

TRAINING NEEDS OF BARANGAY HEALTH WORKERS OF A UNIVERSITY'S PARTNER COMMUNITY

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Abstract— The role of barangay health workers is crucial in the implementation of community-based health programs, and as such, they must be equipped with the needed competencies in order for them to carry out these roles. The University of Saint Louis has established a partnership with barangay San Antonio in Enrile, Cagayan. To assist the community in the implementation of health-related activities, it is important to know the capacity of the barangay health services and human resources. Therefore, this study was conducted to assess the training needs of the barangay health workers of San Antonio, Enrile, Cagayan. This descriptive quantitative study was conducted among the 6 BHWs of the barangay using a structured questionnaire. The questionnaire assessed the training needs of the BHWs along community organization, health education, and provision of health care services. Frequency and percentage, mean, and rank were used to analyze the data collected. The results revealed that training in all three areas assessed in the study was all very important for the BHWs. Moreover, the number of BHWs in the barangay does not meet the BHW-to-client ratio recommended by the DOH. The researchers therefore conclude that the number of BHWs in the barangay must be increased to meet the recommended ratio and that they require a formal and continuous training program to help in the performance of their roles as community organizer, health educator, and provider of healthcare services. As such, the university, through its Community Engagement and CICM Advocacies office, designed a training program for the BHWs and selected volunteers in the community along community organization, health education, and health care service provision to address these identified needs. This program will be implemented in partnership with the different departments of the university, the local government unit of Enrile, and some non-government and government institutions.

Keywords— *Training needs, Barangay Health Workers, Community Health Workers, Community organization, Health education, Provision of health care services*

I. INTRODUCTION

Community Health Workers (CHWs) are a vital pillar on the front lines of many low- and middle-income countries' (LMICs) health systems (Dodd et al., 2021; Mallari et al., 2020). CHWs are viewed as a way to provide the community with culturally relevant health services and act as a bridge between the community and medical professionals. In order to accomplish

this, health systems and programs usually recruit laypeople who have a thorough understanding of the language and culture of the communities they are drawn from. In many parts of the Philippines, CHWs and Barangay Health Workers (BHWs) share the same tasks and responsibilities, primarily the provision of appropriate primary health care (Baliola et al., 2024). However, there are some differences in the scope of their responsibilities. CHWs perform more advanced health-related responsibilities than BHWs, while BHWs perform administrative duties and some basic health care tasks. The enactment of the Magna Carta for Barangay Health Workers institutionalized the appointment of BHWs in each local health unit.

Barangay health workers (BHWs) play a crucial role in delivering primary health care in the Philippines (Gallegos et al., 2023; Queri et al., 2020). Their responsibilities include: a) conducting routine house visits to assess the health needs of community members, b) updating and maintaining a comprehensive dataset known as the "thirteen folders" with information on various health indicators, c) assisting in specific health programs such as tuberculosis control, maternal and child health, and immunization, d) educating community members on health, hygiene, and environmental issues, f) serving as community links to health service providers and coordinating health activities within the barangay, g) mobilizing and assisting the community in addressing health challenges, h) contributing to community participation and increased access to primary health care services, i) supporting the implementation of health programs and initiatives at the grassroots level, and j) acting as trusted sources of health information and resources within the community (Baliola et al., 2024; Queri et al., 2020; Quitevis, 2011). Overall, BHWs are essential frontline health workers who bridge the gap between formal health services and the community, promoting preventive health measures, health education, and community empowerment. The World Health Organization also acknowledged the important role of BHWs. The BHWs are not meant to be replace community health professionals; BHWs serve to complement the roles and responsibilities of community health professionals, especially by linking health

services to the community people (Baliola et al., 2024). BHWs may also play a role in influencing policy making by serving as advocates for the needs of their communities (Baliola et al., 2024; Quitevis, 2011). BHWs must possess adequate knowledge and skills in order to effectively perform these roles. Among the competencies expected of BHWs are maintaining communication with community leaders and health workers, providing linkages between the community and local health agencies, assisting in the development of a health plan, participating in policy formulation and implementation, promoting the health and well-being of the community, facilitating community members in identifying and responding to health problems, keeping records of work activities, developing knowledge and skills among community members, respecting the community's traditions and ideas, practicing management techniques to minimize cost expenditure, advising the community on safe water supply and waste disposal, discussing maternal and child care topics with parents, educating on the provision and use of essential drugs and herbal medicines, promoting oral-dental health, sharing knowledge and skills on disease prevention and management, updating knowledge on relevant health issues, distributing information materials, teaching on proper access and utilization of hospital care, applying good communication skills, and explaining the reasons behind actions taken. These competencies are essential for BHWs to effectively fulfill their roles as community organizers and health educators in providing primary health care services to their communities (Taburnal, 2017; Taburnal, 2020).

