

5 Years of Immersion in *Barangay Pawa, Panay, Capiz*: *IKAAYOng Pangkalusugan Program*

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ABSTRACT

Introduction. The Region VI UPCM RP Students' *IKAAYOng Pangkalusugan* (Health Wellness) program exemplifies a student-driven immersion where student learning is strengthened through actual community experience coupled with service to the community and people empowerment as main thrusts.

Methods. The *IKAAYOng Pangkalusugan Program* was a fusion of knowledge and skills of the different group members. Strategies utilized during the five-year immersion included: the process of community selection, community surveys, focused group discussions (FGD), public health lectures, workshops, health workers' training, free medical and surgical services, and youth and children involvement in health activities.

Results. The community diagnosis showed the profile and needs of *Barangay* (Barrio) Pawa, Panay, Capiz. Primary focus was given on the community volunteer health workers (CVHWs) empowerment through health lectures, workshops and trainings. The community was given free medical and surgical services. The youth and children were given health promotion activities. Community voters' education was conducted as a response to a timely and relevant socio-political issue of national elections which can affect health. All these became possible through collaboration with the community and its different stakeholders.

Conclusion. The annual community summer immersion was conducted by the Region VI UPCM RP students as a group, confirming that more people working together will impact the community more positively while enhancing student knowledge and skills, and enriching personal appreciation of the medical student's region of origin. The CVHWs improved in their knowledge and skills on health.

Key Words: *Capiz, community volunteer health workers, regionalization, empowerment*

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Introduction

The University of the Philippines – College of Medicine Regionalization Program (UPCM RP) was conceptualized in 1979 and implemented in 1985 to give opportunity for deserving students from the sixteen regions to take and finish a medical degree from the UPCM, and eventually go back to their regions of origin or any underserved region of the country to serve as doctors and leaders. The program seeks to address the problem of uneven distribution of human resources for health, especially doctors, who are concentrated in Metro Manila and other urban centers and the increasing number who are going abroad for more lucrative opportunities.¹ The UPCM RP is being strengthened through a structured summer immersion program with each Learning Unit being given specific objectives and roles for every summer immersion. This is based on the concept of a Five-Star Physician, that is – a doctor as a clinician, educator, researcher, health manager, and social mobilizer. In addition, medical student knowledge and skills are enhanced through medical services provided to the community.

The *IKAAYOng Pangkalusugan (Imo Kaayuhan Aton Alaqaan: Yes sa Organisadong Pangkalusugan)* (Let Us Take Care of Your Wellness: Yes to Organized Health) Program was started in April 2006. It was conceptualized after a series of consultations with the people of *Pawa* in 2006 and 2007. It envisioned a service for the community to improve their health and empower the CVHWs. Being community-based, it utilized the principles of empowerment, participation, collaboration, and sustainability.² Empowerment entails the ability of the people (e.g., CVHWs) to gain understanding and control over personal, social, economic, and political forces in order to take action to improve their life situations.² Community empowerment has long been recognized as a central theme of any health promotion.³ Sustainability is of prime importance since new programs may encounter diminished community support and trust when they are abruptly or inappropriately terminated.⁴ Empowering CVHWs and providing public health education to the community hopefully will help sustain health programs even beyond the students' immersion in the community.

With active community participation, there is a heightened sense of responsibility and greater diffusion of health knowledge in the community.⁵

Sitio (sub-barrio) *Cambuyayao* of *Barangay* Pawa had been the focus of immersion for the first three years. This is the biggest *sitio* in Pawa and the most depressed in terms of health and social status. The last two remaining years expanded to include Pawa proper and all 6 *sitios* of *Barangay* Pawa in partnership with the CVHWs and the community leaders.

In line with *IKAAYOng Pangkalusugan Program*, objectives for each year were structured in a continuous manner, wherein the succeeding immersions built on the previous ones. The 2006 immersion got acquainted with the community, gathered health information, built rapport, and identified the key stakeholders. The 2007 immersion conducted an epidemiological survey. The 2008 immersion strengthened the alliance with the CVHWs. The 2009 immersion focused on the other *sitios* of Pawa, organizing a *Barangay* Health Committee (BHC), equipping the CVHWs with the basic knowledge and skills in health promotion. The 2010 immersion focused on reinforcement of CVHWs knowledge and skills, a youth camp, health of children, voluntary blood donation, and community voters' education.

Methods

The *IKAAYOng Pangkalusugan Program* was a fusion of knowledge and skills of the different members of the group [10 RP and 2 non-RP students of UPCM Classes 2010-2014 and from Region VI (e.g., Aklan, Capiz, Iloilo and Negros Occidental)]. The 2006-2010 immersion activities were done in collaboration with the students' field preceptor, various groups in Capiz, local government unit (LGU) and municipal health office (MHO) of Panay, the *barangay* council and CVHWs of Pawa.

