

Abstract

Introduction/Background: Since 1985, the Aga Khan University through its Department of Community Health Sciences has provided technical support to different squatter settlements of Karachi to address health and socio-economic problems. Over time at the field sites, Primary Health Care prototypes have been established with the support of local community. Three types of models emerged: Community led Model; Institution led Model and Co-partnership Model. The purpose of this study was to explore perceptions of the key stakeholders of these three models in order to know their effectiveness.

Material and Methods: We carried out a qualitative study at five fields sites in urban squatter settlements of Karachi where three PHC models were established. Measures for Comprehensive PHC research on the perceptions for effectiveness of PHC models were developed. We conducted 42 key informant interviews and focus group discussions with the community leadership, volunteers, and members of the community based organizations associated with these models and the PHC team members. We took care of the relevant ethical considerations during the entire process. The data was imported into the QSR NVIVO 2.0 program for analysis.

The analysis was conducted as a participative exercise wherein all team members gave their inputs on validity of the text coded against each subunit of analysis. The coding report on each subunit was generated for each key area identified for analysis.

Results and Discussions: The analysis of the data for various measures to explore perceptions of key stakeholders gave results for each model. The Community led Model was perceived as effective; it benefitted the communities by increasing knowledge about health issues and causation, prevention, some knowledge about PHC programs and their types. The program helped in understating the importance of development activities, affordability and access, the satisfaction with PHC program, involvement of CBO and volunteers. The community participation was at mid level and contributed towards self reliance and empowerment of communities.

The Institution led PHC Model also contributed similar to the community led model, except that the community participation was passive and self reliance and empowerment was not high enough in this model.

The additional contribution of the Co-partnership Model was the added emphasis on capacity building, social development and self reliance and empowerment.

Conclusions: Of the three models for which perceptions were explored, the Co-partnership Model was perceived as having added advantages such as more emphasis on capacity building, social development, self reliance and community empowerment.

Recommendations: The Co-partnership Model should be promoted due to its added advantages over community led or institution led models.