

Intensifying Health Promotion Efficiency through Relevant Flipchart Use: A Primary Health Care Learning Empowerment for Community Health Workers of the Municipality of Sto. Tomas, Batangas, Philippines*

Elmer M. Angus, MD, Alicia Genuino, MD, Ariel Paredes, MD, Nathanael Ron Semilla, MD, Peter Ante, MD, Jo-Ann Marie Mendoza, MD, Jelyn Rose Benito, MD, Jinette Lillian Carreon, MD, Rina Ricci Ilarde, MD¹

INTRODUCTION

Primary Health Care is the essential care based on practical, scientifically sound and socially acceptable method and technology made universally accessible to individuals and families in the community through their full participation and at a cost they and the community can afford to maintain in the spirit of self-reliance and self-determination. Last September, 1978 at Alma Ata, an international conference on primary health care was done and they declared that Health is a fundamental human right and that the attainment of the highest possible level of health is a most important world wide social goal and that the people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

Community participation is a process by which individuals and family assume responsibility for their own health and those of the community and develop the capacity to contribute to their community development Advantages of this are: it addresses the felt needs of the people, it ensures social responsibility among the community, it ensures sustainability, cost sharing, enhancement of knowledge and encourages intersectoral or non-government and government agencies collaboration.

One of the elements of Primary Health Care is education wherein the community should be informed of the health problems and the methods of their prevention and control. This can be done by the community health workers, with proper training, in disseminating the health information to their respective community members effectively, through relevant and proper presentations.

In the other hand, everyone seems to be interested in making high-tech presentations with laptops and LCD projectors; however, the flip chart is still the most effective presentation especially when used in the far flung communities, done before small groups. Economically, flip charts do not need electricity, can be done easily, show one's creativity and allows spontaneity in improving and in delivering the lecture topics. Education in presentation training, like flip chart use, allow the community health workers build on their presenting skills, enjoy making better presentations, achieve their confidence in presentations, and teach them how to present successfully.

BACKGROUND OF THE PROJECT

In the late 2015, with the hope of having her Community Health Workers (CHW) know more updates and skills in Primary Health Care, especially in disseminating proper health information to their respective constituents, regarding prevention and control of common illnesses, the mayor of the Municipality of Sto. Tomas, Batangas, Philippines, in partnership with Investment Capital Corporation of the Philippines (ICCP) Foundation Group, Inc., Light Industry & Science Park III, and Corporate Social Responsibility of Manila Doctors Hospital (CSR-MDH), in cooperation of the Department of Family and Community Medicine-Manila Doctors Hospital (DFCM-MDH), started this endeavour. Early last 2016, after several meetings of conceptual planning between ICCP and DFCM- MDH, a project was organized for the Community Health Workers (CHWs) of the Municipality of Sto. Tomas, Batangas, Philippines.

*Community Project Entry, as part of Corporate Social Responsibility, Asian Hospital Management Awards

¹ From the Department of Family and Community Medicine, Manila Doctors' Hospital

THE PROJECT

The project is composed of Three (3) Phases, namely:

Phase I:

1. Objectives:
 - 1.1 To impart knowledge through lectures about all possible illnesses and diseases, commonly encountered in every community of the Municipality of Sto. Tomas, Batangas, Philippines, including their prevention and control.
 - 1.2 To do demonstrations on how to do proper Blood Pressure and Temperature takings.
 - 1.3 To demonstrate on how to take proper Heights and Weights and calculate for Body Mass Indexes (BMI)
 - 1.4 To have return demonstrations on how to do proper Blood Pressure takings, Body Temperature takings and correct calculations of BMI
2. Topics to be discussed: (See Attached CD of the full context of the lectures)
 - 2.1 Lecture Topics:
 - 2.1.1 Lagnat at Kombulsiyon (Fever and Convulsion)
 - 2.1.2 Tuberkulosis (Tuberculosis)
 - 2.1.3 Alta Presyon (Hypertension)
 - 2.1.4 Diabetes
 - 2.1.5 Pulmonya (Pneumonia)
 - 2.1.6 Mga Sakit sa Balat (Skin Diseases)
 - 2.1.7 Kalusugan sa Kapaligiran (Environmental Health)
 - 2.1.8 Paninigarilyo (Smoking)
 - 2.1.9 Pang-Unang Lunas (First Aid)
 - 2.1.10 Pansariling Kalugusan (Personal Hygiene)
 - 2.1.11 Roles and Responsibilities of Community Health Workers
 - 2.2 Workshops and Demonstrations
 - 2.2.1 Proper Blood Pressure Taking
 - 2.2.2 Proper Body Temperature Taking
 - 2.2.3 Determination of Body Mass Index

3. Persons Involved:
 - 3.1 DFCM-MDH Residents
 - 3.2 DFCM-MDH Consultants
 - 3.3 Community Health Workers of the Municipality of Sto. Tomas, Batangas, Philippines with their Coordinator
 - 3.4 ICCP Foundation Group, Inc. representative
 - 3.5 Light Industry and Science Park III representative
4. Duration of Phase I: 2 Days
5. Resources Needed: Lecture Manuals, BP apparatuses, Thermometers, Weighing Scales (Detecto), Pre and Post-tests questions, Evaluation forms, papers and pens, Laptops. LCD, Screen, Sound Systems
6. Venue and Food: c/o Light Industry and Science Park III and Municipality of Sto. Tomas

