

# A Qualitative Program Evaluation Study on the Perceived Impact of Health and Nutrition Programs among Beneficiaries of a Civil Society Organization in the Philippines

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## ABSTRACT

**Background.** Undernutrition remains a public health concern in the Philippines despite multitude of government efforts using different nutrition specific and sensitive interventions. Hence, the role civil society organizations play is important in augmenting the health and nutrition programs in the country. Community feedback is important as they are the receiving end of these programs.

**Objective.** The study aimed to know the perceived impact and community insights on the implemented health and nutrition programs in the four selected sites in the Philippines.

**Methods.** Qualitative program evaluation was used, and 50 discussants were recruited through purposive sampling. Semi-structured interview guide for focus group discussion was utilized to determine the perceived impact of the programs among the discussants, and thematic analysis was used to generate codes and themes.

**Results.** The implemented health and nutrition programs were found to be a source of hope for the family and community and beyond basic necessities. However, there remain barriers in successful acquisition of new information such as a lack of resources and environmental influences. There are also learned opportunities such as continued support from the Civil Society Organization (CSO), and impact capacity building that are not sponsor-driven.

**Conclusion.** Overall, the participants see the health and nutrition programs as helpful for their children as these programs foster proper child rearing. The programs also empower the parents and the community through capacity building. However, there is a need to revisit implementing rules and guidelines to further maximize the benefits and resources of the programs.

*Keywords:* nutritional status, program evaluation, malnutrition



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## INTRODUCTION

Malnutrition is the leading global cause of child morbidity and mortality, with nearly half of deaths among under-5-year-old children connected to undernutrition.<sup>1</sup> Undernutrition in children may be classified as either stunting, wasting, or underweight, and this may lead to increased vulnerability to illnesses and delayed motor and cognitive development. Furthermore, stunting may impact the child's brain development and decrease their motor skills.<sup>2</sup> Undernutrition has long been a problem in the Philippines indicating that 2 out of 10 children under five years of age are still underweight, 3 out of 10 are stunted, and 6 out of 100 are wasted.<sup>3</sup> Multiple efforts have been made to combat malnutrition locally and internationally. The Sustainable Development Goals (SDGs) was developed by the United Nations which provides a blueprint for prosperity and peace for the people and the planet.<sup>4</sup> The National Nutrition Council (NNC) released the Philippines Plan of Action for Nutrition (PPAN) as the country's strategy to combat malnutrition which aims to reduce all forms of malnutrition across life stages by 2028.<sup>5</sup>

Civil Society Organizations (CSO) also play a major role in improving health and nutrition outcomes. They help through their collaborations with the concerned agencies, involving communities, developing human resources, piloting new and creative service delivery approaches, and strengthening infrastructure and systems of information.<sup>6</sup> A CSO is focused on helping the most vulnerable children overcome poverty and undernutrition. The said CSO implements several health and nutrition programs which aims to contribute to increasing the number of children aged 0-5 years old who are well-fed.

These programs are implemented in the selected municipalities of Bukidnon, Camarines Norte, Pangasinan, and Sultan Kudarat. In 2022, Bukidnon had the fifth highest prevalence of wasting in Northern Mindanao (1.6%); the fifth highest prevalence of overweight and obesity (1.7%); the sixth highest prevalence of stunting (6.6%); and the seventh highest prevalence of underweight (2.6%) among children under five.<sup>7</sup> Meanwhile, in 2022, Camarines Norte posted a wasting prevalence rate of 1.4%, an underweight prevalence of 0.9%, and a stunting prevalence of 12.2%. According to the 2021 Operation Timbang Plus (OPT+) by the NNC, Pangasinan ranked last among the four provinces in the Ilocos Region in terms of underweight, stunting, and overweight rates among preschool children with a prevalence of 1.9%, 3.0%, and 2.4%, respectively. It also ranked third in wasting, with a prevalence of 1.0%.<sup>7</sup> In 2019, Sultan Kudarat was among the local government units in Soccsksargen with the highest prevalence of stunting, wasting, and underweight, at 10.3%, 4.5%, and 5.2%, respectively.<sup>8</sup>

The program includes Positive Deviance/Hearth (PD/H) which focuses on behavior change for families with under-weight 0-5-year-old children wherein the positive

behaviors practiced by caregivers of well-nourished children from low-income families are shared to other community members with undernourished children.<sup>9</sup> Go Baby Go! Parenting Programme (GBG) strengthens the knowledge of caregivers by equipping them with tools for stimulating early childhood development to provide age-appropriate care for children 0-3 years old.<sup>10</sup> Community-Managed Savings and Credit Association (CoMSCA) and Building Secure Livelihoods (BSL) focus on financial and livelihood aspects. The former allows community members to form savings groups that enable them to save and lend money to one another, while the latter is an integrated livelihood program that aims to build resilient and secure livelihoods that enable caregivers to provide for their children.<sup>11,12</sup> Integrated WASH contributes to protecting children from infection and diseases by providing access to quality and quantity water, sanitation for infants and young children, and hygiene promotion.<sup>13</sup>

Program evaluation is a critical component of public health nutrition interventions, as without it, it will be challenging to establish whether interventions are effective.<sup>14</sup> Program evaluation is defined as the process of gathering structured data regarding the qualities and results of programs and operations aimed at aiding individuals in enhancing efficiency, mitigating uncertainties, and decision-making.<sup>15</sup> Beneficiaries are defined as people who receive help; in this case, beneficiaries refer to those given help by the CSO through program participation.<sup>16</sup> During program evaluation, beneficiary engagement is particularly important, as they are on the receiving end of the programs. Beneficiary feedback, on the other hand, is a subset of beneficiary engagement. It is a continuous process of listening and responding to the beneficiaries. This can help the program implementers improve their program implementation to the beneficiaries.<sup>17</sup>

Therefore, this study evaluated the perceived impact of the abovementioned health and nutrition programs implemented by the CSO towards behavioral change, good nutrition practices, proper sanitation and hygiene practices, financial literacy, and health outcomes across the study sites. The aforementioned programs were designed to contribute to addressing chronic and acute malnutrition in order to raise the number of well-fed children aged 0-5 years in the CSO assisted communities. In this study, perceived impact refers to study participant's subjective assessments and lived experiences of how the program has influenced their health, livelihood, and daily lives. This construct does not measure objective program outcomes, but rather the way beneficiaries interpret and attribute changes to program participation. Perceived impact was chosen as the focus because it highlights the acceptability, relevance, and contextual fit of interventions from the perspective of those directly affected. Understanding perceived impact can complement traditional program evaluation by revealing how and why programs are meaningful to communities, thereby informing program refinement and sustainability.

