ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 3 (March 2026)

Comprehensive Advocacy Training Program for the Barangay Health Workers in Camalig North District

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Date Submitted:
February 15, 2026

Date Accepted:
March 1, 2026

Date Published:
March 17, 2026

DOI:
10.5281/zenodo.19058958

ABSTRACT

This study evaluated the roles and competence of Barangay Health Workers (BHWs) in Camalig North District, Camalig, Albay. It developed a Comprehensive Advocacy Training Program to strengthen its technical, communication, and advocacy capacities. Barangay Health Workers, recognized under Republic Act No. 7883, play a vital role in delivering primary health care services at the community level. Guided by Ajzen's Theory of Planned Behavior, Merton's Role Theory, and Bandura's Social Cognitive Theory, the study examined how demographic characteristics, training exposure, and professional experience influence BHW competence in fulfilling their community health responsibilities. A descriptive-quantitative, cross-sectional research design was utilized, involving all 107 BHWs through total enumeration. Data were collected using a validated researcher-made questionnaire and analyzed using descriptive statistics (frequency, percentage, mean, and standard deviation) and the Chi-square test to determine associations between demographic variables and competence. Findings revealed that most BHWs are middle-aged or older, predominantly high school graduates, and have participated in core health-related training, including First Aid, Basic Health Care, and Health Education. Overall, BHWs demonstrated a consistently high level of competence (overall weighted mean = 4.72) across key roles, including child nutrition, immunization, basic health assessment, patient identification and referral, implementation of public health programs, and health data gathering. Immunization and data management demonstrated the strongest performance, whereas nutrition education, advocacy, communication skills, and data interpretation require further enhancement. Inferential analysis indicated that years of experience and training attended significantly influence competence, whereas age and educational attainment do not. These findings emphasize the importance of continuous, experience-based, and targeted capacity-building initiatives in sustaining high performance among BHWs. Based on the results, a Comprehensive Advocacy Training Program is proposed, focusing on hands-on modules, simulations, and practical exercises to enhance technical proficiency, communication strategies, community mobilization, and evidence-based advocacy. Strengthening structured training and professional development mechanisms will further empower BHWs to serve as competent and confident frontline health advocates, thereby improving sustainable community health outcomes in the Camalig North District.

Keywords: *Barangay Health Workers, Public Health Services, Health Roles, Competence, Comprehensive Advocacy Training Program, Advocacy Training Program*

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 3 (March 2026)

INTRODUCTION

Community health remains a foundational pillar of public health systems, as it focuses on improving the health and well-being of entire populations, particularly those residing in geographically defined areas. Unlike individual clinical care, community health emphasizes preventive measures, early detection of illnesses, and the promotion of healthy behaviors that collectively safeguard the well-being of families and communities. Around the world, the importance of engaging local communities in health programs has become increasingly recognized, especially in rural and underserved regions where disparities in health access and outcomes remain persistent. To bridge these gaps, many countries rely on Community Health Workers (CHWs), who operate as the initial source for health information, basic care, and referrals. The World Health Organization (WHO) acknowledges CHWs as essential contributors to global health systems due to their substantial contribution to maternal and child health, controlling infectious diseases, increasing immunization coverage, enhancing health education, and strengthening health responsiveness at the grassroots level. Their proximity to communities enables them to understand local needs, beliefs, and barriers to care, allowing them to deliver culturally sensitive, real-time health support that institutional health systems alone cannot adequately provide.

In the Philippines, Barangay Health Workers are the local equivalent of community health workers and carry the responsibility of supporting health initiatives at the barangay level. The enactment of Republic Act 7883, known as the Barangay Health Workers' Benefits and Incentives Act of 1995, officially recognizes the role of Barangay health workers as important partners in the public health system. The law grants them accreditation, incentives, and specific privileges, thereby institutionalizing their participation in service delivery. BHWs assist in community-based health promotion, disease prevention, health monitoring, immunization campaigns, and even emergency response. As frontliners in the Barangay, they provide immediate support to households, identify health risks early, and help facilitate access to appropriate medical services. Their responsibilities include disseminating health education, conducting routine household visits, mobilizing community participation during health campaigns, documenting local health data, and coordinating with midwives and rural health units for referrals and follow-up care. Despite not being licensed medical professionals, their role is indispensable because they ensure that national and local health programs reach even the most remote homes and socioeconomically disadvantaged families.

