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Barangay Health Workers' Benefits and Incentives Act of 1995 (RA 7883) in Santa, Ilocos Sur, Philippines

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ABSTRACT

The study was conducted to determine the implementation of Barangay Health Workers' Benefits and Incentives Act of 1995 (Republic Act 7883) in Santa, Ilocos Sur for the Calendar Year 2014. The respondents were the 44 BHWs of Santa, Ilocos Sur. Results show that there is the high extent of implementation of RA 7883. The local and provincial governments are supportive of the BHWs. The BHWs are not aware of their privileges as provided by RA 7883. No significant relationship exists between the level of awareness and the personal profile and benefits and incentives, as well as the awareness of benefits and incentives and extent of implementation of RA 7883. The extent of administrative support is related to the implementation of RA 7883. It is recommended therefore that RA 7883 be fully discussed during meetings with the BHWs by the Municipal Health Office staff. The Department of Health (DOH) should coordinate with the LGU of Santa for the allocation of allowances of BHWs. There should be sustainable support from different agencies which includes among others, provincial government, DOH and the barangays in terms of scholarship grants, continuing education, study and exposure tours and other benefits like health insurance, death aid for better performance of their functions.

Keywords: Barangay Health Workers, RA 7883, Ilocos Sur

INTRODUCTION

Barangay health workers are workers in the health sector who had attended several training programs conducted by recognized government and nongovernment organization, and who work on a voluntarily basis rendering primary health care services in the community after having been qualified to function as such by the local health board based on the rules promulgated by the Department of Health (DOH, 2008).

According to Berman et al. (1987); Walt (1988); Walt (1990); Gilson et al. (1989) as cited by Schneider, Hlengiwe, and Rensburg (2008), the decline in enthusiasm among the community health workers in South Africa during the year 1980s was brought about by poor supervision and lack of appropriate incentives, high turnover and ultimately poor quality and cost-effectiveness. However, they claimed that these community health workers had re-emerged globally, particularly in the context of HIV. They said that in the year 2004, the term community health worker was introduced as the umbrella concept for all the community/lay workers in the health sector, and a national CHW Policy Framework was adopted.

In addition, Walt (1990) as cited by Schneider, Hlengiwe, and Rensburg (2008) claims that CHWs often ended up becoming a poorly resourced and undervalued extension of the existing health service - just another pair of hands rather than being the leading edge of a transformed approach to health care.

Moreover, (Abbatt, 2005) as cited by Schneider, Hlengiwe, and Rensburg (2008) in the face of these difficulties and of severe economic crises, enthusiasm for national CHW programs declined internationally in the 1980s and 1990s.

Bhattacharyya, Winch, Leban, and Tien (2001) claimed that monetary incentives could increase retention considering the fact that CHWs are poor people trying to support their families. However, monetary incentives often bring a host of problems because the money may not be enough, may not be regularly paid, or may stop altogether. In addition, monetary incentives may also cause problems among different cadres of development workers who are paid and not paid. However, there are some success stories of programs paying CHWs. Many programs have used in-kind incentives effectively. Non-monetary incentives are critical to the success of any CHW program. CHWs need to feel that they are a part of the health system through supportive supervision and appropriate training.

There are conclusions generated by CHW programs and identified some

concerns: First, CHWs can work towards community development and, more specifically, can make services accessible. CHWs can contribute to the improvement of health status, giving more emphasis in the field of child health. Although they can apply interventions in a very effective manner, the service they provide sometimes is not of quality (Lehmann and Sanders, 2007).

Still, from the same source, the second program is, for CHWs to be able to be good contributors, they must be carefully selected, undergo varioustraining programs and should be given sustainable support. Substantial support for training programs, management, supervision, and logistics is needed by the CHW systems on a large scale for them to be effective and efficient health workers. Third programs carried out by the CHW are therefore neither the answers to the vulnerable health systems nor a cheap alternative to providing access to health care for community people who cannot access health services especially those in depressed and underserved areas. Several reasons are considered in the past why various programs did not prosper in the past, and this includes expectations that are not attainable, misleading plans and an underestimation of the energy required to mobilize them. The reasons above had somehow affected the credibility of the CHW concept. And lastly, the fourth, considering their nature, CHW programs are weak unless they are driven and embraced by the community people. CHWs stay on the geographical and organizational periphery of the formal health system, influenced by politics and are often vulnerable and unsustainable. However, the concept of community immersion is misinterpreted and not fully understood as a by-product of programs introduced from the center. Stimulating and mobilizing the people work are the objectives why CHW programs are implemented.