## MATERIALS AND METHODS

### Research Design

Qualitative program evaluation was used in this study. This method uses a qualitative approach to gain knowledge on the context, processes and impact of the program concentrating on the perspective of the beneficiaries of the programs.<sup>18</sup>

### Selection and Description of Discussants

Purposive sampling was employed. It is a non-probability sampling method wherein the participants are selected because they have the characteristics required for the sample.<sup>19</sup> This sampling design was chosen to focus on information rich discussants who had firsthand experience with how the program works, the challenges they faced during participation and what areas to improve. The bias in line with this sampling design was minimized by adding probing questions to dive deeper in terms of their experiences.

The study conducted three focus group discussions (FGDs) in Bukidnon, two in Camarines Norte and Pangasinan, and one in Sultan Kudarat where overall, 50 discussants were recruited. The study participants included beneficiaries of any programs implemented by the CSO. The study participant must have been a beneficiary and actively participate in the programs implemented for at least one year.

### Study Sites

The Luzon area program consists of two municipalities. Jose Panganiban, Camarines Norte is located in Region V and is considered as a second-class municipality.<sup>20</sup> There is a prevalence rate of 4.6% stunting in children aged 0-5 months in Jose Panganiban, 9.6% in terms of stunting, 0.9% in terms of wasting, and 1.6% in terms of overweight/obesity.<sup>21</sup> Bugallon, Pangasinan on the other hand is located in Region I, and is categorized as a second-class municipality.<sup>22</sup> In 2023, 1.6% of children aged 0-5 years old in Bugallon are underweight, 1.4% are stunting, 0.2% are wasting, and 1.1% are overweight/obese.<sup>21</sup>

Quezon, Bukidnon, and Esperanza and Bagumbayan Sultan Kudarat are the area programs in Mindanao. Quezon, Bukidnon is a first-class municipality in Region X.<sup>23</sup> There is a prevalence of 2.1% of children aged 0-5 years in Quezon are underweight, 5.3% are stunting, 0.9% are wasting, and 0.7% are overweight/obese.<sup>21</sup> Both Esperanza and Bagumbayan, Sultan Kudarat are found in Region XII.<sup>24,25</sup> The prevalence for underweight in Esperanza is 3.4%, 13.6% in terms of stunting, 1.1% in terms of wasting, 1.3% in terms of overweight/obesity. 4.5% of children aged 0-5 years in Bagumbayan are underweight, 7.8% are stunting, 1.4% are wasting, and 1.4% are overweight/obesity.<sup>21</sup>

### Research Instrument

Semi-structured interview guides for FGDs were employed. This is a developed and face validated question-

naire that was used to explore the experiences of the beneficiaries towards the health and nutrition programs and initiatives delivered by the CSO. Face validation was conducted by five technical experts and nutrition program implementers. Comments and suggestions during the face validation were used to finalize the research instrument. Peer review of the instrument was done to pilot test the research instruments. Eight individuals were invited to pretest the questionnaire. Questions that were overlapping were deleted to ensure efficient flow of FGDs. The questions were divided into four categories: (1) Health and nutrition, (2) Socio-economic improvements, (3) Water, sanitation, hygiene. Refer to Appendix for the summary of the questions.

1. Health and nutrition. It is composed of questions regarding the experiences of the participants in Go Baby Go! and Positive Deviance/Hearth. It also explores the perceived changes in terms of the health of the children.
2. Socio-economic improvements. It is composed of questions regarding the experiences of the participants in CoMSCA and BLS. In addition, it focuses on the financial capability and the livelihood situation of the participants.
3. Water, sanitation, hygiene. It is composed of questions regarding the experiences of the participants in WASH and focuses on the WASH practices of the participants.

### Data Collection Procedure

A letter of request was sent to the local chief executive of the selected study site. Once the study was approved, the researchers went to the study site to conduct the FGDs. Prior to data collection, an informed consent form was administered by explaining the rights of the participants in the language that they can understand. After the participant consented to participate, a signature or thumb mark was secured. The name of the respondent was anonymized. Thereafter, the interviews were conducted in a secured place, and the proceedings were recorded. The recording was then transcribed verbatim including the non-verbal cues of the participants using the FGD guide. The data collection was commenced in May 2024 to July 2024. The transcribed qualitative data were translated into English, and coded in QualCoder 3.4. The recordings were temporarily stored in a password-protected folder. The coded data were processed, and themes and sub-themes were generated. Feedback sessions were done among the beneficiaries after the final report has been finalized through their respective program leaders.

### Data Analysis

The process of inductive thematic analysis involves several steps. First, the researcher familiarizes themselves with the data to gain a comprehensive understanding of its content. Next, initial codes are generated to capture important information that may be relevant to addressing the research questions. The initial codes are then used to generate

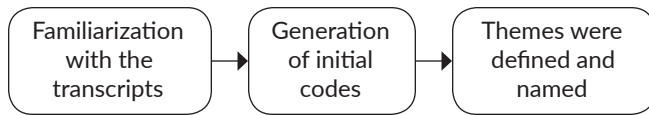


Figure 1. Data analysis process.

initial themes, which are subsequently reviewed and refined. Finally, the themes are defined and named, providing a coherent framework for the analysis.<sup>26</sup> (Figure 1)

Initially, pairs of two data coders out of a total of four evaluated the transcripts obtained from FGDs. Following this, analysts individually reviewed a set of transcripts, identified initial codes, and subsequently convened to compare their analyses, establish agreement on emerging themes, and document reconciled codes using the software, QDA Miner Lite. Subsequently, analysts delved deeper into the transcripts and codes to enhance, summarize, and amalgamate concepts to form comprehensive understandings of the preceptor role. Themes were then aligned with focus areas based on stakeholder groups and identified contextual factors of the program. The process of data analysis was iterative until a unified and coherent set of themes is achieved.<sup>27</sup> A detailed depiction of the health and nutrition programs currently in place, derived from further abstraction of data from the perspectives of stakeholder groups, was formulated.

