

# Provision of Health in Rural Areas of Pakistan Through Community Health Centers

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## ABSTRACT

The role of Community Health centers apart from the traditional hospital setting is meant to provide and promote the health care needs of the community. Community health centers are nonprofit organizations providing a wide range of health services in the local community to people of all ages and sex including medication, preventive health services, awareness seminars and camps and educating people about their health. This study was conducted through quantitative research method to include the maximum number of opinions from the rural communities the data collected through purposive random sampling techniques and the survey conducted through semi-structure questionnaire and notes. The number of respondents in the study was 398. The study concluded that participants got medications, health related facilities, awareness about health through different camps organized, preventive measures through Health Sessions organized by Community Development Nonprofit Organizations.

**Keywords:** Community health centers, health services, rural development, HDF

## 1. INTRODUCTION

According to world health organization (WHO) Health system is defined as "all the organizations, institutions, and resources that are devoted to producing health actions" is part of the health system.. The above definition includes all these sectors which provides health service to the public, including nonprofit, international and bilateral donors, and the volunteer organizations [1]. It is always expected from the health care system to serve the need of population in a way which is effective, efficient and equitable. Through the provision of various services regarding health in community level it has a high impact on the sustainability of community [2]. Therefore, the World Health Organization later incorporated the efforts to influence determinants of health which made the health systems more than just the pyramid of publicly owned facilities that deliver personal health service [3].

The public health center of Pakistan comprises of 10,000 health units including basic health units (BHUs) and tertiary health centers. In Pakistan primary health units includes BHUs and rural health centers (RHUs). The tehsil headquarters hospital covers the patient from sub district level, whereas the district headquarters hospital covers the populations on district level as the name indicates.in Pakistan currently there are around 22 tertiary care hospitals, mostly teaching intuitions in the major cities [11].

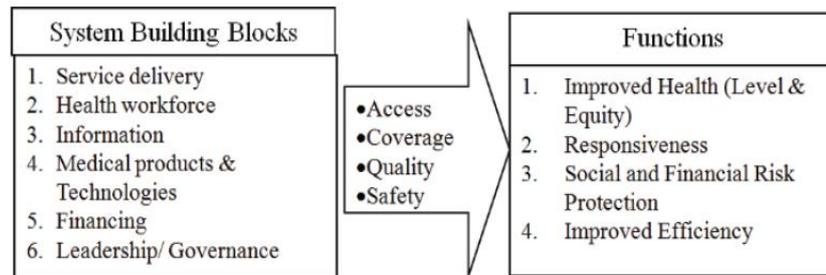
It has been proven now for several years that the government sector in Pakistan lacks capacity in the context of the delivery and management of healthcare services [4]. Quality, efficient staff and delivery of services is also the issue in this sector [5]. The growth and change of health policies in Pakistan since independence is primarily influenced by political parties and military regimens through corruption and weak administration [6].

Although Pakistan has a number of outreach programs, these have suffered from poor governance and insufficient resource allocation [9]. These include the flagship community health worker outreach program, a special vertical program for Maternal, Neonatal and Child Health (MNCH), and an expanded program on immunization (EPI). EPI was launched in 1978 and is providing static and outreach services in Pakistan to protect children against vaccine preventable diseases. The Lady Health workers (LHWs) program was launched in 1994 to supply contraceptives at the doorstep and provide health education for MCH and EPI services. However, only 45% of areas are covered by LHWs because entry level qualifications result in few recruits [10]. The national MNCH program started in 2007 and operates in most districts of Pakistan, aiming to improve skilled delivery through placement of community-based midwives. Primary-care services are sometimes provided by a single clinician, or comprehensive services may be provided by multidisciplinary teams [12].

This study revealed the role of nonprofit organizations, community health center and other non-government organizations that how the assist the local community and what are the views of the local community about these organization regarding provision of health.

### 1.1 Health

In 1947 the world health organization (WHO 1947) told that health is “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity” [13]. Health is inherently important as a human right but is also critical to achieving these four pillars. National aspirations for economic growth cannot be achieved without a healthy and productive population while health benefits from economic growth its value as a critical catalyst for development led to health related goals being centrally positioned in the MDGs.



