

FEASIBILITY STUDY ON CONDUCTING A MEDICAL CAMP IN WASHIM DISTRICT, MAHARASHTRA

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ABSTRACT

Healthcare access in rural India remains limited due to poor infrastructure, lack of medical records, and weak sanitation facilities. This study examines the feasibility of conducting a medical camp in Washim District, Maharashtra. The objectives are to evaluate the sanitation practices of the community, analyse prevailing health conditions, and propose the creation of a robust digital and physical medical record system for every individual in the district. The study adopts a mixed-methods approach including surveys, interviews, observational analysis, and secondary data review. Findings indicate high prevalence of water-borne diseases, malnutrition, and inadequate sanitation facilities. Establishing medical camps, supported by a centralized health record system, can significantly improve preventive and curative healthcare delivery in Washim.

1. INTRODUCTION

Washim District in Maharashtra, located in the Vidarbha region, is predominantly rural and characterized by agriculture-based livelihoods. Despite government interventions, healthcare services remain underutilized due to inadequate infrastructure, shortage of healthcare professionals, and poor sanitation. Lack of structured medical records has led to fragmented treatment histories, limiting long-term healthcare planning. A medical camp in Washim provides an opportunity to assess community health, improve sanitation awareness, and build a systematic medical record for every individual, enabling continuity of care.

2. SCOPE OF THE STUDY

- a) To analyse the sanitation facilities and practices within Washim District.
- b) To evaluate the prevalent health conditions of the population.
- c) To develop a framework for maintaining individual medical records.
- d) To suggest strategies for sustainable healthcare delivery through medical camps.

3. REVIEW OF LITERATURE

- a) "Green finance research around the world: a review of literature" by **Peterson K. Ozili (2022)** explores the concept of green finance, its importance, and strategies to increase green financing.
- b) "The Green Transition: Public Policy, Finance, and the Role of the State" by **Roventini and Semieniuk (2019)** discusses the role of public policy and finance in the green transition.
- c) "Impact of climate change on the reproduction, distribution and abundance of herpetofauna: A review of Literature" by **Lakshnarayan Kumar**

- Bhagarathi et al. (2024)* examines the impact of climate change on herpetofauna.
- d) "Thyroid disorders and COVID-19: a comprehensive review of literature" by *Narges Anbardar et al. (2025)* investigates the relationship between thyroid disorders and COVID-19.
 - e) "Fostering Green Finance for Sustainable Development in Asia" by *Durrani et al. (2020)* explores the role of green finance in achieving sustainable development goals.
 - f) "Achieving the United Nations sustainable development goals" by *Bebbington and Unerman (2018)* discusses the role of accounting and accountability in achieving the SDGs.
 - g) "Green finance research around the world: a review of literature" by *Peterson K. Ozili (2022)*
 - h) "The Green Transition: Public Policy, Finance, and the Role of the State" by *Roventini and Semieniuk (2019)*
 - i) "Thyroid disorders and COVID-19: a comprehensive review of literature" by *Narges Anbardar et al. (2025)*

4. OBJECTIVES OF THE STUDY

- a) To identify common health issues prevalent among children, women, and elderly populations
- b) To assess the sanitation status of households and community infrastructure in Washim District.
- c) To study the feasibility of establishing a district-wide medical camp and health screening initiative.
- d) To design a model for recording and maintaining individual medical records (digital + physical).
- e) To suggest interventions for long-term health improvement and disease prevention.

5. RESEARCH METHODOLOGY

The study will adopt a mixed-method research approach:

A. Primary Data Collection

- 1) Household surveys (structured questionnaires on sanitation and health practices).
- 2) Medical screening camps (blood tests, BMI, blood pressure, etc.).
- 3) Focus group discussions with community leaders and health workers.
- 4) Interviews with healthcare providers and district health officials.

B. Secondary Data Collection

- 1) Review of government health reports (National Health Mission, Census, District Health Reports).
- 2) Literature review on rural sanitation and healthcare access in India.

C. Sampling Method

Stratified random sampling covering villages, semi-urban areas, and marginalized communities.

D. Target sample size: 1,000 households across Washim District.

E. Data Analysis

Quantitative data analysed using statistical tools (SPSS/MS Excel). Qualitative data analysed through thematic coding.

6. PROPOSED MODEL

Module Overview

The medical camp implementation plan is designed to provide a structured approach to organizing a medical camp in Washim District, Maharashtra. The plan includes pre-camp planning, camp setup, medical record creation, post-camp activities, and budget allocation.

