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Pauline Marie Padilla Tiangco
University of the Philippines Manila
Jana Deborah Mier-Alpaño
University of the Philippines Manila
Jose Rene Bagani Cruz
University of the Philippines Manila
Wilfredo P. Awitan
University of the Philippines Diliman
Joey G. Escauso
Surigao del Norte State University
Alfredo M. Coro II
Office of the Mayor, Del Carmen, Surigao del Norte, Philippines
Uche Amazigo
Pan-African Community Initiative on Education and Health
Beatrice Halpaap
TDR, co- sponsored by UNICEF, UNDP
Arturo M. Ongkeko Jr. (amongkeko@up.edu.ph)
National Institutes of Health, University of the Philippines
Meredith Del Pilar-Labarda
School of Health Sciences, University of the Philippines, Manila

Research Article

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Pauline Marie Padilla Tiangco[1], Jana Deborah Mier-Alpaño[1],Jose Rene Bagani Cruz[1], Wilfredo P. Awitan[2], Joey G. Escauso[3], Alfredo M. Coro II[4], Uche Amazigo[5], Beatrice Halpaap[6], Arturo M. Ongkeko Jr.[7], Meredith del Pilar-Labarda[8]

1. University of the Philippines Manila, Manila, Philippines, paulinetiangco@gmail.com, janadeborah.mier@socialinnovationinhealth.org, jose.cruz@socialinnovationinhealth.org
2. College of Social Work and Community Development, University of the Philippines, Diliman, Philippines, wpawitan@up.edu.ph
3. Surigao del Norte State University, Surigao, Philippines, joeyjedie2005@gmail.com
4. Office of the Mayor, Del Carmen, Surigao, coro.alfredo@gmail.com
5. Pan-African Community Initiative on Education and Health, Enugu, Nigeria, amazigo4@yahoo.com
6. TDR, Special Programme for Research and Training in Tropical Diseases, co-sponsored by UNICEF, UNDP, The World Bank and World Health Organization, Geneva, Switzerland, halpaapb@who.int
7. National Institutes of Health, University of the Philippines, Manila, Philippines, amongkeko@up.edu.ph
8. School of Health Sciences, University of the Philippines Manila, Manila, Philippines, mdlabarda@up.edu.ph

Correspondence to Mr. Arturo M. Ongkeko Jr, amongkeko@up.edu.ph

Abstract

Background

Social Innovation in Health Initiative Philippines introduced the community engagement self-monitoring (CE-SM) strategy in two community-managed social innovations in 2021. The first phase demonstrated the viability of the strategy which involved identification of community "local monitors" (LM), selection of indicators, monitoring, and feedback sessions. In 2022, a second phase was implemented to improve the process by integrating capacity-building activities and to gather insights regarding the sustainability of the strategy.

Methods

Two communities in a rural island municipality implementing a social innovation called the "Seal of Health Governance" were chosen for the extended CE-SM pilot. Profiling of local monitors and self-assessment of competencies were facilitated. Capacity-building activities and praxis sessions guided by people-centered principles were conducted in between the actual implementation of the monitoring process. Topics discussed included principles of community engagement and approaches to data processing and analysis. Discussions on how local monitors can make sense of their data and how these can inform decision-making were also conducted.

Results

Local monitors from both communities showed determination in performing their responsibilities but differed in levels of participation. Their appreciation of their role increased as it broadened from merely collecting data to understanding and using it to advocate for their community's needs. The minimum requirements for communities to implement the strategy include financial mechanisms to provide transportation and food allowance and ensure the availability of resources. Profiling of local monitors revealed that a high educational attainment is not a prerequisite but rather, active participation in initiatives is integral. Moreover, having good communication and social skills, and familiarity with the community are deemed to be important qualities local monitors must possess. Lastly, it was also observed that local monitors improved their ability to analyze the realities of their communities particularly in terms of health leadership and governance.

Conclusions

CE-SM is a feasible and sustainable strategy for monitoring and evaluating health interventions if adequate support in the form of supplies, allowances, and political support are provided, and complemented by capacity-building and praxis sessions. It promotes listening to the community and empowering them to participate in decision-making which are vital in fostering ownership and sustainability of social innovations in health.

Keywords: social innovation, community engagement, self-monitoring, community-grounded tool, praxis, people-centered development

Background

Community engagement in social innovation refers to the active engagement of a community with other partners, to modify existing practice or introduce new methods of confronting and eliminating challenges in order to improve the individual and collective welfare of their community[1]. Self-monitoring, on the other hand, is a process by which a community is empowered to monitor and oversee the performance of a project or intervention to ensure that intended objectives are achieved. The community engagement self-monitoring (CE-SM) strategy incorporates the two approaches to allow communities to be further involved in programs and activities concerning their health and to identify what gaps to fill and how best to do so. This allows health services to become more responsive to their needs and more accessible to all. The integration of these relevant elements results in a strategy that helps ensure community ownership and sustainability of initiatives.