According to Sringernyusng, Hongvivatana, and Pradabmuk (1995), the responsibility of improving the health of the community cannot be achieved alone by an individual. To attain success, the collective effort of the community people, the local government and the national government and institutions is needed. To make health care accessible to all the concept of Barangay Health Workers (BHWs) has evolved. The delegation of the task to community members to render certain primary health services to the communities from which they come from started as the early 1950s. The Chinese had the barefoot doctor program while Thailand has also utilized village health volunteers and communicators. A number of countries subsequently began to experiment with the concept of village health worker to ensure the success of this movement and the failure of traditional allopatric health services to render basic health care.

Based on the RA 7883, barangay health workers are recognized to work as such

by the local health board based on the guidelines stipulated by the Philippines Department of Health, as embodied in Sec. 3 of Republic Act No. 7883.

The Philippine Red Cross (2011), points out that each barangay health worker must attend training program with duration of five weeks. They have to undergo immersion in the communities they serve and introduce changes in their communities. They give information, learnings, and motivation to avail services for primary health care, maternal and child health, child rights, family planning and nutrition. Responsibilities of BHWs include immunization administration and regular weight taking of children. They often assist midwives in deliveries. On average, each volunteer serves around 20 families in their community. However, lack of individuals trained has contributed to the decreased number of volunteers, especially in some depressed areas, where no one or two volunteers serve the whole barangay.

Considering that the work of a registered and/or accredited BHW varies from community to community, an agreement must be reached between community leaders and the health worker regarding his/her primary task. Notwithstanding said agreement, the BHW shall continue discharging his/her duties and responsibilities as a community organizer, educator, and primary care service provider as enumerated under Section 8 of the Implementing Rules and Regulation of RA 7883.

FRAMEWORK

The study is anchored on Republic Act 7888. The RA 7883 stipulates that the BHWs shall be given the privilege to Local Health Board-accredited barangay health worker provided he/she has finished at least two (2) years of college education leading to a college degree and has rendered voluntary health services at least five (5) years of continuous active and satisfactory performance as an accredited BHW to the community. Services rendered prior to February 20, 1995, or the date of approval of RA No. 7883.

Section 6 of the Barangay Health Workers' Benefits and Incentives Act of 1995 (RA 7883) categorically state: "In recognition of their services, all accredited barangay health workers who are active and regularly perform their duties shall be entitled to hazard allowance, subsistence allowance, educational and training programs, continuing education, study tours and scholarship benefits among other accreditation and free government services".

Marcos (2012) stated that health programs that are community-based began

in the Philippines about 30 years ago when the country was under the late former President Ferdinand E. Marcos. It was at this time that the Barangay Health Workers were structured, educated, and installed as the leaders of the health programs of the government and consequently, the late Minister of Health, Dr. Jesus Azurin obtained the First Sasakawa Memorial Award for Primary Health in 1984. To achieve the much-needed equality in health which means that Filipinos can avail health information and services needed to attain acceptable health outcomes – health reforms are needed in the way the entire health agencies operates. To carry out these reforms, Barangay Health Workers are the front liners and the primary tool. The participation of BHWs is necessary to ensure that people's views are considered to the improvement of health policy. With this, Lacuesta (1994) claims that BHWs are often referred to as "living heroes."

As a form of recognition of the services provided by the BHW, Republic Act 7883 or the Barangay Health Workers Benefits and Incentives Act of 1995 is enacted. This Act intends to install a system for the BHWs to gain access to a package of resource and opportunities to enhance their personal and professional development. Subject to this law accredited BHWs, who are dynamically and frequently performing their obligations shall be allowed to receive a subsistence allowance, training, education, hazard allowance and career enhancement programs, one child scholarship, civil service eligibility, free legal assistance, and preferential access to loans and loans facilities of government lending institutions (RA 7883). At present, the provincial government provides privileges to the BHWs such as health insurance, like the Philhealth, death aid and free hospitalization and medicines for his/her immediate family member.

