

RESEARCH ARTICLE

# Facilitating and hindering factors in the provision of incentives and benefits for Barangay Health Workers (BHWs) in Oriental Mindoro: Insights from Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs)

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## ABSTRACT

**Background:** In 1995, RA 7883 was enacted stating the incentives and benefits which can be provided for BHWs. In the advent of the Universal Health Care, the role of the BHWs will be crucial more than ever and to ensure the sustainability of the program is an urgent concern. There is a need to identify the hindrances in the provision of incentives and benefits for the BHWs in coming up with recommendations on how to improve it.

**Methodology:** Focus group discussions on selected BHWs and key informant interviews on policy makers and implementors were conducted to assess the reinforcing and hindering factors on the provision of incentives and benefits for the BHWs.

**Result:** The report outlines key factors affecting BHWs in Oriental Mindoro. While the BHW organization has potential to offer incentives, it needs stronger oversight from the Local Government Unit (LGU) to be effective. NGOs, provide crucial funding for training BHWs in remote areas. Political interference in appointing BHWs, with frequent changes in leadership, disrupts the program's stability. Training opportunities are limited by a lack of funding, leaving many BHWs undertrained. Additionally, local ordinances that offer benefits to BHWs often fail due to unclear policies, changing local leadership, and insufficient budgets.

**Conclusion:** The BHW program continues to face persistent challenges in the provision of incentives and benefits, largely due to the lack of clear, comprehensive, and enforceable policies and guidelines.

## Introduction

Community Health Workers (CHW) date back after the Second World War. The Barefoot Doctors of China was among the first documented account of this practice. Gaining success and popularity as health auxiliaries in the mid 1950's, it became a nationwide program. Later, other countries began integrating village health workers in their health delivery systems. In 1978, during the Alma-Ata Declaration in Russia, there was a global initiative in Primary Health Care (PHC) which is the driving force of the community health worker programs [1].

In 1981, the Philippines was among the first countries to implement the community health workers program in a scale recommended at the Alma-Ata Declaration [2]. Pilot programs immediately started in 12 provinces and it was called the Barangay Health Workers (BHWs). BHWs act as frontline health center staff and as community health mobilisers [3]. In 1995, Republic Act (RA) 7883 was enacted stating the financial and non-financial incentives of the BHWs which includes: Hazard Allowance, Subsistence Allowance, Training, Education and Career Enrichment Programs, Civil Service Eligibility second grade eligibility for five (5) years continuous service, free legal services, and preferential access to loans. Subsequently, a series of legislative bills were introduced over the following decade, aimed at improving the compensation and working conditions of BHWs.

Over the past decades, issues related to the implementation of incentives and benefits for BHWs have come to light. Some LGUs have not attained the full provision of the incentives and benefits for the BHWs. They have a low level of awareness of the mandates of RA7883 especially in the areas of scholarship grants, civil service eligibility and access to loans [4]. There are issues on the disparity of monetary incentives that the BHWs are receiving across the nation. The allowances depend on the income of the barangay. The monthly lumpsum honoraria for barangay-funded BHWs was reported as PhP 2300 (USD 50) and PhP 3000 (USD 60) for city-funded BHWs [3].

Training, education and career enrichment programs are crucial in the performance of their tasks, but also serve as benefits that maintain the interest of the BHWs in pursuing their role as community educators. A study claims that BHWs lack sufficient knowledge and skills in performing their tasks in the areas of Safe Motherhood, Women's and Child health [5]. Providing safe

and comfortable working conditions is also an area that needs to be improved. In GIDA barangays, transportation is one of the main challenges in performing their tasks. This is also the reason why sometimes they are discouraged to attend trainings [6]. The devolution provided some negative effects on the provision of incentive and benefits for the BHWs. According to program administrators, decentralization has contributed to administrative challenges in the governance of the BHWs program [7].

Since its inception in 1981, gaps in the program have been observed and majority of them can be linked to the provision of incentives and benefits. Provisions on RA 7883 or the Barangay Health Workers' Benefits and Incentives Act of 1995 can no longer compensate the growing responsibilities that are expected of them. This study aims to identify the facilitating and hindering factors in the provision of both monetary and non-monetary incentives and benefits for BHWs in Oriental Mindoro. These factors are crucial for improving BHWs' motivation, performance, and retention, which in turn, significantly impact the effectiveness of community health services. By examining these elements, the study seeks to provide valuable insights into the challenges and opportunities that can enhance the support and sustainability of the BHW program in the province.

