

## **Final Report**

# **Study on Community Participation in the Essential National Health Research (ENHR) Process:**

## **The Philippine Experience**

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## ***EXECUTIVE SUMMARY***

This study is part of a multi- country study on community participation in the Essential National Health Research (ENHR) process commissioned by the Council on Health Research for Development (COHRED). COHRED created a working group that prepared the study plan and coordinate with the country research teams. The other countries involved in the project are : Bangladesh, Uganda, Guinee and Trinidad. The ENHRP of the Department of Health in coordination with *Tuklas Kalusugan Foundation* handled the research project under the supervision of the National Advisory Group.

The framework of the study was developed by the COHRED core working group and was elaborated by the country research team based on the situation in the Philippines. The study design made use of qualitative research methods in the process of describing how the ENHR process in the Philippines pursued its ultimate goals of equity, political support and sustainability, use of research results and excellence in public health research through the different modalities of community participation. Key informant interviews and focus group discussions were the main data gathering methods employed in the study. The completed researches supported by the ENHRP- Philippines were also reviewed and project sites were selected based on the criteria deliberated upon by the National Advisory Group. The FGDs were conducted in the following project sites: Abra, Oriental Mindoro, Davao City and Zamboanga City.

The country researchers organized a data gathering team of social scientists who had training and experience in research processes and methodologies, particularly in the area of health. The key informant interviews were conducted on the identified stakeholders of the ENHR process namely: members of the ENHR Advisory Board, ENHR consultants, ENHR Program Managers, ENHR Program Staff, and ENHR Regional Coordinators. The data gathering team, working hand in hand with the ENHRP Regional Coordinators and project partners conducted the focus group discussions among project staff members and members of target communities.

Gleaning from the data generated in the research, it was observed that the terms “community” , “participation” and “community participation” denotes and connotes various meanings. The word “community” for example drew definitions ranging from geographical to socio - cultural and economic dimensions. This richness of the definitions of the term was also reflected in the respondents responses on how ENHRP has utilized the term in their projects. Whatever the basis for defining the “community” is, the respondents share the belief that individual members within a particular community share something in common and are bound by a sense of belongingness and identity.

In defining the term “participation” , the respondents forwarded that the term participation also refers to participatory action research, community organizing, involvement, integration, community immersion, primary health care approach and

social mobilization. Participation, according to them also entail involvement in activities, attainment of common goals and empowerment.

Most respondents felt that the term “community participation” is related to the nature and degree of involvement of the community members in certain projects. This is believed to be within the context of the objectives of the project, the characteristics of the community ; as well as the political, social, economic and cultural factors prevalent in the community. The ideal manifestation of community participation, based on the data, includes the participation of community members in the formulation of the problems and programs addressing the problems, to the involvement of members in the implementation and evaluation of the programs; with the end goal of making the community support the program as it becomes more sustainable. Self-reliance and empowerment, according to the respondents, should be two of the major goals of community participation.

All the respondents believe that there are various levels of community participation. Based on the responses, one can generalize that the definitions of community participation as it was discussed by the respondents involve in ENHRP was culled from the experience of mostly, non-governmental institutions involved in primary health care, agriculture, indigenous people and participatory research. Despite the various benefits that community participation bring about, there are also disadvantages of encouraging community participation. Respondents provided concrete examples of the ENHRP experience in community participation in the Philippines.

Looking at the national context of community participation, the respondents were asked to identify the societal characteristics and factors that foster community participation. Among these factors are the following: community’s awareness of the problem; community’s interest in resolving the problem; community’s ability to empower itself; project promotes sense of community ownership; project satisfies the basic needs of the community; and transparency in the conduct of the project. The involvement of community leaders somehow encourages the participation of the community. Making stakeholders work toward a common goal and vision, will also motivate the community into action. Lastly , showing the people that things could be done and that they will benefit directly from the project is one sure way of getting their involvement.

## I. INTRODUCTION

This study is part of a multi-country study on community participation in the Essential National Health Research (ENHR) process commissioned by the Council on Health Research for Development (COHRED). The COHRED created a working group that prepared the study plan and coordinate with the country research teams. The other countries involved in the project are : Bangladesh, Uganda, Guinee , and Trinidad. The Essential National Health Research Program (ENHRP)of the Department of Health in coordination with the *Tuklas Pangkalusugan Foundation* handled the research project under the guidance of the National Advisory Group.

The National Advisory Group was composed of the following individuals:

\*Dr. Jaime Galvez-Tan, Former Acting Department of Health Secretary of Health , an international Health Development specialist and a professor at the College of Medicine, University of the Philippines.

\*Dr. Corazon Raymundo, President of the Tuklas Pangkalusugan Foundation, Professor at the College of Social Science and Philosophy, University of the Philippines and Vice-Chancellor for Academic Affairs, University of the Philippines.

\*Dr. Angelito Manalili, Professor at the College of Social Work and Community Development and author of several books on community organizing.

\*Dr. Michael Tan, Executive Director of Health Action Information Network (HAIN) and a medical anthropologist connected with the Department of Anthropology, University of the Philippines.

\*Dr. Rene Sison, from the Federation of HAMIS Winners - a group of community-based health organizations who won in the annual DOH-GTZ HAMIS (Health and Management Systems) contest.

The country researchers were: Dr. Dennis B. Batangan, a community health development specialist who worked with Philippine Community-Based Health NGOs, health human resource development planning consultant, and currently the head of the People-Managed Health Services and Multi-Purpose Cooperative - a health cooperative implementing a community-based social health insurance project.

Prof. Ma. Theresa Batangan, is a faculty member of the Department of Psychology, University of the Philippines where she is also taking up her Ph.D. in Developmental Psychology. She is a consultant of Health Action Information Network (HAIN) and numerous NGOs on adolescent and reproductive health, participatory research methodologies and psychosocial counselling.

Dr. Asuncion Anden, the program manager of the Department of Health Essential National Health Research Program, coordinated the project linking the

COHRED working group to the National Advisory Group and providing the necessary technical and logistical support to the country research team.

The framework of the study was developed by the COHRED core working group and was elaborated by the country research team based on the situation in the Philippines. (1.COHRED, 1998) The study design made use of qualitative research methods in trying to describe how the ENHR process in the Philippines pursued its ultimate goals of equity, political support and sustainability, use of research results and excellence in public health research through the different modalities of community participation. Key Informant Interviews and Focus Group Discussions were the main data gathering methods for the study. The completed studies supported by the ENHRP were reviewed and project sites were selected based on a selection criteria deliberated upon by the National Advisory Group. The FGDs were conducted with the program staff and community members in the following areas: Abra, Oriental Mindoro, Davao City, and Zamboanga City.

The country researchers organized a data gathering team of social scientists who had training and experience in research processes and methodologies. The Key Informant Interviews were conducted on the identified stakeholders of the ENHR process namely; members of the ENHR Advisory Board, ENHR Consultants, ENHR Program Managers, ENHR Program Staff, and ENHR Regional Coordinators. The data gathering teams working together with the ENHRP Regional Coordinators and project partners conducted the data gathering activities. In most cases, a member of the staff of the project partner co-facilitated the Focus Group Discussions.

## **II. REVIEW OF RELATED LITERATURE**

### **A. Why Community Participation ?**

Community participation in health has been a major policy theme since the 1970s. It was a fundamental ideal in the Alma Ata Declaration of 1978, and twenty years on, it is still considered an essential part of health development. But today there is growing recognition that community participation is a complex process. (2..Jewkes and Murcott 1996; 3. Zaakus and Lysack 1998). One problem is that the terms themselves are broad; they can refer to a wide variety of phenomena and are often used loosely, without specification. In the Philippine literature, for example, community participation has been used synonymously with citizen participation, popular participation, people participation, participatory development or simply participation. (4. Danao, 1996.) A second problem is that, although community participation has been adopted as a universal ideal, its implementation in practice is shaped by national and local situations. The possibilities and realities of community participation are country specific.

In scope, community participation varies from participation in every dimension of one's culture, political system and decision making processes ( Anderson, in Danao, 1996) to variance in variety and intensity of participation ( Cole; Cahn and Passet, in Danao,1996), to the planning design, operation and control of health care services/projects ( Oakley, Stiefel and Pearse, White , Roppa In Danao,1996) and to the collection, analysis and interpretation of data for monitoring and evaluation purposes ( Norren , in Danao, 1996.)

There is variation as well in the element that is highlighted: participation is at the grassroot or local level, by the poor, by the masses and by those who were hitherto excluded (5. Castillo, 1983); participation is people's having the necessary skills exercising their right to play an active and direct role in the development of appropriate health services and transforming themselves into productive human resources (6. WHO, 1991). And participation is a mechanism for influence and control of highly valued resources (7. Morgan, 1993).

### **B. Perspectives on Philippine Community Participation Experiences**

There has been a lot of interest documenting participatory approaches to development in the Philippines. A number of studies were conducted to this effect. Castillo (5. Castillo, 1983) evaluated in 1982 the existing participatory mechanisms as utilized in rural institutions; Alfonso (in Alfiler, 1998) in 1981 conducted researches on popular participation in the management of communal irrigation systems; de Jesus (in Alfiler, 1998)) on the extension of credit for a big food production program; Hollsteiner (in Alfiler, 1998) on the planning and implementation of human settlements; Williams (in Alfiler,1998) on the measurement of performance of local government units ; de Guzman and

associates (in Alfiler,1998) on the politico-administrative processes; Olano (in Alfiler,1998) on the management of integrate area development projects in one region of the country.

In a major assessment of participatory development in the Philippines , Castillo (1983 ) raised the question of ‘who are the people in people participation?’ She identified four rural groups namely : upland farmers, paddy rice farmers, landless agricultural workers and artisanal fisherfolks. She added that the word ‘people’ must be identified in terms of total household to ensure that women, youths, infants, pre-school children, the aged are included in the definition.

Castillo also cited four categories on the operationalization of participation, namely: (1) participation in the implementation of the project (2) participation in the decision making on what the project should be; (3) participation in evaluation; and (4) participation in control over how the project is directed in the long run.

In an assessment of the process of community participation in development projects Gonzales and Mayfield (17.Gonzales and Mayfield,1995) identified several levels of community participation namely : (1) pseudo participation; (2) information sharing ;(3) consultation; (placation); (5) partnership; (6) delegated power; and (7) community autonomy. They added however, the community participation alone cannot ensure project effectiveness and success. Internal and external program factors in combination with community participation were related to project success. Internal program f actors include: (1) institutional and organizational arrangements; (2) financial and resource mobilization (3) training and development experiences; (4) leadership and management systems; (5) educational and promotion program; and (6) outside development facilitators. External factors include: (1) freedom from political unrest and violence; (2) socio-cultural systems encouraging to community participation; (3) low levels of unemployment and poverty and (4) donor (government /NGO) commitment and coordination.

### **C. Community Participation in Health and Development Work**

Carino (in Alfiler, 1998) studied community participation in five health projects and measured participation in terms of two dimensions, people’s involvement in the program cycle and the community’s level of dependence on external sources for provision of financial and personal resources . She established a three point continuum, whose extreme ends are passiveness and activeness with the midpoint indicating a “medium“ level of participation. Passiveness is indicated when the residents are (a) involved as recipients of the services, (b) completely dependent on external funding for program resources, and (c) when personnel for the program are completely fielded by an externally-based agency. Active citizen participation, on the other hand, occurs when (a) residents are involved in the planning, implementation and evaluation of the program, (b) when the program is completely self-supporting in terms of funding and (c) when the program personnel is completely fielded by the local



community. A midpoint located between the two extremes refers to a situation where (a) the residents are involved either in implementation only or in planning and implementation (b) when the program is dependent on some combination of internal and external funding, and (c) when the manpower resources are fielded jointly by an outside agency and the local community.

A rough criteria to assess the degree of participation in a health program was described by Dayrit (18. Dayrit, 1984) to gauge whether participation has in fact occurred and as predictors to determine whether a community will participate. These include: (a) the presence of volunteers and the type of activities that they engage in; (b) the presence of a core group and the kind of activities that they engage in; (c) the participation and the degree of support given by the village leaders; and (d) the existence of activities organized by the villagers in general and the poorest families in particular; and (e) the existence of a community organization covering health activities.

The Department of Health, as part of its Primary Health Care monitoring function has adopted a four level classification of barangays as to their level of PHC implementation. (15. Bautista, 1998). These were:

#### First level- Social Preparation/Awareness level

- Community PHC leaders and residents acquire basic knowledge on DOH basic health services indicated by their capability to identify their “shared responsibility”

Community PHC leaders and residents who attended PHC trainings and meetings now understand the meaning and importance of PHC as an instrument in helping the community themselves improve family and health standards

- Community PHC leaders and residents understand the value, procedures and practices in generating and sustaining participation and involvement
- Community-based groups exist as a strategy to effective PHC implementation
- Knowledge of existing local organizations and informal leaders who can be mobilized for PHC development

#### Second Level- Leadership Organization Design (LOD)

- Mission/goal statements(s) identified and related to the expressed needs and wants of families and the community
- Identifies mission/goal translated into specific Major Areas of Responsibility (MAR)

- Responsibility Center Groups (RCGs) identified and organized based on agreed MARs. This answers the issue of WHO will be responsible for WHAT. This means defining specific responsibilities and authority of each of the identified RCG.
- Organization/operational structure for a more effective intra- and intersectoral communication, coordination and cooperation in the planning, management and evaluation of projects and activities
- This means leadership's organizational effectiveness on how to :
  - Arrive at consensus about priority problems
  - Plan realistic projects to solve these problems
  - Identify and mobilize the resources required to implement the projects selected
  - Evaluate project progress and later plans when appropriate, and
  - Identify their own training needs and strategies for meeting them
- Internal policies and management guidelines on organizational effectiveness developed and operational

#### Third Level – Program Planning and Management

- Community-Based projects and activities supportive to population, health and nutrition and economic productivity helped families to attain significant and measurable improvements in most, if not all, of the following areas: decrease in fertility rates and incidence of disease; and increase in food production, family income and employment
- Learner- centered trainings are planned, facilitated and supported through established community leadership. This includes the trainings of Barangay health Workers, Botika sa Barangay Aide, BPHCC leaders , community residents and others,
- Local resources (human, financial and materials) are mobilized and properly utilized by the community leadership in the implementation of their selected projects and activities
- Barangay health feedback and evaluation, and information system formulated and operational

#### Fourth Level - Institutionalization of PHC

- Political broad-based development – Barangay councils serve as the broad-based political support of the PHC approach in policy making, program formulation and management supportive to PHC total development
- Appropriate technology – Families who acquired basic knowledge and operational skills on DOH's basic projects and services are now organized into "interest groups" e.g., functional sanitary toilets, herbal garden, family planning, nutrition, livestock raising, diversified agricultural production etc.
- Community-based resources development scheme established and operational, e.g., PHC became a regular budgetary item in the Barangay Development Council and /or municipal government
- Policies and guidelines in developing annual plan and management of PHC by community-level leadership established and operational .

