

## **CHAPTER V**

### **CONCLUSION, DISCUSSION, AND RECOMMENDATIONS**

The study on “Assessment of Health Service Providers in Primary Care unit, Nakhon Si Thammarat Province, 2002” was a cross-sectional descriptive study with the aims to assess the health services activities of service providers of primary care units in Nakhon Si Thammarat Province. The data were collected by using the questionnaire developed by the researcher, based on the “ Guideline of Activities at the PCU for the health Service Provider.” The content validity of the questionnaire was pretested with 30 health service providers who were similar to the target sample. Cronbach’s alpha coefficient was used to compute the reliability of the questionnaire. The results of reliability analysis of the part on “ Perceived Significance of Health Service Activities” as related to: community and Family survey, registration and screening, main service, counseling, exit care, referring and home visit, planning and ongoing activities, community activities, PCU management, and supervision, follow-up, and evaluation, were found as follow:0.8848, 0.8273, 0.8799, 0.8873, 0.7943, 0.8902, 0.8796, 0.9544, 0.9619, and 0.9493 respectively. For the “Actual practices” part the reliability values were found as follows: 0.8895, 0.7394, 0.7605, 0.7346, 0.8845, 0.8592, 0.9390, 0.9489, and 0.9615 respectively. The questionnaires then were used for collecting data from the sampled health service providers, during May-September, 2003. The official letter from the Provincial Public health Office was presented to the District Health Centers was

presented to the District Health Centers the coordinates for managing the questionnaires with 861 health service providers have answered the questionnaires (78.0%). The data were analyzed by using the program computer SPSS for window ver.11 and the following statistics were computed: frequency, percentage, arithmetics mean, standard deviation, paired t-test, t-test, and One-way ANOVA. The significance of the means' difference was set at the level of 95 percent. The results were concluded as follows:

## **Part 1 Conclusion**

### **1. The number returned questionnaires**

From all 871 rate of questionnaires sent to the health service providers, 671 case were returned (78.0%). The return rate was appropriately. This may be due to the effective coordination was made between the Provincial Public Health Office and the District Health Centers by sending the official letter to ask cooperation and assistance. The helpful cooperation from all District public health officers made the questionnaire management successful including the cooperation from the health service providers of all PCUs in Nakhon Si Thammarat Province.

### **2. General Characteristics of Service Providers and PCU**

It was found that there are more female service providers than males in PCUs of Nakhon Si Thammarat Province. This finding was similar to the study of Rungsi Jareonwnograyub (2002)<sup>(15)</sup>. Other characteristics found are: the majority of them aged 31-40 years(34.9%); were married (70.7%); finished bachelor degree or equivalent (58.8%); and had "1-10" years of governmental service. It was been observed that most of the service. It has been observed that most of the service providers were interested in

developing themselves regarding academic study and furthering their study in many public health educational institutions. It was also found that 36.1 percent of the service providers were community public health staff with classification levels 5-7 (70.6%) and the average time –duration of working at PCU was 17 months. Since the PCU has just been started in October 1,2001, therefore the time-duration of working at the PCU was short. It was also found that 87.7 percent of the service providers worked permanently at the PCU and were responsible for providing service (53.7%). This may be due to the increased number of the care-receivers at PCU and the services provided were include curation, promotion, prevention, and rehabilitation whereby all of these activities have to be done at the same time. Because there are inadequate number of health personnel, therefore the service providers were more responsible for providing services than other responsibilities. Regarding the training on PCU work, 61.4 percent had ever attended the training program and the high percentage of them (95.1%) had ever attended the training program 2 times.

Regarding the characteristics of the PCU, it was found that 65.3 percent of the PCU were sub-PCUs and most of them were located in the health centers(92.3%), 90.9 percent of PCUs have averagely 3 staffs and the average number of population responsible for was 8,170. According with the criteria set, the average number of staff should be 8 in one PCU and be responsible for 10,00 population, averagely, staff per 1,250 population. <sup>(29)</sup> Therefore, the Center Administration Office has to coordinate with the educational institutes to train more public health personnel for working at PCUs.