The Social Innovation in Health Initiative (SIHI) Philippines Hub, hosted at the University of the Philippines Manila (UPM), introduced the CE-SM for two social innovations in health implemented in geographically isolated and socially disadvantaged communities in the Philippines in 2021[2]. Inspired by the similar strategy adopted for the control of onchocerciasis in Africa, this pilot project aimed to unpack fundamental components of the CE-SM for social innovations that can facilitate the promotion of sustainability, community ownership, and people empowerment[3]. In that phase, the processes and dynamics of the communities as they implemented the CE-SM strategy were documented which led to the identification of factors and the development of strategies to best engage communities in monitoring social innovations[2]. Furthermore, it demonstrated that CE-SM is a viable strategy when tailored to the community's capacity, using a framework the community deems fit.

Building on the lessons of the first phase, this expanded pilot focused on (a) engaging selected communities to continue the implementation of CE-SM strategies for social innovations, (b) identifying and strengthening the competencies of the local CE-SM monitors, (c) integrating people-centered principles of development, and (d) identifying mechanisms to sustain and integrate the implementation of the strategy.

New elements introduced in this second phase include capacity-building activities and praxis sessions grounded on people-centered development principles. Praxis is "characterized by intentional reflection, mindful action and the willingness to learn from our ongoing reflection and action in order to form new understandings of the world and our experiences of it"[4]. It has been perceived to create opportunities to improve on their social innovative approaches, which involves a much higher level of participation. This is a helpful tool to make sense of lived experiences and take action in response to their needs while taking unique contexts into consideration[4]. These sessions were guided by principles of people-centered development, which refers to an "approach to international development that focuses on improving local communities' self-reliance, social justice, and participatory decision-making"[5]. It holds that human development is a complex process influenced by political, economic, social, and cultural aspects. Its core elements include sustainability, justice, participation, and inclusivity - which are vital components of the CE-SM strategy.

Methods

A. Overview of the CE-SM Process

The Community Engagement Self-Monitoring (CE-SM) strategy empowers a community to design community engagement processes at the community level and monitor a social innovation, program or project in a manner they deem fit. It scales up the process of social transformation through collective action by the community owning the ground-level initiatives, with monitoring as the entry point. The communities identified their local monitors and selected their monitoring indicators to collect data to assess performance outcomes and document the entire process. The other key persons involved throughout the process are discussed in Table 1. The aim of extending the implementation of the community engagement self-monitoring (CE-SM) initiative was to evaluate the strategy's sustainability and practicality while examining the factors and processes at play.

B. Innovation and Communities Involved

The site chosen for the implementation of the CE-SM strategy is a low-resource island municipality located in the southern part of the Philippines, with a population of 20,1273 of which 67% are living below the poverty threshold as of 2020. The municipality is composed of twenty (20) barangays or villages, headed by local village leaders[6]. Recognizing the health challenges their community members face, including low facility-based delivery/high maternal deaths, high infant/perinatal deaths, malnutrition of children 0-5 years old, poor sanitation, and high incidence of vector borne and other infectious diseases, the local government unit of the municipality launched the Seal of Health Governance (SOHG). This was one of the social innovations identified by SIHI which met the criteria set for this social innovation selection for this study: a) it is community co-managed, b) has a strong community participation component, and c) is being implemented during the course of the project. The SOHG is a health leadership and monitoring program that encourages community leaders to be actively engaged in addressing their community's concerns through an open participatory competition. Each village is expected to produce scorecards, which include performance indicators and community health targets based on their priority health problems. To foster innovativeness and encourage participation among communities, incentives in the form of seal awards and special awards are to be given to those that meet their targets. These serve as incentives to encourage and empower communities to create innovative solutions to address their health issues. The expanded Local Health Board, which includes the municipal mayor, municipal health officer, development management officer, barangay health worker president, district hospital chief, representatives from the municipal council, and barangay captains, oversees and manages the project, along with representatives from the Department of Education and local civil society organizations[6].

Communities Involved

During the first phase of the project, all twenty (20) barangays in the municipality were included. In this second phase, two barangays were selected based on their level of engagement and participation. The most and least engaged and participative barangays from the municipality during the first phase were chosen to execute the strategy over a six-month course. Their

performance was rated based on the following criteria: 1) complete and satisfactory documentation of the whole process (choosing indicators, selecting local monitors, implementing the monitoring process, providing feedback, identifying challenges, and discussing the lessons they learned) and 2) completion of all the requirements within the prescribed time frame. With this, adjustments applied from the lessons they learned during the first phase of the project have become apparent. A comparison of the similarities and differences in the strategy implementation was also documented to see what works and what does not.

Community A

Community A, the most engaged and participative *barangay*, is an island *barangay* representing 9.14% of the total population of the island municipality in the study. The community's main source of livelihood is fishing, with others venturing into small businesses such as having a *sari-sari/*retail store. Tourism is also a booming industry, where a lagoon that forms part of the *barangay* is a famous tourist spot. In order to access the area from the town's center, a boat ride that costs seventy (70) pesos or 1.27 US dollars is required per person[6]. As of 2021, the *barangay* has twelve (12) *barangay* health workers and one (1) *barangay* nutrition scholar.