A more comprehensive model in understanding community participation in health work was put forward by Dr. Jaime Galvez Tan ( 20. Galvez-Tan, 1987) . Dr. Tan reflecting on the experiences of health NGOs in the Philippines described four levels or models of people's participation in Primary health Care. These are the Hospital/Clinic –Based Level/Model; the Community-Oriented Level/Model; the Community-Based level/Model; and the Community-Managed Level/Model. See Figure 1 for the Four Levels/Models of People's Participation in Primary Health Care.

**Figure 1. Four Levels/Models of People's Participation in primary Health Care**

CATEGORIES	HOSPITAL/CLINIC-BASED	COMMUNITY-ORIENTED	COMMUNITY-BASED	COMMUNITY-MANAGED
GUIDING PRINCIPLE	Health to the people	Health for the People	Health with the People	Health by the People
MAIN CHARACTER	Authoritarian	Paternalistic	Democratic	Liberating
INITIAL OBJECTIVES	Rigid and statistics-oriented	Closed and predetermined; Defined before community is consulted	Open-ended and flexible; Problems and needs evoked from the community	Fomulated by the community and based on their felt needs; vision of an alternative social order expressed by the people
TACIT OBJECTIVES	Maintain status quo; perpetuate existing health system	Improve/alter certain aspect of the health system	Transform the health system and initiate social reforms	Complete re-structuring of the health system together with socio-economic transformation
WHO IS RESPONSIBLE FOR HEALTH?	Health is the sole responsibility of the doctor	Health is the responsibility of health professionals	Health is the responsibility of community health workers and leaders	Health is the responsibility of everyone in the community
OUTLOOK OF HEALTH PROFESSIONALS	As recipients of health care	As beneficiaries of a health program	As partners in health care	As managers of their own health program
LEVEL OF COMMUNITY PARTICIPATION AND MAIN DECISION MAKERS	Community is just informed of health activities	Community is just consulted on what can be done Doctors and other health professionals decide	Community actively discusses and decides on plans and activities together with health professionals Decisionmaking is shared by community and health staff	Community identifies needs,define objectives, plans implements, monitors and evaluates the health program on their own. The community is theb main decisionmaker.
VIEW ON AWARENESS BUILDING	The community should be kept ignorant of health	Community is made aware to change their behavior or to pacify them if their hardship revolts	As a means for community organizing and for understanding the inter- relationship of economic, political and cultural problems	As a means to generate people's power and ensure continuing community participation

CATEGORIES	HOSPITAL/CLINIC-BASED	COMMUNITY-ORIENTED	COMMUNITY-BASED	COMMUNITY-MANAGED
VALUE GIVEN TO COMMUNITY ORGANIZING	The community is not capable of being organized.	As a means to change people's attitudes to cooperate with health authorities whole-heartedly	As an end in itself and as an opportunity for people to develop leadership and management	As the main tool for empowerment and as long-lasting safeguard to protect the community's interest
DATA GATHERING MONITORING AND EVALUATION (M & E)	Data limited to morbidity, mortality and health services statistics  M and E mainly the concern of hospital/clinic management  No feedback of information to clientele or community	Data gathered by outsiders via a long survey questionnaire with heavy emphasis on health data  M and E done by health staff  Little or minimal feedback of information to the community	Data gathered by community health workers and kept simple; includes people's felt needs and concerns  Collection and analysis done together with health staff  M and E done jointly by community health workers and health staff  Regular feedback given to community	Community decides what data to collect. Community members gather, collate and analyze data on their own.  Self-evaluation and self-monitoring systems established  Community members continuously informed of data gathered and relevant actions taken accordingly by them
INTER-SECTORAL LINKAGES AND SOCIAL MOBILIZATION	Believe that they are doing their work sufficiently, thus there is no need for linkages	Usually limited to government agencies or to those who give dole-outs	With any agency, government or nongovernment who maybe of assistance in giving solutions to health and other issues	With organizations and institutions working for basic societal changes
EFFECT ON THE PEOPLE AND THE COMMUNITY	Oppressive-rigid central authority allows little or no participation by the community	Deceptive-pretends to be supportive, allowing some participation but resists genuine change	Supportive - helps people find ways to gain more control over their lives	Self-reliance and self-determination  People are aware of their potentials and uses them to the full and with responsibility
GENERAL IMPACT	No change	Behavior change	Social change	Structural change

#### **D. Community Participation in ENHR**

The movement in support of *Essential National Health Research* aims to orient health research to the specific needs of each country. ENHR involves strengthening the country's ability to identify problems, carry out research, and apply the results, in order to promote health and development on the basis of equity and social justice. Here too, community participation is a declared ideal. The community is considered one of the three major stakeholders in ENHR, and community participation is named as an important part of the ENHR Strategy for Action ( 21.Task Force 1991:4).

The strategy includes seven elements: Promotion and Advocacy, ENHR Mechanism, Priority Setting, Capacity Building and Strengthening, Networking, Financing, and Evaluation. Community participation is considered important in at least some of these elements. Moreover, the actual research carried out as part of ENHR may be expected to involve community participation.

The ENHR Program in the Philippines formally started in April 8, 1991 when the Department of Health established the ENHR unit under the Office of the Secretary of Health. The initial years of ENHR in the Philippines was focused on the definition of its goals, objectives and strategies, and formulation of the Research Agenda through several multi-sectoral consultations. One of the declared guiding principles/policies of the ENHR Program was “ENHR shall promote active involvement of policy makers, health care providers, and the community in the conceptualization, planning and implementation of research projects”

In 1992, an assessment survey was undertaken to identify the health needs of the communities in seven of the fourteen regions through consultations with Non Government Organizations (NGOS), People's Organization (POs) using multi-sectoral focus group discussions. The output of such process constituted the people's health research agenda which included varying concerns along the following areas: Organization and Management of the Health System, Economics of Health Care, Delivery of health Care Services, and Product Research./Utilization. (25. ENHR , 1997)

The ENHR research agenda has been revised almost every year such that it will be difficult to keep tract of the implementation of points in the agenda. The process of priority setting for the ENHR research agenda is usually attended by a multisectoral group coming from the Department of Health, other government research agencies, academe, NGOs, Local Government Units (LGU) and sectoral/people's organizations. This is usually a two-stage process where the ENHR regional coordinators after holding their own regional consultations, present the local priorities in a national conference. The DOH Regional Offices likewise have their own funds to support research projects following the declared priorities. This means local groups (NGOs, academe, LGUs, and community or sectoral groups) can directly present a proposal to the DOH Regional Office and ask for support for a particular project.

The ENHR Five year plan (1993-1997) identified as part of its advocacy and promotion three constituencies. Participatory research was mentioned as a strategy to promote ENHR with the NGOs and POs. It further states that “ this is organized for community level program managers and field workers through short training seminars, courses and workshops including small research projects on research methodology, epidemiology, research management communication, health economics, health systems research, and health policy research. The ENHR brochure and primer are widely circulated within the community” (26, ENHR, 1993).

The ENHR had an assessment of its five year performance in 1996 and declared the following as part of its accomplishments (25, ENHR, 1997):

- clarified program policy, direction and organizational structure towards greater and wider creation of a research culture in the health sector
- firmed up mechanisms for greater participation of the regional field health units and research institutions/organizations in a) carrying out relevant participatory researches, b.) creation/strengthening of Regional Research Committees, and c) fund allocation for regional research activities and projects from regional funds
- formulated bottom-up ENHR program plans and regional-based research agenda supportive of the priority thrusts of the DOH and responsive to specific regional health conditions

The ENHR plan underscored the fact that as far as networking is concerned, “... this element can be strengthened further by extending and enhancing linkages to the community. This weak and at times, missing link needs to be understood more fully” (25. ENHR, 1997:44). Further on the assessment, the ENHR criticised itself by declaring that “The lack of personnel, in turn, has meant that some initiatives, particularly with regards to coordination with NGOs and people’s organizations, have not been sufficiently sustained. Close ties with top decision-makers in health, although desirable, may also have drawbacks. By centering the ENHR mechanism on the DOH, there is a potential(albeit minimal) for the compromising the health research agenda and/or output because of the mechanism’s relationship with the DOH top management” (25. ENHR, 1997:43)

The subsequent ENHR program plans (25. ENHR, 1997: 46-48) however do not mention of community participation as a major strategy. There was an item though for advocacy which aimed at “ .. creation of multisectoral and multidisciplinary advisory body to provide direction to the ENHR Program”

In spite of the above declarations, there were no available documents or materials which provided for clear guidelines of or policies on the use of participatory methods of research or encouraging community participation in projects supported by ENHR. This was validated in the interviews and FGDs where it was observed that ‘does not enter as a criteria for evaluation of

ENHR supported projects”. The ENHR however has been consistently advocating on the dissemination of the research findings to the research community and interest groups through different fora and workshops which ENHR regularly organizes for the projects it has supported. The participants to these fora and workshops usually come from a multisectoral interest group who belong to an informal study group focusing on certain health issues or problems. An example of this is the Study Group on Indigenous People’s Health and the Tuberculosis Study Group, who have been doing their own consultations, researches and priority setting processes. They consider the ENHR as one of the agencies that can possibly support their research agenda, hence there is a constant exploration of possible partnership with ENHR.



### III. OBJECTIVES OF THE STUDY

#### A. The Significance of the Study

There are several reasons for concern with community participation in ENHR:

- **equity** in health requires the involvement of all components of the population, especially those who are marginalized
- **political support and sustainability** of ENHR depends, at least partly, on popular understanding and commitment
- **use of research results** for change requires people's own initiatives and better awareness and knowledge
- **excellence in public health research** is achieved through engagement with all categories of society, and attention to the variation in social contexts of health care

The basic principle is that health and health research are not, and cannot be, the exclusive concerns of professional policy makers and researchers. The study will show how these ultimate goals of ENHR have been pursued through different modalities of community participation. It will provide suggestions for further efforts to bring people - the public, local communities, interest organizations, representatives of disenfranchised groups - into Essential National Health Research. It will be carried out and disseminated in ways that raise awareness about the issues.

#### B. Objectives of the Multi-country Study

The objectives of the multi- country study are:

1. To find out what community participation in ENHR has in fact meant in selected countries that have implemented the strategy
2. To document examples of community involvement in ENHR in order to show modalities worked out in different countries
3. To use the examples to discuss problems as well as best practices
4. To extract lessons learned

#### C. Objectives of the Philippine Country Study

*General Objective:*

To describe how the ENHR process in the Philippines pursued its ultimate goals of equity, political support and sustainability, use of research results and excellence in public health research through different modalities of community participation.

*Specific Objectives:*

1. To define and describe the community as it was operationally defined in the ENHR process.
2. To describe participation as operationally defined in the ENHR process.
3. To assess community participation in the ENHR process
4. To contextualize community participation within the Philippine situation.

## **IV. METHODOLOGY**

### **A. Research Methods**

Various methods of research were utilized in the study, these included the following: document analysis, key informant interview and focus group discussion. All these were geared towards the identification of key meanings and concepts pertinent in clarifying the construct and documenting the methods of community participation as it applies to ENHR supported community health researches and services.

#### **1. Interview Study**

Sample:

Key informant interviews were conducted among individuals who had experienced working within the framework of ENHRP - Philippines. The sample consisted of two members of the ENHR Advisory Board; two former ENHR Program Managers; two ENHR consultants; two ENHR program staff; two ENHR regional coordinators and two representatives from non-governmental organizations involved in community participation programs. The interviewees were further categorized based on the nature of their involvement in ENHR projects; the first grouping includes individuals who had experienced working in the project level, immersing themselves in the communities where they conduct research or provide health services; while the second grouping includes individuals who have been involved in policy direction and evaluation of projects supported by ENHR. Given the nature of groupings observed in the study, purposive sampling was utilized in the identification of key informants.

Procedure:

Two interview schedules for the two groups of key informants were constructed for the interview. These interview schedules were pretested to three individuals and were evaluated by members of the research team. The results of the pretest served as the basis for revising the interview schedules

The final interview schedules drawn for the research consisted of questions on the following aspects :

- Demographic profile of key informant
- Definition of “community ” in ENHR projects
- Definition of “community participation” in ENHR projects
- Assessment of “community participation” in ENHR projects
- Description of the national context of community participation

The responses of the interviewees were then transcribed, coded and categorized using the KJ method.

## **2. Focus Group Discussion**

Sample:

The participants for the focus group discussions (FGDs) were drawn from the different groups and organizations identified by the National Advisory Group. Seven FGDs were conducted in the following sites: Abra, Davao City, Zamboanga City and Oriental Mindoro.

Project staff members and community members were asked to participate in the focus group discussions. The average number of FGD participants was seven individuals.

A focus group discussion scheduled in a community in Zamboanga was cancelled because of the unstable peace and order condition in the area. The FGD was conducted only at the staff level of the project.

