



## Exploring the Experiences Of Barangay Health Workers and Nutrition Scholars in Itogon, Benguet: A Deep Dive into Community Service

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### ABSTRACT

This study explores the experiences of grassroots health workers, focusing on their empowerment, the challenges they face, and the necessary interventions to enhance their impact on community health. Using a qualitative phenomenological approach, the research involved nine Barangay Health Workers and two Barangay Nutrition Scholars, all residents of Itogon who had been employed for at least one month, either as volunteers or permanent staff. Participants were selected through purposive sampling and were interviewed face-to-face after providing their consent. Data was analyzed according to Creswell and Poth's (2018) guidelines. Four key themes emerged from the analysis: positive experiences, challenges faced, coping strategies, and recommendations for improvement. Positive experiences include empowerment, fulfillment, and appreciation from the community, which contribute to enhanced confidence, self-worth, and job satisfaction. Their challenges include long working hours, financial constraints, resistance to change, and safety concerns. These issues are compounded by limited resources, educational gaps, and problems with facilities. To cope with these challenges, grassroots health workers demonstrate adaptability, resilience, and a strong commitment to their communities, with teamwork identified as a critical strategy. Participants indicated that necessary interventions include comprehensive training, better equipment, enforcement of the Magna Carta for barangay health workers, and establishing clear qualifications and training before deployment. This study emphasizes the vital role of grassroots health workers, showcasing their empowerment and fulfillment despite the challenges they encounter. Their dedication helps them overcome obstacles, but they require better support to enhance their job satisfaction and the overall health outcomes in their communities.

### RESUMO

Este estudo explora as experiências dos profissionais de saúde de base, centrando-se na sua capacitação, nos desafios que enfrentam e nas intervenções necessárias para aumentar o seu impacto na saúde da comunidade. Utilizando uma abordagem fenomenológica qualitativa, a investigação envolveu nove trabalhadores da saúde de Barangay e dois bolsistas de nutrição de Barangay, todos residentes em Itogon e empregados há pelo menos um mês, quer como voluntários quer como pessoal permanente. Os participantes foram selecionados através de uma amostragem intencional e foram entrevistados cara a cara após terem dado o seu consentimento. Os dados foram analisados de acordo com as diretrizes de Creswell e Poth (2018). Quatro temas principais emergiram da análise: experiências positivas, desafios enfrentados, estratégias de enfrentamento e recomendações para melhorias. As experiências positivas incluem o empoderamento, a realização e o apreço da comunidade, que contribuem para aumentar a confiança, a autoestima e a satisfação no trabalho. Os desafios que enfrentam incluem longas horas de trabalho, restrições financeiras, resistência à mudança e preocupações com a segurança. Estas questões são agravadas por recursos limitados, lacunas educativas e problemas com as instalações. Para fazer face a estes desafios, os profissionais de saúde de base demonstram capacidade de adaptação, resiliência e um forte compromisso com as suas comunidades, sendo o trabalho de equipa identificado como uma estratégia fundamental. Os participantes indicaram que as intervenções necessárias incluem uma formação abrangente, melhor equipamento, a aplicação da Carta Magna aos profissionais de saúde dos barangays e o estabelecimento de qualificações e formações claras antes do destacamento. Este estudo realça o papel vital dos profissionais de saúde de base, mostrando a sua capacitação e realização apesar dos desafios que encontram. A sua dedicação ajuda-os a ultrapassar obstáculos, mas necessitam de um melhor apoio para aumentar a sua satisfação no trabalho e os resultados globais em termos de saúde nas suas comunidades.

### ARTICLE INFORMATION

#### Article Process:

Submetido: 03/15/2025

Aprovado: 06/25/2025

Publicação: 06/28/2025



#### Keywords:

Challenges, coping strategies, grassroots health workers, interventions

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Desafios, estratégias de sobrevivência, profissionais de saúde de base, intervenções.

## Introduction

Community health workers (CHWs) are universally considered to be the frontlines of health. Although there is global diversity in the tasks that are expected to be performed by CHWs, these tasks most usually include the management of simple childhood conditions, the provision of advice and interventions among nursing mothers, and the treatment of communicable and non-communicable diseases (Ozano et al., 2018). In the Philippines, CHWs are referred to as Barangay Health Workers (BHWs). The word “barangay” refers to the smallest administrative division in the Philippines, like a village. Together with Barangay Nutrition Scholars (BNS), BHWs implement various programs of both the Local Government Unit (LGU) and the Department of Health (DOH). BHWs and BNS serve as the first point of contact in the healthcare system for many Filipinos, particularly in rural areas. They are trained to provide basic health services, including maternal and child health, disease prevention, and health education (Dayrit et al., 2018).

