

EXTENSIONISTS AND COMMUNITY INVOLVEMENT IN COMMUNITY EMPOWERMENT: AN APPLICATION OF THE SELF-SUFFICIENCY- DEPENDENCY CONTINUUM

Daisy R. Palompon

Center for Research and Development

College of Nursing

Cebu Normal University

Corresponding author Email: daisypalompon@gmail.com

ABSTRACT

This study aims to evaluate the faculty extensionist and community involvement in the conceptualization, objective formulation, implementation and its implication to the development of self-sufficiency. This research work also evaluates the reliance of the community regarding the implementation of the Community Health Access Learning (HeAL) Project. Modified Delphi Method was used to allow consensus among identified experts on the evaluation of the extensionist's development of concepts, objectives, and implementation with reference to the model. Findings revealed that the extensionists have strong development of concepts towards community empowerment. The program objectives, project objectives, implementation and outcomes revealed as encouraging dependence. The extent of community involvement in the implementation of the Community HeAL project is lacking hence the entire project requires the redirection of its paradigm towards the real essence of community empowerment. The objectives were met but the issue on sustainability has to be addressed and strengthened.

Keywords: *Community Empowerment, Self-Sufficiency-Dependency Continuum, Extensionist and Community*

INTRODUCTION

Higher Education Institutions such as State Universities and Colleges (SUCs) are provided with the Higher Education Modernization Act of 1997 (R.A. 8292), the authority to develop consortia with other forms of linkages with local government units, institutions and agencies, public or private, local and foreign in the furtherance of their respective purposes. Cebu Normal University, as an SUC, is mandated through R.A. 8688 to provide extension services to enhance productivity, alleviate poverty and develop communities to become self-reliant and self-sufficient. Hence, CNU EHELP Program was launched in 2009. This program addresses the requirement of the adopted community on their need for education, health, environment, livelihood and peace.

The EHELP program provides the anchorage to the College of Nursing extension projects. In response to this

program, the Community Health Access Learning (HeAL) project was initiated by nursing faculty members in 2009 in the university adopted community, Caputatan Norte, Medellin, Cebu City. This project aims to cater to the needs of the community for quality and affordable generic medicines with plans to expand its services to offer basic health services such as blood pressure reading, blood sugar testing, asthma nebulization, pregnancy testing, vaccination at affordable rates with free health information dissemination package. A project conceived in response to the health and livelihood needs of community residents.

Community HeAL project is anchored on the research findings of the study on government-initiated programs for poverty alleviation through the creation of community-based drugstores (Palompon, *et al.*, 2010). The implementation of this project is believed to address

the accessibility of the remote communities to affordable medicines and basic health services. In the operation of this project, a community resident is trained about the “over-the-counter medicines” and financial operations of a business. The local leaders were trained to supervise and oversee the auditing procedures. Involving the local leaders and residents in the implementation of the extension services is presumed to promote continuity of the project in the community.

Extension services such as this Community Health Access Learning Project describe the role of higher education institutions as partners in developing a community. However, there is a need to explore whether extension service providers of the project under study addressed the defined role of an extensionist properly in developing a community. According to Dadzie (United Nations, 2005), “development is the unfolding of people’s individual and social imagination in defining goals and inventing ways to approach them. Development is the continuing process of the liberation of peoples and societies. There is development when they are able to assert their autonomy and, in self-reliance, to carry out activities of interest to them. To develop is to be or to become. Not only to have.”

An essential consideration therefore in providing extension services is the role of the extensionist and the involvement of the community in the conceptualization regarding the implementation of the projects with the basic aim of developing autonomy or independence of the project recipients. Therefore the intention of this study is to evaluate the Community HeAL extension project in terms of formulation of the objectives and the determination of its outcomes by both the faculty extensionists and the community, based on the United Nations paradigm of community development.

THEORETICAL- CONCEPTUAL FRAMEWORK

The evaluation framework of this study is based on the process by which extension services are provided for by the faculty extensionist and the extent of participation of the community. The study will also analyse the process of the project conceptualization, implementation and its implications for the development of autonomy / self-sufficiency of the community or dependency. It is important to note that the purpose for which this project was introduced to the community is for its development. So community development requires the active participation of

communities as it is essential for environmental, economical and social sustainable development. In this manner the local authorities will be advocated to undertake a consultative and consensus-building process with citizens and local organizations and to formulate their own sustainable development strategies (United Nations, 1993; Heritage and Dooris, 2009).

