

The “Gawad Kalinga” Core Group Training Experiences toward Sustainable Healthcare

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ABSTRACT

Internationally, the development of partnerships between institutions of higher learning and the communities they serve is stressed as a priority [1]. The World Health Organization (WHO) defines the social accountability of health professional education institutions as ‘the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation that they have a mandate to serve’ [2].

The Far Eastern University (FEU), being true to its undertaking of being of service to the broader Philippine society, brings its social accountability role into fruition through its community extension services. This is considered as an “application” of its academic thrust of “nurturing a service-oriented and environment-conscious community which seeks to contribute to the advancement of the global society.” One of the community extension services endeavored by FEU is the Gawad Kalinga (GK) Project which was started in 2009. The project aims to develop the capabilities of the residents of GK, as partners in community development. The health component was handled by the FEU-Institute of Nursing through a training that focused on basic health skills among selected members of the GK.

The study aimed to describe the impact of the GK Core Group health skills training program among its participants and to gather concrete information to assess the application of skills and knowledge to practice in terms of addressing the simple health needs of the community and in eventually becoming partners for health of the community. It also identified and documented gaps that are needed to be addressed in making them truly effective and efficient collaborators for health in the community. A qualitative descriptive design was used in the study through a focus group discussion, participated in by the members of the GK core group. Content analysis was used to identify the major themes that emerged from the study. Four (4) themes emerged. These are (1) reactions on the training, (2) significant learnings from the training, (3) personal impact and value of the training, and (4) challenges and future directions.

The results have illumined the value of the training on health provided to the GK core group members in developing them to become partners on health. The competency based approach used in the training provided good results. It raised the level of confidence or self-efficacy of the participants and had paved the way towards empowerment. There is a need, however, for continuous training and inclusion of additional topics that would be pertinent to the felt and identified health problems of the community. It is also recommended that the scope of the training be reviewed and expanded to include DOH (Department of Health) programs. A mechanism that would officially put them into the mainstream as valuable health human resource to bridge the gap between the community that they serve and the formal health services of the community is also recommended.

Keywords

Training experiences, Self-efficacy, Health skills training, Empowerment

Introduction

An institution of higher learning has the obligation not just to provide quality education to its students, but it also has a

responsibility to ensure that it fulfills its role in the bigger society where it belongs. It must be able to address issues that are beyond its confines. Such is its responsibility to be socially accountable. Internationally, the development of partnerships between institutions of higher learning and the communities they serve is stressed as a priority [1]. The World Health Organization (WHO) defines the social accountability of health professional education institutions as ‘the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation that they have a mandate to serve’ [2].

The Far Eastern University (FEU), being true to its undertaking of being of service to the broader Philippine society, brings its social accountability role into fruition through its community extension services. This is considered as an “application” of its academic thrust of “nurturing a service-oriented and environment-conscious community which seeks to contribute to the advancement of the global society.”

One of the community extension services endeavored by FEU is the Gawad Kalinga (GK) Project which was started in 2009. The project aims to develop the capabilities of the residents of GK, as partners in community development. The GK community consists of individuals who have the strong desire to learn new skills and become self-reliant members of the community. This was spearheaded by the FEU’s Office for Community Extension Services (OCES). The project has various components which are carried out by the different institutes in the University. The health component is taken upon by the Institute of Nursing.

The health skills training program for the GK core group

The Far Eastern University-Institute of Nursing (FEU-IN) is an active advocate in empowering communities toward sustainable development. In the recent past, it espoused the competency-based community-oriented curriculum and has achieved successful partnerships with the selected communities. At present, it continues to strengthen its community component in the implementation of the Outcomes-based curriculum. FEU-IN also takes active part in implementing programs among the partner communities of the University, one of which is University’s flagship projects, the GK Project.

The Health Resource Development Program-Community Organizing Participatory Action Research (HRDP-COPAR) is the approach used by the Institute of Nursing for the health component on the GK project. The following objectives guided the Institute in the implementation. The objectives are as follows: 1) to be able to map out appropriate strategies, approaches and interventions in dealing with the needs and requirements of the community as a partner of the Institute of Nursing of the Far Eastern University; 2) to be able to address the health needs of the partner community; and 3) to be able to instill appropriate values for the people of the community as partners towards social development. The training program is largely anchored on the concept of community empowerment which is viewed more instrumentally as a means

to the end of health behavior change by facilitating capability building in order address their own problems [3].