Summer Immersion 2006

The group conducted meetings with the Provincial Health Office (PHO) of Capiz and the LGU and MHO of Panay. *Pawa* was the site of community immersion being the biggest *barangay* of Panay. The group was introduced to the *barangay* officials and CVHWs of Pawa. The six *sitios* of Pawa were properly assessed and investigated in terms of urgency of need, relevance, feasibility, community involvement, social impact and safety, resulting to the selection of *Sitio Cambuyayao* as the starting point of the community immersion. Health information was gathered from the MHO. Rapport meetings with the community were done. Key stakeholders in the community were identified.

Summer Immersion 2007

Courtesy calls were first made to the PHO, municipal mayor, MHO, *barangay* officials and CVHWs. FGDs with the

community leaders and CVHWs were done to further assess the current community situation and concerns. A house to house survey was conducted in *Cambuyayao* to assess the household profile, identify common health misconceptions and health seeking behavior. Organization and training of CVHWs in the *sitio* was started. Public health lectures on maternal and child health, common childhood illnesses, family planning, hypertension, diabetes, hygiene, sanitation and recycling were given to the community.

Summer Immersion 2008

Courtesy calls and meetings with pertinent local health officials were done, reporting previous immersion accomplishments and recommendations. Partnerships with the community leaders and health workers were established. FGDs with the CVHWs were conducted to discuss perceived roles and challenges. Baseline skills and knowledge of CVHWs were assessed, serving as basis for their training. Skills training included vital signs monitoring. Public health lectures were conducted on the danger signs of pregnancy, management of common illnesses (i.e., cough, colds, fever, and diarrhea, cardiovascular diseases, pulmonary diseases, kidney problems, dengue), smoking and alcoholism, hygiene, sanitation, maternal and child care, and family dynamics. Free medical and surgical services (e.g., fasting blood sugar screening and circumcision) were done. Lecture on parasitism and de-worming of 20 children aged 2-6 years old were done. The youth sector was given a leadership seminar.

Summer Immersion 2009

Courtesy calls were made in pertinent offices. The different *sitios* were visited and an FGD for each was conducted. Activities were directed towards strengthening the CVHWs in terms of organization, knowledge and skills. The youth were consulted. Awareness on proper hygiene practices were promoted to 26 children through games and hygiene activities. The CVHWs assisted in identifying people at risk for diabetes and urinary tract problem, who availed of free fasting blood sugar and urine testing.

Summer Immersion 2010

Courtesy calls were made in pertinent offices. Together with the CVHWs, the immersion activities were done. Then the CVHWs were evaluated using pretest, review session, post-test and practical, to assess their empowerment. Practical exams included case scenarios and vital signs stations.

A youth camp was conducted focusing on responsible relationship, adolescent sexuality, healthy lifestyle, and destructive effects of vices. Proper hygiene and healthy lifestyle were communicated to the children through storytelling and games. Minor surgical operation and

circumcision were provided. The concept of voluntary blood donation was introduced.

In the midst of the May 2010 Presidential elections, a community voters' education was conducted to educate the people on the current socio-political issues of the country and emphasize their vital role in electing public officials who will govern the country.

Results and Discussion

The Pawa Community

Barangay Pawa is located within Pan-ay, a 4th class municipality adjacent to Roxas City, the capital of Capiz Province. Pawa is a growing community consisting of Pawa Proper and its six *sitios* - Arellano, Camanciles, Pampang, Talaba, Cambuyayao and Talangnan. The last two *sitios* are located on the coastline.

Pawa has a *barangay* health center headed by a midwife and assisted by at least 18 CVHWs assigned to the different *sitios*. There is no doctor assigned to Pawa and medical referrals are forwarded to the Municipal Health Office (MHO) located in Pan-ay. The CVHWs are members of the CVHWs Association, with a set of officers. Vaccinations and deliveries are performed at the health center by the midwife. CVHWs help in patient care and health center operations, such as de-worming, vitamin supplementation, immunization and 'operation *timbang*' (weight). According to most residents, the CVHWs are very active in informing them regarding the services given by the health center, giving house-to-house reminders.

Pawa also has a *barangay* hall, a day care center, a public elementary and high school, a basketball court, a chapel and a *Botika ng Barangay* (village drugstore).