## **Part 2 Discussion**

The results of the this study help us understand the opinions of services providers' perceived significance and actual practices of the health service activities at the PCU in Nakhon Si Thammarat Province including the problems and obstacle arise in implementing the activities and the recommendation that are every useful for improving the service. The results of the study can be discussed as follow:

### **Opinions of Service Providers Regarding health Service Activities in PCU Related to Perceived Significance and Actual Practice**

The data revealed that the service providers perceived significance of all activities was at the high level ( $\bar{X} = 3.92$ ) whereas their actual practice was at the moderate level ( $\bar{X} = 3.04$ ). When consideration of each activity was made it was found that there was a significant difference between perceived significance and actual practices of every activity ( $p < 0.001$ ). The mean score of perceived significance was significantly higher than of the finding of Tassanee Sorajthammakul (2000).<sup>(16)</sup> Thus, this can be due to the agreement of the service providers with government policy that emphasized on the equal opportunity for all Thai citizen to reach quality and efficient health service. The primary care unit is the front-line service established in accordance with the universal health care program, which will help the community people understand the aims of the government policy. But at the beginning of the program, many things are not yet ready for the complete program regarding manpower, budget, materials, buildings, and appropriate management, including the precise health management system. These conditions may cause the lower actual practices when compared with the perceived significance, in every activity category.

**1. Community and Family Survey.** This activity is very important activity leading to the accomplishment of PCU. This study revealed that the service providers perceived this activity as high significance ( $\bar{X} = 3.82$ ) and their actual practice was moderate ( $\bar{X} = 2.89$ ). Significant difference was found between perceived significance and actual practice ( $p < 0.001$ ) whereby the mean score of the actual practice was significantly lower than of the perceived significance. Among the service providers who perceived the significance of each activity at the high to highest levels (score 4-5), it was found that more than 50 percent of the respondents perceived all activities at the respondents perceived all activities at the high to highest level. This finding indicated the strength of the health services provided the strength of the health services provided at the PCU which will help the service providers understand the community people in their present social relationship context. The good relationship will be established which will be the foundation of trust and will lead to holistic health service.<sup>(30)</sup> Regarding the actual practice, it was found that more than half of the service providers did not practice all activities at the high to highest level (score 4-5). The number of service providers that practiced the activities at the high to highest level more than 50 percent is used as the standard criteria of community activities.<sup>(31)</sup> Thus, this situation must be improved with the precise plan and continuous improvement.

**2. Registration and Screening.** This group of activities is the key factor in implementing activities in PCU. It was found that the perceived significance of the service providers was at the high level ( $\bar{X} = 3.78$ ) and the actual practice level was moderate ( $\bar{X} = 3.27$ ). Significant difference was found between the perceived significance ( $p < 0.001$ ) and the actual practice whereby the perceived significance was

significantly higher than the actual practices in every specific activity. It was also found that more than 50 percent of the service providers perceived all activities at the high to highest levels (score 4-5). This finding revealed that more than 50 percent of the service providers realized the significance of and agreed with all activities in regard to “Registration and Screening” This activity is the starting point of service decision which to starting from registration, giving the line number, filling out the Family Folder, and screening the patients before sending them to get specific service. Regarding the actual practice, it was found that there were only 2 activities out of 5 activities in this category that have been practiced by more than 50 percent of the service providers at the high to highest levels. The data showed that more than half of the service providers realized the significance of all activities regarding registration and screening. It was be set up that every activity in the category of “registration and Screening” is the standard criteria of performance in PCU.<sup>(31)</sup> that should be developed in the future. For the activities that have been practiced by less than 50 percent of the service providers at the high to highest levels should be considered seriously and the effective measure to promote these activities should be determined.