Procedure:

An initial list of guide questions was constructed for the conduct of the FGD. These queries aim to measure the following aspects within the context of the participants’ experience in community participation::

- Demographic profile of participants and their community
- Definition of “community”
- Definition of “community participation”
- Identification of methods and processes in community participation
- Identification of the national context of community participation

These guide questions were pretested in an urban poor community in Quezon City – a community which approximates the characteristics of the communities identified in the study. The questions were then revised base on the evaluation of the pretest results (please refer to the appendix for the final list of FGD guide questions).

The results of the FGDs were transcribed, coded and categorized using the KJ method.(24).

## **B. Identifying the Sites for the Data Gathering Process**

As part of the preparation for this study, we reviewed the studies that were supported by ENHR from 1993 – 1998 and completed researches between 1991 – 1998 by the different Regional Health Offices, Regional Hospitals, Medical Centers and DOH Attached Agencies. The research team identified projects that had community participation elements in the design of the study. The following parameters was used in the screening of the projects:

- a. Projects that had community participation as its main topic or related topic
- b. Projects which employed participatory methodologies in its process of implementation
- c. Projects utilizing participatory research methods
- d. The National Advisory Group deliberated on the shortlisted projects using the study framework and the above mentioned parameters as guide for the selection process.

The selected projects for the data gathering process were:

1. Family Health Empowerment Intervention Model Towards Prevention and Control of Malaria in Brgy. Danglas, Danglas Abra.  
The project aims to control the spread of malaria through early prevention and prompt treatment involving the community in the implementation of the project. Family Work Groups were trained and organized to take care of specific malaria patients and conduct malaria prevention activities. Other community members were involved in the collection of data and blood specimens for the project and assisted the Barangay Health Workers in the delivery of health services in the village. (See Box 1)

## **BOX 1. COMMUNITY PARTICIPATION IN A MALARIA INTERVENTION PROGRAM**

ENHRP supported an innovative approach to malaria prevention, the Family Health Empowerment Intervention Model towards Prevention and Control of Malaria in Brgy. Danglas, Danglas, Abra. The vision of this project is to control the spread of malaria through early prevention and prompt treatment. Before the project's implementation, malaria control and prevention was a vertical project. Prior to the devolution, the program stems from the national to the regional to the provincial level. Everything then, needed to be done in the provincial level. DOH people go to barangays, conduct blood canvassing, test the blood samples, and bring back to the barangay the necessary medicines.

All services in this program are centralized in the provincial level. With the ENHRP supported project, however, the people from the community are educated as to how they could determine the possibility that they have malaria, and consequently access health services to address the problem.

Brgy. Danglas has a total population of 338 as of April 1997. The people of the barangay are called Tingguians or Itnegs. They observe rituals and practices that are considered to be unique to the tribal communities of Abra.

According to the FGD participants, the proponents of the malaria project, who were identified as "from U.P.", first went to Danglas on February 6, 1997 for blood smearing. Due to the project endorsement from the barangay captain and the town mayor, a lot of community members came for blood smearing; many cases tested positive. They provided treatment for those who have already been infected; and started conducting training seminars.

The project has different components: entomology, medical/clinical, and socio-behavioral- nursing. Families were encouraged to join trainings on the symptoms, treatment, control and prevention of malaria. From the list of 65 families in the area, 43 were identified as priority families, these are the families where one of the member has or had malaria. Though some families are not part of the identified priority ones, they still got involved in the project.

Those who finished the training became known as the Family Work Groups, they are in- charge of a set of 3 to 4 families each. If someone from the set suddenly became ill with malaria, the family work group leader is tasked to take care of the patient. Each Family Work Group undergoes family empowerment exercises as part of the members' training. They are also given trainings to develop their skills and knowledge on the following aspects: identification of symptoms, conduct blood smearing and reading, treatment process, and self- protection measures. Embedded in the trainings are capability/competency building exercises, practice sessions, and discussion of experiences.

Community members were also involved in the collection of data for the project research. Volunteers learned to collect mosquito samples; they learned to chose what type of mosquito should be included in the sample. Community participation was also

tapped in the prevention of malaria through clean-up drives. Rain or shine, every Tuesdays and Fridays, people assigned are expected to clean the roads, the river and the stream; to control breeding places of mosquitoes. Other trained members of the community also help the barangay health workers in conducting blood smears, check-ups and in following –up treatments. On their own, the community members conceptualized and implemented the observance of Malaria Awareness Day. This was like a feast, where everyone actively participated. While people queue for blood smearing, parallel health education campaigns, through role playing and quiz bees are going on.

So far, the community's involvement in the malaria intervention program, has extended in other barangays as well. The community members of Danglas, who have actively participated in the project have already conducted trainings in nearby barangays - Damulog, Nagaparan, and Bagombong.

## 2. Non-Formal Nutrition Education for Buhid, Mangyan Children, Mindoro

The project aims to teach proper nutrition among the Buhid Mangyan preschoolers. The Buhid community is a Mangyan trib that dwell in the lowland of Mindoro. The main participants are the mothers who were organized as the Samahan ng mga Kababaihan ng Buhid and the preschoolers. The mothers were given lectures and information on the proper nutrition of the preschoolers and in turn imparted these to the preschoolers using the Buhid Script and started a feeding program. The mothers documented the weight increase of the children and eventually managed the program for the community (See Box 2)

### **BOX 2. COMMUNITY PARTICIPATION IN A NUTRITION PROGRAM**

The project of ENHRP in Bo. Batangan, Bongabong, Mindoro is known as the BUHID-MANGYAN Nutrition Preschool Education. This started in 1997 and ended in early 1998. The program was initiated by a lawyer who heads an NGO that was formerly connected with the DENR, and who also has an existing project in the same area. The DENR group decided to extend services in other aspects aside from environmental concerns. With this in mind, they targeted the health issue and tapped DOH for this. Since they identified malnutrition as a pressing concern in the community, they first contacted the Nutrition Division of the said department; ENHRP was then tapped for assistance in funding the project.

The Buhid community is a Mangyan tribe that dwell in the lowland of Mindoro. There are approximately 300 families comprising the group living geographically near each other, though a few families live in the upper parts of the hills. The community members recognize several organizations in the area. The first one, is the “barangay” which is headed by the barangay captain and the “kagawad”. The second one, is the Sadik Habanan, an organization that aims to address issues on land ownership, environment, livelihood and education. The third one is the Samahan ng mga Kababaihan, which was the partner of the ENHRP in the aforementioned project. The fourth one, is the religious organization which they call as the “misyon”; this organization is not only involved in evangelization, but also in providing free

education

The perceived primordial health problems in the community are: water, sanitation, and malnutrition. The community members address these issues through constant dialogues with other members of the group, health education from various organizations and lobbying for help and funding from government agencies.

The project, Buhid- Mangyan Nutrition Preschool Program, aims to teach proper nutrition among preschoolers in the area. The main participants are the mothers, who are organized as the Samahan ng mga Kababaihan ng Buhid; and the preschoolers. The lectures and application of the information taught are incorporated in the three pre-school classes everyday. There are approximately, 20 students per class and the teachers are the mothers themselves. The mothers underwent a seminar- workshop held by the DOH- Nutrition Division before the project formally started. They learned basic facts on nutrition and health related issues in the said activity. They were also taught methods of imparting these learnings to preschool children.

Another aspect of the education program is the feeding program. The diet program that they follow in this feeding time is approved and also suggested by the Nutrition Division of DOH. Some types of food, present in the community's diet were also assessed and approved by the nutrition personnel.

ENHRP was tasked to look after the expenditures of the program and how the funds are utilized. People from the ENHRP taught the mothers on how to do bookkeeping. Though the Buhid mothers are the ones who decide where the money should go, ENHRP sees to it that the appropriations are essential to the project. ENHRP also sees to it that they get feedback from the mothers on the progress of the project, by requiring them to submit reports documenting their expenditures, the weights of the children, and the continuity of the education of the children. From time to time, the Buhid Mangyans hold meetings headed by their council of elders to discuss pertinent issues and problems plaguing the community. The proceedings of these meetings are all included in the reports submitted to ENHRP, to inform DOH of the issues and to ask for help in dealing with the issues.

According to the key informant who was involved in this project, ENHRP could be seen solely as a donor and overseer in the implementation of the program. The mothers are the main implementors of the program. They were the ones who identified the problem of malnutrition, who developed and implemented the program, who evaluated the process, who recorded their progress, and who submitted reports for the monitoring of ENHRP. Decision making was also done by the community themselves, headed by the council of elders and the leaders of the Samahan ng mga Kababaihan.

### 3. Research and Action Toward Community Health (REACH), Institute of Primary Health Care , Davao City.

The aim of the project is to mobilize the people's active participation in health and social development by providing intensive training in participatory action research to physicians working in depressed municipalities in Southern

Mindanao. The training participants developed proposals for participatory action research projects which was partially supported by the ENHR. (See Box 3)

### **BOX 3. The Institute of Primary Health Care (IPHC), Davao City**

The Institute of Primary Health Care is a unit within the Davao Medical School Foundation (DMSF) working in the field of community participatory development since 1978. Over a period of two decades the institute has worked in 300 villages throughout Mindanao.

IPHC as the community service arm of the Davao Medical School Foundation (DMSF), aims to built just, peaceful and healthy communities where health is defined not only as the absence of disease but also as a state where there is prosperity, moral integrity, gender equality and a deep concern for the environment

#### ***TYPES OF PROGRAMS & PROJECTS:***

##### **1. HEALTH**

- Training & Mobilization of (Barangay Health Workers) BHWs
- Gender & Reproductive
- Operation of Satelite Clinics
- HIV/AIDS Education
- Responsible Parenthood/Population Development
- Water System Development

##### **2. SOCIAL INFRASTRUCTURE-BUILDING & STRENGTHENING**

- Community Organizing-Participatory Action Research
- Cooperative Organizing
- Capability-Building
- Institutional Strengthening
- Gender & Development

##### **3. RESOURCE TENURE DEVELOPMENT**

- Agrarian Reform
- Stewardship Contract for Inland Farmers
- Community-Based Forest Land Management

##### **4. LIVELIHOOD**

- Social Credit
- Micro-Enterprise Development
- Financial Management for People's Organizations

##### **5. TRAINING**



- Installation of Minimum Basic Needs (MBN) Approach
- Local & International Courses

## 6. EDUCATION

- Sponsorship of poorest children
- Early Childhood Education & Development

4. Intersectoral Community Participation Intervention Programs Targeting the Health Problems in Region 9: Health for More by the Year 2000. Zamboanga (See Box 4)

### **Box 4. Partnership between the Academe, the National Government and the Local Government Units towards Intersectoral Collaboration.**

The “Inersectoral Community Participation Intervention Programs Targetting the Health Problems in Region 9: Health for More by the Year 2000” project is a collaboration between the Zamboanga Medical School Foundation, the Pediatric Research Center for Mindanao, the Local Government Units in Region 9 and the Regional Health Office of the DOH. The objective of the project is to utilize and evaluate inter-sectoral community participation as a strategy in the identification of intervention programmes for priority health problems in six underserved areas in Region IX. The project was developed as part of the Primary Health Care Development Programs for Region 9 under the coordination of the DOH Regional Office.

Medical students enrolled in a problem-based medical curriculum were assigned to work in underserved municipalities in Region 9 and develop action plans for priority health problems. Local Government Units host the medical students in their Rural Health Units (RHU) and the students in return assist the RHUs in the delivery of health services and planning the local health system. Community participation is a strategy the students learn in medical school and use during their stay in these rural areas. One of the members of the National Advisory Group, Dr. Angelito Manalili, is a visiting lecturer on community participation to the Zamboanga Medical School Foundation.

In all of the projects that were included in the study, the community participation element in their researches came from the interest and experience of the proponent. They did not comply with any criteria on community participation nor were they asked to use participatory strategies in their project. It was only the project in Zamboanga which prepared its proposal within the framework of Primary Health Care. The Zamboanga project was supported primarily through the Primary Health Care funds of the Regional Health Office.

### **C. Research Process**

The research process included other aspects, as well, such as the briefing and debriefing of researchers, the categorization of responses and the analysis of data.

The researchers who were involved in the study are social scientists who had training in research processes and methodologies; most of them had experience in handling studies in the area of health. To prepare the researchers in the conduct of the study, they were asked to attend a briefing on the research methodology. The briefing included a discussion on the following:

- Overview of the research
- Research methods and tools
- Categorization of responses
- Analysis of data
- Ethics of research

The different requirements from the interviewers, FGD facilitators and co-facilitators were also outlined in the process. Clarifications and queries on the research were also entertained and addressed. Suggestions for improving the research process from the researchers, were also noted and considered.

After the pretests and after the interviews and FGDs, the interviewers, facilitators and co-facilitators were debriefed. The debriefing process included a discussion on their experience in the field. The following were given importance in the discussion:

- Feedback on the research methods
- Discussion of research results
- Discussion of research experiences (e.g. problems encountered, ways of dealing with the problems, approaches to the research process, etc.)
- Recommendations from research participants and researchers from the field

The briefing was done to acquaint the researchers on the objectives and background of the study; and to prepare them on the requirements of the process of data gathering. On the other hand, the debriefing procedure was conducted to enable the researchers to provide feedback on their experience in the field which could serve as bases for improving the research process. Furthermore, the debriefing process provided an opportunity for the researchers to deal with the problems they have encountered in the process of data gathering, which may have triggered some personal issues.

### **D. Categorization of Responses**

Most of the interviews and FGDs were taped and transcribed, except for one, where the tape recorder bogged down. For the latter, a detailed summary was provided by the interviewer.

The raw responses of the research participants were then identified and categorized using the KJ method. The KJ method is a sorting technique for qualitative data, to arrive at categories that will accommodate the responses of the participants. A team of five individuals familiar to the study and the respondents cognitive framework do the sorting through consensual validation of the organization and categorization of the data.

The categorized data from the KJ method, were presented to the National Advisory Group and to the participants of the national workshop, including respondents of the research, for further validation and analysis. The comments and suggestions of the National Advisory Group and workshop participants were incorporated in this final report.