Majority of Pawa residents subsist on marine and freshwater fishing, dried fish production, and farming of crabs, prawns, and oysters. Other sources of livelihood are small-sized variety merchandising and farming. Residents participate in barter of seafood in exchange for fruits, vegetables, rice, and others. Others have *sari-sari* (small variety) stores and small scale food industries (e.g., *kakanin* (rice cake) or any type of food that is in season).

Most families owned their houses but do not own the land, which is owned by a few Panay wealthy landowners. Majority of the houses were made from *nipa/cogon* (grass) or galvanized iron roofing. Other houses were made from wood and concrete materials. Adequate potable water supply is provided by the local water district. Electricity is also available in the community, but some households could not afford it.

Majority of the people initially self-medicate upon presence of illness in the family. Some residents have misconceptions on immunization, hindering their children's vaccination. The CVHWs are exerting efforts to correct the

misconception, with emphasis on the importance of immunization.

Common illnesses were cough, colds, headache, and stomachache. Most fishermen and fishponds construction workers complained about back and body pains.

Children were susceptible to parasitism, with poor sanitation practices. Out of 475 households, 145 (of which 88 resided along the coastline) did not have access to sanitary toilets, and resorted to *kutkot-tambak* (dig and fill) waste disposal method.

Common health concern in the community was access to free or affordable medicines. Even if there is a *Botika ng Barangay*, the people found it difficult to spend for medicines. The *Botika ng Barangay* is also not completely stocked with essential medications.

CVHWs Training

The *IKAAYOng Pangkalusugan Program* focused on empowering CVHWs through public health seminars and workshops. CVHWs were opened up to the idea that they can also be health educators, more than just attendees of health seminars. CVHWs were taught about the proper use of the sphygmomanometer, stethoscope, thermometer, weighing scale and other instruments. From the 2010 evaluation, the CVHWs improved in knowledge and skills. Adequate training of health workers and making them realize their potential to contribute to the progress of the community are keys for a successful and effective health system in the locality.

The CVHWs also started their own *Barangay Health Committee* (BHC), with vision, mission, and organizational structure.

Health Services

Health professionals (Dr. Ricardo Dimayuga, Capiz Philippine Nurses Association, Rotary Club of Metro Roxas Central and Red Cross Capiz Chapter) joined forces with the local government to provide free circumcision and minor surgery to the people of Panay.

The first free circumcision mission was done in April 2008, with 50 young boys circumcised.

In 2010, for every patient who would undergo circumcision/minor surgery, one blood donor was required. The aim was to develop a sense of community responsibility and accountability, and for the community to realize that if free medical or surgical services are provided for them they should do their part in helping others. The CVHWs and the students went to the different *sitios* to educate the community on the need and benefits for donating blood. They were encouraged to donate blood as a way to help their fellow Capiznons. A total of 19 boys were circumcised and another 5 patients underwent minor surgery. There were 16 blood donors. The number of circumcised boys was less than that in 2008. Perhaps, this can be attributed to the

difficulty of finding a willing blood donor for the patient. However, it was a good start in introducing the concept and practice of donating blood to help others.

In cooperation with Bayer Healthcare, free diabetes screening and urinalysis tests were conducted in April 2009. Those who needed further workup and medications were referred to the MHO.

It should be kept in mind that the free medical and surgical services are only temporary solutions to the health concerns of the people.

Youth Empowerment & Health Promotion

Through the years, the *Sangguniang Kabataan* (Youth Council) has suggested that a youth camp on health be held in their *barangay*. Youth involvement started in 2008 but with no structure, with most activities being spontaneous. In 2010, a more structured 'The True Love Waits' Youth Camp was developed, aimed at educating young people on healthy lifestyle and sexuality. The goal was to establish leaders who would be ready to impart their knowledge to other young people as they were trained in the camp. This was opened to ages 13-25 years. About 29 youngsters from Pawa Proper, Cambuyayao, and Talangnan attended. The lessons touched on why a person has to wait for the right time to enter in a relationship, the effects of not waiting for the right time, the implications of premarital sex on one's health, purity and virginity, STDs and AIDS, and what one has to do while waiting for one's future mate. The ill effects of vices on one's health were also lectured. The youth were encouraged to make a commitment to change one's lifestyle and behavior.

Children's Health Education

The first activity with the children of Pawa was in 2009, designed to promote hygiene using innovative learning strategies such as games and art activity. The game is a simple effective tool of repetitions and actions, constantly reminding the children of the basic self-care activities such as taking a bath, brushing of teeth, combing and grooming, proper use of slippers, and changing clothes. Every time they play this game, they are reminded of the importance of self-care. The children loved and enjoyed the hygiene game, playing it almost every afternoon on the playground. One CVHW related how one kid enjoyed the game very much that she was so excited in relating the experience to her mother.

