

Health First Campaign

IMPLEMENTATION GUIDELINES

IMA HQ:

- 1 Conceptualisation and dissemination of IMA Health Manifesto.
- 2 Publication of Health Manifesto on print and electronic versions.
- 3 Central coordination rooms with dedicated staff.
- 4 Implementation of Health First campaign
 - a) Launch
 - b) State Presidents and secretaries meet
 - c) One to one review meeting with states
- 5 IMA HQ field team to sensitize the National and other party leaders based in Delhi.
- 6 *Identification and mapping* of IMA local branches with Parliamentary constituencies.
- 7 Press conferences and statements.
- 8 Moral & Financial support to IMA members contesting from major recognized national/state parties, *as serious candidates* regardless of party affiliation.
- 9 Non-Political initiatives
- 10 Creation of political lesioning *and support* fund.
11. Co-ordination room in IMA HQ. With dedicated staff.

STATE BRANCHES:

1. State level workshop for Local Branch Presidents and Secretaries.
2. Translation of the IMA Health Manifesto into vernacular language along with state specific perspective and appropriate publication and dissemination *through* handbills/*posters*/*hoardings* etc.
3. Matching of Parliamentary constituencies with local branches.
4. State committee *with dedicated* team to meet state political leaders.
5. To nominate one senior leader of the area as the c coordinator of the campaign for the constituency.
6. Press Conferences and statements.
7. Review meetings with constituency level committee.
8. All Local Branches in a constituency to be *monitored* from the mother or principal branch of the constituency.
9. Identify doctors with resourceful contact with leaders and opinion makers and deploy for *lesioning / campaign*.
10. Creation/*generation* of political *fund at state level*

LOCAL BRANCHES:

1. To coordinate with rest of the branches in the constituency.
2. Establish a campaign fund.
3. Conduct open forum meetings of prospective candidates in IMA GBM.
4. Identify and deploy resourceful doctors to lesion *with* candidates.
5. Involve hospitals and clinics in *active* campaign.
6. Print hand bills, Hoardings and Posters.
7. Involve other NGOs Laterally.
8. Wherever there is consensus, a preferred candidate *may* be supported by the Local branches.