## Methodology

The study utilized a phenomenological study design. Focus group discussions on selected BHWs and key informant interviews on policy makers and implementors were conducted to assess the reinforcing and hindering factors on the provision of incentives and benefits for the barangay health workers.

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## Focus Group Discussion

The selection of respondents was initially done through random selection of one municipality in each income classification. Calapan, as the lone city of the province, was automatically included in the study. Similarly, the municipality of San Teodoro was also included as it is the only municipality in the 4th income classification. The municipalities of Naujan, Mansalay, and Gloria was randomly selected for the 1st, 2nd and 3rd income classification respectively. Six batches with 8 to 10 BHWs each were invited to participate [8]. Two urban barangays, two rural barangays, and two from Geographically Isolated and Disadvantaged Areas (GIDAs) were selected. Respondents of each group came from the same barangay. The barangays were also purposely sampled to ensure that urban, rural and geographically isolated barangays are represented. FGD participants must be an active barangay health worker, resident of Oriental Mindoro, with at least one year in service, and have signed the informed consent form. All members of each batch should come from the same barangay. All selected participants eagerly contributed in the discussions and no one refused to participate.

The discussions focused on the respondents' experiences in carrying out their duties as BHWs. They were specifically asked to describe their capacity, willingness, and insights regarding the opportunities provided to carry out these tasks. All questions were closely tied to the provision of incentives and benefits, exploring how these factors influence their motivation, performance, and retention.

## Key Informant Interviews

The respondents for the key informant interviews were purposely selected and they came from identified policymakers, program heads, LGU officials and BHW organization heads. A total of 10 respondents from the selected city and municipalities were interviewed which was done until data saturation was attained. The respondents were asked to share their views and roles regarding the provision of incentives and benefits for BHWs in Oriental Mindoro, focusing on planning, budgeting, sources, and distribution. The discussion also covered the specific incentives and benefits provided in their respective cities or municipalities, along with suggestions for necessary improvements. Finally, they were asked to identify the facilitating factors and propose ways to sustain and strengthen them, as well as the hindering factors and potential solutions for overcoming them.

## Data Processing and Ethical Consideration

All KIIs and FGDs interviews were transcribed verbatim. Thereafter, thematic analysis was done by following a six-step process by Braun and Clarke (2006). It began by first being familiar with the data (Step 1), generating the initial codes (Step 2), searching for themes (Step 3), reviewing themes (Step 4), defining and naming themes (Step 5) and producing the report (Step 6).

The research protocol was guided by the Helsinki ethical guidelines and the 2017 National Ethical Guidelines for Health and Health-Related Research (NEGHR). The protocol, informed consent and questionnaires was reviewed and approved by the UP Manila Research Ethics Board.

## Results

Themes were gathered from the KIIs and FGDs to understand the facilitating and hindering factors in the implementation of the provision of incentives and benefits for BHWs in Oriental Mindoro.

### Facilitating factors in the context of Oriental Mindoro

#### BHW Organization

The BHW organization can be useful in promoting additional incentives for the BHWs but they need to be guided and closely monitored by the LGU to get its full potential. A respondent said,

*“Factor din yung siyempre kasi noong una, ang presidente naming medyo bulyaka (people person), medyo maano politiko din ano, so siya ang nagpupush. Ang BHW kasi dito sa Calapan ay nakaregister sa SEC. Parang hindi na ito naituloy. Kaya lang wala kaming nakukuha dyan sa SEC nagagastusan lang kami sa pag-aano. Tapos wala din kami nung parang livelihood project para sa kanila. Hindi nasimulan eh pero yun yung idea kung*

*paano sila binuo pero nagpalit kasi ng presidente na overall president kaya hindi naituloy yun. Pero alam ko may budget pa naman sila na maintaining kaya lang nakuha ng dating president. Pero meron naman silang annual dues na binabayaran so yun yung magiging conflict ng BHW.”*

