Volume 1 No.2 February 2013 ISSN : 2319-961X

HEALTH FOR ALL : VARUMUN KAPPOM THITTAM

Mrs.G.Lakshmi

Asst. Professor in Economics, M.V.M. Govt. Arts College for Women, Dindigul

Abstract

Health is defined as the state of complete physical, mental and social well being and not merely absence of disease. Health care is an important part of health systems and therefore it often accounts for one of the largest areas of spending for both governments and individuals all over the world, and as such it is surrounded by controversy. For example, it is now clear that medical debt is now a leading cause of bankruptcy in the United States. In India healthcare has been a neglected area by the government. That is evident from the fact that in 2002 investment in healthcare was only 0.9% of the total GDP. India is a country was people are treated for the most basic diseases. In 2003 the patients treated for malaria were 1.65 million, for leprosy there were 2.4 million people and there were 214 cases of polio. The cases for each disease have reduced significantly over a number of years but still even after so much technological development the diseases continue to exists. Also the number of cases for AIDS and cancer has emerged as a major concern for health authorities.

Keywords: Health care, bankruptcy, AIDS, illnesses, AYUSH, Varumun Kappom Thittam, referral institutions

The Varumun Kappom Thittam was inaugurated by the Hon'ble Chief minister of Tamilnadu. The Varumun Kappom Thittam provides comprehensive health check up, treatment and health education to the rural and urban people. These camps are conducted at the Health Sub-Centre level, every week by covering5,000 population. Every week 3 camps are conducted in each district. In addition, these camps are held in the urban areas also. This camp targets early detection and treatment of various illnesses. During the Camps all the Specialist doctors screen the beneficiaries for communicable and non-communicable diseases. In addition, treatment is given for minor ailments. 20-25 Medical Officers including Specialists, AYUSH etc. attend the camps. All the investigations like blood, urine examination are done by using modern lab equipments like Semi Auto Analyzer. All Pregnant mothers are examined with Ultra Sonogram to detect any foetal abnormalities. Camp timing is from 8.00 A.M. to 4.00 P.M. The referral and follow up camps are conducted in the referral institutions. All the reports including morbidity data collected through the Internet /Website are used for monitoring , evaluation and planning purposes. The 'Varumun Kappom Thittam' Scheme has been revived to facilitate early detection and treatment of illness. This scheme envisages conduct of 9,000 medical camps by teams of medical experts all over the State. Upto 30.1.2009, 9,000 medical camps have been conducted. This scheme has been widely, welcomed by the public and so far 90,64,002 persons have been benefited. 2,09,923 cases were referred to higher institutions. Further it was also planned to conduct 1,394 Varumun Kappom Thittam camps during the period from 1.2.09 to 31.3.09, 1,310 medical camps were conducted and 11,62,509 persons have been benefited. 9,000 camps have been conducted upto 30.01.2009 and 90,64,002 persons have

been benefitted under this scheme. 60 Varumun Kappom Thittam Camps conducted every week.

Based on the overwhelming response from the public on the conduct of **"VARUMUN KAPPOM THITTAM"** during the year 1999-2001, the Government have reintroduced the scheme from the year 2006-07 onwards. The doctors from the ISM wings play an important role by participating in the camps along with the Allopathy doctors for treating the patients. During the camps 18 types of various Siddha drugs manufactured by TAMPCOL are dispensed to patients.

Year – wise Camps Planned And Funds Allocated

In 1981, the Assembly unanimously adopted a Global Strategy for Health for All by the Year 2000. This was the birth of the "Health for All" movement. According to WHO, "'Health for All' does not mean an end to disease and disability, or that doctors and nurses will care for everyone. It means that resources for health are evenly distributed and that essential health care is accessible to everyone. It means that health begins at home, in schools, and at the workplace, and that people use better approaches for preventing illness and alleviating unavoidable disease and disability. It means that people recognize that ill-health is not inevitable and that they can shape their own lives and the lives of their families, free from the avoidable burden of disease. "Some progress toward these goals has been made, but the goals have clearly not yet been attained on a global level. In many countries including the United States, for example, it cannot be said that the "resources for health are evenly distributed and that essential health care is accessible to everyone.

