Concept & Execution Stakeholders

Pattern in chief:

- **Prof Dr Muhammad Umar (SI) Vice Chancellor RMU**

Team CHC:

- **Department of Community Medicine & Public Health RMU**

Rawalpindi Medical University community health transformation program was undertaken to pursue the moral responsibility of the institution after its inception as Rawalpindi Medical University to identify its role in health betterment of the people of the region. Prof. Dr. Muhammad Omar vice chancellor RMU realized that public sector health institutions are run by the public-resources, so the people have full right and be benefited in matters of health in all possible ways traditional & extra-traditional. In response a novel concept was shared to invest capacity of public health and other relevant departments of the University for their an exceptional & effective role in health development of the people of the area beyond their traditional work range. The vision is based on philosophy of shifting the notion of "healthcare for the peoples" to the "healthcare by the people" i.e. by placing people's health in their own hands (1). Its approach is participatory and spirit is missionary. Here it is right to recall the words of Henry Sigerist, the great medical historian that" the people's health ought to be the concern of the people themselves. They must struggle for it and plan for it. The war against disease and for health cannot be fought by the physicians alone. It is a people's war in which entire population must be mobilized permanently"(1). **This program intends to combine university intellect and community strengths under a meaningful mechanism for a visible health gain**

Health education is primary mode of intervention of first & fundamental level preventive medicine. Rawalpindi Medical University, Centre for Health Communication (CHC) is a competent University resource to employ university role in health development of the people of the region. It's more a mental capacity than a physical goods, for continuous thought generation and materialization in the spirit of service to the community. Moreover, underlying motive is that how best intellectual and professional resource of Public Health and relevant clinical disciplines of Rawalpindi Medical University & Allied Hospitals can be used in a unified way in the health interest of the population. It is to set new standards of work for public health profession.

CHC is also a base-camp for Rawalpindi Medical University "Community Health Transformation Program (CHTP) and Rawalpindi Medical University "Communication for Health Awareness Program (CHAP)". Simply the **Moto & mission of CHC: "** *to improve Health of community through behaviours change communications".*

<u>CHC is workstation for</u>.
  I.   *Debate & decision-making on any need of CHC mission.*
  II.   *Planning "Communication for health awareness program (CHAP)*
  III. *Planning & Workplace for **DTD** component and **100CTP3Y***
  IV.   *Planning & workplace for **"community health transformation program". (CHTP**)*
  V.   *Workplace for RMU- **Public Health Advisory Board office***
  VI.   *Basecamp for "investigations for diseases outbreaks" in the community, when needed*
  VII. *Basecamp for Epidemiological research*
  VIII. *Basecamp for Training of students, faculty, staff, community leaders & workers in CHC matters*
  IX.   *Center for Postgraduate trainee's training in the subject of IEC, Epidemiological research etc.*

Following are three interconnected components works of CHC under broader purpose of student's training in practices of health communication, and involvement of the public health faculties in real-life service of the community.
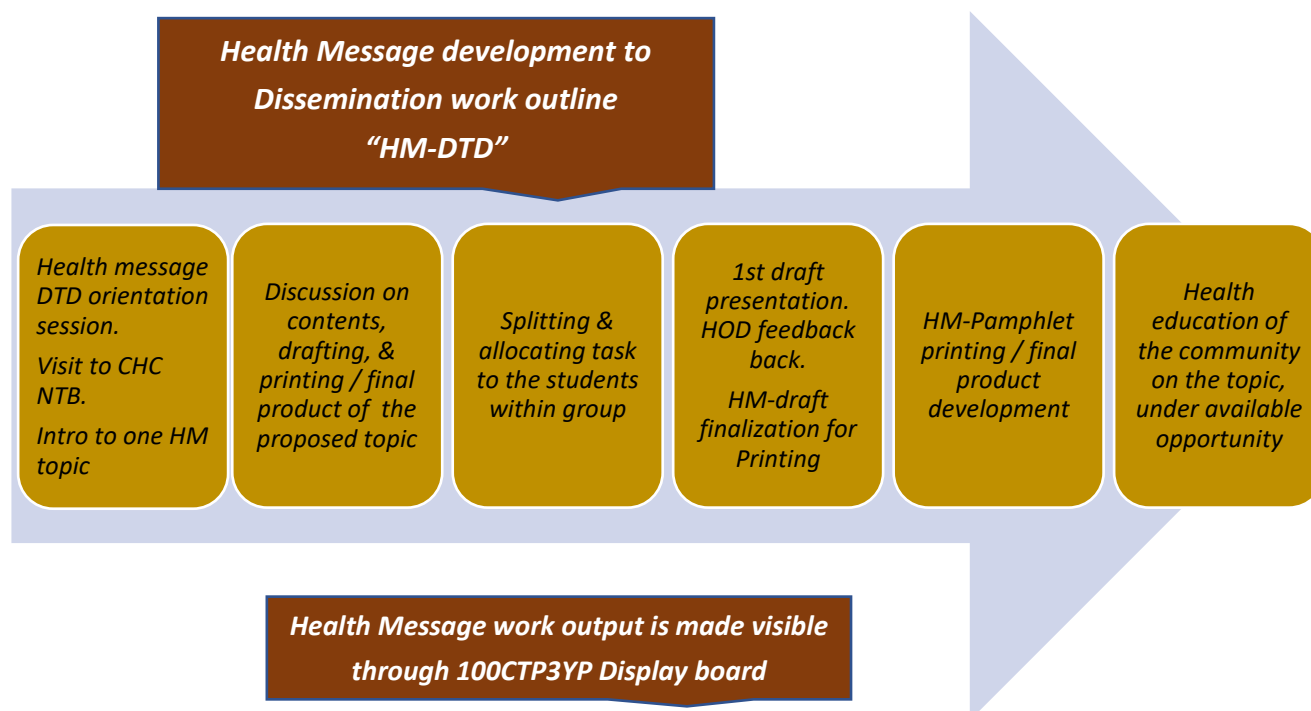
CHC-work component-I