BHWs are not required to undergo extensive training, unlike CHWs, who undergo training for over a year (Baliola et al., 2024). However, some municipalities and even the Department of Health provide relevant training to capacitate BHWs and ensure effective implementation of their roles and responsibilities. Some of these training include: a) basic health training which covers essential health topics such as maternal and child care, disease prevention and management, nutrition, hygiene, and first aid, b) family planning and reproductive health training which include family planning methods, reproductive health education, and counseling to provide guidance and support to individuals and families in their communities, c) community health education training which focuses on equipping BHWs with skills in health education, communication, and behavior change strategies to effectively disseminate health information and promote healthy behaviors within the community, d) disease prevention and control training on identifying and managing common diseases, such as respiratory infections, diarrhea, and vector-borne diseases. They may also be trained on disease surveillance and reporting. e) first aid and emergency response training about basic first aid techniques and emergency response protocols to provide immediate assistance in case of accidents, injuries, or medical emergencies, and f) leadership and management training on relevant leadership skills, community mobilization, and effective management of health programs and activities (Baliola et al., 2024; Galingana et al., 2020; Taburnal,

2017; Quetvis, 2011). However, there are gaps in the BHW training system, with some BHWs finding their training experiences insufficient and expressing the need for additional and regular refresher courses. BHWs are entitled to receive continued training to help revisit, update, and reinforce their knowledge and skills from the initial training (Baliola et al., 2024; Taburnal, 2017; Quitevis, 2011). Moreover, gaining technical knowledge and skills through continuous training is found to be a motivational factor of BHWs in seeking and sustaining their roles (Ibo, 2019; Mallari et al., 2020; Pascual et al., 2024). Attendance to trainings also significantly improves performance and acceptability of the BHWs roles and responsibilities (Farich et al., 2018; Quitevis, 2011). This underscores the importance of adequate and continuous training for BHWs in order to help contribute to the overall health of a community.

One of the goals of the university is providing assistance in improving the overall well-being of its partner communities. The university has identified barangay San Antonio in Enrile, Cagayan, as one of its partner barangays. As such, one of the areas where assistance can be provided to the community is health and well-being. Barangay San Antonio has a total population of nine hundred and twenty-nine (929). Based on the recently conducted community needs assessment, the barangay faces several health and nutrition challenges, including a) high occurrence of chronic diseases like hypertension and diabetes, b) outbreaks of flu, common colds, and other infectious diseases, c) limited access to healthcare, d) child malnutrition, and e) environmental health. The presence of BHWs in San Antonio can greatly impact the health outcomes in their community. By vigorously participating in preventive health measures, promoting and encouraging healthy behaviors, providing essential nutrition education, and strengthening community health services, BHWs can significantly contribute to addressing health and nutrition concerns in San Antonio, Enrile. BHWs in the barangay must therefore possess needed competencies that can be acquired through attendance to trainings. This study, therefore, assessed the training needs of the BHWs of barangay San Antonio. This will serve as a basis for developing a training program based on these identified needs.

II. METHODS

This descriptive quantitative study was conducted in San Antonio, Enrile, Cagayan, which is a partner barangay of the university. Total enumeration of the 5 BHWs and 1 barangay official, who is the point person of the barangay for health concerns, was included in the study.

The instrument used in this study was a structured questionnaire and an open-ended question that were administered directly to the respondents. The questionnaire was divided into three parts:

- a. **Profile of the BHWs (5 items):** The demographic profile of the BHWs was assessed. This included their sex, age, years of service, educational attainment, and

the number of healthcare related trainings they attended.

- b. **Training Needs of the BHWs** (3 sub-parts, 30 items): This assessed the training needs of the BHWs based on the identified competencies of the Taburnal (2017). This consists of Likert-scale type statements (1-not at all important, 2-somewhat important, 3-important, 4-very important), which assessed the importance of the competencies to the BHWs.
- c. **Other training needs:** This consisted of one open-ended question that assessed other training needs that the BHWs may be interested in that were not specified in the previous part of the questionnaire.

The said questionnaire underwent validation and reliability testing before the proper conduct of data gathering. Data collection was done during the CECA consultations/meetings with the barangay. Analysis of the data collected was done using frequency and percentage and weighted mean. The training needs were also ranked based on the mean. The following range and qualitative descriptions for the weighted were used:

Range	Qualitative Description
3.50 – 4.00	Very Important
2.50 – 3.49	Important
1.50 – 2.49	Somewhat important
1.00 – 1.49	Not at all important

III. RESULTS AND DISCUSSION

Table 1. Demographic Profile of the BHWs (n=6)

Groups	Frequency	Percentage
Age		
20-30	1	16.7
31-40	2	33.3
41-50	1	16.7
51-60	1	16.7
61-70	1	16.7
Sex		
Female	6	100.0
Years of Service		
Less than a year	2	33.3
3 years and above	4	66.7
Educational Attainment		
Elementary Graduate	2	33.3
High School Graduate	3	50.0
College Undergraduate	1	16.7
Number of Health care trainings attended		
None	4	66.7
Less than 3	2	33.3

The table above shows that BHWs of barangay San Antonio, Enrile, are all female. The majority of BHWs are also aged more than 30 years, have worked for 3 or more years, and are

high school graduates and have not attended any health care-related trainings. It is worth noting that there are only 6 BHWs for the entire barangay, which is far from the ratio recommended by the DOH of 1 BHW to 20 residents (Baliola et al., 2024). This is consistent with findings of studies conducted in other parts of the country (Baliola et al., 2024; Querri et al., 2020).

