CHAPTER IV

RESEARCH RESULTS

The study was aimed to assess the activities of health service providers working at the primary care units as regard to perceived significance and actual practices of 10 activities by study with the total of 681 public health personnel working at the government primary care units. There were 671 personnel 78.0% sent the complete questionnaire back. The data were collected during

June – September, 2003. The results of data analysis were presented into 6 parts as follow:

Part 1. The number of Returned of Questionnaires

Part 2. General Information of the Service Providers

Part 3. General Information of the primary Care Units

Part 4. Perceived significance and Actual practices of Health Service Activities

4.1 Implementation of health Service Activities in Primary Care Units

4.2 Perceived Significance and Actual Practices of 10 Health Service Activities in primary Care Units

4.3 Difference and Difference Comparison between perceived Significance and Actual practices

Part 5. Difference Comparison of health Service provider' opinions as related to personal Characteristics and primary care Unit' characteristic

5.1 Perceived Significance and Actual practices as Related to Personal Characteristics

5.2 Perceived Significance and Actual Practices as Related to Primary Care Units' Characteristics

Part 6. Problem and Recommendations

6.1 Problem and Obstacles of Implementing Health Services

6.2 Recommendation for Improving Health Services of the PCU

6.3 Opinions of Services Providers Toward 30 Bath Universal health Care Policy

Part 1. The number of Returned of Questionnaires

From the total of 861 questionnaires sent to the sample group, 671 copies were returned (78.0%). The highest return rate was found in zone 1 (84.3%) and the least was found in zone 5 (64.4%). (Table 4.1)

Table 4.1 : Distribution of number and percentage of the returned questionnaires by zone

No.	Zone	Number Sent	Number Returned	percentage
1	1	128	108	84.3
2	2	226	178	78.7
3	3	251	208	83.0
4	4	93	72	77.4
5	5	163	105	64.4
Total	5	861	671	78.0

Part 2. General Information of the Service Providers

From 671 health service providers who answered questionnaires it was found that most of them (62.9%) are females and the proportion of female: male was 1.69:1. Most of the respondents (34.9%)aged 31-40 years, the minimum age was 21 years and the maximum was 62 years. The high percentage of them (70.7%) were married, 58.8 percent finished bachelor degree or equivalent, For the year of government service, 38.2 percent had 1-10 years, the minimum year of government service was 1 year while the maximum was 39 years, and the average year of government service was 15 years, About 36 percent of them were community public health staff, most of them have worked in PCU for 11-20 months (79.4%), the minimum work duration was 1 month and the maximum was 26 months, and averagely 17 months. For the job characteristics, it was found that most of them (73.7%) worked permanently at the PCU and 53.7 percent provided the health services. Regarding the training program ever attended, 61.4 percent have ever attended the training program about working at PCU and 95.1 percent ever attended the training program once, with the maximum of training attended of 5 times and the average of the training ever attended was 2 times. (Table 4.2)

Table 4.2 : Distribution of number and percentage of the service providers by general characteristics

General Information		Type of PCU					
		Main-PCU		Sub-PCU		Total	
		Number	Percent	Number	Percent	Number	Percent
		232	34.6	439	65.4	671	100.0
Gender	Male	70	30.2	179	40.8	249	37.1
	Female	162	69.8	260	59.2	422	62.9
	Proportion M: F	1:1.69					
Age(year)	21-30	87	37.5	124	28.2	211	31.4
	31-40	82	35.3	152	34.6	234	34.9
	41-50	36	15.5	118	26.9	154	23.0
	51+	27	11.6	45	10.3	72	10.7
	Minimum = 21(yrs)	Maximum=62(yrs)		Mean=36.97(yrs)		S.D.=9.08	
Marital Status	Single	68	29.4	94	21.5	162	24.2
	Married	159	68.8	314	71.7	473	70.7
	Widowed/ Divorced/Separated	4	1.7	30	6.8	34	5.1
Educational Level	Lower than Bachelor Degree	61	26.6	192	44.9	253	38.5
	Bachelor degree	155	67.7	231	54.0	386	58.8
	Higher than Bachelor Degree	13	5.7	5	1.2	18	2.7
Year of Government services(year)	1-10	108	46.6	148	33.7	256	38.2
	11-20	79	34.1	139	31.7	218	32.5
	21-30	27	11.6	113	25.7	140	20.9
	31+	18	7.8	39	8.9	57	8.5
	Minimum = 1(yrs)	Maximum=39(yrs)		Mean=15.26(yrs)		S.D.=8.88	
Position	Physician	13	5.6			13	1.9
	Professional nurse	54	23.2	7	1.6	61	9.1
	Public health professional	33	14.2	89	20.4	122	18.2

Table 4.2 : (Cont.) Distribution of number and percentage of the service providers by general characteristics

General Information		Type of PCU				Total	
		Main-PCU		Sub-PCU			
		Number	Percent	Number	Percent	Number	Percent
	Administrative staff	37	15.9	156	35.7	193	28.8
	Public health staff	67	28.8	17.5	40.0	242	36.1
	Other (dentist/dental/ hygienist pharmacologist)	29	12.4	10	2.3	39	5.8
Classification Level	C 2-4	75	32.3	118	26.9	193	28.8
	C 5-7	153	65.9	321	73.1	474	70.6
	C 8-10	4	1.7			4	0.6
Working Duration at PCU(Month)	1-10	54	23.3	38	8.7	92	13.7
	11-20	166	71.6	367	83.6	533	79.4
	21-30	12	5.2	34	7.7	46	6.9
	Minimum=1(month)	Maximum=26(month)		Mean=16.18(month)		S.D.=5.39	
Job Characteristics	Temporary/Rotation	42	18.1			42	6.3
	Permanent	190	81.9	439	100.0	629	73.7
Role/ Responsibilities	Administration	36	15.5	162	36.9	198	29.5
	Service	167	72.0	193	44.0	360	53.7
	Academic	29	12.5	84	19.2	113	16.8
Training Program Attended	Never	92	39.7	167	38.0	259	38.6
	Ever	140	60.3	272	62.0	412	61.4
Frequency of Training Attended	1-3	221	95.3	417	95.0	638	85.1
	4-6	11	4.7	22	5.0	33	4.9
	Minimum = 1	Maximum = 5		Mean =1.75		S.D.= 1.01	

Part 3. General Information of Primary Care Units

Table 4.3 showed that most of the PCU (65.3%) were the sub-PCU and 92.3 percent of the PCU locates in the health centers and high percentage of the personnel worked permanently at the PCU. For the number of population responsible for, most of the PCU were responsible for less than 10,000 population. Within the main PCU, the minimum number of population responsible for was 1,578 and the maximum number of population responsible for was 27,912, with the average number of population of 8,170, while within the sub-PCU, the minimum number of population responsible for was 1,820 and the maximum number was 21,766, with the average number of 4, 466 (Table 4.3)

Table 4.3 : Distribution of number and percentage of PCU by general characteristic

General Characteristics		Type of PCU					
		Main contractor		Sub-contractor		total	
		Number (Person)	Percent	Number (Person)	Percent	Number (Person)	Percent
Type of PCU	Main contractor	233	34.7			233	34.7
	Sub-contractor			438	65.3	438	65.3
Model of PCU	Located in the health center	181	77.7	438	100.0	619	92.3
	Primary Care Unit	34	14.6			34	5.1
	Other (municipality/ Red cross)	18	7.7			18	2.7

Table 4.3 : (Cont.) Distribution of number and percentage of PCU by general characteristic

General Characteristics		Type of PCU					
		Main contractor		Sub-contractor		total	
		Number (Person)	Percent	Number (Person)	Percent	Number (Person)	Percent
Number of personnel	Permanent	212	74.4	518	100.0	730	90.9
	Temporary/rotation	73	25.4			73	9.1
	Permanent	mean = 3.13		Min = 1		Max = 11	
	Temporary /rotation	Mean = 0.31		Min = 1		Max = 5	
Number of Population Responsible for	< 10,000	33	73.3	182	96.8	215	92.3
	10,000-30,000	12	26.7	6	3.2	18	7.7
	Main contractor	mean = 8,170.20		Min = 1,578		Max = 27,912	S.D = 5,905.36
	Sub-contractor	mean = 4,466.70		Min = 1,020		Max = 21,766	S.D. =2,627.60

Part 4. Perceived Significance and Actual Practices of Health Service Activities

4.1 Implementation of health Services Activities in Primary Care Units

Table 4.4 showed that in every service activities, more than 80 percent of that service have been implemented except for the activity concerning "Providing emergency consultation through hot service for 24 hours" whereby only 46.9 percent of the PCU had implemented. Regarding "Using the principle of 5 R- - right drug, right person, right dose, right time, and right method, in giving the prescribed drugs to the patients", the highest percentage of performance has found (99.9%). The activities that not more than 15 percent of the respondents mentioned that they did not implemented were: "Recording the information in the family folder every time that

provided the service" (15.8%) and "setting the line number for first come first serve service" (15.5%) (Table 4.4)

Table 4.4 : Number and percentage of the activities implemented at the PCU, responded by the samples

Activities of PCU	Implementation of the activities			
	No		Yes	
	Number (Person)	Percent	Number (Person)	Percent
• Providing emergency consultation through hot line service for 24 hours	356	53.1	315	46.9
• Recording information in the family folder every time that the care-receiver came to get the service	106	15.8	565	84.2
• Setting the line number for "first come first serve" service	104	15.5	567	84.5
• Providing opportunity for public hearing to check the quality of the health services periodically	98	14.6	573	85.4
• Doing a family survey at least once a year	94	14.0	577	86.0
• Survey family member by making family genogram	83	12.4	588	87.6
• Establish a civil society in the community in order to conclude the problems of the community with the support of the PCU personnel	80	11.9	591	88.1
• Organizing a mobile public health unit to reach the deprived and the poor in the areas responsible	79	11.8	592	88.2

Table 4.4 : (Cont.) Number and percentage of the activities implemented at the PCU, responded by the samples