**Figure 1.** The building blocks of the health systems: aims and attributes( source:World Health Organization 2007)

Health frameworks are relied upon to serve the populace needs in a successful, effective and impartial way. Hence, the World Health Organization later joined the endeavors to impact determinants of wellbeing which made the wellbeing frameworks more than simply the pyramid of openly possessed offices that convey individual wellbeing administrations [7]. In this manner, the Health frameworks are grinding away at local, provincial, region, and family levels, and consequently every one of these substances should be considered at all levels of talk on wellbeing frameworks fortifying. The elements of wellbeing frameworks have been portrayed most thoroughly in the World Health Report 2000 by WHO, and later explained in 2007 as appeared in Figure 1. The present study aimed to examine the non-governmental organizations projects in Pakistan. In the recent decades NGOs started projects. Currently, they have strengthen the communities and hand over those constructed community health centers to the community organizations.

## 2. METHODS

This study was conducted through quantitative research method to include the maximum number of

opinions from the rural communities. The study was conducted in three districts of Pakistan, namely, Islamabad, Lahore and Mardan. The number of respondents included in the study was 398 who lives in the rural areas of the aforementioned districts where they get their treatment through community care service provided by nongovernment organization and community centers. The information collected through interviews to know opinion of respondents about different health care providers. Ethical approval was obtained for the study and informed assent was signed from each respondent. The time frame of the study was August 2014 to February 2016. The data collected through purposive random sampling techniques and the survey conducted through semi-structure questionnaire and notes. The data was analyzed from the SPSS 22 version and few other statistical tests were applied to obtain the results.

## 3. RESULT AND DISCUSSION

This section shows the results of the study

**Table 1.** Respondents’ opinion about the provision of community health care such as Community screening camps, schools screening camps.

| Community health care |                                      |             |            |           |   |            |
|-----------------------|--------------------------------------|-------------|------------|-----------|---|------------|
| Sr.#                  | Categories                           | A           | S          | R         | N | Total      |
| i.                    | Community screening camps            | 87.2% (347) | 12.1% (48) | 0.8% (3)  | - | 100% (398) |
| ii.                   | Schools screening camps              | 73.1% (291) | 24.1% (96) | 2.8% (11) | - | 100% (398) |
| iii.                  | Mobile health unit in outreach areas | 75.9% (302) | 21.6% (86) | 2.5% (10) | - | 100% (398) |
| iv.                   | Community health workers visit       | 74.4% (296) | 23.9% (95) | 1.8% (7)  | - | 100% (398) |

A=Always, S=Sometime, R=Rarely, N=Never

Table 1 reveals about the results of community health care including the community screening camps, school screening camps, mobile health unit for villages and community health workers’ visits to community houses. Majority (87.2%) of the respondents always get benefited from community screening camps, 12.1% of the respondents responds that they sometimes availed the services from the organizations, while 0.8% of the respondents responded that they facilitated through screening camps. School health program organized by

NGOs in various schools. Majority (73.1%) of the respondents were always get benefited from school health camps, 24.1% of the respondents get benefited sometime, while 2.8% of the respondents were rarely assisted in school screening camps.

In addition, a village-wide health program was started in those respective villages which do not have access to basic health unit, community health center or any other private dispensary. Majority (75.9%) of the respondents always get facilitated in mobile health units, 21.6% of the respondents sometimes get assisted in mobile health unit while 2.5% of the respondents rarely get assisted in mobile health camps.

Furthermore, NGOs community health workers regularly visited households for the mother and child health care and awareness of health protection. Usually regularly CHWs visited the designed households. Majority (74.4%) of the respondents responded that the CHWs visited their home, 23.9% of the respondents shared sometimes they visited while 1.8% of the respondent were rarely stopover us for health education.

**Table 2.** Respondents’ views regarding awareness raising programs such as Health sessions and International health day celebrations

| Awareness raising (n=398) |   |             |             |            |            |
|---------------------------|---|-------------|-------------|------------|------------|
| Sr.#                      | Categories  | Always      | Sometime    | Rarely     | Never      |
| i.                        | Health Sessions through Community organizations     | 90.2% (359) | 9.8% (39)   | -          | -          |
| ii.                       | Celebration of International health days in schools | 66.6% (265) | 33.4% (133) | -          | -          |
| iii.                      | Role plays for health education                     | 71.6%(285)  | 27.9% (111) | 0.5% (2)   | -          |
| iv.                       | Health awareness walk                               | 77.9% (310) | 20.9% (83)  | 1.3% (5)   | -          |
| v.                        | Newsletter for field staff and support groups       | 76.1% (303) | 21.4% (85)  | 1.3% (5)   | 1.3% (5)   |
| vi.                       | Wall charts with health messages                    | 33.7% (134) | 33.7% (134) | 16.8% (67) | 15.8% (63) |
| vii.                      | Messages through mobile                             | 50% (199)   | 22.6% (90)  | 11.6% (46) | 15.8% (63) |

