

RESEARCH ARTICLE

CAPACITY NEEDS ASSESSMENT OF PRIMARY HEALTH CARE PROVIDERS IN SELECTED MUNICIPALITIES IN CAVITE

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Abstract

Purpose. Primary Health Care (PHC) refers to essential health care that is made accessible, acceptable and affordable to individuals and families in the community. As such, it is imperative for PHC providers to possess the necessary competencies responsive to the current health care demands. This study aims to determine the current capacity of PHC providers and their need for capability building.

Methods. The study employed a quantitative descriptive design with 87 purposively-selected PHC providers and five administrators from selected rural municipalities in Cavite. It is adapted from the study, "Capacity-building of primary healthcare providers in 10+3 Southeast and East Asian Nursing Education and Research Network (SEANERN) countries".

Results and Discussions. The perceived level of knowledge of the PHC providers on the elements of PHC were all rated to be proficient. Maternal and child care received the highest score, while health education received the lowest score. The perceived level of skills of the PHC providers was also rated to be proficient. Sanitation and water received the highest score, while treatment of common diseases and injuries received the lowest score. Similar to the perceived levels of knowledge and skills, the perceived level of attitudes of the PHC providers were also proficient, with environmental sanitation having the highest score but treatment of common diseases and injuries having the lowest score. However, from the perspective of health administrators, they rated the PHC providers one level lower or needs minimal support. Training and capacity building in all elements of PHC was identified as the most needed by the PHC providers. Their most preferred method of training is workshop.

Conclusions. There are high perceived levels of knowledge, skills, and attitudes of the PHC providers in the elements of PHC. Despite the high scores, objective outcomes such as the MMR and immunization coverage do not reflect the proficient scores of the PHC providers. There are also other health conditions and issues such as noncommunicable diseases and injuries that need to be addressed using PHC approach. Given this, it is vital that appropriate training and adequate hiring of PHC providers be reinforced nationwide in order to meet the health goals and needs of the country.

Introduction

Primary Health Care (PHC) is defined by the World Health Organization as "an essential health care made universally acceptable to individuals and families in the community by means acceptable to them through their full participation and at a cost that the community and country can afford at every stage of development." With the Declaration of AlmaAta adopted at the International Conference on Primary Health Care in September 1978, the Philippines also ratified PHC through the Letter of Instruction 949 signed by then President Marcos on October 19,

1979. Since then, PHC has been an approach to the delivery of health care services (Cuevas et al., 2007).

The Alma Ata declaration put forward eight essential components of PHC, which include: (1) health education, (2) food supply and proper nutrition, (3) safe water and basic sanitation, (4) maternal and child health and family planning, (5) immunization against infectious diseases, (6) prevention and control of endemic diseases, (7) treatment of common infections, and (8) essential

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drugs. All eight elements of PHC are provided for in the rural health units in the Philippines as it is the first point of contact for government-provided healthcare (Dayrit et al., 2018).

The rural health unit is mostly composed of doctors, nurses, midwives, and medical technologists despite the need for also other professionals such as physical therapists, pharmacists and many others. This is a reflection of the human resources for health situation wherein the top four categories of health professionals working in health institutions in the Philippines are nurses, doctors, midwives and medical technologists (World Health Organization, 2018). But aside from these professionals, the communities are served by the by nurse auxiliaries, locally trained community health workers, traditional birth attendants, and healers (Cuevas, et al., 2007).

To boost PHC, the Department of Health Fourmula 1 Plus was launched, a program that envisions Filipinos to be among the healthiest people in South East Asia by 2022 and Asia by 2040, by leading the country in the development of a people-centered, resilient, and equitable health system. The program's strategic focus is on institutionalizing a people-centered Service Delivery Network and leading a whole-of-society collaboration at all levels to help people live healthy. The program's strategic pillars include: 1) financing, 2) service delivery, 3) delivery, 4) governance, and 5) performance and accountability (DOH, 2018).

On 8 April 2019 during the event that corresponds with this year's global celebration for World Health Day that centers on the theme of universal health coverage with a focus on primary health care, the Department of Health (DOH), World Health Organization (WHO), and key stakeholders come together to highlight the need to strengthen primary health care as the foundation for the Universal Health Care (UHC) Act. According to Dr. Gundo Weiler, WHO representative in the Philippines, "Primary health care means multiple sectors working together to bring care closer to home, with the involvement of the community. The UHC Act is just the beginning of our journey to health for all Filipinos." (Joint DOH and WHO News Release). The UHC Act was signed into law by President Rodrigo Duterte on 20 February 2019 with the effectivity of the Implementing Rules and Regulations on 10 October 2019.

