
Evaluating the Competency of Barangay Health Workers in the Community Health Care of Leganes, Iloilo: Basis for Training Program Enhancement for BHWs

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ABSTRACT

This study aimed to evaluate the competency of Barangay Health Workers (BHWs) in community health care in a barangay in Iloilo as a basis for enhancing the training program. The study determined the demographic profile of BHWs; sex, age, civil status, educational background, and years of experience, and assessed their competence as community organizers, health educators, and healthcare providers. A descriptive quantitative research design was used, with 102 BHW respondents selected through simple random sampling. Data were gathered using a validated questionnaire and analyzed using frequencies, percentages, weighted means, Spearman's rank correlation coefficient, and the Kruskal-Wallis test. Findings revealed that most BHWs were female, aged 37-44 years, married, and had mainly a high school or vocational/technical education. Overall, they are generally competent in their roles as community organizer (mean = 3.92), health educator (mean = 3.82), and health care provider (mean = 3.85). The study implied that while BHWs had high competence in community health roles, there were still areas needing improvement. These findings support the development of competency-based training programs that aim to strengthen the knowledge, skills, and attitudes of BHWs.

Keywords: *Barangay Health Workers, Community health care, Competency assessment, community organizer, Health educator, Healthcare provider, Competency-based training, Barangay health services, Local health governance, Philippines, primary health care, Spearman's rank correlation, Kruskal-Wallis test*

INTRODUCTION

Barangay Health Workers (BHWs) in the Philippines are community-based health volunteers who serve as frontline providers of basic health services, health education, disease prevention, and health promotion at the grassroots level. Despite various national efforts to standardize and strengthen BHW programs through training and policy reforms, studies have identified issues including the lack of up-to-date operational guidelines, limited logistical and material support, and unclear role delineation within the local health system (Hamoy et al., 2025).

Statement of the Problem

The researcher aimed to determine the competence of the BHWs and it sought to answer the following questions:

1. What is the demographic profile of the BHW respondents in terms of:

- 1.1 Sex
- 1.2 Age
- 1.3 Civil Status
- 1.4 Educational Background
- 1.5 Years of Experience as a BHW
2. What is the level of competency of BHWs in their Community Health Roles in terms of their functions as;
 - 2.1 Community Organizer
 - 2.2 Health Educator
 - 2.3 Healthcare Provider
4. Is there a significant difference in the competency levels of BHWs when grouped according to their demographic profile?
5. Based on the findings of the study, what training program enhancement may be proposed to improve the competencies of Barangay Health Workers?

Scope and Delimitations

The study aimed to evaluate the competence of Barangay Health Workers in fulfilling their community health roles as health educators, community organizers, and healthcare providers. The findings served as a basis for the Local Government Unit in strengthening the competencies of its community health workers through appropriate training and capacity-building initiatives. The study focused on the systematic collection of information using a quantitative case study method and was conducted in the municipality of Leganes, Iloilo. It focused on Barangay Health Workers officially appointed by the Local Government Unit who were actively performing their duties in their respective barangays.

Review of Related Literatures

Barangay Health Workers (BHWs) are indispensable actors in achieving Primary Health Care (PHC) goals. Positioned at the grassroots level, they function as the primary link between communities and the formal health care system. Despite their critical role, inconsistencies in training opportunities, limited access to refresher programs, and inadequate supervisory and institutional support persist (Hamoy et al., 2025). These deficiencies contribute to uneven competency levels among BHWs and affect their performance in carrying out their multifaceted roles. While competency-based training and capacity-building initiatives have been introduced, their implementation remains fragmented and insufficient to fully address existing gaps (Rodela et al., 2021). As a result, disparities in skill levels and performance persist across local settings.

Theoretical Framework

The study is conceptually anchored in the Competency-Based Training (CBT) Framework and the Novice-to-Expert Model introduced by Patricia Benner. These frameworks guide the development of a Training Enhancement Program for Barangay Health Workers (BHWs), based on identified competency gaps and patterns of professional growth in practice.

Conceptual Framework

Figure 1 presents the study's research paradigm, illustrating the flow of variables from the characteristics of Barangay Health Workers (BHWs) to the development of a Training Enhancement Program. The framework is organized into three major components: input, process, and output.

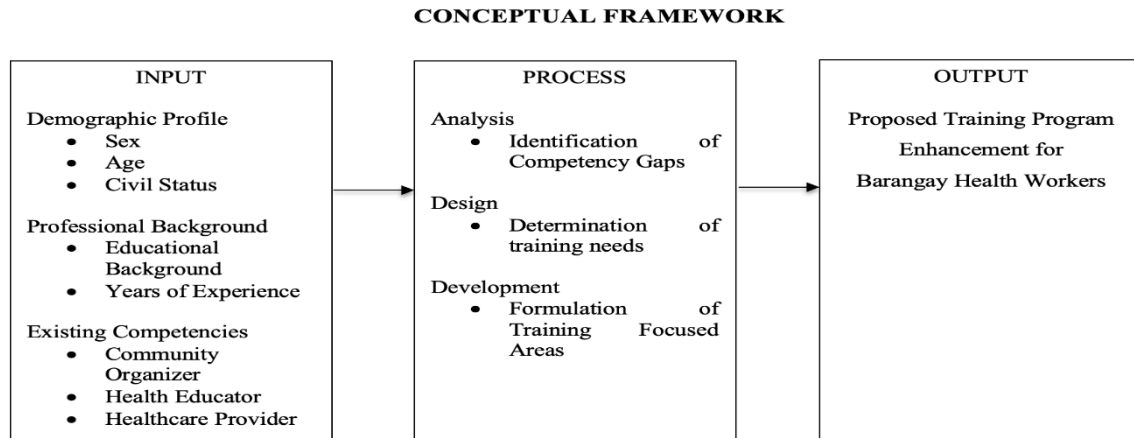


Figure 1. The Research Paradigm of the Study

METHODOLOGY

The study employed a quantitative research design, specifically descriptive quantitative research, guided by the Input–Process–Output (IPO) model.