#### NGOs and advocate groups

Non-government organizations (NGOs) and advocate groups are other sectors that provide additional incentives to the BHWs. In Oriental Mindoro, a group organized by German doctors provide periodic health training to the BHWs in GIDA barangays. A respondent narrated,

*“Si german doctor nagpa-fund yan ng mga training. Tine-train nila per barangay, nagte-train sila ng mga BHW. Pero ang mga trainer na kinukuha nila kami din. Dito sa amin sila kumukuha ng magle-lectures. Sila lang magpa-fund sa food, sa mga [iba]. May mga doctors din sila, in short ano na lang, nagtu-tulong silang German doctors.”*

### Hindering factors in the context of Oriental Mindoro

#### Politics behind the BHW program

Up until the last barangay elections in 2023, elected barangay captains were authorized to appoint the BHWs. There were no clear guidelines and qualifications for the appointment which made it available for barangay level officials to use it for personal political purposes. They use the position of BHWs to get rid of their opposition and reward their political allies. A respondent from a KII said,

*“Sa totoo lang ang daming gumagamit sa mga BHW lalo na sa politika ... Meron nga kaming barangay na every three years napapalitan ang kapitan, napapalitan din ang BHW, walang naregister. Walang naregister sa barangay na yun kung hindi ko nitong huli kinausap ko na talaga yung Kapitan, “Anong nangyari bakit walang nareregister [na] accredited BHW sa barangay niyo?” Kasi every three years napapalitan ang Kapitan, napapalitan lahat ng BHW.”*

To address this issue, a joint memorandum between the Department of Health (DOH) and the Department of the Interior and Local Government (DILG) was issued to protect the BHWs from termination without due process. The Local Health Board (LHB) shall be responsible for the registration and accreditation of BHWs. However, this policy did not resolve the issue. A respondent from a KII said,

*“yung pagbaba ng legislative orders, katulad nitong mga memorandum circular, medyo late na siya. parang andami ng tinanggal bago ibinaba.”*

Over 100 trained and accredited BHWs in the municipality of Naujan alone were removed and replaced with new BHWs by incoming barangay captains.

Further confusion happened a few months after the turnover of new barangay officials as LGUs tried to retain some of the removed BHWs. A KII respondent shared his experience,

*“At ngayon po ay tumatanggap ako ng monthly, hindi po galing sa barangay... Kundi sa bayan ng Gloria at yan po ay nagkakahalaga ng limang-daang piso isang buwan hanggang sa kasalukuyan yan po ang tinatanggap ko na quarterly, so ibig sabihin 1,500 tatlong buwan.”*

The respondent continues to serve the barangay as a BHW after he was removed by the new barangay chairman and then later reinstated by the LHB.

#### Facilitation of trainings

One of the most important provisions of RA 7883 is training, education and career enrichment programs. It is not only crucial for the BHWs to perform their tasks but it also serves as one of their motivators. A respondent from the FGD said,

*“...ang pagiging BHW ko ay mahalaga sa akin dahil ay nakadagdag ng kaalaman sa akin.”*

The IRR of RA 7883 states that qualified BHWs are entitled to avail the training, education and career enhancement programs which includes formal health science education, formal vocational course, training and other short-term

courses on health, and other non-formal educational courses as maybe prescribed by DOH and the Department of Education or DepEd (formerly DECS, or Department of Education, Culture, and Sports). Most of the respondents of the FGD have only undergone the mandatory training for new BHWs.

Currently, funding of trainings for the BHWs are under the responsibility of the LGU. Lack of financial support greatly affected the carrying out of these trainings. A respondent from the KII said,

*“...meron kaming sinusunod na annual investment program, kada taon. Hindi naman nawawala sa aming pagpa-plano na yung approved plan na yun ay andun lagi yung capability training ng mga BHWs... Kaya lang ay hindi talaga sapat ang pondo para hundred percent ma capacitate yung BHWs.”*

LGUs came up with solutions to maximize the allocated budget for the BHW training. They opted to train representative BHWs per barangay and tasked them to cascade the information to the rest of the team instead of training everyone.