Although the Barangay Health Workers serve on a premise of volunteerism, the said BHWs should know the existence of RA 7883. The results of this study may serve as a springboard for the Department of Health through the representatives of the municipality of Santa, Ilocos Sur for the full implementation of the Republic Act 7883 and allocation of funds for the Barangay Health Workers.

Figure 1 illustrates the relationship between the variables of the study. The extent of implementation of the RA 7883 is posited to be influenced by the level of awareness on the BHW Benefits stipulated on the RA 7883 and the extent of administrative support. The level of awareness on the BHW benefits stipulated on the RA 7883 is posited to be influenced by the personal profile of the respondents.

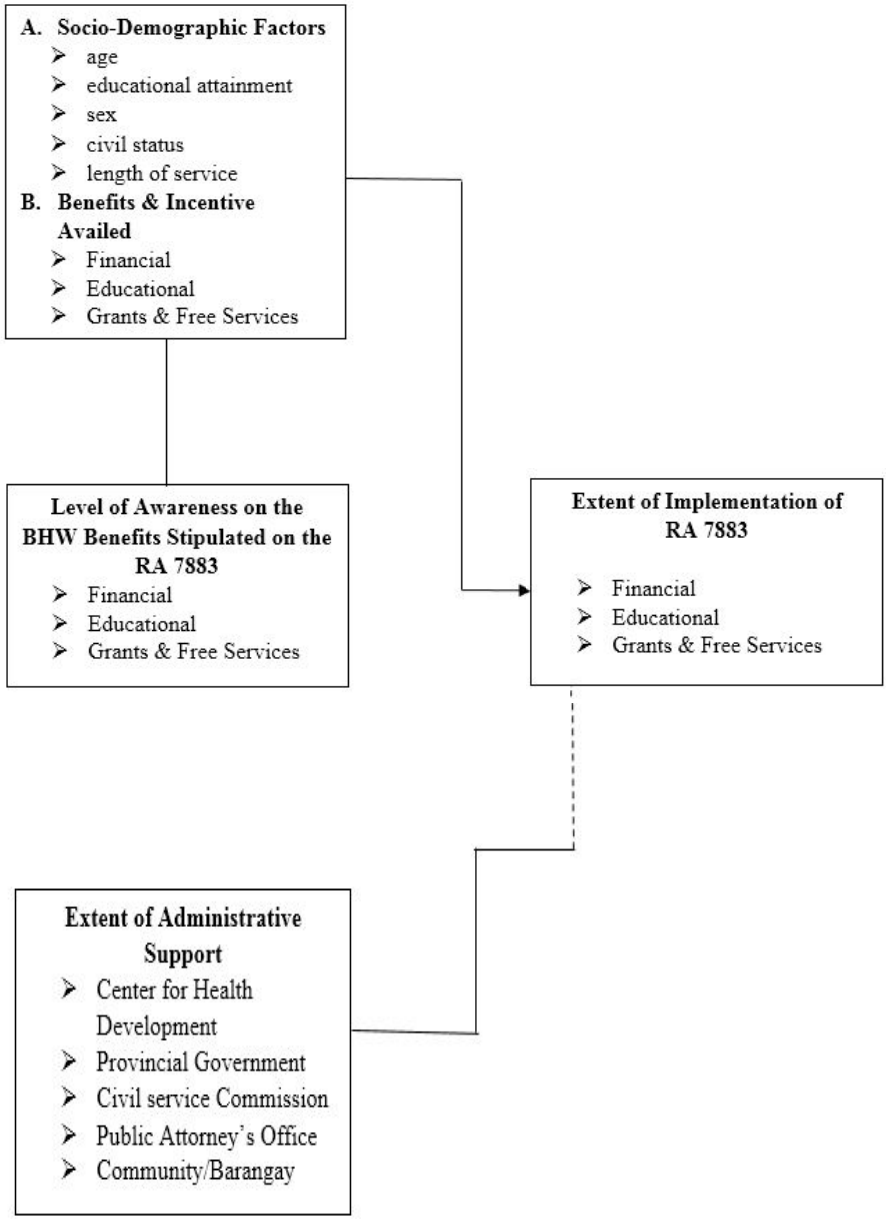

Figure 1. The paradigm showing relationship between the variables of the study

OBJECTIVES OF THE STUDY

This study evaluated the extent of implementation of RA 7883 during the Calendar Year 2014. Specifically, it looked into: (1) the level of awareness of the BHWs on the incentives and benefits which they are entitled to, and its relationship with the personal profile, (2) the relationship between the extent of implementation of RA 7883 and the level of awareness on benefits and incentives, and (3) the relationship between the extent of implementation and extent of the administrative support by the different agencies as embodied in RA 7883.

METHODOLOGY

This study utilized the descriptive correlational method of research. Thirty-three percent (44) of the 132 BHWs in Santa, Ilocos Sur served as the respondents. They were chosen through purposive sampling. Data were collected with the use of a questionnaire-checklist which consisted of four parts adopted from the graduate study of Ramos (2012) which was based on RA 7883.

The first part dealt with the profile of the respondents. Part II elicited data on implementation of RA 7883. Part III gathered data on the awareness of the respondents of their benefits and incentives covered in RA 7883. Part IV determined the extent of administrative support by different agencies. The respondents were asked to rate the items on a 5-point scale to describe the ratings based on their perceptions. Norms for interpretation were arbitrarily set to determine the extent of implementation of the respondents towards this Act, level of awareness, and extent of administrative support. The researcher personally administered the questionnaire to the respondents after permission was sought from the Municipal Mayor. It was coordinated with the sectoral midwives. Permission and informed consent of the respondents were secured before the questionnaires were floated. Data were treated and interpreted through the use of frequency and percentage, mean, and bivariate correlation analysis.

