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Awareness, Implementation, Utilization and Satisfaction of the High - Impact Five (hi-5) Program in Eastern Visayas, Philippines

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ABSTRACT

Background: One of the programs launched by the Department of Health (DOH) was the High Impact Five (HI-5) Program to intensify the implementation of the five major health programs namely infant care, childcare, maternal care, service delivery networks and HIV/ AIDS. Hence, it is important to assess the HI-5 program beneficiaries' awareness, utilization and satisfaction as well as the program's extent of implementation. **Purpose:** The study aimed to determine the level of awareness, utilization, implementation, and satisfaction on the HI-5 Program in Eastern Visayas and to determine the relationship between variables. **Methods:** The study used descriptive correlation research design and survey questionnaires. Key informant interview and records review were used during the data collection process. **Results:** The study revealed that majority of the respondents were aware of the different HI-5 Program components with high to moderate utilization and satisfaction level on infant care, childcare, maternal care and service delivery networks components. However, the level of awareness, utilization and satisfaction levels were relatively low on the HIV/AIDS component. Likewise, there is a significant relationship found between the respondents' level of awareness and utilization of the HI-5 program. **Conclusion:** The results of the study highlight the need to conduct further information dissemination campaign to increase the level of awareness, utilization, satisfaction and improve the extent of implementation on the HI- 5 Program among beneficiaries especially on the HIV / AIDS Component.

Keywords: Childcare; HIV; Infant Care; Maternal Care; Service Delivery Networks

INTRODUCTION

One of the eight Millennium Development Goals is to improve maternal health, reduce infant mortality, halt HIV and increase service delivery networks in poor communities. Under the Millennium Development Goals, the global set of targets for reducing poverty, the Philippines must lower the maternal mortality rate to 52 per 100,000 live births (National Economic and Development Authority, 2014). It is a common knowledge that poor health service delivery for the marginalized is one of the main causes of death (O'Donnell, 2007). Previous studies show that maternal deaths are highly preventable if women have access to sufficient reproductive health care services (Omer *et al.*, 2021). To address the problem, the HI-5 program of Department of Health (DOH) was launched in 2015 to ensure the attainment of the Millennium Development Goals (MDGs) and as a legacy of the administration of former President Benigno S. Aquino III (Department of Health, 2016). Hence, it is important to assess the HI-5 program beneficiaries' awareness, utilization and satisfaction as well as the program's extent of implementation.

Specifically, the study described the respondents' level of awareness, utilization and satisfaction and the extent of implementation of the HI-5 program. The results of the study will become a basis in crafting strategies to enforce service delivery, management, monitoring standards and protocols in the HI-5 program implementation.

Purpose

The study sought to determine the level of awareness, utilization, satisfaction and extent of implementation of the HI-5 Program in Eastern Visayas and to test the relationship between the variables.

METHODOLOGY

Study Design, Setting and Participants

This study utilized descriptive correlation research design and survey questionnaires were used as the research instrument. Moreover, key informant interview and records review were also used in the data collection process. There were two types of respondents of the study: (1) the healthcare service providers which included Medical Health Officer (MHO), Public Health Nurse (PHN), and/or midwives, (2) the beneficiaries which were further categorized into two; mothers and LGBT(Lesbian, gay, bisexual, and transgender), youth and the elderly, including fathers. A total of 1,498 respondents were used in the study in which 783 were mothers and 715 for the LGBT, youth and elderly for the beneficiaries. Moreover, a total of 50 health care service providers were utilized during the key informant interview.

The sampling design of household survey among HI-5 beneficiaries used three-stage stratified cluster sampling, where the primary sample unit were the municipality, the secondary sample unit were the barangay (smallest administrative division) and the tertiary sample unit were the household. The study included all six provinces of Eastern Visayas specifically Biliran, Eastern Samar, Northern Samar, Western Samar, Leyte, and Southern Leyte. From each province, the researchers reviewed three municipalities or a total of 18 municipalities that implemented the HI-5 program.

Data Collection Procedure

Prior to data collection, courtesy calls with municipal mayors and municipal health officers were made and transmittal letters were also sent to concerned individuals for the approval to conduct the study. Consent forms were signed by the respondents prior to the start of data collection. The questionnaires were then distributed among the participants and focused group discussions were also conducted among selected program implementers. After data collection, accomplished questionnaires were then tallied, analyzed, presented in tabular forms and interpreted.

