

Assessment of health service delivery trainings of Barangay Health Workers in Selected Barangays of Kiblawan, Davao del Sur.

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Abstract— The study primarily assessed the health service delivery trainings that determined the competence of Barangay Health Workers (BHWs) in Kiblawan, Davao del Sur. It also determined the effect of trainings and the motivating factors and perceived benefits of attending such trainings. The descriptive-correlational technique was applied with a questionnaire representing as the primary method of data collection. Total Enumeration has been used to select participants in conducting the study. Statistical tools such as, Percentage, Mean, and Analysis of Variance (ANOVA) were employed. Results showed that majority of the respondents were 45 years old and above, high school graduates, married, with 1-3 number of trainings attended, and capable of serving the community for over ten years. Findings revealed that BHWs were competent in dealing and handling the health concerns of the community and showed that the trainings they have attended were effective. However, Barangay officials' allotment of financial resources for BHW's trainings and seminars was recommended so that they could properly deliver the healthcare services to their constituents. The relationship between the demographic profile and the competence of barangay health workers, as well as the effect of trainings, was discovered to be significant. Therefore, the hypothesis formulated was rejected. On the other hand, for the second hypothesis, the findings revealed that the relationship between the Competence of Barangay Health Workers and the Effect of Trainings is significant and the hypothesis formulated is also rejected.

Index Terms – Barangay Health Workers, Health Service Delivery.

I. INTRODUCTION

Barangay health worker is one of the most important functionaries in every barangay in regular day or even in a pandemic outbreak. They play a vital role in managing and performing official duties and responsibilities so every barangay could function well. They contributed well in community development and provide access to services in every grassroots level. Given to the roles in our community, the government should take an action and give them much attention in terms of incentives and benefits such as trainings to motivate them and give them opportunities for career development. Recently, the whole world was experiencing pandemic outbreak of Corona Virus Disease 2019 and the Philippines belonged to one of the most affected country all over the world. That greatly affect the lives of the people physically, psychologically, and economically. As the initiative of the barangay health workers they remain and

continue their duties even more, during lockdown they act as front liners in every barangay. Wherein some Barangays in the Philippines are placed in remote areas that's too distant from health facilities such as hospitals or clinics and only depending and trusting the services from barangay health workers. Their obligations have gotten considerably crucial and risky. Barangay health workers presently help educating the people in their areas on contamination avoidance, monitor individuals under isolation, and relied individual's primary needs in health care services, within their communities, they serve as healthcare workers and serve as teachers that concerns with the health of the barangay. They also organized health services such as immunization program, maternal and children's care, checking and monitoring people with high blood pressure, monitor the health concerns of the community, and disseminate information regarding with health care services or any assistance given by the barangay or in local government unit. According to Department of Health DOH (2009), BHWs are composed of prepared and trained wellbeing volunteers offering types of assistance and serves as community health mobilizers at the barangay level. These volunteers are capable enough and have the desire to accomplish their duties responsibly, in a way that encourage and influence people to carry out activities concerned with healthy living.

In the study of Taburnal (2017), it has stated that they have the ability to provide the needs of their constituents by giving them the quality health care services, with the perspective of bringing about the fulfillment of the community on what they deserved. According to Haq et al. (2008) It became possible because they are committed and dedicated in executing health concerns to respond the needs of their constituents in their community. They improve the access of health care services and provide better attention even in the most secluded areas in the Philippines. They've been contributed well in helping the barangay so it could run smoothly and be effective and efficient in terms of delivering assistance

The concept of this research is to determine the effect of the healthcare delivery trainings of barangay health workers and its services to the community. And to assess how important does training to BHWs in serving the community.

Objective of the Study

This study focused on the Assessment of Health Services Delivery Trainings of Barangay Health Workers in selected barangays of Kiblawan, Davao del Sur. Its purpose is:

1. To identify the demographic profile of the Barangay Health Workers in terms of:
 - 1.1 Age;
 - 1.2 Educational attainment;
 - 1.3 Civil Status;
 - 1.4 Length of service; and
 - 1.5 Number of health care trainings undergone
2. To assess the competence and effectiveness of trainings of BHWs in health service delivery in terms of:
 - 2.1 Women's Health;
 - 2.2 Children's Health; and
 - 2.3 Senior Citizen's Health
3. To determine the motivating factors and perceived benefits in attending trainings.
4. To determine if the relationship between the demographic profile and the competence of the Barangay Health Workers is significantly related.
5. To determine if the relationship between the competence of barangay health workers and the effect of trainings and the motivating factors and perceived benefits is significantly related.

Significance of the Study

This study would benefit to the Local Government Unit, to the barangay health workers, to the community and the readers and to the future researchers.

This study would benefit the LGU in a way that they would know the current situation of barangay health workers about training and development in the selected barangay of the Municipality so the LGU could properly provide them their needs and pay attention to them.

Also, this would benefit the BHWs in a way that will motivate them to continue the volunteerism and could raise their concerns about the trainings they perceived as health workers.

On the other hand, this study would make the community understand the duties and responsibilities and the significance of trainings to the barangay health workers in delivering services to the society. And will serve as a basis for future researchers.

