# Community-Based Health Program (CBHP) Workshop Formative Evaluation*

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**Scope**: A formative evaluation of a one-day Community-Based Health Program (CBHP) workshop in an urban poor setting in Silang, Cavite was done.
**Objective**: To determine if the workshop was feasible and useful from the perspective of important stakeholders.
**Research Design**: A descriptive research design was used with triangulation of data sources: participant observation, short-form questionnaire and monitoring checklist.
**Results**: The responses from the short-form, self-administered feedback questionnaire showed that out of the 42 participants: 1) 38% liked that they gained knowledge from the workshop; 2) 72.3% expressed that there was nothing that they disliked during the sessions; 3) about 13% expressed their desire to have more workshops like this one in the future; and 4) only 6.4% learned the importance of CBHP. It was observed frequently during discussions that participants said that the San Beda College of Medicine, played an important and crucial role in the CBHP. The College was visible and active together with the staff of the Canossa Health and Social Center run by the Canossian Daughters of Charity as well as with its community leader, Sr. Maria Elena Adre. With the presence of the clinical clerks and doctors of San Beda College of Medicine, the program continuously provided health services. Furthermore, other strengths that were mentioned were the volunteer health workers, the laboratory (microscopy), numerous training activities and seminars, feeding program and scholarship program.
**Conclusion**: A one-day CBHP workshop was feasible and useful in an urban poor community setting from the perspective of important stakeholders.

**Key words**: Community-based health program

## Introduction

Health was defined during the 1978 Alma Ata Conference on Primary Health Care as "a state of complete physical, mental and social well-being and not just the absence of disease or infirmary, and is a basic human right". The right to health can be respected, protected and fulfilled only within the context of an enabling environment and mechanism. Such social milieu is mainly defined by the interrelated global, national and local health care systems.

The Philippine health care system is made up of six intimately connected building blocks. Each province, city, municipality and barangay health system is made up of

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these building blocks: Leadership and Governance, Health Financing, Health Services, Health Human Resources, Health Information and Drugs & Equipment.

The Philippines continues to be in a socio-economic-political crisis. Majority of Filipinos live in poverty and oppression. The maldistribution of the country's resources has resulted in numerous problems. The health system of population groups and health of individuals are among the most affected by the prevailing inequity.

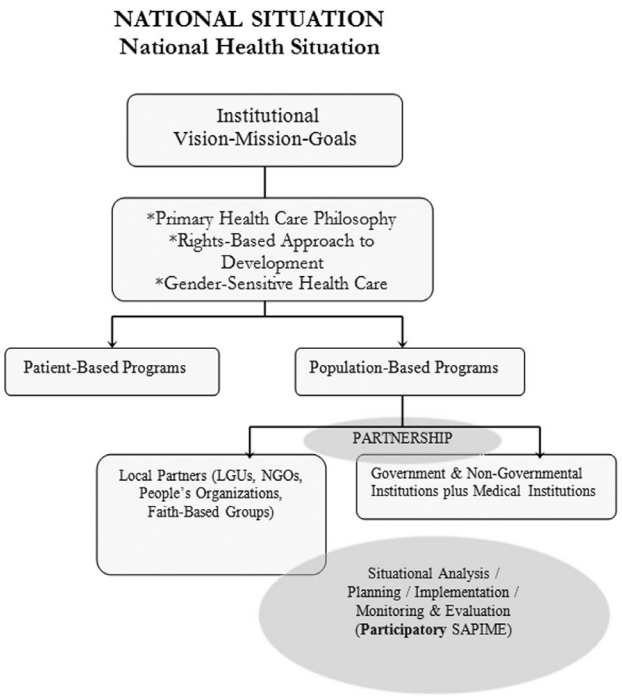
Numerous institutions have responded with dedication in terms of community-outreach projects and activities. However, some endeavors are limited to "single-day – dole-out activities". These activities often have limited or no impact at all on the health status of individuals and population groups.

There is a realization among these institutions for a change in perspective with respect to their community-outreach projects and activities. It is very important though that any change in perspective be built on what these groups have already done. Guiding philosophies to truly meaningful health programs can be anchored on these experiences. These philosophies include the Alma Ata Declaration on Primary Health Care, the Rights-Based Approach to Development and the features of a Gender-Sensitive Health Care.

With regards to population-based programs in a community-setting, Community-Based Health Programs (CBHPs) are at the forefront of effective, empowering, appropriate and relevant health services that are planned, implemented and evaluated with the community's genuine participation. CBHPs seek to strengthen the community's health care strategies and health system while also assisting the people in addressing the other issues in the economic, political, social, environmental and cultural realm. CBHPs also emphasize the participatory process and not just the health outcomes and results. The discipline of Community Organizing is one of the core concepts in the participatory process.