Although BHWs are rightly acknowledged as essential partners in primary health care, several Philippine studies highlight that they face challenges that hinder their ability to perform their functions effectively. Issues such as inconsistent or insufficient training, limited access to updated health information, inadequate resources, varying levels of competency, and lack of recognition or financial support affect their overall performance. Many BHWs report challenges in fulfilling their roles when dealing with complex or evolving health issues, such as non-communicable disease, infectious diseases, mental health disorders, and misinformation, which have become increasingly prevalent due to digital media and community- level misconceptions. These challenges indicate a pronounced need for continuous competency development, capacity-building interventions, and structured training programs specifically tailored to the needs of BHWs.

The situation becomes even more urgent when viewed within the regional and local health landscape of the Bicol Region. The region continues to experience health challenges such as high incidences

ISSN: 3116-3475
International Journal
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of malnutrition, tuberculosis, hypertension, obstetrical and pediatric health risks, and recurring communicable diseases. A lot of communities in the region still face limited access to health facilities due to geographical barriers, transportation difficulties, and socioeconomic disparities. As a result, BHWs in Bicol, including those in Albay Province, play a critical role in health service delivery. Albay's Provincial Health Office continues to emphasize the importance of strengthening frontline health workers, particularly in rural barangays where access to medical facilities is uneven. BHWs in the province are at the forefront of implementing programs related to immunization, prenatal care, nutrition, environmental sanitation, family planning, non- communicable disease management, and community health surveillance. Their role became especially visible during health crises and emergencies, such as the COVID-19 pandemic, typhoons, and volcanic activities, where they assisted in monitoring vulnerable populations, distributing relief support, and conducting home visits.

Barangay Health Workers are still an important part in providing basic health services in the Camalig North District. The district consists of multiple Barangays with diverse demographic profiles and varying degrees of access to health resources. Local reports indicate that BHWs in the district assist in child nutrition programs, maternal and child health services, basic vital sign assessment, home-based health monitoring, and referrals to the Rural Health Center. However, these same reports also highlight gaps in training, limited availability of health supplies, inconsistencies in role performance, and challenges in mobilizing community participation— issues that directly affect program implementation and the achievement of public health targets. The district's experience demonstrates that while BHWs are central to achieving health goals, their effectiveness is linked to the level of support, training, supervision, and empowerment they receive.

One area where BHWs demonstrate a clear need for capacity-building is health advocacy. As health advocates, BHWs are expected not only to deliver services but also to influence community attitudes, combat misinformation, encourage preventive behaviors, and mobilize households for participation in national and local health programs. Advocacy is at the heart of public health, and BHWs are strategically positioned to carry out advocacy functions because they are trusted community members who understand the local culture, beliefs, and health needs. Effective health advocacy requires competencies such as communication skills, leadership, community organizing, persuasive education strategies, and the ability to explain health concepts clearly and accurately. However, many BHWs report feeling underprepared in these areas due to limited exposure to formal advocacy training. Without adequate training, they may face challenges when addressing misconceptions about vaccination, promoting maternal and child health services, encouraging proper nutrition practices, supporting the management of chronic diseases, or responding to emergent health crises.

Assessing the roles, capabilities, and challenges experienced by BHWs in Camalig North District is, therefore, essential. A systematic assessment allowed local health authorities, academic institutions, and community organizations to identify competency gaps, training needs, and specific areas where BHWs require additional support. It enabled stakeholders to align BHW functions with current public health demands and emerging health issues affecting the district. Evaluating their existing performance served as a foundation for designing targeted interventions that enhanced not only their technical competencies but also their confidence, communication skills, sense of empowerment, and effectiveness as health advocates.

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In line with Republic Act 7883 and current Department of Health (DOH) policies, investing in the professional development of BHWs made sure they could perform their tasks and contribute meaningfully to the delivery of quality health services.

Given these considerations, there is an evident need to develop an Advocacy Training Program specifically designed for the Barangay Health Workers of Camalig North District. Such a program will focus on enhancing the ability of BHWs to communicate health messages accurately, promote community participation, address misconceptions, navigate cultural sensitivities, and lead grassroots- level health advocacy initiatives. The program will also provide them with updated knowledge on priority health issues, practical advocacy tools, leadership strategies, and community organizing approaches that strengthen their engagement with households. By improving their advocacy skills, the training aims to transform BHWs into more effective agents of behavior change who can inspire healthier lifestyles, strengthen public trust in health services, and contribute to the successful implementation of local health programs.

Ultimately, strengthening the advocacy capabilities of BHWs will contribute to more empowered and health-literate communities, improved health outcomes, and a local health system that is more responsive and focused on individuals. As frontline workers deeply embedded in the community, BHWs are not only implementers of health programs but also catalysts of behavioral and social change. Therefore, this study aims to comprehensively evaluate the roles, challenges, and competency requirements of Barangay Health Workers in Camalig North District, with the end goal of developing a Comprehensive Advocacy Training Program that reinforces their role as essential partners in promoting community health and advancing the overall well-being of the district's population.