RESULTS AND DISCUSSION

Table 1. Profile and Benefits and Incentives of the Respondents

A. Socio- demographic Profile	*f*	%
Age		
20-26	5	11.36
27-32	7	15.91
33-37	5	11.36
38-43	7	15.91
44-49	2	4.55
50-55	8	18.18
56-61	6	13.64
62-67	4	9.09
Total	**44**	**100**
Sex		
Female	42	95.45
Male	2	4.55
Total	**44**	**100**
Civil Status		
Single	13	29.55
Married	22	50.0
Widow/er	9	20.45
	44	**100**
Educational Attainment		
College Graduate	10	22.73
College Undergraduate	6	13.63
Vocational	8	18.18
High School Graduate	10	22.73
Elementary Graduate	10	22.73
Total	**44**	**100**
Religion		
Non- Catholic	3	6.82
Catholic	41	93.18
Total	**44**	**100**
Number of Years as BHW		
1	14	31.82
2	12	27.27

3	17	38.64
5	1	2.27
Total	**44**	**100**
B. On Incentives and Benefits		
1. Hazard Allowance		
Yes	0	0
No	44	100
2. Subsistence Allowance		
Yes	0	0
No	44	100
3. Attendance to Training, Education, and Career Enhancement Programs		
Attended	33	25.0
Not Attended	11	75.0
Total	**44**	**100**
Training Program and Seminar	15	45.45
Field Immersion	17	51.52
Study and Exposure Tours	1	3.03
Scholarship	0	0
Total	**33**	**100**
4. Second Grade Civil Service Eligibility		
Availed	2	4.5
Not Availed	42	95.5
Total	**44**	**100**
5. Free Legal Representation and Consultation Services by the Public Attorney's Office		
Availed	0	0
Not Availed	44	100
Total	**44**	**100**

A great percentage of the respondents (8 or 18.18%) are between 50-55 year old and (17 or 38.64%) have been working for three years as barangay health workers. Almost all (42 or 95.55%) are females, a marked percentage (10 or 22.7%) are elementary, high school, and college graduates respectively. Half of them (22 or 50%) are married. All of the respondents did not receive hazard, and subsistence allowance Majority (33 or 75%) have undergone training programs. Out of the 33 respondents, only one has availed study and exposure tours; there are 17 who have undergone field immersion, no one has availed of grants and

scholarships. Only two availed of the 2nd Grade Civil Service Eligibility. No one have availed of free services from the Public Attorney's Office.