Phase II

1. Objectives
 - 1.1 To impart knowledge of more lectures about illnesses and diseases, including their prevention and control, as additional disease topics taken in Phase I.
 - 1.2 To explain how teaching can be effective through the use of flipcharts.
 - 1.3 To give and explain the importance and advantages of Flipcharts.
 - 1.4 To demonstrate on how to make flipcharts properly.
 - 1.5 To teach the proper ways of giving health promoting lectures to the community health workers, using their prepared flipcharts as return demonstrations.
2. Topics: (See attached CD to know the full context of the lectures)
 - 2.1 Additional Lecture of Topics:
 - 2.1.1 Pagtatae (Diarrhea)
 - 2.1.2 Rabies
 - 2.1.3 Leptospirosis
 - 2.1.4 Bakuna (Immunization)
 - 2.1.5 Dengue Fever
 - 2.1.6 Tigdas (Measles)
 - 2.1.7 How to Lecture Effectively Using the Flipcharts

- 2.1.8 How to Make Flipcharts Properly
- 2.2 Workshop and Return Demonstrations
 - 2.2.1 Making Flipcharts Properly
 - 2.2.2 Graded Return Demonstrations on Effective Lecturing with the use of Prepared Flipcharts
- 3. Person Involved:
 - 3.1 DFCM-MDH Residents
 - 3.2 DFCM-Consultants
 - 3.3 Investment Capital Corporation of the Philippines (ICCP) Foundation Group, Inc. representative
 - 3.4 Light Industry and Science Part III representative
 - 3.5 Community Health Workers of the Municipality of Sto. Tomas, Batangas, Philippines with their Coordinator
- 4. Duration of Phase II: 2 days
- 5. Resources Needed: Lecture Manuals, Evaluation Forms, Grading Sheets, Materials for Flipchart Making: 3 ft. x 2 inches pieces of wood or bamboos, Manila papers, Black, red, blue pentel pens, crayons, straw for tying use, LCD, Laptops, Sound Systems
- 6. Venue and Food: Investment Capital Corporation of the Philippines (ICCP) Foundation Group, Inc., Light Industry and Science Park III and Municipality of Sto. Tomas, Batangas, Philippines

Phase U3: Community Levels, in coordination with the different Barangay Councils of Sto. Tomas

- 1. Objectives
 - 1.1 To go and visit the different communities (29 out of 30) of the Municipality of Sto. Tomas, Batangas, Philippines.
 - 1.2 To assemble the target audience of underprivileged and marginalized members of each community that will be visited (These underprivileged and marginalized members are the members of the Pantawid Pamilyang Filipino Project (4Ps) of the Philippine Government. One community has no 4Ps members).
 - 1.3 To let the community health workers do their teachings with the use of their prepared flip charts about their respective pre-selected or assigned lectures in front of their respective community members (members of 4Ps)

- 1.4 To let the community members evaluate the lecturing of their respective community health workers as well as their flipcharts .
- 2. Topic of CHW lecture: Selected from their Health Promotion Lectures given during the Phase I and II, illustrated in their prepared flipcharts
- 3. Demonstration: Effective Lecturing/Teaching with the Use of their prepared Flipcharts
- 4. Persons Involved:
 - 4.1 DFCM-MDH Consultant
 - 4.2 ICCP/Light Industry & Science Park III representative
 - 4.3 Head or Coordinator of Community Health Workers
 - 4.4 Community Health Workers of the selected communities
 - 4.5 Community Councils
 - 4.6 The Marginalized and Underprivileged community members (4Ps - Pantawid Pamilyang Pilipino Project members of the government)
 - 4.7 The Municipal Mayor and his/her council
- 5. Duration of Visit: 1 scheduled day, good for 4-6 communities, until the total of 29 communities will be visited
- 6. Resources Needed: Prepared flipcharts, Evaluation/Grading Forms, pre & post test Questions, Coupon bands, pen/pencils
- 7. Venue and Food: Community Health Centers of the visited Communities

CARRYING-OUT OF THE PROJECTS

The project was carried out in collaboration and cooperation of the following:

- 1. Office of the Mayor of Sto Tomas municipality with the Municipal Health Office
- 2. Corporate Social Responsibility-MDH with the knowledge of the Hospital Director
- 3. Department of Family and Community Medicine-Manila Doctors Hospital
- 4. Investment Capital Corporation of the Philippines Foundation Group, Inc.

5. Light Industry and Science Park III
6. Barangay Councils of all Communities of Sto. Tomas
7. Community Health Workers Organization of Sto. Tomas

A. Phase I (2 Sessions)

Since there were more than 150 Community Health Workers (total 163 who underwent the training) of the Municipality of Sto. Tomas, the training sessions were divided into two (2). The Session I covered the first half of the CHWs and Session II was for the 2nd half of the CHWs

	Session 1	Session 2
1. Venue	Mountain Rock Resort Lipa, Batangas	NDN Hotel Sto. Tomas, Batangas
2. Date	January 15 & 16, 2016	February 26 & 27, 2016
3. Number of Participants	84 Participants	79 participants
4. Number of Communities represented	29 Communities	27 Communities
5. Topics of Lectures given	As shown under The Project	As shown under The Project
6. Workshops/ Demos	As shown under The Project	As shown under The Project
7. Pre-Test: Lowest: Highest: Post-Test: Lowest: Highest: Total Items;	55 (46%) 100 (84%) 50 (42%) 114(96%) 119	Below 60% 108 (91%) 112(94%) 119
8. Pictorials	See samples	See samples

Details of the Sessions

Session I

Date and Venue of Session I:

The lectures and training took place on January 15 and 16, 2016 at the Mountain Rock Resort in Lipa, Batangas

One hundred nineteen-item pre-test, containing the 13 topics included in the modules, were given to the participants before the lecture proper as Pre-Test and after the modules as Post-Test.