**3. Main Service.** This category is one of the key factors affecting the development of quality health service. The data from this study showed that the service. The data from this study showed that the service providers perceived the “Main Services” activity at high significance level ( $\bar{X} = 4.04$ ) whereas the actual practice was moderate ( $\bar{X} = 3.26$ ). Significant difference was found between the mean ( $p < 0.001$ ) whereby the mean score of the actual practice was significantly lower than the mean score of the perceived significance, in every activity. Regarding the percentage of the

respondents who perceived the activities at the high to highest level (score 4-5) it was found that more than 50 percent of them perceived every activities at the high to highest levels. This finding revealed that more than half of the health service providers realized the significance of and agreed with all activities regarding the “Main Services”. According to the People’s Right under the “ Universal health Care Coverage”, “customers” values or patients, values” are the significant policy and the key important thing in health care reform, it should be started with in health care reform, it should be started with the reform of paradigm on the basic thinking procedures their, and inductive thinking to holistic thinking whereby attention is focused on physical, mental, social and spiritual well-being.<sup>(32)</sup> Regarding actual practice, only, activity from 6 activities has been performed at the high to highest levels by more than 50 percent of the respondents. Therefore, every activity in the “Main services” is the standard activity of PCU<sup>(31)</sup> that must be developed in the future. For those activities that have been practiced at the high to highest level by less than 50 percent of the service providers must be improved by finding the precise and effective ways to promote them continuously.

**4. Counseling.** Counseling is another key factor in public health activities. The data of this study showed that the service providers perceived this group of activities at the high level ( $\bar{X}=3.72$ ) where as the actual practice was at the moderate level ( $\bar{X}=2.97$ ). The significant difference was found between the means whereby the mean score of the actual practice was significant lower than of the perceived significance in every activity of this category. It was found that more than 50.0 percent of the service providers perceived almost every activity of the “Counseling Activities” at the high to

highest level (score 4-5) except the activity on “Providing emergency consultation through hot line service for 24 hours,” whereby only 16.2 percent have perceived this activity as the high to highest levels. This finding was congruent with the study carried out by Preecha Suwanthong (2002).<sup>(13)</sup> This may be due to most of the health personnel thought that the emergency illness should be taken care at the health center. But this activity will be necessary in case that when the emergency occurred the people should receive the basic appropriate advice within 24 hours by providing hot-line service for consultation. For other activities more than half of the service providers agreed and realized their significance. For actual practice, it was found that there was only/activity that has been practiced at high to highest levels by more than half of the service providers. The data showed that more than half of the service providers perceived almost all of the activities at the high to highest levels (score 4-5) which can be concluded that every activity regarding counseling activities can be used as the standard criteria for PCU<sup>(31)</sup> which should be developed in the future. For those activities that less than half of the service providers have practiced at the high to highest level, should be considered seriously and the effective measures to promote these activities should be determined.

**5. Exit Care.** It was found that the service provider’ perceived significance of the activities regarding “Exit Care” was high ( $\bar{X} = 4.18$ ), the same as the actual practices level ( $\bar{X} = 3.65$ ). Significant difference was found between the means whereby the mean score of the actual practice was significant lower than of the perceived significance in every activity. It was found that more than 50.0 percent of the service providers perceived all of the activities at the high to highest level (score 4-5).



This finding revealed that more than half of the service providers realized the significance of and agree with all activities in this category. Because the services provided for the patients before discharge from the PCU are concerned with appropriate reactive services and the proactive services to prevent the repeated illness and other illness on to prevent serve illness/disability.<sup>(30)</sup> Regarding the actual practices, there was only, activities in this group that more than 50.0 percent of the service provider have practiced at the high to highest level (score 4-5). This finding revealed that more than half of the service providers realized the significance of and agree with all activities in this activities category. Therefore, every activity of this category can be used as the standard criteria for PCU<sup>(31)</sup> which should be developed in the future. For those activities that less than half of the service providers have practiced at the high to highest level should be considered seriously and the effective measures to promote these activities should be determined.