The study aimed to develop a Comprehensive Advocacy Training Program for Barangay Health Workers (BHWs) in Camalig North District, Camalig, Albay. It examined the respondents' demographic profile in terms of age, years of work experience as BHW, educational attainment, and trainings acquired. The study also identified the specific roles performed by BHWs in areas such as child nutrition, immunization, basic health assessment, patient referral to appropriate health facilities, implementation of public health programs, and gathering of health data. Furthermore, it determined the level of competence of BHWs in performing these roles and analyzed the relationship between their demographic profile and level of competency, which served as the basis for developing the proposed comprehensive advocacy training program.

Rationale

Barangay Health Workers (BHWs) remain at the frontline of primary health care delivery in the Philippines, serving as the first and often the most accessible point of contact between communities and government health services. Their unique position allows them to reach households effectively, facilitate health education, and support disease prevention efforts at the grassroots level. Yet, despite their indispensable contribution, BHWs continue to face gaps in capability, recognition, and training support. With the growing demand for community-centered health systems, there is an urgent need to strengthen their competencies and empower them to become effective implementors of health programs, advocate for community wellness, and mobilize local action. Studying their roles—particularly in small, underserved

ISSN: 3116-3475
International Journal
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districts like Camalig North—is essential for bridging academic, policy, and practice gaps surrounding grassroots health work (WHO, 2020).

The health of a community directly influences its social, educational, and economic outcomes. Healthy families are more productive, children perform better academically, and communities thrive when disease burdens are low. BHWs play a crucial role in these outcomes by conducting home visits, monitoring maternal and child health, supporting vaccination programs, and promoting nutrition and disease prevention. Their competencies directly affect the implementation of national health strategies such as the Masustansyang Pagkain Para sa Batang Pilipino Act (RA 11037), the Nutrition Act of the Philippines (PD 491), the School-Based Feeding Program (SBFP), and the Healthy Settings Framework jointly operationalized by DOH and DepEd. Because BHWs assist families and vulnerable groups directly, their effectiveness can significantly improve community health literacy, program participation, and overall well-being.

In the context of Camalig North District, many barangays continue to face health challenges including persistent undernutrition, limited access to maternal services, preventable illnesses, and uneven access to health information. While local BHWs play indispensable roles, they also confront obstacles such as inadequate advocacy skills, varying levels of competency, insufficient training, and limited capacity to mobilize communities effectively. These challenges restrict their ability to influence health behaviors, counter misinformation, and implement health programs with consistency and confidence. The need to strengthen their advocacy skills is therefore urgent, as health advocacy is central to modern public health practice—ensuring that communities understand, value, and participate in essential health initiatives.

The legal frameworks governing BHWs further underscore the necessity of enhancing their skills and strengthening their roles. Republic Act 7883, or the Barangay Health Workers' Benefits and Incentives Act, formally recognizes BHWs as vital members of the health system and grants them benefits, hazard allowances, and incentives as a form of state acknowledgment of their roles. This law affirms their importance in implementing local and national health programs, but it also implies a corresponding expectation of competence, readiness, and accountability in carrying out their tasks. For BHWs to fulfill the mandates envisioned in RA 7883, additional capability-building interventions such as advocacy training become necessary to ensure that they can implement health programs effectively and ethically.

Moreover, Senate Bill 232—an evolving legislative effort aimed at institutionalizing stronger support systems for Community Health Workers including BHWs—highlights the national recognition of the need to strengthen the roles, training, and benefits of health workers at the barangay level. SB 232 emphasizes the importance of equipping BHWs with standardized training, clearer role definitions, and the skills needed to carry out health promotion and public health advocacy. This emerging legislation reinforces the relevance of this study, as it aligns with proposals for structured, competency-based training programs that can enhance the advocacy role of BHWs as frontliners and implementors of government health initiatives.

Most importantly, the study's purpose is anchored on the Universal Health Care (UHC) Law or Republic Act 11223, which mandates the strengthening of primary care, community health systems, and

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International Journal
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frontline health implementors. Under UHC, BHWs are recognized not only as assistants but as essential partners and implementors in local health service delivery. Their responsibilities have expanded to cover health profiling, patient navigation, community mobilization, health promotion, and monitoring of priority health programs. With this expanded role under UHC, BHWs need stronger competencies in communication, community engagement, and health advocacy. The absence of structured training tailored to these expanded tasks creates gaps in program implementation—gaps that this proposed advocacy training program seeks to address. Policymakers and local health authorities, under UHC implementation guidelines, require evidence-based data to develop targeted interventions, standardized training, and supportive supervision mechanisms—further reinforcing the need for this localized study.