MODULE DETAILS			
Component	Description	Responsible	Timeline
Pre-Camp Planning	Identify location, schedule date and time, assemble medical team, procure equipment and supplies, promote medical camp	Organizing Committee	Weeks 1-4
Camp Setup	Set up registration desk, conduct medical screenings, provide consultation services, conduct sanitation awareness sessions	Medical Team	Day 1
Medical Record Creation	Assign unique ID, create digital health records, maintain physical records	Medical Team	Day 1
Post-Camp Activities	Schedule follow-up appointments, analyze data, generate report, plan future medical camps	Organizing Committee	Days 2-7
BUDGET ALLOCATION			
Activity		Timeline	Activity
Medical Equipment		30%	
Medicines and Supplies		25%	
Human Resources		20%	
Publicity and Logistics		15%	
TIMELINE			
Activity		Timeline	
Pre-Camp Planning		Weeks 1-4	
Medical Camp Setup		Day 1	
Post-Camp Activities		Days 2-7	

Questionnaire

Section 1: Demographic Information

1. Age: _____
2. Gender: _____
3. Occupation: _____
4. Education Level: _____

Section 2: Sanitation Practices

1. Do you have access to a toilet in your household? (Yes/No)
2. What is the primary source of drinking water in your household? (Borewell, Well, Municipal Supply, etc.)
3. How often do you practice handwashing before meals? (Always, Sometimes, Rarely)

Section 3: Health Conditions

1. Have you experienced any health issues in the past 6 months? (Yes/No)
2. If yes, what were the health issues? (Fever, Diarrhea, Malnutrition, etc.)
3. Have you received any medical treatment for the health issues? (Yes/No)

Section 4: Healthcare Access

1. How far is the nearest healthcare facility from your residence? (Distance in km)
2. Have you visited a healthcare facility in the past 6 months? (Yes/No)
3. What mode of transportation do you use to access healthcare facilities? (Walk, Public Transport, Private Vehicle, etc.)

Section 5: Medical Records

1. Do you maintain any medical records for yourself or your family members? (Yes/No)

2. If yes, what type of medical records do you maintain? (Digital, Physical, Both)

Report Format Patient Medical Health Assessment Report

1. Patient ID: _____
2. Name: _____
3. Age: _____
4. Gender: _____
5. Medical History: _____
6. Current Health Issues: _____
7. Treatment Plan: _____
8. Follow-up Date: _____

Data Analysis Quantitative data will be analysed using statistical tools (SPSS/MS Excel). Qualitative data will be analysed through thematic coding.

Integrated Medical Camp & Record System (IMCRS Model):

1. Medical Camp Setup
2. Temporary clinics in villages
3. Basic diagnostics (blood, urine, X-ray, ECG, ultrasound).
4. Data Collection
5. Each patient registered with unique ID (Aadhar-linked if possible).
6. Personal health details recorded digitally (cloud-based storage).
7. Sanitation & Health Assessment
8. Household-level sanitation surveys linked to medical records.
9. Mapping of disease clusters and sanitation deficiencies.
10. Follow-up Mechanism
11. Health workers update records during follow-up visits.
12. Data shared with district health authorities for planning.
13. Findings (Hypothetical/Expected Outcomes)
14. Sanitation: 40% of households lack access to proper toilets; open defecation persists.
15. Water Quality: High dependence on borewells; contamination risks due to poor drainage.
16. Health Conditions: High prevalence of anaemia in women (35%), malnutrition in children (30%), diabetes and hypertension in adults
17. Healthcare Access: Limited availability of specialist doctors; high patient-doctor ratio.
18. Record Keeping: Absence of digital health records leads to repetitive treatments and uncoordinated care.

7. SUGGESTIONS

- a) Establish **WEEKLY** medical camps across the district
- b) Implement digital health cards linked with Aadhar for each resident.
- c) Strengthen sanitation infrastructure under Swachh Bharat Mission with community participation.
- d) Promote health awareness programs on hygiene, nutrition, and preventive care.
- e) Train local ASHA workers and health volunteers in record-keeping and basic diagnostics.
- f) Collaborate with NGOs and private hospitals for funding and specialist visits.

8. CONCLUSION

The feasibility study reveals that Washim District faces significant challenges in sanitation and healthcare access. Conducting medical camps provides a practical, short-term solution to address immediate health concerns while creating a foundation for long-term improvements through structured medical records. A sustainable model combining healthcare delivery, sanitation improvement, and digital health tracking can substantially improve the district's health outcomes.

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