A one-day workshop is envisioned to enable leaders and members of the communities, institutions and agencies to discover for themselves a more relevant approach to assisting marginalized Filipinos in underserved areas.

Concept Map




*Research Question*

How feasible and useful is a one-day CBHP workshop done in an urban poor community setting in Silang, Cavite from the perspective of important stakeholders?

*Objectives of the Workshop*

At the end of the one-day workshop, each participant must be able to:

1. Enumerate existing community-setting health programs or activities within the institution.
2. Analyze the different factors that affect the health of a population group and the health of individuals.
3. Discuss the principles of Primary Health Care.
4. Discuss the human rights principles.
5. Discuss the features of a Gender-Sensitive Health Care.

6. Describe CBHP.
7. Define Community Medicine.
8. Demonstrate the skill of engaging in a participatory process.
9. Discuss community-training principles.
10. Demonstrate the skill of conducting an evocative & participatory community training activity

## Methods

*Study Design*

This was a qualitative study using triangulation of data sources: participant observation; self-administered, short-form feedback questionnaire; and, a post-workshop monitoring checklist to accomplish a formative evaluation of a one-day CBHP workshop.

Participant observation is the process enabling this researcher to learn about the activities of the people under study in the natural setting through observation and participation in those activities The opposite extreme stance as the complete observer was employed, in which the researcher was in plain sight in a public setting, yet the public being studied is unaware of being observed. In this case, the observation in this stance is unobtrusive and unknown to participants.

*Study Setting*

Barangay Anahaw 2 is one of the barangays situated at Bulihan, Silang, Cavite. It is a third class community, consists of 24 blocks, each block consisting of approximately 10 houses. Its residents are originally from Tondo Manila and were relocated to Cavite during the early 1970s. It is in this barangay where the Canossa Health and Social Center is located. The Center is run by the Canossian Daughters of Charity. It the main partner of San Beda College of Medicine in the provision of Health Care to the communities surrounding it. The one-day CBHP workshop was held in this Center.

*Participants*

This one-day CBHP workshop accommodated 42 participants, who were directly involved in community-outreach and/or community-based health program including administrators, faculty and fourth-year medical students from San Beda College of Medicine.

*Workshop Instructional Design*

A specific instructional design was formulated and used for this one-day CBHP workshop.

*Post-Workshop Monitoring Design*

On-site monitoring visits were done in the locality where the community-based health program (CBHP) is being implemented by the institution.

A monitoring checklist was developed and used (Appendix B) based on the plans which the participating groups submitted a week after the workshop. The plans were based on the results of the SWOT analysis and the learnings from the workshop.

## Results

A total of 42 participants actively participated in this one-day workshop including the researchers who observed the workshop in its entirety. The feedback from the participants was immediately solicited after the workshop. There were two facilitators who also did the post-workshop monitoring visits.

The following tables described the feedback from the participants using a self-administered, short-form feedback questionnaire.

Most of the participants liked that they gained knowledge from the workshop.

**Table 1**. Percentage distribution of 42 CBHP workshop participants as to what they liked the most, 5 August 2015.

| Rank | What They Liked the Most About the CBHP Workshop | Frequency | % |
|---|---|---|---|
| 1 | The knowledge they gained | 18 | 38.3 |
| 2 | All about the workshop | 11 | 23.4 |
| 3 | The process of the workshop | 8 | 17.0 |
| 4 | The facilitator/Group dynamics | 7 | 14.9 |

**Table 2**. Percentage distribution of 42 CBHP workshop participants as to what they disliked the most, 5 August 2015.

| Rank | What They Disliked the Most About the CBHP Workshop | Frequency | % |
|---|---|---|---|
| 1 | None | 34 | 72.3 |
| 2 | All about the workshop (venue, topics, props) | 4 | 8.5 |
| 3 | About participant/s behavior | 2 | 4.3 |

Majority of the participants in this workshop expressed that there was nothing that they disliked during the sessions although some disliked some topics, the venue and the disruptive behavior of some of the participants during the course of the workshop.

Some participants expressed their desire to have more workshops of this kind in the future.