In Camalig North District, where health outcomes vary across barangays, and many communities remain underserved, the role of BHWs as implementors of public health programs cannot be overstated. Their ability to advocate for healthy behaviors, mobilize community participation, and translate national policies into local action directly influences the success of municipal and barangay health goals. Conducting a focused assessment of their current roles, challenges, and training needs provides a foundation for developing a Comprehensive Advocacy Training Program that is relevant, evidence-based, and responsive to the local context.

Thus, this study aimed to fill existing knowledge gaps, support policy implementation, and strengthen grassroots health governance by proposing a structured Comprehensive Advocacy Training Program for Barangay Health Workers in Camalig North District. By equipping BHWs with enhanced advocacy, communication, and community leadership skills, the program will contribute to improved health behaviors, greater community engagement, and stronger implementation of national and local health programs. The study hoped to serve not only as an academic contribution but also as a practical tool for empowering frontline health implementors, supporting local health managers, and improving health outcomes for the residents of Camalig North District, Camalig, Albay.

Current State of the Research in the Field

A recent global study by Kok et al. (2020) examined community health workers in low- and middle-income countries and found that CHWs perform essential tasks in health promotion, disease prevention, and basic care. The study reported that CHWs need continuous training, supportive supervision, and clear role definitions to perform effectively. Findings also showed that a lack of resources and unclear job expectations weaken service delivery. This study is relevant because Barangay Health Workers function as CHWs in the Philippine setting. It helps explain global competencies and challenges that may also be present in Camalig North District (Kok et al., 2020).

An international study by Scott et al. (2022) explored CHW workload and work autonomy in Asia and Africa. Results showed that heavy workloads, multiple assigned tasks, and limited decision-making authority reduce CHW performance. The study highlighted the need for better support systems, adequate compensation, and stronger role clarification. These conditions are similar to what many Filipino BHWs

experience in rural areas. The findings help contextualize how workload and autonomy may affect BHW role performance in the study area (Scott et al., 2022).

In far flung barangays (villages) in the Philippines, Barangay Health Workers (BHWs) serve as the backbone of primary healthcare, acting as the crucial link to limited formal medical facilities. Their current state is characterized by immense dedication amid persistent challenges, including inadequate compensation, insufficient resources, and significant geographical barriers. There are a variety of studies that focus on community health but this current study delve into the significant roles that BHWs perform along their mandated tasks. The latest trends in barangay health are primarily driven by the implementation of the Universal Health Care (UHC) Act, which emphasizes strengthening primary care, and the accelerated adoption of digital health technologies. The UHC Act mandates equitable access to quality and affordable health goods and services, placing BHWs at the forefront of this effort. This involves improving BHW competence, building more barangay health stations, and linking these facilities into a cohesive healthcare network.

Based on the work of J. Balbuega, et. al.'s (2022) in their study titled, "Conditions gleaned by community health workers on school and household practices outcomes in rural Utah," communities face numerous risks during their stay in public school setting. Based on their findings, ensuring community health conditions remains a difficult challenge for the global health community, necessitating further research and multifaceted innovations to consider other areas for improvement. The findings of the study showed that local community administration and community children health can significantly contribute to safer and healthier overall societal environment. This means that the responsibility for ensuring a healthy environment is shared by whole community. Furthermore, this breakthrough established a strong link between the current research and improving the state of the community in terms of community health care by also focusing on and supporting community roles in the identified study area. The concepts learned from the evaluated study were combined by the researcher to form and strengthen the framework for the current study.

More so, the work of Yebueda, J. L. et al. (2024) conducted a study on the implications of community health by local administration participation in children’s health care and discovered that barangay health workers actions can significantly help in reducing the chances of malnutrition and other communal diseases by actively spotting any signs of danger and providing care and seeking aid as supported by the administration or community leaders. It was discovered that community leaders' participation in community health preparation and readiness significantly improved their ability to fulfill their community health abilities. Based on the study's findings, it was recommended that community health workers actively engage the community health preparation process and properly orient them to provide the knowledge they need. The current study expands on the findings of the previous study by focusing on community health roles, as well as their awareness and readiness to take on such roles as an important component of community health.

Similarly, the study conducted by Aguilar, B. J., et. al (2024) emphasized the importance of knowledge in community health particularly in communal diseases making informed decisions about community health conditions, must-dos in taking care of the children’s needs to reduce the likelihood of

preventable causes of death among community members. The study's findings provided the current researcher with a thorough understanding of how the health conditions education, knowledge, and preparedness can all have a positive impact on community health care outcome, particularly in areas far from hospitals or communities with fewer healthcare professionals.

