

SITUATIONAL ANALYSIS BARANGAY HEALTH WORKER PROGRAM

I. RATIONALE

For the Department of Health to achieve the Universal Health Care (UHC), the three strategic thrusts should be effectively implemented with the help from the Community Health Teams (CHTs). A CHT is composed of midwives, barangay health workers (BHWs), barangay nutrition scholars (BNSs), and parent leaders. These CHTs are important since they are the link between the communities or families to health care providers. As a link, they increase the family's awareness and recognition of health risks and the promotion of positive health behaviours.

As stated above, the BHWs are part of the CHT thus their role and contribution in the attainment of the DOH thrusts cannot be overlooked. The roles and functions of BHWs have been evolving to accommodate the changing needs and demands of their catchment area and thrusts of the healthy system as evidenced by the approved policies, namely: a. **Republic Act No. 7883** (*Barangay Health Workers Benefits and Incentives Acts of 1995*); b. **Department Memorandum No. 2009-0302** (*Reiteration of DOH Support for the Continuing Development of BHWs*); and c. **Administrative Order No. 2015-0028** (*In VI.C.4 of the AO, it states that BHWs will be trained in TSiSMIS*).

II. OBJECTIVES

The DOH-ROs should be able:

1. To keep and maintain an updated list of registered and accredited BHWs and issue national IDs to these BHWs in their region;
2. To conduct training and development needs assessment (TDNA) for BHWs every 3 years and to conduct continuous training programs for the personal and professional development of BHWs;
3. To conduct continuous advocacy and information dissemination on policies and guidelines of RA 7883 and act as liaison between BHWs, LGUs and other agencies;
4. To encourage reactivation of and monitor functionality of Local Health Boards (LHB) through the Development Management Officers (DMOs) including Barangay Health Committee to serve as a venue for BHW fora;
5. To allocate fund support for the institutionalization of the development program of BHWs (i.e. to include, but not limited to the following: for printing and distribution of national IDs of BHWs, training, RO monitoring, conduct of regional BHW convention, other logistic support as BHW kits)
6. To train BHWs in TSiSMIS – a communication system to effectively gather data on cases of defaulters and pregnant women.

III. ACCOMPLISHMENTS FOR 2015

A. Accomplishments for 2015

1. Allocated BHW kits (Weighing scale, digital thermometer, absorbent cotton, BHW bags)
2. Conducted Regional BHW PIR
3. Attended National BHW Congress
4. Monitored implementation of BHW Program

5. Conducted training on Interpersonal Communication and Counseling nad *Tama, Sigurado, Sapat at Makabuluhang Information System (IPCC-TSiSMIS)* on some BHWs, DMos and BHW Coordinators

B. Activities yet to be done in 2015

1. Awarding of Performance-Based Incentive (900,000.00)
2. Provision of BHW IDs

IV. STATUS OF PROGRAM IN CAR

Table 1. Number of BHWs per province as of 2014

PROVINCE	QUANTITY
Abra	2,205
Apayao	547
Benguet	1,296
Baguio City	132
Ifugao	840
Kalinga	1,103
Mt. Province	1,053
TOTAL	7,176

As seen on the table above, in CAR there are 7, 176 BHWs but not all are accredited by their local health board since some BHWs are still new since it takes 3 years of volunteerism in primary health care services in his/her locality before one can be accredited as a BHW.

For the status of the BHW Registry, the masterlist of the BHWs were submitted to the DOH-Central Office but they have yet to upload the list. Though it can be seen in their account that the initial list of BHWs given to them has been uploaded it cannot be seen in the account of the coordinator.

For the UHC-HI5 activity for BHWs which is the training on *Tama, Sigurado, Sapat at Makabuluhang Information System (TSiSMIS)*; few BHWs have been trained since there were only one training conducted for this year. Thus, it will be one of the main activities for next year but due to lack of funds only selected BHWs from the provinces can be trained.

Monitoring of the implementation of the program showed that in Kalinga, Ifugao and Benguet the incentives of the BHWs differ from one place to another since the amount they receive is based on the internal revenue allotment (IRA) – the share of revenues from the national government for the LGUs – that the municipality or barangay receives.

V. PROBLEM ANALYSIS

The main problem for the BHW program is the poor implementation of the policies supporting it. Since the policies supporting the program are not properly implemented the benefits, incentives and rights of the BHWs are not appropriately met.

This may also be due to the outdated policy on BHW incentives and benefits which was passed on 1995. Though there was a reiteration of the guidelines for BHWs last 2009 it is still outdated.

The policies for the program is important since it will be the basis for the continual and organized implementation of the program.

VI. PLANS FOR 2016

1. Trainings on IPCC-TSiSMIS will be conducted as it is a part of the UHC-HI5. It will update the skills of the BHWs and will improve the reporting system of the health programs.
2. A meeting of the Regional BHW Federation will be conducted semi-annually to serve as a venue of the BHWs to share their experiences and to update them as well on the different health programs.
3. There is the annual awarding of the Performance-Based Incentive for the Best Performing LGU on health. The winning LGU will be awarded 900,000.00. Their plans on the utilization of the 900,000.00 will be monitored on the first quarter of the following year it was awarded.
4. The BHWs will be provided with BHW Manual to inform them of their roles and functions and will also serve as information tool on the different health programs.
5. Monitoring of the implementation of the program will also be done next year to determine if the different policies are being implemented in the LGUs and to determine the needs of the different BHWs in their catchment areas.

Prepared by:

ANNA ELAINE B. CAYAD-AN
Health Program Researcher

Noted:

SHELLY M. ARAL, MD
MO IV / Cluster Head, NCDC

Ma. LUISA L. PARAN, MD, MHA
MO V / Chief, LHSD

Approved:

AMELITA M. PANGILINAN, MD, MPH, CESO IV
Director III
Officer-In-Charge