The project started with the formation of core groups. Potential leaders of the community went through a series of module trainings to prepare them as future health leaders of the GK community. The participants went through a series of training sessions with the following scope: personality development, community organizing, basic health skills, basic first aid, income-generating activities, and good governance.

Facilitated by IN faculty, the Skills Training for the core group started in December 2012 with Personality Development as the main topic. The second module was on Community Organizing. Module 3 included lectures and demonstrations on vital signs, wound dressing, hot and cold compress and basic hygiene like proper hand-washing. Furthermore, Module 4 included topics on common medical emergencies (dog-bites, snake bites, burns, and poisoning) and Heimlich Maneuver for choking emergencies. Module 5 was likewise included to help the core group in finding possible means of livelihood and at the same time to help them to become self-reliant. The training focusing on income-generating endeavors has the potential to provide them with financial resources in anticipation of the health projects that they will be implementing. This would also mean minimal help from outside sources. Thus, making possible the achievement self-empowerment and sustenance. The last module was on leadership and management which included instilling good governance among the core group. Key concepts on planning, organizing, directing and controlling were discussed which are necessary building blocks towards becoming future leaders.

Each module was conducted for eight hours with an average of 15 participants. Every session starts with the leveling of expectations and objectives. After which, a lecture discussion was always held followed by demonstrations by the trainers. Guided practice then precedes the didactics to ensure that the participants are doing correctly the procedures taught to them. The last part of the session consisted of return demonstrations by the participants which were evaluated by the team. This allowed mastery of the skills taught. Questions were entertained by the team.

The training sessions were held at the barangay hall of Barangay San Antonio. This location is very accessible to the members of the core group. It can be accessed by simply walking or riding the tricycle. All the materials and supplies needed for the training were provided for by the team from FEU-IN.

The core group training was completed in November 2014. Primary and secondary leaders were identified and presented to the community. They were given health care paraphernalia like first aid kits and blood pressure apparatus so that they can fully render health service to the community.

Upon completion of the trainings, they were presented as Allied Health Workers similar to the Barangay Health Workers (BHW).

They are expected to render basic health care services and home care remedies like vital signs monitoring, assessment and basic first aid measures to other members of the community.

The purpose of this study was to describe the impact of the GK Core Group health skills training program among its participants and to gather concrete information to assess the application of skills and knowledge to practice in terms of addressing the simple health needs of the community and in eventually becoming partners for health of the community. It will also identify and document gaps to be addressed in making them truly effective and efficient collaborators for health in the community.

Methods

Design

A qualitative descriptive method was used in the study. Qualitative descriptive studies have as their goal a comprehensive summary of events in the everyday terms of those events. The approach was used to gather straight descriptions of the desired phenomena [4]. These descriptions were gathered through a focus group discussion. The focus group discussion was participated in by the members of the GK core group, all of whom are women and married. A semi structured interview and discussion guide was used in obtaining information about the training experiences of the GK core group.

Ethical Consideration

The study was reviewed and approved by the FEU- Ethics Research Committee. The study was explained to the participants. The participants in the focus groups signed an informed consent form before the conduct of the discussion.

Setting and Participants

The participants of the study were members of the GK Core Group who had successfully completed the training and were willing to participate in the study. The head of the FEU-IN team in charge of Community Extension Services was the one who recruited participants for the study. The focus group discussion was conducted at Room 801 of the Nursing Building in FEU. During the conduct of the study, only the facilitators/researchers were with the participants to ensure that they can freely discuss their thoughts about the training.

Data Collection

The focus group discussion was done on 7 members of the GK core group. One of the researchers acted as the main facilitator of the discussion. The other researcher acted as co facilitator while another one recorded the proceedings. The focus group was done in Filipino. The study was fully explained to the participants. The informed consent form (ICF) was read and explained to them. The participants were given ample time to read the informed consent. They were also informed that they can raise questions for any concern regarding the study. Furthermore, it was emphasized that participation should be voluntary and that at any given time they can withdraw their participation from the study. After reading the informed consent form, the participants signed the ICF.

