



The Situation of Barangay Health Workers in the Philippines: A Review

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ABSTRACT

In the current community health care set-up in the Philippines, a barangay health center is managed by a Public Health Nurse and a Midwife. Both the nurse and the midwife guide, advice and lead their respective Barangay Health Workers (BHW) in their responsibilities. Republic Act 7883, or otherwise known as the "Barangay Health Care Worker's Benefits and Incentives Act of 1995", recognizes the primary health care approach as the major strategy towards health empowerment, providing accessible and acceptable health services through participatory strategies thereby, legalizing the duties and responsibilities of Barangay Health Workers. The study noted that BHWs serve as an active link between the community and the professional health team. Furthermore, it is confirmed that the BHWs' core function is to offer information, education and motivation services for primary health care, maternal and child health, child rights, family planning and nutrition in the communities where they live. However, it was found in this review that there were very less literatures in both International and local sources, thus, there is a high recommendation to pursue studies related to BHWs in the Philippines.

Key words: Barangay Health Workers (BHW), Basic Health services, Knowledge and Competence.

Introduction

According to Republic Act 7883, also known as "the Barangay health Workers' benefits and incentives act of 1995," a BHW is a person who has received training from any government or non-government organization on how to provide primary health care services in a health center and has been registered as such by the Local Health Board of his or her locality. Department of Health states the basic roles of the BHW are: community organization, health education and promotion, and provision of the basic health care services. They organize and mobilize the community; they participate in the identification of health problems in the community and in the planning of interventions. The BHWs also educates the community on the common and relevant illnesses, its prevention and management. And lastly, they assist the health professionals, PHNs, Midwives, MDs and etc. in the performance of some technical activities like vital signs taking, anthropometric assessments, record keeping, medical and non-medical equipment maintenance and custody, collection of sputum, urine and stool sample from patients and more (Department of Health,2023).

More so, some areas especially in the geographically isolated and disadvantages areas (GIDA), one public health nurse and or Midwife manages more than 1 Barangay health centers, hence, the significance of the BHW is higher, most especially in the areas where accessibility of the health centers are most challenging. The US department of Health and Human services affirmed that since the community health workers or BHWs lives and work with their communities (The US department of Health and Human services,2014), hence, they have the special position, as the bridge to the gap from the medical professionals to the community on health education implementation and gathering and passing on information needed. With such the BHWs should be well knowledgeable and has competent skills in all of the his/her basic roles and responsibilities. It was also stated that the BHWs should be pass through proper scrutiny upon selection, should undergo proper trainings and should receive continuous support in order for them to fulfill their roles and responsibilities correctly (Niñal and Apas, 2021). Thus, making true to what Article II, Section 15 of the 1987 Philippine Constitution declares that, the State shall protect and promote the right to health of the people and instill health consciousness among them, therefore, providing a fundamental stepping stone in achieving State's goal to provide quality health for all (The Philippine Constitution,1987).

The concept of this Study is to review the situation of basic health care services and practices among BHWs in the Philippines. To add, this paper will also list recommendations on how to improve further the current system of the BHWs.

Methods

Relevant literatures from international and local journals, books and webpages will be extensively searched through Education Resources Information Center, Google Scholar, Scopus, Web of Science and Research Gate databases, also we have comprehensively checked the Philippines' Department of

Health, Local government and other relevant agencies' webpages which focused on themes related to Community health worker, Barangay health worker and health worker knowledge and competence. This review of related literatures will also explore the roles and responsibilities of the Barangay health workers and also focus on strategies which aimed at assessing the knowledge and skills of the said workers. In turn, this review will conclude with the emphasis on the significance of the role of these health workers and the importance of having knowledgeable and competent barangay health workers in the delivery of quality basic health care services to the community.

Result and Discussion

In February 20, 2019, as cited by the Official Gazette of the Republic of the Philippines, a landmark legislation was approved and signed into law by then President Rodrigo Roa Duterte. The said law, commonly known as Republic Act no. 11223, carried with it sweeping reforms to the health sector and has impacted greatly the quality of basic health care services delivery (the Universal Health Care Act, 2019). It aimed at providing a health care model that grants all Filipinos access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative and palliative health services without causing financial hardship, and prioritizes the needs of the population who cannot afford such services. One of the pillars or building blocks of the law, which is the Health Workforce, addresses the issue on the selection and hiring of health care providers (Universal Health Care Act, 2019).