Storytelling is an old-time favorite and an effective tool to catch the attention and win the hearts of children. In 2010, story-telling conveyed lessons on personal hygiene and being healthy. After the storytelling activity, many of the children also wanted to read and started reading storybooks given to them.

Community Voters' & Socio-political Education

The election has a crucial role in the improvement of the country and the lives of the Filipinos. Thus, community voters' education was timely and relevant around the May 2010 elections. This was made possible with the training from *Simbahang Lingkod ng Bayan* (Church in Service of the Country) of Ateneo de Manila University, with collaboration from the local priest of Pawa and the CVHWs. The community was presented the current national situation of the Philippines from a wider perspective. They were informed of the economic, employment, health, education, environment, and socio-political facts and issues of the country through simple statistics comprehensible to the community. Knowing such realities, sadness and disappointment were mirrored in the faces of the people listening. Despite pessimism towards the current situation, they have expressed a deep concern for their country and fellow Filipinos, indicating that a small grain of hope still exists.

The right to suffrage as a human right was also discussed, with emphasis on how a vote of every individual can influence a positive change in the government. Voting as a privilege and a responsibility, and being an ultimate social equalizer was highlighted. It was stressed that in a democratic country, the will of the people is ideally the one that arises. The social dimension of the vote was also pointed to show that their one vote can affect others and at the same time effect change.

The voting procedure, before and during the elections, and the basic features of the automated election system were discussed. This part was able to introduce the new innovation in the Philippine electoral process and educate the community on how it functions. It was able to address questions, doubts and misconceptions.

The activity was synthesized with 5 participants sketching their dreams on a piece of paper. When offered to sell these dreams, they expressed strong refusal. The dreams drawn were then torn and crumpled, which further caused upset and anger in the audience. This was done to drive a point that, in the forthcoming elections, it is crucial to get to know the candidates to be able to vote for the most appropriate leader, and hopefully not to be swayed by the vote buying scheme of politicians. The talk ended with the steps of the discernment process in choosing a candidate.

Recommendations

The *IKAAYong Pangkalusugan Program* in Pawa should continue and should be regularly evaluated in terms of empowerment of the CVHWs and impact to the community.

The knowledge and skills taught to the CVHWs should be reassessed on a regular basis by the MHO for continuity and sustainability. The CVHWs should continually give public health lectures in their assigned *sitios* for actual experience on how to do it and to educate the people. The

Pawa Health Center could organize a monthly check-up for residents of the community for the CVHWs to practice their skills in taking vital signs and anthropometrics.

The CVHWs are also community residents in need of financial support systems. A livelihood program can be put in place in the community by the local government and the NGOs, wherein the CVHWs can participate.

Livelihood programs could also address the health needs of the community such as buying the medicines they need. Lack of access to medicines is an issue in the community due to lack of financial resources.

Working with the local Red Cross unit in Capiz would make it possible to start an emergency management team and conduct a basic life support for the coastal community at risk for disaster. More activities could be done for the youth and the children to instill early on awareness on the value of health and wellness.

Conclusion and Reflections

We conducted our summer immersion as a group thinking that more people working together will impact the community significantly. We are 12 aspiring doctors coming from Aklan, Capiz, Iloilo and Negros Occidental who joined forces with the goal of knowing, appreciating, and integrating into our own regions, turning a simple summer immersion into a grand vision for community improvement, focusing on the CVHWs' empowerment. The objectives of our summer immersion were accomplished mainly with the valuable support of our local field preceptor, the LGU, the MHO and the CVHWs. Majority of our plans were put into action but their impact is yet to be seen in the coming years.

We had always looked forward to each immersion in the community as exciting. Each year, a new project was implemented, new things happened and new members of Region VI added to the group. Sometimes, we were so humbled that Pawa people perceived us as heroes of the community – people who can assist them with a livelihood project to address their financial needs, bring new medical equipment for their health center, or organize a medical mission.

Conducting an immersion is not easy. The preparation can be tiring and time consuming, sometimes with unfavorable weather, such that we would fail to set a

schedule for rest and recreation. Therefore, the much awaited trip around Roxas City and to Olutayan Island was unforgettable for everyone and we were able to unwind and to appreciate the culture, people and places of our region.

The process that we went through made us realize that the doctor is not only a clinician but also a community educator, researcher, health manager, and social mobilizer. The UPCM RP Summer Immersion Program is indeed a venue where community service and medical learning can come together in a spirit of collaboration between students and people from the community.

It is recommended that different batches of UPCM RP coming from the same region collaborate and conduct their summer immersion activity as a group to make a greater impact in the community and establish ties with each other as future doctors of their region

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