Scope and Limitation

This data collection was carried out in selected barangays in the Municipality of Kiblawan's Southern region. The Southern part of the said Municipality includes the barangays such as Bunot, Bonifacio, Bagong-Negros, Balasiao, Pasig, Pocaleel, and Cogon Bacaca. The researcher limit only in areas that are accessible to conduct and did not

include the remote and distant or furthest barangays. The barangays were excluded in the study due to the fact that these belonged to secluded and were in critical areas. And for the purposes of such safety and security of the researcher.

This research was limited only in the determination of the demographic profile of the barangay health workers, to assess the competence and effect of trainings of BHWs in health service delivery, to determine the motivating factors and perceived benefits in attending trainings, to determine if the relationship between the demographic profile and the competence of BHWs and the effect of trainings in health service delivery of BHWs is a significantly related and lastly, to determine if the relationship between the competence of BHWs and the effect of trainings and the motivating factors is a significantly related.

II. REVIEW OF RELATED LITERATURE

Barangay Health Workers Benefits and Incentives Act of 1995 (RA 7883)

As defined in Section 3, are people in the healthcare group who volunteers and have undertaken multiple training programs provided by the authorized government or non-government organizations and who work in the community on a volunteer basis providing healthcare services to their constituents.

Republic Act 7883 is enacted as a token of appreciation for the Barangay Health Worker's services. This Act aims to create a platform that allows volunteers to obtain access to a wide range of resources and opportunities that will benefit them in their personal and professional development. Accredited BHWs who interactively and regularly perform their obligations under this law are entitled to incentives and benefits. In addition, accordance to the provisions under Section 2 of Republic Act No. 7883 which states that The Primary Health Care Approach is often regarded as the most important strategy for achieving health empowerment, recognizing the need of delivering efficient and appropriate health services through interactive approaches. (RA 7883, 1995).

Achieving child survival goals: potential contribution of community health workers

There has been rapid increase in community health workers' significant contributions to child mortality. Community health workers could perhaps perform a variety of functions, such as crisis interference for infant's illnesses and the distribution of precautionary approaches such as immunization, healthy behavior advancement, and community engagement. Numerous studies showed considerable reductions in infant death rates particularly when these types of community interventions are used to manage the cases of sick children. Community health workers, however, are not a miracle cure for failing healthcare organizations they will require focused tasks, sufficient monetary compensation continuing education, supervision, and the influential

engagement of the local community. Many countries' health systems are too vulnerable and disorganized to scale up critical intervention strategies for mothers, infant, and child development or maternity care. One major hurdle is the need to build and reinforce human resources in order to provide critical approaches. (Haines et al., 2007)

Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases

Lay health workers (LHWs) carry out a variety of tasks about health care system delivery. While LHWs were frequently administered related work trainings, they do not have any structured professional or paraprofessional higher education and can work either through salaried or involuntary settings. They are prevalently used to treat a wide range of healthcare issues. As a result, the term "LHW" is necessarily broad in scope, and includes individuals that volunteers in the community. When compared to standard care, LHWs provide promising benefits in promoting immunization uptake and breastfeeding, improving TB treatment outcomes, and lowering child illness and death. There is insufficient evidence to conclude the effects of LHWs on other health issues. LHWs may be able to play a significant role in achieving the Millennium Development Goals for health, particularly child survival and tuberculosis (TB) and HIV/AIDS treatment. LHWs may indeed be one passage to increased availability of effective neonatal and child health measures, such as exclusive breastfeeding and community-based crisis intervention of pneumonia. Involvement provided by LHWs and aimed at improving maternal or child health (MCH) or communicable diseases management. (Lewin et al., 2011).

Assessing community health workers' performance motivation

The responsibility of community health workers (CHWs) in healthcare services is rising continuously, as they are required to meet Millennium Development Goals and provide quality healthcare. The term "community health worker" refers to a wide range of local healthcare workers, such as nurse-midwives, home-based health care providers, and contract workers who volunteer. CHWs improve accessibility and quality of healthcare services while also instilling healthier behaviors in communities. They are frequently used to address underutilized training programs, unmet health needs, and vulnerable communities. The public sector may benefit from their greater penetration and longevity. Recognizing women's potential in group mediation, CHWs are predominantly females worldwide. (Gopalan et al., 2012)

Increasing community health worker productivity and effectiveness

Community health workers (CHWs) are progressively being acknowledged as an essential component of the healthcare system required to accomplish the Millennium Development Goals for health. CHWs are an important connection in improving communities' access to

healthcare services, particularly for those currently residing in rural and remote communities. CHWs are generally considered upon to respond to a variety of fundamental service delivery needs, which include maternal and child health, family planning, HIV/AIDS, malaria, and environmental health. As undertaking becomes more widely implemented, more tasks are being added to CHWs' list of duties and responsibilities. Relatively little attention has been given to the issue of CHW productivity, although the "benefits of addressing productivity include greater efficiency, reduced work-load, increased job satisfaction, and higher quality of care". As more nations and civil society groups integrate CHW approaches into their healthcare programs, there is a greater need for supervision on how to optimized CHW program investment opportunities in terms of efficiency and its impact on quality health care. (Jaskiewicz & Tulenko, 2012)