The training session was divided into 4 modules. Modules 1 to 3 were tackled on the first day of training while Module 4 was discussed on the second day. Each topic consisted of definitions, risks, diagnosis, complications, prevention and treatment. Using Filipino language, all topics were lectured by means of MS Powerpoint presentations flashed through a projector. (Please see attached CD for the Lectures). Lectures went through as follows:

Module 1 (January 15, 2016):

- Lecture 1 - Roles and Responsibilities of a Community Health Worker (CHW)
- Lecture 2 - Pang-Unang Lunas sa mga Medikal Emergencies (First Aid)

Module 2 (January 15, 2016):

- Lecture 3 - Altapresyon (Hypertension)
- Lecture 4 - Lagnat at Konbulasyon (Fever and Convulsion)
- Lecture 5 - Diabetes
- Lecture 6 - Tuberculosis (Tuberculosis)
- Lecture 7 - Mga Sakit sa Balat (Common Skin Diseases)

Module 3 (January 15, 2016):

- Lecture 8 - Pag-Iwas sa Paninigarilyo (Smoking)
- Lecture 9 - Tamang Paglilinis sa Katawan (Proper Personal Hygiene)
- Lecture 10 - Pangangalaga sa Kapaligiran (Environmental Health)
- Lecture 11 - Nutrisyon (Proper Nutrition)

Module 4 (January 16, 2016):

- Lecture 12 - Vital Signs
- Lecture 13 - Mga Nilalaman ng First Aid Kit
- Workshop on Vital Signs and Body Mass Index Determination One hundred nineteen-item post-test, same as the pre-test, were given to the participants after all the lectures and workshop.

Outcomes of the Training: Session I

Demographics; A total of eighty four (84) Community Health Workers attended the training. All trainees were females. The trainees came from twenty nine (29) different barangays as illustrated in Figure 1. Majority of the trainees was aged 40 to 49 years old followed by those whose age was between 50 to 59 years old (Table 1). Based on civil status, most of the trainees are married (Table 2) and majority have reached high school (Table 3).

Figure 1. Distribution of Trainees According to residence

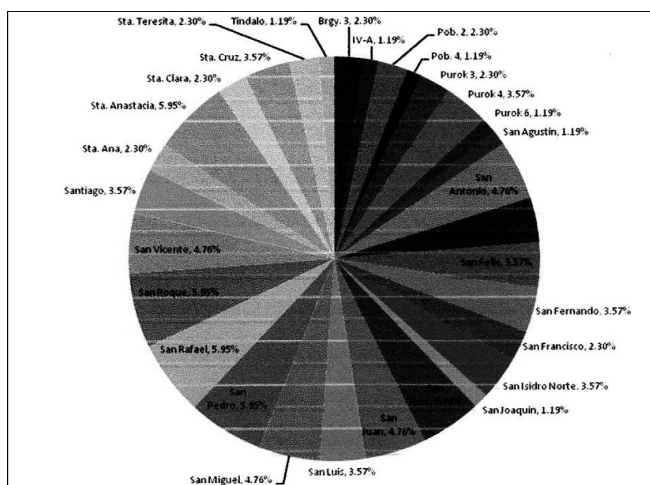


Table 1. Frequency Distribution of Trainees According to Age (n=84)

Age Range (in years)	Number of Attendees	Percentage
20-29	1	1.19%
30-39	18	21.43%
40-49	33	39.28%
50-59	27	32.24%
60-69	4	4.76%
70-79	0	0.00%
80-89	1	1.19%

Table 2. Frequency Distribution of Trainees According to Civil Status (n=84)

Civil Status	Number of Attendees	Percentage
Single	11	13.10%
Married	60	71.42%
Separated	3	3.57%
Widow	10	11.90%

Table 3. Frequency Distribution of Trainees According to Educational Attainment (n=84)

Civil Status	Number of Attendees	Percentage
Grade School	3	3.57%
High School	59	70.23%
College	22	26.19%

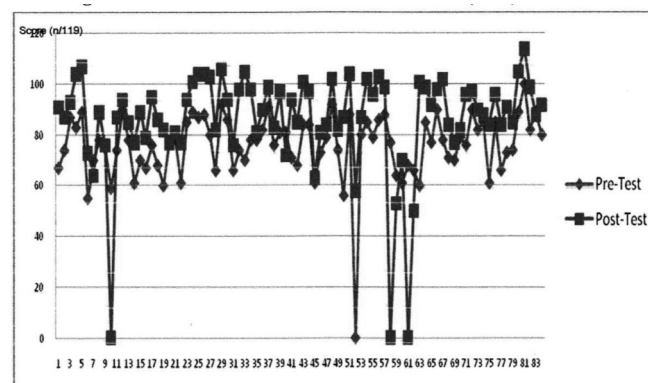
Test Outcomes; A passing score of 60 (50.42%) was set for the 119-item pre-test and post-test.

Pre-Test: A total of 83 trainees took the pre-test. One trainee was not able to reach the passing score (55). The rest passed the pre-test. The highest scored 100 (84%). (Figure 2)

Post-Test: A total of 81 trainees took the post-test. Three trainees who attended during the first day were not present during the second day. A total of 78 trainees (96.29%) passed the post-test. The same CHW scored the highest at 114 (95.79%). Three trainees were not able to pass. One of them had a pre-test score of 64 and a post-test score of 53. Another one had a pre-test score of 66 and a post-test score of 50. The last one did not attend the first day of training (without pre-test) and had a post-test score of 58 during the second day. Moreover, four trainees had a score lower than their pre-tests. One of which, although had a passing post-test score of 72, was not able to answer pages 8 and 9 of the post-test. (Fig 2)

Workshop; All trainees who engaged in the workshop were able to do a return demonstration correctly.