Community B

Community B, the least engaged and participative *barangay,* represents 4.63% of the total population of the island municipality. It is surrounded by mountains and bodies of water. The community's main source of livelihood is farming, animal husbandry, and various business ventures. The *barangay* can be accessed through a motorcycle/*habal-habal* ride that costs one-hundred (100) pesos or 1.82 US dollars per person[7]. As of 2021, the *barangay* has seven (7) *barangay* health workers and one (1) *barangay* nutrition scholar.

C. Implementers and their Roles

Key Person	Roles
Social Innovation in Health Initiative (SIHI)	The SIHI country hub in the Philippines (SIHI Philippines) conducted the project with TDR, the Special Programme for Research and Training in Tropical Diseases to develop a community-grounded and contextualized CE-SM strategy for social innovations in health that could be disseminated to enhance the effectiveness and sustainability of social innovations in health.
Innovator	A community-based organization that has developed and implemented social innovation(s) to address relevant health problems in the country.
Field coordinator and documenter	Assigned to document how communities plan, implement, analyze, and report data. This individual was in charge of gathering relevant community members during meetings with the SIHI team.
Local monitors	Volunteers who have been selected by the community to plan, collect,

	document, and analyze data throughout the CE-SM implementation.

Table 1. Key Persons and their Roles

D. Implementation in the Communities

Inputs from the first phase of the project implementation were integrated into the planning and social preparation stages. After re-orienting the community members and *barangay* leaders on the SOHG and the CE-SM strategy, local monitors were selected by the *barangay* council and monitoring indicators were chosen. Data collection was then facilitated, followed by data processing and analysis. Capacity-building activities were facilitated prior to data collection and after data processing and analysis. Praxis sessions to help facilitate information processing and internalization were held after choosing indicators, during data collection, and before data processing and analysis. During these sessions, the SIHI team also emphasized that they are free to decide or change certain processes as they deem fit. A feedback session, along with a self-evaluation among local monitors, served to synthesize the project implementation. These are summarized in Figure 1.

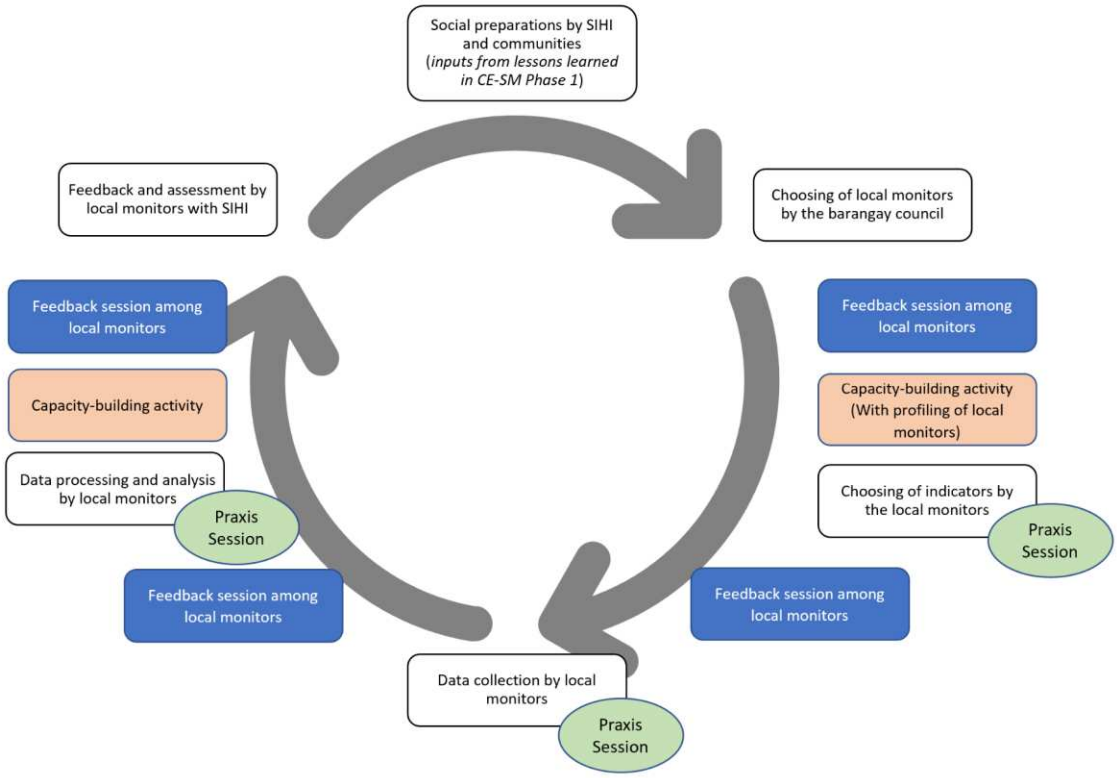

Figure 1. Steps and Processes in the Implementation of the CE-SM Strategy

Social Preparation Activities

Invitation letters were sent to the Local Chief Executive and the local field coordinator/documenter. Proposal presentations and consultative meetings were also facilitated to orient them regarding the project's rationale, objectives, deliverables, work plan, and timeline of activities. Emphasis was placed on the added elements for phase II, including 1) profiling of local monitors, 2) evaluating the performance of local monitors during the first phase, 3) evaluating what worked and what did not during phase 1, and 4) using these lessons to improve upon the implementation for the current phase. These were meant to be achieved by facilitating praxis sessions and capacity-building activities.