Moreover, in recent years, the Philippine government's focus has been to reduce the incidence of morbidity and mortality in the country. That is why, it was imperative to make the basic health care services more equitable, accessible and affordable for all Filipinos. For this reason, adequate and effective health care workers were needed to shorten the gap between health care services and accessibility of those services.

Given this fact, the government has to recruit and train additional manpower in the form of primary care volunteer workers, or more popularly known as Barangay Health Workers (BHWs) to carry out a diversity of health promotion initiatives and programs, and service delivery activities at the community level.

Republic Act 7883, as stated by the Official Gazette of the Republic of the Philippines, recognizes the Primary Health Care Approach as the major strategy towards health empowerment which emphasizes the need to provide accessible and acceptable health services through participatory strategies thus, legalizing the duties and responsibilities of Barangay Health Workers (The Barangay health Workers' benefits and incentives act,1995). BHWs serve as an active link between the community and the professional health team. Furthermore, as promulgated by the Department of Health, BHWs' core function is to offer information, education and motivation services for primary health care, maternal and child health, child rights, family planning and nutrition in the communities where they live . The law also clearly states that BHWs must undergo training programs under any accredited government and non-government organizations (Dagangon, Perez and Tupas, 2016). Furthermore, even in the most remote barangays, BHWs are regarded as nurturers and health care providers for their people. The work of a barangay health worker is crucial to the success in delivering better health care services to the entire Filipino nation (Taburnal, 2020).

As stated in the Implementing Rules and Regulations, Section 3, Rule 4 of Ordinance No. 14031-2021 of the local government of Cagayan de Oro recognizes the important roles of BHWs and BNSs in health promotion activities and in the delivery of basic health care services (The Cagayan de Oro Barangay Health workers and Barangay Nutrition Scholars Ordinance,2020). The BHWs shall perform the following duties and responsibilities, as provided in RA 7883, but not limited to these three (3) main functions, namely: community organizing, health education and health care provision. As a community organizer, a BHW shall participate in organizing and mobilizing the community towards self-reliance by: maintaining open, regular communication with the community leaders and professional health workers; providing a link between community and local health agencies; assisting the community to develop a health plan to promote their health and well-being; helping community members to identify and aptly respond to their community health problems; keeping records of health - related activities; and lastly, assisting in the development of knowledge and acquisition of skills among community members to promote their own participation in local health initiatives (The Barangay health Workers' benefits and incentives act,1995). As a health educator, a BHW shall provide knowledge and teach skills to community members in preventing and managing simple, non-complicated illnesses by: conducting health classes and/or household teaching; updating awareness of community members on the current and relevant health issues; and lastly, distributing appropriate information, education and communication materials. As a health care provider, a BHW shall render primary health care services to the members of the community by: providing health services as defined in Section 5(d) of Rule 1 of Implementing Rules and Regulations for Sections 2,3,4,5,6 and 7of RA 7883 for which he/she is trained; referring patients with complications and those suspected to have a communicable disease to the appropriate health center or hospital; monitoring the health status of the household members under his/her area of service coverage; keeping records of health activities in the community and the health station; and lastly, ensuring the proper maintenance of the health station and the safe custody of its equipment, medical supplies and health records (The Barangay health Workers' benefits and incentives act,1995).

In Section 2, Rule 4 of the same IRR of the same ordinance, it specified that in order to become a City – paid BHW, the applicant BHW should have the following qualifications to wit: at least 18 years old but not more than 50 years old; at least high school graduate; have a good moral character; bona fide resident of the barangay for at least one (1) year prior to the application; has undergone BHW basic training course conducted by the CHO or any accredited agency; and lastly, at least with one (1) year experience as BHW (The Cagayan de Oro Barangay Health workers and Barangay Nutrition Scholars Ordinance,2020).

