



Rasal Pali Village

Health Camp Report

15th March 2015

United Association for Public Health & Education

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Health Camp Report – Rasal Village

Introduction

Good Health and Wellbeing are the two main parameters of being physically, mentally and socially productive. The modern lifestyle today symbolizes excessive stress and strain. Stress and strain of odd working hours along with sedentary lifestyle takes a toll on health. Many of the life style diseases progress silently without alarming one of the imminent risks. Health problems like Heart conditions, High Cholesterol, Osteoporosis, Diabetes, and Thyroid related problems, High Blood Pressure, kidney Problems etc may have life – threatening consequences. Extended working hours, irregular eating habits, late night weekend parties, sedentary lifestyle and inadequate rest, coupled with high level of pollution, are bound to cause these health related problems.

To meet the growing demands of the competitive world, most of us tend to ignore our health until we are compelled to confront a medical complication. To cope up with a rising risk of the medical disorders, health monitors have become mandatory. After all, most health problems can be managed more effectively if detected early. This becomes more of a problem in rural areas and village due to weak infrastructure. Keeping this in mind, the health awareness and check-up program of United Association for Public Health & Education (UAPHE) was conducted at Rasal Pali Village on the request of Green Health Foundation on Sunday, 15th March 2015 with the aims to preserve and promote good health, to prevent disease and disability and to facilitate early diagnosis and treatment of illness.

Goal

Spread awareness about health & wellbeing among the villagers through this health screening program and activities.

Objective and Activities

Objective: Primary screening of patients along with basic OPD treatment.

Activities:

- ✚ Physical Examination with height, weight measurement and Blood pressure measurement.
- ✚ General examination as per the complaints.
- ✚ Basic OPD treatment to the screened patients.

Place

Health Camp was conducted at Rasal Pali Village, Khopoli.

Day, Date & Time

Sunday, 15th March 2015 from 9 am to 4pm

Health Camp Work Plan

General Health Camp				
Objective: Primary screening of patients				
Resources	Activities	Key Deliverables	Person Responsible	Outcome
<ul style="list-style-type: none"> ✚ Weight Machine and Height measurement tape ✚ Sphygmomanometer ✚ Basic Medicines and Materials. 	Activities: <ul style="list-style-type: none"> ✚ Physical Examination 	<ul style="list-style-type: none"> ✚ Screening for Obesity ✚ Screening for High Blood Pressure ✚ General Examination 	1) Doctor for Physical Examination	Primary Screening of patients.

Beneficiaries of the Health camp

Stakeholders	Male	Females	Total
Patient Registrations	28	68	96

Health Camp Details & Analysis

Inauguration & Registration:

The Health camp started at 10am in the village. The camp was supervised by the team of professionals from Green Health Foundation coordinated by Mr. Hrishikesh Badrike along with officials from United Association for Public Health & Education (UAPHE) i.e. Dr. Kunal Oswal and Dr. Kalpesh Raje. The team of 2 Doctors i.e. Dr. Milind Naik and Dr. Neelam Naik facilitated the medical checkup as resource persons. Door to Door publicity was done since last 3-4 days before the camp day by Green Health Foundation volunteers. Overall in total 96 registrations were done and of which 68 females and 28 were males.



Primary Screening of Patients:

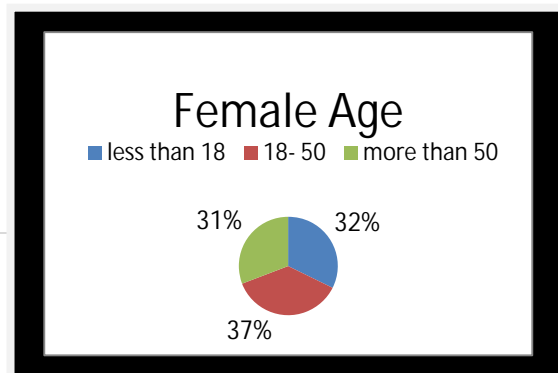
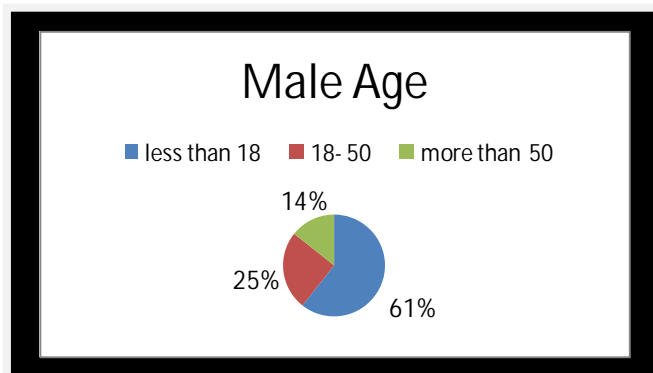
Primary Screening of the beneficiaries from the village was done which includes Height, Weight BP and Pulse measurement. Also the case history of the patients was undertaken which had the details of Chief Complaints, Past Illnesses, and any Medication. On the basis of this clinical testing and case history and probable diagnosis counseling of the patients was done by the doctors and they were advised with basic treatment and investigations if required. The Performa of the registration form is attached as annexure 1. The patients were advised to take the illness seriously whatever type it and make sure they follow up with their family physicians in future for the further treatment until and unless it is cured. Following are the analysis details of the case data received.