Activities of PCU	Implementation of the activities			
	No		Yes	
	Number (Person)	Percent	Number (Person)	Percent
• Analyzing the family situation and community problems by using the from family folder	58	8.6	613	91.4
• Using the results of the evaluation for improving the plan to solve the problem and for sustained development	54	8.0	617	92.0
• Assessing the need of care receivers to provide the main services (promotion, prevention, curation, rehabilitation, LAB and ER)	53	7.9	618	92.1
• Multidisciplinary work was organized to provide services cooperatively between a hospital and PCU	50	7.5	621	92.5
• The administration of the CUP provided the chance for every personnel to plan the program and listened to all personnel in every level	50	7.5	621	92.5
• Developing the personnel regarding academic services of PCU and attitude training, and training programs should be organized accordingly to the problems and needs	50	7.5	621	92.5
• Organizing a refreshing course regarding implementing activities in PCU	46	6.9	625	93.1
• Organizing the activities for patients with chronic illness by emphasizing behavior change through self-help group and civil society for health	43	6.4	628	93.6

Table 4.4 : (Cont.) Number and percentage of the activities implemented at the PCU, responded by the samples

Activities of PCU	Implementation of the activities			
	No		Yes	
	Number (Person)	Percent	Number (Person)	Percent
• At the end of the services of each day, the patients who did not keep the appointment are checked and followed-up	42	6.3	629	93.7
• Organizing a meeting to determine and establish a supervisory team to evaluation the PCU	39	5.8	632	94.2
• Recording the data, making conclusions of the counseling provided in order to follow-up continuously	38	5.7	633	94.3
• Making a home –visit and concluding the result of the home-visit made in the care receiver's health record from	38	5.7	633	94.3
• Supervision and evaluating accordingly to the plan and the instruments prepared	36	5.4	635	94.6
• The PCU administrator has strong intention and be able to plan strategies and support the activities seriously	35	5.2	636	94.8
• Problem and health needs of people have been identified and classified into normal, risk, ill and handicapped, and deprived groups	34	5.1	637	94.9
• Budget has been managed clearly and transparently which can be checked by the committee	34	5.1	637	94.9
• Collecting data and problem of every family by using family folder	33	4.9	638	95.1

Table 4.4 : (Cont.) Number and percentage of the activities implemented at the PCU, responded by the samples

Activities of PCU	Implementation of the activities			
	No		Yes	
	Number (Person)	Percent	Number (Person)	Percent
• The administrator of the CUP has intention to develop the system and organize the services in PCU	33	4.9	638	95.1
• Adequate budget is available to implement the activities in PCU	33	4.9	638	95.1
• Organizing the health service network and developing the standard health team	32	4.8	639	95.2
• Explaining and helping the patients and their relatives understand the treatment plan before discharging from PCU	31	4.6	640	95.4
• The counselor is attentive and be friendly with the care-receivers	30	4.5	641	95.5
• Organizing the activities for the deprived group by emphasizing on supporting and rehabilitation in accordance with problems, acceptance, and social values	29	4.3	642	95.7
• Evaluation and analyzing the problems, relevance of problems and resolutions periodically in accordance with the present situation in order to adjust the activities appropriately	29	4.3	642	95.7
• The health team has identified the main –and sub-responsibilities of the personnel in the PCU team.	29	4.3	642	95.7

Table 4.4 : (Cont.) Number and percentage of the activities implemented at the PCU, responded by the samples

Activities of PCU	Implementation of the activities			
	No		Yes	
	Number (Person)	Percent	Number (Person)	Percent
• Identifying human resources who can participate in planning the community	28	4.2	643	95.8
• Making the conclusions and presenting the information about the activities performed, problems and obstacle to the higher-position administrators for information them and getting recommendations and supports	28	4.2	643	95.8
• The health team and community organizations coordinated with other related organizations in allocating resources and supports for implementing the activities	28	4.2	643	95.8
• Emergency care system is effective and safe for care-receivers' lifes	27	4.0	644	96.0
• The service center assessed the problems based on physical, mental, and social care	24	3.6	647	96.4
• The health team brought the policy and data from the community and the services provided to the meeting for planning the action plan	24	3.6	647	96.4
• Coordination has been made with the superiors for solving the problems and asking for supports	24	3.6	647	96.4
• Conclusions have been made regarding supervision and evaluation and were presented for improving the quality of PCU	42	3.6	629	96.4

Table 4.4 : (Cont.) Number and percentage of the activities implemented at the PCU, responded by the samples

Activities of PCU	Implementation of the activities			
	No		Yes	
	Number (Person)	Percent	Number (Person)	Percent
• Health status of the community the health problems of the community were prioritized	23	3.4	648	96.6
• Follow-up, monitoring and evaluation were made continuously	23	3.4	648	96.6
• Establishing the information system for setting appointment schedule and following-up the ongoing activities	21	3.1	650	96.9
• Establishing the policy, vision and missions relevant to the policy of the government and of the local health organizations	21	3.1	650	96.9
• Establishing counseling service system in the health centers and providing counseling accordingly with the counseling procedures	19	2.8	652	97.2
• Providing a chance for care- receivers to know and participate in choosing the services that serve their needs	18	2.7	653	97.3
• Organizing activities for the risk groups by emphasizing on screening, health promotion, self-care(life skills) and civil society for health	17	2.5	654	97.5
• Your PCU has a definite plan	17	2.5	654	97.5
• Enhancing knowledge, supervising, and encouraging self-reliance of the network, family health leaders, and village health volunteers	16	2.4	655	97.6

Table 4.4 : (Cont.) Number and percentage of the activities implemented at the PCU, responded by the samples

Activities of PCU	Implementation of the activities			
	No		Yes	
	Number (Person)	Percent	Number (Person)	Percent
• Establishing the plan and performance-based health system development which relevant to the needs of the community	16	2.4	655	97.6
• Coordinating between health teams, village health volunteers, community leaders, village committees, and related organizations in order to set priority	16	2.4	655	97.6
• Preparing materials, equipment, medical supplies, and transportation to be ready for developing health services of the unit	15	2.2	656	97.8
• Developing a continuous coordination of the referal system for the convenience and benefits of the care-receivers	14	2.1	657	97.9
• Developing the action plan for solving the problems with the involvement of the community people	14	2.1	657	97.9
• Organizing a meeting among the personnel to identify the responsible areas	13	1.9	658	98.1
• Information about steps of service utilization has been clarified	12	1.8	69	98.2
• Evaluating the problem condition and considering the ongoing care e.g. counseling, referring, and home-visit	3	0.4	668	99.6
• Health services are emphasized on the safety of the care receives	3	0.4	668	99.6
• Using the principle of 5R-right drug, right person, right dose, right time, right method, in giving the prescribed drugs to the care-receivers	1	0.1	670	99.9

4.2 Perceived Significance and Actual Practices of 10 Health Service Activities in Primary Care Units

The results of the study showed that the care gives perceived significance of all activities at the high level ($\bar{X}$ = 3.92) compared with the mean of the actual practices at the moderate level ($\bar{X}$ = 3.04). For each activity group, the detailed findings were percent as follow:

Perceived Significance. The highest perceived significance was found with the activity regarding "exit care"($\bar{X}$ = 4.18)and the least significance was found with the activity regarding "Counselling" ($\bar{X}$ = 3.72)

Actual practices. The activity that was performed most was " exit care" ($\bar{X}$ = 3.65) and the least performance was found with the activity on " Community and family survey" ($\bar{X}$ = 2.75). (Table 4.5- 4.14)

1. Community and Family Survey

It was found that the respondent' perceived significance of this activity was at the high level ($\bar{X}$ = 3.82). In the high and highest level of perceived significance (score of 4-5), it was found that more than 50 percent of the respondents indicated their perceived significance at the high and highest level in every activity and the activity that was perceived highest was " Survey the data and problem of every family by using family folder" (73.5%).

For the actual practices, the moderate level of all actives was found ($\bar{X}$ = 2.89). In the high and highest level of actual practice (score of 4-5), it was found that less than 50 percent of the respondents indicated their actual practices at the high and highest levels in every activity whereby the highest actual practices was on " Survey the data and problems of every family by using family folder" (43.4%). (Table 4.5)

2. Registration and Screening

The care-providers perceived the significance of all activities of this group at highest level ($\bar{X}$ = 3.78). Between the high and highest level of perceived significance (score of 4-5), it was found that more than 50 percent of the respondents indicated their perceived significance at the high and the highest levels in every activity and the activities that were perceived highest were: "Information about the step of service utilization has been clarified" (73.4%) and "Recording information in the family folder every time that the care receiver care to get the service" (69.9%).

Regarding the actual practices, the actual practice about registration and screening was at the moderate level ($\bar{X}$ = 3.27). In the high and highest levels of practice (score of 4-5), there were only 2 activities that more than 50.0 percent of the respondents indicated they actual practices at the high and highest levels, except 3 following activities: 1) Setting the line number for "first come first serve" service; 2) assessing the needs of care – receivers to provide the main services; and 3) At the end of the services of each day, the patients who did not keep the appointment are checked and follow-up (48.7%, 39.6%, and 27.2% respectively). The activities that were practiced most were "Information about steps of service utilization has been clarified

during providing the service" (54.5%)and followed by "Recording information in the family folder every time that care-screening came to get the service" (54.0%)(Table4.6)

3. Main Services

Regarding the significance of the main services, it was found that the respondents perceived the significance of this category of activities at the high level ($\bar{X}$ = 4.04). In the high and highest level of perceived significance (score of 4-5) it was found that more than 50 percent of the respondents indicated their perceived significance at the high and highest levels in every activity. The highest perceived significance was on "Emphasizing the safety of the care receivers" (88.7%), "Emergency care system is effective and safe for care receivers' life" and "The health team provided health services appropriately in accordance with the standard of each service" (76.1%).