### **E. Coding of Interviews and FGDs**

The following codes were used in the collation of the data. The codes will be constantly be referred to in the discussion :

#### **Key Informants – Program Level**

1. Ms. Almalou dela Cruz	AFPSM6
2. Dr. Elizabeth Matibag	AFPM4
3. Dr. Jovencia Quintong	AFPM
4. Ms. Remedios Paulino	AFPM2
5. Dr. Rosemarie Arciaga	AFPM1

#### **Key Informants – ENHR Consultants and Advisers**

1. Dr. Leda Danao	BFC2.5
2. Dr. Gelia Castillo	BFC
3. Dr. Medadora Saniel	N5
4. Dr. Andres Galvez	N6

#### **Key Informants – NGO**

1. HASIK	AFM2
2. IPHC, Davao	AFPC15

Coding of FGDs are as follows:

Davao Community	DC
Davao Staff (IPHC Staff)	DS
Abra Community	AC
Abra Staff	AS

Zamboanga Staff	ZS
Foundation for Phil. Environment	
Mindoro Staff	FPES
Mindoro Community	MC

## **F. Analysis of Data**

The analysis of data will stem from the organization of the responses obtained from the triangulation of methods (i.e. document study, key informant interview and focus group discussion).

## V. RESULTS AND DISCUSSION

### A. Defining “Community” in ENHRP

*Definition of Community.* Tables 1 and 2 summarize the categories of the definitions forwarded by the key informants (KI-1 included ENHR Consultants and Advisers and KI- 2 involved Project Managers, Project Coordinators, and Project Staff members). Gleaning from these tables, one could surmise varying constructions of the term “community”.

One definition of “community” seen in both groups is the geopolitical definition, that is people living together in the same geographical location. These communities may be big or small, like a province or a barangay; the boundary of which is defined politically. As one key informant puts it : *‘Parang group of people na geographically...kahit dito matatawag na din na community basta may mga tao na tumitira sa isang community, geographically and politically defined ang mga areas na ito (AFPC15)’*. [A community is a group of people living in a geographically and politically defined area.]

Another dominant answer provided by the key informants is defining the “community” in terms of common goals, stand, interest, values, and problems . As one informant puts it: *“Definitely not geographic. It is really people having a common stand, interest, values, problems. It may be a women’s community, a religious community, a professional community. You can have one city with lots of communities in it (N5)”*.

From both groups, target beneficiaries as the “community”, was also considered. One interviewee from KI-2 responded : *“Yung target beneficiary, this is the particular community that we want to study, parang ganon (AFOM2)”*. [The target beneficiary is the particular community that we want to study.] Another interviewee noted, *“Mayroon kaming mga projects, na program pala,..this is our users perspective sa agriculture and research development, so ide-define mo kung sino ang users (BFC)”*. [We have some projects in agriculture and research development where define the who are and what are the perspectives of the users.]

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#### **BOX 5. A RESOURCE- BASED PERSPECTIVE IN DEFINING “COMMUNITY”**

In the process of gathering data on community participation, an interesting definition of the term “community” was posited by Dr. Gelia Castillo, one of the trailblazers in the filed of community participation. She proposed a resource- based perspective in defining “community”. Excerpts from the transcribed interview with her are reproduced below:

“Everything now is community- based: community- based help, community-based agriculture, and community –based management. So, I am asking there *na pagtuunan natin ang ibig sabihin ng community*. I had a graduate student, she did a very, very

good thesis on community-based management. It is more on identifying the stakeholders. In other words, you can have a resource – based community. So in other words, these people in a particular resource is important to a group of people. Then the resource becomes the basis for organizing community that's why we're community organizing. We should never assume that the community exists, because it could just be a collection of households. So what we need to know in research is what are the elements of the community? Well, as I say, we should be resource-based. The groups of people, for example, the stakeholders in the forest could form a community. AS a matter of fact, in order to enhance the status of the forest, you need to get all the stakeholders together. And that is where community organizing comes in. So it's resource based for one thing. You can also have maternal and child health. So who are the stakeholders in this? And then you can get them organized. I think that it is difficult to expect everyone will be interested. And then we also have a research community...Professional, intellectual, you know, interest. That's also a kind of community. There must ne some physical space where there is a sense of identity. Quite often, the element that exists is they live in the same geographic space, but they may not have common interest. Or they might have conflict. As a matter of fact, if this stakeholders quite often they might have conflicting interest, and that's quite difficult. Quite often, we know community as harmonious. Which is not usually the case...Not all stakeholders are located in the same geographic space. But they are very much parts in that community. Define the different roles of the different groups, because it's a whole system. That is why if you want to do away with this you've got to deal with everything. ...This is a more holistic view that it is not tied to the geographic space/ Some of these different communities overlap, depending upon what the interests are. Some communities are issue—oriented...Different sectors...now these sectors as in effect some kind of community...So how much of the common alia do you need, in order to pursue an issue or common interest?...So, *ang ibig sabihin meron* anchor with a group of people, and in the case of resource-based community with the physical setting.”

The two interview groups also defined community as individuals in disadvantaged situations, popularly known as marginalized sectors: “*Sino ba ang mga people na sinasabi? But this really started in NGO communities who were really working with the disadvantaged group. So pag sinabi mong people, we are referring to them. May mga low income groups yung nung araw yung major reference...(BFC)*”.[Who are the people we are referring to? This really started with the NGOs who were really working with the disadvantaged groups. So when we say people, we are referring to them. They are also usually the low-income groups.] Another response from the KI-2 group was stated in this way: “...generally, *ang understanding natin ang perspective ko for example, is that pag sinabing community , yung grassroots yung common tao, hindi yung intellectual...yung hindi ba parang ganon yung man of the street yung Juana dela Cruz; ganon ang pagkakaintidi natin supposedly (AFPSM6)*.”[... generally, our understanding and my perspective when we say the community, are the grassroots, the common people, not the intellectual type, the man on the street, the Juana dela Cruz type] The community in this light, could include, women, children, victims of violence, victims of disaster, overseas contract workers, sex workers, etc.

Another dimension to defining “community” is related to the presence of stakeholders with common interests and resources. This could be gleaned from the following statement: *‘Dito sa breastfeeding, , community of mothers, and the ones surrounding the breastfeeding, wala ibang stakeholders, so all the stakeholders of the breastfeeding program that I will call the community as far as the project is concern (AFPM6)’.*[In this breastfeeding program, the community of mothers and the ones surrounding the breastfeeding mother are the stakeholders of the program. I will call them the community as far as the project is concerned.]

Collective action towards a common goal was also considered in defining the term “community”. BFC from the first group stated : *“Common goal, common action, which is the goal of community organizing. Because if you cannot get the stakeholders to act in unison, you’ll never get what you want... itong collective action, kailangan talaga kasali lahat [... this collective action, all of us must participate]. And this is a very social from of community because this is acting together.”*

There emerged an ethnolinguistic definition of “community” based on the outcome of the interviews. From the KI-1 group, N5 discussed :*“Minsan ang kwan nila yung common dialect. May Bisayan community, may Waray community. Ilocano community.[Sometimes it is based on a common dialect, so you have a Visayan community, a Waray community, an Ilocano community.] If you speak that language, then you belong to the community”*. Language is also one critical factors that could define the scope or boundary of a particular community. The mode of communication used by a group is a factor, which is important in defining a “community” for some, like the Ifugao, Kalinga and Kiangan groups.

Cultural factors were also be highlighted in the definition of the community. This is particular to the KI-2 group. The cultural factor was identified as a key element in the context of the Buhid Mangyan group. This specific indigenous group presented the notion of the “community” as an entity, not bound by space or distance, but by the similarity in values, beliefs and lifestyle.

Another aspect considered by the KI-2 group is livelihood or work. A respondent pointed out that some people group together, and form communities, depending on the availability of particular jobs in a particular area.

The aforementioned constructions of the word “community” reflect a wide range of definitions starting from that which pertains to physical boundaries, to cultural economic, social and political characteristics or dimensions. These definitions, as illustrated in Figure 1, are based on the following aspects:

- Socio- cultural: People sharing the same language or dialect, economic activity, interrelated families, ethnic origin and experiences.
- Geopolitical: People sharing the same location, village, municipality; a physical space where there is a shared sense of identity.
- Sectoral: People having the same concerns and issues.
- Resource: People consider a particular resource as important to a group of people, the resource serves as a basis for organizing the community.
- Economic: People having the same economic status

All these factors, plus the sense of belongingness and identity, serve as a bases for defining the community.

In the focus group discussions among project staff members, the notion of the “community” included various definitions; and these definitions embody the meanings observed in the interviews. One of these definition is again, geopolitical, community being a part of a population, which is bounded geographically, and organized in the sense that a certain form of organization which could be formal or informal exists (AS; ZS). Another definition which emerged from the groups is the view that a “community” being a group of people sharing the same interest, having a particular problem, working for a particular solution; working for a common goal under a structure, and working hand in hand to reach the common goal (DS; FPES; ZS). Others believe that a “community” has to have a defining characteristic; like indigenous people, where they may not be together, but they may have a common way of life; so they also comprise a community (DS;ZS)

One member of an FGD group, however contended that a “community” could just be a group of people with in a particular area, and may not necessarily have the same needs. Participation among community members is believed to be a critical characteristic of a community (ZS). Another characteristic, according to the FGD participants; of a community is the presence of norms, these norms are perceived to be the binding force which keeps people in the community together (ZS). Common environment with common social, political and economic conditions were also identified as the boundaries of a community (ZS; FPES).

Communities according to the staff members could be small, like in the case of groups of households; they can also be big, like the purok, or the barangay etc. The FGD participants from the community also have the same notion of the community as the ones forwarded by the staff members.

In the Mangyan community however, “community” also entails *pagkakaisa* or oneness and unity, especially in times of illness. The term also comprises the notion of people following the regulations of a particular community. This conceptualization of the community is quite different from the ones summarized above and may have its bearing on the cultural characteristics of the above-mentioned indigenous group.

Another significant characteristic of the community as defined by the MC is that of having a *namumuno* or a leader, who is selected through a *pagtitipon* or *meeting*. For them communities do not have boundaries, people are believed to come and go, they may be in another place, but may not necessarily belong to a different community : “*Kunyari, ang sinssabing hangganan, dito po ay taga- Batangan, lang sa kabilang bundok ay ibang komunidad pero hindi naman masasabing hangganan kundi ibang lugar lang...(MC)*” [For example, people here are called ‘from Batangan (tribe)’, even if one moves to the next mountain or community, one does not cross that definition of being ‘from the Batangan (tribe).].

The various terms used by the participants as synonyms of the term “community” are: *sambayanan, komunidad, katilingban, barangay, purok, pamayanan, village, group of people and part of the population (AC;DC;AS;DS;ZS).*



Definition of Community in ENHRP. In defining the term “community “ in ENHRP; the above definitions were also given. But aside from these, there emerged among the KI-1 group members the following defining characteristics: one, is political structure (“*there should be a head, because for me, its an organization, parang organization (N6).*”); two, sense of identity, (“*different sectors, now these sectors are in effect some kind of community. It means that this sectors will not be. But a sector is more impersonal, in a community, there must be a sense of identity. It means that these sectors will not be*” (BFC); third, objective of the research, “*I think, depending on your research sometimes. You can define community as it is, for the purpose of the study(N6)*”.

In defining the boundaries or scope of communities in ENHRP, KI-1 discussed target beneficiaries, geopolitical, stakeholders, boundary and extent of the community is dependent on the objective of the research., ethnolinguistic characteristics, and common interest, stand, values and problems of people.

Among the responses of the KI-1 group, awareness of community needs and problems, are believed to be critical factors; “*kasi para sa akin, part ako ng community, kung unang tanong pa lang sa akin, let’s say, ano ba ang problema? O let’s say sa isang health center anu ba yung pinaka problema dito sa community, namasasabi mo kaagad na ano yung needs mo kailangang mo, para sa akin yon.*”[*I consider myself as part of the community. If they ask me in the health center of the priority problems in this community, then I can immediately tell them my needs.*]

Communities according to one respondents are also defined in accordance to the recognition of non-political leaders: “*minsan sa community not necessarily na formal leaders and nagle-lead sa kanila minsan they listen mopre to informal leaders ..meron talagang kinikilalal na mga elders.*”[*sometimes, it is not necessarily the formal leaders who lead the community, some people listen more to the informal leaders... they are often times the recognized elders in community*]

What then are the most common definitions of community in ENHRP? Based on the definitions utilized in ENHR, the following were considered: geopolitical, target beneficiaries, and livelihood. Three informants from the KI-1 group stated that there are difficulties in defining the community in ENHR projects because, oftentimes there are no boundaries involved, it really depends on the nature of the project (AFPM1; BFC2.5; N5).

Among the ENHR projects cited by the interviewees and discussion participant, the most common definition observed was that of the geopolitical nature. This poses problems, because there may be people living in a particular place but who do not believe in the same thing, same values, or same problems.

Based on the FGD results, most of the groups also believe in the concept of shared goals, and problems, as defining the community. So that even if a person is considered an outsider, as long as he/she is involved in the activities and concerns of the community, he/she is a member of the community.

Defining the Scope / Boundaries of the Community in ENHRP. Based on the responses of the interviewees, one of the criterion utilized in defining the boundary/scope of a community in ENHRP is geopolitical: *“Usually pag tinitignan natin yung community, tinitignan natin yung geographic boundary na ito community usually sa atin barangay or purok neighborhood di ba? Ang pinakamaliit nating community siguro is yunbg purok o sityo, yung nakacluster regardless kung ano ang yung religion nila iba-iba pero nakacluster sila isang area that is usually the administrative definition natin, political (AFPM2)”*. [We usually define the community in terms of the geographic boundary, barangay(village) or purok(section) of the neighborhood. The purok (section), regardless of their religious beliefs, is probably the smallest administrative unit.] This is also reflected in the following definition provided *“ May mga boundaries yan sila, di ba? And the boundaries define the areas nila tapos meron silang group of officers (AFPC15)”*[Isn't it that they have defined boundaries? And the areas defined by the boundaries have their own group of officers.]