To ensure data integrity, several strategies were applied. Credibility was supported through verbatim transcription including non-verbal cues, independent coding by pairs of researchers, and consensus discussions to reconcile emerging themes. Dependability was enhanced by maintaining an audit trail of coding decisions using QDA Miner Lite. Confirmability was addressed by anonymization, secure storage of recordings, and iterative validation of findings through follow-up key informant interviews. Transferability was strengthened by providing detailed contextual descriptions of the study sites and participant backgrounds.

This analytic process was grounded in a constructivist-interpretivist paradigm, which recognizes that multiple realities are co-constructed by participants and researchers. Themes were thus derived inductively to capture participants' perspectives while acknowledging the researchers' interpretive role. The paradigm choice guided both coding and theme development, emphasizing meaning-making rather than measurement.

### Research Team and Reflexivity

The researchers are etic, wherein the researchers used the perspective of an outsider and used existing theories to understand and explain the perceived impact of the health and nutrition programs to the beneficiaries. With that perspective in mind, there would be assumptions and biases from the side of the researchers. See Table 1 for the summarized possible assumptions and biases of the authors.

### Ethical Considerations

The study went through ethical review in the National Center for Mental Health and was approved with REC Protocol No. NCMH-REC-2024-12 and Sponsor Protocol No. SP-2024-02. Before the interview, the participants read and signed the informed consent form, and were given a copy for future reference.

## RESULTS

### Sociodemographic Characteristics of the Discussants

There were approximately 4-6 discussants per FGD. All of the discussants were female, and majority of them were between the ages 20-30 and 31-40 (38.0%), married (66.0%), and high school as their highest educational attainment (78.0). Most of the discussants were beneficiaries for 1-2 years (72.0%), and joined 2 programs (28.0%).

### Perceived Acceptance, Impact, and Salience of Child Well-being Interventions

Among the program beneficiaries, the support of the civil society organization served as their source of hope for their families and communities. It is highlighted that the programs instilled self-confidence, appropriate knowledge on child feeding and rearing, and water, sanitation, and hygiene. In addition, the programs were seen as a source of materials and other resources through provision of seeds, toilet and source of potable water, and many more.

The programs were also noted to go beyond basic necessities. The programs enabled gender empowerment where women are engaged in active livelihoods and decision-making, while fathers are involved in decision making in terms of child rearing and caring. Furthermore, these programs became an instrument for community building through building camaraderie in the community and creating community leaders. They also taught the program beneficiaries to save for the future by helping the families save, and capacitating mothers to be engaged in savings (Table 2).

### Source of hope for the family and community

In terms of optimal practices for child feeding and rearing, they mentioned the importance of exclusive breastfeeding, consumption of varied foods, and roles of unhealthy food items. Discussants mentioned that:

*“Breastfeeding should start when the baby is 0-24 months old. They need to be breastfed because they need [it] and it contains nutrients that you cannot get from other food.” (PIN6)*

*“When the baby starts eating [solid foods], the food shouldn't be sweet or salty. They should be fed vegetables like squash, potatoes... for them to be healthy.” (S1N5)*

**Table 1.** Summarized Table of the Researcher's Relevant Disciplinary Background and their Possible Assumptions and Biases

| Researcher                                      | Relevant disciplinary background, qualifications, experience   | Assumptions and Biases   |
|---|--|--|
| <b>Consultant [Nutrition and Childcare]</b>     | A graduate of PhD in Human Nutrition minor in Family Resources Management and MS Public Health (Nutrition) and directly involved in different projects related to health and nutrition assessment. | The expertise can enable effective guidance, nuanced questioning, and clarification of technical terms, while also fostering participant trust. The provided training supports connecting participant narratives to broader theories, enriching analysis, but risks over-technical interpretations that may overshadow personal or cultural meanings. The diverse academic and research exposure strengthens contextualization and credibility in dissemination, however, overly specialized perspectives may limit the transferability of findings. |
| <b>Consultant [Data Management and Quality]</b> | A graduate of MS Public Health (Biostatistics) and BS Nursing with experiences in child and maternal health services   | Nursing background enhances clinical sensitivity, rapport, and awareness of health service realities, though participants may defer to them as authority figures, shaping responses. Training in biostatistics provides analytical rigor and integration of clinical and public health perspectives. Their service delivery experience grounds findings in practical realities and makes them relevant for practitioners and policymakers, yet overly narrow interpretations risk constraining the scope and applicability of the results.           |
| <b>Consultant [WASH and Health Indicators]</b>  | A graduate of Master of Public Health BS Public Health.  | WASH expertise ensures technical depth and recognition of interlinkages, while interdisciplinary training enables structured analysis. However, jargon and a scientific bias may limit attention to social and cultural aspects. Strong credibility aids contextualization, but overly narrow interpretations can reduce transferability of findings.  |
| <b>Consultant [Economics Indicator]</b>         | A graduate of Masters of Health Science in Community and Global Health and graduate of Bachelors of Science in Economics.  | Socioeconomic and economic training enables sensitivity to livelihood-well-being links, recognition of financial patterns, and systematic coding, making findings relevant to both development and public health. However, technical framing and emphasis on outcomes may overshadow cultural aspects, with overly tight analysis risking overlooked narratives.   |
| <b>Project Technical Assistant</b>              | A graduate of Bachelors of Science in Nutrition and Dietetics and a Registered Nutritionist-Dietitian  | Nutrition training enables precise questioning and evidence-based interpretation, while professional credentials foster trust and credibility with participants and stakeholders. However, being seen as authority figures may elicit socially desirable responses, and an overemphasis on dietary aspects risks overlooking broader social and contextual determinants of health and nutrition.   |