Healthcare leadership responsibilities in various communities are at a large scale, but they also come with a lot of pressure and overwhelming burdens. This is why the study conducted by Peranca, Y. DS. (2023) discovered that overwhelming burdens on community health care providers often lead to work burnout and emotional fatigue, even though such cases are frequently overlooked. According to the findings of their study, emotions associated with stress levels accumulated by community health care providers, most especially those who were assigned in under develop communities face work challenges and limited social support, which often lead to depression and anxiety. This clearly demonstrates how community health care professionals, most especially those who were assigned in far flung places, are also affected by a large community health condition, as opposed to the normative generalization that by being health care professionals they are not quite affected. This laid the groundwork for the current research, allowing the researcher to investigate leadership roles in community health settings, experiences, and the effects on the respondents' state.

A Philippine study by Mandriaga and Diaz (2021) assessed BHW roles in rural Luzon and found that BHWs contribute significantly to maternal care, nutrition programs, and community disease surveillance. However, the study also reported gaps in training, supply availability, and logistical support. These limitations affected how BHWs performed assigned tasks in their barangays. The findings are important because they show that BHWs need stronger support systems for better service outcomes. This provides a baseline for understanding similar issues that may exist in Camalig North (Mandriaga & Diaz, 2021).

The study conducted by Valenzuela W. K., et al. (2022) shared that, there is a scarcity of information on authentic health conditions of community members and the leadership roles along health care setup in community levels to augment effective diagnosis and provisions which certain patients need. As a result, community health care providers are unable to effectively perform their roles as extensions of medical practitioners in ensuring the children's safe and healthy environment. In the Philippines, there is also a scarcity of resources on the subject, making the current study one of the few contemporary research studies to investigate it.

Another study by Lopez and Rivera (2023) examined BHW performance in Visayas communities and identified major challenges, including low allowances, inconsistent training schedules, and heavy workloads. The study found that motivation and performance improved when LGUs offered incentives and supervisory support. It also emphasized the need for localized training to address community-specific health concerns. These findings relate directly to the context of Albay, where BHWs also serve diverse and remote areas. This helps explain why assessing BHW roles in Camalig North is necessary (Lopez & Rivera, 2023).

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Synthesis of the Art

All the related studies and literature critically examined by the researcher served as the foundation of the present study, with particular emphasis on the healthcare roles performed by selected participants from Camalig North, Camalig, Albay. The succeeding subsections further elaborated on these reviewed works, providing context and synthesis of the cited literature that significantly informed the conceptual and theoretical framework of the research.

The existing body of research underscored the vital role of Community Health Workers (CHWs), including Barangay Health Workers (BHWs) in the Philippines, in delivering primary healthcare services, especially in underserved and rural communities. On a global scale, CHWs are instrumental in health promotion, disease prevention, and the provision of basic healthcare services. However, their effectiveness largely depends on continuous training, supportive supervision, and clearly defined responsibilities (Kok et al., 2020). Moreover, factors such as excessive workload, multiple task assignments, and limited decision-making authority have been found to hinder CHW performance, highlighting the importance of structured support mechanisms and role clarification (Scott et al., 2022). These international findings reflected similar challenges encountered by BHWs in rural Philippine settings, particularly in geographically isolated barangays where access to healthcare facilities remains constrained.

In the Philippine context, BHWs act as the backbone of primary healthcare, serving as vital links between communities and formal medical services. The implementation of the Universal Health Care (UHC) Act has emphasized the importance of strengthening primary care and integrating barangay health stations into a cohesive health network. This policy focus necessitates enhancing BHW competence, particularly in health education, nutrition, immunization, disease surveillance, and community advocacy. Studies indicate that effective community health programs rely on BHWs who are adequately trained, motivated, and supported by both local government units (LGUs) and community leaders (Mandriaga & Diaz, 2021; Lopez & Rivera, 2023).

Empirical evidence also underscores the significance of community engagement and local administration in improving health outcomes. Research by Balbuega et al. (2022) and Yebueda et al. (2024) demonstrates that active participation by both BHWs and community leaders enhances children's health and reduces the prevalence of malnutrition and other preventable diseases. These studies indicated that knowledge dissemination, proper orientation, and community readiness are crucial for improving BHW performance and for fostering sustainable community health outcomes. Aguilar et al. (2024) similarly emphasized that BHW education and preparedness, particularly in monitoring communal diseases and child health, directly contribute to informed decision-making and positive community health behaviors.