Aside from the abovementioned definition, communities are also delineated based on their ethnolinguistic groupings, *“siyempre sa communication papano sila magkakaintindihan kung they do not speak the same language at saka yung culture nila, norms ano yung nasusunod nila, dialect or language is very important because they communicate with each other (AFPM)”*[Of course if they don't speak the same language and understand their culture and norms, it will be hard for them to communicate.].

Kinship ties and geographic location also influence the definition of boundaries: *“Hindi naman masyadong magkakadikit sila pero kunwari dyan ang isa, tapos nandiyan din ang isa, tapos interrelated sila sa family relationships (AFPM6)”*[The families might be clustered or not but they are interrelated through family relationships].

Another defining factor are target beneficiaries and basic sectors. On the first one, we have the following response: *“yung target beneficiary, this is the particular community that we want to examine, parang ganon (AFPM2)”*. [the target beneficiary is the particular community that we want to examine] On the last factor, one forwarded that *“persons doon sa community like dapat mayroong representative yung labor parang ganon dapat may representative, sa youth may representative, sa mother pag nakuha mo na ang mga like sa consultative meetings you've got representatives from those groups, within any given siguro community and its geographic area yung yung nasasaisip mo na uy! Represented na yung community may community representation yan, may community voice na (AFPM2)”*[the different sectors should be represented, the labor sector, the youth sector, the mothers. If you are able to get the representatives to attend the consultative meetings, then you have community representation, the community has already a 'voice'].

The boundaries of a specific community are also reflective of the jobs or source of livelihood of the people in a particular site, *“kamukha sa resettlement area, they might be having the same culture ano nandiyan sila lahat but minsan they are, availability of jobs gaya sa mining area..yung similarities ng work (AFPM)”*[just like the resettlement area, they might be having the same culture because

*they stay together, but often times they are there because of the availability of jobs, say in mining areas, they have similarities in work/jobs]*

Membership in disadvantaged groups or indigenous group, somehow also define the boundaries of a particular community. *“Marginalized kasi the health programs mostly ang target nila is mothers and children sa reproductive health (AFPM)”*; *[the health program targets are the marginalized groups, like the mothers and children for the reproductive health program]* *“isang community din yung urban poor let say kasi yon base on a lot of indicators ba ang community mo kasi itong area na to urban poor kasi may indicator sila (AFPM4).”* *[the other community is an urban poor community which is based on a lot of indicators]* *“Eh, isang lugar sa Mindoro parang tribe, unlike doon sa malaria prevention isang town involve yung mga baraggay; parepareho tayong Mangyan sa isang komunidad tayo (AFPM4)”* *[In one place in Mindoro, the community is composed of members of the Mangyan tribe, unlike in the malaria prevention program, the whole town is involved.]*

One respondent stated that its difficult to define boundaries since there a lot of factors that cross over, and are related to the results that you get (AFPM1).

## **B. Defining “Community Participation” in ENHRP**

*Definition of Community Participation.* Based on the results of the interviews and the FGDs, the following were associated with the term “participation”:

- Involvement in activities and programs
- Achievement of common goals
- Empowerment

The participants in the FGDs of staff members posited that there are different forms of participation. It could start with involvement in an activity, or project; and could emerge into involvement of sectors working toward a particular objective or direction, each one realizing the importance of one another and the strengths of these areas that may be tapped to maximize the output or whatever needs should be attained (AS;ZS;FPES). Involvement, ideally should be in all aspects and stages of the project (AS;ZS;FPES).

In the area of research, participation could start from the identification of the research problem, development of research protocol, until its evaluation and implementation. Oftentimes however, involvement comes in only at the phase of data gathering; *“Component kasi yung baseline data tungkol sa lamok, ang participation ng mga members ng community, malaki ang bahagi dahil sila ang nangongolekta ng mga lamok tuwing gabi kaya alam na alam nilang gawin at alam na alam din nilang manghuli ng balabatik ...kasama rin sila, dahil tinuruan silang mag- blood smear, hindi lamang para sa research kondi para hindi lang baranggay health workers and aasahan ng mga tao, kundi marunong ng mag- blood smear (AS)”* *[The participation of the community in the collection of the vector and in the blood smear (specimen collection is a component of the project. They are*

*trained not only to become part of the research but also to assist the barangay health workers in the specimen collection].*

In one research, community participation was tapped in various phases of the study, based on the perceived capability of community members : “*yung community, na- involve mo sila sa process, from the research in situational analysis up to kasama na dyan yung conduct ng mga research then sa planning, orientation, monitoring and evaluation, kaya sa research meron ding research team kung sino diyan sa members ng community na mayroong ganong capability...(DS)*”[ *the community was involved in the process, from the research in the situational analysis phase up to the planning, orientation, monitoring and evaluation, so some members of the community also developed those capabilities*]

The participants in the FGD believe that community participation does not only mean getting people to attend meetings, but getting them to analyze problems in the community. Furthermore, it is important that the community share resources like water, labor or financial assistance in the implementation of the project (DS).

Among the Buhid Mangyans , community participation also include *pagpapalitan ng kuro- kuro* or exchanging ideas; *pagpapalitan ng kaalaman* or exchanging knowledge an *pamamahagi* or sharing. It t through these processes according to the participants, that *pagtutulungan* or *bayanihan* (cooperation) emerges. The end product of which is *pagkakaisa* or oneness and unity (MC).

The abovementioned concepts of community participation, were derived according to the participants, from their experiences and from the writings they have read on the following topics: participatory action research, community organizing, community immersion/involvement/integration, the primary health care approach and social mobilization.

The other terms used in place of the word “participation” are: *pakikilahok* (joining in), *pakikipagmaisa* (being one with), *partisipasyon* (participation), *pakikilambigit* (joining in), *pag- apil-apil* (joining in), *bayanihan* (cooperation), *pagtinabangay* (joining in), *alayan* (helping), *ayudahan* (helping), *kabalikat* (one that you could trust to help), *kakampi* (one that is on your side), and *kapit bisig* (hold hands securely). For the MC, another term for community participation in their native dialect (Buhid) is *igbamadugan*, which means exchange of ideas. Gauging from the variations in words and meanings associated with participation, it could be stated that participation entails different processes, levels and dimensions among community members.

Definition of Community Participation in ENHRP. For the KI-1 group, community participation in ENHR projects entail five aspects:

- Active involvement in all activities/ programs, including identification, promotion, implementation and evaluation
- Empowerment involving planning, implementation, decision making and financial support
- Collective action
- People- oriented not just technologies and expertise

For the KI-2 group, the following were made salient:

- Community involvement in all processes (i.e. definition of the problem, data gathering, analysis, planning and implementation of the program)
- Elements of community participation: priority setting, awareness of the problem, implementation and sustaining the program.
- Contributing in solving the problem
- Mobilization of people concerned toward a certain goal.

Going into the experience of staff members, the following were considered to be indicators of community participation in ENHR projects:

- Research

*“ Maraming aspeto ang participation, meron yung sinasabi nila participative research...meron yung parte- parte lang silang sinasalihan, kalimitan ang parteng sinasalihan nila e, implementing kung ano ang nasa research, na – implement ito, meron silang ganitong experience, ...sila ang nangongolekta ng lamok...tinuturuan na sila kung paano mag-blood smear... (AS).”[There are many aspects of participation – some are totally participative researches, some encourage only segmental participation. More often, the research design is already given, participation is limited to the implementation of the project. They have that experience ... they collect the vector.. they are also taught how to do the blood smear]*

*“ ...the students did a survey- house to house, trying to find out how many people are living in the house, how many families, the source of income. Afterwards they called a multi- sectoral meeting with the people. So all are called to the barangay hall, and this is facilitated by the students. However the problems that they gathered in the survey were related to the local government officials. So the barangay officials were made aware of the problems. So they will call a meeting and there will be a brainstorming among the people, lahat, multisectoral and identified problems and on what they can do about the problems. So it's the idea of the people, the student facilitate...(ZS)”.*

- Operational

*“Yung mga problem doon, may illegal logging yung project ng DENR na involve sila ron, ngayon pagpasok namin, gusto nila i-organize ang community para may mag- protect doon sa forest, ang participation ng community doon, nagbuo sila ng patrol, patrolling the forest para wala na ang mga illegal loggers, tapos may mga policies guided sila; may na- invite kami sa DENR na sila yung nag- guide, pero yung policies nanggaling mismo sa kanila (FPES)”.[In the DENR project, they had a problem with illegal logging . We were asked to organize the community to protect the forest. The participation of the community was to form patrol teams that will protect the forest from the illegal loggers. They were also assisted by DENR to develop their own policies, and these policies came from the people themselves.]*

*“Sa pag- identify ng sponsorship...gusto mo eskwela pero wala pera kasi nakita nila na talagang mahirap lang sila, nakita namin ang dahilan ay*

*ang walang edukasyon... sa sa pag- identify ng sponsor, ay yung pinakamahirap talaga ang priority; yung mga tao mismo sila ang naglabas ng criteria sila din ang nag- interview at nag- validate doon sa pamilya...(DS)".[ In the identification of those who will be sponsored for school, the people themselves set the criteria and will do the interviews and validate the situation of the family]*

*"For Labuan, their basic problem is economic; so yung nabanggit kanina, more on seminar workshops, toilets also. So they worked in collaboration with DOH for the toilet bowls...(ZS)".*

*"In Labangan, one of their problems is community organizing; so we were able to organize the community. So they developed the core map, para multisectoral to address their problems. One of the problems was health education...the students approach this through "teatro", wherein the students in the community were tapped to assist them... (ZS)".*

*"In Ipil, the health workers are the ones doing the health teachings already.*

*Initially, it was the medical students and they were taught by the medical students how to do health teachings. So eventually, sila na lang ang [they were the ones who conducted the health teaching] nag- health teaching ngayon. They are using the charts given to them by the students. So eventually in the end, sila talaga ang nagtuturo[ they were the ones teaching] and not the students anymore ZS".*

Among community members where ENHRP projects are present, the term community participation is associated with "being a part" of activities of the project. There should also be oneness as community members working towards a particular goal (AC;DC). The various definitions of community participation in ENHR projects, as viewed by the community members and project staff members are summarized in Table 3.

**Table 3. List of categories for the definition of “community participation” in ENHR projects.**

- Collective action
- Mobilization of people concerned toward a common goal
- Contributing in solving the problem
- Active involvement in all activities and programs (i.e. identifying, defining, prioritizing, data gathering, analyzing, planning, implementing, and evaluating the program)
- Empowerment
- People oriented (not just technologies and expertise)

Defining Community Participation in ENHRP. For the K-1 group, the following were identified as aspects considered in ENHR projects:

- Consultative action, contribution of ideas on the relevance of the program
- Collective action towards a common goal
- Involvement is dependent on the nature of the project and which process needs participation
- Involvement in the form of active and direct participation
- Involvement in the different processes of the project.

One respondent of the aforementioned group stated that ideally community participation in ENHRP should not be relegated to mere solicitation of people’s opinion or consultation with the people. As much as possible, people in the community should have a stake in the implementation of the research project’s interaction so that it could be self- sustaining in the long run or when the project itself is terminated.

One member of the group stated that there is a need for ENHR to really draw up the guidelines for the inclusion of community participation in projects and researches; and emphasize the importance of including elements of community participation in project proposals.

For the K-2 group, the following were observed:

- Involvement of the people in the different processes of the project
- Involvement of the community depending on the nature of the project (involvement may be limited to only some of the process and to some community members only)
- Recognition of the capability to change
- Members have roles

Levels of Community Participation. The KI-1 group forwarded the following levels of community participation in general:

- Exchanging of ideas and finally managing the programs themselves
- Voluntary action and compulsory contribution
- Multisectoral, multigeographic and multidisciplinary
- Capability building and consultation
- Levels are dependent on the objectives of the study

One interviewee from the abovementioned group opined that during her term, community participation in ENHRP projects involves a “low level” of participation. She recalled that usually clinical type of researches have no or minimal community participation, while operational type of researchers have some form of community involvement.

Based on the responses of the K-2 group, the following are the perceived levels:

- Levels based on the different stages of the project: agenda setting, problem identification, identification of solutions, decision making, planning, implementation, providing counterpart action
- Levels based on the roles designated to stakeholders in the community: community members, community representative, policymakers, researchers, decision makers, etc.

The respondents believe that the highest level of community participation is achieved once the project is already developed by the community and they are able to manage and sustain it. It is only then, they believe that the term community participation has really been fully defined.

The abovementioned levels of community participation were also observed by the staff members who participated in the FGD. Based on their reports, oftentimes, the projects in the community are still instigated by organizations coming into the community, participation now is solicited in the implementation of the research or components of a project; and in maintaining the sustainability of the projects. Consultations on the nature of the problems that communities experienced are also held to make the projects appropriate to the needs of the people. According to the participants, the level of community participation, rest a lot on the capacities of the community and the resources available to the community.

The levels of participation that the MC group identified were based on the tasks and roles of the people in the community, as they relate to the program; “*may nagluluto, may nagtuturo ng umawit, may lecturer, may assistant lecturer*”[*there is a cook, there is somebody who teach the songs, there is a lecturer, there is an assistant lecturer*]. Level of participation was also based on the position of the people involved in the project: “*may pangulo, may pangalawang pangulo, may ingat yaman, at sekretarya, kaasi po iba iba ang gawain, tulungan po kamin tatalo*”[*there is a president, a vice president, a treasurer, a secretary, each one has a different task*].

The participants believe that the levels are not different; since the fulfillment of certain tasks are routinely distributed based on scheduling; “*parepareho sila, iba’t ibang schedule lang bawat araw...*”[*all have the same tasks, they just have different schedules during the day*].



Table 4 provides a summary of the various conceptualizations on the different levels of community participation.