An orientation was conducted in each *barangay* to reintroduce the innovation, introduce the CE-SM strategy, share lessons learned and inputs from CE-SM Phase 1, and discuss implementation with members of the *barangay* council, who oversee the planning and implementation of government programs at the local level, and legislate resolutions and ordinances in the community. They participated in consultative sessions to select monitoring indicators and local monitors and approve such by voting. Compared to the first phase, two new elements were introduced during the second phase: capacity-building activities and praxis sessions.

Profiling of Local Monitors

In a face-to-face session with local monitors, the participants answered a profiling tool to help the SIHI team determine their demographics and characteristics. This allowed the understanding of the factors that affected their performance as local monitors and served as entry points for further discussion.

Capacity-building Workshops and Praxis Sessions

Two capacity-building activities were conducted among the local monitors of both villages, with the first held in August and the second in December 2022.

a. Capacity-building activity I

The first capacity-building activity had the following objectives: to 1) evaluate the performance of the local monitors during the first phase, 2) help them gain a better understanding of the concept of community, community engagement, community building, and community engagement self-monitoring, and 3) map out other potential local monitors. Emphasis was also given to listening to the voice of the community in every step of the implementation process.

1. *Self-assessment of local monitors' performance.* To evaluate the performance of the local monitors during the first phase, a self-assessment form was accomplished, where their level of competence for planning, data collection, and data analysis during the first phase of the project were measured. It also includes a behavioral checklist, along with the identification of factors influencing their performance during the first phase.
2. *Discussion of the principles and concepts of a community, community engagement, community building, and community engagement self-monitoring.* Group workshops were facilitated to discuss their understanding of community

engagement self-monitoring, the values they learned, and the manner by which the strategy was implemented during the first phase. A series of interactive discussions on the definition of a community, community engagement, community building, and CE-SM from the participants' perspective was facilitated by a social development expert. These concepts were discussed along with a case study to elucidate the important points and make them more relatable. The principle of praxis, which utilizes the process of action-reflection-action as an important element in decision-making and participatory methods, was also one of the key principles tackled during the workshop. This provided a safe space for local monitors to share, exchange and learn from the insights, achievements, challenges, frustrations, and plans of their fellow local monitors through an informal and facilitated conversation.

3. *Mapping other potential local monitors.* The participants were tasked to identify other potential local monitors, including the characteristics they must possess, how they can be encouraged to join and how they can be organized. They were asked to discuss and propose a step-by-step procedure on how they can be engaged.

b. Praxis Sessions

In this phase of implementation, praxis was included as an additional approach to enhance local monitor strategy on the ground. This aims to surface, describe, and analyze leadership processes that work to improve health systems through genuine community participation and empowerment. This is in line with what the CE-SM strategy asserts, that people have a critical understanding of their surroundings and are therefore deemed to have the best solutions for the challenges they face. Freire called it conscientization – an approach that is not solely an intellectual exercise for it must involve action, nor should it involve action alone as these actions must also be continuously reflected upon[8].

With the goal of integrating people-centered principles to the strategy implementation, praxis sessions were held to facilitate the action–reflection–action process for the community to deepen their learning and insights towards CE-SM as a strategy. These sessions provided opportunities for local monitors to do regular self-assessment and evaluation, using this as a basis to replace and/or add to the current list of LMs. This also served as a venue for innovators and community members to exchange ideas and propose action points. Eventually, the praxis sessions provided the opportunity for LMs to examine their ongoing initiatives, and to plan how these initiatives will be enhanced and be considered in the next steps. In this manner, the communities were given a chance to further improve their current actions and create more social innovations that are geared towards long-term action. Moreover, the sessions were instrumental in recognizing and harnessing the community's innate potential and capabilities while doing CE-SM. One praxis session for both *barangay*s was facilitated once a month from September to November.

c. Capacity-building activity II

Drawing from the insights shared by the local monitors during the praxis sessions, the second capacity-building activity was geared towards deepening their understanding of data processing and capacitating them in presenting and analyzing the data they have collected. Specifically, the objectives were as follows: 1) to evaluate the performance of the local monitors during the second phase, and 2) to gain a better understanding of data processing and its applications. The local monitors presented their consolidated data and discussed their plan for data processing and analysis. Interactive sessions and group workshops led by a health informatics and community health innovations expert, were also facilitated to achieve the rest of the objectives. The local monitors were asked to accomplish a self-assessment questionnaire to assess their performance during phase II. A post-workshop evaluation was also accomplished by the said participants.