Data Collection Instrument

The data were collected by using a self-administered questionnaire and a focused group discussion. The questionnaire comprised of 4 sections (1) Socio-demographic profile (2) awareness on the HI- 5 Program (3) Utilization on the HI- 5 Program and (4) Satisfaction on the HI- 5 Program. Furthermore, to determine the extent of implementation, guide questions were used during the focused group discussions to the program implementers. All sections were constructed by the authors from literature reviews which were then reviewed by the Research Management Committee of the Eastern Visayas Health Research Consortium. Prior to data collection, a pilot study was also conducted to check the validity of the instrument.

Statistical Analysis

Descriptive statistics were used to analyze the data on the awareness, utilization and satisfaction using the frequency and percentage formula. Moreover, in testing the relationship between the respondents' level of awareness and level of utilization the spearman's rho or rank correlation coefficient was used while to test the significant difference between the implementers and beneficiaries' level of awareness, the t-test was used to analyze the data.

Ethical Considerations

Before the conduct of the study, the proposal was first submitted for the approval of the Eastern Visayas Health Research Development Consortium on Nov.2, 2020, Research Ethics Committee. Furthermore, the respondents of the study were provided with informed consents. Furthermore, answers to completed questionnaires were safely kept and stored in a secured place. The ethical aspect of research was followed strictly in the contract of this research.

RESULTS

A total of 1,498 respondents from the 18 selected municipalities in Eastern Visayas agreed to participate in the study and completed the questionnaire. Table 1 shows the level of awareness, Table II shows the extent of implementation, Table III shows the level of utilization while Table IV shows the level of Satisfaction of the respondents on the HI-5 program.

1. Level of Awareness

It can be seen in the Table 1 that majority of the respondents are extremely aware of the different HI-5 program. Likewise, results also show immunization services and Family Planning (71.39%) got the highest percentage of level of awareness while ultrasound services have the lowest awareness rate among the HI-5 program components on infant, child and maternal care. Moreover, it can also be seen in Table I that majority of the respondents were moderately aware on the different Service Delivery Networks. However, HIV/ AIDS component got the lowest level of awareness specifically on HIV testing and counselling.

Table 1: Level of Awareness on the HI-5 Program

HI- 5 Program Component	5 Extreme		4 Moderate		3 Somewhat		2 Slightly		1 Not all		No Response	
	f	%	*f*	%	*f*	%	*f*	%	*f*	%	*f*	%
1. Infant Care												
Immunization	559	71.39	142	18.14	37	4.73	5	0.64	0	0	40	5.11
Weighing	558	71.26	146	18.65	33	4.21	7	0.89	0	0	39	4.98
2. Child Care												
Deworming	471	60.15	192	24.52	50	6.39	10	1.28	0	0	60	7.66
Immunization	461	58.88	197	25.16	67	8.56	5	0.64	5	0.64	48	6.13
3. Maternal care												
Family Planning	559	71.39	136	17.37	33	4.21	9	1.15	10	1.28	36	4.60
Prenatal care	556	71.01	142	18.14	28	3.58	6	0.77	1	0.13	50	6.39
Basic laboratory	452	57.73	162	20.69	54	6.90	22	2.81	18	2.30	75	9.58
Pregnancy Kit distribution	517	66.03	141	18.01	32	4.09	19	2.43	54	6.90	20	2.55
Blood typing	398	50.83	149	19.03	70	8.94	47	6.00	39	4.98	80	10.22
Ultrasound Services	321	41.00	138	17.62	46	5.87	46	5.87	143	18.26	89	11.37
Vit. A & ferrous sulfate distribution	563	71.90	135	17.24	27	3.45	6	0.77	2	0.26	50	6.39
4. Service Delivery Networks												
HI- 5 Summit	428	59.86	162	22.66	72	10.07	3	0.42	1	0.14	49	6.85
Motorcade	358	50.07	205	28.67	58	8.11	5	0.70	75	10.49	14	1.96
Gallery	327	45.73	152	21.26	79	11.05	17	2.38	95	13.29	45	6.29
Nutritional and Physical Activity Counselling	300	41.96	212	29.65	85	11.89	57	7.97	37	5.17	24	3.36
Weight and Height Taking	380	53.15	220	30.77	49	6.85	22	3.08	30	4.20	14	1.96
BP taking	381	53.29	228	31.89	46	6.43	21	2.94	27	3.78	12	1.68
Body mass index	345	48.25	182	25.45	78	10.91	58	8.11	48	6.71	4	0.56
Risk assessment	354	49.51	176	24.62	54	7.55	66	9.23	60	8.39	5	0.70
Smoking Cessation Counselling	265	37.06	179	25.03	103	14.41	49	6.85	64	8.95	55	7.69
Nutrition and Education	276	38.60	197	27.55	108	15.10	48	6.71	36	5.03	50	6.99
Dental Services	305	42.66	224	31.33	96	13.43	41	5.73	37	5.17	12	1.68
5. HIV/ AIDS												
HIV testing	137	19.16	149	20.84	83	11.61	43	6.01	303	42.38	0	0.00
Counselling	142	19.86	154	21.54	91	12.73	37	5.17	286	40.00	5	0.70