PHC, together with the implementation of the Universal Health Care Act, provide the means of improving the health and well-being of Filipinos. It is imperative that health care workers in the community who are the PHC providers possess the necessary competencies responsive to the current health care demands. This study aims to determine the current capacity of primary health care providers and the need for capability building in order to ensure that health care workers are ready to deliver PHC.

Methodology

Descriptive research design was used in this study. A structured questionnaire was administered to assess the knowledge, skill,

and abilities of PHC providers by the PHC administrators and PHC providers themselves.

The study setting was situated at Region IV-A (Cavite, Laguna, Batangas, Quezon) region of Luzon Island. Situated 21 kilometers southwest of Metro Manila, it is one of the most industrialized and fastest growing provinces in the Philippines. In this study, the University of the Philippines Manila College of Nursing (UPCN) is in collaboration with the UP Manila Community Health and Development Program (UP-CHDP) in assisting communities in attaining enhanced capacities in their own health care and development through the PHC approach. The current community partner of UP-CHDP is the Province of Cavite through the A.M.I.G.A. Inter-LGU Health Collaboration Council, consisting the municipalities of Alfonso, Mendez, Indang, General Emilio Aguinaldo, and Amadeo (UP Manila, 2017).

According to the recent Philippine Health Statistics (2015), among the top five (5) leading causes of morbidity in the region are acute respiratory infection, pneumonia and acute lower respiratory tract infection, hypertension, urinary tract infection, and influenza. These are treatable conditions that can be addressed through primary health care in the region. In terms of mortality, Region 4A-CALABARZON, holds the third highest mortality rate of 5.6 deaths per 1000 population across all regions and highest percent share of total deaths amounting to 14.4% (Philippine Health Statistics, 2015).

The main point of collection in the study is the rural health unit of each municipalities. A rural health unit is at the primary level of the national health system. Each rural health unit is led by a municipal health officer. The municipal health officer, a medical doctor, together with the team composed of nurses, midwives, medical technologists and sanitary inspectors, bring primary health care to its constituents. Each rural health unit offers outpatient consultation on medical and pediatric cases, maternal care, family planning, dental services, laboratory examinations, minor surgical operations such as excision and suturing, and counseling. At the barangay level, a satellite of the rural health unit is present, which is called the Barangay Health Station (BHS). This BHS is supervised by a midwife or a nurse with auxiliary personnel such as barangay health workers who delivers certain primary health care program at the grassroots level.

The study used a purposive sampling design to recruit participants in different health facilities/institutions. To recruit the participants – the PHC administrator and PHC provider the following inclusion criteria was met. For the PHC provider: 1) currently working on a PHC position in his/her respective health institution; and 2) have worked in the two weeks prior to the questionnaire administration. For the PHC administrator: currently working as administrator, trainer, or other related position of the PHC institution; and 2) have worked in the two

weeks prior to the questionnaire administration. The exclusion criterion for the respondents is that they should not have any condition that causes physical or mental disabilities that would prevent the participant from participating and completing the procedure of the study. The target sample size was 80 PHC providers and 5 PHC administrators.

The research survey tool was adopted from the collaborative study on capacity of providing primary healthcare service and training needs in countries in Southeast and East Asian Nursing Education and Research Network (SEANERN). This mainly consisted of versions for the two groups of respondents: PHC administrators, and providers' version. Each of them included a demographic part (e.g., items regarding respondent's age, gender, working years, etc.) and capacity part (i.e., items assessing the capacity of PHC providers and strategies suggested to strengthen it). The PHC administrators were given an extra form to gather information about the PHC services of the institution. The item pool was derived from relevant literatures and existing similar scales. Items will use questions and a variety of response options, such as multiple choice, single choice, Likert-scale and open-ended and follow the structure of the conceptual framework that includes three dimensions (knowledge, skill & ability) and eight aspects (health education, nutritional promotion, sanitation, maternal & child health care, immunization, disease prevention and essential drugs).

The researchers sought referrals from the PHC institutions/facilities in recruiting participants for the research. Upon retrieval of consent, the researchers administered the questionnaire to participants during the provided time for the PHC providers and administrators.