On the Extent of Implementation of RA 7883

The grand mean of 3.58 reveals a "High" extent of implementation of RA 7883 among the BHW respondents. The data tend to imply that not all the benefits and incentives provided by the law are being enjoyed by the BHWs.

Table 2. Mean Ratings Showing the Extent of Implementation of RA 7883

Mean Ratings Showing the Extent of Implementation of RA 7883

Extent of Implementation of RA 7883	x	DR
Financial		
Financial Benefit	4.09	Agree
Hazard Allowance	4.75	Strongly Agree
Subsistence Allowance	3.74	Agree
Computation of Subsistence Allowance	3.91	Agree
Honoraria	4.30	Strongly Agree
Overall	**4.16**	**High**
Educational		
Academic Credits for Higher Education	3.63	Agree
Academic Credit to Upgrade Skills and Knowledge	3.84	Agree
Continuing Education, Study and Exposure Tours, Training Programs, Field Trips, Scholarships	3.86	Agree
One-Child Scholarship	4.05	Agree
General Training Programs	4.11	Agree
Overall	**3.90**	**High**
Eligibility, Legal Assistance, and Access to Loans		
Civil Service Eligibility	2.70	Undecided
Legal Services	2.68	Undecided
Access to Loans	2.69	Undecided
Loan Service	2.71	Undecided
Overall	**2.69**	**Undecided**
Grand Mean	**3.58**	**High**

Low (l) 1.00-1.80 Very Low (VL)

Legend: 4.21-5.00 Very High (VH) 3.41-4.20 High (H) 2.61-3.40 Average (A) 1.81-2.60

On Financial

As a whole, a mean of 4.16 shows a "High" extent of implementation of RA 7883 in terms of financial aspect. This implies that financial benefits as provided by RA 7883 are not fully granted to the BHWs. This is so because not all BHWs are granted hazard and subsistence allowances.

On Education

As a whole, a mean of 3.90 reveals a "High" extent of implementation in the educational aspect. This tends to imply that the educational benefits provided by RA 7883 are not fully availed of the BHWs. This is because they were not aware of it or no one in their family is qualified to avail.

On Eligibility, Legal Assistance, and Access to Loans

As a whole, a mean of 2.69 shows an "Undecided" extent implementation of RA 7883. This implies that only a few BHWs avail these services.

CHWs connotes a wide definition; it can be defined as health workers who have undergone training programs to some extent but do not possess a formal professional certificate, may live and work in the community. It consists of health workers, paid and unpaid, professional and lay, experienced and inexperienced, including traditional birth attendants, village health workers, peer supporters, community volunteers and health extension workers (WHO, 2016).

According to Paul (2013), the first generation implementation may bring about an indefinite relationship between guidelines, choices, and employed programs. In addition, Hill (2009) states that since operation inevitably takes different contours and procedures in different cultures and formal settings, this point is particularly relevant in an era in which process of government has been seen as transformed into that governance.

On the Level of Awareness of the Respondents on RA 7883

The grand mean of 2.41 reflects a "Low" level of awareness on the benefits and incentives provided by the RA 7883 among the respondents. The data shows that the BHWs are not fully aware of the implementation of RA 7883 which focuses on financial, educational, grants and free services.

Table 3. Mean Ratings Showing the Level of Awareness of the Respondents on the Benefits and Incentives Act of 1995 (RA 7883)

Level of Awareness	x	DR
Financial		
Honoraria	3.61	Much Aware
Subsistence Allowance	2.34	Not Aware
Hazard Allowance	2.16	Not Aware
Overall Mean	**2.70**	Aware
Educational		
Training Program and Seminar	3.81	Much Aware
Continuing Education, Study , and Exposure Tours	2.07	Not Aware
One-Child Scholarship	1.89	Not Aware
Overall Mean	**2.58**	Low
Grants and Free Services		
Civil Service	1.78	Undecided
Legal Assistance	1.86	Not Aware
Access to Loans	1.77	Undecided
Overall Mean	**1.80**	Low
Grand mean	**2.41**	Low

Legend: 4.21-5.00 Very High (VH), 3.41-4.20 High (H), 2.61-3.40 Average (A), 1.81-2.60 Low (L), 1.00-1.80 Very Low (VL) On financial aspect, the overall mean of 2.70 reveals an "Average" level of awareness.