**6. Referring and Home-Visit.** This group of activity is the important goal to be achieved in quality service development. The finding showed that the overall perceived significance of the activities in this category was at the high level ( $\bar{X} = 3.96$ ) whereas the actual practice was at the moderate level ( $\bar{X} = 3.01$ ). Significant difference was found between perceived significance and actual practice and the mean score of actual practice was lower than of perceived significance. It was found that more than 50.0 percent of the service providers perceived all activities at the high to highest levels(score4-5). This finding revealed that more than half of the service providers realized and agreed with the significance of activities regarding “Referring and Home – Visit” This finding was similar to the studies/carried out by Wacharee

Tuykampee(1993).<sup>(21)</sup>, and Umpol Jindawattan(1998)<sup>(23)</sup>. Because PCU is the nearby-house health service that is located close to the community, therefore, its personnel know the living situation and lifestyles of the people well and can be able to adjust their program appropriately with people's lifestyles, including disseminating health-related information and developing people's self-care skills. Regarding the actual practices, less than 50.0 percent of the service providers have not practiced any activity in this category activity, at the high to highest level (score 4-5). The finding revealed that more than half of providers perceived the significance of all activities at the high to highest levels, therefore every activities should be set as the standard criteria of providing ongoing activities<sup>(31)</sup> which needed to be improved in the future. For those activities that less than half of the service providers have practiced at the high to highest level should be considered seriously and the effective measure to promote these activities should be determined.

**7. Planning and Ongoing Activities.** The result of this study showed that the service providers perceived the significance of the overall activities was at the high level ( $\bar{X}=3.92$ ) whereas actual practices was at the moderate level ( $\bar{X}=2.89$ ). Significant difference was found between the means, whereby the mean score of the actual practice was significant lower than the mean score of the perceived significance in every activity. It was found that there were more than 50.0 percent of the service providers who perceived all activities as high to highest level (score 4-5), which revealed that more than half of the service providers realized the significance of and agreed with all activities of "Planning and ongoing Activities" empower and develop leadership skill for everyone in the organization, the organization should develop

feasible work system, networking system, education and training and work environment. And these will enhance incentive and satisfaction of the staff in the organization. Regarding the actual practices, less than 50.0 percent of service providers have practiced all activities at high to highest level (score 4-5). The finding revealed that more than 50.0 percent of the service providers realized the significance of and agreed with all activities in “Planning and Ongoing Activities”. The health provider must strive to empower and develop leadership for its staff by the following: a) design a flexible work system; b) better communication and coordination; c) regular education and training; and finally, d) changing its environment can for employee’s satisfaction and motivation<sup>(30)</sup>. Therefore, all of these activities can be set as the standard criteria of service activities in PCU<sup>(31)</sup> which needed to be developed in the future. However, for those activities regarding “ Planning and Ongoing Activities” that the less than 50.0 percent of the service provider have not practiced at the high to highest levels, needed precise and effective measures to promote the activities.

**8. Community Activities.** This activity is very important because community involvement is the key strategy for development in all programs. The result of this study showed that the service providers perceived the significance of the overall activities was at the high level ( $\bar{X} = 3.89$ ) whereas actual practices was at the moderate level ( $\bar{X} = 2.88$ ). Significant difference was found between the means, whereby the mean score of the actual practice was significant lower than the mean score of the perceived significance in every activity. It was found that there were more than 50.0 percent of the service providers who perceived all activities as high to highest level (score 4-5), which revealed that more than half of the service providers realized the

significance of and agreed with all activities of “Community Activities”. Same Pringpungkaew<sup>(34)</sup> indicated that the emphasis should be put on the development of the people’s capacity to be able to investigate, to check, and to reflect their own needs as the foundations for long –term development and being relevant to the needs of Thai society. Regarding the actual practices, less than 50.0 percent of service providers have practiced all activities at high to highest level (score4-5). The finding revealed that more than 50.0 percent of the service providers realized the significance of and agreed with all activities in “Community Activities”. Therefore, all of these activities can be set as the standard criteria of service activities in PCU<sup>(31)</sup> which needed to be developed in the future. However, for those activities regarding “Community Activities” that the less than 50.0 percent of the service provider have not practiced at the high to highest levels, needed precise and effective measures to promote the activities.