Monitoring in the Communities

Community A added one local monitor to their current roster, while the other *barangay* added two more. These were deemed necessary due to the increase in the number of households in both *barangay*s. They also decided to retain the monitoring indicators they used during the first phase as the local monitors and the community members were familiar with the tool and revising them might cause confusion and delay. Moreover, the local monitors noted that all the indicators were important, hence, utilizing all of them is necessary. Local monitors were assigned to their catchment areas and conducted one-on-one interviews with the community members. Compared to the first phase, Community A had B noted that the community members were more willing to participate in the interview. For Community A, this was largely because the *barangay* captain informed the community members regarding the initiative ahead of time, allowing the community members to plan their affairs accordingly.

Feedback Loops

CE-SM has an open feedback mechanism that ensures that all members of the project are well-informed so they may continuously contribute to the process. Feedbacking practices from phase 1 were continued in phase 2. This was integrated in the praxis sessions between the SIHI team and the local monitors.

After the local monitors' data collection, accomplished questionnaires were checked, consolidated, and finalized by members of the council. Feedback sessions among local monitors, the *barangay* council, and the SIHI team were also integrated into the second capacity-building activity held in December 2022.

Results

A. Engaging Communities for CE-SM Strategy Implementation

Choosing local monitors and monitoring indicators

Community A added one (1) local monitor, while Community B added two (2) more to their roster, since there are more households that had to be covered.

Both communities retained the monitoring indicators and the questionnaires they utilized during the first phase. They opted to do so as not to cause confusion among the local monitors and the community members. They perceived one's familiarity with the tool as a critical component in the ease of data collection. Moreover, they emphasized that the indicators they have chosen were well-thought of and were relevant to their social innovation. This affirms the active role that LMs play in the decision-making process, which serves to capacitate and empower them.

Data Collection & Processing by Local Monitors

Similar to the first phase, Community A facilitated house to house visits based on their assigned catchment areas. After gathering data, they submitted their respective tallies to the *barangay* secretary, who was in-charge of data consolidation. The compiled data was then submitted to the *barangay* captain, who called for a meeting to discuss the results. The local monitors shared that they decided to follow the same process as this was an efficient approach which worked for them during the first phase.

Community B, on the other hand, decided to mobilize all the local monitors to do house-to-house visits to cover all the households in their *barangay,* a strategy they did not do in the first phase. They, however, followed the same process as the first phase – data consolidation by the *barangay* nutrition scholar, followed by encoding by the *barangay* secretary and *barangay* treasurer. This was then submitted to the *barangay* captain and *barangay kagawad* on health (village councilor for health). The local monitors shared that no changes in this process were necessary.

Community performance outcomes and feedback for the Initial Phase

Majority of the local monitors during the first phase identified the following as important factors in carrying out their duties as local monitors during the first phase: 1) having regular communication, 2) having clearly defined tasks, 3) respect for the opinion of other local monitors, 4) formulation of strategies to effectively implement CE-SM and 5) having data validation and data storage strategies. On the other hand, they found that 1) support from colleagues and experts 2) explaining the meaning and implications of data, and 3) utilizing one's knowledge and skills to determine important elements in the data were not as important as the ones previously mentioned. These were also not observed and exercised by the local monitors during the first phase.

Moreover, the local monitors noted that they were enthusiastic to accept new responsibilities and were determined to learn new knowledge and skills. They mentioned that they were also able to accomplish tasks despite the lack of resources and were happy to have completed them. The latter was accomplished through the help of training/seminars, self-confidence, rapport- building, efficient communication systems, accurate use of data, and having access to appropriate facilities. On the other hand, the use of technology, formal education related to their job, and having ample resources, although regarded as facilitating factors, were available only in limited quantities. For instance, only one computer was available in Community B, which meant the rest of the local monitors had to take notes, compile data, and analyze them manually. This also highlights the importance of having financial support in order to provide the resources needed to carry out the strategy. The local monitors voiced out their difficulties in terms of resources (lack of bond paper for the questionnaires and lack of manila paper to write on during reporting for praxis sessions), which delayed their data collection and hampered their progress. Transportation was also a challenge, because not all local monitors have funds to pay for a ride to the designated venue for the praxis sessions. Thus, financial mechanisms should be in place to ensure the sustainability of the strategy. In this regard, the team has identified the minimum requirements for communities to implement the CE-SM strategy in Table 2.

Minimum Requirements to Implement the CE-SM Strategy
Transportation allowance
Food allowance
Availability of resources: bond paper, pens
Availability of equipment: software, computers, printer, projector
Availability of meeting venue

Table 2. Minimum Requirements for CE-SM Strategy Implementation

B. Profiling of Local Monitors

To facilitate the profiling of local monitors, they were asked to answer a thirty-nine-item self-administered questionnaire, which has the following components: a) socio-demographic characteristics, b) organizational mapping, and c) socio-economic characteristics. This tool was created by the team to be able to collect information that was deemed relevant to the study.

a. Socio-demographic characteristics

Of the twenty-five local monitors, 60 percent are from Community A, while the rest are from Community B. Ninety-six percent (96%) are females, 65.3% are married, and majority belong to the 25-to 54-year-old age group. The average household size was five (5), with a range of two (2) to seven (7) household members. 34.8% of them graduated from high school, followed by those who reached the high school level (30.4%), college level (17.4%), are college graduates

(8.7%), and those who have graduated elementary (4.3%). All of them have monthly family earnings less than 9,520 pesos, which is equivalent to 173.17 USD.