The results reveal that they are "Much Aware" of honoraria (x= 3.61) but are "Not Aware" on subsistence (x= 2.34) and hazards allowance (x= 2.16). This implies that the BHWs are receiving honoraria from their barangay but are not receiving subsistence and hazard allowance as a form of incentive based on RA 7883.

On educational aspect, the grand mean of 2.58 shows a "Low" level of awareness. However, they are "Much Aware" on training programs and seminars

that they have been attending conducted by the DOH, Provincial Health Office and other agencies. The respondents are "Not Aware" of continuing education, study and exposure tours (x= 2.07) and one-child scholarship grants (x= 1.89).

On grants and free services, the overall mean of 1.80 reveals a "Very Low" level of awareness among the respondents. The respondents are "Not Aware" of legal assistance (x= 1.86) and "Undecided" on the 2nd-grade civil service eligibility (x= 1.78) and access to loans (1.77). This may be because the BHWs are not yet filed of any criminal or civil cases originated from related to or in relation to the performance of their responsibilities and maybe because that only two have availed the 2nd-grade civil service eligibility.

On the Relationship between the Level of Awareness and the Profile and Benefits and Incentives of the Respondents

Table 4 shows the correlation coefficients between the level of awareness and the personal profile and benefits and incentives of the respondents.

Table 4. Correlation Coefficients between the Level of Awareness on RA 7883 and the Profile and Benefits and Incentives Availed by the Respondents

Component	Level of Awareness on RA 7883			
A. Profile	**Financial**	**Educational**	**Grants and Free Services**	**Overall**
Age	0.670	0.112	0.084	0.102
Sex	-.086	-.134	-.059	-.111
Civil Status	-.017	-.098	-.179	-.076
Religion	.060	0.70	0.41	0.071
Educational Attainment	-.032	-0.132	-0.067	-.074
No. of Years as BHWs	0. 034	-.372	-.324	-.145
B. BHW Benefits and Incentives Availed by the Respondents	-.005	.244	.095	.085
Hazard Allowance	-.007	.134	.170	.065
Subsistence Allowance	.012	.361*	.162	.143
Program Training	-.024	.-244	-.137	-.114
2nd Grade Civil Service Eligibility	-.015	.022	.065	.009
Free Legal Representations and Consultation Services	.054	.231	.207	.145

Based on the overall results there is no significant relationship between the profile like age (r= 0.102), sex (r= -.111), civil status (r= -.076), religion (r= 0.71), educational attainment (r= -.074), and number of year as BHWs (r= 0.054), and the level of awareness on RA 7883 . This implies that the personal profile of the BHWs do not significantly affect their level of awareness on RA 7883.

This coincides with the findings of the study of Dizon et al. (2014) as cited by Hill and Hupe (2009) where no significant relationship existed between the socio-demographic profile of the respondents and their awareness on the RA 7883. They pointed out that RA 7883 is not preferentially implemented among a selected group of people.

On the other hand, the benefits and incentives availed by the respondents particularly the subsistence allowance (r= .361) shows a significant relationship with the level of awareness on RA 7883. This means that BHWs who receive subsistence allowance will likely have a higher level of awareness on RA 7883.

On the Relationship between the Extent of Implementation of RA 7883 and Level of Awareness of the Respondents

Table 5. Correlation Coefficients Between the Extent of Implementation and the Level of Awareness on RA 7883 Among the BHWs

	Extent of Implementation of RA 7883			
Component	Financial	Educational	Eligibility, Legal Assistance and Access to Loan	Overall
Level of Awareness on Benefits and Incentives				
Financial	.- 005	.136	0.032	0.041
Educational	.025	.201	.096	.092
Grants and Free Services	.098	.165	.126	.140
Overall	**.043**	**.181**	**.091**	**.099**

There is no significant relationship between the extent of implementation of RA 7883 and the level of awareness on benefits and incentives of the BHWs (r= .099). This tends to imply that the respondents' level of awareness on the benefits

and incentives have no significant effect on the implementation of the RA 7883. The low level of awareness of the respondents did not affect their perception of the implementation of RA 7883. This could be due to the fact that they are a little bit contented because they are receiving a minimal amount of honorarium. They failed to consider some of the benefits and privileges that they are entitled to because they are not aware of their benefit of training education and enrichment program and grants and free services .