Figure 2: Pre-Test and Post-Test scores of Trainees (n=84)

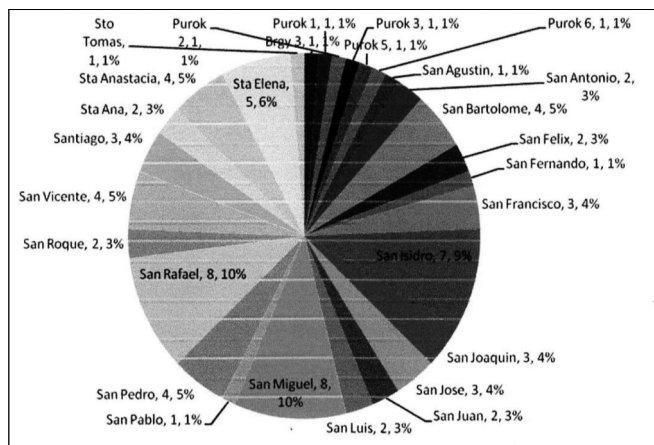


Session II

Date and Venue: February, 2016 at the NDN Hotel, Sto. Tomas, Batangas

Demographics; A total of seventy nine (79) Community Health Workers attended the training. All trainees were females. The trainees came from twenty seven (27) different barangays as illustrated in Figure 1. Majority of the trainees was aged 40 to 49 years old followed by those whose age was between 50-59 years old (Table 1). Based on civil status, most of the trainees are married (Table 2) and majority have reached high school (Table 3).

Figure 1. Distribution of Trainees According to residence

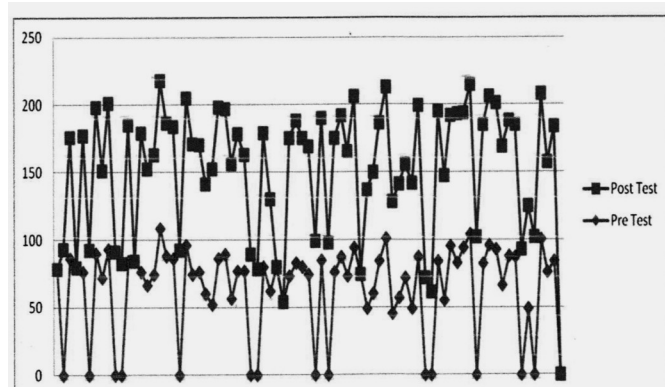


Pre-Test: A total of 64 trainees took the pre-test. Nine trainees was not able to reach the passing score (60). The rest passed the pre-test. The highest scored 108 (91%). (Figure 2)

Post-Test: A total of 72 trainees took the post-test. Six trainees who attended during the first day were not present during the second day. All the trainees passed the post- test. Four CHW scored the highest at 112 (94%). '

Workshop: All trainees who engaged in the workshop were able to do a return demonstration correctly.

Figure 2. Pre-Test and Post-Test Scores of Trainees (n=78)



Samples of Examination Test that was used for Pre-test and post-test

Table 1. Frequency Distribution of Trainees According to Age (n=78)

Age Range (in years)	Number of Attendees	Percentage
20-29	7	9%
30-39	13	17%
40-49	25	32%
50-59	21	27%
60-69	11	14%
70-79	1	1%
80-89	0	0%

Table 2. Frequency Distribution of Trainees According to Civil Status (n=78)

Civil Status	Number of Attendees	Percentage
Single	8	10%
Married	63	81%
Separated	-	-
Widow	7	9%

Table 3. Frequency Distribution of Trainees According to Educational Attainment (n=78)

Educational Attainment	Number of Attendees	Percentage
Grade School	1	1%
High School	59	76%
College	17	22%
Vocational	1	1%

Test Outcomes: A passing score of 60 (50.42%) was set for the 119-item pre-test and post-test.

B. Phase II (2 Sessions)

	Session 1	Session 2
1. Venue	Administrative Office Light Industry & Science Park III	Administrative Office Light Industry & Science Park III
2. Date	Nov. 4 & 5, 2016	Dec. 2 & 3, 2016
3. Number of Participants	73 participants	78 participants
4. Number of Communities Involved	27 (out of 30) communities	25 (out of 30) communities
5. Topics of Lectures given	See Attached CD	See attached CD
6. Workshops/ Demos	Group Flipchart making & Teaching Demo using made	Group Flipchart making & Teaching Demo with flipchart
7. Average Pre & Post-Tests (25 items each)	Pre-Test: 22 Post-Test: 24 See attached sample test	Pre-Test: 23 (92%) Post-Test: 94% See attached sample test
8. Evaluation	See Sample	See sample
9. Pictorials	See attached	See attached

DETAILS OF THE SESSIONS

(1) Session I:

Date and Venue

The lectures and training took place on November 4 and 5, 2016 at the Light Industry and Science Park III in Sto. Tomas, Batangas City.

Agenda

The training team agreed to an agenda prior to the training. The training sessions were divided into modules comprised of lectures, flip chart making workshop and the presentation of the trainees' outputs.

The Lectures and Training

A twenty-five item pre-test, containing the 5 topics included in the modules, were given to the participants before the lecture proper.

The training session was divided into 2 modules. Module 1 comprised the different lectures on 5 topics of communicable diseases which consisted of definitions, mode of transmission, signs and symptoms, treatment and prevention and a topic on primary prevention of illness through vaccination. Module 2 was about an effective teaching method through the aid of flip charts which was followed by the actual making of flip charts by the trainees. All topics were discussed using the Filipino language and lectured by means of MS Powerpoint presentation flashed through a projector. Lectures went through as follows:

Module 1 (November 4, 2016):

Lecture 1 - Rabies
Lecture 2 - Pagatae or Diarrhea
Lecture 3 - Dengue
Lecture 4 - Leptospirosis
Lecture 5 - Bakuna or Vaccination
Lecture 6 - Tigdas or Measles

Module 2 (November 4-5, 2016):

Lecture 7 - Isang Paraan sa Epektibong Pagtuturo (One Way of Effective Teaching)

Why the Flip chart?