Barangay Health Workers and services reform act of 2014

Under the current government structure, a Barangay Health Worker is a type of health care provider in the Philippines. Before providing primary care in the community, they must complete a basic training and development program approved by the government or a non-governmental organization. They offer services in the barangays such as maternal, newborn, and child welfare. The local health board authorizes Barangay Health Workers to carry out their roles and responsibilities in accordance with the Department of Health's standards, as specified in Section 3 of Republic Act No. 7883. Each volunteer receives five weeks of training. Barangay Health Workers remain in the areas they represent and serve as development agents. They provide primary health care concerns to their community. They get immunizations and weigh children on constant schedule. They also assist midwives with infant delivery. Each Volunteer was expected to work with an average of 20 families in their community. However, a lack of trained volunteers has reduced the number of volunteers, particularly in remote areas, where one or two volunteers nowadays served an entire barangay. (Poe, 2014).

Motivation of Community Health Volunteers in rural Uganda

Majority of the community healthcare providers in low or middle-income settings have turned into self-initiates volunteers, with income supplemented by minimal salary and incentives for the provision of health commodities or receiving benefits for the services they undertake. When supported by a well-functioning health care delivery system, both volunteer and salaried CHWs have been beneficial in mitigating under illness and death through community development and defining the provision of preventive measures and curative health care, such as Integrated Community Case Management (ICCM). (Singh et al., 2016).

Roles and Functions of Community Health Workers in Primary Care

Unnecessarily high medical expenses and growth had already increased demand for cost-cutting measures that

improve primary care development and dissemination. Community health workers in primary care (CHW-PCs) are competent people with little or no structured medical knowledge who provide patient-facing assistance and resources in primary health care settings. CHW-PCs focus on providing person-centered care, assist with team-based care, address economic and social health factors, and strengthen healthcare coverage, patient quality healthcare, and outcome measures. (Hartzler et al., 2018).

Assessment of Workplace of Barangay Health Workers in Selected Municipalities in the Province of Albay, Philippines

Every other member of the healthcare volunteer plays an important role and contributed significantly to the appropriate execution and preservation of the health care facility. Educated, emboldened, and adaptable health workers are necessary to continue providing suitable, productive, and reliable health care services to the public. A wide range of considerations leverage job performance, including worker productivity, strategies, principles, and policies and procedures developed, the size of the knowledge provided by a health center, and the type and number of workers. (Ibo, 2019).

Connecting communities to primary care: a qualitative study on the roles, motivations and lived experiences of community health workers in the Philippines

Rather than being government employees, BHWs are classified as part-time, volunteer workers. As a result, they do not receive daily pay. BHWs from rural areas confirmed receiving monthly honoraria and allowances. Honoraria was also paid in urban communities, but the amount, as well as any other compensation, varied depending on whether they have been appointed by municipality or town council administrations. Because most residential BHWs have strongly linked commitments and contribute to primary healthcare centers, financial benefits in the form of honoraria were provided to recognize their voluntary efforts and to cover unexpected consequences of carrying out their duties and activities that varied by location. (Mallari et al., 2020).

Community Health Workers are Vital for Global Elimination Efforts

BHWs are in charge of compiling a number of eligible people and organizing the community to participate in the MDA. In order to participate in such activities, the community must have adequate and accurate information. However, no assessment of BHWs' ability to carry out their roles as community advocates and educators has been conducted. Similarly, no research has been conducted to determine whether BHW perceptions and awareness have had any adverse effect on the community's residents. Whether BHWs' knowledge and attitudes about schistosomiasis and MDA are adequate, and whether they are related to resident understanding and participant drug enforcement. (Inobaya et al, 2018).

A Proposed Conceptual Framework for Performance Assessment in Primary Health Care: A Tool for Policy and Practice

The theoretical underpinnings for productive community health workers (CHW) initiatives rely on suitable, applicable, and structured training and refresher courses, ongoing leadership development and monitoring, and community involvement and ability to participate in their selection, job definition, training, and supervision. Community health worker training should perhaps take place in a suitable environment, with sufficient practical learning education and skills advancement in health and interpersonal skills. A lack of both general and skills-based knowledge was quite often considered as an obstacle to impactful CHW performance. Further research, as suggested, could look into how frequently CHWs are re-tested and updated on their skills. (Sibthorpe, 2004).

The Effect of Film Showing Plus Health Teaching Training Session on the Knowledge and Health Teaching Skill on Diabetes of Barangay Health Workers

A study done in Zamboanga del Norte (Alpichi, 2007), determined the impact of a documentary combined with a health teaching training session on the expertise and wellness for skill or competency of barangay health workers with regards to the issues related to diabetes. It is a study that takes place before and after the intervention. A self-administered 30-item knowledge questionnaire was distributed to the respondents in the pretest to assess the subjects' diabetes knowledge based. Two BHWs from each of the three study areas were required to conduct an actual health teaching session on sexually transmitted diseases, which served as baseline data on the respondents' health teaching skill. A week after the intervention, the first post-intervention tests were performed. One month after the intervention, a follow-up on knowledge retention reveals a significant decrease in the mean knowledge score. Respondents' ability to teach health has also significantly improved. Thus, film viewing combined with health teaching training sessions is effective in improving barangay health workers' expertise and related health-teaching skill or competency.