### Implementation of existing provisions

Aside from the provisions of RA 7883, local orders were passed by many legislators of Oriental Mindoro both from the provincial and city/municipal levels. In Calapan City, a city ordinance was passed to give medical, retirement and death benefits to their accredited BHWs but was not fully implemented. As mentioned by one respondent,

*“Hindi naman malinaw ang pagkakagawa ng policy o ng resolution. Hindi rin maibigay at tsaka wala na pati yung politikong gumawa noon. Paano ipaglalaban?”*

The failure can be attributed to lapses in policy formulation and implementation. Change in local executives also added challenges especially when the author and advocate of the ordinance is no longer in office and the incumbent has other priorities. She added,

*“Magulo nga... Although parang noong nakaraan kasi una kaya hindi maibigay kasi walang budget hindi kaya ng budget... Nagpalit kami ng city administrator edi mageexplain na naman ako sa bagong city administrator eh balita ko mapapalitan ulit yun, edi hintayin ko na lang yung bagong kapalit. [Magtatatlo] ng palit yan.”*

The Municipality of Naujan experience the same struggles in implementing their similar ordinance. A respondent from the KII said,

*“...meron naman existing ordinance para sa provision ng incentive and benefits ng BHWs dito sa municipal. Parang in-adapt yung provincial... Kaso the problem is, hindi ma-pondohan... Hindi mapasama sa priorities”*

### Budget Source

The LGU is responsible for the allocation of budget for health which includes the BHW program. Most of the challenges in the implementation of the provision of incentives for the BHWs can be linked to the lack of funding. When asked about this, a KII respondent said,

*“Number 1 factor ay yung financial capacity ng ating munisipyo. Talagang yun ang number 1 talaga.”*

On the other hand, funding for honoraria comes from the barangay. A respondent stated that at the barangay level, they can only provide what was being mandated and it is based on the National Tax Allocation (NTA). He said,

*“Meron po diyan na dapat naming lagyan ng budget, may mga percentage po yan na dapat yun lang ang i-allot na budget sa bawat programa ng barangay. Kami nga, sabi ko nga, gusto ko man dagdagan ang kanilang sweldo pero meron computation at kung papaano sila mabibigyan.”*

A respondent from the mayor's office stated that budget for health expenditures depend on the priorities of the LGU. He said,

*“Aminin na natin, depende kasi ito sa administrasyon, sa local executive. Kung hindi niya priority yung services, hindi rin siya maglalagay ng training.”*

Policies ensuring the inclusion of incentives and benefits for the BHWs can help ensure its provision. He added,

*“Basically, yung pondo na nilalaan sa Sangguniang-Bayan, LGU, sa BHW, ay nangagalang sa MOOE. Yan ang sinasabing expenditure. Hindi naman po pwedeng ilagay sa personal services. Bawal yan. So ganoon na lang ang nangyari pero nakalagay yan sa budget naman, [it] is intended to [the] BHW [Program].”*

Another respondent suggested that the same can be done at the barangay level. He said,

*“...siguro sa barangay level itaas nila yung allocation doon sa health. Kasi kada barangay, iba-iba eh. Iba-iba yung honorarium eh.”*

A respondent shared about the Barangay Health Leadership and Management Program Training. She narrated,

*“Kasi may experience na kami dati. Yung Barangay Health Leadership and Management Program. Nag-implement sila, ang national noon. Parang nag-allocate sila ng certain amount per municipality, tapos. sila pa rin ang nag-implement, implementing office pero doon kami umasa at talaga naman hundred percent na-train.”*

It was a nationally funded program and it was very successful. To resolve the issue on budget allocation, another respondent suggested that it would be better to consider reorganizing the current system to a national BHW program. He said,

*“Siguro, it's about time ngayon na rin sa BHW magkaroon ng komisyon sa National Government para naman sila mabigyan ng tamang atensyon.”*

## Discussion

The study findings highlight both facilitating and hindering factors in the provision of incentives and benefits for BHWs in Oriental Mindoro, shedding light on the complex challenges faced by the program and offering potential solutions for improvement.