A) Demographic Profile

A total of 96 patients were screened during the camp and of them majority of the patients attending the camp were females (68) whereas males accounted for 28 in number. There were 38 patients below 18 years of age i.e. around 40%, patients in the age bracket of 18-60 years accounted for 38% and remaining 22% of patients where in the age group of above 60 years.

Sr.No.	Marital Status	Male	Female	Total
1	Child	16	21	37
2	Married	10	45	55
3	Unmarried	2	1	3
4	Widowed	0	1	1
Total		28	68	96



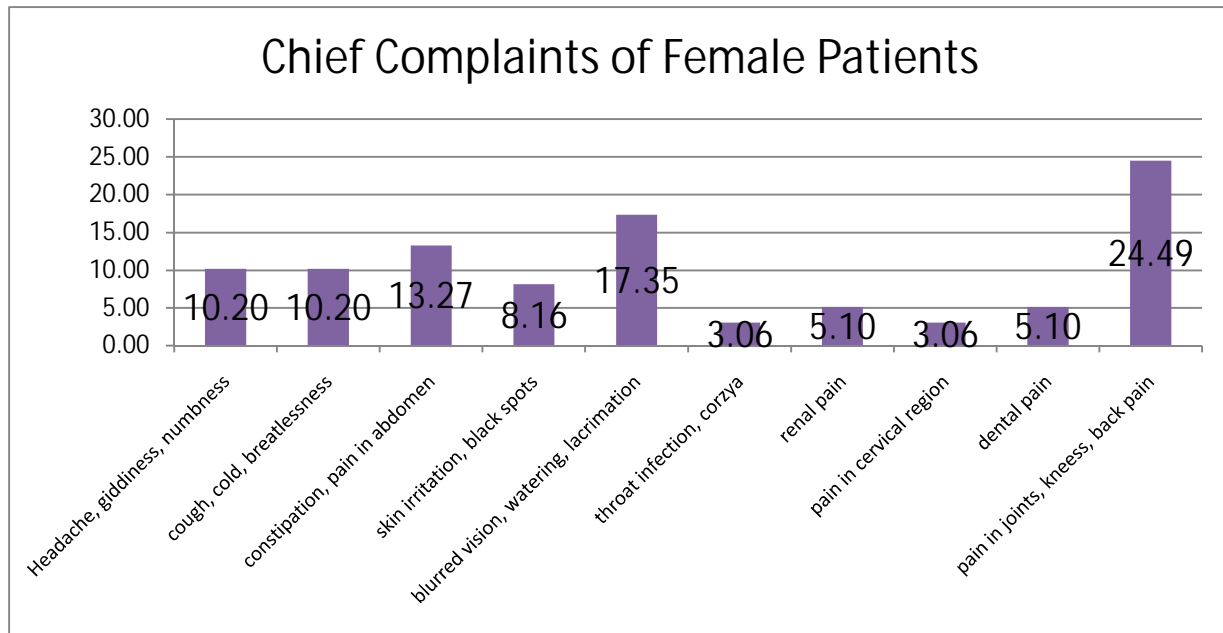
B) Past Illness

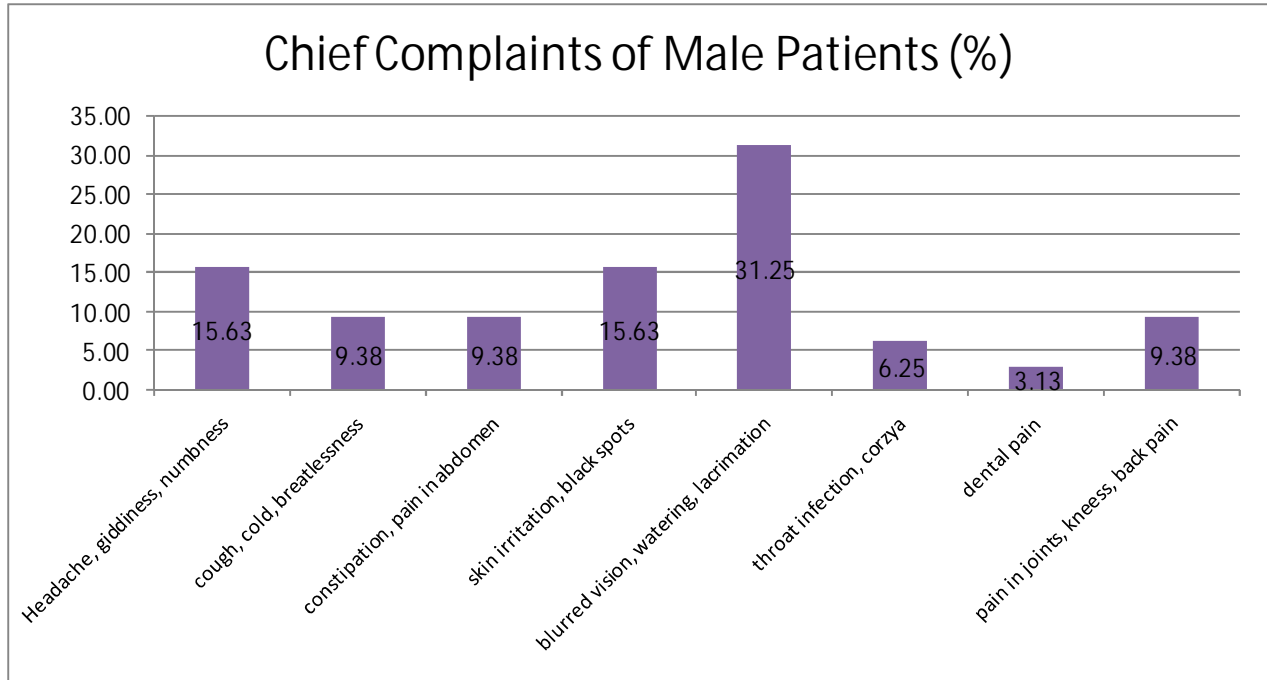
As per the case history out of 96 patients screened, 26 of them had some kind of past illness associated with them ranging from Eye, Respiratory, Skin, Kidney and other metabolic diseases etc. When asked about the medication 10 of 26 patients said that they are on some kind of medication for their respective illnesses.

Sr.No.	Any Medication	Male	Female	Total
1	Calcium	0	1	1
2	Infection Drops	0	1	1
4	Not Satisfactory Stool, Burning in Throat	0	1	1
5	On DM Medication	0	1	1
6	On Treatment DM	0	1	1
7	On Treatment Goitre	0	1	1
9	On Treatment of Hypertension	0	4	4
Total		0	10	10

C) Chief Complaints

The analysis for the chief complaints was conducted gender wise to have a comparative data in terms of type of complaints. The most common complaint among females was related to pain in joints followed by eye complaints and abdominal complaints respectively. Among males the trend was not the same as the most common were eye complaints followed by Headaches, Giddiness and Numbness along with abdominal complaints respectively.