Regarding the actual practices, the moderate level of all activities was found ($\bar{X}$ = 3.26). In the high and highest levels of actual practice (score of 4-5) it was found that less than 50 percent of the respondents indicated their actual practices at the high and highest levels in every activity whereby the highest actual practice was on "Emphasizing the safety of the care receivers" (68.1%) and followed by 2). "Evacuation the problem condition and considering the ongoing care e.g. counseling, referring, and home-visit" (45.1%) and " The health team provided health services appropriately in accordance with the standard of each service" (42.7%). (Table 4.7)

4. Counselling

The perceived significance of this group of activities was at the high level ($\bar{X}$=3.72). In the high and highest levels of significance (score of 4-5), it was found that more than 50 percent of the respondents expressed their perceived significance in the high and highest level, except one activity on "Providing emergency consultation through hot line service for 24 hours", whereas the highest levels of significance were found regarding the activities on "The counselor is attentive and be friendly with the care-receivers" (74.8%), and "Organizing health education services that are relevant to the health problems of the care-receivers" (76.2%)

Regarding the actual practices, the moderate level of practice of counseling-related activities was found. In the high and highest levels of the actual practice of each activity (score of 4-5) it was found that less than 50 percent of the respondents indicated that they practiced these activities in the high or highest level except the activity on "the counselor is attentive and friendly with the care receivers" (50.1%). About 46 percent of them indicated that they practiced "Organizing health problem of the care receivers" at the highest level. The activity that they practiced least was "Providing emergency consultation through hot line service for 24 hour" (61.9%). (Table 4.8)

5. Exit Care

The perceived significance of this group of activities was at the high level ($\bar{X}$=4.18). When the consideration was made among the high and highest level of significance (score of 4-5) of each activity it was found that the respondents expressed

their perceived significance at the high and highest levels in all activities. The activities that were perceived high to highest level were: 1) "Using the principle of 5R-right drug, right person, right dose, right time, right method, in giving the prescribed drugs to the care-receivers" (92.0%) and 2) "Establishing the information system for setting appointment schedule and following-up the ongoing activities" (73.7%)

Regarding the actual practices, the high level of practice was found ($\bar{X}$ = 3.65). When the consideration was made about the activities that more than 50 percent of the respondents had practiced at the high to highest level, there was only one activity on " Using the principles of 5R (82.1%). (Table 4.9)

6. Referring and Home-visit

The perceived significance of this activity was at the high level ($\bar{X}$ = 3.96). When the consideration was made about the activities that more than 50 percent of the respondents perceived as high to highest level of significance, it was found that all activities were perceived as high to highest significance level. The activities that were perceived high to highest level were: 1) "Enhancing knowledge, supervision, and encouraging self-reliance of the network, family health leaders, and village health volunteers" (75.0%); 2) "Developing a continuous coordination of the referral system for the convenience and benefits of the care-receivers" (74.8%); and 3) "Multidisciplinary work was organized to provide services cooperatively between a hospital and PCU" (72.6%).

For the actual practices, the moderate level of practices was found ($\bar{X}$ = 3.01). When the consideration was made about the activities that were practiced at the high and highest levels were: 1) "Developing a continuous coordination of the referral system for the convenience and benefits of the care-receivers" (44.2%), follow by 2) "Multidisciplinary work was organized to provide services cooperatively between a hospital and PCU" (36.2%), and 3) "Enhancing knowledge, supervision and encouraging self-reliance of the network, family health leaders, and village health volunteers" (33.4%). The activity that was practiced least was "Making a home-visit and concluding the result of the home-visit made in the care receiver's health record from" (40.6%). (Table 4.10)

7. Planning and Ongoing Activities

It was found that the care providers perceived significance of all activities regarding planning and ongoing activity at the high level ($\bar{X}$ = 3.92). When the consideration about the activities that were perceived as high and highest levels (score of 4-5) was made, it was found that more than 50 percent of the respondents perceived all activities as high to highest significance. The activities that were perceived as high to highest level of significance were: 1) "The PCU administrator has strong intention and can be able to plan strategies and to support the activity seriously" (73.1%); 2) "health status of the community was conclude and the health problems of the community were prioritized" (72.8%); and 3) " Establishing the plan and performance-based health system development which relevant to the needs of the community (72.6%).

Regarding the actual practices, the high level of practices was found in every activities ($\bar{X}$ = 2.89). For the activities that were practiced at the high and highest level (score of 4-5) it was found that all activities were practiced by less than 50 percent of the respondents. The activities that were practiced at high and highest levels were 1) "Establishing the plan and performance-based health system development which relevant to the needs of the community" (31.4%) and 2) "The PCU administrator has strong intention and can be able to plan strategies and to support the activity seriously" (31.1%). (Table 4.11)

8. Community Activities

It was found that the care-providers perceived the significance of this of activities at the high level ($\bar{X}$ = 3.89). In every activity, more than 50 percent of the respondents perceived the significance of every activities at the high and highest level (score of 4-5). The high to highest perceived significance were given on the following activities: 1) "Promoting the health of the community e.g. supporting the establishing of a physical exercise club" (85.4%); 2) "Organizing activities for the group of people with communicable diseases by emphasizing diagnosis, prevention, control, and the role of the community in disease surveillance program" (78.7%); and 3) "Developing the action plan for solving the problem with the involvement of the community people" (77.7%).

Regarding the actual practices, it was found that the actual practice was at the moderate level ($\bar{X}$ = 2.88). There was only one activity that was found to be practiced by more than 50 percent of the respondents which was "Promoting the health of the

community e.g. supporting the establishing of a physical exercise club" (59.5%). (Table4.12).

9. PCU Management

It was found that the respondents perceived the significance of PCU management at the high level ($\bar{X}$ = 3.98). More than 50 percent of the respondents perceived the significance of every activity in this part at the high and highest level (score of 4-5), as regarding 1) "Preparing materials, equipments medical supplies, and transportation to be ready for developing health services of the unit" (80.3%); 2) "Budget has been managed clearly and transparently which can be checked by the committee" (79.5%). 3) "Coordination has been made with the superiors for solving the problems and asking for supports" (77.3%).

For the actual practices it was found that the respondents had practices all activities at the moderate level ($\bar{X}$ = 2.86). Every activity was performed by less than 50 percent of the respondents at the high and highest levels (score of 4-5) as following: 1) "Preparing materials, equipments, medical supplies, and transportation to be ready for developing health services of the unit" (37.5%); 2) "Budget has been managed clearly and transparently which can be checked by the committee" (37.0%); 3) "Your PCU has a definite plan" (36.7%).(Table 4.13).

10. Supervision, Monitoring and Evaluation

The respondents perceived the activities regarding supervision, monitoring and evaluation at a high significance level ($\bar{X}$ = 3.91). It was found that the respondents

perceived all activities at the high to highest levels (score of 4-5), as follow: 1) "Conclusions and evaluation have been made regarding supervision and were presented to improve the quality of the PCU" (74.7%); 2) "Supervising and evaluating accordingly with the plan and the instruments prepared" (72.0%).

Regarding the actual practices, the moderate level of the practice was found ($\bar{X}$ = 2.75). It was also found that all activities have been practiced by less than 50 percent of the respondents at the high and highest levels (score of 4-5), as regarding to "Conclusions and evaluation have been made regarding supervision and were presented to improve the quality of the PCU" and "Organizing a meeting to determine and establish a supervisory team to evaluation the PCU" (29.0%). (Table 4.14).

Table 4.5 : Percentages of perceived significance and actual practices regarding " Community and Family Survey" activities of the PCU's care-providers

Activities	Level of Perccived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
1. Organizing a meeting among the personnel to identify the areas to be responsible for.	0.7	2.5	28.6	43.1	25.0	3.89	9.9	14.3	33.9	30.1	11.9	3.20(658)
2. Collecting the data and problems of every family by using family folder.	1.3	3.3	21.9	9.2	34.3	4.02	12.9	17.4	26.3	25.7	17.7	3.18(638)
3. Survey family members by using Family Genogram.	2.8	8.2	27.3	37.1	24.6	3.72	17.9	22.8	26.4	19.7	13.3	2.88(588)
4. Analyzing the family situation and community problems by using the data from family folders.	2.2	3.7	25.9	41.3	26.8	3.72	18.6	22.0	34.9	16.2	8.3	2.74(613)
5. Problem and health service needs of people have been identified and classified into normal, risk, ill and handicapped, and deprived groups.	1.0	3.9	28.9	41.0	25.2	3.87	14.4	24.5	35.3	19.6	6.1	2.78(637)
6. Identifying human resources who can participate in planning the program for solving the problems of the community.	0.7	3.4	27.7	44.9	23.2	3.86	15.1	23.5	34.5	21.3	5.6	2.79(643)
7. Doing a family survey once a year	2.2	8.0	32.3	36.4	21.0	3.66	22.7	22.5	28.6	15.8	10.4	2.69(577)
Total						**3.82**						**2.89(671)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

Table 4.6 : Percentages of perceived significance and actual practices regarding " Registration and Screening " activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
1. Setting the line number for " first come first serve" service.	6.6	10.9	28.5	29.5	24.6	3.55	11.3	14.8	25.2	23.5	25.2	3.37(567)
2. Recording information in the family folder every time that the care-receiver came to get the service.	3.3	5.5	21.3	32.6	37.3	3.95	12.7	14.0	19.3	18.4	35.6	3.50(565)
3. Assessing the needs of care-receivers to provide the main services (promotion, prevention, curation, rehabilitation, LAB and ER).	2.2	5.5	27.1	43.8	21.3	3.76	11.2	22.8	26.4	23.1	16.5	3.11(618)
4. Information about steps of service utilization has been classified.	1.6	3.1	21.9	44.6	28.8	3.96	5.0	12.7	27.8	32.6	21.9	3.54(659)
5. At the end of the service of each day, the patients who did not keep the appointment are checked and followed-up	2.2	7.7	29.2	42.3	18.5	3.67	13.7	24.0	35.1	19.1	8.1	2.84(629)
Total						**3.78**						**3.27(671)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