Extent of Implementation

Table 2 reveals that four out of five components were achieved with higher actual coverage compared to the target coverage. These components were Infant Care, Child Care, Maternal Care and Service Delivery Network except for HIV/AIDS, wherein the target coverage supersedes the actual coverage.

Table 2: Target vs Actual Coverage of HI-5 Program

HI-5 Program Component	Target	Actual	% of Implementation
Infant Care	1400	1796	128.29
Child Care	1400	1520	108.57
Maternal care	2150	2165	100.70
Service Delivery Networks	1500	1962	130.80
HIV/ AIDS	1400	1155	82.50

Table 3 shows that majority of the respondents claimed that the facilitating factors which made the program implementation successful in their municipality is because of the eagerness and cooperation of the program implementers and with the support of the Municipal Health Office (MHO), Development Management Officer (DMO), Department of Health (DOH) and other concerned agencies during the pilot implementation of the program. However, insufficient budget, manpower and resources were the inhibiting factors during the implementation of the program.

Table 3: Facilitating and Inhibiting factors of the HI- 5 Program Implementation

Facilitating Factors	Inhibiting Factors
• Eagerness and cooperation of the RHU staff to the new program	• Insufficient budget for some of the activities
• Coordination among different barangays and related government agencies	• Limited supply of materials, kits and equipment (i.e. HIV testing kits)
• Cooperation of BHWs in creating a master list for target beneficiaries	• Lack of manpower
• Support of MHO, DMO, DOH-Representative and other related agencies	
• The assigned individuals to different components were eager. The community was also participative and helpful during the preparation. The service delivery network was very visible.	

Level of Utilization

As seen on Table 4, majority of the mother respondents have always utilized the services in infant, child and maternal care except for the Basic laboratory, Pregnancy Kit distribution, blood typing and ultrasound services. Furthermore, results also show that immunization (68.97%) and weighing (68.84%) got the highest utilization rate among the HI- 5 program components while ultrasound services got the lowest utilization rate. Moreover, result shows that most of the respondents were able to utilize the services on the service delivery networks. However, only few were able to avail the services on HIV/ AIDS testing and counselling.

Table 4: Level of Utilization on the HI- 5 Program

HI- 5 Program Component	5 Always		4 Often		3 sometimes		2 Rarely		1 Never		No response	
	f	%	*f*	%	*F*	%	*f*	%	*f*	%	*f*	%
1. Infant Care												
Immunization	540	68.97	188	24.01	11	1.40	1	0.13	1	0.13	42	5.36
Weighing	539	68.84	150	19.16	33	4.21	9	1.15	5	0.64	47	6.00
2. Child Care												
Deworming	432	55.17	225	28.74	65	8.30	10	1.28	0	0.00	51	6.51
Immunization	441	56.32	194	24.78	66	8.43	9	1.15	13	1.66	60	7.66