Although BHWs have played a vital role since the 1980s, they face numerous challenges. Up to this date, they are still conferred with voluntary status. In contrast with other healthcare providers, their designation was not clearly defined thus their compensation was also not fixed (Hartigan-Go et al., 2023). Similarly, BNS often face various challenges in effectively carrying out their duties. One of the key challenges is insufficient knowledge and training. A study by the Philippine Institute for Development Studies (PIDS) (2021) found that many barangays have an inadequate understanding of the Philippine Plan of Action for Nutrition, which serves as the framework for nutrition programs at the barangay level.

Despite these challenges, CHWs employ various coping strategies to manage their workload effectively. One key approach is problem-focused coping, which involves directly addressing the source of stress through planning, seeking solutions, and managing time efficiently. It's effective in reducing stress by addressing its root causes (Goudge et al., 2020). Another approach is emotion-focused coping. This strategy focuses on managing emotional responses to stress rather than addressing the problem. Techniques include relaxation, seeking social support, and cognitive restructuring to view stressors in a less threatening way (Dunbar et al., 2018). Additionally, building a supportive network among colleagues and engaging in continuous professional development can help CHWs manage stress more effectively by providing emotional support and enhancing their skills (Smith et al., 2014). Finally, engaging in leisure activities and hobbies outside of work helps CHWs to disconnect from work-related stress and recharge.

Addressing these challenges will require a comprehensive and coordinated effort involving various stakeholders, including the government, civil society, and the communities themselves. Hence this research aims to identify the challenges faced by our BHWs and BNS along with their coping mechanisms as they continue to perform their duties and responsibilities. Furthermore, this research addresses the Sustainable Development Goals

(SDG) of the United Nations. In SDG 3: Good Health and Well-Being aims to ensure healthy lives and promote well-being for people of all ages (United Nations, s.d.). It is directly relevant to the work of CHWs, as they are central to achieving this goal in their communities. Another goal is in SDG 8: Decent Work and Economic Growth (United Nations, s.d.). This goal advocates on promoting sustained economic growth, full and productive employment, and decent work for all. For CHWs, decent work is essential to their effectiveness and motivation. Hence, this study emphasizes the importance of recognizing CHWs' contributions and addressing their challenges, such as underpayment, lack of resources, and occupational hazards. These findings are critical for advocating policies that promote decent work and sustainable livelihoods for health workers.

## **Methodology**

This study employed a qualitative phenomenological approach to explore the lived experiences of Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNSs) in Itogon, Philippines. The study included 11 participants (9 BHWs and 2 BNSs), with data saturation reached after the 11th interview. Participants were required to be residents of Itogon to ensure firsthand experience with the community and its challenges. They had to be currently working as a Barangay Health Worker (BHW) or Barangay Nutrition Scholar (BNS), either voluntarily or permanently, to capture diverse perspectives based on commitment and job security. Additionally, participants needed at least one month of experience in their roles to ensure they had sufficient exposure to their duties and the challenges they faced. Data were collected through interviews, observations, and document reviews, with participants selected using purposive sampling until data saturation was reached. Participants were interviewed face-to-face after providing their consent. The interviews were audio-recorded, and data saturation was achieved through iterative data collection and analysis, probing questions, and a diverse selection of participants. To ensure rigor, the study employed strategies such as prolonged engagement, data triangulation, and audit trails. Ethical considerations, including informed consent and confidentiality, were strictly followed. The data analysis followed Creswell and Poth's guidelines, involving immersion, coding, categorization, and synthesis to identify key challenges and coping strategies.

## **Results and Discussions**

Four key themes emerged from the analysis: positive experiences, challenges faced, coping strategies, and recommendations for improvement.

### **Theme 1: Positive Experiences**

This theme highlights the fulfilling and rewarding experiences of Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNSs) in their vital roles. These

experiences showcase the value of their work, both personally and within the community, highlighting the impact of their contributions.