Table 4.7 : Percentages of perceived significance and actual practices regarding " Main Services " activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
1. The service center assessed the problems based on physical, mental and social care.	6.6	10.9	28.5	29.5	24.6	3.55	13.6	21.8	34.0	22.1	8.5	2.90(647)
2. Providing a chance for care-receivers to know and participate in choosing the services that serve their needs.	0.4	2.8	25.0	47.1	24.6	3.93	9.3	18.1	30.3	29.7	12.6	3.18(653)
3. Emergency care system is effective and safe for care-receivers' lifes	1.9	3.1	18.8	39.3	36.8	4.06	9.6	19.1	33.9	27.3	10.1	3.09(644)
4. Evaluating the problem condition and considering the ongoing care e.g. counseling, referring, and home-visit.	0.3	1.5	22.7	49.2	26.4	4.00	4.9	19.2	36.8	27.4	17.7	3.22(668)
5. The health team provided health services appropriately in accordance with the standard of each service.	0.4	1.9	21.8	43.5	32.3	4.05	6.1	13.6	37.6	31.2	11.5	3.28(660)
6. Health services are emphasized on the safety of the care-receivers.	0.0	0.9	10.4	36.8	51.9	4.40	1.8	7.2	22.9	37.6	30.5	3.88(668)
Total						**4.04**						**3.26(671)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

Table 4.8 : Percentages of perceived significance and actual practices regarding " Counselling " activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
1. Establishing counseling service system in the health center and providing counseling accordingly with the counseling procedures.	0.6	2.8	27.4	44.7	21.5	3.87	8.3	20.2	37.1	25.3	9.0	3.07(652)
2. Providing emergency consultation through hot line service for 24 hours.	18.2	14.2	32.0	23.4	12.2	2.97	32.4	29.5	21.9	10.2	6.0	2.28(315)
3. The counselor is attentive and friendly with the care-receivers.	2.2	2.4	20.6	43.7	31.1	3.99	6.1	12.8	31.0	33.1	17.0	3.42(641)
4. Organizing health education services that are relevant to the health problems of the care-receivers	0.9	2.7	20.3	49.2	27.0	3.99	6.8	14.8	32.1	33.1	13.2	3.31(661)
5. Recording the data and making the conclusions of the counseling provided in order to follow-up the patients continuously.	1.6	4.3	26.4	47.8	19.8	3.80	12.3	25.1	33.8	22.7	6.0	2.85(633)
Total						**3.72**						**2.97(633)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

Table 4.9 : Percentages of perceived significance and actual practices regarding " Exit Care " activities of the PCU's care-providers

	Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
		1	2	3	4	5	N=671	1	2	3	4	5	(N)
1.	Explaining and helping the patients and their relatives understand the treatment plan before discharging from the PCU	1.6	2.5	23.0	43.7	29.2	3.96	7.3	17.8	26.7	30.5	17.7	3.33(640)
2.	Establishing the information system for setting appointment schedule and follow-up the ongoing activities.	0.7	3.1	22.5	45.8	27.9	3.97	6.5	16.5	31.1	28.6	17.4	3.34(650)
3.	Using the principle of 5R- - right drug, right person, right dose, right time, right method, in giving the prescribed drugs to the care-receivers.	0.1	0.9	7.0	23.1	68.9	4.60	1.9	4.2	11.8	29.1	53.0	4.27(670)
Total							**4.18**						**3.65(671)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

Table 4.10 : Percentages of perceived significance and actual practices regarding " Referring and Home-visit " activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
1. Developing a continuous coordination of the referral system for the convenience and Benefits of the care-receivers.	0.6	2.2	22.4	43.7	31.1	4.03	8.7	15.7	31.4	27.2	17.0	3.28(657)
2. Multidisciplinary work was organized to provide services cooperatively between a hospital and PCU.	1.3	5.5	20.6	38.9	33.7	3.98	14.5	22.7	26.6	22.2	14.0	2.99(621)
3. Enhancing knowledge, supervising, and encouraging self-reliance of the network, family health leaders, and village health volunteers.	1.2	3.6	20.3	46.8	28.2	3.97	12.2	22.9	31.5	24.1	9.3	2.95(655)
4. Marking a home-visit and concluding the result of the home-visit made in the care-receiver's health record form.	1.9	3.6	24.7	46.8	23.0	3.85	12.6	28.0	31.9	18.6	8.8	2.83(633)
Total						**3.96**						**3.01(671)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

Table 4.11 : Percentages of perceived significance and actual practices regarding "Planning and Ongoing Activities" activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
1. Health status of the community was conclude and the health problems of the community were prioritized.	0.7	4.5	22.1	45.8	27.0	3.94	12.2	26.2	32.3	21.8	7.6	2.86(648)
2. The PCU administrator has story intention and be able to plan strategies and support the activities seriously.	2.1	2.7	22.1	41.7	31.4	3.98	13.7	24.2	31.0	21.5	9.6	2.89(636)
3. Establishing the plan and performance-based health system development which are relevant to the needs of the community.	1.2	4.3	21.9	48.0	24.6	3.90	8.5	24.0	36.0	24.1	7.3	2.98(655)
4. Making the conclusions and presenting the information about the activities performed including problems and obstacles to the higher-position administrator for informing them and getting recommendations and supports.	1.0	4.8	24.7	45.0	24.4	3.87	12.4	26.4	32.7	21.2	7.3	2.84(643)
Total						**4.18**						**2.89(671)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

Table 4.12 : Percentages of perceived significance and actual practices regarding "Community Activities" activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
1. Coordinating between health teams, village health volunteers, community leaders, village committees, and related organization to set priority.	0.3	2.4	21.5	45.5	30.4	4.03	8.2	20.8	34.4	24.7	11.9	3.11(655)
2. Developing the action plan for solving the problems with the involvement of the community people.	0.1	2.4	19.7	46.6	31.1	4.06	8.7	18.4	34.9	26.2	11.9	3.14(657)
3. Organizing the activities for the patients with chronic diseases by emphasizing on behavior change through self-help group and civil society for Heath	1.0	4.9	25.2	45.2	23.7	3.86	13.1	26.3	37.7	18.0	4.9	2.75(628)
4. Organizing the activities for the patients with communicable disease by emphasizing diagnosis, prevention, control, and the roles of the community in disease surveillance program.	0.3	2.8	18.2	44.4	34.3	4.10	10.4	15.6	34.8	27.5	11.6	3.14(661)
5. Organizing the activities for the risk group by emphasizing on screening, health promotion, self-care (life skills) and civil society for health.	0.6	4.3	18.8	52.6	23.7	3.94	9.6	20.5	38.8	25.4	5.7	2.97(654)

Table 4.12 : (Cont.) Percentages of perceived significance and actual practices regarding "Community Activities" activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
6. Organizing the activities for the deprived group by emphasizing on supporting and rehabilitation in accordance with problems, acceptance, and social values.	1.0	3.6	27.0	50.4	18.0	3.81	16.7	23.7	36.8	18.1	4.8	2.71(642)
7. Organizing the activities for the healthy group by emphasizing screening, health promotion, and self care.	0.4	3.4	21.6	47.4	27.1	3.97	9.7	19.5	38.1	24.5	8.2	3.02(661)
8. The health team and community organizations coordinated with other related organizations in allocating resources and supporting for implementing the activities.	0.9	4.9	24.6	48.4	21.2	3.84	17.1	24.4	33.9	18.5	6.1	2.72(643)
9. Evaluating and analyzing the problem, relevance of the problems and solutions periodically in accordance with the present situation in order to adjust the activities appropriately.	0.7	4.0	24.6	50.2	20.4	3.86	13.4	23.2	37.4	20.7	5.3	2.81(642)
10. Promoting the health of the community e.g. supporting the establishment of a physical exercise club.	0.6	2.1	11.9	41.6	43.8	4.26	2.9	9.7	27.9	33.9	25.6	3.70(663)
11. Organizing a mobile public health unit to reach the deprived and the poor in the areas responsible for.	4.6	7.5	30.4	39.0	18.5	3.59	24.3	24.3	29.6	14.4	7.4	2.56(592)

Table 4.12 : (Cont.) Percentages of perceived significance and actual practices regarding "Community Activities" activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
12. Establishing a civil society in the community in order to conclude the problems and plan the program to the PCU personnel.	2.1	4.5	27.7	44.6	21.2	3.78	16.2	24.2	36.0	17.6	5.9	2.73(591)
13. Providing opportunity for public hearing to check the quality of the health services periodically.	3.0	7.9	28.2	44.7	16.2	3.63	22.7	29.3	32.5	11.7	3.8	2.45(573)
14. Using the results of the evaluation for improving the plan to solve the problem and for sustained development	1.6	7.2	24.3	47.1	19.8	3.76	21.2	24.5	32.7	16.2	5.3	2.60(617)
Total						**3.89**						**2.88(671)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

Table 4.13 : Percentages of perceived significance and actual practices regarding "PCU management" activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
1. The administration of the CUP has intention to develop the system and organize the services in the PCU.	3.9	4.9	15.9	42.8	32.5	3.95	13.0	17.7	38.1	22.4	8.8	2.96(638)
2. The administration of the CUP provided the chance for every personnel to plan the program and listened to all personnel in every level.	1.5	3.4	18.2	50.2	26.7	3.97	14.7	18.0	31.7	25.0	10.6	2.99(621)
3. Your PCU has a definite plan.	1.8	4.5	21.0	45.6	27.1	3.92	11.5	17.4	34.4	27.2	9.5	3.06(654)
4. Organizing a refreshing course regarding implementing activities in the PCU.	2.7	4.2	17.3	41.0	34.9	4.01	13.4	31.2	34.2	16.2	5.0	2.68(625)
5. Adequate budget is available to implement the activities in PCU.	2.1	3.3	18.9	46.8	28.9	3.97	20.4	26.2	33.7	14.4	5.3	2.58(638)
6. Establishing the policy, vision and mission relevant to the policy of the government and of the local health organization.	2.1	3.3	18.9	46.8	28.9	3.97	10.9	21.8	33.4	21.8	12.0	3.02(650)
7. Organzing the health service network and developing the standard health team.	1.9	1.9	22.7	46.8	26.7	3.94	12.1	25.7	35.4	20.7	6.3	2.83(639)
8. Preparing materials, equipments, medical supplies, and transportation to be ready for developing health services of the unit.	1.0	3.1	15.5	40.1	40.2	4.15	11.7	19.2	31.6	27.1	10.4	3.05(656)