3. Maternal care												
Family Planning	424	54.15	175	22.35	39	4.98	24	3.07	60	7.66	61	7.79
Essential Prenatal care	480	61.30	151	19.28	29	3.70	13	1.66	29	3.70	81	10.34
Basic laboratory	375	47.89	170	21.71	89	11.37	32	4.09	79	10.09	38	4.85
Pregnancy Kit distribution	353	45.08	140	17.88	87	11.11	76	9.71	71	9.07	56	7.15
Blood typing	305	38.95	119	15.20	99	12.64	108	13.79	106	13.54	46	5.87
Ultrasound Services	236	30.14	109	13.92	85	10.86	98	12.52	200	25.54	55	7.02
Vit. A & ferrous sulfate distribution	489	62.45	146	18.65	51	6.51	18	2.30	10	1.28	69	8.81
4. Service Delivery Networks												
HI- 5 Summit	75	10.49	52	7.27	15	2.10	35	4.90	533	74.55	5	0.70
Motorcade	348	48.67	250	34.97	18	2.52	25	3.50	52	7.27	22	3.08
Gallery	292	40.84	145	20.28	75	10.49	48	6.71	103	14.41	52	7.27
Nutritional and Physical Activity Counselling	285	39.86	275	38.46	64	8.95	24	3.36	39	5.45	28	3.92
Weight and Height Taking	331	46.29	274	38.32	50	6.99	14	1.96	4	0.56	42	5.87
BP taking	299	41.82	305	42.66	45	6.29	3	0.42	13	1.82	50	6.99
Body mass index	237	33.15	215	30.07	82	11.47	37	5.17	143	20.00	1	0.14
Risk assessment	156	21.82	281	39.30	94	13.15	34	4.76	145	20.28	5	0.70
Smoking Cessation Counselling	183	25.59	282	39.44	74	10.35	24	3.36	143	20.00	9	1.26
Nutrition and Education	222	31.05	311	43.50	69	9.65	11	1.54	97	13.57	5	0.70
Dental Services	173	24.20	285	39.86	67	9.37	11	1.54	166	23.22	13	1.82
4. HIV/ AIDS												
HIV testing	134	18.74	137	19.16	65	9.09	20	2.80	346	48.39	13	1.82
Counselling	163	22.80	144	20.14	54	7.55	10	1.40	332	46.43	12	1.68

Level of Satisfaction

Table 5 presents that majority of the respondents were very satisfied on the different services except for the Basic laboratory, Pregnancy kit distribution, blood typing and ultrasound services. Moreover, results also revealed that immunization (70.50%) and weighing (67. 43%) got the highest satisfaction rating under Infant Care component while blood typing got the lowest satisfaction rating among the HI- 5 program components. Moreover, result also reveals that under the service delivery network component only the HI-5 summit, motorcade, gallery, weight, height and bp taking got higher satisfaction rating of more than 50%. Meanwhile, the HIV/ AIDS component got the lowest satisfaction rating among the HI- 5 components.

Table 5: Level of Satisfaction on the HI-5 Program

HI-5 Program Component	**5 Very Satisfied**		**4 Satisfied**		**3 Unsure**		**2 Dissatisfied**		**1 Very dissatisfied**		**No response**	
	f	**%**	***f***	**%**	***F***	**%**	***f***	**%**	***f***	**%**	***f***	**%**
1. Infant Care												
Immunization	552	70.50	147	18.77	22	2.81	9	1.15	7	0.89	46	5.87
Weighing	528	67.43	195	24.90	12	1.53	3	0.38	1	0.13	44	5.62
2. Child Care												
Deworming	439	56.07	247	31.55	42	5.36	4	0.51	0	0.00	51	6.51
Immunization	423	54.02	245	31.29	45	5.75	4	0.51	3	0.38	63	8.05
3. Maternal Care												
Family Planning	419	53.51	231	29.50	56	7.15	7	0.89	3	0.38	67	8.56
Essential Prenatal care	469	59.90	210	26.82	34	4.34	1	0.13	1	0.13	68	8.68
Basic laboratory	335	42.78	244	31.16	87	11.11	5	0.64	23	2.94	89	11.37
Pregnancy Kit distribution	346	44.19	239	30.52	70	8.94	19	2.43	34	4.34	75	9.58

Blood typing	292	37.29	229	29.25	140	17.88	18	2.30	29	3.70	75	9.58
Ultrasound Services	227	28.99	193	24.65	127	16.22	41	5.24	107	13.67	88	11.24
Vitamin A & ferrous sulfate distribution	491	62.71	210	26.82	0	0.00	0	0.00	18	2.30	64	8.17
4. Service Delivery Networks												
HI- 5 Summit	341	47.69	236	33.01	75	10.49	38	5.31	25	3.50	0	0.00
Motorcade	325	45.45	295	41.26	63	8.81	12	1.68	5	0.70	15	2.10
Gallery	365	51.05	248	34.69	55	7.69	28	3.92	9	1.26	10	1.40
Nutritional and Physical Activity Counselling	172	24.06	133	18.60	190	26.57	142	19.86	58	8.11	20	2.80
Weight and Height Taking	360	50.35	161	22.52	71	9.93	66	9.23	38	5.31	19	2.66
BP taking	353	49.37	164	22.94	61	8.53	73	10.21	51	7.13	13	1.82
Body mass index	211	29.51	116	16.22	93	13.01	122	17.06	132	18.46	41	5.73
Risk assessment	102	14.27	114	15.94	177	24.76	138	19.30	135	18.88	49	6.85
Smoking Cessation Counselling	212	29.65	115	16.08	99	13.85	105	14.69	140	19.58	44	6.15
Nutrition and Education	147	20.56	133	18.60	152	21.26	185	25.87	90	12.59	8	1.12
Dental Services	116	16.22	125	17.48	108	15.10	188	26.29	144	20.14	34	4.76
5. HIV/ AIDS												
HIV testing	42	5.87	56	7.83	47	6.57	154	21.54	324	45.31	92	12.87
Counselling	47	6.57	69	9.65	47	6.57	176	24.62	322	45.03	54	7.55