Many consider that the flip chart is the most effective teaching tool because it helps one teach to all learning styles and gives options that slide show presentations simply can't provide. It provides color, words and images that can be in the minds of the learners, thus, can easily be remembered. Everyone

can read what are written on it, thus, the learners can get a chance to hear the information and say the information themselves, making the information stick to their minds.

As a teaching resource, it combines oral communication with visual appeal that can help teaching achieve a better impact in the learners' minds and help develop their perception and visual discrimination skills. It is a practical way that can also help the Community Health Workers in disseminating health information and improving health promotion in a simple and easier way. Flip charts can be edited, improved, rolled up for safe keeping when not in use, and light enough to carry when brought to far areas in the community, needing no laptops, LCD projectors and electricity.

Flip Chart Making Workshop was done and the trainees were divided into six groups with an average of 13 members per group. One facilitator was assigned to each group and they were tasked to make a flip chart on one lecture topic assigned to their group, which was from the list of the lectures given earlier.

Presentation of the group's output was done on the second day. Each group assigned amongst themselves reporters to present their work. They were graded according to organization and completeness of the content, legibility of the text, over-all knowledge of the topic and confidence of the lecturer.

Twenty five-item post-test, same as the pre-test, were given to the participants after all the lectures and workshop. The training and workshop was ended with recognition of the topnotchers for the pre- and post-tests. As well as the best group who garnered the highest score during the presentation of their flip charts.

Outcomes of the Training

Demographics: A total of seventy-three (73) Community Health Workers attended the training, almost all trainees were females. There was one male in the group. The trainees came from twenty-seven (27) different barangays of Sto. Tomas, Batangas City as illustrated in Figure 1. Majority of the trainees was aged 40 to 49 years old followed by those whose age was between 50 to 59 years old (Table 1). Based on civil status, most of the trainees are married (Table 2) and majority have finished high school (Table 3).

Figure 1. Distribution of Trainees According to residence

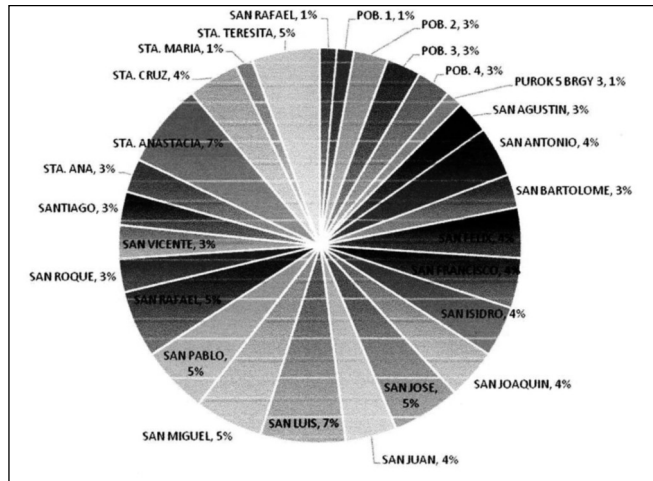


Table 1. Frequency Distribution of Trainees According to Age (n=84)

Age Range (in years)	Number of Attendees	Percentage (%)
20-29	1	1.37
30-39	11	15.07
40-49	30	41.10
50-59	25	34.25
60-69	6	8.22

Table 2. Frequency Distribution of Trainees According to Civil Status (n=71)

Civil Status	Number of Attendees	Percentage (%)
Single	8	11.27
Married	53	74.65
Separated	8	11.27
Widow	2	2.82

Table 3. Frequency Distribution of Trainees According to Educational

Educational Attainment	Number of Attendees	Percentage (%)
Grade School	2	3.08
High School	42	64.62
High School undergraduate	1	1.54
College	11	16.92
College undergraduate	7	10.77
Vocational	2	12.31

Test Outcomes: A passing score of 13 (52%) was set for the 25-item pre-test and post-test.

Pre-Test: A total of 72 trainees took the pre-test. Sixty-nine (95.83%) of the trainees passed the pre-test. Two trainees (2.78%) got the highest score of 22 out of 25 items.(Figure 2)

Post-Test: A total of 70 trainees took the post-test. Three trainees who attended during the first day were not present during the second day. All of the trainees who took the post-test had a passing score. Five of the trainees (7.14%) got the highest score of 24 out of 25 items. (Figure 3)

Workshop: Six groups presented their outputs in flip chart making through reporting. One group started with a skit to introduce their topic on Vaccines. The best group which gained the highest average score of 95% was the group who reported on Dengue.