Improving Motivation among Primary Health Care workers in Tanzania: a health worker perspective

Health care services are relatively widely distributed in Tanzania, but there are still concerns about the functionality of the primary health care facility (PHCF) infrastructure. It was anticipated that making local governments responsible for staffing and maintaining health centers and dispensaries would improve service delivery. The strategy included continuing education for health workers as a way to improve their knowledge and skills, as well as an important motivator. (Manongi et al., 2006).

Community Health Workers

There is widespread support for ongoing training, including refresher and advancement sessions, across all reviews. Supervision is critical to sustaining CHW quality and engagement, especially given that CHWs work on the outskirts of most health-care systems. More rigorous post-training assessments, such as those leading to CHW accreditation, may reduce CHW errors and improve physical outcomes. (Rifkin, 2016).

Effectiveness of community health workers delivering preventive interventions for maternal and child health in low and

middle-income countries

Majority of children and maternal casualties occur in low- and middle-income countries with a devastating scarcity of human resources for health (HRH), which is one of the most primary obstacles in addressing the Millennium Development Goals. In the Alma Ata Declaration of 1978, Community Health Workers were identified as a distinguishing feature of providing primary care for individuals in resource-poor settings. They act as a mitigating factor to the HRH crisis by providing essential MCH care at the household and community level, reducing inequalities in health care for marginalized populations, providing education, and primarily curative healthcare services. (Gilmore & Mcauliffe, 2013).

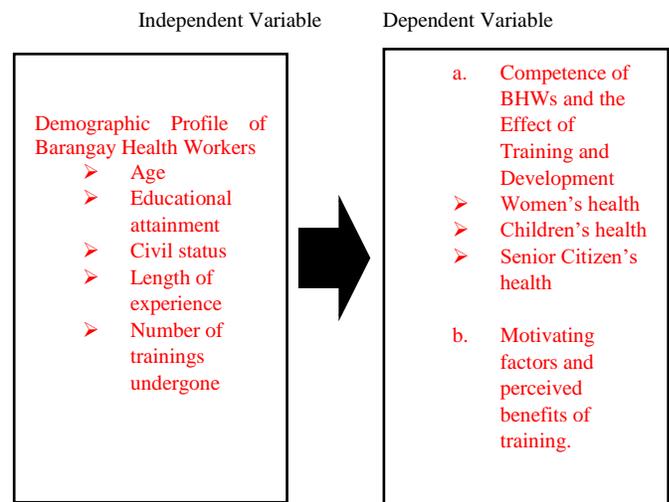
Increasing community health worker productivity and effectiveness

CHWs are generally considered on such to respond to a variety of fundamental service delivery needs, such as maternal and child health, family planning, HIV and acquired immunodeficiency syndrome (AIDS), malaria, and environmental health. As undertaking becomes even more approaches taken, more tasks are being added to CHWs' list of job responsibilities. "An evolution over time, whereby CHWs typically take on additional responsibilities and skills, which are learned on-site". Due to enormous economic and human resource constraints in developing countries, CHWs are expected to do more, even if they do not always receive the necessary support to do their jobs well, such as monitoring process, materials, and devices. (Jaskiewicz & Tulenko, 2012)

Conceptual Framework

Figure 1 showed the relationship of the variables in the study. The demographic profile includes age, educational attainment, civil status, Length of experience, and number of trainings undergone, that serves as the independent variables. The effectiveness of trainings of barangay health workers in terms of women's health, children health, and for senior citizen's health. And the motivating factors and benefits they perceived on attending the trainings as the dependent variables of the study. To determine if the relationship between the two variables in the study is significantly related

Figure 1. Research Paradigm



Hypothesis

Ho 1: There is no significant relationship between the demographic profile in assessing the competence of the Barangay Health Workers.

Ho 2: There is no significant relationship between the competence of barangay health workers and the effect of trainings in health service delivery.

III. METHODOLOGY

The research process was discussed in this chapter. It includes an overview of the research methods used in the study and also a purpose for using this method. The chapter also discusses the various stages of the research, such as location, design, instrument, determining participant procedure, data collection, and the statistical tool to be used.

Research Locale

This research was carried in the selected seven (7) barangays in Southern part of Kiblawan, Davao del Sur. The research was limited only in areas that are accessible and remote barangays were excluded.

The Municipality of Kiblawan is a second-class municipality and constitutes 9.01% of Davao del Sur's total area. In accordance with the 2015 Census, its total population was 48,897. The Municipality composed of the total of 30 barangays with the total of 206 barangay health worker

Research Design

The researcher used quantitative type of research inclined with descriptive correlational design that aims to gather information and facts together, and to determine the relationship between two or more subject.

Respondents of the Study

The respondents of the study are the barangay health workers of the accessible barangays in Southern part of the Municipality of Kiblawan. There are seven (7) barangays that

are accessible in the Southern part of the said Municipality. All the registered barangay health workers of the seven (7) barangays will be the primary respondents of the study.