Test of Relationships

Table 6 presents the correlation between the respondents' level of awareness and level of utilization of the HI-5 program components while Table 7 presents the test for significant difference between the program implementers and program beneficiaries on the awareness of the HI-5 program components.

Correlation between Level of Awareness and Level of Utilization of the HI-5 Program Components

Table 6 revealed that all components have a *p*-value of less than 0.05, which means that there is a significant relationship between the two variables.

Table 6: Correlation between Level of Awareness and Level of Utilization

HI-5 Program Components	*p*-value	Correlation Coefficient	Decision on H_o
Infant Care Immunization	0.000	0.651**	Reject H_o
Weighing	0.000	0.709**	Reject H_o
Deworming	0.000	0.685**	Reject H_o
Childcare Immunization	0.000	0.716**	Reject H_o
Family Planning	0.000	0.453**	Reject H_o
Essential Prenatal care	0.000	0.558**	Reject H_o
Basic laboratory for Pregnant Women	0.000	0.514**	Reject H_o
Pregnancy Kits Distribution	0.000	0.609**	Reject H_o
Blood Typing	0.000	0.529**	Reject H_o
Ultrasound Services	0.000	0.678**	Reject H_o
Vit. A and ferrous sulfate distribution	0.000	0.619**	Reject H_o
Nutritional & Physical Activity Counselling	0.000	0.476**	Reject H_o
Weight and height taking	0.000	0.572**	Reject H_o
BP taking	0.000	0.585**	Reject H_o
Body Mass Index	0.000	0.719**	Reject H_o
Risk Assessment	0.000	0.545**	Reject H_o
Smoking Cessation Counselling	0.000	0.399**	Reject H_o
Nutritional Education	0.000	0.334**	Reject H_o
Dental Services	0.000	0.234**	Reject H_o
HIV testing	0.000	0.328**	Reject H_o
HIV Counselling	0.000	0.294**	Reject H_o

***Correlation is Significant at the 0.01 level (2-tailed)*

Test for Significant difference between the Level of Awareness between beneficiaries and service implementers

Table 7 revealed that only HIV/ AIDS component has a significant difference between the level of awareness of the beneficiaries and service provider of the HI-5 Program. The rest of the components have no significant difference, having a *p*-value of more than 0.05.

Table 7: Significant Difference of Level of Awareness between Beneficiaries and Service Implementers

H-5 Program Components	*p*-value	Correlation Coefficient	Decision on H_o
Infant Care	0.331	-0.140	Accept H_o
Child Care	0.157	0.203	Accept H_o
Maternal Care	0.846	0.028	Accept H_o
Service Delivery Network	0.898	-0.019	Accept H_o
HIV/ AIDS	0.005	0.389	Reject H_o

DISCUSSION

The data reveals that of the three components of HI-5 Program such as the Infant Care, Child Care and Maternal Care, the beneficiaries or the mothers are fully aware of the program and its components. As a result, there was high to moderate level of utilization across the different components and its services, which subsequently ended with high to moderate satisfaction level. Meanwhile, of the remaining two components, the Service Delivery Networks and HIV/AIDS in which the the respondents were from the LGBT, youth and the elderly sectors, results show that the level of awareness for these services are average, which coincides with the study of Buckley *et al.*, (2017) which found that there is moderate awareness when it comes it comes to services involving mental health.

The results show that that there is a noticeable gap on the level of awareness, utilization and satisfaction level on the HIV and AIDS component and the services it offers. This gap translates to the 174% increase of HIV incidence in the Philippines from 2010 to 2017; the highest in western Pacific region (World Health Organization, 2019). This can be attributed to the common social stigma related to HIV (Wagner *et al.*, 2013). The discussions of sex during counselling are still considered a taboo and are usually taken with awkwardness, especially among teenagers and gays.