Table 4.13 : (Cont.) Percentages of perceived significance and actual practices regarding "PCU management" activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
9. The health team brought the policy and data from the community and the services provided to the meeting for planning the action plan.	0.9	3.3	23.8	47.4	24.6	3.92	11.6	25.5	37.4	19.5	6.0	2.83(647)
10. The health team has identified the main-and sub-responsibilities of the personnel in the PCU team.	0.6	3.7	21.2	49.9	24.6	3.94	14.8	21.5	32.9	22.6	8.3	2.88(642)
11. Follow-up, monitoring and evaluation were made continuously.	0.6	3.4	21.2	52.0	22.8	3.93	16.7	25.5	32.7	19.9	5.2	2.72(648)
12. Developing the personnel regarding academics/services of PCU and attitude training at the starting of the program, accordingly to the problems and needs.	1.5	3.6	22.7	46.9	25.3	3.91	17.1	30.0	33.7	15.5	3.9	2.59(621)
13. Budget has been managed clearly, transparently, and accountably, in the form of a committee.	1.8	2.2	16.4	39.0	40.5	4.14	14.6	19.8	28.6	22.6	14.4	3.03(637)
14. Coordination has been made with the superiors for solving the problems and asking for supports.	0.9	3.1	18.6	49.0	28.3	4.01	14.8	22.1	32.6	21.6	8.8	2.87(647)
Total						**3.98**						**2.86(671)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

Table 4.14 : Percentages of perceived significance and actual practices regarding "Supervision, Follow-up, and Evaluation" activities of the PCU's care-providers

Activities	Level of Perceived Significance					$\overline{X}$	Level of Actual Practices					$\overline{X}$
	1	2	3	4	5	N=671	1	2	3	4	5	(N)
1. Organizing a meeting to determine and establish a supervisory team to evaluate the PCU.	1.6	3.9	22.7	46.3	25.5	3.90	16.1	25.6	31.3	18.4	8.5	2.78(632)
2. Supervising and evaluating accordingly to the plan and the instruments prepared.	1.2	4.5	22.4	49.2	22.8	3.88	17.6	24.7	33.7	16.1	7.9	2.72(635)
3. Conclusion and evaluation have been made regarding supervision and were presented for improving the quality of the PCU.	1.0	3.9	20.7	48.3	26.1	3.94	16.7	26.2	30.2	19.9	7.0	2.74(629)
Total						**3.91**						**2.75(671)**

1= least significance/practice 2= less significance/practice 3= moderate significance/practice 4= high significance/practice 5=highest significance/practice

4.3 Difference and Difference Comparison Between Perceived Significance and Actual Practices

The item-by-item analysis of each health services activity of 10 activities was made and the number has been assigned in each item as follows:

Activity	Item Number
1. Community and Family Survey	1-7 (1-1,.....1-7)
2. Regestration/Screening	8-12 (2-8,.....2-12)
3. Main Services	13-18 (3-13,.....3-18)
4. Counslling	19-23 (4-19,.....4-23)
5. Exit Care	24-26 (5-24,.....5-26)
6. Refering and Home-visit	27-30 (6-27,.....16-30)
7. Planning and Ongoing Activities	31-34 (7-31,.....7-34)
8. Activities in PCU	35-48 (8-35,.....8-48)
9. Pcu Management	49-62 (9-49,.....9-62)
10. Supervision, Follow-up and Evaluation	63-65 (10-63,.....10-65)

The difference of the mean scores of practices at the high and highest levels (score of 4-5) in each item of 10 health services activities are presented in Table 4.15. It was found that percentage of the perceived significance (at the high and highest levels) in each item of 65 items were ranged between 35.6-92.0 percent whereas of the actual practices were 15.2-82.1 percent. It was also found that significance difference between the mean score of every item was found ($p<0.001$) (Table 4.15).

Table 4. 15 : Percentage of the high to highest perceived significance and actual practices of the respondents and difference comparison of mean scores, item-by-item

Rank Order *	Activity/ Item No.	Activities	Perceived Significance		Actual Practices		Difference of Means	p-value
			Percent	$\overline{X}$	Percent	$\overline{X}$		
1	5-26	Using the principle of 5R- - right drug, right person, right dose, right time, right method, in giving the prescribed drugs to the care-receivers.	92.0	4.60	82.1	4.27	0.33	<0.001
2	3-18	Health services are emphasized on the safety of the care-receivers.	88.7	4.40	68.1	3.88	0.52	<0.001
3	8-44	Promoting the health of the community e.g. supporting the establishment of a physical exercise club.	85.4	4.26	59.5	3.70	0.56	<0.001
4	9-56	Promoting the health of the community e.g. supporting the establishment of a physical exercise club.	80.3	4.15	37.5	3.05	1.10	<0.001
5	9-61	Budget has been managed clearly, transparently, and accountably, in the form of a committee.	79.5	4.14	37.0	3.03	1.11	<0.001
6	8-38	.Organizing the activities for the patients with communicable disease by emphasizing diagnosis, prevention, control, and the roles of the community in disease surveillance program.	78.7	4.10	39.1	3.14	0.96	<0.001
7	8-36	Developing the action plan for solving the problems with the involvement of the community people.	77.7	.06	38.1	3.14	0.92	<0.001

Table 4. 15 : (Cont.) Percentage of the high to highest perceived significance and actual practices of the respondents and difference comparison of mean scores, item-by-item

Rank Order *	Activity/ Item No.	Activities	Perceived Significance		Actual Practices		Difference of Means	p-value
			Percent	$\overline{X}$	Percent	$\overline{X}$		
8	9-62	Coordination has been made with the superiors for solving the problems and asking for supports.	77.3	4.01	30.4	2.87	1.14	<0.001
9	9-50	The administration of the CUP provided the chance for every personnel to plan the program and listened to all personnel in every level.	76.9	3.95	35.6	2.99	0.96	<0.001
10	8-39	Organizing the activities for the risk group by emphasizing on screening, health promotion, self-care (life skills) and civil society for health.	76.3	3.94	31.1	2.97	0.97	<0.001
11	4-22	Organizing health education services that are relevant to the health problems of the care-receivers	76.2	3.99	46.3	3.31	0.68	<0.001
12	3-15	Emergency care system is effective and safe for care-receivers' lifes	76.1	4.06	37.4	3.09	0.97	<0.001
13	3-17	The health team provided health services appropriately in accordance with the standard of each service.	76.1	4.05	42.7	3.28	0.77	<0.001
14	8-35	Coordinating between health teams, village health volunteers, community leaders, village committees, and related organization to set priority.	75.9	4.03	36.6	3.11	0.92	<0.001
15	9-52	Organizing a refreshing course regarding implementing activities in the PCU.	75.9	3.92	21.2	2.68	1.24	<0.001

Table 4. 15 : (Cont.) Percentage of the high to highest perceived significance and actual practices of the respondents and difference comparison of mean scores, item-by-item

Rank Order *	Activity/ Item No.	Activities	Perceived Significance		Actual Practices		Difference of Means	p-value
			Percent	$\overline{X}$	Percent	$\overline{X}$		
16	9-53	Adequate budget is available to implement the activities in PCU.	75.7	4.01	19.7	2.58	1.43	<0.001
17	9-54	Establishing the policy, vision and mission relevant to the policy of the government and of the local health organization.	75.7	3.97	33.8	3.02	0.95	<0.001
18	3-16	Evaluating the problem condition and considering the ongoing care e.g. counseling, referring, and home-visit.	75.6	4.00	45.1	3.22	0.78	<0.001
19	9-49	The administration of the CUP has intention to develop the system and organize the services in the PCU.	75.3	3.95	31.2	2.96	0.99	<0.001
20	6-29	Enhancing knowledge, supervising, and encouraging self-reliance of the network, family health leaders, and village health volunteers	75.0	3.97	33.4	3.01	0.95	<0.001
21	4-21	The counselor is attentive and friendly with the care- receivers.	74.8	3.99	50.1	3.42	0.57	<0.001
22	6-27	Developing a continuous coordination of the referral system for the convenience and Benefits of the care-receivers.	74.8	4.03	44.2	3.28	0.57	<0.001
23	9-59	Follow-up, monitoring and evaluation were made continuously.	74.8	3.93	25.1	2.72	1.21	<0.001
24	9-58	The health team has identified the main-and sub-responsibilities of the personnel in the PCU team.	74.5	3.94	30.9	2.88	1.06	<0.001

Table 4. 15 : (Cont.) Percentage of the high to highest perceived significance and actual practices of the respondents and difference comparison of mean scores, item-by-item

Rank Order *	Activity/ Item No.	Activities	Perceived Significance		Actual Practices		Difference of Means	p-value
			Percent	$\overline{X}$	Percent	$\overline{X}$		
25	8-41	Organizing the activities for the healthy group by emphasizing screening, health promotion, and self care.	74.5	3.97	32.7	3.02	0.95	<0.001
26	10-65	Conclusion and evaluation have been made regarding supervision and were presented for improving the quality of the PCU.	74.4	3.94	26.9	2.74	1.20	<0.001
27	5-25	Establishing the information system for setting appointment schedule and follow-up the ongoing activities.	73.7	3.97	46.0	3.34	0.63	<0.001
28	9-55	Organizing the health service network and developing the standard health team.	73.5	3.94	27.0	2.83	1.11	<0.001
29	1-2	Collecting the data and problems of every family by using family folder.	73.5	4.02	43.4	3.18	0.84	<0.001
30	2-11	Information about steps of service utilization has been classified.	73.4	3.96	54.5	3.54	0.42	<0.001
31	7-32	The PCU administrator has story intention and bc ablc to plan strategies and support the activities seriously.	73.1	3.98	31.1	2.89	1.09	<0.001
32	5-24	Explaining and helping the patients and their relatives understand the treatment plan before discharging from the PCU	72.9	3.96	48.2	3.33	0.63	<0.001

