

Assessment of Health Services on Relevant Primary Health Care Principles in Internally Displaced People of Pakistan Based on SPHERE Standards and Indicators

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ABSTRACT

SPHERE based assessment of internally displaced persons camp was done to assess health services on relevant primary health care principles using a cross-sectional survey in Jalojai Camp, Pakistan. Most of the households (74%, n=87) had access to health education addressing issues to protect and promote their health which was provided at household level (83%, n=72), community level (44%, n=38) and health centre level (13%, n=11). All the health facilities were culturally and socially acceptable in terms of language, separate waiting rooms, presence of female health providers and language translators. A referral system was in place which provided free transport in (67%, n=2) health facilities to tertiary care hospitals. Health services provided were culturally and socially acceptable and efforts on health education were also appreciable, except that no health education or intervention was done on HIV AIDS. Referral should be made to referral facilities within the districts instead of directly to tertiary care hospitals.

Key words: Pakistan. SPHERE standards and indicators. Internally displaced persons. Primary health care.

Every year disaster displaces 5 million people from their homes besides injuring and killing tens of thousands of people.¹ Pakistan's military action against militants resulted in uprooting of 3 million people from Swat, Shangla, Buner, Lower and Upper Dir, who are now placed with limited supplies at Jalojai, which is one of the world's largest camps for displaced population in Pakistan.² Provision of health services may be troublesome when infrastructure of a community is destroyed by catastrophe.³ Limited food rations and poor hygiene in crowded camps are contributing factors that give rise to increased burden of communicable diseases. Access to primary health care is thus a public health priority for affected and host population.³

The SPHERE Standards and indicators were developed by a group of humanitarian agencies to establish universal minimum standards in disaster response, in five key sectors (water supply and sanitation, nutrition, food aid, shelter and health services).⁴ The standards are designed to be applicable in natural disaster or armed conflict situation where relief is required.⁴

This descriptive cross-sectional study was conducted from January to April 2010 at Jalojai Camp, Nowshera District, Pakistan. The camp is distributed in 17 phases. Approximately 11% (123 families) of the Phase 1 population were sampled using a systematic random sampling scheme. A structured questionnaire (pilot tested) based on SPHERE Standards and indicators was translated into local language for this purpose. A separate structured questionnaire was used to assess the three health facilities that were providing services in the camp. Permission from camp administration was acquired after explaining them the objectives of the study and sharing the questionnaire with them. Informed consent was taken from head of the families before the interview.

Majority of households 75% (n=87) reported that health education sessions were conducted in the camp. The topics included water and sanitation (n=80, 92%), child health and vaccination (n=69, 79%), health of mother and new born (n=69, 79%) and control of malaria and TB (n=39, 45%). These sessions were conducted at household level (n=72, 83%), community level (n=38, 44%), and in health centres (n=11, 13%). No health education was done on HIV (AIDS). During a detailed interview with health facilities working there, we found that 2 of the 3 health facilities were providing free ambulance services for referred patients. All the health facilities reported that separate waiting rooms were available and female medical officers were employed for female patients.

Selected SPHERE indicators for assessment of Primary Health Care included the following:

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All people have access to health information that allows them to protect and promote their own health and well-being. Health services are provided at the appropriate level of the health system: household/community, peripheral health facilities, central health facilities, referral hospital. A standardised referral system is established by the lead health authority and utilised by health agencies. Suitable transportation is organised for patients to reach the referral facility. Health services and interventions utilise appropriate technology, and are socially and culturally acceptable.

SPHERE standard suggests that "health education should provide information on endemic diseases, health risks, behaviours to protect and promote health".⁴ Most common causes of deaths in displaced population are diarrheal diseases, malaria, acute respiratory infections and measles.⁵ In this survey, 74% households were educated on various health issues. Health education was strong in some areas including water and sanitation issues and mother and newborn health, while it was weak in others such as nutrition, and control of malaria and TB. Surprisingly, HIV and AIDS was not part of health education sessions at all. Displacements of population as a result of catastrophe or conflict can result in increased exposure to HIV AIDS because of lack of access to HIV related information and prevention services.⁶ Children and women are at risk of sexual assault as water collection responsibility usually falls on them, particularly when water collection points are situated outside the camps.⁶ Therefore, access to HIV control program is not only a protection but also one of the rights of the displaced and host population.

It was found that 83% household informed that health education was given at household level, followed by 44% at community level and 13% at health centre level. Reasons for weak health education at health facility level may include overcrowding or a lack of focus on this important component of health services by the agencies providing health care. Patient-provider interaction at health facility level represents an opportunity for effective interpersonal communication, which has been shown to positively impact health seeking behaviours.⁷

Refugee camps and settlements are typically served by first-line health facilities that connect to higher level facilities through a referral system. SPHERE standards suggest that lead health authorities should establish a standardized referral system providing suitable transportation for patients to reach referral centres.⁴ Despite the availability of secondary level health care facilities within the district, the camp facilities were referring cases directly to a nearby tertiary care hospital. It was found that displaced persons had to pay the cost

of referral except for one-way transportation that was being provided by one of the facilities.

Language can be a serious barrier in delivery of health care. In the context of disaster, the health personnel should be hired from locals or ones who can speak and understand the language of the disaster-affected population. It was found in this survey that 2 out of 3 health facilities had linguistic competence of the disaster affected population while 1 out of 3 health facilities hired local community members from the affected population as translators.

Health services are not culturally acceptable especially when female health providers are not present for female patients. This can result in loss of self esteem, dignity and helplessness in disaster affected population. As a result health seeking behaviours are negatively impacted, leading to low utilization of health services. All the surveyed health facilities reported provision of gender specific health staff in these facilities along with separate waiting and operating rooms for patients.

It is concluded that the services provided to these refugees are socially and culturally acceptable, and majority of the people have access to health information. However, health education needs strengthening especially with regards to HIV AIDS. Also, the primary level facilities need to follow the referral chain by connecting with secondary level care facilities.

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