For the past year, the majority of LMs participated in training sessions on TB, WASH, and social determinants of health. Some participated in *Katarungang Pambarangay* (Amicable Settlements for Disputes) facilitated by the Department of Interior and Local Government (DILG), *Kapit-Bisig Laban sa Kahirapan* (Collective Action Against Poverty) - Comprehensive and Integrated Delivery of Social Services (Kalahi-CIDS), training against hunger, WASH, farming and planting of crops, procurement training, the Philippine Drug Enforcement Agency workshop, and an integration program for children development.

b. Organizational Mapping

Local monitors from both *barangay*s have identified the following organizations to be existing in their respective communities: the *barangay* council, parent-teacher association, *barangay* development council, and non-government organizations. In Community A, all LMs are members of at least one organization, the majority (73.3%) of which are members of Community A's Marine Association. It is a people's organization promoting marine protection and sustainable fishing. The other organizations are generally focused on health and nutrition, education, environmental causes, and peace and order. This also holds true for the local monitors in Community B, with all the local monitors belonging to organizations such as the savings club (30%), the coconut association (20%), the livelihood poultry association (20%), and the national irrigation association (10%). Apart from the local government, other organizations which help them with their causes include RARE and Oxfam International from Community A, and Philippine Coconut Authority and Savings club for Community B.

c. Socio-economic characteristics

In Community A, the main sources of livelihood include fishing and business enterprises, while Community B has farming, animal husbandry, and business enterprises as theirs. Most of the businesses present in both *barangay*s include retail shops/*sari-sari* stores. Since Community A is an island *barangay*, the local monitors identified the hospitality industry as one of the prominent income sources in the community. In addition, all the LMs from Community A noted that sources of livelihood exist in their *barangay*. On the other hand, the majority (67%) of the LMs from Community B answered that no livelihood programs were present in their community, with the rest identifying tailoring and upholstery shops as income sources.

C. Competencies Gained by the Local Monitors

Community A's definition	"It is a good project for the *barangay* as we learn a lot from it especially when it comes to the health of the community. This is a big help for us and we are proud of it. Through it, we serve as role models for the *barangay*."

Community Bs's definition	"It is a means of assessment where the health needs of each household can be determined so that appropriate solutions can be done."

Table 3. Definition of CE-SM by the Two Communities

Community A defined CE-SM as a "good project for the *barangay* as we learn a lot from it especially when it comes to the health of the community, as seen in Table 3. This is a big help for us and we are proud of it. Through it, we serve as role models for the *barangay*". Being patient, humble, friendly, and accomplishing the tasks at hand despite difficulties were important values they continued to uphold. They shared that during the first phase, a local monitor roaming around the community with pen and paper was often associated by community members as government financial assistance, and people would often get frustrated to find out otherwise. Some people also answered them with "Interview *nanaman*!" (Another interview?!), which despite being a non-reassuring response, did not demotivate the local monitors. Other challenges they encountered include being discouraged to continue by some family members and receiving negative comments from community members. However, during the second phase, they noticed that this was no longer the case. Community members were more open to them and were more willing to be interviewed. As one of the local monitors mentioned, *"Kapag naipapaliwanag nang maayos at naiintindihan kung paano ginagawa, hindi na sila nagrereklamo"* (When you explain extensively and they understand how and why it is being done, they no longer complain). The *barangay* captain/head also informed the community members to expect house-to-house visits for an interview for CE-SM, which helped the community members plan their schedule, providing a solution to one of the prominent challenges during the first phase. This also emphasizes the important role community leaders play in encouraging the community members to actively take part and be engaged in initiatives – which are key elements to sustainability.

The capacity-building activity proved to be helpful for local monitors, as one local monitor shared, "*Nung unang phase nahirapan talaga intindihin yung indicators, sabi ko, para saan ito? Kasi wala pang workshop noon diba po. Malaking tulong po talaga iyong ginawang workshop*" (During the first phase, we really had a difficult time understanding the indicators, I was thinking, what are these for? Since there was no workshop to guide us. This workshop is really a big help for us). Moreover, they shared that the strategy provides opportunities to promote health and cleanliness in the *barangay* and sees it as a means to provide livelihood and lobby for policy. In their words, "..this will be instrumental in helping more people".

Local monitors from Community B provided a similar definition of CE-SM, as listed in Table 3. They also share the same values and challenges and identified similar opportunities as the previous *barangay*. In terms of implementing CE-SM, they discussed the need to effectively communicate the objectives of the strategy to the community members and to encourage them to attend meetings regarding the initiative. Moreover, passing an ordinance or resolution to effectively implement the strategy is deemed essential. A SWOT mapping and analysis was also facilitated by both *barangays*, results are listed in Tables 4 and 5.