Table 4. 15 : (Cont.) Percentage of the high to highest perceived significance and actual practices of the respondents and difference comparison of mean scores, item-by-item

Rank Order *	Activity/ Item No.	Activities	Perceived Significance		Actual Practices		Difference of Means	p-value
			Percent	$\overline{X}$	Percent	$\overline{X}$		
33	7-31	Health status of the community was conclude and the health problems of the community were prioritized.	72.8	3.94	29.4	2.86	1.08	<0.001
34	9-51	Your PCU has a definite plan.	72.7	3.97	36.7	3.06	0.91	<0.001
35	7-33	Establishing the plan and performance-based health system development which are relevant to the needs of the community	72.6	3.90	31.4	2.98	0.92	<0.001
36	6-28	.Multidisciplinary work was organized to provide services cooperatively between a hospital and PCU.	72.6	3.98	36.2	2.99	0.92	<0.001
37	9-60	Developing the personnel regarding academics/services of PCU and attitude training at the starting of the program, accordingly to the problems and needs.	72.2	3.91	19.4	2.59	1.32	<0.001
38	9-57	The health team brought the policy and data from the community and the services provided to the meeting for planning the action plan	72.0	3.92	25.5	2.83	1.09	<0.001
39	10-64	Supervising and evaluating accordingly to the plan and the instruments prepared.	72.0	3.88	24.0	2.72	1.16	<0.001

Table 4. 15 : (Cont.) Percentage of the high to highest perceived significance and actual practices of the respondents and difference comparison of mean scores, item-by-item

Rank Order *	Activity/ Item No.	Activities	Perceived Significance		Actual Practices		Difference of Means	p-value
			Percent	$\overline{X}$	Percent	$\overline{X}$		
40	10-63	Organizing a meeting to determine and establish a supervisory team to evaluate the PCU.	71.8	3.90	26.9	2.78	1.12	<0.001
41	3-14	Providing a chance for care-receivers to know and participate in choosing the services that serve their needs.	71.7	3.93	42.3	3.18	0.75	<0.001
42	8-43	Evaluating and analyzing the problem, relevance of the problems and solutions periodically in accordance with the present situation in order to adjust the activities appropriately.	70.6	3.86	26.0	2.75	1.11	<0.001
43	2-9	Recording information in the family folder every time that the care-receiver came to get the service.	69.6	3.95	54.0	3.50	0.45	<0.001
44	6-30	Marking a home-visit and concluding the result of the home-visit made in the care-receiver's health record form.	69.8	3.85	27.4	2.83	1.02	<0.001
45	8-42	The health team and community organizations coordinated with other related organizations in allocating resources and supporting for implementing the activities.	69.6	3.84	24.6	2.72	1.12	<0.001

Table 4. 15 : (Cont.) Percentage of the high to highest perceived significance and actual practices of the respondents and difference comparison of mean scores, item-by-item

Rank Order *	Activity/ Item No.	Activities	Perceived Significance		Actual Practices		Difference of Means	p-value
			Percent	$\overline{X}$	Percent	$\overline{X}$		
46	7-34	Making the conclusions and presenting the information about the activities performed including problems and obstacles to the higher-position administrator for informing them and getting recommendations and supports.	69.4	3.87	28.5	2.84	1.03	<0.001
47	4-19	Establishing counseling service system in the health center and providing counseling accordingly with the counseling procedures	69.2	3.87	34.3	3.07	0.80	<0.001
48	8-37	Organizing the activities for the patients with chronic diseases by emphasizing on behavior change through self-help group and civil society for Heath	68.7	3.86	22.9	2.75	1.11	<0.001
49	8-40	Organizing the activities for the deprived group by emphasizing on supporting and rehabilitation in accordance with problems, acceptance, and social values.	68.4	3.81	22.9	2.71	1.10	<0.001
50	1-1	Organizing a meeting among the personnel to identify the areas to be responsible for.	68.1	3.99	42.0	3.20	0.69	<0.001

Table 4. 15 : (Cont.) Percentage of the high to highest perceived significance and actual practices of the respondents and difference comparison of mean scores, item-by-item

Rank Order *	Activity/ Item No.	Activities	Perceived Significance		Actual Practices		Difference of Means	p-value
			Percent	$\overline{X}$	Percent	$\overline{X}$		
51	1-4	Analyzing the family situation and community problems by using the data from family folders.	68.1	3.72	24.5	2.74	0.98	<0.001
52	1-6	Identifying human resources who can participate in planning the program for solving the problems of the community.	68.1	3.86	26.9	2.79	1.07	<0.001
53	4-23	Recording the data and making the conclusions of the counseling provided in order to follow-up the patients continuously.	67.6	3.80	28.7	2.85	0.95	<0.001
54	1-5	Problem and health service needs of people have been identified and classified into normal, risk, ill and handicapped, and deprived groups.	66.9	3.76	21.5	2.60	1.16	<0.001
55	1-5	Problem and health service needs of people have been identified and classified into normal, risk, ill and handicapped, and deprived groups.	66.2	3.82	25.7	2.89	0.93	<0.001
56	8-46	Establishing a civil society in the community in order to conclude the problems and plan the program to the PCU personnel.	65.8	3.78	23.5	2.73	1.05	<0.001
57	2-10	Assessing the needs of care-receivers to provide the main services (promotion, prevention, curation, rehabilitation, LAB and ER).	65.1	3.76	39.6	3.11	0.65	<0.001

Table 4. 15 : (Cont.) Percentage of the high to highest perceived significance and actual practices of the respondents and difference comparison of mean scores, item-by-item

Rank Order *	Activity/ Item No.	Activities	Perceived Significance		Actual Practices		Difference of Means	p-value
			Percent	$\overline{X}$	Percent	$\overline{X}$		
58	3-13	The service center assessed the problems based on physical, mental and social care.	65.0	37.8	30.6	2.90	0.88	<0.001
59	1-3	Survey family members by using Family Genogram	61.7	3.72	33.0	2.88	0.84	<0.001
60	8-47	Providing opportunity for public hearing to check the quality of the health services periodically.	60.9	3.63	15.5	2.45	1.18	<0.001
61	2-12	At the end of the service of each day, the patients who did not keep the appointment are checked and followed-up	0.8	3.67	27.2	2.84	0.83	<0.001
62	8-45	Organizing a mobile public health unit to reach the deprived and the poor in the areas responsible for.	57.5	3.59	21.8	2.56	1.03	<0.001
63	1-7	Doing a family survey once a year	57.4	3.66	26.2	2.69	0.97	<0.001
64	2-8	Setting the line number for " first come first serve" service	54.1	3.55	48.7	3.37	0.18	<0.001
65	4-20	Providing emergency consultation through hot line service for 24 hour.	35.6	2.97	16.2	2.28	0.69	<0.001

** Paired t-test Significant difference ($p<0.001$)

* Ranking percentage of perceived significant

Part 5. Difference Comparison of Health Service Providers' Opinion as Related to Personal Characteristics and Primary Care Unit' Characteristics

5.1 Perceived Significance and Actual Practices as Related to Personal Characteristics

The difference comparison was analyzed by using the score of the opinions regarding perceived significance and the actual practices. Each part was composed of 65 items, 10 categories of activities as floe: family and community survey (7 item); registration and screening (5 item); main services (6 item); exit care (3 item); referring and home-visit(4 item); planning and ongoing activities4 item); community activities (14 item); PCU management (14 item); and supervision, follow-up and evaluation (3 item); The results were presented as follow:

It was found that the significant difference of the perceived significance's mean score of the respondents was found as related to age, marital status, year of governmental services, and roles responsibilities ($p<0.05$). No significance difference of he perceived significance's mean score was found as related to gender, education level, position, classification level, working duration at PCU, job characteristics, and training program attended ($p>0.05$).

Regarding the actual practice of the health services in PCU, the significant difference was found as related to age and year of governmental services. But no significant difference of mean score of the actual practices was found as related to

gender, marital status, education level, position, classification level, working duration at PCU, job characteristics, role/responsibilities, and training attended ($p>0.05$). For each personal characteristic, the results of the analysis were presented as follow:

1. **Gender.** No significant difference was found between the perceived significance and actual practices as related to gender ($p>0.05$).
2. **Age.** It was found that the mean score of perceived significance and actual practices of the respondents aged 21-30 years was significantly higher than other age groups ($p<0.05$).
3. **Marital Status.** Significant difference of perceived significance was found as related to marital status ($p<0.001$).The mean score of perceived significance of the "single" group was significantly higher than of the other groups. But for actual practice, no significant difference was found as related to different to different marital status.
4. **Education Level.** No significant difference of perceived significance and actual practice mean score was found as related to different educational level ($p>0.05$).
5. **Year of Governmental Service.** Significant difference of perceived significance and actual practices was found as related to years of governmental services ($p<0.05$). It was found that the mean score of perceived significance of the personnel who have served the government for 1-10 years was significantly higher than of the other groups and for the actual practice, the group who have worked for more than 31 years had significantly higher mean score than other groups ($p<0.05$).

6. **Position**. No significant difference of mean score of perceived significance and actual practice as related to different positions of the personnel ($p>0.05$).
7. **Classification Level.** No significant difference of the mean score of perceived significance and actual practices was found in regard with classification level ($p>0.05$).
8. **Working Duration at PCU.** No significant difference of the mean score of perceived significance and actual practices was found in regard with year of working at PCU ($p>0.05$).
9. **Job Characteristic**. No significant difference of the mean score of perceived significance and actual practices was found in regard with job characteristics ($p>0.05$).
10. **Role Responsibilities.** Significant difference of perceived significance's mean score was found as related to roles /responsibilities of the respondents ($p<0.001$). It was found that the mean score of the "academic" group was significantly higher than of the other groups whereas, no significant difference of mean score of the actual practices was found as related to roles and responsibilities of the respondents ($p>0.05$).
11. **Trainning Program Attended.** No significant difference of mean score of perceived significance and actual practices with regard to training program attended ($p>0.05$). (Table 4.16).