Research Design

A quantitative research design was used to systematically describe and analyze the competence of Barangay Health Workers (BHWs). It focused on the collection, measurement, and statistical description of data to identify patterns and relationships among variables relevant to the study.

Research Steps

The study commenced with the identification of the research problem and review of related literature. A descriptive quantitative research design was utilized to assess the competence of Barangay Health Workers (BHWs). A validated questionnaire was used to gather data from respondents selected through simple random sampling. After securing the necessary permissions and ethical clearance, data were collected, organized, and statistically analyzed. The findings were then interpreted to determine BHWs' competency levels and to serve as a basis for enhancing competency-based training programs.

Data Collection and Sample Selection

Informed consent from each participant was secured for their voluntary participation. Data were collected through a questionnaire administered to the BHWs. The data collected were then organized in Microsoft Excel, and analyses were conducted to interpret the questionnaire results. A simple random sampling technique was employed using random numbers generated from a list of BHWs obtained from the local health board.

Data Analysis Methods

The collected data were analyzed by SPSS statistical software, and statistical techniques such as Mean, Rank, Spearman's rank correlation coefficient, Mann Whitney U-test, and Kruskal Wallis test were utilized.

Research Hypotheses and Validation

The research hypothesis of the study is as follows:

1. There is no significant difference in the competency levels of BHWs when grouped according to their demographic profile.
2. Alternately, there is a significant difference in the competency levels of BHWs when grouped according to their demographic profile.

Content validation was carried out with the help of a panel of experts with backgrounds in public health, nursing education, and community health care. The instrument was pilot-tested to thirty (30) BHWs from Iloilo City, who were not included in the actual study respondents. Using Cronbach's Alpha, the reliability coefficient was computed, yielding 0.939, which was considered highly reliable.

Study Limitations and ethical considerations

The study was limited to the barangays in Leganes, Iloilo, and the findings may not be representative of Barangay Health Workers in urban settings or in other provinces. The barangay's practices, training standards, and support systems may have posed limitations for the study compared with other barangays or municipalities. With respect to all ethical principles, the participants were given autonomy and confidentiality on the data collection and storage process.

RESULTS AND DISCUSSION

The demographic profile of BHWs shows predominance of females, mostly aged 37 to 44 years, and a majority being married. Educational backgrounds varied, with high school and vocational/technical graduates forming the largest group, while years of experience ranged from less than 1 year to more than 15 years, indicating a mix of newly appointed and experienced BHWs. Results showed that the study respondents were generally competent across their roles as community organizer (mean = 3.92), health educator (mean = 3.82), and health care provider (mean = 3.85). Among the variables, educational attainment significantly impacted their effectiveness in community organizing ($p = 0.011$) and health education ($p = 0.045$), on the one hand, length of service was a significant factor in healthcare provision ($p = 0.047$). Inferential analysis also revealed that sex, age, and civil status do not account for variability in the performance of their roles.

SUMMARY

The quantitative research conducted among BHWs in Leganes, Iloilo, revealed their demographic profile and competencies in fulfilling their roles as community organizers, health educators, and health care providers. Findings show that the BHWs were generally competent, with the highest scores in community organizing, followed by healthcare provision and health

education. Demographic profile such as sex, age, and civil status did not influence the fulfillment of their roles, whereas educational attainment had a significant impact on community organizing and health education. Length of service was significant for healthcare provision. Variations in competencies justify the need for competency-based enhancement programs in order to improve confidence in healthcare delivery.

CONCLUSIONS

The study found that BHWs demonstrate satisfactory competency levels in their roles as community organizers, health educators, and health care providers. Competency was generally higher among those with higher educational attainment and greater practical experience, especially in roles that involve planning, communication, and community engagement. The study indicates that BHWs possess the basic knowledge, skills, and attitudes required for their roles, but variations in competency are primarily linked to education and experience. Continuous learning and field practice are important for improving performance and ensuring that BHWs can carry out their community health roles efficiently.

RECOMMENDATIONS

It is recommended that a comprehensive competency-based training program be developed and implemented for Barangay Health Workers (BHWs). The program should follow a step-by-step approach that integrates theory, practical skills, and field applications to ensure BHWs can apply their knowledge effectively in their communities. Training modules should cover community mobilization, health promotion strategies, disease prevention, maternal and child health, first aid, referral procedures, record-keeping, and ethical practice. The program should include interactive lectures, group discussions, case studies, role-playing, and simulations to foster active learning, as well as field exercises where BHWs practice tasks in real community settings.

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AI DECLARATION STATEMENT

No AI tools were used to collect, analyze, or interpret data. AI-supported tools were only used for Grammar and structure in creating this paper.

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