Strengths	**Weaknesses**
• You will be encouraged to continue what you are doing	• Negative responses • No support from the family • Having a negative disposition in life

• Having a good and positive perspective • Family support	
Opportunities • Creating an ordinance • Having an effective health center in the community • Cleanliness and sanitation • Beneficial for community members • Livelihood program	**Challenges** • Negative comments/responses, but we soldier on • "My husband told me to stop engaging in volunteer work such as being a local monitor"

Table 4. SWOT Analysis by LMs of Community A

Strengths • Unity in the community • Understanding among members • The drive to continue despite negative responses • Always be ready to engage people	**Weaknesses** • Making excuses so as not to be interviewed • Hurtful and negative comments
Opportunities • Awareness of CE-SM and its importance • To raise awareness on the importance of health in the community • To promote safety	**Challenges** ● How to overcome negative experiences ● How to deal with people ● How to encourage them to actively participate in the project implementation

Table 5. SWOT Analysis by LMs of Community B

D. Mapping of Potential Local Monitors

Identifying potential members is valuable to ensure the sustainability of the project. Organizing them is a hinge in enhancing their capacity for community health education. It facilitates the organization and mobilization of identified individuals and active community members concerned with promoting health governance in the *barangay*. Thus, mapping of potential local monitors is a crucial element in their learning process.

The local monitors from both *barangays* shared a similar list of potential local monitors, which includes the daycare worker, barangay treasurer, record keeper, neighbor, community leaders, and youth organizations. Representatives from Community B also mentioned that any individual can be a local monitor, as long as they are willing to be part of the CE-SM project. This is further validated by the results of the praxis sessions, where they mentioned that there are no

strict qualifications or necessary skill set required for the role. It is of note though that having good communication and social skills, and being familiar with the community, are deemed to be important qualities. Both *barangays* shared that humility, good interpersonal communication skills, kindness, and helpfulness are important characteristics one must possess in order to be an effective local monitor. This goes to show that being aware of the surroundings and having rich interactions with community members are important. They shared that in order to encourage members to be local monitors, they must be informed of what the job entails, must be provided encouragement, must build rapport with the community, and must have access to their basic needs for them to be able to fulfill their responsibilities.

E. Integration of People-centered Principles of Development towards Health Governance

In this project, the researchers recognize that the community members are the main stakeholders of and primary actors in their own development. Hence, it was important to engage local monitors and help them hone their critical thinking and decision-making skills through capacity-building activities. The praxis sessions, on the other hand, were meant to encourage the utilization of a mutual approach of mentoring and coaching to deepen learning and enrich the insights of the community.

Local monitors experienced developing their capabilities and strengthening their group through the strategy. Local monitors improved their ability to analyze the realities of their communities particularly in terms of health and leadership governance. CE-SM also provided an opportunity for the local monitors to think and decide for themselves when it comes to enhancing the health indicators to be used. They have become more engaged and critical in reflection sessions geared towards enhancing the SOHG initiative. From this, it is evident that people-centered development in CE-SM involves recognizing the local monitors or innovators as agents of health leadership and governance through SIHI while exercising collective action. The project proved that listening to the community and recognizing their local initiatives in the context of diversity, is a vital element in promoting ownership and sustainability.

"*Bakit kami aattend ng barangay meeting, eh yung mga officers nga hindi umaattend?*" (Why should we attend *barangay* meetings when the officials themselves don't?). This was shared by one of the community members from Community B, emphasizing the important role of government officials not only in leading the community but also in serving as role models for them. On the other hand, local monitors from Community A shared that the challenges of the previous phase have been mitigated through the support of their *barangay* captain. The results of the praxis sessions and capacity-building activities also validate the important role of proactive leadership and support in ensuring the efficiency of local monitors and the sustainability of initiatives. Hence, a dialogue with the officials of both *barangays*, specifically the *barangay* captain and the councilor for health, was facilitated as a parallel session with the second capacity-building activity. The objectives were to present factors that facilitated and hindered the performance of local monitors in order to identify areas that need more support from the local government. The *barangay* captain of Community A, along with four councilors, actively participated in the discussion. They recognized that CE-SM is a strategy that can be utilized not only in health-related projects, but in other initiatives as well. Unfortunately, *barangay* officials from Community B were not able to join the discussion due to previous commitments.

Discussion

The SOHG, which is a monitoring program in itself, has been implemented by the community since 2012. Hence, we are simply building on their existing knowledge and recalibrating and enhancing their existing knowledge base of universal and fundamental principles of people-centered development (PCD). It has been instrumental in honing self-aware and socially responsible local monitors. During the praxis sessions, they were able to discuss their health situation and analyze how these realities came about. Both communities identified health indicators that are relevant and useful for their community, given the political and socio-cultural contexts. From this, it can be noted that the LMs were able to develop the skill of prioritization and critical thinking.