Table 1. Distribution of the Respondents

Selected Barangay	RESPONDENTS	Percentage
Cogon Bacaca	14	100%
Pasig	8	100%
Balasiao	16	100%
Pocaleel	8	100%
Bagong Negros	8	100%
Bonifacio	5	100%
Bunot	8	100%
Total	67	100%

Table 1 represents the respondents of the study. There were 67 registered barangay health workers in the seven selected barangays of Municipality of Kiblawan. The respondents were chosen through the total enumeration as per barangay. Thus, a total of 67 barangay health workers were selected.

Sampling Design and Technique

The researcher used total enumeration of the registered barangay health workers of the seven (7) barangays.

Research Instrument

The researcher used a questionnaire as the data gathering tool which consist of four parts. Part I deals with the demographic profile of the barangay health workers that deals with their age, educational attainment, civil status, their length of experience as BHW, and the number of trainings they undergone. Part II deals with the Training and Development of how competent they are in handling primary health care services such as for Women, Children, and Senior citizen’s health. Part III deals with the effect of Training and Development of BHW. Lastly, Part IV deals with the Motivating factors and Perceived benefits of such trainings.

Data Analysis

To amend the ascribed gathered quantitative value, Likert Scale was applied. This corresponds numerical value and their corresponding verbal interpretation assigned to each potential choice. It is used as basis for getting the level of competence of Barangay Health Workers and the effectiveness of training and development. All the responses were computed at the end of the evaluation.

Table 2. Range of Means for the Competence of Barangay Health Workers

Range of Means	Descriptive Level	Interpretation
4.50 – 5.00	Highly Competent	It indicates that the respondent has suitable and sufficient skill in dealing/handling the health of the community.

3.50 – 4.49	Competent	It indicates that the respondent has adequate quality and capability in dealing/handling the health of the community.
2.50 – 3.49	Moderately Competent	It indicates that the respondent has knowledge but not that outstanding in dealing/handling the health of the community.
1.50 – 2.49	Fairly Competent	It indicates that the respondent is passably fair in dealing/handling the health of the community.
1.00 – 1.49	Least Competent	It indicates that the respondent is not competent enough or do not have knowledge in dealing/handling the health of the community.

Table 3. Range of Means for the Effectiveness of Training, and the Motivating Factors and Perceived Benefits

Range of Means	Descriptive Level	Interpretation
4.50 – 5.00	Strongly Agree	It indicates that the respondent truly believes on the Effect of Training and Development of BHWs.
3.50 – 4.49	Agree	It indicates that the respondent has responded accordingly on the questions on the Effect of Training and Development of BHWs.
2.50 – 3.49	Neutral	It indicates that respondents neither agree or disagree on the Effect of Training and Development of BHWs.
1.50 – 2.49	Disagree	It indicates that the respondent expressed a different opinion on the Effect of Training and Development of BHWs.
1.00 – 1.49	Strongly Disagree	Indicates that the respondent forcefully opposed on the question on the Effect of Training and Development of BHWs.

Data Gathered

The data gathered in the study includes the demographic profile such as age, educational attainment, civil status, length of experience, and number of trainings undergone. Assess the effectiveness of trainings in health service delivery of the Barangay Health Care Workers in terms of: Women’s Health; Children’s Health; and Senior Citizen’s Health. And the determination of the motivating factors and perceived benefits of barangay health workers in attending such trainings.

Data Gathering Procedure

This study was conducted with the thorough steps, the researcher assured to have the permit to conduct. The researcher will used reliable letter of request noted from the research instructor and/or adviser to conduct the study effectively; the researcher will make sure that he/she have the approved manuscript of thesis outline; before conducting the survey, the researcher will present the letter of approval and humbly seeking for permission to the barangay and to the participants to conduct this survey successfully. Upon the agreement from the participants, the researcher will conduct the study formally by the used of survey checklist-questionnaire. Due to unforeseeable condition of COVID-19 health protocols was being observed such as during face to

face interview, wearing face mask and observe physical distancing.

Statistical Tool

Table 4. Demographic Profile of Barangay Health Workers Competence of Barangay Health Workers in Health Service Delivery

Demographic Profile	F	%
Age		
25 – 29 years old	4	6
30 – 34 years old	5	7
35 – 39 years old	8	12
40 – 44 years old	10	15
Educational Attainment		
Elementary	4	6
High School	48	72
College	12	18
Others (ALS)	3	4
Civil Status		
Single	1	1.5
Married	62	93
Separated	1	1.5
Widow	3	4
Others	0	0
Length of Service		
1 – 3 years	12	18
4 – 6 years	15	22
7 – 9 years	12	18
10 years above	28	42
Number of trainings undergone		
1 – 3	41	61
4 – 6	17	25
7 trainings above	9	14
Total	67	100 %

The data gathered were calculated and interpreted using Percentage that used to describe the demographic profile of the barangay health workers. Mean or average was used to determine the level of training and development as well as the effectiveness of training and development of the barangay health workers. And interpreted using Analysis of Variance (ANOVA) test type to determine if the demographic profile and the effectiveness of trainings were significantly related, to determine if the hypothesis will be rejected or accepted.