Table 4. 16 : Difference comparison of mean score of perceived significance and actual practices by personal characteristics

Personal Characteristics		Perceived Significance				Actual Practices			
		Number	S.D.	$\overline{X}$	P-value	Number	S.D.	$\overline{X}$	P-value
Gender [a]					**0.262**				**0.156**
	Male	249	0.60	3.81		78	0.60	3.23	
	Female	422	0.58	3.86		134	0.67	3.09	
Age [b] (year)					**0.023***				**0.034***
	21-30	21	0.52	3.90		51	0.51	3.03	
	31-40	234	0.58	3.89		87	0.69	3.09	
	41-50	154	0.67	3.72		44	0.62	2.96	
	51 and higher	72	0.51	3.80		30	0.66	3.29	
Marital Status [b]					**0.001***				**0.209**
	Single	211	0.52	3.90		51	0.51	3.03	
	Married	473	0.60	3.80		147	0.65	3.09	
	Windowed/divorced/Separated	34	0.56	3.67		11	0.81	3.12	
Educational Level [b]					**0.673**				**0.449**
	Lower than Bachelor Degree	253	0.54	3.83		84	0.67	3.13	
	Bachelor Degree	386	0.60	3.86		113	0.66	3.18	
	Higher than Bachelor Degree	18	0.70	3.95		8	0.31	2.89	

Table 4. 16 : (Cont.) Difference comparison of mean score of perceived significance and actual practices by personal characteristics

Personal Characteristics		Perceived Significance				Actual Practices			
		Number	S.D.	$\overline{X}$	P-value	Number	S.D.	$\overline{X}$	P-value
Year of government					**0.004***				**<0.001***
service [b]	1-10	255	0.54	3.92		67	0.56	3.35	
	11-20	218	0.60	3.84		81	0.65	2.98	
	21-30	140	0.66	3.72		40	0.72	2.95	
	31 and higher	57	0.50	3.81		24	0.58	3.43	
Position [b]					**0.107**				**0.264**
	Physician	13	0.54	3.58		7	0.35	2.93	
	Professional nurse	59	0.60	4.10		15	0.83	3.07	
	Public health professional	122	0.50	3.92		38	0.70	3.20	
	Administrative staff	191	0.60	3.69		62	0.72	3.05	
	Public health staff	247	0.56	3.86		78	0.60	3.22	
	Others	39	0.55	3.94		12	0.34	3.23	
Classification Level [b]					**0.438**				**0.106**
	C 2-4	193	0.56	3.89		46	0.50	3.32	
	C 5-7	474	0.60	3.83		164	0.69	3.09	
	C 8-10	4	0.58	3.66		2	0.43	3.23	

Table 4. 16 : (Cont.) Difference comparison of mean score of perceived significance and actual practices by personal characteristics

Personal Characteristics		Perceived Significance				Actual Practices			
		Number	S.D.	$\overline{X}$	P-value	Number	S.D.	$\overline{X}$	P-value
Working Duration					**0.208**				**0.477**
at PCU [b] (month)	1-10	92	0.57	3.92		28	0.51	3.00	
	11-20	533	0.58	3.85		170	0.68	3.17	
	21-30	46	0.62	3.72		14	0.70	3.18	
Job Characteristics [a]					**0.763**				**0.345**
	Temporary/Rotation	42	0.65	3.87		20	0.40	3.01	
	Permanent	629	0.58	3.85		192	0.67	3.15	
Roles/					**<0.001***				**0.203**
Responsibilities [b]	Administration	198	0.60	3.69		62	0.69	3.01	
	Service	360	0.58	3.90		118	0.58	3.20	
	Academic	113	0.52	3.92		32	0.78	3.21	
Trainning					**0.246**				**0.725**
Program Attended [a]	Never	33	0.73	3.76		12	0.80	3.14	
	Ever	379	0.55	3.89		123	0.69	3.20	

[a] t-test [b] One way ANOVA *significance p-value < 0.05 **Highly Significance p-value < 0.001

5.2 Perceived Significance and Actual Practices as Related to Primary Care Unit's Characteristics

The analysis of difference comparison of mean score of the perceived significance and actual practices with regard to PCU's Characteristics showed that the significant difference of the perceived significance's mean scores was found as related to Type of PCU and model of PCU ($p<0.001$). No significance difference of the perceived significance's mean scores was found with regard to number of personnel and number of population responsible for.

Regarding the actual practice' no significance difference was found among the mean score of the actual practice with regard to PCU's characteristics ($p>0.05$)

For each PCU's characteristic, the results of the analysis were presented as follow:

1. **Type of PCU.** Significant difference of perceived significance mean score was found with regard to type of PCU ($p<0.001$). It was found that the mean score of the personnel working at the main-PCU was significantly higher than of the sub-PCU ($p<0.001$X. But for the actual practice' no significant difference was found as regard to the type of PCU.
2. **Model of PCU.** Significant difference of perceived significance mean score was found with regard to the model of PCU ($p<0.05$). For the actual practice, no significant difference of the mean score was found with regard to the PCU's characteristics.

3. **Number of Personnel**. No significant difference was found regarding the perceived significance and the actual practices' mean score as related to the number of personnel of the PCU ($p>0.05$).
4. **Number of Population Responsible for**. No significant difference of the mean score was found regarding the perceived significance and the actual practices as related to the number of population that the PCU is responsible for. (Table 4.17).

Table 4. 17 : Difference comparison of mean score of perceived significance and actual practices by PCU's characteristics

PCU's Characteristics		Perceived Significance				Actual Practices			
		Number	S.D.	$\overline{X}$	P-value	Number	S.D.	$\overline{X}$	P-value
Type of PCU [a]					**<0.001***				**0.498**
	Main PCU	233	0.56	3.98		79	0.58	3.18	
	Sub PCU	438	0.58	3.76		133	0.69	3.12	
Model of PCU [b]					**0.013***				**0.974**
	Established as the health center	34	0.47	3.90		17	0.55	3.16	
	Located in the health center	619	0.60	3.80		191	0.66	3.13	
	Other (at the Red Cross, Municipality)	18	0.32	4.24		14	0.55	3.20	
Number of					**0.086**				**0.100**
Personnel [b]	1-3	161	0.61	3.69		43	0.66	2.98	
	4-6	56	0.52	3.78		19	0.55	3.35	
	7-9	14	0.50	3.98		6	0.34	3.01	
	10-12	2	0.21	4.49					
Number of					**0.101**				**0.929**
Population	<10,000	215	0.58	3.72		63	0.63	3.09	
Responsible for [a]	10,001-30,000	18	0.60	3.96		5	0.55	3.12	

[a] t-test [b] One way ANOVA *significance p-value< 0.05 **Highly Significance p-value < 0.001 (n)* number of respondents

Part 6. Problems and Recommendations

6.1 Problem and Obstacles of Implementing Health Services

1. **Community Services.** It was found that 38.7 percent of the respondents indicated that they have problem/obstacles in implementing health service activities, as regard to: lack of analysis of the community problems (9.2%); family folders were not used (8.8%); lack of awareness regarding self-care among the community people (8.0%); lack of personnel and morale (4.8%); lack of community participation (3.2%); the ratio of the number of personnel materials and vehicles were not adequate (2.0%).
2. **Services at PCU.** About 31 percent of the respondents expressed that they have problems/obstacles regarding the providing services at PCU as regards to: lack of skills regarding holistic health promotion approach (9.2%); lack of personnel including dental health personnel (8.0%); lack of clarity regarding the main policy, job assignment, and line of organization (5.4%); medical and non-medical supplies were not adequate (3.6%); no unity among health personnel (3.1%); cross-examination services were not standardized and the personnel did not have adequate skills (1.8%).
3. **Ongoing Services.** It was found that 22.2 percent of the respondents expressed some problems/obstacles of implementing the services, regarding: lack of skills in providing services for special cases of the patients' e.g. inserting urinary catheters, feeding through the catheters (5.6%); lack of counseling skills (4.3%); infective referral system (4.0%); lack of budget, vehicles, cars, etc. (2.8%); lack of good coordination

between CUP and PCU (1.7%); and the patients were not classified into categories for providing ongoing services (1.6%).

4. **Management.** There were 23.8 percent of the respondents expressed the problems/obstacles of implementing the services. Specific problem/obstacles were: not appropriate distribution of health personnel (10.3%); followed by problems about budget allocation (6.7%); lack of supervision, follow-up, evaluation, and performance evaluation (3.4%) (Table 4.18).