#### **Personal Empowerment and Fulfillment**

BHWs and BNSs build self-efficacy through training, mentorship, and hands-on practice, which enhances their confidence in impacting community health. Participants verbalized that structured training programs play a crucial role in developing their skills, while mentorship from experienced health workers, such as midwives, provides essential knowledge transfer and practical guidance. In addition to confidence, the participants experience a strong sense of self-worth and job satisfaction derived from their role in helping the community. Learning opportunities, meaningful interpersonal interactions mainly with community members, and professional growth further contribute to their fulfillment. However, despite finding their work rewarding, financial concerns remain a significant challenge, negatively affecting their commitment and job retention.

#### ***Enhanced Community Health through Enhanced Community Engagement and Delivery of Services***

Participants have observed a significant increase in patients seeking medical assistance, with more individuals visiting clinics and reaching out for support. Immunization participation has also improved, as proper explanations encourage community members to attend, demonstrating a growing awareness of its importance. Additionally, more women are now opting for hospital births instead of home deliveries, indicating a shift toward safer maternal healthcare practices. Over time, there has been greater acceptance and demand for health services, including preventive care like Vitamin A supplementation. Despite initial resistance due to religious beliefs, continued education and advocacy by CHWs have led to increased trust and utilization of health center services, reducing the preference for private healthcare.

#### ***Community Appreciation and Positive Impact***

Community members express deep appreciation for their work, often thanking them for their presence and assistance. Many acknowledge that BHWs and BNSs provide essential support, with some even crediting them for saving lives. The gratitude extends beyond words, as some communities show hospitality by offering food and refreshments during visits. Additionally, local government officials publicly recognize and encourage BHWs, reinforcing their sense of purpose. These expressions of appreciation not only boost morale but also strengthen the bond between healthcare workers and the communities they serve, fostering commitment and motivation in their roles.

#### ***Supportive Measures for BHWs and BNSs and Their Families***

Supportive measures for BHWs and BNSs, along with their families, come from various sources, including NGOs, local government units (LGUs), and corporate organizations. These efforts help improve their working conditions, provide incentives, and recognize their

contributions to community health. LGUs play a crucial role in acknowledging and assisting BHWs and BNSs. Some LGUs issue certificates of recognition for long-term service, reinforcing the dedication of these workers. Others offer rice subsidies, which help address food security concerns. Additionally, annual outings such as Lakbay-Aral serve as morale-boosting rewards. Uniforms and honorariums are also provided to ensure that BHWs and BNSs have the necessary resources to carry out their work. Barangay Peacekeeping Action Teams (BPATs) and barangay police officers actively collaborate with them, especially during health crises like dengue outbreaks, assisting in monitoring and patient transportation. Other forms of support include first aid kits, weighing scales, and BP apparatus, though some resources need replenishment. Furthermore, transportation assistance is provided by some barangays, either through government-owned vehicles or reimbursement for hired transport. Also, private corporations and NGOs contribute to the welfare of BHWs and BNSs. Through programs like the Social Development and Management Plan (SDMP), companies such as Benguet Corporation and Philex Corporation provide monthly stipends, scholarships, and educational allowances for the children of health workers. In some cases, these scholarships extend beyond BHWs' families to include other community members, making education more accessible. These combined efforts from the government, private sector, and organizations significantly enhance the effectiveness of BHWs and BNSs while improving their well-being.

## **Theme 2: Challenges Faced**

The difficulties encountered by Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNSs) in Itogon, Benguet, mirror the wider challenges faced by community-based health and nutrition services across the Philippines.

### **Dynamics of Volunteer Work**

Their work is often characterized by extended hours, increasing responsibilities, insufficient compensation and formal employment agreements. While they follow structured schedules, their duty hours frequently extend beyond designated times due to patient needs, understaffing, and their commitment to ensuring continuous healthcare access. Some workers remain at the clinic beyond their shifts, especially in the absence of midwives or when patient volume remains high. Their responsibilities go beyond basic healthcare delivery, encompassing health education, immunization assistance, prenatal check-ups, data collection, disaster response, and participation in medical missions. They also collaborate with local government units (LGUs) and agencies like the police in community health initiatives. Despite their significant contributions, many tasks remain unpaid, including additional surveys and reports required by the barangay. The Magna Carta for BHWs was designed to provide benefits such as transportation and subsistence allowances, but many workers report not receiving these provisions. Their increasing workload, especially during emergencies like the COVID-19 pandemic, often comes without hazard pay, further exacerbating financial struggles.