The diversity in age among the BHWs proposes an assortment of experience levels, offering opportunities for mentorship and knowledge transfer. The balance of experienced and younger workers supports both stability and innovation in the workforce, though planning for future retirements may be needed. The distribution reflects a balanced yet slightly concentrated age demographic, which can be advantageous for leveraging both the experience of older workers and the energy and new ideas from younger ones. The workforce is entirely female, which is consistent with findings of previous studies (Baliola et al., 2024; Dodd et al., 2021). This is due to the highly gendered-role nature of the professions wherein females are highly encouraged in this discipline. The length of service shows a mix of new and seasoned barangay health workers, with two relatively new to the role and four having more than three years of experience. This blend allows for a balance between fresh perspectives and seasoned insights, promoting an environment where less experienced workers can learn from their more experienced counterparts. The experienced staff forms a solid foundation, ensuring continuity and stability in service delivery. The educational attainment of the barangay health workers indicates that most have completed high school, with no workers having finished college. This educational level suggests a need for further educational development to enhance the workers' competencies and knowledge base. Improving educational qualifications could lead to better service delivery and more effective community health interventions. The majority of workers have attended little to no formal health care training, with four having no training at all and two having attended fewer than three training sessions. This is supported by the findings of other studies indicating the insufficient training that BHWs in the country receive (Baliola et al., 2024; Taburnal, 2017; Quitevis, 2011). This lack of formal training highlights a critical area for development. Increasing the number and quality of training opportunities is essential to equip the health workers with the latest knowledge, skills, and best practices necessary for effective health care provision (Quitevis, 2011). Other trainings that can be provided to BHWs in line with their role as community organizers include leadership and management training on relevant leadership skills, community mobilization, and effective management of health programs and activities (Baliola et al., 2024; Taburnal, 2017; Quetvis, 2011).

Table 2.1 Training needs of BHWs along Community Organization

Statements	Mean	Qualitative Interpretation
1. Communication with community leaders and professional health workers.	4.0	Very important
2. Providing linkage between community and local health agencies.	4.0	Very important
3. Developing community health plan.	4.0	Very important
4. Participating in formulation and implementation of policies.	4.0	Very important
5. Promoting community health and well-being.	4.0	Very important
6. Helping community members identify and respond to community's health problems.	4.0	Very important
7. Keeping track of records of work activities on health.	4.0	Very important
8. Developing knowledge and skills of community members to promote participation in local health initiatives.	4.0	Very important
9. Respecting community people's traditions and ideas about health.	3.67	Very important
10. Minimizing cost expenditure in medical supplies, materials and equipment while delivering health services.	3.67	Very important
Overall	3.93	

It can be gleaned from the table above that trainings related to community organization are very important for the BHWs. The table also shows that among the 10 identified areas within community organization, the following are ranked as priority training needs of the BHWs: communication with leaders and health workers, providing linkages, developing community health plans, community health promotion, identifying and responding to community health problems, records keeping, and promoting community members' participation in local health initiatives. The findings presented above are in line with the study of Gallegos et al. (2023), which indicated that BHWs were not provided with training to enhance their communication skills, resulting in difficulties in crafting plans, letters, and proposals. Moreover, BHWs were not consulted by

barangay officials to improve health services and programs, leading to a lack of avenue for their ideas to be heard and documented appropriately, and that BHWs faced limited access to communication technology, hindering their ability to effectively communicate health information to the community. It is recommended, therefore, that continuing training and development are provided to BHWs to aid them in performing their roles in community organization (Camasin et al., 2023; Gallegos et al., 2023). Moreover, effective communication skills are needed by BHWs to execute their role as community organizers (Taburnal, 2017).