### Facilitating Factors

The BHW organization has the potential to promote additional incentives for its members, though it requires consistent guidance and close monitoring from the LGU to realize its full potential. This is underscored by the experience of one respondent, who noted that while the BHW organization in Calapan was initially registered with the Securities and Exchange Commission (SEC) and had a budget, leadership changes caused the initiative to falter. The shift in leadership disrupted plans, leaving the program underfunded and fragmented. Despite these setbacks, the presence of annual dues and other resources indicates that the foundation for a more robust program is still in place.

NGOs also play a significant role in supplementing the provision of benefits. They offer periodic health training, especially in GIDAs, providing BHWs with essential skills and knowledge to carry out their duties effectively. These external resources help fill the gaps left by government support, though they are not a long-term solution.

### Hindering Factors

The biggest challenge identified in the implementation of the BHW program is the political interference that surrounds the appointment and removal of BHWs. The absence of clear guidelines and qualifications for appointing BHWs allowed barangay captains to use their political power to reward allies and remove opponents, creating instability in the program. A respondent shared the common practice of BHWs being replaced every few years in line with the election of a new barangay captain. Although the DOH and DILG issued a joint memorandum to prevent the arbitrary dismissal of BHWs, its late implementation failed to prevent the removal of over 100 accredited BHWs in Naujan.

Further complicating the issue, there is often confusion after the turnover of barangay officials. While some BHWs were reinstated by the LHB, the overall lack of stability has undermined the program's effectiveness and left BHWs in a precarious position.

The provision of training for BHWs also faces obstacles due to limited financial resources. The LGUs are responsible for funding these programs, yet many LGUs report insufficient funds to fully train BHWs. To address this, LGUs



have resorted to a "train-the-trainer" approach, where only a few representatives from each barangay are trained, and they are expected to cascade the information to their colleagues. While this method maximizes limited resources, it compromises the quality and reach of training across the entire BHW workforce.

Additionally, the failure to fully implement local ordinances that are intended to provide medical, retirement, and other benefits to BHWs further compounds the challenges. In some cases, political changes or budget constraints have led to the abandonment of these initiatives. The municipality of Naujan, for example, passed an ordinance for the provision of benefits, but implementation was hindered by a lack of funds and a shifting political landscape.

### Financial Constraints

A major hindrance to the effective provision of incentives and benefits is the limited budget allocated by LGUs. While honoraria for BHWs are sourced from the barangay's NTA, the available funds are often insufficient to meet their needs. As one respondent explained, the NTA allocation is fixed, and even with legislative efforts, there is little room to increase remuneration without external funding. The introduction of the Mandanas-Garcia ruling in 2022 could potentially provide additional funds for local health programs, but the effectiveness of these funds depends on the LGU's capacity to manage and allocate them properly.

### The Spirit of Volunteerism

In comparison to different processes and procedures in providing incentives and benefits for CHWs in other countries, the Philippine government continues to remunerate their CHWs, particularly the BHWs, through a non-salaried financial incentive. This contrasts with other countries where different models are used to incentivize community health work. These include salaried financial incentives, performance-based incentives, income-generating activities, and the selling of health commodities. Each of these approaches varies depending on the country's health system and cultural context.

However, to develop and sustain motivation among CHWs, Bhattacharyya *et al.* systematically examined incentives and disincentives, emphasizing the complexity of their motivations [9]. They argue that when designing incentive programs, it is crucial to consider the broader cultural and political environment in which CHWs operate. While monetary incentives can play a role in ensuring the retention of CHWs, studies indicate that non-monetary incentives are equally, if not more, important for the success of CHW programs [10]. In fact, a balance of both monetary and non-monetary incentives is critical to sustaining CHWs' engagement and commitment to community health work. This insight is crucial for understanding the challenges BHWs face in the Philippines, where the current model relies heavily on financial incentives but lacks the comprehensive non-financial support that has proven effective in other contexts.

In the case of Oriental Mindoro, while the financial incentives for BHWs are minimal, their motivation often stems from a strong sense of volunteerism and community service, which may mirror non-monetary incentives seen in other countries. This spirit of volunteerism is a powerful sustaining factor for the program, as many BHWs continue to serve despite the financial constraints. However, combining these intrinsic motivators with more formalized financial incentives and benefits, as practiced elsewhere, could strengthen the BHW program and enhance its sustainability.

