shall be in the discretion of the arbitrator.
- (f) Subject as aforesaid, the Arbitration of Conciliation Act, 1996 (Act 8 of 1996) and the rules there under and any statutory modifications thereof for the time being in force shall be deemed to apply to the arbitration proceedings under the clause.
- (g) The venue of arbitration shall be at New Delhi or such other place as the arbitrator at his discretion may determine.



- (h) In this clause the authority to appoint the arbitrator includes, if there be not such authority, the officer who is for the time being discharged the functions of that authority, whether in addition to other functions of that authority, whether in addition to other functions or otherwise.

RESPONSIBILITIES OF THE PARTIES

5. (a) It is hereby declared by and between the parties that party of the Second Part shall not in any way be responsible for any liability arising out of or in the course of medical treatment rendered by the party of the First Part notwithstanding the fact that such a treatment can be given in the premises of the part of the Second Part.
- (b) The party of the Second Part shall not be held responsible for any loss, theft, or damage of medical equipments and other accessories and also for the injury etc. to the persons working on behalf of the party of the First Part.
- (c) That the party of the First Part hereby agrees that it shall at all times indemnify the party of the Second Part against all claims which may be in respect of activities of the party of the First Part under this Agreement. Provided always that in the event of any claim against the party of the Second Part, the party of the Second Part shall notify the party of the First part of the same and the party of the First Part shall at their own expenses either settle any such dispute or conduct any litigation that may arise there from.
- (d) The party of the First part shall at all times also keep the party of the Second Part indemnified against claims of third parties, if any, regarding the matters covered by this Agreement.



GENERAL

This agreement shall be valid for two years or earlier if both the parties agree.

The stamp duty if any chargeable under this Agreement shall be payable by the party of the Second Part, namely, President of India.

This Agreement shall be governed by the laws of India for the time being in force. The courts at New Delhi shall alone have jurisdiction to decide any dispute arising out of or in respect of this Agreement.

IN WITNESS WHEREOF THE PARTIES have signed this Agreement on date, month and year above written.

Sd/-
(MRS.ZELMA LAZARUS)
Director
Signed for and on behalf of
Impact India Foundation.
RavindraMansion, DinshaVachhaRoad,
Mumbai.

Sd/-
(Secretary, Railway Board)
signed for and on behalf of the
President of India.

WITNESS

1. Sd/-

DR. A. P. ARORA
ExecutiveDirector/Health
Ministry of Railways



APPENDIX XIII Sanitary Arrangements in the camp

Toilets at Ward: Since two to four hundred Patients including attendants are expected to be in the camp at one time (particularly towards the later part of the Polio camp and entire period of eye camp) as such, sufficient number of toilets and bathing cubicles are required to be provided near the ward.

It is advisable to have ten Indian style toilets each, for male and female Patients. The number of toilets may be reduced as per the expectancy of the Patients in the camp.

Commodes: The commodes used for toilets may be of porcelain, clay or cement. The commode and the septic tank will be connected directly with 'S' type connection.

Septic tank: Septic tank (temporary) can be made immediately behind the toilets and it will be linked to the commode with 'S' type connection pipe. The safety tank will have a 4" width, 4" depth and the length will be equal to the length of the area covered with toilets.

The septic tank pit will be temporary construction and the sides of the pit will be provided with 5" brick wall leaving regular holes between the bricks to allow easy soakage of night soil.

The bottom surface of the safety tank will be left wet to allow soakage of night soil. The top will be covered with cement slabs or wooden planks and mud. An exit pipe for gas will be provided in the septic tank. The design can be changed according to local needs.

Toilets on train: The three toilets on the train are required to be connected to temporary septic tank with sewer pipes and 'S' connection. The size of the sewer pipe will be of 4" diameter. These are required for use by Doctors.

The temporary septic tank can be made close to the centre coach as all three toilets are situated near to each other.

The size of the septic tank will be 4" wide, 4" long and 4" to 6" deep. The construction of septic tank will be the same as above except the size which will be 4" x 4" x 4" (4" wide x 4" long x 4" deep).

Toilet for Personnel working on the Train: One toilet with bathing facilities is required to be provided near the train to facilitate staff and personnel working on the train to use, as the toilets in the train are used only by Doctors. To avoid overloading of the septic tank and the unhygienic odour which emits from it, a separate arrangement is required near the tank.



Water supply: All above toilets are required to be provided with adequate water supply.

Bathing Cubicles: If possible, five bathing cubicles each for male and female be provided. It may be reduced to 2 to 3 each for male or female and the bathing cubicle should have adequate water supply.

Sanitation and Disinfection of area: The area around the train, camp and connecting roads are required to be kept clean and disinfected all the time. Therefore, two sweepers will be provided on the train from 7.00 a.m. till the operation finishes to clean the Operation Theatre and train and also disinfect and sterilize the Operation Theatre and train for next day's surgery.

Sufficient numbers of sweepers are required to keep the toilets and bathing cubicles near the ward clean. Sweepers are required (one each) during the day and night in the ward for cleaning and also to attend to the Patient's needs.

The entire area is required to be cleaned and disinfected around the site, train and connecting roads if all are situated close to each other by spraying insecticides, lime stone powder or bleaching powder. This should be sprayed at least once a day.



**APPENDIX XIV
LIFELINE EXPRESS
XYZ STATION
Orthopaedic Registration Card**

Name : _____ Regd. No. : _____
Village: _____ Age : _____
Sex: _____
Reporting Date: _____ Dist.: _____

**APPENDIX XV
LIFELINE EXPRESS
XYZ STATION
Ophthalmic Registration Card**

Name: _____ Regd. No.: _____
Village: _____ Age : _____
Sex: _____
Reporting Date: _____ Dist.: _____

**APPENDIX XVI
LIFELINE EXPRESS
XYZ STATION
Hearing Registration Card**

Name: _____ Regd. No.: _____
Village: _____ Age : _____
Sex: _____
Reporting Date: _____ Dist.: _____