Table 4. 18 : Number and percentage of the service providers by problems / obstacles in implementing service activities at PCU

Problems/Obstacles	Number (N=671)	Percentage
Community Services	**260**	**38.7**
1. Lack of analysis of the community problems	62	6.2
2. Family folder were not used	59	8.8
3. Lack of awareness regarding self-care among the community people	54	8.0
4. Lack of personnel and morale	32	4.8
5. Lack of community participation	22	3.2
6. The ratio of the number of personnel and population was too high	18	2.7
7. Materials and vehicles were not adequate	13	2.0
Services at PCU	**209**	**31.1**
1. Lack of skills regarding holistic health promotion approach	62	9.2
2. Lack of personnel including dental health personnel	54	8.0
3. Lack of clarity regarding main policy, job assignment, and line of administration.	36	5.4

Table 4. 18 : (Cont.) Number and percentage of the service providers by problems / obstacles in implementing service activities at PCU

Problems/Obstacles	Number (N=671)	Percentage
4. medical and non-medical supplies were not adequate.	24	3.6
5. No unity among health personnel	21	3.1
6. Cross-examination services were not standardized and the personnel did not have adequate skills.	12	1.8
Ongoing Services	**149**	**22.2**
1. Lack of skills in providing services for special cases of the patients, e.g. inserting urinary catheters, feeding through the Catheters.	38	5.6
2. Lack of counseling skills	29	4.3
3. Ineffective referral system	27	4.0
4. Lack of budget, vehicles, car, etc	19	2.8
5. Ineffective communication system	15	2.2
6. Lack of good coordination between CUP and PCU	12	1.7
7. The patients have not been classified into categories for providing ongoing services.	9	1.6
Management	**160**	**23.8**
1. Not appropriate distribution of health personnel	69	10.3
2. Not appropriate budget allocation	45	6.7
3. Lack of supervision and follow-up	23	3.4
4. lack of performance evaluation	23	3.4

6.2 Recommendation for Improving Health Services of the PCU

1. **Community Services.** The total of 29.1 percent of the respondents recommended activities for improving the services provided at PCU. The specific recommend actions were as follow: community study should be done and community-centered should be emphasized (8.9%); family folders should be available and used (8.5%); more personnel should be added by using rotation system and increasing personnel's morale and encouragement and through using paying-rate as has been set (4.7%); strengthening community action regarding health and getting people to be involved (2.9%); lessening the ratio of the number of personnel and the population (2.4%); and providing more support on budget, vehicles, and cars (1.7%).
2. **Services at PCU.** There were 27.2 percent of the respondents recommended the thing that should be done to improve the services. The specific s recommendations were: the health team should be trained regarding holistic approach (7.9%); using the rotation system and dental health personnel should be assigned to work at the PCU (7.0%); the administrator should have adequate knowledge and skills in management and being able to set the clear line of organization (4.5%); allocation of adequate budget, medical and non-medical supplied (3.6%); "team work" should be organized for the health personnel, establishing good relationship among the organizations, and organizing social activities for the member (2.7%); and training program on cross- examination Lab. Should be

organized for the personnel including supporting the materials for sending the specimens for Lab examination (1.5%).

3. **Ongoing Services.** There were 20.1 percent of the respondents who gave the recommendations to improve the services. The specific recommendations were: -regular training should be organized for the personnel, especially skills regarding insertion of urinary catheters, feeding patient through catheters, etc. (4.6%); every personnel should be trained in counselling technique and the referal system should be effective, promptly, and be emphasized on patients' safety.(3.7%); getting help regarding vehicles from other foundations (2.2%); communication should be effective (1.8%); and patients should be classified into groups for providing ongoing services (1.3%).
4. **Management.** There were 21.3 percent of the respondents who suggested some recommendations to improve the PCU. The specific suggestions were;- allocating adequate number of personnel to work in the community (8.6%); budget allocation must be clear and transparent (6.4%); regular supervision must be organized in accordance with the standard criteria of PCU (3.3%); and the conclusion of the supervision should be made and presented in order to improve the quality of PCU (3.0%) (Table 4.19)

Table 4.19 : Number and percentage of service providers by recommendations for improving the services at PCU

Recommendations	Number (N=671)	Percent
Community Services	**195**	**29.1**
1.Community study should be done and community- centered should be emphasized	60	8.9
2.Family folders should be available and used.	57	8.5
3.More personnel should be added by using the rotation system and increasing personnel's morale and encouragement through paying at the rate that has been set.	32	4.7
4.Strengthening community action regarding health and getting people to be involved	20	2.9
5.Lessing the ratio of the number of personnel and the population.	16	2.4
6.Providing more support on budget, vehicles, and cars.	10	1.7
Service at PCU	**182**	**27.2**
1.The health team should be trained regarding holistic approach.	53	7.9
2.Using the rotation system and dental health personnel should be assigned to work at PCU.	47	7.0
3.The administrator should have adequate management knowledge and skills and be able to set the clear line of organization.	30	4.5
4.Allocation of adequate budget, medical and non-medical supplies.	24	3.6
5.The training on "Team work" should be organized to the health personnel, establishing good relationship social activities for the members.	18	2.7
6.Training program on cross-examination Lab. Should be organized for the personnel including supporting the materials for sending specimens for Lab examination.	10	1.5

Table 4.19 : (Cont.) Number and percentage of service providers by recommendations for improving the services at PCU

Recommendations	Number (N=671)	Percent
Ongoing Services	**135**	**20.1**
1.CUP should be develop the health personnel at the PCU regularly regarding knowledge and skills, especially skills regarding inserting urinary catheters, feeding patients through catheters, etc.	31	4.6
2.Every health personnel should be trained in counselling technique.	25	3.7
3.The referal system should be effective, promptly, and being emphasized on patients' safety.	25	3.7
4.Getting help regarding vehicles from other organizations, e.g. other foundations, etc.	19	2.8
5.Communication system should be effective, e.g. installing of more telephones, adjusting the radio's system, etc.	15	2.2
6.Improving the coordination system by making it more flexible, continuous, and be able to connect to each other in the team/networks.	12	1.8
7.patients should be classified into groups for providing ongoing services	8	1.3
Management	**143**	**21.3**
1.Allocating adequate number of personnel to work in the community.	58	8.6
2.Budget allocation should be clear and transparently.	43	6.4
3.Regular supervision must be organized in accordance with the standard criteria.	22	3.3
4.Conclusions of the supervision should be made and presented in order to improve the quality of PCU.	20	3.0

6.3 Opinions of Services Providers Toward 30 Bath Universal health Care Policy

1. Opinions Regarding 30 Bath Universal health Care Policy

From the total of 671 health personnel, 48.86 percent have responded to the question about their opinions regarding the " 30 Bath Universal Health Care Policy". Among this group, there were 289 cases (43.03%) that agreed with this policy and 39 cases (5.81%) did not agree. For those who agreed the following reasons were given: people can get access to the health services (18.47%); the policy was emphasized on health promotion, expanding services to the community to " close house and heart service" (16.39%); the people felt confident about their self-care regarding curation and health promotion (8.19%). Among 5.81 percent of the respondents who disagreed with this policy, they expressed their reasons as :- more work' more things to be solved, but less manpower, less money, male-allocation (3.73%) and because of the high cost some community hospitals get lost (2.08%).

2. The 30 bath Universal Health Care Policy and the Formal System

There were 49.0 percent of the respondents who gave their opinions regarding the comparison between the new reformed system, 30 Bath Universal Scheme and the formal system. There were 43.19 percent agree with the new system, with the following reasons: regarding the personnel:-the distribution of the health personnel was made accordingly with the criteria set, of the health personnel are enthusiastic to work, have been assigned the clear responsibilities, rotation system has been used and the personnel get new knowledge regularly(16.98%); for the budget;-the budget was allocated accordingly with the number of the population and the quality and quantity of

work (11.32%);for the working procedures;- the health personnel can get more freedom to work, establish the strategies which are relevant to the problem, more work in the community, proactive service has been more emphasized than reactive service (8.49%); and regarding the accessibility to the services, the health services have been accessed and covered more people than before (6.40%).

There were 5.81 percent of the respondents disagreed with the " 30 Bath Universal Scheme" following reasons: the people have to be responsible for the higher average medical care cost than the formal system (3.57%) and the people thought that with the medical payment of 30 Bath, the care-receivers will get low or non-standard medical care (2.24%).

There were 43.19 percent of the respondents did not agree with the formal system by giving the reasons that: the personnel did not have enthusiasm to work, were lazy, and did not get up-to-date academic knowledge (16.98%); the budget has not been allocated to cover all areas that needed helps, the budget received was very small and it took a long time to get it (11.32%); the work procedures were not organized and the plan of action was not clear (8.49%); the people could not process health insurance coverage (6.40%).

There were 5.81 percent of the respondents agreed with the formal system by giving the reason that the formal system by giving the reason that the formal system has taught the personnel to be fair and not to emphasize on monetary issue especially trying to get more budget (Table 4.20)

Table 4. 20 : Number and percentage of the service providers' opinion regarding " 30 Bath Universal Health Care Policy"

Opinions	Number (N=671)	Percentage
Opinions Regarding " 30 Bath Universal Health Care Policy"	**328**	**48.86**
Agree	**289**	**43.05**
1. People can access to the health services	124	18.47
2. The policy was emphasized on health promotion, expendily services to the community, organizing " Close house and heart service"	110	16.39
3. People felt more confident about their self-care regarding curation and health promotion.	55	8.19
Disagree	**39**	**5.81**
1. More work, more things to be solved, but less manpower, less money mal-allocation	25	3.73
2. Becouse of the high cost, some community hospitals get lost	14	2.08
Comparison between " 30 Bath Universal Health Care Policy" and the Formal System	**329**	**49.00**
Agree with " 30 bath Universal health care Policy"	**290**	**43.19**
Personnel: The distribution of the health personnel was made accordingly with the criteria set, the personnel were enthusiastic to work and have been assigned the clear responsibilities, rotation system has been used and the personnel have been trained up-to-date knowledge regularly.	114	16.98
Budget: The budget was allocated accordingly with the number of the population and the quality and quantity of work	76	11.32

Table 4. 20 : (Cont.) Number and percentage of the service providers' opinion regarding " 30 Bath Universal Health Care Policy"

Opinions	Number (N=671)	Percentage
Working Procedures: The health personnel can get more freedom to work, establish the strategies which are relevant to the problems, more work in the community, proactive service has been more emphasized than reactive service.	57	8.49
Accessibility to the Service: The health services have been accessed and covered more people than before.	43	6.40
Disagree with the 30 bath Universal health Care Policy	**39**	**6.40**
1. People have to be responsible for higher average medical care cost than the formal system.	24	3.57
2. people usually thought that with the medical payment of 30 bath, the care-receivers will get low or non-standard medical care.	15	2.24
Disagree with the 30 Bath Universal Health Care Policy	**290**	**43.19**
Personnel: The personnel did not have enthusiasm to work, were lazy, and did not get up-to-date academic knowledge.	114	16.98
Budget: The budget has not been allocated to cover all areas that needed helps, the budget received was very small and it took a long time to get it.	76	11.32
Work Procedures: The work procedures were not organized and the plan of action was not clear.	57	8.49
Accessibility to the Service: The people did not possess health insurance coverage.	43	6.40
Agree with the Formal System: The formal system has taught the personnel to be fair and not to emphasize on monetary issue especially trying to get more budget	39	5.81