For a community to attain autonomy or self-reliance, two foci are considered. The first is that of the external provider of the project for community development and secondly the participation of the community as a whole. In the continuum of dependency and self-sufficiency, this takes into account the extent to which the volunteer is responsible for the work vis-a-vis the extent to which the community is responsible for the work. The extent of involvement of the members or the level of service is evaluated on the basis of developmental concepts, objectives of the project and project implementation. Participation of the people in defining issues, making decisions, formulating and implementing policies, in planning, developing and delivering services is an important consideration to achieve change in the community (World Health Organization Regional Office for Europe, 2002).

This study considers community empowerment as a state at which it includes individual involvement, organizational development, and community change (Checkoway, 1995). The empowerment of the community is measured based on the faculty extensionist and community involvement as proxy measures for empowerment.

Extent of involvement of faculty extensionists and the community are classified as:

(a) **Direct services**- a direct approach in which the Volunteer mostly does the work, gets a project organized, provides the needed service where none exists and generally takes the initiative for making things happen. In most instances, this means that the Volunteer takes responsibility for the action or project and that a counterpart may or may not get involved - and even if they are involved, will depend on the Volunteer for action and leadership

(b) **Demonstration**- in this case though the Volunteer spends most of the time demonstrating to others, but also do a lot of time work by themselves. Most often the responsibility is shared with one or two counterparts. The work is a combination of direct service and training/

demonstration, often with the Volunteer sharing some responsibilities with a promising local leader or an assigned counterpart.

(c) **Organizing with Others**- the Volunteer encourages and stimulates promising counterparts and others in the community, generally although not always - working with people rather than directly on projects.

(d) **Indirect service**- the Volunteer responds to a range of situations and problems raised in volunteer work by helping others solve their own problems; the Volunteer does not direct any of the work but concentrates on helping the people define and refine their perceived need. Help is given only on request, rarely initiated by the Volunteer (United Nations, 2005).

Hence, it is assumed in this study that the lesser the extent of work provided by the volunteer, the higher is the self-sufficiency. Hence, the greater is the community participation the higher is the self-sufficiency (United Nations, 2005). In the program and project objectives formulation, it is assumed that objectives formulated by the community themselves facilitated by the extensionist indicated a high indirect service extension style which encourages self-sufficiency or independence. The extent of initiatives and involvement of the community in the implementation phase also indicates high indirect service thereby promoting self-sufficiency or independence.

Community and faculty extensionists involvement in the project delivery plays a crucial role in attaining the goal of extension services. Commitment and ability to do the task are factors necessary for the success of the extension services. Moreover, bridging the gaps between the program goals, experiences of the extensionist and the learning needs of the clients is a system that will enhance success of the project (Bolton, 2011).

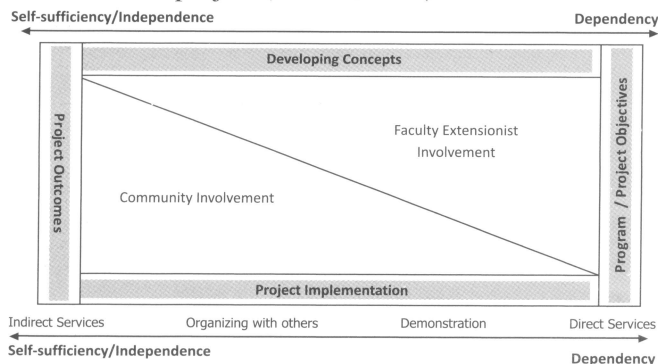


Figure 1. The Self-sufficiency-Dependency Continuum in Community Development
(Adapted from United Nations, 2005)

OBJECTIVE

This study aims to evaluate the faculty extensionist and community involvement in the conceptualization, objective formulation, implementation and its implication to the development of self-sufficiency along with the dependency of the community in the implementation of the Community Health Access Learning (HeAL) Project. Project outcomes were also evaluated as significant reference for the self-sufficiency-dependency of the community.

METHODOLOGY

The different phases of the project implemented were evaluated based on the involvement of the extensionist and the community using Dadzie's Model. Modified Delphi Method was used to allow consensus among identified experts on the evaluation of the extensionist's development concepts, objectives, and implementation with reference to the model. A questionnaire was utilized based on the objectives and activities done for the implementation phase with a 4-point scale. Scores were interpreted as 3-4 encouraging independence or self-sufficiency and 1-2 encouraging dependency. In measuring development concepts of the extensionists, a questionnaire adapted from United Nations (2005) was used with the scores interpreted as: 4-5 encouraging independence or self-sufficiency; 3 encouraging neither independence or self-sufficiency and 1-2 encouraging dependency.

Review of documents of such project proposals, progress reports and evaluation results were also used in data sources. In the data analysis, experts were consulted on the prioritization of the phases as to its influence on self-sufficient – dependency of the community by assigning weights. The consensus attained by the study revealed the development concepts of extensionists be given a weight of 10, program objectives has 15, project objectives has 15, project implementation has 30 and evaluation has 30. The biggest weights were assigned to project implementation and evaluation as these are critical requisites for the success of the project.