Table 2 depicts the opinion regarding awareness raising programs on Health sessions. The first indicator of the table Health Sessions through Community Development Organizations shows that majority (90.2%) of the respondents always get awareness through COs, while less than ten percent (9.8%) of the respondents sometimes get awareness through COs.

The second indicator of the table shows that the awareness of ‘School celebration of international health days’ shows that more than half (66.6%) of the respondents always gained awareness through the School national or international day celebration of international health days. Furthermore 33.4% of the respondents sometimes gained awareness through the School celebration of international health days.

The third indicator of the table concludes about the awareness for health education which shows that majority (71.6%) of the respondents always support this notion that awareness plays a vital role for health education. Furthermore, 27.9% of the respondents were of the opinion that awareness plays role for health education to some extent.

The fourth part of the table concludes the importance of ‘health awareness walk’, the results shows that majority (77.9%) of the respondents were always in favor of health awareness walk, while 20.9% of the respondents were sometimes in favor of health awareness walk campaigns.

The fifth indicator of the table about the role of ‘local newsletter by field staff for CHWs to promote the

health awareness' among the respondents shows that majority (76.1%) of the respondents were always satisfied with the role of newsletter by field staff for CHWs to promote the health awareness. Furthermore 21.4% of the respondents sometimes agreed with the said notion.

The second last indicator of the table concludes about the awareness through 'wall charts of health messages' the results shows that one third (33.7%) of the

**Table 3.** Respondents' opinion about capacity building of core members of communities, health committees and general health education [A=Always, S=Sometime, R=Rarely, N=Never]

| <b>Capacity building (n=398)</b> |  |             |             |           |          |
|----------------------------------|--|-------------|-------------|-----------|----------|
| Sr.#                             | Categories   | A           | S           | R         | N        |
| i.                               | Trainings on patient refusal cases                           | 88.7% (353) | 6.5% (26)   | 4.8% (19) | -        |
| ii.                              | Trainings of health committees on health role/support groups | 76.9% (306) | 23.1% (92)  | -         | -        |
| iii.                             | Trainings of general community on health education           | 63.1% (251) | 35.7% (142) | 0.3% (1)  | 1.0% (4) |

Table 3. reports the results of capacity building of core members, health committees and health education in community. Majority (88.7%) of the respondents always attended the trainings on health education and how to handle patient refusal cases, 6.5% of the respondents sometimes participated while 4.8% of the respondents rarely participated in training on patient refusal cases for health sustainability.

Capacity building is a major role of Non-governmental organizations to improve the human skills in different varieties in the intervention communities [8]. NGOs has trained many individuals in the community

**Table 4.** Distribution of the respondents regarding primary health facilities, such as availability of Medicines, ambulance services (n=398)

| <b>Availability of primary health facilities</b> |                                       |             |             |           |           |
|--|---------------------------------------|-------------|-------------|-----------|-----------|
| S. No  | Categories                            | Always      | Sometimes   | Rarely    | Never     |
| i.   | Medicines                             | 80.4% (320) | 19.6% (78)  | -         | -         |
| ii.  | Day Ambulance service                 | 83.9% (334) | 11.8% (47)  | 4.3% (17) | -         |
| iii.   | Medical equipment's for Lab tests     | 86.4% (344) | 13.6% (54)  | -         | -         |
| iv.  | Referral system to recommend patients | 78.9% (314) | 16.6% (66)  | 2.8% (11) | 1.8% (07) |
| v.   | Establishment of health points        | 65.8% (262) | 31.2% (124) | -         | 3.0% (12) |

Table 4 portrays the primary health care facilities such as availability of Medicines, 24-hours ambulance services, Medical equipment for lab tests, referral systems to recommend patients to others hospitals and establishment of health points where health facilities are not available. In response to these categories, majority (80.4%) of the respondents reported that medicines are always available in community health center while 19.6% of the respondents shared that sometimes all type of medicines are available. Majority (83.9%) of the respondents responded that ambulance is always

respondents always like wall charts of health messages activity, while 16.8% of the respondents rarely agreed that wall charts of health messages is a good activity.