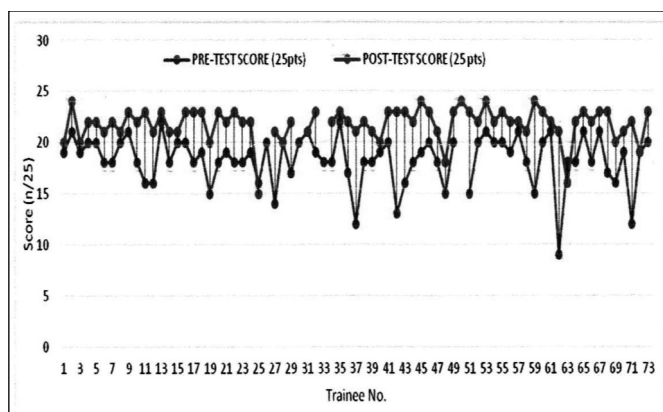


Figure 2. Pre-Test and post-Test Scores of Trainees (n=73)

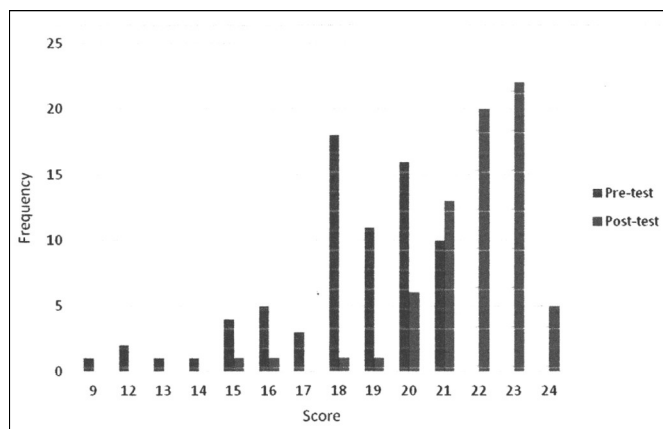


Figure 3. Comparison of Scores

Evaluation of the Program (See Evaluation Form in Appendix):

Trainees were asked to evaluate the program according to training, lectures, lecturer, support and venue. Seventy participants were able to submit their evaluation forms. According to their responses:

Over-all Training: 76% (n=53) = Satisfied

Lectures: 94% (n=66) = Very Satisfied

Lecturers' Performance: 89% (n=62) = Very Satisfied

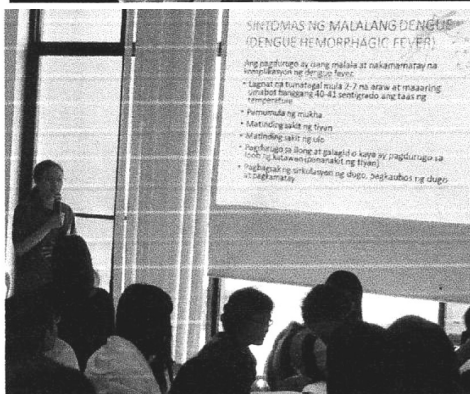
Local Government's Support: 90% (n=63) = Very Satisfied

Venue: 80% (n=56) = Very Satisfied

Participants were also asked to indicate topics they wish to be included for next sessions. The following were their common requested topics: cancer (cervical, lung, prostate), kidney diseases, goiter and family planning.

PICTORIALS

Module 1: Lectures



Module 2: Flip Chart Making Workshop



Presentation of their Output



Picture with the Participants and Organizers



The Mayor of the Municipality of Sto. Tomas, Mayor Edna Sanchez (middle, front row) and Mrs. Preciousa Vasquez-Balota, the representative of ICCP and Light Industry and Science Park HI, Extreme right, front row)

(2) Session II:

Date and Venue

The lectures and training took place on December 2 and 3, 2016 at the Light Industry and Science Park III in Sto. Tomas, Batangas.

Agenda

The training team agreed to an agenda prior to the training. The training sessions were divided into a lecture module, Flip chart making Workshop, and lastly the presentation of Outputs.

The Lectures and Training

Twenty five-item pre-test, containing the 6 topics included in the modules, were given to the participants before the lecture proper.

The training session was divided into 3 Modules. Modules 1 and 2 were tackled on the first day of training while Module 3 was completed on the second day. Each topic consisted of definitions, risks, diagnosis, complications, prevention and treatment of the 6 topics. Using Filipino language, all topics were lectured by means of MS Powerpoint presentations flashed through a projector. Lectures went through as follows:

Module 1: Lecture (December 2, 2016):

- Lecture 1- Rabies
- Lecture 2- Pagtatae or Diarrhea
- Lecture 3- Dengue
- Lecture 4- Leptospirosis
- Lecture 5- Bakuna or Vaccination
- Lecture 6- Tigdas or Measles

Module 2: Flipchart Making Workshop (December 2, 2016):

Lecture 7: Isang Paraan sa Epektibong Pagtuturo (One Effective Way of Teaching)

Flip chart Workshop was facilitated by the DFCM Staff.

The trainees were grouped into 6 groups and 1 facilitator was assigned to each group. They were required to create a flip chart and report it the next day. The goal of the activity was to foster team work, creativity, camaraderie, and allocation of work to the community health volunteers.

Presentation of Outputs from Module 1 (December 3, 2016):

Each of the 6 groups of trainees was allotted 30 minutes each to present their outputs. They were allowed to select 1-2 presenters for their reports. Evaluation of their outputs were done by DFCM Staff.

Pre-Test and Post-Test:

A twenty five (25)-item post-test, same as the pre-test, were given to the participants after all the lectures and workshop.

Outcomes of the Training:

Demographics: A total of seventy five (75) Community Health Workers attended the training. All trainees were females. The trainees came from twenty five (25) different barangays as illustrated in Figure 1. Majority of the trainees was aged 40 to 49 years old followed by those whose age was between 50-59 years old (Table 1). Based on civil status, most of the trainees are married (Table 2) and majority have reached high school (Table 3).