**9. PCU Management.** This group of activities is the factor that determined the achievement of PCU development. The finding of this study showed that the overall perceived significance of the service providers was high ( $\bar{X} = 3.98$ ) whereas the actual practice level was moderate ( $\bar{X} = 2.86$ ), which significant difference was found ( $p < 0.001$ ). The mean score of the actual practice of every activity was significant lower than the mean score of perceived significance. It was found that there were more than 50.0 percent of the service provided who perceived all activities as high to highest levels (score 4-5) which revealed that more than half of all service providers realized the significance of and agreed with all activities in this category to be provided at PCU. At the CUP level, the administrator of the CUP is the driver<sup>(35)</sup> and the supporter of the program activities at PCU. The accomplish of the organization depends on the

administor's methods, visions, and strategic plans, the strategic development processes that served needs and expectation of the patients and the community responsible for. Regarding the actual practice, it was found that more than 50 percent of the service provider have not practiced any activities in this "PCU Management" category at the high and highest levels (score 4-5). The data showed that the number of the service providers who perceived all of the activities as significance at high to the highest levels was more than half of all the service providers. Therefore, it can be said that every activity regarding PCU management can be used as the standard criteria for management <sup>(31)</sup> which should be improved in the future. For those activities that have not been practice at high to highest level by less than 50 percent of all service providers, precise guidelines and effective measures are needed to improve the activities.

**10. Supervision, Follow-up and Evaluation.** This group of activities is one of the factors affecting the achievement of developing an organization. The data from this study showed that the significance level of the overall activities as perceived by the service providers was high ( $x = 3.91$ ) whereas the actual practice level was moderate ( $x = 2.75$ ), which significant difference was found between the mean ( $P < 0.001$ ). the mean score of the actual practice was significant lower than the mean score of the perceived significance. Regarding the percentage of the service providers who perceived the significance of the activities at the high to the highest levels (score 4-5), it was found that more than 50.0 percent of the service providers perceived all activities of this category at high to highest levels, which showed that more than half of all service providers realized the significance of and agreed with all activities relating to

“Supervision, Follow-up and Evaluation” in order to evaluate the program’s weakness, reinforce the strength, solve the problem/deficiency, and to develop knowledge of the services that relevant to the needs of the people with equity and highly efficient services.<sup>(30)</sup> for the actual practice, it was found that less than 50.0 percent of the service providers have practiced every activity of this category at the high to highest level (score 4-5). The finding showed that more than half of the service providers realized the significance of all activities of the “ Supervision, Follow-up and Evaluation” at the high to highest level (score4-5), Therefore, all activities of this group are the standard criteria regarding PCU management <sup>(31)</sup> which should be developed in the future. Regarding the activities that less than half of the service providers have not practices at the high to highest levels, the precise guideline for improving these activities should be determined and used.

### **Difference Comparison of Service Provider’ Opinion as Related to Personal Characteristics and Primary Care Unit’s Characteristics**

When the comparison analysis of the mean scores of perceived significance and actual practice as related to the characteristic of the service providers and PCU was made, significant difference was found as follow:

1. **Age.** The difference age of the service providers affected on the difference of perceived significance of the service activities ( $p=0.025$ ) whereby those whose age was between 21-30 years old perceived higher level of significance of all 10 activities than other age-group. Regarding actual practice, difference of actual practices was found as related to age ( $p=0.034$ ) whereby the service providers who were higher than

51 years old have practiced many activities more than other age groups. This may be due to those who are older will have more experience and may hold higher position than those who are younger. This finding was similar to the finding of Tassanee Sorujthummakul (2002)<sup>(16)</sup> who found that the opinions of the service providers were different as related to the different ages.

**2. Marital Status.** The significant difference of opinion was found as related to marital status ( $p=0.001$ ). This finding was similar to the study of Somwang Piriyanuwat et al.<sup>(36)</sup> which was found that the personnel who were single would perceived the significance of work higher than other marital status group. This founding should be due to those who were single do not have to take care of their family like those of other marital status group, thus they valued their work higher.