Additionally, many BHWs work without formal contracts, while others sign yearly volunteer agreements that do not guarantee job security or fair wages. Their volunteer status prevents them from demanding higher salaries or employment benefits, leading to dissatisfaction and high turnover rates.

### ***Competing Priorities and Work Balance***

BHWs and BNSs struggle to balance their professional duties with personal and family responsibilities, often facing financial instability and health-related challenges. Family emergencies frequently force them to miss work as stated by the participants. Personal health issues, also impact attendance, as sickness can lead to being sent home. Another participant highlighted the difficulty of attending mandatory training sessions when they coincide with family obligations. Financial struggles force some to seek additional jobs due to insufficient salaries, though some, prioritize their BHW duties before taking on extra work. These competing priorities create significant challenges, making it difficult for BHWs to maintain stability in both their personal lives and professional commitments.

### ***Financial and Logistical Challenges***

BHWs and BNSs face significant financial and logistical challenges that hinder their ability to provide quality healthcare services. Logistical difficulties include a lack of essential medical supplies, transportation issues, and inadequate facilities, making it difficult for them to perform tasks such as blood pressure monitoring and medication distribution. Many rely on nurses for necessary equipment. Financial struggles further compound their challenges, with low salaries, delayed payments, and out-of-pocket expenses for transportation and field work. Some participants express frustration over insufficient compensation, while some note that the low pay contributes to high turnover among BHWs. Additionally, the absence of benefits such as SSS, PhilHealth, and Pag-IBIG further discourages long-term commitment. These financial and logistical barriers not only affect the motivation and well-being of BHWs and BNS but also limit the effectiveness of healthcare services in their communities.

### ***Resistance to Change and Negative Perception***

One major issue is resistance to change and negative reception within their teams. Older BHWs often struggle to accept new policies and corrections, creating conflicts with newer workers. This resistance affects professional standards and patient care, as some refuse to adopt proper medical techniques or treat patients in a therapeutic manner. In addition to internal conflicts, BHWs and BNSs encounter a shortage of basic support and safety measures while working in the field. They often conduct home visits without insurance, food, water, or protective gear. Some even use their own money to support colleagues. During the COVID-19 pandemic, BHWs and BNSs were at high risk, yet many lacked proper community support. Additionally, they frequently encounter physical dangers, such as being bitten by dogs while conducting surveys.

Community compliance is another major hurdle. Many resist health interventions, such as vaccinations and screenings, due to misconceptions or apathy. Some respond with sarcasm, refuse entry to the participants, or claim medical services are unnecessary. Others accuse them of being intrusive, making it difficult to engage the community in health initiatives. Similarly, resistance to advice remains an obstacle, as some individuals prefer traditional practices over medical recommendations. Home births continue despite the risks, and even BHWs' and BNSs' relatives may refuse vaccines, making it difficult to promote public health initiatives. Beyond these challenges, BHWs also deal with accusations of favoritism and administrative issues. Some community members wrongly believe that BHWs control financial aid distribution, leading to complaints and misunderstandings. BHWs clarify that they only provide household lists and do not decide who receives aid, but these misconceptions still create tension between them and the public.

### ***Balancing Training Needs with Limited Resources and Educational Limitations***

The absence of a standardized training program further contributes to inconsistencies in service delivery. Some BHWs report receiving no formal training before assuming their duties, while others undergo basic training that varies in content and duration. While some barangays provide yearly basic training covering immunization procedures and child growth monitoring, others have minimal or no training. This lack of uniformity affects the quality of healthcare services in different communities. Limited training capacity also affects the frequency and accessibility of training sessions. Some respondents highlighted that training opportunities, such as first aid and Basic Life Support (BLS), depend on budget availability. Others mentioned that factors like age restrict participation in certain trainings, as younger BHWs are prioritized. Despite these limitations, some communities have implemented inclusive training programs where all BHWs and Barangay Nutrition Scholars (BNS) can participate, where they gain essential knowledge and skills. However, concerns remain about the retention of training content, emphasizing the need for continuous reinforcement of learned skills. Another challenge faced by BHWs is the lack of opportunities for professional advancement. While skills development is ongoing, there are no formalized pathways for career growth within the health system. Some respondents noted the presence of training programs, including mental health seminars and lectures on patient management, but these do not equate to career progression. Efforts are being made to improve BHWs and BNSs competencies through training programs by TESDA, allowing them to obtain National Certificate II (NCII) qualifications. However, policies like the Magna Carta for BHWs, which require 72 units of college education for salary grade inclusion, remain in the proposal stage and are yet to be implemented.

