

HEALTH CARE FACILITIES
IN RURAL AREAS OF
MALAYSIA

**Post Graduate Course in
Health Facilities Planning 1982 - 83
Dissertation for the Post Graduate Diploma (CNAA)**

**HEALTH CARE FACILITIES
IN RURAL AREAS OF MALAYSIA**

**N. A. JUFFERY
Adv. Diploma in Architecture (ITM)**

SUMMARY

The scope of study covers the background study of the existing facilities with the available physical and manpower resources. There is a shortage of manpower resources due to the high cost of training and the unfavourable working conditions in rural areas.

To raise the health status of the rural people facilities are upgraded, but they do not cater for the needs and demands of the local community. Example accessibility become a problem. There is a negative attitude of the rural people towards the medical system and medical staff, and also staff attitudes towards their job and the condition of the facility. These attitudes could be remedied by bringing those involved in community participation of health programmes. One way is to have the integration of the modern medicine with traditional medicine under one health system for health care. In this way the people will be motivated to use the facility and the staff have better relationship with the community.

Without the integration system the traditional healers and traditional midwives have been working as health workers on their own. With their contribution to health care they can be the potential manpower resources.

The operational policy and the brief are derived from the above study on the existing system. With the inadequacies in the existing standard plan used in the existing system it is better to have a new standard plan for the rural health clinic.

LIST OF ILLUSTRATIONS

Figure	Page
1 Location of Malaysia	4
2 Hierachy of facilities	12
3. Patients referral system	13
4' The tiered staff pattern of RHU in the form of pyramid.	24
4" Rural health services scheme - rural health unit for 50,000 population.	18
5. Age-groupings for health services programmes.	26
6. Distribution of health facilities and relationship among general and district hospitals and rural health units in a co-ordinated medical and health service.	30
7. Public development budget 1981 - 1985	35
8. Inputs to and outputs from the health system.	50
9. Relationship of activity at different level.	74
10. A.D.M. in the planning and design building process.	75
11 Relationship of rural health clinic and health centre, and their coverage area.	80

12.	Simplified sequence diagram.	102
13.	Relationship between activities and space in a rural health clinic.	124
14.	Space relationship in patient movement.	125
15	Relationship of spaces for reception with records, administration and waiting.	126
16.	Relationship of spaces for waiting with C/E ,treatment, pharmacy, laboratory and specimen toilet.	126
17.	Flexibility and expansion in rural health clinic.	127
18.	Standard plans of rural health clinic and midwife clinic.	144
19	Wet and dry areas of the laboratory with a specimen toilet.	148
20	Site plan for a rural health clinic.	150a.

TABLE OF CONTENTS

Chapter	Page
Acknowledgements	ii
Lists of illustrations	iii
Introduction	1
1.00 General background and health services.	3
1.01 Location and geographical area.	3
1.02 Climate	5
1.03 Population	5
1.04 Language	5
1.05 Communication system.	6
1.06 Background of Malaysian health services.	6
1.07 The health programmes.	7
1.08 Services upgraded.	8
1.09 Primary health care approach.	9
2.00 Existing Facilities	11
2.01 Hierachy of facilities	11
2.02 Physical facilities	15
2.03 Rural health service	17
2.04 Supporting facilities	20

2.05	Staffing of facilities	20
2.06	Rural and urban population with health facilities distribution.	21
		25
2.07.	Functions of the rural health care facilities	31
3.00	Efficient Health Facilities	34
3.01	Problems of scarce resources.	34
3.02	The needs.	36
3.03	Available resources.	37
3.04	Accessibility - distance and time	38
3.05	Other needs.	39
3.06	Coordination.	41
3.07	Socio-economic, enviroment and socio-culture.	43
3.08	Attitudes	49
4.00	Shortage of Manpower and Strengthening health administration.	52
4.01	Shortage of medical and health personnel	54
4.02	Accelerate the training.	55
4.03	Potential manpower	56
4.04	Health development	57
4.05	Health for a target group.	58
4.06	Integration of traditional medical system	59
4.07	Strengthening of administrative and supporting services.	67

5.00	The Brief	73
5.01	Definition of A.D.M	73
5.02	Rural health clinic -Function	76
5.03	Activity analysis	102
5.04	Space requirements.	124
5.05	Schedule of accommodation	139
5.06	Diagrammatic zoning	140
6.00	Review on the standard plan of the existing rural health clinic and some proposal.	142
6.01	Waiting space	143
6.02	Clinic	143
6.03	Examination room	145
6.04	Laboratory and toilet	146
6.05	Exit	149
6.06	Nutrition and Health Education class	149
6.07	Climatic conditions	150
6.08	Rural architecture.	152
6.09	Remodel or new standard plan	153
	Conclusion	155
	Bibliography	vi

5.00	The Brief	73
5.01	Definition of A.D.M	73
5.02	Rural health clinic -Function	76
5.03	Activity analysis	102
5.04	Space requirements.	124
5.05	Schedule of accommodation	139
5.06	Diagrammatic zoning	140
6.00	Review on the standard plan of the existing rural health clinic and some proposal.	142
6.01	Waiting space	143
6.02	Clinic	143
6.03	Examination room	145
6.04	Laboratory and toilet	146
6.05	Exit	149
6.06	Nutrition and Health Education class	149
6.07	Climatic conditions	150
6.08	Rural architecture.	152
6.09	Remodel or new standard plan	153
	Conclusion	155
	Bibliography	vi

INTRODUCTION

In aiming to improve the health standard of individuals and the community efforts have been made to provide the essential health care to the rural population utilising the Primary Health Care approach. Through this approach health delivery system should be available and accessible to the population in the remotest and economically depressed areas.

The scope of study will cover the existing facilities with the ratio to the population distribution and the background as to what have influenced the efficiency and effectiveness of the health care facilities in the rural areas and the adverse.

With shortage of manpower to run the facilities community participation is an important contributing factor in providing health workers as the potential manpower resources. This needs for the integration of traditional healing system with modern medical system. The success of the integration system depends on the government recognition and cooperation between the traditional practitioners and the medical practitioners.

The formulation of brief is derived after studying the influencing factors for effectiveness and efficiency of the health facilities. Operational policy is then established with some recommendations for new plan of rural health clinic.