The last indicator of the table about the awareness through mobile ICT depicts that fifty percent of the respondents always like the awareness campaign through messages mobile ICT, while 22.6% of the respondents sometimes agreed on this notion.

for the capacity buildings and sustainability of the community. Therefore, majority (76.9%) of the respondents attended the role of health committees and development of support groups, 23.1% of the respondents sometimes participated in the health roles and responsibilities at community level.

In addition, most (63.1%) of the respondents always attended the trainings on health education and public awareness on chronic diseases while 35.7% of the respondents sometimes availed trainings on health education.

available 24/7 to the community while 11.8% of the respondents said sometimes ambulance is available whereas 4.3 percent said ambulance service is rarely available.

Moreover, most (86.4%) of the respondents reported that medical equipment for Lab tests at community health center is always available while 13.6% of the respondent said that the service is sometimes available, 78.9% of the respondents responded that community health center has strong referral system and they always

refer or recommend patients to other hospitals or clinics while 16.6% of the respondents shared that sometimes they advise patients to other hospitals, where as 2.8% of the respondents said they rarely recommend patients while 1.8% of the respondents reported that they never recommend patients to tertiary care hospital for proper diagnosis and treatment.

Furthermore, 65.8% of the respondents shared that NGOs have established health points in the out areas where there is no other facility where as 31.2% of the respondents said that they sometimes establish health points while 3.0% of the respondents responded that they never established health points in other areas of intervention programs.

#### 4. CONCLUSION

The study concluded that community health centers played vital role in the provision of health services to the public in rural areas where the availability of secondary and tertiary health care organizations were very limited. This research also found that these health centers are the priority of the public in achieving quality health services and gaining awareness and assessment regarding health. This study also showed that the respondents are participating in community and school screening camps for their health-related issues. In short it could be concluded that community centers and non-government organization were the only source for the community in rural areas for achieving health care facilities.

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#### REFERENCES

- [1] World Health Organization: World Health Report 2000. Health systems: Improving performances. 2000, Geneva
- [2] Shaikh BT, Rabbani F: District health system - a challenge that still remains. *East Mediterr Health J.* 2004, 10 (1/2): 208-214.
- [3] Nishtar S: Health systems in Pakistan-a way forward. 2006, The Gateway Paper I. Pakistan Health Policy Forum and Heartfile, Islamabad
- [4] Nishtar S: Choked pipes. Reforming Pakistan's mixed health system. 2010, Oxford University Press, Karachi
- [5] Khan MM, Van den Heuvel W: The impact of political context upon the health policy process in Pakistan. *Public Health.* 2006, 121: 278-286.
- [6] Mubarak MM: Health coverage in Pakistan: An evaluation for future study. 1990, The Army Press, Rawalpindi
- [7] World Health Organization: Everybody's business: strengthening health systems to improve health outcomes: WHO framework for action. Geneva: 2007.
- [8] Ariadi, S., Saud, M. and Ashfaq, A. Exploring the Role of NGOs' Health Programs in Promoting Sustainable Development in Pakistan. In 2nd International Symposium of Public Health (ISOPH 2017) - Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems, pages 430-435 ISBN: 978-989-758-338-4.
- [9] Karim M. S, Zaidi S, Mahmood N. Poor Performance of Health and Population Welfare Programmes in Sindh: Case Studies in Governance Failure [with Comments] *The Pakistan development review.* 1999;38(4):661-688
- [10] Oxford policy management (2009). *Lady Health Worker Programme: Third party evaluation of performance.* Oxford, UK: Oxford Policy Management;
- [11] Ghaffar, A., Kazi, B. M., & Salman, M. (2000). Health care systems in transition III. Pakistan, Part I. An overview of the health care system in Pakistan. *Journal of Public Health, 22*(1), 38-42.
- [12] Knopf, J. A., Finnie, R. K., Peng, Y., Hahn, R. A., Truman, B. I., Vernon-Smiley, M., ... & Hunt, P. C. (2016). School-based health centers to advance health equity: a Community Guide systematic review. *American journal of preventive medicine, 51*(1), 114-126.
- [13] Doyle, E. I., Ward, S. E., & Early, J. (2018). *The process of community health education and promotion.* Waveland Press.