**Table 3**. Percentage distribution of 42 CBHP workshop participants as to what they think can be improved, 5 August 2015.

| Rank | What They Think Can Be Improved About the CBHP Workshop | Frequency | % |
|---|---|---|---|
| 1 | More workshops/Unity | 6 | 12.8 |
| 2 | None/Have to be shared with others | 5 | 10.6 |
| 3 | More topics | 4 | 8.5 |
| 4 | Actual return demonstration | 3 | 6.4 |
| 5 | More active participation | 2 | 4.3 |

**Table 4**. Percentage distribution of 42 CBHP workshop participants as to what they learned, 5 August 2015.

| Rank | What They Learned About the CBHP Workshop | Frequency | % |
|---|---|---|---|
| 1 | "Pakikisalamuha sa kapwa" | 10 | 21.3 |
| 2 | Health promotion/cooperation | 6 | 12.6 |
| 3 | Implementation of CBHP in the barangay | 5 | 10.6 |
| 4 | Role of culture in health | 4 | 8.5 |
| 5 | Importance of CBHP/problem analysis | 3 | 6.4 |

It was observed in the discussions and reports during the workshop that the, San Beda College of Medicine played an important and crucial role in the CBHP. As a partner in health, the San Beda College was visible and active together with the staff of the Canossa Health and Social Center run by the Canossian Daughters of Charity as well as with Sr. Maria Elena Adre (Community Leader, Canossa Health and Social Center Bulihan, Cavite). With the presence of the medical doctors and clinical clerks/junior interns of San Beda College of Medicine, the CBHP program continuously provided health services in the community. Other strengths mentioned were the volunteer health workers, the laboratory (microscopy), numerous training activities and seminars, feeding program and scholarship program.

Sr. Adre said that without the help of San Beda College of Medicine through a five-year memorandum of agreement with the Canossian Daughters of Charity, the Canossa Health and Social Center would have faced some difficult times in sustaining the CBHP. In return, Sr. Adre supervised the fourth-year medical students of San Beda College of Medicine as well as the community health volunteers.

It was observed that the workshop sessions were lively, participatory and productive. The outputs were derived from the workshop activities which led to learnings as well as practical applications that will eventually benefit the health of the community.

Dr. Anthony Cordero, the main facilitator of the workshop and in-charge of the monitoring visits to the

community, said that what was important to them was the monitoring of plans made in the workshop including the assessment as to why the plans were done or not done rather than the planning itself for the next three months or so. The whole process from the workshop to the monitoring visits included mentoring regarding community organizing, participatory processes and project management.

## Discussion

In the literature, the need for relevance in medical education and training has been stressed. In the last 40 years medical schools have been challenged to train doctors competent to respond to community health needs. Chastonay, et al. of the Faculty of Medicine of the University of Geneva in Switzerland, introduced an integrated medical curriculum. In this initiative emphasis was on a six-year longitudinal and multidisciplinary Community Based Health Program (CBHP). The CBHP learning objectives and teaching modalities were defined by the multi-disciplinary group in consensus meetings. These triggered a collaborative spirit among teachers and facilitated further developments. The evaluation procedures allowed the monitoring of students' satisfaction which remained high over the years, students' active participation which decreased over time and success at certifying exams. The evaluation also assessed outcomes such as educational innovations, new developments of the curriculum and interactions between students and the community. They concluded that the students' direct exposure and practice in the community health environment is an effective training approach to broaden student's education by offering them a community perspective of health and disease. These positive outcomes are what the San Beda College of Medicine also wants to achieve. Hopefully by starting with a one-day workshop and continuing with site visits as well as monitoring, these outcomes will be eventually achieved.

In terms of the formative evaluation of CBHP, the participatory observation has been increasingly used in health promotion and various forms of participatory evaluation have been put into practice. Simultaneously, the concept of participation has become more important for evaluation research in general, which is equally diverse and the subject of various discourses. This study addressed the concept of participation as an essential issue in CBHP evaluation practice.

Theoretically, in future researches, an analytical framework can be developed. It shall serve as a basis for a review and can also be used as a general framework for analyzing and planning the scope of participation by various stakeholders within different phases of participatory evaluation. Three dimensions of participation, which refer to decision making (decision power, deliberation and action processes) are distinguished.

The results showed participatory formative evaluation processes and participatory (evaluation) research can be largely put forth by participatory (action) research in the community. Furthermore, the study showcased the importance mostly to three important stakeholder groups – evaluators, program staff and beneficiaries – and to participatory processes in the initial evaluation phases. In future researches and based on the results of this study, the application of the hypothesized framework can be proven that decision power seemed to be held predominantly by program staff, evaluators seemed to be more involved in action processes and beneficiaries in deliberation processes.

A study by Wang, et al. showed that CBHP programs are valuable for improving healthy lifestyles. The low cost and effectiveness of incorporating multidisciplinary resources to help the community members maintain a healthy status and a healthier lifestyle were proven in a prospective quasi-experimental design.

## Conclusion

In conclusion, a one-day CBHP workshop was feasible and useful in an urban poor community setting in Silang, Cavite from the perspective of important stakeholders (evaluators, program staff and beneficiaries).

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