<b>Table 4. Levels of community participation</b>	
<b><i>OBJECTIVES</i></b>	
1.	Research
2.	Service
<b><i>ROLES</i></b>	
1.	Community member
2.	Policy maker
3.	Decision maker
4.	Researcher
<b><i>STAGES</i></b>	
1.	Agenda setting
2.	Problem identification
3.	Planning
4.	Data gathering
5.	Project implementation
6.	Project decision- making
7.	Counterpart action
8.	Project evaluation

### **C. Assessment of “Community Participation” in ENHRP**

*Entry into the Community.* Participants to the FGDs of community members were asked to recall how ENHRP projects gained entry into their communities. One of the groups, AC stated that the community was selected based on the prevalence of the illness being considered, as well as the readiness of the community to participate. For the other group, however, people from the project conducted initial surveys among mothers and they were asked if they will be participating in the survey, once they said yes, they went right ahead and conducted trainings.

From the MC group, they reported that ENHRP gained entry into their community through Atty. Donna, who they stated worked with them in looking for solutions to their land problems and educational needs. They believed that the ENHRP project helped them in alleviating the plight of their malnourished children.

*Modes of Community Participation in ENHRP.* When asked as to the different modes of participation already observed in ENHR projects, the KI-1 group identified the following:

- Consultative mode
- Exchange of ideas and ends with the implementation and management of the program

- Contribution of resources

Among the interviewees from KI-2 group, the following were observed in the area of service delivery;

- Writing the proposal for the projects
- Identifying solutions
- Planning for intervention
- Decision making
- Organizing and implementing activities
- Recruitment of members and volunteers
- Training of other community members
- Evaluating the program
- Utilizing facilities provided to them
- Keeping and organizing records
- Implementation of the project by community members

In the area of research, the following levels were identified:

- Data gathering
- Analysis of data

From the FGDs of staff members, it was culled that the nature and level of community participation in ENHR projects depend a lot on the perceived capacity of the people from the community who will take part in the implementation of the project. In the malaria project in Abra, for example, the following was reported: “... *in terms of research participation ang mga antas ngayon ay mga baha-bahagi lang non, ganon partners, in certain aspect lalo na sa implementation ng research activities kaya ito bukod sa data collection na tungkol sa mosquitoes, ang participation nila dito, lalo na yung family work group, yung katulong namin doon sa pag-provide ng empowerment exercises...marunong na rin silang mangumbinsi, marunong na ring magdesisyon...kunwari sasabihin ng kapitbahay, ano ba ang gagawin ko sa problema, they can do the decision making which is part of their empowerment experience...may mga natatapos sa training, yung nakakatapos yon ang family work group, so sila yung in-charge sa set of three to four families...(AS)”[ .. *in terms of research participation, they have participate in the different aspects of the project, aside from the data collection, they provide empwermnt exercises in the family work groups, ... they c an convince their neighbors and make decisions on health problems – they c an do t he decission making as part of their empowerment exercises.. they a re in charge of a s et of three to four families in the family work groups*].*

The involvement of leaders, both formal and informal, was identified as a critical factor to consider in the assessing the level of participation in the community. In the ZS group, the people’s concern reached as high as the mayor, and other officers; people organized themselves and presented their concern to the LGUs. They also tried to involve the highest figure in their community’s issue.

In the AS group, it was observed that sometimes there is a need for a leader, a professional, from the community or an outsider to lead the community in participating in research projects or health promotion.

In the case of FPES, they sought community participation in the level of conceptualizing the project. They were not yet able to include the community in the level of evaluating the project.

When the groups were asked to assess the nature of community participation in ENHRP activities, they forwarded the following comments:

- Involvement of local officials: *“Dominant pa rin yung mga barangay officials pa rin eh, kasi halos lahat hg mga organizations doon pag may problema dumadaan sa barangay officials (AS)”*. [It is dominantly the barangay officials because almost all the organizations consult the barangay officials.]
- Conduct of research: *“... masasabi ko na active sila, nakikipag-participate as long as they know lahat ng data, alam nila kung bakit nila ginagawa, ano yung maatain nila kapag ginagawa nila ito.. (AS)”*. [... they actively participate as long as they know the data, they know why they are doing the research, and what will be attained if they do their part]
- Accessing resources: *“They went to the mayor to access resources...they try to bridge the highest rate of the community, in Labangan where it was well documented, they have the mayor and vice- mayor, the sanggunian, the local councilors and the LGUs. They even invited the priest to be there and some younger groups. Everybody aired their sentiments and came up with resolutions, the grassroots and we were also involved..(ZS)”*.
- Varying levels of participation. *“Iba- iba depende sa communities (ZS)”*; *“Ibang- ibang level meronng very active talaga na participants sa mga project activities (FPES)”*. [It varies depending on the community. There are different levels - some are very active in project activities]

In the area of research, the groups were asked, if the results of the researches where the community members were involved, were made known to them after the study. One group stated that these are oftentimes written and presented in papers (ZS). The DS group reported that this is included in the community consultations to validate data and the basis of the analysis. Another stated the need to come up with multisectoral meetings, where everyone is informed of the results of the study, especially in improving their welfare.

Referring to the community members accounts, participation in research activities is limited to gathering data and serving as guides to the community for researchers (AC;DC).

The community members reported that they were able to participate in ENHRP projects, after submitting themselves as volunteers (DC). The community members' group believe that they are heroes in their own right because of what they did: *“kami dito wala kaming natatanggap pero nagiging vayani kami, wala kaming pinagtapusan pero kapag magiging mayaman ang GMPC, baka mabayaran din ang oras dito (DC)”* [we did not receive anything but we became heroes, we did not finish any academic degrees but we were able to help. If the GMPC (cooperative) increases its earnings, we can probably have other benefits] .

Despite the spirit of volunteerism involved in the participation of community members, possible financial gain in the future is also one motivating factor.

In another community, participation was instigated since the community realized that there really was a problem, and that their participation is needed to avert the cause of the illness, in this case, malaria (AC). The staff also asked community members to take part in the collection of data, which also led to the involvement of the members in the project. Other activities initiated by the community members which provided additional support to the effort of eradicating malaria included: cleaning backyards, streets, and the river. They were also involved in training other community members on data collection and blood smearing. In the process, they were also able to organize themselves in groups, with particular leaders and tasks: “...*halimbawa ang isang lider, ang sakop niya kagaya ng asawa ko, isang baranggay council meron siyang tauhan na makakasama niya sa paglilinis...halimbawa yung street ang gagawin nila, tatanggalin ang mga bato ang mga dahon, kahoy idiretso para sa tubig, kasi kapag hindi dumiretso ang tubig, namamahay doon yung mga lamok, mangigitlog na doon tapos magiging lamok na yun pupunta na sa mga bahay nila kakagatin na kung saan.. (AC)*”.[.. for example, my husband who is a member of the barangay council, he has somebody with him in the cleaning of the streets to let the water flow freely, if the water stagnates, it becomes the breeding ground for the mosquitoes and might bite anyone.] In addition to the aforementioned tasks, the volunteers are also involved as health workers, when they see people who are sick, they take care of them, refer them to the BHW and conduct blood smearing to determine if he/she has malaria.

The AC group also reported that almost all members of the community are involved in the project; the youths take care of the cleaning and sports activities for the young; women take care of other women and livelihood; men take care of the farmers. Individual participation has its limitations, according to the FGD participants; sometimes people are able to join, sometimes they cannot because of certain reasons, so they just flow with this and don't expect too much. Participation, is also recognized, as a product of efficient information system within the community; specifically on the community's activities and how people could participate. If visitors are expected to arrive in the community for inspection, they also inform the community members about this, through word of mouth. If some sectors in the community were not informed, the volunteers make it a point to inform at least one of the members of these groups and provide feedback regarding the activities.

When community members were asked about their comments on the nature of community participation ENHRP has encouraged in the community; they unanimously agreed to the observation that the process helped them a lot (AC;DC). The aspects where improvements were observed, generally, involves the building of skills and capacities within the community, to cite an example, we have the following: “*magaling na siya, very active na po siya ngayon. Siya na ang leader dito at siya na ang namununo sa paghuli ng lamok..(AC)*.”[ he is now very skilled and very active. He is now a leader here and leads the group in collecting the mosquitoes ]

Furthermore, the community members recognize the contribution of the project in fulfilling their vision of their community, which is “health for all members”: “*kasi kami dito kinatutuwag namin na yung mga dumarating na nag-aano ng kalusugan sa*

*mga tao kasi kami dito sa barangay namin kahit mahirap kami, kung malusog kami, yong pangarap namin dito eh, vision namin dito sa aming barangay “barangay na malusog at hindi nagkakasakit (AC)”.[we are happy when someone comes to help us in our health needs because we want to have a healthy village, our vision is a health village] Through their participation in the program, community members also experience psychological rewards in helping other people and in being recognized by people who they consider have a higher status than them: “maligaya kami, bukod sa nakakatulong kami, nakikilala kami ng medyo hindi namin sila ka-level. Meron doon mga doktor kumbaga konti lang yung pinag-aralan namin sila meron pakiramdam ko lang, ang pakiramdam ko ay parang kapantay rin namin sila. (AS)”.[we are happy because aside from being able to help others, we feel that we become ‘like doctors’ even if we had very little education]*

In the case of the MC group, involvement in the ENHRP project was in various ways, like maintaining gardens for certain plants, teaching children to count and to write in Buhid; teaching children to eat vegetables and wash their hands. According to them, though funding has stopped, they were still able to sustain and maintain their garden and to continue meeting for the project.

The different modes of community participation in ENHRP projects are included in Table 5.

**Table 5. Modes of community participation.**

- Identification of the problem
- Looking for solutions
- Data gathering
- Analyzing data
- Writing the proposal for the project
- Keeping and organizing records
- Utilizing facilities given to them
- Planning for intervention
- Organizing and implementing activities
- Implementing projects on their own
- Doing the preparations for the activities
- Participating in activities
- Participating in training – workshops
- Selecting members / volunteers
- Training the other members in the community
- Decision- making
- Evaluating the program

*Critical Factors that Facilitate Community Participation in ENHRP.* The various critical factors in encouraging community participation in ENHRP are summarized in Table 6 . The results of the interviews and the focus group discussions, show two major aspects from where factors emerge: the project and the community.

**Table 6. CRITICAL FACTORS THAT FACILITATE COMMUNITY PARTICIPATION IN ENHRP**

1. Consultation of community members

2. Awareness of the problem and benefits of the project
3. Common understanding of the problem
4. Recognition that the project really answers the need
5. Strengthening ties with the members of the community
6. Acceptability of the project in the context of the community's cultural norm
7. Affiliation with gov't and CBOs already existing in the community
8. Involvement of trustworthy community leaders
9. Recognition of the importance of community participation
10. Freedom in the individual's choice to participate or not
11. Willingness of people to participate
12. Awareness of their capability for change
13. Fostering community's sense of ownership of the project
14. Providing satisfying learning experiences
15. Transparency in the conduct of the project
16. Feasibility, continuity and sustainability of the project

Among the factors pertaining to the project, the most frequently cited factors are: recognition of the importance of community participation in all aspects of the project; acceptability of the project in the community's cultural norm (and this includes religion); fostering community's sense of ownership in the project and feasibility, continuity and sustainability of the project.

The dominant factors concerning the community, based on the responses of interviewees and participants are: awareness and understanding of the problem, awareness of the community members' capacity to effect changes, and recognition that the project could answer the community's need or problem.

In addition to the abovementioned factors which facilitated community participation in the communities where ENHR projects are in place; another specific factor identified by community members is the congruence between the project's goals and one's family goals. The vision should be shared by the family, so that they will make an effort to learn the whole set of competencies and the practices needed to advance the objectives of the program. The goals might be shared by the whole community, but the recognition of these goals is still based on the family.

Another concept brought up during the discussion is the empowerment of the family, to effect changes in the community: *"pero may mga representatives sa family, so family ang orientation nong empowerment. Kahit kayo in a group, yon ang vision mo is the family, not the community, iyan ang sibi nila paano tayo lulusog kung meron namang sakit ang kapitbahay,...doon nagsisismula ang ideya na kailangang din silang tumulong outside the family (AS)". [the empowerment process is oriented to the family, so the vision is directed to the family and not the community. But people point out that we will not be really healthy if a neighbor is not healthy. This is starting point for encouraging them to help outside the family]*

Support from local leaders also facilitate participation, as reflected in this particular case ; *"Minsan when we were in Sibuco, we didn't finish the survey. It was already nightime. So sabi ng barangay captain - pumunta kayo sa bahay ko, at*

*doon kayo mag- survey. So the community members came and we interviewed them sa bahay ng Brngy. Captain (ZS)”[ one time we were in Sibuco, it was already night time but we didn’t finish the survey. The village leader asked us ti come to his house and we were able to do the interviews in his house] Another case goes: “...merong satellite clinic construction, yung nakita kong crucial factor, kailangan mong makuha yung support ng barangay officials, hindi lang yung support na mag- attend sila sa consultations at dialogue but as well sa yung support nila financially..iba talaga ang dating ng mga project ba supported by the local government unit from the municipal and sa barangay kasi yung sa municipal level nagbigay sila bnbg financial ng malaking pera, yung copunterpart nila sa project (DS)”.[ .. there was a project on the cosntruction of a satellite clinic and we knew that the support of the barangay officials were critical, not only in the consultations but also for financial assistance. We were able to get the support of the barangay and municipal officials who contributed money as their counterpart to the project]*

Aside from the abovementioned aspects, it is also important if the project staff are accepted in the community: *“Acceptance of the students by the community magaan sa loob nila..(ZS)”*. Furthermore, the perception that the program staff are organized and could execute changes is another important thing to consider: *“I think that when the students were there, they were organized, the people saw that this could be their support. Somebody is interested to listen, not to give them false hopes, sophisticated solutions. No promises were given. There are limitations, but the realization of the community effort (ZS)”*. Maintaining positive interpersonal relationships with members of the community is crucial in encouraging them to participate in the project, according to participants in the discussion. Some people stated that there is no greater “turn off” in any activity or project, than a staff member being unreasonable, impolite and irritable.