Comparing the dynamics and performance of both *barangays*, it was evident that Community A had a more organized approach to the CE-SM implementation. They held regular meetings to discuss their insights and the difficulties they encountered so they could deliver timely solutions. The strong leadership and commitment of their *barangay* officials, specifically the *barangay* captain, significantly contributed to this, which in turn also boosted the morale of the local monitors. On the other hand, this kind of support was lacking in Community B, as reflected by the remarks of some community members and local monitors. Although as individuals, the local monitors were competent, they were not mobilized efficiently during the project implementation. Based on Arnstein's ladder of citizen participation[9], Community A has freely participated until the level of partnership to delegation, where they have been part of planning and decision-making and can even be slightly manifesting accountability in the CE-SM project implementation. On the other hand, the level of participation of the local monitors from Community B falls between consultation and placation, where they actively participate in the implementation but are unable to take part in the decision-making process, which limits their ability to perform their duties. This is attributed to the lack of political support they receive from members of the council, particularly the councilor for health. Some local monitors voiced out their desire to lobby for an ordinance which will institutionalize SOHG, however, without support from the councilor for health, this will be difficult to achieve. Nevertheless, there was always room to scale up and move forward provided that political commitment from *barangay* officials were established - something that was evident in Community A but was lacking in Community B. It is important to note though, that Arnstein's ladder must always be interpreted based on context. As for CE-SM and SIHI, the higher one's participation is, the more power and governance is given to the communities to oversee and manage their social innovations.

During the initial capacity building session with the local monitors, one of the main discussion points was on their competencies particularly their knowledge, skills and attitudes on the strategy. Local monitors from both *barangays* shared the important role of CE-SM as, ".. a means of assessment where the health needs of each household can be determined so that appropriate solutions can be done." Both *barangays* also identified the strengths, weaknesses, opportunities, and threats of the strategy. This made them understand CE-SM on a deeper level and has made them realize its potential impact in future projects. These competencies were realized from their experiences as local monitors during the performance of their duties and conduct of the study.

It is evident from the initial self-assessment of local monitors that most of what they considered to be important and what they were able to exercise during the first phase were interpersonal and

relational skills, which were critical to data collection. In the second phase, the majority have shown an increase in the level of importance ascribed to data processing and analysis, which was one of the main objectives of the praxis session and capacity-building activities. This is an important realization and is crucial in ensuring the sustainability of the strategy.

Lastly, the characteristics that the local monitors identified as crucial, were the same characteristics they associate themselves with. Hence, it can be said that the local monitors would appreciate working with people who have similar values and principles as theirs. Their choice of potential local monitors also reveals that anyone can be a local monitor as long as he/she is open to learning and is motivated to be part of the project. They mentioned that basic needs must first be fulfilled in order for them to effectively fulfill their duties as local monitors, which is consistent with Maslow's idea of the hierarchy of needs[10]. Moreover, the need to meet the minimum requirements to effectively carry out the strategy has been highlighted in the study.

In summary, CE-SM implementation is deemed viable and sustainable if the previously described minimum requirements are provided and are complemented with capacity building-activities and praxis sessions which are grounded on people-centered development principles.

Conclusion

The study demonstrates the pivotal role that community engagement and leadership plays in motivating and empowering communities to actively participate in social innovations. It has demonstrated that integrating praxis sessions and capacity-building activities in the strategy are important elements to provide safe spaces for grounded reflection and learning exchange to ensure the relevance and sustainability of the CE-SM strategy. Furthermore, integrating a people-centered approach to development towards health governance is crucial. Proactive leadership and political commitment are deemed as important aspects of the strategy, which has significantly influenced the performance of both *barangays*.

Communities with an organized population have been shown to be capable of implementing projects and programs aimed at improving their well-being. Doing so as an organized group simultaneously increases human capital and maximizes social capital[11]. Ultimately, the important role of the human and social capital has been highlighted throughout the strategy implementation. These findings may help inform the creation of a manual that can help disseminate the strategy and serve as a guide for communities. Ultimately, CE-SM has been proven to be a viable and sustainable strategy that can be integrated into health projects and shows promise for initiatives that extend beyond health.

List of abbreviations

BNS	Barangay Nutrition Scholar
BHW	Barangay Health Worker
CE-SM	Community Engagement and Self-Monitoring
DILG	Department of the Interior and Local Government
GCARSIH	Gelia Castillo Award for Research on Social Innovations in Health
LGU	Local Government Unit
LM	Local Monitors
NGO	Non-government Organization
PCHRD	Philippine Council for Health Research and Development
SIHI	Social Innovation in Health Initiative
SOHG	Seal of Health Governance

Declarations

Ethics approval and consent to participate

Ethics approval was obtained from the University of the Philippines Manila Research Ethics Board and all methods were carried out in accordance with relevant guidelines and regulations. Informed consent was obtained from all the participants. Regular internal SIHI and TDR reviews and consultative processes were facilitated to ensure that project deliverables met the end users' needs and fulfilled the project's objectives.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

UA, MDPL, WPA, and BH conceptualized and designed the project. PMPT, WPA, JDM-A, JRBC, AMO, AMC, and JGE designed and finalized the protocol. PMPT, WPA, JRBC, and AMO facilitated the capacity-building sessions. PMPT, JDM-A, MDPL, JRBC, UA, WPA, and BH facilitated the analysis of results. All authors reviewed, edited, and approved the final version of the manuscript.

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