YEAR	No. of Camps	Fund allocated (Rs.)
2006-07	4,500	11,13,40,000
2007-08	4,500	7,17,05,000
2008-09	1,394	6,78,85,000
Source: Secondary		

Primary Health Care

Primary health care often abbreviated as PHC, is essential health care based on practical, scientifically sound and socially acceptable methods and technology that are universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at at every stage of their development in the spirit of self-determination

Goal

- The global goal as stated in the Alma Ata Declaration is Health for All by the year 2000 through self-reliance.
- Health begins at home, in schools and in the workplace because it is there where people live and work that health is made or broken.
- It also means that people will use better approaches than they do now for preventing diseases and alleviating unavoidable disease and disability and have better ways of growing up, growing old and dying gracefully.
- It also means that here will be even distribution among the population of whatever resources for health are available.

Essential Health Services in Primary Health Care (ELEMENTS)

1. E – Education for Health
2. L – Locally endemic disease control
3. E – Expanded program for immunization
4. M – Maternal and Child Health including responsible parenthood
5. E – Essential drugs

6. N – Nutrition
7. T – Treatment of communicable and non-communicable diseases
8. S - Safe water and sanitation

Difference between Primary care and Primary healthcare

Health services in India are provided through a three-tier setup namely primary, secondary and tertiary. Primary care is the healthcare provided at the primary level of care, which is the first level of contact of the community with the health system. Cases which are more complex and need specialised care are referred to the secondary (District hospital) and tertiary level (Regional and national hospitals).Primary healthcare is an approach defined as 'essential healthcare made universally accessible to individuals and acceptable to them through their full participation and at a cost the community and country can afford.'Primary care, which incorporates these characteristics is primary healthcare and forms a foundation of effective health services.

The main goals of Primary Healthcare in India

Population norms for different centres

Centre	Population Norms	Hilly/Tribal /Diificult Area	Achievements
	Plain Area		
Sub-Centre	5,000	3,000	5,111
Primary Health Centre	30,000	20,000	33,191
Community Health Centre	1,20,000	80,000	1.83 Lakhs
Source: Secondary Data			

Primary healthcare was accepted as the best approach to achieve the goal of 'Health For All' in the Conference of the World Health Organisation held at Alma Ata in 1978. 'Health For All' is defined as an attainment of a level of health that will enable individuals to lead a socially and economically productive life. The fundamental focus of this approach is on universality, comprehensiveness and equity in health.

Eight essential Components of primary Health Care

1. education for the identification and prevention / control of prevailing health challenges
2. proper food supplies and nutrition; adequate supply of safe water and basic sanitation
3. maternal and child care, including family planning
4. immunization against the major infectious diseases
5. prevention and control of locally endemic diseases
6. appropriate treatment of common diseases using appropriate technology
7. promotion of mental, emotional and spiritual health
8. provision of essential drugs (WHO & UNICEF, 1978).

Seven Features of Primary Health Care (PHC)

S. No	Features of PHC
1	An element of health system
2	Focus on priorities
3	Scientific basis
4	Culture sensitivity
5	Equity
6	Community participation
7	Sustainability and self- reliance

The Present study focus its Kattakamanpatti HSC under Viralipatti Village Primary Health Centre, Batlagundu Union, Dindigul District.

Varumun Kappom Thittam - Beneficiaries Report

HUD : Dindigul	Date of the Camp : 18/10/2010
Name of the PHC/Mty./Corpn. : 072 - VIRALIPATTY - BATLAGUNDU UNION	
Name of the HSC/Mty : KATTAKAMANPATTY	

Sl. No	Details	Children Upto 12 Years		Adult		Total	Infants	Pregnant Women
		Male	Female	Male	Female			
1.	Total HSC Population	1785	1807	830	832	5254	---	---
2.	No. of Persons Attended	31	38	289	399	757	--	--
3.	No. of Persons Treated (Allopathy)	29	37	268	353	687	--	--
4.	No. of Persons Treated by Specialists doctors (Allopathy)	13	10	58	113	194	--	--
5.	No. of Persons Treated (Siddha)	2	1	21	46	70	--	--
6.	No. of Persons Referred	--	-			5		
7.	Total Cost of allopathic medicines used (Rs.)	5076						
8.	Total Cost of Siddha medicines used (Rs.)							

