# The Role of Rural Health Units in Managing Health Crises in Fayoum Governorate

**By**

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B.Sc.in Agricultural Sciences, Fayoum University,2020

**Thesis**

Submitted in Partial Fulfillment of the Requirements for the Master Degree in Agricultural Sciences (Rural Sociology)

**In**

Agricultural Sciences

(Rural Sociology)

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## Abstract

The study aimed to describe the current situation of health crises in the study area, the mechanisms by which rural health units deal with them, and to assess the levels of health crisis management from the perspectives of both rural health unit managers and service beneficiaries. It also aimed to test the significance of differences between the views of health unit managers and beneficiaries regarding the level of health crisis management, estimate the gap between the current and optimal levels of crisis management in the study area, identify the beneficiaries' level of utilization of rural health unit services in addressing health crises and its correlation with study variables, as well as to identify obstacles hindering the performance of rural health units in managing health crises and propose solutions from the perspectives of both managers and .beneficiaries

To achieve its objectives, a systematic random sample of beneficiaries of services was selected, consisting of 260 individuals. 'rural health units The sample was distributed across the two study villages using a proportional allocation method, with 120 individuals from Qalhana ,Azab village. To analyze the data-village and 140 individuals from Al various statistical methods were employed, including frequencies, .square test, and Cramer's V coefficient-percentages, Chi

The most common health crises in the study area, as perceived by rural health unit managers, were: the new COVID-19 variant (65.3%), Hepatitis C (54.7%), COVID-19 (45.3%), and Avian Influenza (34.7%). The crises were ranked by severity as follows: highly severe (25.3%), moderately severe (61.3%), low severity (2.7%), and no severity (10.7%).

Regarding frequency, they were categorized as: frequent (8.0%), moderately frequent (62.7%), infrequent (21.3%), and non-recurrent (8.0%). The level of control over these crises by rural health units was reported as high (8.0%), medium (53.3%), low (34.7%), and nonexistent (4.0%).

The main causes of the emergence and exacerbation of health crises were identified as lack of material resources in rural health units (97.3%), while the least reported causes were the absence of qualified human resources and lack of information about the health crisis (34.7%). The most common methods used by rural health units to manage health crises, according to managers, were raising awareness about symptoms and urging staff to wear medical masks (93.3%), while the least was providing isolation spaces for infected individuals (0%).

Most rural health unit managers (86.7%) reported a limited role for their units before crises occur, while 62.7% indicated an increased role during crises, and 45.3% reported a moderate role after crises. Additionally, 56.0% perceived the overall crisis management level as medium. Similarly, 61.2% of service beneficiaries acknowledged the poor management of crises before their occurrence, 60.8% indicated a moderate level of management during crises, and 54.6% after crises, with .60.0% rating the overall crisis management level as moderate

The results also showed statistically significant differences at the 0.01 probability level between the mean scores representing the views of health unit managers and beneficiaries concerning crisis management at all stages (before, during, after, and overall).

Regarding the gap between the current and optimal levels of crisis management, beneficiaries consistently perceived a wider gap than

managers at all levels. The gap was estimated at 17.6 and 19 degrees before crises, 15.1 and 29 during crises, 9.7 and 16.2 after crises, and 44.1 and 64.1 overall — from the perspectives of managers and beneficiaries .respectively

About 12.7% of beneficiaries reported low overall benefit from rural health unit services, while 48.8% reported a moderate benefit, and 38.5% considered the benefit level to be high. A statistically significant correlation at the 0.05 level was found between the level of benefit from rural health unit services and variables such as marital status, occupation, .urban exposure, leadership status, community belonging, and ambition

The study results also showed that the most significant obstacles to the performance of rural health units in their role in managing health crises from the perspective of health unit managers was the lack of ambulances in the health unit (97.3%), while the least significant was the poor treatment of rural clients by health unit staff (2.7%). In contrast, from the beneficiaries' perspective, the most significant obstacle was the lack of unit (61.5%), while the least significant medical equipment in the health was the lack of incentives for health unit staff (46.9%). The most important suggestions from the perspective of health unit managers included renovating the health unit and providing incentives for staff through increased salaries and bonuses (26.7%). From the beneficiaries' perspective, the most important suggestion was providing ambulances in the health unit (18.5%). The least suggested solutions included immediate injury sites by doctors, renovating the health unit, assigning treatment of a health visitor to each village school, providing free services to villagers, ensuring health unit cleanliness, and improving health unit supervision .(0.8%)