HEALTH MESSAGE "DEVELOPMENT TO DISSEMINATION" (DTD)

- *Core teachings on Health "Information-education & Communication "are undertaken during foundation modules of 4thyear MBBS under integrated MBBS university curriculum through classroom-based teachings. All subject contents according to learning outcomes laid down in curriculum   are covered accordingly.*
- ***Health message (audio, video, written) development and dissemination work:*** *whole class is split into 16 batches each comprises into 20-22 students, posted in the community medicine department for 4hrs /day for 02 weeks and whole class is rotated over the year. During this period health message DTD training is imparted & experienced by the batch students according to a schedule.*

Health Message development to Dissemination work outline "HM-DTD"

Health message DTD orientation session. Visit to CHC NTB. Intro to one HM topic	Discussion on contents, drafting, & printing / final product of the proposed topic	Splitting & allocating task to the students within group	1st draft presentation. HOD feedback back. HM-draft finalization for Printing	HM-Pamphlet printing / final product development	Health education of the community on the topic, under available opportunity

Health Message work output is made visible through 100CTP3YP Display board
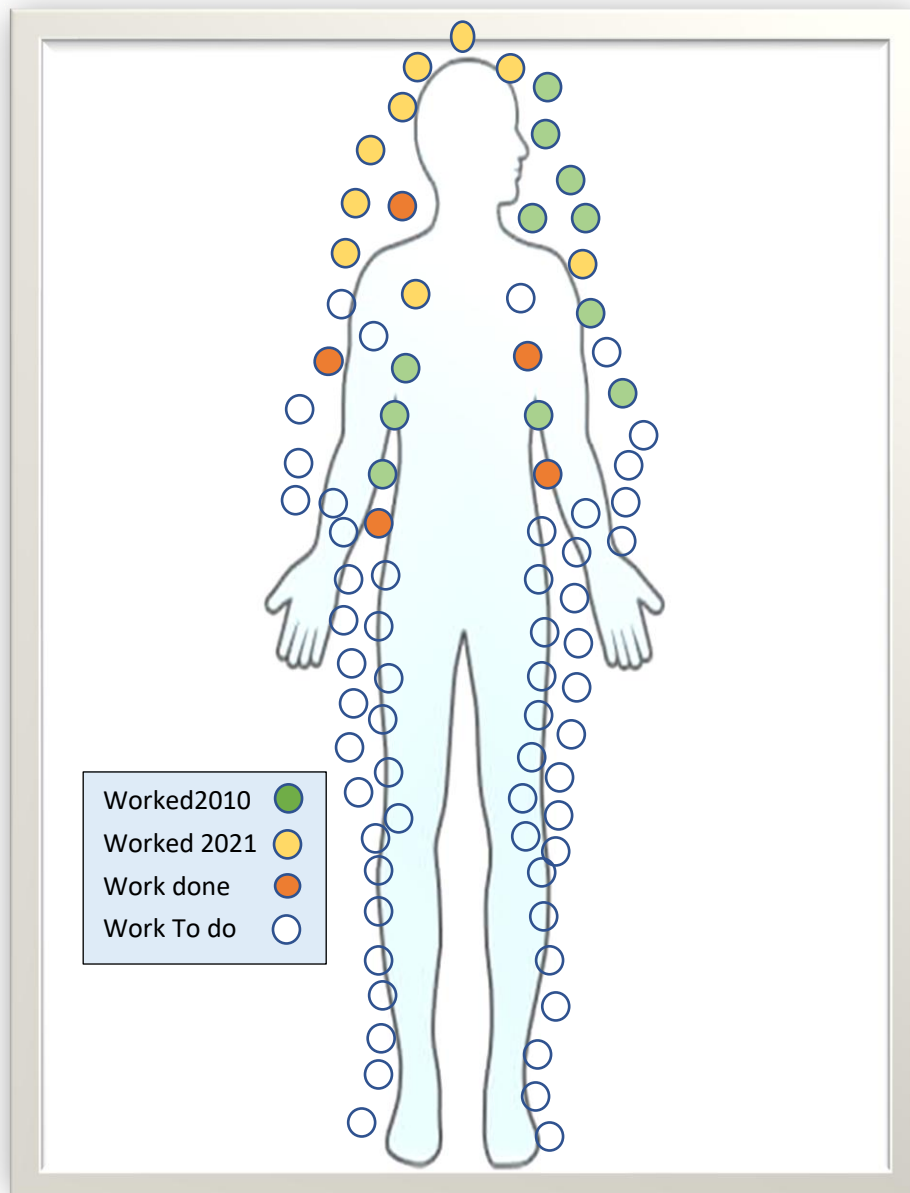
CHC-work component-II