Table 2.2 Training needs of BHWs along Health Education

Statements	Mean	Qualitative Interpretation
1. Advising the community on safe water supply, waste disposal and use of toilets.	3.67	Very important
2. Discuss with parents' topics such as maternal & child care, including breastfeeding, immunization & family planning, oral rehydration in cases of diarrhea, good nutrition, and others.	4.0	Very important
3. Educate on the provision and proper use of essential drugs and herbal medicines.	4.0	Very important
4. Promotion & prevention of oral-dental diseases.	3.67	Very important
5. Share your knowledge and skills to help people learn more about the prevention of diseases and management of simple illnesses.	3.67	Very important
6. Update knowledge of communities or relevant health issues.	3.67	Very important
7. Appropriate information, education and communication materials.	3.67	Very important
8. Distribute teach on the proper access and utilization of hospital care as centers of wellness.	3.67	Very important
9. Apply good communication skills.	4.0	Very important
10. Knows/discuss/explain the reason behind every action done.	3.67	Very important
Overall	3.77	

The table above shows that trainings related to health education are also very important for the BHWs. Among the different areas under health education, the BHWs put priority on education about maternal and child health, provision of essential drugs and herbal medicines, and the use of good communication skills.

BHWs, like community healthcare professionals, also function to provide health education to the community regarding health. Some of the trainings that can be provided in line with the health education role of the BHWs include community health education training, which focuses on equipping BHWs with skills in health education, communication, and behavior change strategies to effectively disseminate health information and promote healthy behaviors within the community (Baliola et al., 2024; Taburnal, 2017; Quetvis, 2011).

Table 2.3 Training needs of BHWs along Provision of Healthcare Services

Statements	Mean	Qualitative Interpretation
1. Provide primary health care services to the community, such as maternal & child care.	3.67	Very important
2. Treatment of common diseases and injuries.	3.67	Very important
3. Promotion of adequate food supply and proper nutrition.	3.67	Very important
4. Refer patients with complication and those suspected to have communicable disease to the appropriate health center or hospital.	3.67	Very important
5. Monitoring the health status of the household members under your area of service coverage.	3.67	Very important
6. Give advice and care to anyone to any client needing attention.	3.67	Very important
7. Keeping of records of health activities in the community and the health station.	3.67	Very important
8. Ensure the proper maintenance of the health station.	3.67	Very important
9. Ensuring the safe custody of equipment, medical supplies and health records.	3.67	Very important
10. Utilize management process in the delivery of health care services.	3.67	Very important
Overall	3.67	

It can be seen in the table above that trainings related to the provision of healthcare services to the community people are also very important for the BHWs. Moreover, among the three general categories of training needs identified in this study, training on community organization is ranked first, followed by health education and provision of healthcare services.

BHWs attend to the immediate primary needs of the community (Taburnal, 2017). Their role as healthcare service providers complements the healthcare services provided by community healthcare professionals (Dodd et al., 2021; Quetvis, 2011). BHWs may be given local, regional, or national training programs that focus on their primary role to deliver or provide basic health services to the community. Some of the trainings that can be provided related to this role are a) basic health training which covers essential health topics such as maternal and child care, disease prevention and management, nutrition, hygiene, and first aid, b) family planning and reproductive health training which include family planning methods, reproductive health education, and counseling to provide guidance and support to individuals and families in their communities, c) disease prevention and control training on identifying and managing common diseases, and d) first aid and emergency response training about basic first aid techniques and emergency response protocols (Baliola et al., 2024; Taburnal, 2017; Quetvis, 2011).

IV. CONCLUSION AND RECOMMENDATIONS

The researchers conclude that the Barangay Health Workers of San Antonio, Enrile, require a formal and continuous training program to help in the performance of their roles as community organizers, health educators, and providers of healthcare services. Moreover, there is a need to increase the number of the BHWs in the barangay in order to meet the recommended BHW to resident ratio of the DOH.

In view of the findings of this study, the researchers recommend the following:

- Training of additional potential BHWs for the barangay
 - Action: Identification of a core group within the barangay that can serve as potential BHWs to somehow increase the number of BHWs within the barangay.
 - Rationale: This core group will help augment the number of BHWs in the barangay and meet the recommended number of BHWs.
- Develop Comprehensive Continuous Training Programs for Current BHWs:
 - Action: Implement targeted training programs that cover essential competencies in community organization, health education, and health care service provision.
 - Rationale: Ensuring all health workers are proficient in these areas will enhance service quality and effectiveness.

- Establish Mentorship Programs:
 - Action: Create structured mentorship programs were experienced health workers mentor newcomers.
 - Rationale: Leveraging the knowledge and experience of seasoned workers will support the professional growth of newer staff and ensure knowledge transfer.
- Monitor and Evaluate Training Effectiveness:
 - Action: Implement a system to regularly assess the impact of training programs on health workers' performance and community health outcomes.
 - Rationale: Continuous evaluation will help refine training programs and ensure they meet the evolving needs of the health workforce and the community.
- Partnership with Department of Health and Enrile LGU and TESDA
 - Action: Forge partnership with DOH, TESTA and LGU to formalize the training programs that will be implemented for the current and potential BHWs
 - Rationale: This is to establish the legitimacy of the trainings that will be implemented for the BHWs.

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