Bhattacharyya et al. (2001) claimed that monetary incentives could increase workers' motivation, retention, and program sustainability. However, monetary incentives open bring a crowd of difficulties because the money sometimes may not be sufficient, may not be regularly released, or may stop altogether. On the other hand, non-monetary incentives are also critical to the realization of any community health worker program. They also need to feel that they belong to the health system through supportive supervision and suitable training. The Effectiveness of community health workers is greatly affected by his or her relationship with the community. In addition, the health programs must strengthen and should be in support of this relationship.

On the Extent of Administrative Support by Different Agencies

The overall mean (x= 3.80) reveals that there is a "High" extent of administrative support in line with RA 7883 in the municipality of Santa. Data imply that the different agencies intensively maintain their respective functions to promote and follow the policy implemented by the constitution in line with the benefits and incentives for the BHWs.

Table 6. Mean Rating Showing the Distribution on the Extent of Administrative Support by Different Agencies

Extent of Administrative Support	x	DR
Center for Health Development I	3.57	Agree
Provincial Government	4.00	Agree
Civil Service Commission	3.39	Undecided
Public Attorney's Office	3.75	Agree
Community /Barangay	4.02	Agree
Total Mean	**3.80**	High

Legend 4.21-5.00.Very High (VH), 3.41-4.20 High (H) 2.61-3.40Average (A), 1.81-2.60 Low (L), 1.00-1.80 Very Low (VL)

The overall mean of 3.80 reveals a "High" extent of administrative support from the different agencies. The respondents "Agree" (x= 4.00) as to the administrative support given by the Provincial Government to the Barangay Health Workers because of the regular training programs conducted. The respondents "Agree" (x= 4.02) on administrative support extended by the Community/Barangay. This is because the BHWs are receiving honoraria in their respective barangays as a form of benefit from the programs implemented for the families in their respective barangays, while "Undecided" (x= 3.39) as to the administrative support provided by the Civil Service Commission" because only two have availed of the second-grade civil service eligibility.

On the Relationship between the Extent of Implementation and the Extent of Administrative Support

Table 7. Correlation Coefficients between the Extent of Implementation and the Extent of Administrative Support

	Extent of Implementation of RA 7883			
Component	Financial	Educational	Eligibility, Legal assistance and Access to Loan	Overall
Extent of Administrative Support	0.257	.734**	.658**	.521**

***Significant at 0.05 level (2-tailed) **Significant at 0.01 level (2tailed)**

The findings show that the support provided by the local government units as well as the different agencies contributed to the implementation of RA 7883. This can be attributed to the fact that most of the incentives and benefits for BHWs are to be provided by various government agencies.

The most significant hindrance to the effective implementation of the incentive scheme lies in the overall scarcity of funding on the health sector and the issue of the ability to sustain and value for money. In addition, the sustainability of CHW compensation is not enough because of limited resource management and the Philippines as one of the developing countries, the health workers' incentive implementation is limited because of physical resources (Dizon, 2016).

CONCLUSION

The RA 7883 would be of great help for the BHWs if properly and implemented to the fullest. This would also motivate the BHWs to work harder and be committed more to their respective works. As front liners in the health care system which renders primary health care services in the barangay level, and as the instruments in making people aware of health services and programs , they truly deserve to enjoy the benefits and incentives embodied in the Barangay Health Worker's Incentives Act of 1995.

RECOMMENDATIONS

1. It is recommended that RA 7883 be fully discussed during monthly meetings with the BHWs by the MHO staff. The DOH should coordinate with the LGU of Santa for the allocation of budget for the hazard and subsistence allowance of BHWs.

2. There should be a sustainable administrative support from different agencies like the provincial government, Department of Health, and the barangays in terms of providing scholarship grants, health insurance, death aid for a better performance of their functions.

3. A follow-up study should be conducted to determine the factors affecting the implementation of the RA 7883 by the DOH and by the LGU.

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