**3. Year of Governmental Service.** The service providers with different years of governmental service perceived significantly regarding the significance of the service activities ( $p=0.004$ ). The higher perceived significance was found among the lower year of governmental service than other groups. This may be due to the personnel who have just started their work had more fresh theoretical and academic knowledge than those who have worked longer perceived of time. Regarding the actual practice, it was found that year of governmental service affected on the actual practice ( $p<0.001$ ) whereby those who have worked for 31 years and higher would have actual practice mean score higher than other groups. This may be due to the group with higher year of governmental service will gain more experience and had positive attitudes toward work. This finding was similar to the results of the study carried out by Prontip

Unkamol(1989)<sup>(37)</sup>, who found that positive relationship was found between years of governmental service, time duration of work, and productivity. This finding was also congruent with the study of Somporn Ittidechpongs(1987) <sup>(38)</sup> who also found the relationship of year of governmental service and productivity.

**4. Roles &Responsibilities.** Significance difference of perceived significance was found as of related to different roles & responsibilities ( $p<0.001$ ). The service providers who had academic roles & responsibilities had a significantly higher mean score of perceived significance of activities than of the other groups. This may be due to most of the academicians have to use variety of academic knowledge for developing the plan in accordance with the policy and problem condition of the local area. This finding was similar to the study of Tassanee Sorujtham (2002) <sup>(16)</sup> who mentioned that the health personnel who have academic position will put more value on coordination than other positions. Therefore, the service providers should be assigned roles & responsibilities relevant to their position including providing more training for them regularly in order to help them gained adequate knowledge. For those who are administrators and academicians, should learn the working conditions together with the personnel who work in the local areas.

**5. Type of PCU.** Significant difference of perceived significance was found with regard to the type of PCU that the respondents work with. It was found that the mean score of the service providers working at the main- PCU regarding perceived significance was significantly higher than of those who work at the sub-PCU. This may be due to at the main-PCU, the personnel have worked with other multidisciplinary



professions cooperatively and specifically with the aim to provide the quality service in accordance with the PCU implementation policy. This finding was congruent with the study of Tassanee Sorujtham(2002) <sup>(16)</sup> and Suwit Wibulpholprasert (2002) <sup>(20)</sup> which was found that the community hospital have different capability to provide the services whereby the large community hospitals have more capability than the small ones.

**6. Model of PCU.** Significant difference of perceived significance mean score of the service providers was found with regard to the model of PCU. Those respondents who work with the PCU that located of Red-Cross center, Municipal Health Office had higher perceived significance than the other groups. This group of services providers realized the significance of providing services for the community people and have worked within the local community in order to have the service reached the people. For the actual practice, no significant difference was found with regard to the different models of PCU. This finding may be due to the universal health care policy hold by the service providers that the emphasis will center on helping people to reach quality health services equally. Therefore, PCU was established to be the front-line service in accordance with the structure of the universal health insurance coverage and the PCU implementation will be emphasized on “ availability, quality, accessibility, satisfaction, cost-effectiveness, community participation, holistic organization (one-stop-service), and continuity”,<sup>(29)</sup>

## **Part 3 Recommendations**

### **Recommendation for Improving Health Services at Primary Care Unit**

The data concerning the difference between the mean scores of perceived significance and actual practices of each activity of health services at PCU were analyzed by ranking orders of the different scores, and the recommendations are made as follows:

#### **1. Community and Family Survey**

1. Problems and health service needs of people have been identified and classified into normal, risk, ill and handicapped, and deprived groups.
2. Identifying human resources who can participate in planning the program for solving the problem of the community.
3. Analyzing the family situation and community problems by using data from family folders.

#### **2. Registration and Screening.**

1. At the end of the service of each day, the patients who did not keep the appointment are checked and followed-up.
2. Assessing the needs of care-receivers to provided the main services.
3. Recording information in the family folder everytime that the care-receiver came to get.