The facilitator conducted the focus group discussion using a 10-item discussion guide. The items were based on the information provided by the team that implemented the training program. Participants responded to questions that assessed the impact of the training, the extent to which the goals were met and recommendations for the future directions of the training program.

The focus group discussion lasted for about one hour and 30 minutes and was recorded using a digital recorder and transcribed verbatim.

Data analysis

Content analysis was used to identify the major themes that emerged from the study. The three researchers read through the transcripts and coded each transcript. After which they met to come up with a consensus with the themes identified in the study. Four (4) themes emerged. These are (1) reactions on the training, (2) significant learnings from the training, (3) personal impact and value of the training, and (4) challenges and future directions.

Findings

Participant demographic characteristics

All the participants were women and are married. All participants were able to complete the GK Core Group Skills Training which commenced in 2012 and ended in 2014.

The participants of the focus group discussion described their experience with regard to the skills training conducted by the group from FEU-IN. They talked about how it has helped them on an individual level, the benefits that they gained from the training and how it has helped the community. They also shared about their recommendations about the program.

Reactions on the training

One of the major foci of the study was to know their impressions or reactions about the training. They all agree that the very purpose for which the training was conceptualized and implemented was achieved. They all gave positive feedbacks on the different aspects of the training.

Achievement of the objectives

Most of the GK Core group members discussed that participating in the training provided them with the knowledge and skills on basic health care. The primary objective of preparing them to become health partners in the community was said to have been achieved. They shared that they learned a lot about health from the training. The learnings that they were able to acquire are considered very useful for them as individuals, for their own family and for the entire community as well. The participants shared:

“The reason why we are trained is for us to become partners of the community. This will also enable us to be of help in improving the health of the community. I think this has been achieved. There are members of the community who will approach us to help them with simple health concerns like BP monitoring and first aid. They are aware that that we have undergone training and are capable of

helping them. In some cases, we are the ones who offer help.”
“We have learned a lot from the training. We learned about things that we can apply to our family and the members of the community.”

Adequacy of the topics covered

The topics that were covered according to them were all very important topics. However, they shared that the six (6) modules were not enough. They discussed that there may be other health problems that they may encounter in the community. They all agree that additional topics should be included like environmental sanitation, maternal and child care, drug abuse prevention and teen pregnancy awareness. These topics, according to them would be relevant since these will target prevailing issues in their community. They also discussed that there is a need for them to be reviewed on the modules covered to refresh them with what they have already learned.

“I think there is a need to add more topics. We want to learn more especially in terms of other health concerns that a person may present to us.”

“We want to know more about environmental sanitation and how to properly care for children and pregnant women.”

“Teenage pregnancy is a problem in our community. We had a case of a 13-year-old, who was pregnant. We want to know how to handle these types of cases...how to prevent them. There are many out of school youths in our community. Teenage pregnancy and drug addiction are alarming prevailing problems.”

“We were discussing the possible solutions to these problems so that if we cannot totally eradicate them, at least we can minimize these problems.”

Sufficiency of resources

In terms of resources like the materials and supplies necessary to learn and carry out the task of providing basic health services, they shared that they were provided with enough. There was never an instance that equipment, materials and supplies were not provided. These include first aid kits, bandages, BP monitoring equipment and supplies for livelihood projects like dishwashing liquid and fabric conditioner making. However, if there will be additional provisions, they are more than willing to accept them.

“There was never a time that materials that we need were not provided.”

“We were given first aid kits. These are very helpful in the GK community.”

“There was never a time that when a member of the community will be in need, for example to have his BP taken, that there would not be any available sphygmomanometer or BP apparatus.”

Competency of the organizers/trainers

The participants have all but very good evaluation of the organizers of the training who are all members of FEU-IN. They all said that those who facilitated the training are good and able teachers. One observation that they shared is the punctuality of the head of the team and the members. All the training sessions started on time. This according to them made a huge impact. According to them, it allowed them to recognize the sincerity of the organizers and the strong desire to help them. This has been one motivating factor for the members of the GK core group to attend and actively participate in the training.