However, the literature also documented challenges faced by BHWs that can impede service delivery. Workload, resource scarcity, emotional fatigue, and burnout are recurring issues, particularly in remote or underserved areas (Peranca, 2023; Lopez & Rivera, 2023). These factors highlighted the need for supportive supervision, incentives, and localized training programs that address context-specific health concerns. Furthermore, studies in rural Luzon indicate that gaps in training, supply availability, and

ISSN: 3116-3475
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logistical support negatively affect BHW task performance, suggesting the importance of comprehensive capacity-building interventions (Mandriaga & Diaz, 2021; Valenzuela et al., 2022).

Taken together, the literature portrays a nuanced picture of BHW roles: they are highly competent and essential for community health, yet their performance is influenced by experience, training, local support, workload, and resource availability. This synthesis underscores the importance of structured advocacy training programs to enhance BHW competencies, ensure effective delivery of health services, and empower them to perform their roles amid challenging conditions. The findings of global, regional, and local studies collectively provided a robust foundation for investigating the competencies and training needs of BHWs in Camalig North District.

Problem in the Field

It is evident from global and local literature that the roles of health care workers at the community level are critical in improving health outcomes and fostering healthier populations. Most available studies, however, primarily focus on the experiences and perceptions of Barangay Health Workers (BHWs) rather than systematically examining their actual roles and contributions to community health. This represents a significant gap, as community health care roles remain understudied and often neglected despite their vital importance, particularly in addressing public health challenges in far-flung or remote communities. BHWs are often the first and only point of contact for many households in rural areas, making their performance essential in controlling communicable diseases, improving maternal and child health, and promoting preventive health measures.

Current literature consistently highlights gaps in BHW training and competency. According to Kok et al. (2020), community health workers in low- and middle-income countries, including BHWs in the Philippines, require continuous training, clear role definitions, and supportive supervision to perform effectively. Without these, their ability to deliver basic care, conduct health education, and mobilize households is compromised. Similarly, Scott et al. (2022) identified that heavy workloads, multiple task assignments, and limited autonomy reduce CHW performance. These conditions parallel the experiences of Filipino BHWs, especially in rural and resource-constrained barangays, where unclear responsibilities often lead to inconsistent service delivery.

Local studies outside Camalig North District provide further evidence of the challenges faced by BHWs. Mandriaga and Diaz (2021) in rural Luzon found that while BHWs contribute significantly to maternal care, nutrition monitoring, and disease surveillance, gaps in training, logistical support, and supply availability limit their effectiveness. Likewise, Lopez & Rivera (2023) in Visayas reported that low incentives, irregular training schedules, and heavy workloads negatively affect motivation and performance, although targeted local government support improved outcomes. Valenzuela et al. (2022) also emphasized the scarcity of reliable data at the community level, which hinders the ability of BHWs to make informed health decisions and to serve as effective implementors of health programs. Collectively, these studies demonstrated that BHW performance is highly variable and influenced by structural, logistical, and administrative factors, underscoring the need for focused interventions to strengthen their capacity.

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The recurring issues identified across these studies—including inadequate training, unclear role expectations, weak supervision, insufficient logistical support, and disparities in performance—highlighted the urgent need to systematically assess the specific health care roles of BHWs in Camalig North District. By doing so, this study identified gaps and proposed context-specific improvements. Importantly, addressing these gaps through a structured Advocacy Training Program can enhance BHWs' capacity to communicate effectively, engage the community in health initiatives, and ensure the proper implementation of national and local health programs, in line with the mandates of RA 7883, Senate Bill 232, and the Universal Health Care (UHC) Law RA 11223.

In relation to this, the current study aimed to provide an in-depth discussion on practical solutions to the problems identified, emphasizing the implications of factors affecting BHW performance. By examining training, competency, workload, and community engagement, the study sought to highlight the critical importance of health care roles and the effective involvement of BHWs in community health governance. The findings are expected to support evidence-based interventions, strengthen local health program implementation, and improve the overall well-being of residents in Camalig North District.

Research Gap

Previous studies on the health care roles of Barangay Health Workers (BHWs) have predominantly focused on urban areas or general community settings, leaving rural and geographically isolated districts such as Camalig North largely understudied. International literature, such as Kok et al. (2020) and Scott et al. (2022), highlights that community health workers (CHWs) in low- and middle-income countries perform essential functions in health promotion, disease prevention, and basic care, yet face challenges including heavy workloads, unclear role definitions, and limited support systems. These factors often diminish performance and affect service delivery, suggesting that similar challenges may exist for Filipino BHWs in rural barangays. Local studies reinforce these findings: research by Mandriaga & Diaz (2021) in rural Luzon and Lopez & Rivera (2023) in Visayas communities documented that BHWs significantly contribute to maternal care, nutrition programs, and disease surveillance but frequently encounter insufficient training, logistical constraints, and inconsistent supervision. Valenzuela et al. (2022) further emphasized gaps in accurate community health data, which can hinder BHWs' effectiveness as frontline implementors of health programs.