In Rule 6, Sections 1, 2, and 3 of CDO City Ordinance No. 14031-2021, BHWs shall be entitled to the benefits and incentives, provided that they are registered and accredited by the Local Health Board, as clearly detailed in Rule 6, Sections 1, 2, and 3 of CDO City Ordinance No. 14031-2021 (The Cagayan de Oro Barangay Health workers and Barangay Nutrition Scholars Ordinance,2020). In Section 6 of RA 7883 or the Barangay Health Workers' Benefits and Incentives Act of 1995, the following incentives and benefits shall be available for accredited BHWs: hazard allowance; subsistence

allowance; training, education and career enrichment programs; civil service eligibility; free legal services; and lastly, preferential access to loans (The Barangay health Workers' benefits and incentives act,1995).

With the emergence of pandemics, increased disease burden states, rapid evolution of the healthcare system and the ever-changing dynamics of human behavior towards health and lifestyle priorities, now more than ever, BHWs are now challenged to undertake the necessary steps in upgrading their knowledge base and skills development in order to catch up with these trying times.

In a cross – sectional qualitative study by Mallari *et al*, BHWs have recognized an assortment of motivating factors to seek and endure their roles, including a variability of financial and non-financial incentives, gaining a wide range of technical knowledge and skills, improving the health and well-being of community members, and increasing one's social position (Mallari et al, 2020).

Likewise, in a descriptive – correlational study by Niñal and Apas, the study affirmed that BHWs were competent in dealing and handling the health concerns of the community and showed that the trainings that they have attended were effective. Also, additional allotment for the BHWs training and seminars were highly recommended in order for them to properly and promptly deliver the health care services needed by their constituents (Niñal and Apas, 2021). With the same descriptive – correlational method used by Taburnal in her study, results showed that BHWs are moderately competent, with a satisfactory rating on attitude; personal and environmental factors affect have a bearing on their competence. It also highlighted the fact, that the length of service rendered by a BHW has a profound significance in terms of the capability of BHWs. BHWs are highly encouraged to continuously attend trainings and seminars in order to be well – equipped with knowledge and skills (Taburnal,2020).

Another comparative and descriptive – correlational study done by Dagongon et al found out that majority of the respondents were fairly competent on the different areas for training and development in terms of knowledge, skills and attitudes. Hence, trainings and seminars are still needed to enhance their proficiencies in terms of patient care and ensure patient safety (Dagangon *et al.*,2014).

According to the study's findings by E. Vera-Toscano *et al.*, education and training, when pursued in adulthood, do have a big impact, particularly on volunteering. Being that skills are more likely to change throughout a person's life cycle, whether positively or negatively, the fact that skill proficiency also plays a significant role is extremely pertinent. After leaving the educational system, the formal education received remains constant, but skills more accurately reflect competences because, first, people with the same level of education may have different skill levels due to differences in the quality of their education or ability, and second, because skills can change over time. For instance, they could go up with job experience or informal education, or down with aging and depreciation. These results imply that many factors other than formal education are likely to have an impact on social outcomes, indicating that policymakers can still put recommendations into practice after formal education is complete. (Vera - Toscano *et al.*, 2017).

A study by Damianus Abun *et al.*, found that there is a correlation between the educational level and self-efficacy and the length of work experience and the self-efficacy. It has been discovered that self-efficacy increases with better educational attainment and longer job experience. These results demonstrate that the length of job experience and educational background have an impact on self-efficacy levels. Experience in the workplace, especially mastery experience, increases self-confidence to accomplish objectives. Moreover, further educational development through graduate studies must be a program of the management to improve the self-efficacy of teachers. Along with educational advancement, management should have a plan in place for keeping faculty members on staff for an extended period of time. The research enriched the ongoing discussion on how education and job experience affect self-efficacy (Abun *et al.*,2021). This study provided a piece of evidence that education matters to the self-efficacy of employees or teachers.

Conclusion

It was found in this review that there were very less literatures in both International and local journals, books, webpages etc in relation to the current level of knowledge and competence our Barangay health workers. However, it is but clear to the Philippine Government the importance of the role of the Barangay Health worker in the delivery of the basic health care services to the community, Moreso in achieving the goals of the Universal Health Care Act. With this, there is a high recommendation to pursue more studies relating to the plight of BHWs in the Philippines in achieving health for all.

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Conflict of Interest

There is no conflict of interest among the authors in this study.

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