This study was given ethical clearance by the UP Manila Research Ethics Board upon compliance of the ethics requirements ensuring protection of privacy and confidentiality of research information, minimal risk in the participation, benefits of the study, proper recruitment and informed consent.

Quantitative data collected from the questionnaire survey were imported into SPSS version 22 after coding for analysis. Descriptive statistics, such as frequency, percentage, mean, standard deviation, etc. were used.

Results and Discussion

The results of this study were divided into two parts: administrator level and PHC provider level.

Part 1. Administrator Level

There were five administrators who participated. The five administrators came from the following municipalities with its accompanying number of populations: Alfonso with around 59,016 population; Mendez with around 39,891; Bailen with around 24,475; Indang with around 72,248; and Amadeo with around 40,000 population.

Table 1 shows that the number of personnel per rural health unit varies from a minimum of eight to a maximum of 41 personnel. The personnel is composed of at least one medical doctor, who is usually the municipal health officer, registered nurses (2-4 per RHU), midwives (4-5 per RHU), and a sanitary inspector. None of the rural health units have a registered pharmacist.

On Table 2, most of the municipal health officers were female and their ages fell within the range of 50-65 years old. In terms of

Table 1. Characteristics of the rural health units

Institutional Characteristics	RURAL HEALTH UNIT				
	Alfonso	Mendez	Bailen	Indang	Amadeo
Total number of personnel	20	19	15	41	8
Medical doctor	1	1	1	1	1
Registered Pharmacist	0	0	0	0	0
Registered Nurse	2	4	2	4	2
Sanitary Inspector	1	0	1	2	--
Registered Midwife	5	5	4	8	4

Table 2. Distribution of respondents according to age, sex, and work experience

Demographic Characteristics	RURAL HEALTH UNIT				
	Alfonso	Mendez	Bailen	Indang	Amadeo
Age	65	51	53	54	46
Sex	F	F	M	F	F
Number of years working	38	18	26	19	16
Number of years of clinical experience	38	18	28	19	16
Number of years in department	14.5	3	26	9	9

clinical experience, most of the municipal health officers have at least 15 years of relevant clinical experience. Among the municipal health officers, the MHO at Alfonso Rural Health Unit has the highest number of years spent in the primary level while the MHO at Mendez Rural Health Unit has the lowest number of years.

In terms of current work and frequency, all of the municipal health officers deliver primary health care services as part of the basic services of the rural health unit. As municipal health officers, they primary focus on health education, maternal and child care, prevention and health care, and medication. However, elements such as nutrition, immunization, family planning, and environmental sanitation are co-delivered with nurses, midwives, barangay nutrition scholars, and sanitary inspectors, respectively.

Table 3 shows that the educational background of personnel for each rural health unit is mostly composed of bachelor's degree holder or high school graduates.

In terms of training (Table 4), some rural health units like Bailen receive trainings for its personnel as frequent as at least once a month and in Alfonso, quarterly, and no response from the others. The most commonly used method is through a workshop or through visual aids.

Table 5 shows the knowledge scores of the personnel in terms of the elements of primary health care as perceived by the administrators. In terms of health education and maternal and child care, four out of five (4/5) municipalities rated the knowledge of their personnel as needing minimal support.

On nutritional promotion and essential drugs, most of the municipalities rated their knowledge on it as needing minimal support to proficient. However, one (1) municipality rated the knowledge of its personnel as needing whole process guidance. In addition to this, the same municipality rated itself to be needing assistance in immunization and prevention and control of locally endemic diseases; components which were rated to be highest in other rural health units.

Table 3. Educational background of personnel to include training and learning activities

	RURAL HEALTH UNIT				
Educational Background of Personnel	Alfonso	Mendez	Bailen	Indang	Amadeo
Diploma	5	0	1	4	3
Bachelor	6	9	7	--	2
Master	0	0	0	0	0
Doctor	1	1	1	1	1
Other	8	9	3	--	4

Table 4. Training and learning activities of administrators

	RURAL HEALTH UNIT				
Training and Learning Activities	Alfonso	Mendez	Bailen	Indang	Amadeo
Written	2	0	0	1	0
Audio	5	0	0	0	0
Visual	12	0	14	1	3
Workshop	6	4	12	1	5
Guidance	4	0	0	0	5