D) Investigations & Treatment Suggested

Many times for the diagnosis the investigation support becomes mandatory. In order to diagnose the problem at the earliest and also for the help of the patients during referrals, 22 patients were suggested with necessary investigations depending on their chief complaints. The investigations suggested were Blood, Eye tests, Gastroenterology tests, X-Ray, MRI, and USG etc.

Sr.No.	Investigation Suggested	Male	Female	Total
1	CBC	1	0	1
2	CBC,ESR	0	1	1
3	CBC,ESR,USG Pelvis	0	1	1
4	Dietary instruction	1	0	1
5	eye examination with CBC	1	0	1
6	eye examination with ophthalmologic tests	3	1	4
7	GERD	1	0	1
8	Gastro Advice	0	1	1
9	MRI	1	0	1
10	MRI,CBC	0	1	1
11	Rhinitis	1	0	1
12	USG of Pelvis	0	1	1

13	USG of Pelvis, CBC	0	1	1
14	X-Ray Knee Joint	0	1	1
15	X-Ray Lumbar Region	0	1	1
16	X-Ray of Chest	0	1	1
17	X-Ray of Neck	0	1	1
18	X-Ray of Rt Knee Joint	0	1	1
19	X-Ray, CBC, ESR	0	1	1
20	NA	19	55	74
Total		28	68	96

Basic treatment services were also the integral part of the health camp. The patients were who require basic treatment like prescription of antibiotics, fever medicines, pain killers, anti allergic etc were given the treatment respectively. Out of 96 patients who were screened, 26 were prescribed with some form of medicines and 4 were referred. The medicines prescribed were of the categories like antacids, antihistamines, multivitamins, antibiotics, pain killers, antispasmodics, drops & ointments along with moisturizing creams etc.