**Table 2.** Perceived Acceptance, Impact, and Salience of Child Well-being Intervention of Program Beneficiaries

|  | Themes                                   | Sub-themes/ Categories   |
|--|--|--|
| <b>Source of hope for the family and community</b> | Source of new information                | <ul style="list-style-type: none"> <li>• Source of appropriate information related to child care and feeding</li> <li>• Source of correct information in terms of water, sanitation, and hygiene</li> <li>• Capacitating them to spend efficiently</li> </ul>        |
|  | Sources of materials and other resources | <ul style="list-style-type: none"> <li>• Provision of seeds</li> <li>• Provision of toilet and source of potable water</li> <li>• Provision of hogs and goats which can be used for livelihood</li> <li>• Sponsors of school supplies for school children</li> </ul> |
|  | Makes ends meet                          | <ul style="list-style-type: none"> <li>• Additional source of income through the livelihood programs</li> <li>• Augmentation to the current source of income</li> <li>• Source of additional food for the families</li> </ul>  |
| <b>Going beyond basic necessities</b>              | Gender empowerment                       | <ul style="list-style-type: none"> <li>• Women are engaged in active livelihoods and decision-making</li> <li>• Fathers are involved in decision-making in terms of child rearing and caring</li> </ul>  |
|  | Instrument for community building        | <ul style="list-style-type: none"> <li>• Building camaraderie in the community</li> <li>• Creating community leaders.</li> <li>• Empowering volunteerism in the community</li> </ul>   |
|  | Saving up for the future                 | <ul style="list-style-type: none"> <li>• Helping the families to save for the future</li> <li>• Capacitating the mothers to be engaged in saving</li> </ul>  |

*"When it comes to nutritious food, it focuses on vegetables as it's a huge help. It can extend our lives compared to meat foods. We also apply it to our children to support the longevity of their life..." (B1N6)*

They also mentioned that the program integrates the importance of water, sanitation and hygiene. Both parents and their children were taught how and when to wash their hands. The program beneficiaries show great knowledge in terms of benefits and handwashing. They have mentioned that:

*"[They taught the] importance of handwashing. It was a topic in Go Baby Go. They gave us hand soaps and taught us the proper way to hand wash... Ever since [I learned about] handwashing, I always wash my hands." (B1N4)*

*"[The children learned] how to wash [their hands], Sir... I'm the one who cleans [the house]. We need to clean our children before they go to bed, to eat cleanly, Sir." (C2N5)*

*"We were taught how to wash our hands; you just rub your fingers in circles. Usually, even at school, the children are taught by their teachers... It prevents sickness to avoid bacteria." (P2N3)*

The savings groups have also capacitated them to spend their money and savings efficiently. They begin to develop their saving habits once they have joined the groups and have become mindful of where they spend their income. In addition, it also helped them start budgeting their income. The discussants shared that:

*"It is a huge help because if you need [money] in case of emergency, you can lend somewhere [for] your needs as soon as possible, like for your food, electricity bill, and the vitamins of the children." [P1N6]*

*"[My husband's income] is allocated to many [expenses]. First is the school tuition fee. If we do not have the money to pay the school, we can just loan. And when it comes to business, we can loan again for a small business." (S1N7)*

*"The savings group helped me in budgeting, because in CoMSCA, you do not need to pay your loan immediately. You don't need to constantly think about paying your loan, and you can prioritize your necessities before paying your loan." (C1N1)*

The programs were also found to be a source of materials and other resources. Seeds were given to the discussants to grow various crops in their backyard. The fruits of the seeds served multiple purposes as some chose to eat them, sell them, or give it to their neighbors or extended families. Discussants said that:

*"I received gardening tools together with seedlings. We plant them in our backyard, if you plant something, you'll harvest something. In case I want to cook vegetables, I could easily get them in my garden." (B1N5)*

*"I'm thankful for the seeds that they gave for us to plant, that's where I get our vegetables for our everyday... They give seedlings, like eggplant, tomatoes, lady fingers, upo, bitter gourd and chili." (P1N4)*

*"We were also given seeds for us to plant, and when it bore fruit, we would prepare it for our children. It already bears fruit, and we avoid using chemicals and sprays." (P3N2)*

There are some households and communities who do not have a nearby source of potable water and who do not have toilets within their vicinity. Thus, the CSO gave toilets and a source of potable water to some of the program beneficiaries. Discussants shared that:

*"We have our own toilet [now]" (C2N1) "Yes, [it was given by the CSO] a long time ago. It's been three years. Yes, it shared by a lot of neighbors" (C2N3) "There is also inside our house that was given by the CSO" (C2N4)*

*"[We were] given by the CSO. That's also their project. ...That's why they thought of that project, because not everyone has a CR. The kagarwad checks who don't have one. At least, they know who should be given a CR." (P2N2)*

*"Just like she [Nanay 6] said about the water system [that was given by the CSO], it was a huge help especially right now that it is hard to source water." (C2N1)*

Hogs and goats were also given to selected beneficiaries as a form of income source. Majority of the program beneficiaries would raise these livestock into adulthood before selling them for income and buying new livestock to rear. The discussants mentioned that:

*"Mine is duck farming in the livelihood program. It's a huge help because when the duck starts laying eggs, that's where I get my child's school necessities—their transportation, their allowance, and if there is a crack (on the egg), we cook it." (B1N6)*

*"We were given 10,000 [pesos] to buy [materials for] our livelihood. I used it to buy a goat, and the rest, I used it to buy groceries for my sari-sari store. My goat now has two kids and my sari-sari store is still up." (P3N5)*

*"We were given [piglets] last September 13, we already sold 3 pigs...I sold it in December before my daughter left, and then I bought one again- sold it in March. We just do it again in cycles." (C2N1)*