“We did not encounter any problems with the organizers. All came from FEU. Teachers from FEU-IN. They are all very good. The team is complete whenever they come to the GK community. The head of the team and the members are very punctual. They come on time. We start on time. Because of this other members would be embarrassed not to attend and participate.”

Significant learnings from the training

There was an evident considerable transfer of knowledge and skills to the participants of the training. They emphasized that among other things they considered basic first aid and BP monitoring as significant learnings that they were able to acquire and were considered to have become best practices.

Basic First Aid

Basic first aid knowledge and skills are one of the important topics covered in the training. It is something that they are able to use in the family and the community. Though the BHWs are present, the community being aware that are trained and are able to finish the course, would approach them and would seek their help about simple health concerns like minor wounds and the like. There were instances also that they themselves take initiative in helping the members of the community in matters about health from which they acquired from the training. A participant shared:

“The people in the community know that we have graduated from the training conducted by FEU. They would go to us and ask for help especially when it comes to first aid. Like, if there is someone who cannot breathe because of choking, we are able to help.”

Blood pressure (BP) monitoring as best practice

One of the modules focused on vital signs monitoring like taking the temperature, pulse rate, respiratory rate and blood pressure. According to them, they considered BP monitoring as a best practice. This is a skill that they are able to use frequently in their respective families and in the community. Hypertension is one of the alarming health problems in the community. Moreover, they said that the lifestyle of people in the community predispose them to this health problem. This is also seen as something that would help prevent serious health consequences of uncontrolled high blood pressure.

“Members of our family have hypertension. A lot of people in the community have high blood pressure. They have high cholesterol. They have maintenance medications. We consider monitoring the

blood pressure as a best practice.”

Personal impact and value of the training to the GK Core Group members

The participants viewed the training as something that has benefited them directly on a personal level, both as an individual as well as their families. The value of the training with regard to its possibility of being cascaded and used for their personal health and to the members of the family was identified even at an early stage of the training. They also saw the training as an activity that has provided societal benefits. Personally, they felt that the training has raised their level of confidence to handle simple basic health concerns. They have seen how it has helped them in their self-development. From having zero or very minimal health knowledge to confident health partners of the community was an achievement that they pride themselves with. They all agreed that the certificate given to them during the culmination ceremony, as proof that they have finished the training, boosted the feeling that they can truly be considered as partners of the community in terms of health. They expressed a common feeling of a happy fulfillment because they are able to contribute even in simple ways to the larger community. A participant said:

“Our self-confidence increased because of the training. We have received our certificates as proof that we have completed the training. The training included lectures and return demonstration. It has helped a lot.”

Challenges and future directions

The participants described challenges that go with completing the training. They felt that the Barangay Health Workers are not yet buoyant to the idea of having them as partners in community health development. They shared that the BHWs may have felt threatened of their presence in the community. However, they remain optimistic that eventually the formal frontline health workers will be able to appreciate them and accept them as members of the health team.

“We have this feeling that the BHWs do not feel sure about our capability. They probably felt threatened by our presence. However, in due time this might change especially after the barangay elections.”

The participants all agreed that the training should be continued. A review of the topics and skills covered in the modules were regarded as necessary. They also suggested that additional modules should be added in response to the pressing health and health related problems identified in the community particularly in the area of environmental sanitation, maternal and child care, teenage pregnancy, tuberculosis, malnutrition and drug abuse prevention. A need for a longer engagement is expressed by the participants.

“We need to be refreshed. We do not necessarily need a refresher course but we need to have a brush up of what we have learned.”

“More training should be provided to us for us to learn how to

handle other health problems in the community.”

The participants also shared that in terms of community health problems, there is a need to extend the reach of the training to include the local leaders and other members of the community as well. They feel that in order to effectively effect changes in the community, a strong political will and good governance should be present especially among the local leaders. This can only be made possible if they are well informed about the problem and that the means to solve the problems are presented to them. Some shared:

“We think that the barangay leaders should be included in the training especially in trying to solve problems like poor environmental sanitation.”

“There is a need for effective governance to effect these changes.”