**Table 7. Identified critical factors that facilitate community participation.**

**ON THE LEVEL OF THE PROJECT:**

- Recognition of the importance of community participation in all aspects of project implementation
- Transparency in the conduct of the project
- Providing satisfying learning experiences among community members
- Acceptability of the project in the context of the community's cultural norm
- Fostering community's sense of ownership of the project
- Feasibility, continuity and sustainability of the project
- Involvement of trustworthy community leaders
- Affiliation with government and CBOs in the community

**ON THE LEVEL OF THE COMMUNITY**

- Awareness and understanding of the problem
- Awareness of community members' capacity to effect changes
- Recognition of the importance of community participation
- Willingness of community members to participate
- Recognition that the project could answer the community's problem or need

Consequently, the nature of relationship between the staff and the people in the community, could be an indicator of whether or not people will participate. It is important for the staff members to be trusted and to be perceived as sincere. *“Yung sincerity, yung trust... kung ano talaga ang kulay mo ipakita mo talaga doon para makuha mo ang trust nila kung pinagdududahan ka mahirap yon, and sigurado yung credibility namin sa IPHC is still there...(DS)” [ Sincerity and trust .. if people doubt your sincerity, they will not trust you. It will be very difficult. Perhaps IPHC still has that credibility].* Another response goes: *Yung sincerity mismo, binabalikan kami ng mga agencies ng local government...kasi doon nakatira yung staff, ang isa pa na factor sa organizing kasi from time to time transfer ka ng bahay para makita ka nila o makuha mo yung simpatiya nila sa project (DS)”[You have to show your sincerity because the agencies from the local government always go back to you and hold you accountable. The project staff also stay in the community so people see and talk to them even if they transfer their residence].*

The existing spirit of helping or altruism in the community was also observed to contribute to community participation: *“...nakikita mo sila, toka-toka sila sa bantayan yung fish cage ba ito ba yung time ng harvest ng bangus, tilapia, lahat sila nandoon, yung tulong- tulong spirit...sila ang magde- dispose from breeding hanggang harvesting nakikita mo talaga yabng buo silang nagtrabaho para doon sa livelihood, sama- sama sila (FPES)”[.. you see them taking turns in*

*guarding the fish cage, they work together from the breeding until the harvest of the fish (bangus, tilapia). You see the spirit of helping each other in this livelihood project]* Another case in point is: “*yung sa child... kasi nakita nila na maraming maruruming bata na palaboylaboy lang sa kalsada so nagpasa sila ng resolution sa barangay, yung governement nag- commit na magbibigay ng financial assiatance, pero sobrang tumagal so nag-decide sila ba sige magbayanihan tayo para madali..nagbayanihan sila kung hindi available yung husband, yung wife, malaking factor talaga ang support ng mga tao ... (DS)*”.[*they observed that there were a lot of street children who needed to be taken cared of, they passed a barangay resolution to that effect but they wer not able to secure government assistance so t hey decided that they will do the project themselves, if the husband was not available, then the wife participates, the peoples’ support to the project was a major factor]*

Sense of community ownership was also identified in the group discussion. This is mirrored in the following statement: “*...yung ownership kasi, kung sa kanila talaga ang programang iyon, minsan kasi meron silang problema, tapos sasabihim nila sa IPHC ito, sa DOH ito, pero kapag feel nila na kanila yun sandali lang yan. Sa Bonifacio, maniwala ka, sila yung pinakamalinins, parang one day lang ang kanilang bayanihan... (DS)*”[*... the feeling of ‘owning’ the program facilitates the conduct of community activities.. In Bonifacio for example, the people participated in a cleaning activity and finished the job in one day]*

Among the community members, one factor that fosters community participation is the belief that the project could uplift their status, especially, in the area of health (AS;DS).

*Advantages and Disadvantages in Encouraging Community Participation in ENHRP.* Based on the interview and FGD data, Table 8 reflects the various advantages or benefits of encouraging community participation.

<b>Table 8: Advantages of Encouraging Community Participation</b>
➤ Builds networks and linkages
➤ Project proposals get easily approved by the community
➤ Community will have a sense of ownership of the project
➤ Community leaders may have the opportunity to voice out the concerns of the community in a higher political arena
➤ Leads to more motivation in managing and continuing the project
➤ Project will have a greater impact on the community (i.e. problems are adequately identified and appropriate solutions will be formed)
➤ Community could become self reliant
➤ Stakeholders will be more receptive to the project findings

In additions to advantages already identified, another major contribution of community participation is having the community assume tasks which they could do more efficiently: *“like yong last collection, hindi na kami kasing pagod tulad ng dati, they have taken it upon themselves na sila na ang mag- oorganize at para mapagilisa ng coverage na kasi we want close to 100% coverage makuhaan ng dugo; alam mo nagsisismula sila the day before the actual day, para pagdating namain kaunti na lang...(AS)”*. [we were not as tired now as in the last collection, they have taken it upon themselves to organize, register the people. They even started a day before the actual/scheduled day so when we arrive, it was almost finished]

Another reason why community participation is important is the sustainability of the project: *“...when we go to the community, it is not forever that we will be there, so kailangan talaga na [it is necessary that ] people know what they could do...(ZS)”*.

Having members of communities participate contribute a lot to minimizing the time and trouble associated with disparaging opinions in the conduct of research or services (ZS). The absence of participation also affects the successful implementation of projects, how can one start a project, when nobody is willing to join in it (DS)?

According to the community members, community participation in ENHRP, also provides them with the opportunity to help other people and for them to be involved, and also learn in the process (AC;DC). They believe that community participation is the key to any succesful program; *“...maski na anong aktibo ng mga ENHR o DOH kung hindi naman magiging active yung komunidad, kahit na anumang sakripisyo yung ginawa nila at gusto talaga nilang tumulong kung walang partipasyon ng isang komunidad, walang mangyayri (AC)”*[.. even if the ENHR or DOH is active in pursuing a project, if the community will not participate, nothing will come out of the project].

Going now into the disadvantages of encouraging community participation in ENHR projects; staff members identify time (*“it takes time to have a consensus (ZS)”*; *“it takes time to mobilize, its difficult..(ZS)”*): *“sa amin participatory kami sa management, talagang ang tagal kasi lahat magsasalita ...(DS)”*. [we have a participatory management process, it takes time because everybody is allowed to speak]

On the other hand, people from the communities all agreed that there are no disadvantages of community participation (AC;DC;MC).

*Barriers to Community Participation.* From the FGDs, it was observed that the reasons for not participating ranges from work, how large the community is, accessibility of centers /venues, scheduling, priorities, economic reasons; and vested interest.

**Table 9. Barriers to community participation.**

- Work
- Accessibility / Distance
- Mobility
- Attitudinal problems
- Support

In the FGDs among community members, work demands and schedules, are major deterrents to community participation: “*Pag- aani mga kasama namin nasa ano sila yon siguro mga hadlang kagaya kung natatanim sila pero kung sa humahadlang palagay ko walng taong humahadklang (AC)*”[when it is planting or harvest season people are busy with farmwork].

The participants from the MC group believe that the lack of funds for the project and the lack of communication, somehow serves also barriers to participation.

Other societal situations were also cited as barriers such as, wars, killings, bombings; which threaten the peace and order in the community, a requisite for the development of community participation.

Political rivalries could also hinder community participation; like in cases when a particular leader endorses a particular project and he/she is not accepted by the community.

*Factors that Foster Community Participation.* A summary of all the identified factors that foster community participation, based on the interviews and discussions is presented in Table 10.

### **Table 10. Factors that foster community participation.**

#### ***Community:***

- Community's awareness of the problem
- Community's interest in resolving the problem
- Trustworthiness and dedicated involvement of community leaders
- Close community ties
- People in power should believe in the participatory process
- Interfacing of the different areas of government
- Community being output oriented
- Community being other oriented
- Community's ability to empower itself

#### ***Project:***

- Promotes sense of community ownership
- Appropriateness of project to the cultural milieu
- Satisfies the basic needs of the community
- Provides incentives to involved community members
- Provides training to volunteers
- Provides intensive educational programs
- Transparency in the conduct of the project
- Feasibility and sustainability
- Positive relationship between project staff/researchers and community members
- Absence of conflicting interests among project staff and community members

#### ***Others:***

- Religion
- Peace and order situation
- Accessibility of the target community
- Availability of financial assistance

Since leaders are considered to be major factors in fostering community participation, the participants in the FGDs were asked on what qualities the leader, both formal and informal, should have for other people to participate in the project. One key characteristic which emerged was the leader as a role model : *“they are role models, pag sinabi ganitong gagawin, sila ang unang gumagawa hindi lang nag-uutos, model sila wla silang probleme sa self- esteem, mga leaders na binibigyan nila ng acclamation yung mga members nila na yung award whether psychological or what binibigay niya doon sa mga kung sino yung na- involve.. (AS)”*[ as role models they should be the first ones to do what they expect others to do, they should have no problems with self –esteem, they should recognize or reward those who participate in the activities].

In addition to the abovementioned characteristics, leaders are also perceived to have the ability to be diplomatic, and are able to change roles depending on the

situation. They should also be able to handle activities and communicate effectively with the community members.

Another crucial characteristic of a leader are: his/her aura of enthusiasm, ability in providing direction, and s acceptability to the community. Furthermore, they should be recognized by the community.

A leader is also perceived as a doer: “..meron salita nang salita...siya yung action nang action, siya yung leader (ZS)”.[ *there are those who just talk and talk, the one who works and does the action is the leader*]

From the transcripts of the FGDs among community members, the following terms were salient in defining the characteristics of a real leader: *good follower, committed sa trabahol* [committed to his/her work], *understanding, mapagmahal* [loving], *masipag* [industrious], *sincere, binibigyan niya ng priority ang trabaho* [gives priority to his/her work], *magaling* [can convince people], *pananalig sa Diyos* [has faith in God], *attendance, and magsakripisyo sa sarili* [can do personal sacrifices] (AC;DC;MC). In the MC group, the characteristics of being *matapat sa pera* or honest /trustworthy when it comes to money , and *marunong tumanggap ng puna* or could accept criticisms were also identified.

Some members of the community believe on the other hand, that everyone of those people involve in the project is a leader, as long as they are industrious and committed to what they’re doing (AC).

When the groups were asked as to how they would select a representative from the community to be involved in an ENHR project, one posited selection through election (e.g. “ *they have an organization of mothers they have an election (ZS)*”). How the community responds to a particular person also serves as a basis, “*from the community, this is the one identified as the most likely representative, people from the project normally back up this person, doon sila nag-ko-coordinate, nagmomotivate. Ito yung kanilang liason to the community for calling meetings with the common tao together with the barangay health workers there and the midwife there (ZS)*”.

It was reported that oftentimes representatives are drawn from partner organizations, and are usually selected by the head of the organization (FPES:DS).

In the process of identifying the characteristics of the representative that they will choose, the qualities of a leader were also stated. In addition they identified the “*acceptance to go into a partnership*”, as reflected in the following excerpt: “*yung[this] acceptance, yung[this] willingness to go into a partnership, yung[this] acceptance na [that] I cannot do everything by myself ...parang[just like] they know that there things that they cannot do and there people who can do it with whom we can do this job,, para bang[just like having a] partnership...(AS)*”.

The representative should also be one who is active and has the ability to decide in behalf of the organization (DS;ZS). He/she should also be respected and accepted in the community.

For the community members, the same qualities of a leader, are the qualities that they would want their representatives to have.

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#### **D. Description of the National Context of “Community Participation”**

The forerunner of community participation was the concept of community development in the 1950s. According to the United Nations community development is the process by which the efforts of the people themselves are united with those of government authorities to improve the economic, social and cultural condition of communities to integrate these communities into the life of the nation and to enable them to contribute fully to national progress. Further, according to the International Cooperation Agreement, community development is a process of social action in which people of a community organize themselves for planning action, define their common and individual needs and problems, make group and individual plans with a maximum of reliance upon community resources and when necessary with services and materials from government and non-government agencies outside the community ( Einsedel, 1968, in Danao,1996)

Castillo (1983 ) in her review of people participation in the Philippine context, notes that the Community Development (CD) program was the first significant and systematic national effort to reach and deliver social services to the barrio while simultaneously enlisting the participation of the barrio people. She added that the CD program 1) was the first major attempt to mobilize the barrio and link it with the rest of the nation as a development strategy; 2) the organization and development of the barrio council as the channel for vertical and horizontal communication contributed to the political awareness and sophistication of the village leaders; 3) it initiated the tradition of professionalizing rural services and the study of rural development, and 4) it produced a cadre of trained and experienced personnel who became leaders of succeeding national development programs. (5. Castillo,1983)

The decades of the 60s and 70s witnessed a a myriad of development strategies and programs such as the production –oriented Green Revolution program, the Integrated Human Settlements Approach, Integrated Area Development Program, Cooperativism , Politically –motivated Sectoral organizing, etc. each with their respective community mobilization and participation components. Other notable models for community participation during this phase is the rural reconstruction movement which invoked community participation through its motto of ‘working for, by and for the people’.(8. IIRR,1993), the University of the Philippines Comprehensive Community Health Program (9. Campos, 1975) and the *Katiwala* Program in Davao City (In Galvez-Tan, 1987)

The health non- government organizations responded to the deteriorating state of the Philippine Health situation by developing Community-Based Health Programs (CBHPs) in the early 1970s. Communities became active participants in all aspects of decision making for and implementation of a health program. Non-professionals were taught preventive, promotive and some curative skills to become volunteer Community Health Workers (CHWs). The health NGOs offered another model of community participation in health programs which drew a lot of strength from the ly inspired community organizing efforts of progressive groups in the country.(10. Alfiler,1987).

#### **BOX 6. COMMUNITY PARTICIPATION IN AN URBAN POOR COMMUNITY**

HASIK is a nongovernmental organization concerned with projects geared towards greater awareness of housing and land facts, as well as health – related issues such as family planning, reproductive health, youth and women’s health and gender issues. This organization maintain community based programs in various communities, one of which is an urban poor community in Quezon City.

Five individuals from the community were asked to participate in a focus group discussion on their experience in community participation under the program of HASIK. The participants stated that the said NGO had a good number of projects in their community. Those mentioned included: seminar- workshops on youth and violence against women, early child care development and a day care for children 3 to 6 years of age.