IV. RESULTS AND DISCUSSION

Demographic Profile of the Respondents

Table 4 showed the demographic profile of the barangay health workers of the selected barangays of Municipality of Kiblawan, Davao del Sur. The profile of the barangay health workers contains the age, educational attainment, civils status, length of service, and the number

trainings undergone on health care delivery trainings, which is believed to have greatly affected on the duties and responsibilities of Barangay Health Workers. Wherein those healthcare trainings that perceived and attended would be the motivation for the competence and commitment, and self fulfilment as health care advocates and providers in the community.

It was found out that the registered barangay health workers were all female and most of them were on age group of 45 and above. According to the article about Community Health Workers, older participants are more likely to be barangay health workers, which could be due to the fact that wisdom increases with age. As one ages, one becomes more responsible and experienced in dealing with life's difficulties. The older the Barangay Health Worker, the greater the perception of the depth of understanding required of Barangay Health Workers. According to surveys, older people outperform all other age groups in terms of career resilience as Health Care Workers.

Based on the findings, most BHW's were High School Graduate and majority of the respondents were married and had been in service for more than 10 years, only a few were 1 – 3 years and 7 – 9 years in the service. In terms of number of trainings undergone, majority of the respondents only have attended 1 – 3 trainings (61%), while (14%) have attended on the seven (7) trainings above. As stated by Gilson et al., (2018) Whatever roles CHWs encountered, their education and training must be prepare for them to function effectively and efficiently within their communities. Many of the challenges that CHWs face, however, experience begin with their education. CHWs will struggle to provide high-quality care in the community if they don't have proper trainings, unless they have the necessary skills and experience in their environment.

Table below presents the competence of Barangay Health Workers in Health Service Delivery. In terms of Women's health, they rated themselves competent in Care during Pregnancy, and Family Planning, and moderately competent in Post-partum, as well as Sexually Transmitted Disease. On the other hand, BHWs are highly competent on Program on Immunization, and competent on the rest of Child's Health such as growth monitoring and promotion, breastfeeding, nutrition, and common illnesses among children.

BHWs also rated themselves as competent in Senior Citizens Health such as hypertension, diabetes, bone and muscle pain management, cardiovascular illnesses, as well as common illnesses among Seniors.

As stated by Lehmann & Sanders (2007), BHWs or CHWs can significantly contribute to the community development by encouraging significant exposure and accessibility of adequate healthcare. There is substantial evidence that CHWs can engage in activities that enhance health service delivery, notably but not only in the field of

child health. Nonetheless, despite their ability to carry out intervention strategies, they may not persistently improve services that are likely to have a profound healthcare impact, and the effectiveness of such service providers can sometimes be insufficient. CHWs must be chosen carefully, appropriately trained, and consistently supported to have an impact to their community. Massive CHW systems require significant enhancements in training, maintenance, and supervision. According to an ordinance authored by Legacion et. al. (2012) in the study of Taburnal (2020), Barangay health workers should provide basic healthcare to their constituents in women and child care such as breastfeeding, immunization, and family planning are examples of these. They must also educate people about current concerns about health issues, such as the prevention and control of drug-related illnesses.

(Wikipedia) Because of new medical advances and a lack of proper training, volunteers' knowledge may be limited. Training is absolutely necessary for barangay health workers to improve their health training and expertise in order to provide better appropriate care.

Table 5. Competence of Barangay Health Workers

Topics	Mean	Description
Women's Health		
1. Care during Pregnancy	4.22	Competent
2. Postpartum	3.32	Moderately Competent
3. Family Planning	4.19	Competent
4. Adolescent Fertility	3.44	Moderately Competent
5. Sexually Transmitted Disease	3.14	Moderately Competent
	3.66	
Children's Health		
6. Growth monitoring & promotion	4.04	Competent
7. Breastfeeding	4.17	Competent
8. Nutrition	4.10	Competent
9. Program on Immunization	4.52	Highly Competent
10. Common Illnesses among Children	4.04	Competent
	4.17	
Senior Citizen's Health		
11. Hypertension	4.35	Competent
12. Diabetes Mellitus	4.10	Competent
13. Bone and Muscle Pain Management	4.01	Competent
14. Cardiovascular Illnesses	3.88	Competent
15. Common Illnesses among Senior Citizens	4.10	Competent
	4.08	
Average Weighted Mean	3.97	Competent

Effectiveness of Training and Development of Barangay Health Workers

On the effectiveness of training and development, the BHWs are satisfied about the training they have attended.

They strongly agreed that, Training of BHW is very important in the exercise of its duties and responsibilities as BHWs, and that Periodic trainings help improve the delivery of services of the BHW, also they strongly agreed that Training and the Development activities for BHW must be done frequently to ensure that its services to the constituents are effective and efficient.

On the other hand, they agreed that the effectiveness of being a BHW is dependent on the trainings she underwent and trainings must be done frequently to ensure that our constituents, when availing BHW services is satisfied and does not give negative feedbacks on the services that they have availed, respectively rated their satisfaction as Agree in this area. According to Taburnal (2020), the BHW bears a significant amount of responsibility for community health education and instruction. As a result, they must be well-versed in knowledge and abilities to provide the appropriate information to the community.