Table 5. Knowledge on primary health care of personnel according to administrators

	RURAL HEALTH UNIT				
Elements of Primary Health Care	Alfonso	Mendez	Bailen	Indang	Amadeo
Health education	5	3	3	3	3
Nutritional Promotion	4	3	4	3	1
Sanitation and Water	5	3	5	3	3
Maternal and Child Care	5	3	3	3	3
Immunization	5	3	4	4	2
Prevention and control of locally endemic diseases	5	3	3	3	2
Treatment of common diseases and injuries	5	3	2	3	3
Essential Drugs	5	3	3	4	1
Legend: 1 means "whole-process guidance needed", 2 means "assistance needed", 3 means "minimal support needed", 4 means "proficient", 5 means "expert"					

In terms of the most required knowledge in their current setting, two out of five (2/5) administrators identified maternal and child care. In terms of the least required knowledge, most of the administrators identified environmental sanitation. This function could have been rated as the least required as the local government unit is mostly responsible for the clean-ups and ordinances for sanitation.

In the perspective of administrators, their personnel need the most training in maternal and child care, health education, and nutritional promotion. This is in congruence with the current statistics on maternal mortality ratio and nutritional status in the country. However, despite being cited as needing most training in other municipalities, nutrition promotion and maternal and childcare was deemed by other municipalities as knowledge requiring the least training along with environmental sanitation. Workshop was the preferred method of training by most of the administrators. An administrator suggested the use of videos to address age variations.

Table 6 shows the skill scores of the personnel in terms of the elements of primary health care as perceived by the administrators. The skill scores of personnel mirrors the knowledge scores except in some areas to be discussed in succeeding sentences. In terms of health education and maternal and child care, four out of five administrators rated their personnel as needing minimal support.

Despite having two municipalities rate its skill in environmental sanitation as expert, one (1) municipality rated its skill in this component as needing whole process guidance; the same municipality who rated the same on knowledge on essential drugs and nutritional promotion.

In terms of the most required skill in their current setting, two out of five (2/5) administrators identified maternal and child care. Other administrators identified appropriate treatment of common diseases and injuries and nutritional promotion. In terms of the least required skill, most of the administrators identified environmental sanitation because it is usually delegated to the rural sanitary inspectors. In the perspective of administrators, their personnel need the most training in maternal and child care, health education, and nutritional promotion. However, despite being cited as needing most training in other municipalities, nutrition promotion and maternal and childcare was deemed by other municipalities as knowledge requiring the least training along with environmental sanitation. Workshop was the preferred method of training by all of the administrators.

Table 7 shows the attitude scores of the personnel in delivering primary health care as perceived by the administrators. In terms of immunization and control of locally endemic diseases, most of the administrators rated themselves as proficient. Compared to

Table 6. Skills of personnel on primary health care according to administrators

Elements of Primary Health Care	RURAL HEALTH UNIT				
	Alfonso	Mendez	Bailen	Indang	Amadeo
Health education	5	3	3	3	3
Nutritional Promotion	4	3	3	3	1
Sanitation and Water	5	3	5	3	1
Maternal and Child Care	5	3	3	3	3
Immunization	5	3	4	3	3
Prevention and control of locally endemic diseases	5	3	2	3	3
Treatment of common diseases and injuries	5	3	2	3	2
Essential Drugs	5	3	2	3	1
Legend: 1 means "whole-process guidance needed", 2 means "assistance needed", 3 means "minimal support needed", 4 means "proficient", 5 means "expert"					

Table 7. Attitudes of personnel on primary health care according to administrators

Elements of Primary Health Care	RURAL HEALTH UNIT				
	Alfonso	Mendez	Bailen	Indang	Amadeo
Health education	4	4	3	3	3
Nutritional Promotion	3	4	4	3	1
Sanitation and Water	4	4	5	3	3
Maternal and Child Care	4	4	2	3	3
Immunization	4	4	3	4	3
Prevention and control of locally endemic diseases	4	4	2	4	3
Treatment of common diseases and injuries	3	4	2	3	3
Essential Drugs	3	4	3	3	1
Legend: 1 means "whole-process guidance needed", 2 means "assistance needed", 3 means "minimal support needed", 4 means "proficient", 5 means "expert"					