According to one participant, HASIK was able to gain entry into their community through a community member. Because of one community member’s efforts, HASIK was able to gain considerable ground in their community. It seems that gatekeepers such as this person, were necessary to successfully enter a community.

The participants stated that after HASIK implemented the abovementioned projects, there has been a huge improvement in the life of the community. They said that, as if HASIK has replaced City Hall as the primary caretaker of the community. However, they said that they needed more youth and livelihood programs and they are requesting that HASIK try and provide those as well.

The facilitator asked the participants what “community participation” meant for them. They gave terms like “pakikisama”, “pakikiisa”, and “pakikihalubilo”. When asked how



they would participate, they said that mere attendance is already participation. However, they stressed that there should be “oneness” or “pagkakaisa” in participation. Further probing on what ‘community participation’ meant yielded the following responses: “may malasakit sa lugar” (concern for the community), “pakikiisa” (being one with the community), and working for the improvement of the community.

When asked how they participate, they said that they would raise funds for the day-care by passing around envelopes and asking for donations. They would also act as liasons for HASIK and would act as hosts, “bantay” or “tanod” for community events. They also considered attendance in seminars and monetary contributions as participation. When asked how the greater community would participate, they said that by attendance and through the local organization STANA. When probed for the kinds of participation present in the community, they gave the following: liason, contribution, information dissemination, decision making and attendance. The levels of participation were: 24 hours –on-call, midlevel(when called on and when there is time) and conditional (if the time and place are favorable).

The participants were asked to rate the level of community participation they observe in their area. One participant said around 80%, and the others agreed. They said that 100% is perfect, and they think that the community could do better. The participants identified the following factors as deterrents to community participation: lack of intent to help, lack of patience, “ningas cogon”, and unrealistic expectations and misconceptions about the project. One participant, gave an insightful metaphor: “Gusto nila ani kaagad, ayaw nilang magtanim at mag- alaga ng palay. Gusto nila ready to eat. Hindi pwede yun”. On the positive side, they identified patience and an open mind as facilitating community participation.

When asked how they could increase their level of participation, they said they need actual experience and that they wanted to be consulted on the problems which needed to be addressed in the community. One participant stated that as long as they will be given research tasks (e.g. interview, preliminary analysis, etc.) and as long as they would be trained to accomplish them, they were perfectly willing to fulfill their tasks. They said that to facilitate participation in the community, there had to be evidence that the projects are worth their while. “To see is to believe” was the phrase one participant gave for this.

The Philippines was a signatory to the 1978 Alma Ata Declaration declaring Primary Health Care (PHC) as a strategy to attain Health for All. This prompted the restructuring of the health care delivery system towards primary health care. The Ministry of Health at that time operationalized this in a nationwide scale by organizing around 39,000 Barangay PHC committees and training over 35,000 voluntary health workers. (11. Mercado, 1992) This served as the main institutional approach of introducing community participation in the health sector in the Philippines.

In 1992, the Philippine health care delivery system underwent a drastic shift with the devolution of health services from the national government to the Local Government Units (12. Local Government Monitoring Service, 1993). This shift also meant that communities have become closer to policy and decision

makers because the authority for governance now is at the local government level. This shift also makes it easier for local institutions to get the support and participation of local chief executives and leaders into community activities.(13. Batangan, 1996)

In 1993, the Department of Health initiated a National Health Planning exercise to formulate a 25 year directional plan for health covering the period 1995- 2020. It was the first long term planning activity for the health sector and the process was participated by national and local governments, non government organizations , the private sector and other health related sectors.(14. Department of Health, 1997). This provided an experience for a broad based multi-sectoral participation in the planning process for the health sector.

Another effort to institutionalize community participation is through the Minimum Basic Needs (MBN) approach or methodology being propagated under the Social Reform Agenda (SRA), a key program of the Ramos administration to address quality of life, sustainability and empowerment, specially of the depressed deprived and underserved sectors of the population. The MBN on the other hand is a package of strategies which is to permeate the different phases of the management processes of situational analysis, planning implementation and monitoring and evaluation (SAPIME), with the core requirements of the MBN as the priority consideration in local development.

The MBN approach which prioritized the primary requirements for survival, security and enabling needs. A total of 10 basic needs has been formally adopted by the Philippine government as the priority consideration to attain quality of life. To address survival requirements are such needs as food and nutrition, health water/sanitation and clothing. For security, the basic needs encompass shelter, peace and order/public safety and income/employment. For enabling purposes, basic education/literacy, people's participation and family care psychosocial needs are deemed important to attain survival and security (15.Bautista ,1998)

The MBN requirement for people's participation is that " family members are involved in at least one (1) people's organization/association, community development" and "family members are able to vote at elections" (in Bautista, 1998).

## **V. SUMMARY AND RECOMMENDATIONS**

Gleaning from the data generated in the research, it was observed that the terms "community" , "participation" and "community participation" denotes and connotes various meanings. The word "community" for example drew definitions ranging from geographical to socio - cultural and economic dimensions. This richness of the definitions of the term was also reflected in the respondents responses on how ENHRP has utilized the term in their projects. Whatever the basis for defining the "community" is, the respondents share the belief that individual

members within a particular community share something in common and are bound by a sense of belongingness and identity.

In defining the term “participation”, the respondents forwarded that the term participation also refers to participatory action research, community organizing, involvement, integration, community immersion, primary health care approach and social mobilization. Participation, according to them also entail involvement in activities, attainment of common goals and empowerment.

Most respondents felt that the term “community participation” is related to the nature and degree of involvement of the community members in certain projects. This is believed to be within the context of the objectives of the project, the characteristics of the community ; as well as the political, social, economic and cultural factors prevalent in the community. The ideal manifestation of community participation, based on the data, includes the participation of community members in the formulation of the problems and programs addressing the problems, to the involvement of members in the implementation and evaluation of the programs; with the end goal of making the community support the program as it becomes more sustainable. These different levels of participation were consistent with the categories and levels described in the literature.

Self-reliance and empowerment, according to the respondents, should be two of the major goals of community participation. These goals however, like the community participation process is used very broadly and loosely in the ENHR process. There are policy statements declaring the “active involvement of policymakers, health care providers and the community in the conceptualization, planning and implementation of research projects”, however there are no guidelines as to how this will be done. A review of the ENHR supported studies that fostered community participation showed that the interest and motivation for the community participation came primarily from the proponents. There were no guidelines which prompted or guided the proponents to foster community participation in their projects.

All the respondents believe that there are various levels of community participation. Based on the responses, one can generalize that the definitions of community participation as it was discussed by the respondents involve in ENHRP was culled from the experience of mostly, non-governmental institutions involved in primary health care, agriculture, indigenous people and participatory research. The definitions, however, did not differ whether community participation was within the context of conducting a research, implementing a development program, or providing services to the community.

The data showed that there is a broad range of definitions and concepts embedded in our culture for community participation however, the ENHR process is not able to tap into this very rich source of concepts and methods. The respondents to the ENHR interviewees mentioned primarily the geopolitical and ethnolinguistic definitions of the community but the community FGDs had a full range of geopolitical, ethnolinguistic, political, sociocultural and economic definitions for the community.

The identified factors promoting and barriers to community participation were consistent with the study of Alfiler on the factors that promote or deter popular participation. Alfiler also pointed to the Filipino culture as the source of a Filipino participatory ethic which will 'evoke popular participation among the Filipinos along the strengths and even the weaknesses of the Filipino Character.' An attempt was made in this paper to link community participation in the research process to the concept of "pakikipagkapwa", an identified core concept in the Filipino psychology. (See Box 7). This link into the psychosocial process of personal and professional interaction among Filipinos is being proposed as the starting point for discussion in the search for the 'Filipino Participatory Ethic'.

#### **BOX 7. "PAKIKIPAGKAPWA" AND THE RESEARCH PROCESS**

Dr. Virgilio Enriquez, the father of Filipino Psychology stated that human interaction is a highly valued aspect of life in the Philippines. For which reason, social interaction is an important dimension in the study of Filipino Psychology, social psychology, world view, and even, in social research. The level of interaction between the researcher and the participant in a particular community defines the nature of data generated and the degree of validity and reliability of the research process

The concept of "kapwa" is considered as the core element of Filipino personality; and the process of "pakikipagkapwa" defines the nature of human relationships and interactions. The word "kapwa" is the unity of the "self" and "others; it is a recognition of shared identity, an inner self shared with others. A person starts having "kapwa", not so much because of the status accorded to him by others, but more because of his recognition of shared identity. The "ako" (I/ego) and the "ibang tao" (others) are one and the same. The super-ordinate concept of "kapwa" embraces both the categories of "outsider" or "ibang tao" and "one of us" or "hindi ibang tao". All these levels-whether "ibang tao" or "hindi ibang tao" categories, may be grouped under the heading "pakikipagkapwa".

Enriquez, in 1977 wrote: Pakikipagkapwa is much profound and deeper in its implications. It also means accepting and dealing with the other person as an equal. The company president and the office clerk may not have an equivalent role, status or income but the Filipino way demands and implements the idea that they treat one another as fellow human beings ("kapwa-tao"). This means a regard for the dignity and beings of others."

The Filipino language provides a conceptual distinction in several levels and modes of social interaction. At least eight behaviorally recognizable levels under two general categories in Filipino were identified by Enriquez and Santiago (1976):

- "Ibang Tao" or Outsider category: Levels:
  - Pakikitungo (level of amenities and civilities)
  - Pakikisalamuha (level of mixing)
  - Pakikilahok (level of joining/participating)
  - Pakikibagay (level of conforming)
  - Pakikisama (level of adjusting)

- “hindi Ibang Tao” or One of us category: Levels:
  - Pakikipagkalagaynag-loob (level of mutual trust and rapport)
  - Pakikisangkot (level of getting involved)
  - Pakikiisa (level of fusion, oneness and full of trust)

The distinctions among the eight modes of interaction go beyond the conceptual and theoretical. These are levels of interaction which range from the relatively uninvolved civility in “pakikitungo” to the total sense of identification in “pakikiisa”. The different levels of interaction are also behaviorally different.

In the process of social research, Filipino researchers have observed that the same levels of “pakikipagkapwa” exist in the relationship of the research participant from the community. As the researcher and the participants relationship grow deeper from the level of “pakikitungo” to the level of “pakikiisa”; the nature of data he generates become more reflective of the way of life, values, beliefs and problems of community. The researcher, doesn’t remain as a researcher, but is now a co-member of “kapwa” of the community.

Not all researchers could remain in the community and be part of a community; however, all researchers are bound by this socio-cultural imperative, to treat the community members as their “kapwa”, their partner or their co-equal in the research process.

Looking at the national context of community participation, the respondents were asked to identify the societal characteristics and factors that foster community participation. Among these factors are the following: community’s awareness of the problem; community’s interest in resolving the problem; community’s ability to empower itself; project promotes sense of community ownership; project satisfies the basic needs of the community; and transparency in the conduct of the project. The involvement of community leaders somehow encourages the participation of the community. Making stakeholders work toward a common goal and vision, will also motivate the community into action. Lastly, showing the people that things could be done and that they will benefit directly from the project is one sure way of getting their involvement.

The following recommendations were culled from the data set and the consequent discussions of the different groups involved in the study. The recommendations were categorized into the following areas: Research Policy Implications, Recommendations for the Department of Health and Recommendations for Further Research.

## **RESEARCH POLICY IMPLICATIONS**

The results of the study points to very critical areas for initiating community participation in research and development programs at the national or local level.. The elements of and factors affecting community participation are essential considerations for policy makers and program managers specially with the problems the country is facing with the decentralization or devolution of health services to the Local Government Units.

Specifically, the findings of the study suggests the following areas for consideration when one invokes community participation:

1. Adoption of a broader definition of the community so that policies and programs conform and develop according to the nature and characteristics of communities
2. Define what a policy or program expects as form of participation from the community. In the same way, define what level of participation the host agency is willing and capable to handle.
3. Different programs or agencies intending to use participatory methods of research or program implementation should adopt a common framework or approach for community participation. This will ensure that the efforts exerted by the agencies concerned will eventually promote the goal of empowerment and self reliance.
- 4.

#### **RECOMMENDATIONS FOR THE DEPARTMENT OF HEALTH**

1. The ENHR supported studies should be made available to the main libraries and databases so that more people can access and benefit from its findings. Other means of disseminating research results should be studied to derive maximum benefit from the studies supported by the ENHRP.
2. Development of operational guidelines and criteria for evaluating community participation elements/participatory research methods in research proposals and projects. This will guide the proponents as to how to design their study to fulfill certain criteria for the screening and selection of projects.

The different modes of community participation that these guidelines can elaborate, include the following:

- Identification of the problem
- Looking for solutions
- Data gathering
- Analyzing data
- Writing the proposal for the project
- Keeping and organizing records
- Utilizing facilities given to them
- Planning for intervention

- Organizing and implementing activities
- Implementing projects on their own
- Doing the preparations for the activities
- Participating in activities
- Participating in training – workshops
- Selecting members / volunteers
- Training the other members in the community
- Decision- making
- Evaluating the program

3. Develop or provide access to training programs with community participation or participatory research methods as topics. There should be a core group of individuals who are trained and will maintain their focus on participatory strategies and methods.

4. Produce a popular version of the research results for the benefit of community-based organizations, project partners and other interested groups. The popular versions can be easily understood and utilized by the groups for whom the study was intended for.

## **RECOMMENDATIONS FOR FURTHER RESEARCH**

1. Conduct more extensive studies on the cultural factors as determinants of community participation. The elaboration of the concept of “pakikipagkapwa” in the process of community participation has been identified as a possible starting point on this.

2. Look into the role of the researcher in fostering community participation.. Community participation has always been discussed on the level of the community with very limited insights as to what is the role of the researcher in the promotion of community participation within a certain project or program.

3 The identified factors that foster and deter community participation can be further developed as an evaluation tool for assessing participatory elements in projects or programs. In the case of ENHR, these guidelines will ensure that projects or studies submitted for support will satisfy a certain level of community participation in its design or methodology.

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