Source: Secondary Data

Objectives of the Study

1) To study the personal profile of the beneficiaries
2) To identify the awareness of beneficiaries about "Varumum Kappom Thittam"

Research Methodology

This chapter deals with the methodology followed in conducting this research. It starts with study area sampling procedure tools used for collection of data. Then it describes the sampling data collection and brief summary on statistical analysis are delivered.

Study area: The study area refers to Viralipatti PHC, Kattakamanpatti Village, Batlagundu Union, Dindigul District.

Sampling Procedure: The data were collected through Multi Stage Sampling Technique.

Tools used for collection data : They Study has used Primary data Secondary data.

The primary data was collected from the respondent through structured questionnaire.

Secondary data : The secondary data was collected from the details available from the Books, websites, etc.,

Research Approach

According to Guba and Lincoln (1994), two approaches of methods – quantitative and quantitative are available to researchers. The choice of research approach naturally depends on the defined research problems and the data needed for solving these problems.

In this study, qualitative approach has been chosen.

Table 2 Sources of Awareness of Varumun Kappom Thittam of the beneficiaries

Sources of awareness	Number of beneficiaries	Percentage
Primary Health Centre	160	32
Doctors	100	20
Advertisement	240	48
Source : Primary Data		

Table 2 shows that, 160 (32%) of the beneficiaries became aware through Primary Health Centre, 100 (20%) of the beneficiaries through Doctors, 240 (48%) of the beneficiaries became aware through Government advertisement.

Findings

1) It is inferred from the table that 72.4% of the beneficiaries belong to female.
2) It is clear from the table that 64%of the beneficiaries belong to age group of 26– 50.
3) It is clear from the table that 56.4% of the beneficiaries belong to agriculture.
4) It is clear from the table that 74.4%of the beneficiaries Family Size is 3 – 5 Members
5) It is clear from the table that 48.8 % of the beneficiaries Comes under the family income Rs.50,000 - 1,00,000.

Suggestions

After making “A study on Health system and Health Polices on “Varmun Kappom Thittam” the beneficiaries gave their suggestions to improve health services in rural areas.

1) Create awareness about Varmun Kappom Thittam.
2) Create awareness about Women’s Health through Varmun Kappom Thittam.
3) Give attractive advertisement about Varmun Kappom Thittam.
4) Usage of Medicines to beneficiries should be givern by Primary Health Centre.

Conclusions

The above data calls for greater participation of the government in the health infrastructure. One cannot hope to depend on the private expenditure by the people to contribute 75% of the healthcare system. The need is to call for greater participation by the central government and the third-party insurance to close the balance. The Primary Health Care Declaration discussed the operational aspects of integrating the other sectors of development related to health. The multi sectoral approach that is much needed and the inter sectoral linkages that are essential for a vibrant health system have not been well thought out, and there has been no plan drawn out for it later. The outline of plan documents and their implementation have been incremental rather than being holistic. It is important to question whether it is only the low investment in health that is the main reason for the present status of the health system or is it also to do with the framework, design and approach within which the policies have been planned.

References

1. McGilvray, James C. (1981). The Quest for Health and Wholeness. Tübingen: German Institute for Medical Missions. ISBN 0728900149.
2. Primary Health Care Definition, Goal, Principles and Strategies
3. Socrates Litsios (November 1994). "The Christian Medical Commission and the Development of WHO's Primary Health Care Approach". American Journal of Public Health 94 (11): 1884–1893. doi:10.2105/AJPH.94.11.1884. PMID 15514223.
4. WHO (2008). The World Health Report 2008: Primary Health Care, Now More Than Ever. http://www.who.int/whr/2008/en/index.html.
5. WHO (1978). "Alma Ata 1978: Primary Health Care". HFA Sr. (1).