FINDINGS

Development Concepts of Extensionists

It is shown in Table 1 that the extensionists have strong concepts regarding the development of the community empowerment. At this level, they are ideal

proponents for the success of the project to be implemented in the community. However it is noteworthy to observe that the developmental concepts of the faculty extensionists in the CHeAL, has tendency to introduce technologies without considering what is most appropriate for the community setting. Generally, the extensionists' concepts in developing a community are towards the development of self-sufficiency or independence.

Table 1. Development Concepts of Extensionist towards Self-sufficiency-Dependency

Situations	Mean Score	Interpretation
Development worker should proceed with vegetable garden and school construction which meet people's "real" needs, even though the needs they themselves feel and express may be different.	3.5	Towards independence/self-sufficiency
A development worker's views should be responsive towards the expressed needs of the local people instead of Cebu Normal University's views, no matter what the difference may be.	4.5	Towards independence/self-sufficiency
The world hunger situation mandates rapid change which can only be effective by using the best available technologies.	2.5	Towards dependence
It is more important to help develop local leadership, working with one or two people efficient individuals, than to get the project work done with the help of volunteer know-how and drive.	4.5	Towards independence/self-sufficiency
Most effective volunteer is the one who understands his host country's weaknesses and helps the people to understand (them) by reasoning rather than any imposition from above.	4.5	Towards independence/self-sufficiency
Providing agricultural and health education in schools is a more effective means of unlocking the seemingly hopeless developmental problems of the local community than attempting to change adult attitudes and ideas which have been deeply ingrained through years of experience.	4	Towards independence/self-sufficiency
General Mean	3.92	Towards independence/self-sufficiency

PROGRAM OBJECTIVES

The objectives of the EHELP program are rated as mostly encouraging in relation to the dependence of the community as these statements are university-focused. These do not include the perspectives of the community members to which these program were implemented. Objectives which develop community independence or self-sufficiency should reflect the need of the community as they have identified.

Table 2. Program Objectives' Extent of Contribution to Self-sufficiency-Dependency

Objectives of EHELP	Mean	Interpretation
Demonstrate reliance in initiating appropriate solutions to problems arising from education, health, environment, livelihood and peace.	1.85	Encourages dependence
To uplift quality education in terms of improvement in education indicators.	1.71	Encourages dependence
To reinforce knowledge and skills of uneducated community people.	1.71	Encourages dependence
To demonstrate independent delivery of education among community people.	1.71	Encourages dependence
To improve health status of community people.	2.28	Encourages dependence
To enhance health-seeking behaviors of the community people.	1.86	Encourages dependence
To equip community people with environment-friendly practices.	1.86	Encourages dependence
To instill knowledge and awareness on environmental protection.	1.57	Encourages dependence
To equip and hone economically-needed skills of the community people in aid to augment household income.	1.86	Encourages dependence
To increase the marketability of the community people in job hunting.	2.0	Encourages dependence
To maintain a peaceful and harmonious environment that is conducive for healthy human living interaction.	2.9	Encourages dependence
General Mean	1.89	Encourages dependence

PROJECT OBJECTIVES

The project objectives as gleaned from Table 3 were rated as reducing independence as these statements were more geared towards extensionist-centered rather than community-centred. The statements further showed

attainment of short term goals which do not reflect lifelong learning.

Table 3. Project Objectives' Extent of Contribution to Self-sufficiency-Dependency

	Mean Score	Interpretation
To train operators and volunteers in the management and financial operations of HeAL Centre.	1.29	Encourages dependence
To assist the barangay in sourcing out funds and quality generic medicines to be sold and basic laboratory equipment in the CH Center for expanded services	2.43	Encourages dependence
To provide the barangay residents access to low cost high quality medicines and laboratory services.	2.29	Encourages dependence
General Mean	2.0	Encourages dependence

PROJECT IMPLEMENTATION PHASE

Table 4. Project Implementation Evaluation

Implemented activities	Weighted Mean	Interpretation
General Assembly with focal persons in the Barangay to lay out plans for the HEAL Center Orientation of the CH Center	2	Encourages dependence
Mapping out plans and strategies for CH Center Implementation with local leaders	2	Encourages dependence
Brainstorming on the selection/recruitment of BnB operator/s and pharmacist	2	Encourages dependence
Dialogue with potential BnB operators and pharmacist	3	Encourages independence or self-sufficiency
Contract signing with animators	2	Encourages dependence
Training of Operators/person to man the establishment on Pharmacology and Dispensing of OTC Medicines	3	Encourages independence or self-sufficiency
Training of Operators/person to man the establishment on how to source out quality but affordable medicines	3	Encourages independence or self-sufficiency
Training on Management and Financial Operations of the establishment	3	Encourages independence or self-sufficiency