### **Theme 3: Coping Strategies among BHWs and BNSs**

This theme explores how Barangay Health Workers (BHWs) and Beneficiaries (BNSs) navigate and manage the challenges they encounter within the healthcare system.

#### ***Adaptability and Resourcefulness***

BHWs and BNSs demonstrate remarkable adaptability in providing primary healthcare services despite limited resources and challenging conditions. Their ability to adjust to different situations allows them to continue their work effectively. Resourcefulness is a key trait that enables them to find creative solutions, such as using personal funds for medical supplies and bringing their equipment when necessary. Their resilience in handling shortages and referring patients when needed ensures the continuity of healthcare services.

#### ***Personal Well-being***

The personal well-being of BHWs and BNSs is influenced by their ability to manage stress through various coping mechanisms. Engaging in hobbies such as crocheting provides both relaxation and financial benefits. Building positive relationships with the community also helps alleviate stress, as shared laughter and bonding foster resilience. By incorporating stress-relief strategies into their daily routines, BHWs and BNSs, can maintain their mental health and job satisfaction, allowing them to continue providing quality healthcare services.

#### ***Commitment***

BHWs and BNSs exhibit a strong commitment to their roles despite financial sacrifices and limited compensation. Many willingly spend their own money on medical supplies and transportation, driven by a deep sense of duty rather than financial gain. Their purposefulness in serving their communities is evident, as they prioritize public health over monetary rewards.

#### ***Resilience***

Resilience is a defining trait of BHWs and BNSs, allowing them to persist despite resource shortages and demanding workloads. Their determination to complete their tasks, even under difficult circumstances, reflects their strong work ethic. By maintaining a resilient outlook, BHWs and BNSs continue to provide essential healthcare services, ensuring that their communities receive the necessary support.

#### ***Community Engagement and Support***

Community engagement and support serve as vital coping mechanisms for BHWs and BNSs. Maintaining a positive attitude, using humor, and forming sincere relationships with community members help them navigate challenges. They also take part in community education, providing health-related lectures to improve public awareness. Additionally, receiving support from the community, such as food donations and words of encouragement, reinforces their sense of belonging and appreciation.

## ***Teamwork***

Collaboration among BHWs, BNSs, and other healthcare professionals strengthens their ability to address challenges efficiently. By sharing responsibilities and resources, they optimize available tools and ensure better healthcare delivery. Teamwork enables them to provide comprehensive care and navigate difficulties more effectively. Research underscores the significance of collective problem-solving and shared decision-making in enhancing healthcare services. Strengthening teamwork among BHWs and BNSs fosters a supportive environment, ultimately improving the standard of healthcare for the communities they serve.

## **Theme 4: Suggestions and Recommendations of BHWs and BNSs**

### ***Professional Development***

Investing in continuous training and education for BHWs and BNSs is crucial for improving their skills, confidence, and effectiveness in delivering healthcare and nutrition services. Many participants believe that regular training would help them stay updated on best practices and be better prepared for evolving health challenges. Some emphasize the need for refresher courses, particularly for older members, as they sometimes struggle to recall procedures. Others stress that mandatory training, such as CPR and disaster response, should be implemented to ensure all members can handle emergencies effectively. Research supports that frequent training enhances preparedness, improves service quality, and boosts the confidence of healthcare workers.

### ***Systemic Change***

#### ***Provision of Transportation Facilities***

Access to transportation is crucial for Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNSs) to reach remote areas and deliver essential healthcare services. Limited transport options force many to walk long distances. Most of the participants mentioned that they hitch rides when possible. Their grandchildren sometimes take them, but they are afraid of motorcycles, so they prefer to walk. Some of them shared that they own a motorcycle but lack money for gas, so they choose to walk instead. Additionally, a UNICEF report examining the roles of community-based workers in the Philippines identified that BHWs and BNSs often face challenges related to transportation when delivering nutrition services. The report suggests that addressing these transportation barriers is essential for improving the delivery of essential nutrition services in rural areas (UNICEF Philippines, 2024).