Table 8. Distribution of PHC providers according to demographic characteristics

Demographic Characteristics	RURAL HEALTH UNIT					
	Alfonso	Mendez	Bailen	Indang	Amadeo	Total
Age	51.31±12.62	48.37±10.77	48±12.58	53.50±10.49	49.78±11.40	49.78± 11.61
Sex						
Female	15	16	23	16	15	85
Male	1	0	0	0	1	2
Educational Attainment						
High school graduate	11	11	10	11	10	50
College graduate	5	4	13	4	6	33
Post-graduate degree	0	0	0	1	0	1
Vocational	0	3	0	0	0	3
Original Major						
Nursing	1	1	5	1	2	10
Midwifery	3	4	4	1	3	15
None	12	11	14	14	11	62
Ave. number of years working	15.69	11.24	13.38	15.75	13.69	13.90
Ave. number of years of clinical experience	15.69	11.24	13.38	15.75	13.69	13.90
Department						
Rural Health Unit	4	5	9	2	5	25
Barangay Health Station	12	11	14	14	11	62
Average number of years in the department	15.57	9.74	12.43	15.75	13.69	13.36

knowledge and skill scores, most of the municipalities (4 out of 5) have higher rating on attitudes except for one (1) municipality whose attitude scores decreased from being rated itself as expert in knowledge and skills part.

In terms of the most required attitude in their current setting, two out of five (2/5) administrators identified all components, nutritional promotion, health education and maternal and child care. One municipality shared that attitudes specifically on intrapartum care needs training. In terms of the least required attitude on the elements, most of the administrators identified environmental sanitation. In the perspective of administrators, their personnel need the most training in maternal and child care, health education, and nutritional promotion. Attitudes on environmental sanitation need the least training according to most of the administrators because they see it as adequate (3/5). Workshop was the preferred method of training by all of the administrators.

Part 2. PHC Provider

A total of 87 PHC providers composed of doctors, nurses, midwives, and barangay health workers (BHWs) were interviewed for this study.

Table 8 shows the demographic characteristics of the 87 primary health care providers who agreed to participate in this study. In terms of age, the mean age of the providers falls at 49.78 ± 11.61 years old indicating that the workforce is already at middle adulthood. Majority of the health care providers in the area are female. A large fraction of the providers are barangay health workers who are auxiliary health workers in the grassroots level and are usually elementary or high school graduates. Second to barangay health workers in frequency are midwives ($n=15$) followed by nurses ($n=10$). The average number of years working in the field shows long-term retention of human resources in their respective departments.

Table 9 shows the current work and frequency expressed in number of hours per week of providers. The highest mean number of hours per week is allotted to functions outside primary health care such as administrative work although only three out of five municipalities indicated this. Vaccination and health education are among the components by which providers allot the most number of hours per week. Rehabilitation, in all municipalities, were not being allotted time for by the providers.

Table 10 shows the training and learning activities of primary health care providers. Workshop is the most commonly used

method of teaching for the providers averaging for about twice a year. The training and learning activities conducted to RHU personnel are mostly through workshops. It was found out in a study that although doctors and nurses have sufficient education, continuing education and training were still helpful (Zuellig Family Foundation, 2011).

Table 11 shows the perceived level of knowledge of providers on the elements of primary health care. The highest score given was in terms of maternal and child care followed by immunization and environmental sanitation. These results are somehow congruent

Table 9. Current work and frequency of PHC Providers

	RURAL HEALTH UNIT					
Current work and frequency*	Alfonso	Mendez	Bailen	Indang	Amadeo	Total
Health education	19.62	28.8	24.00	17.33	24.51	22.87
Nutritional	16.71	28.14	23.14	17.54	23.94	21.99
Environmental sanitation	19.62	24.73	23.14	15.67	23.39	20.42
Family Planning	19.62	27.08	21.48	17.33	24.53	21.81
Maternal care	18.38	29.14	20.91	17.33	24.56	21.88
Child care	18.37	27.08	22.35	17.33	24.51	21.79
Vaccination	19.21	29.5	22.95	17.33	24.81	22.88
Prevention and healthcare	16.27	26.12	24.23	18.75	23.54	21.56
Medication	16.77	26.12	23.14	17.33	23.57	21.23
Pharmacy	0.00	0.00	0.00	8.10	24.2	18.67
Rehabilitation	0.00	0.00	0.00	0.00	0.00	0.00
Others	0.00	0.00	8.10	40.10	28.20	26.40
*number of hours per week						