Moreover, results revealed that the actual coverage for the different components were very high or more than 100% of the target coverage except for the HIV/ AIDS component which only got an actual coverage of 82%. The results of the study corroborates with the previous data revealing high level of awareness, utilization and satisfaction from the mother respondents. The success of the extent of implementation of the program was largely attributed by the eagerness and cooperation of the RHU staff in the different LGUs to conduct the activities and the strong coordination among healthcare workers in the communities. On the other hand, as seen on Table 4, the service providers claimed that insufficient budget and limited supplies of materials, such as HIV testing kits as major stumbling blocks for the smooth facilitation of the program. The results of the study corroborated with the findings of Ngangue, Gagnon, & Bedard, (2017) where issues on the as lack of equipment for HIV testing and counselling hindered the quality of health care services provided among the recipients in Cameroon.

Moreover, the utilization of Maternal Care services, such as high with vitamin A and ferrous sulfate distribution and essential prenatal care are among the highest services utilized. This coincides with the awareness level on Maternal Care services revealed in Table 1. This means that the more aware the mothers are, the higher the utilization of service will be. This finding contradicts with the study of Yaya *et al.*, (2017) in Bangladesh with findings that states that rural communities have low level of awarenss of the available health care services for them. This lack of awareness becomes a barrier for low income communities to acquire informed decisions and exercise their right to health (Delgado Gallego & Vázquez-Navarrete, 2013). However, it must be noted that there are varying factors that affect the health care utilization behavior of mothers, such as the mother's education (Elo, 1992).

On the level of satisfaction of the HI-5 program, Table 2 reveals that the respondents are very satisfied with immunization and weighing services for infant care, in the same manner that they were also very satisfied with deworming and immunization on Child Care services although it was lower than Infant Care services at 70.50% and 67.43% for immunization and weighing. This contradicts to the findings of a study conducted in Bicol among women who acquired antenatal care, which stated that women receive incomplete health care services from health facilities (Yamashita *et al.*, 2017). For the Maternal Care

component, Table 3 also presents that majority of the mother respondents were also very satisfied.

Furthermore, majority were very satisfied on the Service Delivery Networks, particularly on activities that involved the participation of communities, such as HI-5 summit, motorcade and gallery. On the other hand, the HIV/AIDS component obtained the lowest satisfaction level among the different components. Since there was low utilization of the components, even if though the clients and communities were aware of the services, the result was understandably low satisfaction level since the HIV and AIDS services were poorly utilized. The same findings were found in the study conducted in Turkey that access to HIV-related services were poorly utilized by the people because of stigma (Sukran *et al*., 2012).

On the correlation between the level of awareness and level of utilization of HI-5 programs revealed that in terms of the beneficiaries' level of awareness and the extent of service utilization of the HI-5 Program, the two program components have a significant relationship which implies that the level of utilization is affected by the level of awareness of the program beneficiaries. The same findings were reported by the study of Mpembeni *et al.*, (2019) where in women were aware of their access rights on the health care services and were five times likely to use the said services.

Lastly, the test of significant difference between the level of awareness of the beneficiaries and service implementers show that the two variables have no significant difference except for the HIV/ AIDS component. This means that the service providers have successfully given enough knowledge among the beneficiaries on the HI-5 Program and its components except on the HIV/ AIDS. The same findings were reported by Driessche *et al.*, (2009) where many of the health care providers in the Republic of Congo failed to integrate HIV activities such as HIV counselling and testing among their patients.

CONCLUSION

By looking at the trend on the gathered data, it clearly shows that the respondents were aware, have utilized and were satisfied of all the HI-5 Program components except for the HIV/ AIDS component. The data shows that there is a gap that lies between awareness and utilization on HIV testing and counselling. It is not enough for people to know that there is such a program targeting the five basic health services for the people but more importantly, these health services must be utilized, especially by those who are living below poverty line so for utilization to be converted into satisfaction. Hence, it is important to intensify the level of awareness specially on the HIV/ AIDS component among the target beneficiaries with the use of technology such as social media, televisions and radios. Likewise, there is a need to craft strategies to increase the awareness, utilization of services to inevitably increase the level of satisfaction among beneficiaries such as proposing health policies to government agencies or local government units. Moreover, regular monitoring and evaluation on the implementation status of the program is recommended to determine the level of program efficacy and to respond to the inhibiting factors or problems faced by the program implementors during the program implementation.

Conflict of Interest

There is no conflicting interest to be declared.

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