Table 6. Effect of Training and Development of BHW

Topics	Mean	Description
1. Training of BHW is very important in the exercise of its duties and responsibilities of BHWs.	4.55	Strongly Agree
2. Our constituents, when availing BHW services, is satisfied and does not give negative feedbacks on the services that they have availed.	4.44	Agree
3. Periodic trainings help improve the delivery of services of the BHW.	4.56	Strongly Agree
4. The effectiveness of being a BHW is dependent on the trainings he/she undergoes.	4.49	Agree
5. Training and Development activities for BHW must be done frequently to ensure that its services to the constituents are effective and efficient.	4.55	Strongly Agree
Average Weighted Mean	4.51	Strongly Agree

Motivating Factors and Perceived Benefits

On BHW's motivating factors and perceived benefits on the trainings they have attended, strongly engages in and embraces the organization's principles, has the highest rating and mean. Which means that the barangay health workers rated respectively as strongly agree in this topic. Their attitude towards the organization as they wholeheartedly believed the values of being BHW would boost their morale and ultimately increase such confidence in serving the public.

While, Barangay officials' allotment of financial resources for BHW's trainings, they rate their level of satisfaction as Neutral and the lowest rating on this level. According to them, the barangay did not organize and do not have extra funds to send them into seminars and trainings. It was too costly for the barangay to allocate funds for the trainings they should attended. As in Table 2., majority have

only 1 – 3 trainings attended though most of them were able to serve the community for more than 10years. According to Taburnal (2020), trainings and seminars specifications were regarded as a fundamental personal factor affecting the skills and competencies of barangay health workers. Nonetheless, the assistance of barangay officials is vital, especially when it comes to providing allotted financial support for training and seminars. In order to be more competent, more efficient, and more effective in providing quality health care to their constituents, these BHWs must attend training and seminars.

Table 7. BHW’s motivating factors and perceived benefits

TOPICS	Mean	Description
1. Support of Barangay officials to health programs and activities.	4.44	Agree
2. Barangay officials' allotment of financial resources for BHW's trainings.	3.29	Neutral
3. Interrelationship with people of the community.	4.32	Agree
4. Eagerness to participate in voluntary work	4.46	Agree
5. Love to work (Perform work religiously)	4.43	Agree
6. Self-fulfilment when providing service to people.	4.40	Agree
7. Increase morale when community recognizes.	4.44	Agree
8. When changes in the health or perception of the clients are visible, BHWs are encouraged to work harder.	4.32	Agree
9. Through compassionate supervision and participation training, they feel as if they are a part of the healthcare system.	4.44	Agree
10. Strongly engages in and embraces the organization's principles.	4.55	Strongly Agree
Average Weighted Mean	4.31	Agree

Relationship between the demographic profile and the Competence of Barangay Health Workers

Table 8 shows the ANOVA computation on the relationship between the demographic profile and the competence of the Barangay Health Workers.

Based on the computation wherein the P-value of each profile is above 0.05, therefore, the relationship between the demographic profile and the competence of Barangay Health Workers is significantly related. Which means that the demographic profile of the respondents affects the level of competence of the barangay health workers and the hypothesis formulated was being rejected. As stated by Taburnal (2017) the profile such as age, educational attainment, and length of service affect the level of competence of BHWs. Elderly people with a higher level of education were expected to be more cautious and competent in sharing their understanding and skills. According to Igloso (2016) and cited by Taburnal (2017) attributed age, education, and length of service as among the factors that can affect and

influence an employee or barangay health workers to be more responsible in handling the health concerns of the community.

Table 8. Relationship between the demographic profile and the Competence of Barangay Health Worker

Demo graphic ANOVA	Source of Variation	SS	df	MS	F	P-value	F crit	Decision (Hypothesis)
AGE	Between Groups	3.893789333	4	0.973447333	4.668112686	0.061422597	2.434065136	Reject Hypothesis
	Within Groups	30.23703	145	0.208531241				
CIVIL STATUS	Between Groups	1.447273333	3	0.482424444	1.249276567	0.295206507	2.682809407	Reject Hypothesis
	Within Groups	44.79491333	116	0.386163046				
EDUC. ATTAIN.	Between Groups	6.97516	3	2.325053333	12.34866038	3.65446E-07	2.682809407	Reject Hypothesis
	Within Groups	21.49282667	116	0.185282989				
YEARS OF SERVICE	Between Groups	1.124766667	3	0.374922222	1.692307307	0.172514252	2.682809407	Reject Hypothesis
	Within Groups	25.69922	116	0.221545				
NUMBER OF TRAINING	Between Groups	0.688095556	2	0.344047778	2.093090005	0.129481753	3.101295757	Reject Hypothesis
	Within Groups	14.30101667	87	0.164579502				

Relationship between the Competence of Barangay Health Workers and the Effect of Health Service Delivery Trainings

Table below shows the relationship between the competence of Barangay Health Workers and effect of health service delivery trainings was significantly related. Base on the computation, therefore the researcher rejected the hypothesis formulated, which means that the relationship between the respondent’s competency and the effect of trainings was significant. The trainings attended by the barangay health workers affect the level of Competence of the BHWs.