Sr.No.	Treatment advised	Male	Female	Total
1	Antacid given	0	1	1
2	Cetirizine 2 days	0	1	1
3	l loucifizine for 2 days BD	1	0	1
4	Iron Label/Dietary Advice	0	1	1
5	Levocetirizine	0	1	1
6	Levocetirizine Para	0	1	1
7	Multivitamin	1	0	1
8	Multivitamin (reference to eye physician for cataract)	1	0	1
9	Multivitamin with diet instruction	1	0	1
10	Need 8 hrs of sleep / no medication Sodium intake less	1	0	1
11	Neurobion , Pain Killer	0	1	1
12	OroferNAXT	0	1	1
13	Pain Killers NSAIDS	0	1	1
14	Pan 40 (15 days) daily 1	1	0	1
15	Pan-40	1	0	1
16	Physiotherapy and speech therapy reference	1	0	1
17	Refer to ophthalmology for eye both	0	1	1
18	Reference to ophthalmology	1	0	1

19	Reference to ophthalmology / family physician for BP medication dose adjustment	1	0	1
20	Tab Levocetirizine	0	1	1
21	Tab pan 40, Tab Spasmo for 3days	0	1	1
22	Tab Spasmo	0	2	2
23	Tablet oflox syrup TUSU	1	0	1
24	Tablet spasmo BD	1	0	1
25	Tobra eye drop	2	0	2
26	Tobramycin Eye Drops	0	2	2
27	Use of cotton socks / moisture nuroforce cream	1	0	1
28	NA	13	53	66
Total		28	68	96

Challenges & Lessons Learned

The most challenging was to mobilize the crowd and encourage them to attend the Health Camp. It was difficult to convince the crowd due to various reasons which range from personal to political to attend the health camp and give all the necessary information required from them. More awareness will have to be created among the local villagers so that for the next series of health camps so that we can have maximum attendance.

Involvement of Sarpanch for the promotional activity will play a key role in mobilization. Also the results of the current health camps will have to share with the local PHC staff so that they can be involved in much better way during the health camps especially the PHC doctors who were not able to attend the camps due to their some other official commitments.

Conclusions

- It has also helped in identifying, counseling, treatment and referrals of cases who attended during the health camp on issues related to General Health, Wellbeing and Those identified with the irregularities have been referred to local PHC or any other hospital along with suggested investigations for the provision of the required counseling, treatment, supplements, immunization etc as per the requirement.
- Gaps were also identified as it was difficult to convince the crowd due to various reasons which range from personal to political to attend the health camp and give all the necessary information required from them. More awareness will have to be created among the local villagers so that for the next series of health camps so that we can have maximum attendance.
- This health camp has increased awareness among service providers and primary stakeholders on the topics of General Health, wellbeing and Nutrition.
- Advocacy and Linkage will be further strengthened between the village, service providers i.e. Government bodies and NGOs like UAPHE, Green Health Foundation etc, and target population as excellent rapport has been developed during the health camp program.

Acknowledgement

As a Director of United Association for Public Health & Education (UAPHE), I would like to acknowledge the efforts Green Health Foundation staff and volunteers for organizing & arranging this health camp and also giving UAPHE the opportunity to implement it with its team. Without your efforts community mobilization would not have been possible. Also we would like to thank our team of doctors i.e. Dr. Milind Naik and Dr. Neelam Naik for their presence and facilitation of this camp as resource persons. Last but not least I would appreciate the team of UAPHE for successful execution of this camp and finalization of report.

Annexure



Health Camp Registration Form

1. Name: _____

2. Gender: _____ 3. Age (in Years): _____

4. Marital status: _____

5. Religion: _____

6. Past Illness: _____

7. Any Medication: _____

8. Current Chief Complaints: _____

9. Probable Diagnosis: _____

10. Investigations Suggested: _____

11. Treatment Advised: _____

Date & Signature of the Doctor _____