Discussion

Using community members to render certain basic health services to the communities they come from is a concept that has been around for at least 50 years. There have been innumerable experiences throughout the world with programmes ranging from large scale, national programmes to small-scale, community-based initiatives [5]. The health component of the community extension service of Far Eastern University focused on developing the capability of the Gawad Kalinga community members to become able partners for health. The study findings provide evidence that the skills training had been effective in terms of meeting its objectives. The approach used by the team from the Institute of Nursing has been most appropriate since it focused on the mastery of skills. The competence-based approach was used. Gilroy and Winch [6] in their report about training CHWs in the care of sick children reported that the use of the competence based approach defines the skills and competencies required for the community health worker and are usually expanded into steps and standardized procedures required for a specific skill. The training materials and activities all focus on the learners’ mastery of the specifically chosen competencies. In the case of the GK core group members, they were able to master basic first aid skills and vital signs monitoring. One might ask about how the participants perceived the other modules like personality development, community organizing, engaging in livelihood projects and good governance. It may be safe to say that though they may have perceived them as important, these may have been seen as means to an end, that is, the main focus was on those sessions that dealt directly with health concerns. This was demonstrated in the results of the study.

Study findings also reveal that there was an evident transfer of health knowledge and skills to the GK core group members. The knowledge and skills that they were able to acquire enabled them to respond to community health needs that are manageable at their level, like as mentioned earlier, how to handle simple medical emergencies and vital signs monitoring.

Results also show the personal impact of the training to the participants. It was at the heart of the training, the undeniable

effect on raising the level of confidence of the participants. This is comparable to self-efficacy. Self-efficacy is the extent or strength of one's belief in one's own ability to complete tasks and reach goals. This can be seen as the ability to persist and a person's ability to succeed with a task. Self-efficacy affects every area of human endeavor [7]. Possessing a high level of confidence would lead to a greater motivation to continue with the responsibility accorded to them. They became cognizant of the value of the training both on a personal and societal level. A sense of fulfillment was achieved among the participants.

A challenge that the participants identified was their acceptability in the formal health services milieu. The participants felt that the BHWs of the community may not be fully convinced of their capacity to perform as community health workers. The feeling that the BHWs may have been threatened is quite understandable considering the current state of BHWs in the country. Moreover, since the GK core members are not formally a part of the barangay health team, this is an issue that needs to be studied further.

The recommendations that the participants gave for future directions are valid and acceptable. The participants are in consensus that there is a need to re-acquaint themselves with the learnings that they were able to acquire through the training. The literature reflects a great diversity of approaches, location, organization and length of training. There is an agreement, however, on one matter: that continuing or refresher training is as important as initial training [5]. Further, the participants also reported the need for additional topics that would parallel the pressing health and health related concerns of the community. The GK core group members, as they were expected to be empowered to serve their communities would have a better understanding of the needs and problems of the community since they are part of the community that they serve. This is also the very reason why community health workers had become acceptable since the Alma Ata Declaration in the late 1970s. Technically, The GK core group members can be considered as community health workers. Lewin et al. [8] in their Cochrane review defined a community health worker as "any health worker carrying out functions related to health care delivery; trained in some way in the context of the intervention; and having no formal professional or paraprofessional education." The participants were also able to see the dynamics in the community and were able to recognize the importance of a strong political will as a necessary ingredient in improving the health status of the community alongside the efforts of committed health volunteers like the GK core group members.

Conclusion and Recommendations

Results of the study provide evidence of the effectiveness of the skills training on health conducted by FEU, an institution of higher learning, in relation to the fulfillment of its social responsibility to the larger society where it belongs. The results have illuminated

the value of the training on health provided to the GK core group members in developing them to become partners on health. The competency-based approach used in the training provided good results. It raised the level of confidence or self-efficacy of the participants and had paved the way towards empowerment. Study findings reveal that the health component of the GK project of FEU was successfully implemented and had a considerable impact on the GK core group members and the community as evidenced by the reactions and acceptance of the GK core group of their role and task as partners of the community in terms of health. There is a need, however, for continuing training which includes a very short refresher of the topics covered and additional topics that would be pertinent to the felt and identified health problems of the community. Moreover, a review of the scope of the training should be done. Inclusion of health programs mandated by the Department of Health can be considered. To enable the trained GK core group members to be fully integrated in the health care delivery system, attention is recommended to be given to a mechanism that would officially put them into the mainstream as valuable health human resource that can bridge the gap between the community that they serve and the formal health services of the community.

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