Despite these insights, most previous studies, both local and foreign, often treat the role of BHWs as secondary to professional health care providers (Smith & Cruz, 2020; Reyes, 2018). Additionally, many of these studies relied solely on either quantitative or qualitative methods, limiting the understanding of how multiple factors—such as knowledge, beliefs, and demographic characteristics—interact to influence BHW performance. For example, while international studies examined workload and autonomy (Scott et al., 2022) and local studies explored training gaps and supervision (Lopez & Rivera, 2023), few have systematically considered the influence of BHWs' awareness, educational background, age, or years of experience on their health care roles.

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This study addressed these gaps by focusing specifically on barangay-level health workers in Camalig North District, Albay, examining how their awareness, demographic factors, and background shape their performance in community health roles. By integrating insights from both international and local studies, this research not only situated the local challenges within a broader global context but also highlighted the unique realities of rural Philippine barangays, where BHWs often operate as primary implementors of health programs under the mandates of RA 7883, Senate Bill 232, and the Universal Health Care Law (RA 11223). Moreover, the study emphasized the BHWs' role in advocacy, community mobilization, and preventive health care—areas often overlooked in prior research.

By bridging these gaps, the current study could contribute to a deeper understanding of the factors affecting BHW performance, providing evidence to design a context-specific Comprehensive Advocacy Training Program that enhances their competence, strengthens their role as frontline implementors, and ultimately improves health outcomes for communities in Camalig North District.

Theoretical and Conceptual Framework

This study drew upon three theoretical perspectives to explain and contextualize the behaviors and competencies of Barangay Health Workers (BHWs) in fulfilling their community health roles: Ajzen's Theory of Planned Behavior (1985), Merton's Role Theory (1957), and Bandura's Social Cognitive Theory (1986).

According to Ajzen's Theory of Planned Behavior, an individual's engagement in a specific behavior is influenced by their attitude toward the behavior, subjective norms, and perceived behavioral control. Attitude is shaped by knowledge and awareness of circumstances, motivation, and perceived benefits, which can guide a person's intention to perform specific actions. In this study, the theory suggests that when BHWs and community members are properly oriented on their health care roles, they develop a positive attitude and heightened awareness, which promotes active participation in health initiatives, such as child nutrition, immunization, and disease prevention. Subjective norms further highlight the influence of social expectations and community values on BHWs' behaviors, while perceived control reflects their confidence in executing responsibilities, which affects task performance and coping with challenges (Ajzen, 1985).

Merton's Role Theory (1957) complements this perspective by explaining how expectations, performance, and constraints shape individual behavior. Role expectations guide BHWs on the actions required of them, role performance measures the actual execution of these tasks, and role constraints identify the barriers or limitations they face. In the context of the current study, BHWs' understanding of their responsibilities, their adherence to community health mandates, and the obstacles encountered—such as limited resources or heavy workload—can all influence their effectiveness in delivering health services (Merton, 1957).

To further explain the dynamic interaction between knowledge, behavior, and skill acquisition, this study also draws from Bandura's Social Cognitive Theory (1986). This theory emphasizes that learning occurs in a social context and that individuals acquire and maintain behaviors through observation,

modeling, and reinforcement. Applied to the current study, BHWs learn from peers, supervisors, and practical experiences in community health programs. Their competence in child nutrition, immunization, health assessment, patient referral, public health program implementation, and data gathering is enhanced through social learning, guided practice, and feedback, which collectively build self-efficacy and confidence to perform community health tasks effectively (Bandura, 1986).

The integration of these three theories provides a comprehensive framework for understanding the factors that influence BHWs' behaviors and competence. Ajzen's Theory of Planned Behavior explains the cognitive and motivational determinants of their actions, Merton's Role Theory provides insight into the structural and social expectations that shape their responsibilities, and Bandura's Social Cognitive Theory illustrates how observational learning, reinforcement, and self-efficacy contribute to skill development and practical performance. Together, these theories offer a robust lens through which the study examines how BHWs fulfill their community health roles, overcome challenges, and improve the delivery of health services to their communities.

This study integrated Ajzen's Theory of Planned Behavior, Merton's Role Theory, and Bandura's Social Cognitive Theory to explain the behavior and competence of Barangay Health Workers (BHWs) in fulfilling their community health roles. The framework assumes that BHW performance is influenced by cognitive, social, and structural factors that interact within the community setting.