Figure 1. Distribution of Trainees According to Residence

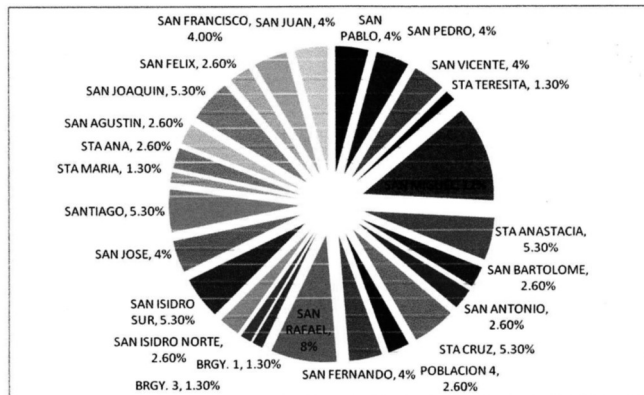


Table 1. Frequency Distribution of Trainees According to Age (n=75)

Age Range (in years)	Number of Attendees	Percentage
20-29	5	6.66%
30-39	9	12.00%
40-49	28	37.3%
50-59	22	29.3%
60-69	11	14.7%
70-79	0	0%
80-89	0	0%

Table 2. Frequency Distribution of Trainees According to Civil Status (n=75)

Civil Status	Number of Attendees	Percentage
Single	6	8.0%
Married	61	81.3%
Separated	1	1.3%
Widow	7	9.3%

Table 3. Frequency Distribution of Trainees According to Educational Attainment (n=75)

Educational Attainment	Number of Attendees	Percentage
Grade School	2	2.6%
High School	57	76%
College	10	13%
Vocational	6	8%

Test Outcomes:

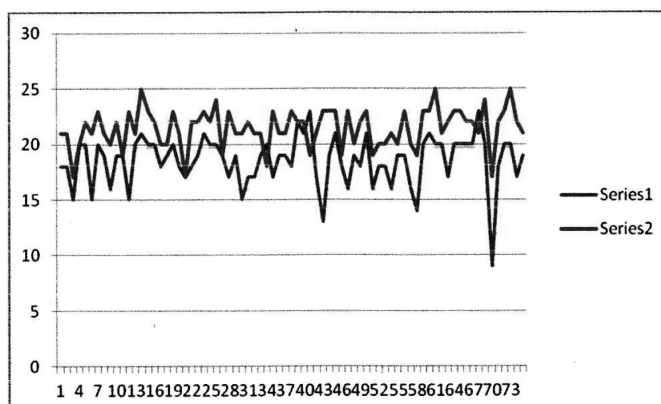
A passing score of 13 (50.42%) was set for the 25-item pre-test and post-test.

Pre-Test: A total of 78 trainees took the pre-test. One trainee was not able to reach the passing score and scored 9 (36%). The rest passed the pre-test. The highest scored 23 (92%). (Figure 2)

Post-Test: A total of 75 trainees took the post-test. Three trainees who attended during the first day were not present during the second day. All the trainees passed the post- test. Four CHW scored the highest (94%).

Workshop: All trainees who engaged in the workshop were able to do a flip chart and presented their corresponding lectures satisfactorily. The group who reported on *Tigdas* or Measles garnered the highest score in the evaluation of their output (Flip chart + Report)

Figure 2. Pre-Test and Post-Test Scores of Trainees (n=750)



C. Phase III: Barangay Level

A schedule of Barangay visits was made through the cooperation and coordination among the head of the BHWs, the representative of Light Industry and Science Park III, DFCM-MDH and the different Barangay Councils.

Barangay (Community) With Dates of Visit (Year 2017)	Topic of Lecture With Flip chart	No. of Participants (One Participant Represents 1 Family)	Evaluation Grades given by the residents (Average)	Average Test Scores (10 items)
Feb. 13: San Fernando	Leptospirosis	14	69.2	5.2
San Joaquin	Measles	32	92.6	7.8
San Agustin	Vaccination	30	93.5	7.2
Sta. Teresita	Dengue Fever	25	98.8	8.5
Sta. Cruz	Rabies	23	98.9	7.1

Feb. 16: San Isidro Sur	Measles	27	94.3	6.6
San Francisco	Tuberculosis	28	98.8	9.2
San Sta. Clara	Measles	41	97.2	6.8
San Isidro Norte	Measles	14	99.5	6.7
Feb. 20: San Juan	Diarrhea	37	97.9	8.3
San Jose	Leptospirosis	24	91.0	6.0
San Pablo	Vaccination	10	93.7	8.4
Sta. Ana	Rabies	16	88.4	8.7
March 9: San Miguel	Rabies	33	95.2	7.3
San Pedro	Diarrhea	28	92.1	8.0
San Roque	Measles	25	77.0	8.5
San Vicente	Diarrhea	36	97.5	8.4
San Bartolome	Diarrhea	24	96.6	7.8
Mar. 16: San Antonio	Diabetes	39	93.7	8.1
Sta. Maria	Hypertension	32	93.2	8.8
Sta. Elena	Tuberculosis	32	94.9	8.1
Poblacion 3	Leptospirosis	18	90.1	8.4
Poblacion 4	Leptospirosis	8	96.1	7.3
San Tiago	Rabies	41	98.7	8.7
San Rafael	Vaccination	56	84.0	7.1
Mar. 23: Poblacion 2	Environmental	32	93.9	9.3
Poblacion 1	Nutrition	19	76.7	8.6
San Felix	Leptospirosis	26	99.8	6.9
Sta. Anastacia	Leptospirosis	43	98.7	8.3
TOTAL: 29 Communities out of 30 (97%)		813		



D. IMPORTANT STATISTICS:

Total number of Community Health Workers: **274**

Total Number of Community Health Workers (CHWs) trained:

Session I = 84; Session II = 79; Total = 163 (60%)