While provision of school supplies is not under the health and nutrition programs, it was mentioned on various occasions that school supplies were given to program beneficiaries. It lessens the worries and expenses of the program beneficiaries. It also encourages their children to go to school. The discussants stated that:

*"My child goes to school everyday because they do not have any reason not to. They were also given school supplies by the CSO." (B2N3)*

*"During the start of classes, the CSO gives us school supplies to help us. Unlike in the government, they would only give us cash grants and that's the only time we can buy." (P3N4)*

*"Instead of us buying school supplies, we don't need to anymore because the CSO gives that to us. That's why we add the supposed budget for school supplies to our food." (S2N3)*

An additional source of income was given by the CSO through different livelihood programs. The program beneficiaries were given a livelihood of their choice, and the CSO provides the training and materials needed for the said livelihood. The discussants shared:

*"[We were taught] how to handle money, and how to use it wisely. How I would raise the hog- the profit is big when we sell [it]. Sometimes half of the profit goes to us, and the other half is to buy pigs again." (C2N4)*

*"After livelihood [program], we can buy their materials for school... The children are also excited and happy. They are thankful because we have the materials to start a business." (S3N6)*

*"The CSO also gives us a half sack of rice [to sell]. In our group, we were given 25 kilos of rice twice already. So, it's already added to our profit." (B1N5)*

There was also an augmentation to the current source of income. The livelihood program served as an additional income to the family of the program beneficiaries as most of their spouses already have an income. The discussants said that:

*"I plant vegetables around my house, so we can have something to eat. It's a huge effect because I have livestock to take care of. In case of an emergency, I can sell them." (P1N5)"*

*"The duck was a huge help for me... I used the money that I earned for their [children's] allowance and their meals, ma'am." (B1N6)*

*"I have a sari-sari store, until now it's still running. It's a huge help for my family because that's where I get the daily needs of my children." (P1N6)*

Lastly, the CSO has become a source of additional food for families. As mentioned earlier, some of the program beneficiaries chose to eat the crops that they plant. There is a provision of grocery food items when a child graduates from their GBG program. If a child also receives a gift notification, it also enables the family to buy all of their necessities, including healthy food items. The discussants shared that:

*"We had groceries sir, because there is a sponsor [refers to Gift Notification], so we can buy groceries and the needs of our children." (S1N5)*

*"In case I want to cook vegetables, I could easily get them in my garden. What the program gives us helps us for our daily needs." (B1N5)*

*"Yes sir, when I serve vegetables, [my children] help me harvest them. The CSO also provides seedlings to plant, so when they bear fruit, we have something to harvest... It seems like they give out every year" (P2N6)*

### Going beyond basic necessities

In terms of gender empowerment, it was seen that women are engaged in active livelihoods and decision making. Majority of the program beneficiaries of the livelihood program are mothers. Additionally, after joining the health and nutrition classes, they become more proactive when it comes to family decision making. According to the discussants:

*"A mother said that because of GBG, she learned that she had a lot to lose. In the past because she doesn't know how to take care of her child, and instead of taking care of her own children, she's taking care of other people's children." (BK2)*

*"Before, you can see the children and even the mothers have poor hygiene when they go to the venue. But several months later, when we visit them in their homes, you can see a significant improvement on their hygiene" (PK2)*

*"I also harvest for additional income... It is a huge help for my children. I use my income [from the livelihood] to buy their snacks, and for our food. Sometimes, that's where I get money to buy uncooked rice." (P1N4)*

Through the Go Baby Go! Parenting Program, there was a session which needed to include the fathers of the family. It helped the fathers to be involved in decision making in terms of child rearing and caring. It highlights the important role of the father when it comes to the health of their children. The discussants mentioned that:

*"In GBG, everything is there. How to properly take care of your child, until they grow up- you discipline them, you raise them properly. Both you and your husband are there to know how to handle your child."* (P1N1)

*"They always teach proper hygiene, especially for children. Yes, also in Go Baby Go. In Go Baby Go, it's already mixed in, it's not just for children but also for fathers."* (P2N3)

*"Some fathers used to ignore their children's desire to bond due to exhaustion from work. But when they were able to participate [in the programs], that is the point when they realized: "My child needs me" (PK1)*

The CSO has become an instrument for community building. It has built camaraderie in the community through encouraging people to join the programs and socialize with one another. CoMSCA has enabled its members to interact with one another with their weekly meeting. The beneficiaries of Positive Deviance/Hearth help each other cook healthy and delicious meals for their children. The discussants shared that:

*"We give the other fruits to our neighbors. Most of the time, they ask for some malunggay, and I'd just tell them to get some."* [B2N2]

*"Yes, we are close [to each other] because we talk [during the CoMSCA meetings] and we would often laugh with each other there."* (C1N2)

*"CoMSCA isn't just a regular savings group... It involves participation, understanding their needs, and following policies to stay informed. Trusting each other."* (P2N4)

It has also helped create community leaders, especially in the BLGU. The CSO trains BLGU, barangay health workers (BHW), and barangay nutrition scholars (BNS) to run the programs and let them spearhead the programs once they learn the entire process. It was mentioned by the discussants that:

*"Our barangay is doing something already when it comes to [toilet provision], it's just that the people are the problem because the toilet, gravel, and cement is already available. All they need to do is to dig and do their own CR."* (B1H5)

*"As a BHW, I monitor malnourished children. We record it monthly. If they see malnourished children, there are feeding programs for them. There are multiple feedings right now."* (S2K7)

*"The BHW and the barangay officials assist we're doing Go Baby Go because we can't control our children that much. Sometimes, they are the ones who take care and help, so we can learn and focus on what they are talking about."* (P2N5)

The program has also empowered volunteerism in the community. It was by the program beneficiaries that they are willing to help in the programs run by the CSO with any monetary compensation because they know that the community, especially the children, can benefit from the programs. The discussants said that:

*"I won't last for 30 years in voluntarism if being a health volunteer is not in my mind and heart...I accepted it with all of my heart. I did it for 5 years without honorarium, not even 1 peso."* (BK2)

*"They [BNS/BHW] were thinking about the help they can provide to their community [even if they're not getting paid]. And the bonding [with the community] as well."* (PK2)

*"For me, ma'am, my task is just to assist them in distributing what they give. I assist in that...Yes, as long as the CSO, I'm always present [in the programs]."* (BK1)

The CSO has also enabled the families of the beneficiaries to save up for the future through CoMSCA. This helps the families to have something to rely on especially during emergencies such as hospitalization and lack of food. It was mentioned that:

*"I learned how to save even if it's just a little sir. If ever there is an emergency. I have something to pull out because I have savings in CoMSCA."* (C2N6)

*"That is where I learned how to save because it's important to have savings especially if there's an emergency because you have somewhere to get money."* (P1N4)

*"It's a huge help because in case of emergency, we can loan immediately...[Our finances] changed sir, because we need to budget for CoMSCA."* (S2N7)

**Table 3.** Barriers and Lessons Learned from Program Beneficiaries

|   | Themes   | Sub-themes/ Categories  |
|---|--|---|
| <b>Barriers for the successful acquisition of new knowledge and information</b> | Fear in terms of sustainability  | <ul style="list-style-type: none"> <li>• Uncertainties on how they will proceed without the support of the CSO</li> <li>• Lack of confidence and self-efficacy without the program</li> </ul>           |
|   | Lack of available resources to effectively perform the learned information | <ul style="list-style-type: none"> <li>• Lack of time and resources to provide nutritious food at all times</li> <li>• Too many responsibilities among mothers</li> </ul>                               |
|   | Environmental influences   | <ul style="list-style-type: none"> <li>• Availability of instant foods that are cheaper.</li> <li>• Home gardens are difficult to sustain due to lack of space and extreme weather</li> </ul>           |
| <b>Learned opportunities</b>  | Continued support from the CSO   | <ul style="list-style-type: none"> <li>• Further assistance in terms of sustaining the acquired knowledge</li> <li>• More active participation of community members to CSO-driven activities</li> </ul> |
|   | Impactful capacity building that are not sponsor-driven                    | <ul style="list-style-type: none"> <li>• Cooperation even without any support given</li> <li>• Fostering resilience in the community</li> </ul>   |

CoMSCA has allowed mothers to be engaged in savings as they are the ones who run their savings group and create their own bylaws. This enables them to meet on the middle ground at how much they should contribute, how often they have to contribute and conduct their meetings. The discussants shared that:

*"I was helped by CoMSCA... How to handle money and how to apply it to yourself, like attending the meetings on time, contributing the right amount, and the penalty, they would tell that to us." (P1N2)*

*"We are implementing something where we would get [extra] funds, so our income would increase. For example, we need to think of a business, and if there's 25 of us, we would give 100 each that we need to roll for the business." (P3N5)*

*"Yes, sir, if you are willing. For example, we can make one group and talk about the rules on what we should do, how many percentages, how many savings." (S1N7)*

### Barriers and Lessons Learned

Table 3 shows the barriers and lessons learned from the participants. Despite the best efforts from all parties, there will be barriers in terms of successful acquisition of new knowledge such as fear in terms of sustainability as there are uncertainties on how the program beneficiaries will proceed without the support of the CSO and lack of confidence and self-efficacy without the program. Furthermore, lack of available resources and too many responsibilities among mothers may cause hindrance. Environmental influences may also come into play such as the influences from social media and availability of instant food.

There are learned opportunities for program beneficiaries. Continued support from the CSO through assistance in terms of sustaining acquired knowledge and active participation of community members to CSO-driven activities can benefit the program beneficiaries. Moreover, capacity building that is not sponsor-driven such as cooperation even without any

support given and fostering resilience in the community is seen to be favorable.

### Barriers for the successful acquisition of new knowledge and information

While one of the goals of the CSO is to capacitate the community and its leader to stand on their own once they leave the area program, some of the discussants mentioned that they do not know how to proceed without the support of the CSO. According to the discussants:

*"I hope 20 more years. If you think about it, it's a huge help, especially for the malnourished [children], [they become] more healthy." (C2N6)*

*"It would be much better if the CSO came back. If there is the CSO, everything is there, no matter what kind of livelihood, it's there." (B1N5)*

*"[I hope that the CSO stays for] 30 more years. So our grandchildren can join [the programs] as well" (C2N3)*

Furthermore, there is a lack of confidence and self-efficacy without the program. Some expressed that they do not think that the effects of the program will last without the CSO. Discussants said that:

*"For me sir, I still need them for a long time, because almost all of my children are still studying... [We need them for] 15 more years" (C2N2)*

*"I hope that my child won't be removed sir, because I only have 1 child who is a beneficiary of the CSO, but they will turn 18. I hope the sponsor does not go away." (C2N6)*

*"I hope they find a sponsor for my children so we could receive [formula] milk, because sometimes, we do not have the means to buy milk." (P1N1)*

There is also a lack of available resources to efficiently perform the learned information. It was difficult for some of the program beneficiaries to provide nutritious food to their children due to lack of time and resources. Multiple factors such as lack of income, and distance of the market were mentioned as well. Discussants shared that:

*“Sometimes, we do not have the means to buy fruits, we need to be practical... The budget is not enough for food” (C2N5)*

*“Poverty [hinders us to take care or feed our children properly]. Sometimes we do not have the means to buy food, like milk.” (S3N7)*

*“There are times that rather than to buy mineral water, the money can be used to buy food instead.” (P3N5)*

In addition, since their husbands are occupied with their work, the majority of the house and child rearing responsibilities falls onto the mothers. The program beneficiaries have voiced out their frustrations regarding the matter as they want to apply the information that they receive, however, they have too much on their plate. Discussants mentioned that:

*“If you’re a parent and you have work, you need to bottle feed them, and when it’s feeding time, sometimes you cannot focus on the food of your child because you have work.” (S1N5)*