In other countries, performance-based incentives are used effectively to align the efforts of CHWs with health outcomes. Such mechanisms could be considered in the Philippine context as a way to not only incentivize BHWs but also ensure that their work aligns with key public health goals. Non-financial incentives, such as recognition, career development opportunities, and enhanced training, are also crucial to maintaining a motivated workforce. As studies have shown, these incentives can have a profound impact on the long-term success of community health programs.

The Philippine model could benefit from adapting some of these successful practices from other countries. By integrating both monetary and non-monetary incentives into the BHW program, the government could improve the effectiveness and retention of these essential community health workers. Moreover, creating a more structured, stable framework for the provision of benefits and incentives would help ensure that BHWs remain motivated and equipped to fulfill their important roles in improving public health.

### Addressing the Issues

To improve the provision of incentives and benefits for BHWs, several solutions have been proposed by the respondents. First, LGUs should explore alternative sources of funding beyond the NTA to ensure that BHWs receive adequate compensation. One suggestion is to leverage the Mandanas-Garcia ruling, which could boost LGU budgets and provide a much-needed financial cushion for health-related programs.

Additionally, respondents emphasized the need for clearer policies and more consistent implementation. Addressing the issues of political interference in BHW appointments and ensuring stable funding for training programs could go a long way in enhancing the effectiveness of the BHW program. Some respondents even suggested the creation of a national BHW commission to centralize support and ensure that BHWs receive the attention they deserve at the national level.

## Conclusion

The findings of this study highlight the complexities involved in providing adequate incentives and benefits for BHWs in Oriental Mindoro. While there are clear facilitating factors such as the role of NGOs and the intrinsic motivation of BHWs, significant hindrances related to political interference, financial constraints, and inconsistent policy implementation continue to undermine the effectiveness of the program. By addressing these challenges—particularly through improved funding mechanisms, policy clarity, and stronger oversight—there is potential for the BHW program to thrive and better support the health workers who play a crucial role in the community.

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## References

1. Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. (2004). Development, 47(2):159–161. <https://doi.org/10.1057/palgrave.development.1100047>
2. Phillips DR. (1982) Primary health care in the Philippines: Banking on the barangays? *Social Science & Medicine*, 16(22):1829–1839.
3. Mallari E, *et al.* (2020) Connecting communities to primary care: A qualitative study on the roles, motivations, and lived experiences of community health workers in the Philippines. *BMC Health Services Research*, 20(860). <https://doi.org/10.1186/s12913-020-05669-0>
4. Bermio J. (2018) Barangay Health Workers' Benefits and Incentives Act of 1995 (RA 7883) in Santa, Ilocos Sur, Philippines. *Liceo Journal of Higher Education Research*, 13. <https://asianscientificjournals.com/new/publication/index.php/ljher/article/view/1062>
5. Dagangon LH, Perez GG, Tupas MS. (2016) Training needs analysis of barangay health workers of Davao City. *UIC Research Journal*, 20(1). <https://doi.org/10.17158/555>
6. Collado Z, *et al.* (2019) Challenges in public health facilities and services: Evidence from a geographically isolated and disadvantaged area in the Philippines. *Journal of Global Health Reports*, 3, e2019059. <https://doi.org/10.29392/joghr.3.e2019059>
7. Dodd R, *et al.* (2021) Governance of community health worker programs in a decentralized health system: A qualitative study in the Philippines. *BMC Health Services Research*, 21, 451. <https://doi.org/10.1186/s12913-021-06452-x>
8. Krueger RA, *et al.* (2008) Analyzing & reporting focus group results. SAGE Publications, Inc.
9. Bhattacharyya K, Winch P, LeBan K, Tien M. (2001) Community health worker incentives and disincentives: How they affect motivation, retention, and sustainability. Arlington, VA: Basic Support for Institutionalizing Child Survival Project (BASICS II) for the United States Agency for International Development.
10. Colvin C, *et al.* (2021) Community health workers at the dawn of a new era: 8. Incentives and remuneration. *Health Research Policy and Systems*, 19(3):106. <https://doi.org/10.1186/s12961-021-00795-5>