#### ***Mandatory Training Prior to Deployment***

Participants agree that mandatory training is essential for BHWs and BNSs to perform their roles effectively. Participants emphasized the importance of training before deployment. They themselves verbalized that they should be trained in taking vital signs and report making.

Studies by Tabunal (2020) confirm that pre-deployment training improves healthcare service quality and patient outcomes.

#### *Provision of Essential Equipment and Supplies*

BHWs and BNSs need proper tools to perform their roles effectively. Participants emphasized that all necessary equipment should be provided. Multiple of them highlighted the need for a blood pressure apparatus with a stethoscope, capillary blood glucose meters, and penlights. Others suggested securing sponsors or increasing the budget to ensure complete equipment availability. Santos et al. (2018) found that resource shortages hinder healthcare efficiency. Addressing these needs through adequate funding and supply distribution can enhance service quality and emergency response.

#### *Implementation of the Magna Carta for BHWs and BNSs*

Despite existing policies, the Magna Carta is not fully implemented. The participants stressed, The participants stressed the need to transition from volunteer to employed status in order to receive benefits. Additionally, they have noted that while the law exists, its implementation takes time. A study assessing the implementation status of these benefits found that the transition from volunteer to employed status is crucial for BHWs to access the benefits outlined in the Magna Carta. However, this transition has been slow, and the full realization of the law's provisions remains incomplete (Carpio et al., 2021).

#### *Establishing Proper Qualifications for BHWs and BNSs*

Standardized qualifications can improve healthcare service quality. The participants suggested screening volunteers before accepting them—choosing those with medical knowledge. Some added that qualifications should include a medical background, not just willingness, to uplift clinic standards. Standardized qualifications and the selection of volunteers with medical backgrounds are pivotal in enhancing healthcare service quality. Recent research underscores the significance of competency standardization in healthcare settings. For instance, the National Association for Healthcare Quality (NAHQ) conducted a study highlighting that standardized competencies among healthcare professionals lead to improved patient outcomes and more efficient care delivery (NAHQ, 2021).

#### *Scholarships for Dependents*

Many participants advocate for scholarships for their children. Participants with children encouraged scholarships for their dependents since the pay they receive is insufficient. Cruz and Santos (2016) found that educational support enhances social mobility and economic stability. Offering scholarships would ease financial burdens and improve long-term community development.

## Conclusion

BHWs and BNSs experience personal empowerment, job satisfaction, and fulfillment through their roles, despite financial challenges. Their work strengthens healthcare access, increases patient visits, improves immunization rates, and supports maternal health. By fostering trust and raising awareness, they play a crucial role in addressing the needs of vulnerable populations. Appreciation from the community, expressions of gratitude, and support from LGUs, corporations, and federations further motivate them and enhance their ability to serve effectively. LGUs provide incentives such as certificates, rice subsidies, transport support, and uniforms, while other non-governmental organizations offer financial aid. These contributions help sustain their dedication and improve their overall well-being.

However, their roles come with significant challenges. They face long hours, financial constraints, and logistical difficulties that hinder service delivery. Many struggle with inadequate compensation, lack of transportation, and insufficient medical supplies. Additionally, community resistance—from skepticism to outright disrespect—complicates their outreach efforts. Misconceptions about favoritism and administrative inefficiencies further add to their burden. Training opportunities are limited, often interrupted, or inconsistent, affecting their ability to stay updated with healthcare developments. During emergencies, the lack of resources and infrastructure constraints make it even harder to provide timely and effective care. These obstacles lower morale and impact their overall efficiency.

Despite these challenges, BHWs and BNSs demonstrate remarkable resilience. They adapt to difficult situations, find creative solutions, and prioritize their well-being through stress management techniques. Their deep commitment, even at personal financial sacrifice, drives them to continue their work. Strong community engagement, teamwork, and mutual support strengthen their ability to deliver essential services.

To improve their working conditions and effectiveness, they advocate for systemic reforms, including continuous training programs, better transportation facilities, adequate equipment, and full implementation of the Magna Carta to provide employment security and benefits. By addressing these needs, BHWs and BNSs can further enhance their impact, ensuring sustainable and equitable healthcare services for their communities.

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