Table 10. Training and Learning Activities of PHC Providers

	RURAL HEALTH UNIT					
Training and Learning Activities **	Alfonso	Mendez	Bailen	Indang	Amadeo	Total
Written	2.58	1.1	2.36	2.43	2.86	2.27
Audio	2.58	0.00	2.88	2.43	2.81	2.14
Visual	2.65	1.1	2.42	2.43	2.83	2.29
Workshop	2.93	1.31	2.67	2.27	2.69	2.37
Guidance	1.52	0.00	0.00	2.45	2.81	1.36
**times per year						

Table 11. Knowledge on Primary Health Care of PHC Providers

	Rural Health Unit					
Elements of Primary Health Care	Alfonso	Mendez	Bailen	Indang	Amadeo	Total
Health education	3.81	3.51	3.94	3.65	4.06	3.78
Nutritional Promotion	3.56	3.88	4.25	3.70	3.81	3.83
Sanitation and Water	4.56	4.13	4.12	3.78	4.12	4.12
Maternal and Child Care	4.19	4.12	4.51	3.91	4.12	4.15
Immunization	4.25	3.94	4.19	4.23	4.37	4.14
Prevention and control of locally endemic diseases	3.85	3.81	4.06	3.78	3.69	3.83
Treatment of common diseases and injuries	3.56	3.62	4.19	3.78	3.81	3.79
Essential Drugs	3.83	3.72	4.00	3.74	4.00	3.82
Legend: 1 means "whole-process guidance needed", 2 means "assistance needed", 3 means "minimal support needed", 4 means "proficient", 5 means "expert"						

with the ratings given by administrators wherein maternal and child care was among the highest. Health education however was the lowest among the components. Ratings by providers were higher than ratings provided by administrators on the different components. Most of the ratings were proficient compared to the administrators' wherein ratings dwelled on needing minimal support.

In the perspective of the providers, the most required knowledge for them include almost all the elements of primary health care (32 out of 87), appropriate treatment of common diseases and injuries (20 out of 87), and maternal and child care (17 out of 87) in contrary to the ones identified by administrators such as health education and nutritional promotion. Only maternal and child care were the common components identified by most municipalities. Environmental sanitation was identified as the least required knowledge. Providers identified maternal and child care (28 out of 87) and all of the components (27 out of 87) to be needing the most training. Environmental sanitation (7 out of 87) was identified to be needing the least training. Workshop was the preferred method by most of the providers (65 out of 87).

Table 12 shows the perceived level of skills of providers on primary health care. The skill ratings almost mirrored the

knowledge ratings but with higher ratings. In terms of skills, the components with the highest ratings include sanitation and water, immunization, and maternal and child care. Treatment of common diseases and injuries had the lowest rating although it is already at the proficient level. Ratings for skills by providers are higher than ratings provided by administrators.

Providers identified skill on appropriate treatment of common diseases and injuries (30 out of 87) and all components (30 out of 87) to be the most required and needing the most training. As identified in the knowledge part, environmental sanitation was deemed to be the least required skill. Workshop (68 out of 87) is the preferred method of training.

In a publication released by the Zuellig Family Foundation (2011) on the adequacy and competency of selected rural health workers, results revealed that health care providers such as doctors, midwives, and nurses all identified comprehensive maternal care and basic emergency obstetrical skills as one of their training needs. The admission by the providers coincides with the country's MMR that is still high. In terms of skills, both administrators and providers identified the treatment of common diseases and injuries as the most required (aside from identifying all components). But on the skills needing the most

Table 12. Skills on Primary Health Care of PHC Providers

Elements of Primary Health Care	Rural Health Unit					Total
	Alfonso	Mendez	Bailen	Indang	Amadeo	
Health education	3.81	4.15	4.38	3.61	4.31	3.99
Nutritional Promotion	3.63	3.75	4.63	3.70	4.19	3.95
Sanitation and Water	4.38	3.87	4.56	3.83	4.25	4.15
Maternal and Child Care	4.19	3.75	4.69	3.83	4.13	4.09
Immunization	4.25	3.81	4.47	4.23	4.25	4.14
Prevention and control of locally endemic diseases	3.85	3.63	4.38	3.87	3.94	3.93
Treatment of common diseases and injuries	3.56	3.69	4.44	3.96	3.94	3.92
Essential Drugs	3.92	3.69	4.27	3.87	4.20	3.96
Legend: 1 means "whole-process guidance needed", 2 means "assistance needed", 3 means "minimal support needed", 4 means "proficient", 5 means "expert"						