*“For breakfast, I’m always in a hurry, that’s why I cook egg or corned beef, however I make it during lunch and dinner- I’d cook vegetables.” (B1N3)*

*“House chores [hinders me from feeding my children vegetables]. Sometimes, we do not have the means to buy fruits, we need to be practical.”*

Moreover, the availability of cheap instant food also affects the acquisition of new information. Some of the program beneficiaries had acknowledged that instant foods are bad for the health if frequently consumed, but they have also stated that sometimes they do not have any choice because it is the only kind of food that is cheap, readily available, and easy to cook. The discussants mentioned that:

*“I have a Grade 12 grandchild and they do not want to eat vegetables in the morning because they’re always in a hurry. They always eat boiled eggs and processed foods because it’s easier to cook.” (B1N2)*

*“Because they were fed others first [that tasted better] and there is instant food as well, that is why they prefer those.” (P3N1)*

*“They are too lazy to cook food, they would just buy instant foods in the store and feed it to their child even though they know that we cannot feed it to our child.” (S2N7)*

The CSO provides seeds to some of their program beneficiaries in order to create their own home garden. However, the program beneficiaries have reported issues regarding the lack of space in their vicinity and extreme weather which affects their crops. The discussants mentioned that:

*“I also received gardening tools and seeds. However, it’s hard to plant in our place because it’s full of rocks... We would put it in a vase. I share it with others so they can taste whatever the CSO has given me.” (B1N6)*

*“If you have a wide backyard, you can plant a lot of crops, but if you don’t have the space, you need to look for alternative sources. Like us, we would put it in a sack.” (P3N4)*

*“Well there is no space in our place, but if you really want, you can plant them in sacks. But we can only plant tomatoes. However, I gave the other seedlings to my in-laws because they have a larger lot.” (P1N4)*

### Learned opportunities

The continued support from the CSO is deemed helpful as they further assist in terms of sustaining the acquired knowledge. There are continuous training and reminders given to the program beneficiaries to ensure that they retain and practice the new information that they learned. The discussants said:

*“Ah, for WASH? There are health workers who are really trained in WASH, they are taught, they even sing songs while washing, sometimes when they sing like that, they really take a long time to wash.” (BK1)*

*“I went under training for record keeping because we (agents) are the one who keeps the record in every CoMSCA group, we were taught to calculate loans to make it easier for us.” (B1N5)*

*“We monitor the mothers of the kids that we teach and until now I would remind them: “Where is the knowledge that you learned from the CSO?”” (BK2)*

Moreover, there is a need for more active participation of community members to CSO-driven activities. The program beneficiaries themselves acknowledge the importance of their engagement to the events and voice out their willingness to all the programs that the CSO has to offer. The discussants mentioned that:

*"They're very interested, however, at first, they are still scared because they do not know what the CSO is. However, once they see the benefits from joining the CSO, they get angry and suddenly, they're eager to join." (BK2)*

*"Yes, they really participate. When we say the meeting is at 1 pm, everyone is there on time. We share, purchase, and save besides the 250 to 1,000 pesos savings, we have a social fund and a sustainable fund." (BK1)*

*"People come quickly at the program because they know that the CSO would give things out, but not all of them are able to qualify because the children need to be weighed." (C2N6)*

There is also impactful capacity building that is not driven by the CSO. One of the themes found was cooperation even without support given. Multiple statements from the program beneficiaries, especially in Bukidnon, that they need to continue the programs even if the CSO left their area as they acknowledge the benefits they reap from the programs. Discussants shared that:

*"The program would be more sustained if we partnered it with hard work. We should appreciate the things that the CSO has given us [even if they are now gone]." (BK2)*

*"You believe that the livelihood program greatly helps the beneficiaries- providing a source of income, whether small or benefiting the whole family. You also feel that beneficiaries need to persevere to sustain what has been given, even though there is a lack of monitoring. But they just need to continue what the CSO has started." (BK1)*

*"Yes, even if the CSO leaves us, we can stand on our own, because they are not with us everyday, right? Sometimes, they are the one who schedules the events, but they are not with us every day, they are not with us in our house. Of course, we can do it on our own even without them." (PIN1)*

Lastly, the programs were seen to foster resilience in the community. It was noted that the community has recovered quickly from difficulties such as extreme weather and lack of food. As said by the discussants:

*"I've tried once where we don't really have any water and I have a drum that is full of water. It's hard to avoid stocking up dirty water. So, I'd buy chlorine and pour it in the drum. The water really clears up." (B1N6)*

*"It is a huge help because if you need [money] in case of emergency, you can loan somewhere. Your needs where you need to borrow money as soon as possible, like for your food, payment of the electricity, vitamins of the children" (P1N6)*

*"If the resources are available and together with hard work, we will have fruits to gather. If the source is available but you do not want to work, you don't have fruits to harvest." (B1N5)*

## DISCUSSION

### Perceived Acceptance, Impact, and Salience of Child Well-being Interventions

#### Source of hope for the family and community

Some of the discussants frequently voiced out positive opinions regarding the programs and how it helps their family, especially their children who are under 5 years old. Furthermore, it was mentioned multiple times how the programs brought the community closer together through program participation. Based on related studies, CSOs frequently act as community builders, fostering a sense of belonging and collective identity. They organize events, initiatives, and programs that bring people together, helping to build stronger, more supportive networks. This sense of community can offer hope to individuals and families by reinforcing the idea that they are not alone in their struggles and that positive change is possible through collective effort.<sup>28-30</sup>

#### Going beyond basic necessities

The findings of the present study were consistent with the result of several studies suggesting that CSOs have a big role in training and empowering women in different aspects such as livelihood and economic independence.<sup>31</sup> The discussants shared how the livelihood and community savings helped them feed their families, have additional income, and lend money during emergencies. The programs can also empower communities through capacity training, education, and active participation in event and activity planning.<sup>32</sup>