Total number of Untrained Community Health Workers: **III (40%)**

Total Communities with CHWs were trained: **30 communities**

Total Communities of Sto. Tomas, Batangas, Philippines: **30 communities**

Total number of marginalized and underprivileged families

lectured by CHWs (1 participant represented 1 family): **813 families**

Number of members per family under 4Ps: **4 members**

Total Number of 4Ps family members: **3,252 members**

Total Flipcharts already prepared by each community: **2-12 flipcharts**

CONCLUSIONS

1. Teaching effectively as what is expected for the Community Health Workers regarding what they have attained in their training was one of their main problem, especially for the new ones. They had their share of being ashamed of, less confidence and lack of experience; however, they learned that proper preparation of their flipcharts as well as confidence are the necessary considerations for a teaching success with the help of their fellow CHWs.
2. With the proper return demonstrations that were conducted during the training, the CHWs were able to learn that teaching needs proper preparations not only the good knowledge of their health topics but also well-prepared flip charts and good delivery.
3. More than $\frac{1}{2}$ of the total CHWs of the Municipality of Sto. Tomas was trained and can Echo this to their fellow CHWs who were not able to attend.
 - a. Most of them were **Very Satisfied** with the Training, the Topic Lectures and the Lecturers, as well as the workshops & the Return demonstrations.
 - b. Most of them were **Very satisfied** with the Support of their Local Government for this kind of activity as well as for the Venue and Food.
 - c. Under Training Evaluation, most of the trainees were **Very Satisfied** of the Workshops and most of them were able to learn; in fact, wanted to have trainings like this in the future.
 - d. Most of them expressed their **Satisfaction** that the evaluations were also done in the Barangay or community level because these visits were not only relevant to their training but also for the own good especially that their community constituents were the ones who rated them on how they were effective in delivering the health promotion topics.
 - e. Most of them expressed their **Satisfaction** in Learning on how to make Flip Charts and know their uses & advantages.
4. Most of the CHWs who lectured and delivered the Health topics in their respective Health Centers were given **Very High Grades** from the 4Ps members who were their community members, meaning they were very efficient in health promotion using the flip charts effectively, and they learned and will share their knowledge also to their fellow community members, based on the Evaluations.

5. Properly prepared Flip charts with good qualities as taught to them during the training, are **effective means** in health promotion presentations especially to the community.
6. **THEREFORE, well-prepared relevant flip charts can help intensify health promotion efficiently especially in the far flung areas of the communities.**

RECOMMENDATIONS:

1. It is recommended that lectures, workshops and continuing education activities should be regular for the Community Health Workers (CHWs) so that a standard set of skills can be attained for them to be able to provide a defined set of services in the community, like health promotion efficiency.
2. Continuous recognition of the CHWs is an indispensable measure because by virtue of their role as a link between the healthcare system and the local community people, they can facilitate in the dissemination of widely efficacious interventions to populations that can either way be beneficial in terms of lessening healthcare costs and improving/maintaining good health of people.
3. Effective health promotion with the use of well-prepared flip charts should be continued also in the community level so as to continue the dissemination of health knowledge among the community members.
4. Continuation of the dissemination of health knowledge in the community level will also help in the lecturing/mentoring expertise of the CHWs. This will also augment their confidence, creativity, rapport with the residents, and overall presentation.
5. Flip chart making should be encouraged in every community CHWs so that they can have more resources in their every health promotion activity.
6. More trainings like this should be done for the remaining CHWs who were not able to attend the last training activity.
7. There should be a constant follow-up to be done by the CHWs coordinator in all communities to check the continuous making of the flip charts and the actual lecturing of CHWs to their constituents.
8. There should be updates to be given to the CHWs especially about illnesses that affect their communities with prevention and control.

APPENDIX I

Evaluation of Primary Health care Training for CHWs Sto. Tomas Batangas

Name: _____ Age/Gender: _____

Address: _____

Please check you selected answer in its appropriate box:

	Very satisfactory	Satisfactory	Not Satisfactory	Poor
I. Training				
1. Did the training able to achieve its objectives?				
2. Did the lectures help achieved the training?				
3. Did the training help you as a community Health Worker?				
4. Is the training important to you as a community health worker?				
5. Are the workshops done effective?				
6. How did you find your learning in this training?				
7. As a whole, how do rate the success of the training				
II. Lectures				
1. Are the given lectures important for you as community health worker?				
2. How effective this training in your work as a community health worker?				
3. Did this training answer your need of what you want to learn?				
4. Does this training can help you as a community health worker?				
III. Lecturers				
1. How effective are their teachings?				
2. How was your learning with their style of teaching?				
3. How effective were their ways of tackling the topics?				
4. How are you satisfied with their teachings?				
IV. Support				
1. Support of the local government				
2. How effective is their support?				
3. How about the quality of their support?				
V. Venue				
1. Proper for the training				
2. Food				
3. Lighting				
4. Ventilation				
5. Projections / Powerpoint				
6. Sound system				
VI. Topics you wish to be discussed next time:				

APPENDIX II

DEPARTMENT OF FAMILY & COMMUNITY MEDICINE MANILA DOCTORS HOSPITAL

EVALUATION FORM FOR EFFECTIVE TEACHING USING THE FLIP CHART BY BARAN- GAY HEALTH WORKERS DURING RETURN DEMONSTRATION

Address: _____

GROUP: _____ Date: _____

CRITERIA	PERCENTAGE (%)	GRADE
(1) Lecturer (40%):		
(a) Poise and Patience	8%	
(b) Appearance	8%	
(c) Style of teaching	8%	
(d) Quality of voice	8%	
(e) Confidence in teaching	8%	
(2) Flip chart (60%):		
(a) Well done and in sequence	10%	
(b) Readable letters	10%	
(c) Proper use of colours	10%	
(d) Use of pictures / symbols	10%	
(e) Simple and understandable	10%	
(f) Completeness of content	10%	
TOTAL	100%	

Evaluated By: _____

(Designation)