Table 13. Attitudes on Primary Health Care of PHC Providers

Elements of Primary Health Care	Alfonso	Mendez	Bailen	Indang	Amadeo	Total
Health education	4.25	3.93	4.69	4.09	4.38	4.26
Nutritional Promotion	3.88	4.0	4.69	4.04	4.25	4.16
Sanitation and Water	4.50	3.93	4.63	4.04	4.31	4.27
Maternal and Child Care	4.25	3.93	4.69	4.17	4.06	4.22
Immunization	4.31	3.87	4.75	4.17	4.25	4.27
Prevention and control of locally endemic diseases	4.08	3.87	4.75	4.13	4.13	4.19
Treatment of common diseases and injuries	3.94	3.87	4.75	4.09	4.00	4.13
Essential Drugs	4.25	3.87	4.75	4.00	4.27	4.21
Legend: 1 means "whole-process guidance needed", 2 means "assistance needed", 3 means "minimal support needed", 4 means "proficient", 5 means "expert"						

training, the administrators identified that skills on maternal and child care, nutritional promotion, and health education as needing the most training although providers identified skills on treatment of common diseases and injuries (aside from identifying all components). It can be said that the perspective of the administrators is largely on the health-promotive side while the providers were mainly on the curative aspects.

Table 13 shows the attitudes of providers in delivering primary health care. Environmental sanitation and immunization both occupy the highest ratings, which was also identified as proficient by administrators. Treatment of common diseases and injuries had the lowest rating although it is already at the proficient level. All municipalities, on average, rated themselves on the components to be at least proficient.

Providers identified that good attitudes on all components, health education, and appropriate treatment of common diseases and injuries were the most required. Likewise, attitudes on environmental sanitation and provision of essential drugs were the least required. Workshop is the most preferred method of training.

Conclusion

In comparison with the ratings given by the administrators and the providers in all the components, the providers rated themselves higher (mostly proficient) than the administrators (mostly needing minimal support). In terms of knowledge on the elements of primary health care, most administrators rated the knowledge on health education and maternal and child care of their personnel as needing minimal support. However, in the providers' perspective, they believe that they were proficient in terms of maternal and child care followed by immunization and environmental sanitation but lowest on health education. For both administrators and providers, knowledge on maternal and child health care was deemed as the most required and needing training in their setting.

Moreover, current work and frequency for providers revealed that in majority of the municipalities (3/5), functions outside primary health care, such as administrative work demand most of their time. Vaccinations and health education came second and third. At the time of data collection, the country was facing an epidemic on measles. Thus, it is not surprising that the recall of workers are affected by this; because in days without epidemics, immunizations are done on a scheduled basis (weekly). Another factor is that majority of the providers interviewed were barangay health workers. The role of BHW in vaccination is to perform house visits to remind mothers to

have their children vaccinated thus, getting more of their time. They also accompany midwives in vaccination activities during epidemics.

Recommendations

It is highly recommended that further training has to be conducted to PHC providers in all elements of PHC, especially in maternal and child care and treatment of common diseases and injuries, which really need to be reinforced throughout the country. Despite the high perceived levels of knowledge, skills, and attitudes of the PHC providers and despite the efforts of the government in primary health care, health outcomes of the country still serves as better indicators in which currently MMR in the country is high.

As community health providers, there is also demand for quality and continuous care especially in this time of urbanization and lifestyle changes that have brought about notable change in the health status of the country. In 2016, hypertension is the second top leading cause of morbidity in the country. Deaths related to noncommunicable diseases (NCDs) are attributed to: cardiovascular diseases (33%), cancer (10%), diabetes (6%), and chronic respiratory diseases (5%). Thus, each health care provider must be trained and oriented to assume his/her redefined functions and roles.

Moreover, PHC providers need to have focus on their job and not be diverted to other else like the administrative functions. Duties and responsibilities among PHC providers need to be well delineated. Additionally, hiring of more PHC providers would be beneficial not only to the primary health care sector itself but also to the public being served.

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“ The character of a nurse is as important as the knowledge she possesses. ”

- Carolyn Jarvis