Training for Operations	Monitoring of	3	Encourages independence or self-sufficiency
Preparation and construction of the location for BnB (display rack and signage). Materials were provided by CNU. Operators took charge of the labor.		3	Encourages independence or self-sufficiency
Visit generic medicine distributors to establish contact and facilitate transportation of medicines; Canvassing and Purchase of Medicines in Cebu City		1	Encourages dependence
Opening of the establishment		3	Encourages independence or self-sufficiency
General Mean		2.5	Encourages dependence

In the evaluation of the implementation of the project it is rated as encouraging dependence. In different phases it is noted that there is always the presence of the extensionist as the one initiating the activities. The best method of implementation shows the facilitating role of the extensionist rather than initiator of the activity. The community is the one mobilizing the activities to be implemented. It is noted that the execution of the plans must be initiated by the community and the role of the extensionist is only to assist or facilitate the activities.

PROJECT OUTCOMES

Outcomes are measured based on the accomplishments. Project outcomes which indicated the involvement of less number of people and portray dependency rather than self-sufficiency. In Table 5, it is noted that outcomes for operators trained, established linkages and availing of the services encouraged dependence, and hence the over-all rating is dependency.

Table 5. Project Outcomes

Project Objectives	Outcomes per indicator	Scores	Empowerment
Establishment of the center	No. of center established: Before: 0 After: 1	4	Encourages self-sufficiency or independence
Training of operators	No. Of operators trained: Before: 0 After: 4	2	Encourages dependency (too small group of operators)

Linkages established with pharmaceutical suppliers	No. Of linkages with pharmaceutical suppliers: Before: 0 After: 1	1	Encourages dependency
Number of times of availment of services	Mean: 2.8 times	2	Encourages dependency
Mean Score		2.25	Encourages dependency

OVER-ALL FINDINGS PER PROJECT PHASE

Table 6. Over-all Ratings per Project Phase

Phases	Mean	Weight	Weighted Mean
Development Concepts	3.92	10	0.39
Program Objectives	1.89	15	0.28
Project Objectives	2.0	15	0.30
Project Implementation	2.5	30	0.75
Evaluation	2.25	30	0.68
	2.6		2.4

According to the present review, from the findings in the project phase, it is observed that the highest rating is scored towards developing independence, which is the extensions’ development concept. However, the rest of the phases were more on developing dependency.

DISCUSSION

The goal of every extension project is targeted towards the development of the community by enhancing self-sufficiency or independence so that when the extensionists are not present to monitor the project, sustainability of the project is still maintained. In every

extension project, the extensionist’s concept of development at the initial phase is a critical factor to be determined and instilled in the minds of the extensionist before the start of every project. However, there seemed to be a gap between developmental concepts of the extensionists and the rest of the project phases. Hence, development concepts of the extensionist might be a basic factor; it is not the major factor to consider. It is important to look into the entire program objectives as these will dictate the directions of the project implementation. This will create a domino effect to the rest of the project phases.

In developing a community, the community must occupy the centre stage while the extensionist serves as the morale booster or consultant. A project which is highly implemented by the extensionist will encounter problems in convincing the community that what you are doing is good for them. It does not give them the sense of control and makes them passive members of the team. There might be a short-term success after its implementation but the sustainability is quite difficult to achieve.

CONCLUSION

The extent of community involvement in the implementation of the Community HeAL project is lacking hence the entire project requires the redirection of its paradigm towards the real essence of community empowerment. The objectives were met but the issue on sustainability has to be addressed and strengthened.

REFERENCES:

Bolton, E (2011). Volunteers and extension. University of Florida, IFAS extension.

Checkoway, B (1995). Six strategies of community change. *Community Development Journal*. 30, pp 2-20.

Dadzie, KKS (2005). Director General for International Economic Cooperative for the United Nations, 2005.

Heritage, Z & Dooris, M (2009). Community participation and empowerment in Healthy Cities. *Health Promotion International*. 24(S1), pp i45-i55.

Higher Education Modernization Act f (1997). Republic Act No. 8292. *Chan Robles Virtual Law Library*.

Palompon, D, Cempron, J, et al. (2010). Community-based drugstores: its contribution to living standards. *Liceo de Cagayan Journal of Higher Education*.

United Nations (1993) Earth Summit—Agenda 21. United Nations Department of Public Information, New York.

WHO Regional Ofıce for Europe (2002). Community Participation in Local Health and Sustainable Development: Approaches and Techniques. Centre for Urban Health, WHO Regional Ofıce for Europe, Copenhagen.