100-COMMUNITY TOUCH POINTS-3YEAR PROJECT (100CTP3YP)

Canter for health communication (CHC) RMU under its "Communication for health awareness program" (Chap) initiated **"one hundred community touch points-3years initiative**. (100CTP3YI is a department inborn concept and mechanism for systematically performing Chap work. Central concept is that the primarily all health awareness communications eventually address the physical, mental and social health needs of the Human body. Regardless of any precise physiological or pathological state, health awareness aimed to prevent illness, protect, maintain, and promote health of some organ or system of the human body. Objectively human body is a cognizable focus of all scientific efforts determined to prevent or treat disease. All human aliments, known or not known belong to some part of human body. Hence the body sketch / concept may be used to identify sore areas of community specific priority needs for health awareness and also to keep sequence & develop pathway for work accomplishment under some timeline(3years).

There would be thousands of areas of need for awareness in matters of health. **One hundred** is a target number of areas of work for health communication starting from top to toe over the 3year time span. However, this only a work order and can be by run as such, modified or added according to any pressing health awareness need of the community of the region. **100CTP3Y** is simply workplan to execute behaviour change communication work under some structure, sequence, and timeline. Its purpose can be summarized as:

1. To maximize the CHAP effort in given time.
2. To set a work target for continued CHAP work.
3. To set a structure (under body parts and systems) & sequence of work for CHAP.

4. *For ease in planning the topics for CHAP in given time and in advance.*
5. *To address all possible areas of human health where there is a potential for better health by changing human behaviour through health awareness communication.*
6. *To cover all areas of human health where some awareness is deemed in local community perspective.*
7. *To keep record and intentions CHC work done visible*

RMU "COMMUNITY HEALTH TRANSFORMATION PROGRAM" (CHTP)-WORK OUTLINE

This Program provide opportunity for the health scientists to work directly in community perspectives and to closely examine interdependence of individual's characteristics, prevailing cultural values & believes, environmental conditions and customary attribute of healthcare delivery system in determining real health needs of the people. Close work with highly disease-susceptible population would open many avenues for epidemiological research. Community based evidence would add better to improve healthcare philosophies. The program engages the faculty & students RMU in corrective health work in the service of the community.

OUTLINE of CHTP

Building legal capacity
- MOUs with EDO Health
- MOUs with EDO Education
- MOUs Local Govt
- MOUS Com Leaders

Community involvement
- Local com leaders
- Masjid & Madrassa
- Professional's groups/unions

- School based "Communications for Health awareness program

Selection of a Community **UC-15 Rawalpindi**

*Vice Chancellor Hep-C Free City Initiative Screening followed by case management

Establishment of - community based CHT Center / workplace

Partnership for Health
- Educational institutions of the area
- Healthcare providers of the area (Govt. & Private)
- LHWs/ LHW-House

- Health relevant mapping (Epi-work)
- Base line health pertinent survey (Epi-work)

High Risk / Target community groups
- Mothers & children
- Youth
- Certain professionals
- Others

Backbone Resource
- **Dept of com med & Public Health (Primary)**
- **Dept of Gynae& Obstetrics**
- **Dept of Pediatric medicine**
- **Dept of Infectious disease**
- **DME RMU**
- **Vice Chancellor RMU**

- Health relevant mapping (Epi-work)
- Base line health survey (Epi-

Executions
- Community group focused awareness sessions
- Evidence -based Suggestive

Work done

Work in progress