Table 9. ANOVA computation on the significant relationship between Competence of Barangay Health Workers and Effect of Health Service Delivery Trainings

SUMMARY							
Groups	Count	Sum	Average	Variance			
Competence	20	79.9	3.996	0.03762526			
Effectiveness	20	87.8	4.3915	0.04128711			
ANOVA							
Source of Variation	SS	df	MS	F	P-value	F crit	Decision (Hypothesis)
Between Groups	1.5642025	1	1.5642025	39.644038	2.2342E-07	4.098171	Reject Hypothesis
Within Groups	1.499335	38	0.03945632				
Total	3.0635375	39					

V. SUMMARY, CONCLUSION, AND RECOMMENDATION

Summary

This study Assessment of Health Service Delivery Trainings of Barangay Health Workers in Selected Barangays of Kiblawan, Davao del Sur was carried, to determine the demographic profile of the barangay health workers, to assess

the competence of BHWs and the effect of trainings in health service delivery of the Barangay Health Workers in terms of Women's Health, Children's Health, and Senior Citizen's Health. Also, this study sought to determine the motivating factors and perceived benefits in attending trainings. To determine the relationship between the competence of the barangay health workers when analyze based on their demographic profile. The study was carried using a questionnaire to 67 barangay health workers in Southern part of Municipality of Kiblawan. Data gathered from this survey used statistical tools such as frequency distribution, mean, and analysis of variance (ANOVA)

Findings indicate that most of the BHW were 45 years old and above, high school graduate, married, with more than 10 years in the service, and have 1 – 3 training attended.

The competence of Barangay Health Workers in Healthcare Services in terms of Women's health were competent in Care during Pregnancy, and Family Planning, and moderately competent in Post-partum, Adolescent fertility as well as Sexually Transmitted Disease. On the other hand, BHWs were highly competent on Program on Immunization, and competent on the rest of Child's Health such as growth monitoring and promotion, breastfeeding, nutrition, and common illnesses among children. BHWs also rated themselves as competent in Senior Citizens Health such as hypertension, diabetes, bone and muscle pain management, cardiovascular illnesses, as well as common illnesses among Seniors.

On the effect of training and development, the BHWs are satisfied about the training they have attended. They strongly agreed that, Training of BHW is very important in the exercise of its duties and responsibilities of BHWs, and that Periodic trainings help improve the delivery of services of the BHW, also they strongly agreed that Training and the Development activities for BHW must be done frequently to ensure that its services to the constituents are effective and efficient.

On BHW's motivating factors and perceived benefits on the trainings they have attended, strongly engages in and embraces the organization's principles, has the highest rating and mean. Which means that the barangay health workers rated respectively as strongly agree in this topic. Their attitude towards the organization as they wholeheartedly believed the values of being BHW would boost their morale and ultimately increase such confidence in serving the public. While, Barangay officials' allotment of financial resources for BHW's trainings, they rate their level of satisfaction as Neutral and the lowest rating on this level.

Conclusion

In analyzing the results, the following conclusion has drawn:

1. Majority of the respondents were 45 years old above, high school, married, 10 years above in service, and have 1 – 3 number of trainings.
2. On the competence of the Barangay Health Workers in health service delivery in Women's Health, Children's Health as well as in Senior Citizen's health have an overall rating of 3.97 or respectively describe as competent. Which means that the Barangay Health Workers were competent in dealing and handling the health concerns of the community.
3. On the Effectiveness of Training, findings showed that, BHWs are strongly agree that Periodic trainings help improve the delivery of services of BHWs, and agree on the trainings must be done frequently to ensure that our constituents, when availing BHW services, is satisfied and does not give negative feedbacks on the services that they have availed. On the Motivating factors and perceived benefits, Barangay officials' allotment of financial resources for BHW's trainings and seminars, they rate their level of satisfaction as Neutral and the lowest rating on this level.
4. The relationship between the demographic profile and the competence of Barangay Health Workers was is significantly related.
5. The relationship between the competence of the Barangay Health Workers and the Effectiveness of Trainings is significantly related.

Recommendation

Perceptions of BHWs according to their age, educational attainment, civil status, length of service and the number of trainings they have were almost similar. As they rated themselves on how competent they are in handling and providing health care to the community, one can conclude that BHWs were competent enough in serving the barangay. Yet with the number of training they have attended were only 1 – 3 years given to their length of service were 10 years and above, Training and Development activities for BHW must be done frequently to ensure that its services to the constituents are effective and efficient. The barangay level together with the Local Government Unit and the Department of Health should allocate funds so that BHWs could exercise their expertise in serving the public. And the BHWs would be able to join and participate in such trainings for the growth and development of BHWs and for the constituents for proper delivery of healthcare service. The knowledge they perceived in attending such trainings would be their armor and to the community that whatever problems may arise in barangay, they would be flexible enough.

For the Barangay Health Workers who were High School graduate, that they must continue their education program to elevate their capacity to serve the community. Higher education would be very significant to the barangay health workers that would help them to be more skilled and knowledgeable.

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