Instilling leadership skills among study participants was also observed as one of the benefits that the community received from the CSO aside from the provision of their basic necessities. A few of the discussants mentioned that there are times where the community leaders are the one who would spearhead the programs while the CSO would step back and help in the side line. Importance of community leadership was also emphasized as they are the ones who can lead activities and projects, and can encourage the community to engage in their programs.<sup>33</sup> Furthermore, volunteerism in the community can broaden social connection and create a huge impact through small tasks which make a difference in the community.<sup>34,35</sup>

One of the projects enforced by the CSO focuses on financial literacy following the microfinancing model with very minimal interests and self-sustaining since the said program is governed by its own member. Most of the discussants reported that it helped them reshape their financial decisions and saving patterns. In the study of Nghiem, microfinancing has shown to improve communities' financial literacy.<sup>36</sup> In addition, according to Fuji et al., financial education for low-income single mother households can affect the school absence and physician visits of their children per year.<sup>37</sup>

### Barriers and Lessons Learned

#### *Barriers for the successful acquisition of new knowledge and information*

These hindrances were also viewed in previous evaluation study suggesting that behavior change have shown that lack of financial capacity and resources, culture, and lack of support from other family members can affect their adherence to the practices that they have learned.<sup>38</sup> Mothers are also often burdened with house chores and livelihood, which may serve as an additional barrier in terms of proper child rearing.<sup>39</sup> When asked during the FGDs why they cannot practice their learned knowledge, a few mentioned that they were busy with household chores, taking care of their other children, and their livelihood. In addition, the accessibility to instant food items may affect the practices of the participants. According to Bhave, more people prefer instant foods as they are cheaper, easier to cook, and readily available.<sup>40</sup> Home gardens were seen as an income and food source of the participants, however, it was also mentioned by some of the discussants that they do not have the space to plant their seedlings and opt to give away their seeds to others who do. This finding is similar to Cerda et al. and Benjamin-Neelon which states that lack of space is one of the common barriers in backyard gardening.<sup>41,42</sup> The extreme weather also affects the crops as some of the discussants mentioned the extreme heat and extreme rainfall in their areas. It was shown that the area programs either suffer from extreme heat or extreme rainfall according to DOST-PAG-ASA's September 2024 report.<sup>43</sup>

#### *Learned opportunities*

In a related systematic review, it was evident that community participation may vary, especially in health promotion programs.<sup>44</sup> There were discussants who voiced out that they were hesitant to join at first but eventually joined because they saw their neighbors joined as well or they became curious of the programs run by the CSO. In the era of SDG, community participation was a vital strategy in health promotion.<sup>45</sup> Community participation does not link to positive health comes, but concrete interventions are. The importance of community participation is given importance in order to continue the programs or activities of CSO.<sup>46</sup> Furthermore, these health and nutrition programs to continue to be implemented even if the CSO leaves the area

programs to sustain the effect of these programs. Continuous education can be beneficial as well, whereas, nutrition literacy can predict adherence to healthy or unhealthy diet patterns.<sup>47</sup>

### Limitations of the Study

The qualitative nature of the study design and the non-probability nature of the sampling technique prevent the generalization of the results to the whole population and might be subjected to observer bias.<sup>19,48,49</sup> The presence of the CSO volunteers and staff during data collection may have caused social desirability bias on the side of the discussants.<sup>50</sup> The study also relies on self-reported data from beneficiaries, which is prone to recall bias and social desirability bias, potentially affecting the accuracy of results. Variability in how respondents interpret and answer questions could lead to inconsistent data quality.

### CONCLUSION

The programs provided by the CSO were a source of hope for the family and community as it provided sources of new information, materials and other resources to the beneficiaries. The CSOs were going beyond basic necessities by empowering the parents in terms of livelihood and decision making, creating community leaders and helping the families to save for their future. However, the lack of available resources and fear in terms of sustainability are some of the barriers that were experienced by the beneficiaries. There are learned opportunities as well where further assistance in terms of sustaining the acquired knowledge, and cooperating even without support given can benefit the community. While the programs were found to be beneficial to the participants, there is a need to revisit the implementing rules and guidelines of the different technical programs, wherein a more customized and grounded approach can improve services. Development of a program portfolio that can maximize the desired outcome of the program to the beneficiaries that will lead to an impactful change not only in the knowledge but also in practice of beneficiaries participating in health and nutrition programs. Lastly, Health and nutrition programs should provide strategies that can empower the beneficiaries to stand on their own even without the program and any support from the government.

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All authors certified fulfillment of ICMJE authorship criteria.

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## APPENDIX

### Summary of Research Instruments

| Health and Nutrition  | Socioeconomic Improvement   | WASH   |
|---|---|--|
| <p>This explores which specific and parts of the health and nutrition programs were used by the family. It also ventures into the perceived effects of the program on the nutrition habits of the family, children's health, food access, and food security. It also asks for specific examples of positive changes. In addition, it transverse how the program educated and empowered the community to make better nutrition decisions. It also asked whether the program fostered increased community support and collaboration. Lastly, the study participants were asked what worked well, what could be improved and how to ensure the long-term sustainability of the benefit of the program.</p> | <p>The first part focused on the structure of the savings group, the saving and loan experiences of the study participants, changes in financial habits and goals, and value of financial literacy training. It also explores how improved financial access has affected the family's ability to afford healthcare, education, and improve the nutrition and school performance of the children. It also tackles whether the program has strengthened community relationships, trust, and sense of belonging.</p> <p>The second part focused on how the program affected the primary income of the family, introduced new livelihood options, and overall financial stability. It also explores the program's effect on children's education (if it reduced child labor and improved school attendance) and family's access to basic resources. Lastly, the challenges faced by the participants and their recommendations were also asked.</p> | <p>This contains detailed questions about the family's source, storage, and treatment of water, as well as their handwashing habits and sanitation facilities. Furthermore, it also tackles how the program affected the knowledge, attitude, and practices of the study participants regarding WASH, and their understanding of its importance for their family health. It also asked what made it easy or difficult to follow recommended WASH practices. Lastly, suggestions for the program and any closing comments were asked to the participants.</p> |