#### **3. Main Services**

1. Emergency care system is effective and safe for the care-receivers' lifes.

2. The service center assessed the problems based on physical, mental and social care.
3. Evaluating the problem condition and considering the ongoing care e.g. counselling, referring, and home-visit.

#### **4. Counselling**

1. Recording the data and making the conclusions of the counselling provided in order to follow-up the patients continuously.
2. Establishing counselling service system in the health center and providing counselling accordingly with the counselling procedures.
3. Providing emergency counselling through hot line service for 24 hours.

#### **5. Exit Care**

1. Explaining and helping the patients and their relatives understand the treatment plan before discharging from the PCU.
2. Establishing the information system for setting appointment schedule and following-up the ongoing activities.

#### **6. Referring and Home-Visit**

1. Enhancing knowledge, supervising, and encouraging self-reliance of the networks, family health leaders and village health volunteers.
2. Making a home-visit and concluding the result of the home-visit made in the care-receiver's health record form.

3. Multidisciplinary work was organized to provide services cooperatively between a hospital and PCU.

#### **7. Planning and Ongoing Activities.**

1. The PCU administration has strong intention and be able to plan strategies and support the activities seriously.
2. Health status of the community was conclude and the health problems of the community were prioritized.
3. Making the conclusions and presenting the information about the activities performed including problems and obstacles to the higher-position and administration for informing them and getting recommendations and supports.

#### **8. Community Activities**

1. Providing opportunity for public hearing to check the quality of the health services periodically.
2. Using the results of the evaluation for improving the plan to solve the problem and for sustained development.
3. The health team and community organizations coordinated with other related organizations coordinated with other related organizations in allocating resources and supporting for implementing the activities.

## **9. PCU Management**

1. Adequate budget is available to implement the activities in the PCU.
2. Developing the personnel regarding academics services of PCU and attitude training at the beginning of the program, accordingly to the problems and needs.
3. Follow-up, monitoring and evaluation were made continuously.

## **10. Supervision, Follow-up, and Evaluation**

1. Conclusions and evaluation have been made regarding supervision and were presented for improving the quality of PCU.
2. Supervising and evaluating accordingly to the plan and the instruments prepared.

## **Suggestions Regarding Policy**

1. Improving the management of CUP and PCU and developing the networks, identifying precise roles & responsibilities of each partner and developing collaborating roles between CUP and PCU.
2. Organizing the meeting to clarify the policy, work directions and information to service providers in every level of both CUP and PCU and planning the program together.
3. The primary care contractor (CUP) should develop human resources regarding management, academics, morales, and ethics that are necessary for working at PCU and refreshing course should be organized for every personnel periodically.

4. Adequate number of the personnel should be allocated appropriately with the responsible jobs.
5. Strengthening community action for health promotion including community participation e.g. participating in developing the plan, etc.
6. Regarding morale and psychological support, the Ministry of Health should set the appropriate benefits for the personnel and can be put into practice.
7. The administrator of the CUP should organize the educational programs for every level of personnel, for example, training, seminar, field-observation, policy clarification, and public relations, including providing opportunity for the personnel to ask any questions.
8. "The manual for Supervision" should be developed in order to plan the programs on supervision, follow-up, and monitoring.
9. The training program on "Strategic Planning" should be organized for the service providers of all PCUs.
10. Effective communication system should be established, e.g. telephone installation, improving radio system, etc.
11. Developing the effective and rapid referral system and home-visit whereby management and cooperative planning should be made appropriately with the local areas.
12. The service activities that have been perceived by more than 50 percent of the service providers as high to highest level (score 4-5) should be used as the standard criteria of performance at PCU.

### **Recommendations for Further Researches**

The following researches should be carried on:

1. Care-receivers' satisfaction;
2. Qualitative research, for example, indepth study with various groups, administrator, physicians, by using indepth interview technique;
3. The coordination between CUP and PCU;
4. Comparative study of PCUs performance in each zone; and
5. The comparative difference between the unit contractors of CUPs.
6. The researcher has evaluated the health service activities of the chief of the primary care unit on the basis of the exact quantity of the work actually done according to the family folder of that particular primary care unit.