From Ajzen's perspective, BHWs' execution of their duties is shaped by their attitudes toward their roles, perceived social expectations (subjective norms), and perceived behavioral control. These factors influenced their intention to actively participate in health initiatives such as child nutrition monitoring, immunization, and disease prevention. Merton's Role Theory further explains that BHWs operate within defined role expectations, and their actual role performance may be affected by constraints such as limited resources or workload demands. Meanwhile, Bandura's Social Cognitive Theory emphasizes that competencies are developed through observation, modeling, guided practice, and reinforcement. Self-efficacy plays a vital role in strengthening their confidence and sustaining effective performance.

Additionally, demographic factors such as age, years of experience, educational attainment, and trainings acquired may influence awareness, motivation, perceived control, and self-efficacy, thereby affecting the execution of health care roles. In the context of Camalig North, Camalig, Albay, the integration of these theories provides a comprehensive framework for examining how behavioral intentions, social expectations, learning processes, and personal characteristics collectively influence the effectiveness of BHWs in delivering community health services

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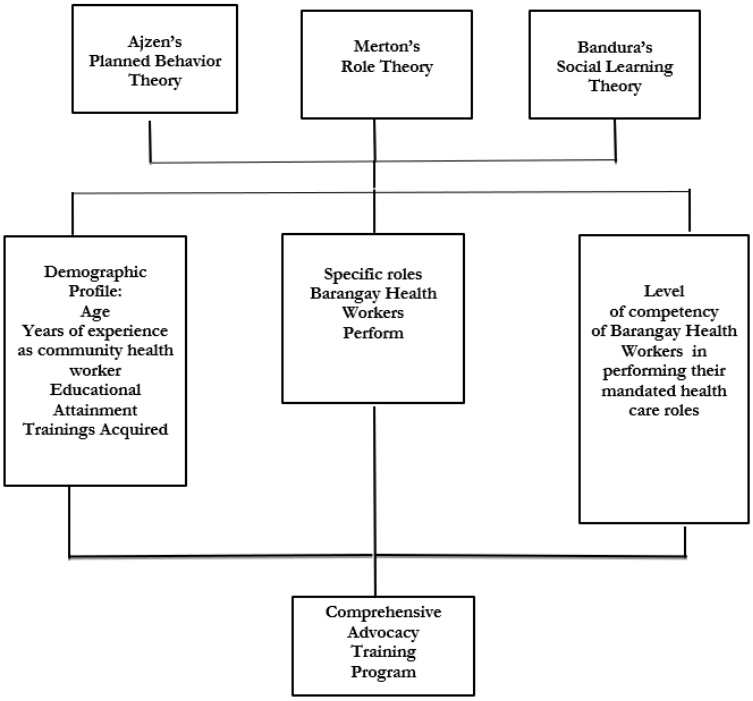

Figure No.1 – ***Theoretical and Conceptual Framework***

METHODS

Research Design

This study employed a descriptive-quantitative research design to assess the health care roles of Barangay Health Workers (BHWs) in Camalig North District, Albay. The design is appropriate as it allows for the systematic description of BHWs' tasks, participation, challenges, and effectiveness in addressing community health conditions (Doğan et al., 2023). The study also explored the relationships between demographic profile and level of competence of BHWs. A cross-sectional approach was used to provide a snapshot of their roles at a specific point in time. Data were collected using surveys guided by the research objectives in Camalig, Albay, with a total of 107 respondents across 15 barangays. Given the manageable size of the population, the study employed a total enumeration approach, including every BHW in the district rather than selecting a sample. This approach is particularly relevant because it allowed for a comprehensive and accurate assessment of the roles, awareness, and performance of all BHWs, eliminates sampling error, and ensured that the findings reflect the entire population. Total enumeration also enhanced the reliability and validity of the study, as no respondent is excluded, and enabled a holistic identification of gaps, challenges, and training needs across all barangays. By including all respondents, the study provided an inclusive perspective on BHW performance, which is essential for designing an effective Advocacy Training Program tailored to the local context. The distribution of respondents across the 15 barangays is as follows: Miti – 8, Iluluan – 6, Tumpa – 8, Kinuartilan – 7, Cabraran Pequeño – 3, Binanderahan – 2, Quirangay – 15, Libod – 10, Anoling – 7, Pariaan – 3, Salugan – 7, Bariw – 7, Manawan

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– 6, Palanog – 11, and Cabangan – 7, totaling 107 BHWs. This ensured equitable representation from all barangays, including those with fewer respondents, and provided a complete overview of the district's health workforce. Using total enumeration allowed the researcher to examine the full range of BHW roles, competencies, and demographic characteristics, which is critical for evidence-based planning and the development of training programs aimed at enhancing community health services.

Research Instrument and Validation

To address the objectives of this study, a researcher-made questionnaire was utilized as the primary data collection tool. The instrument is carefully structured into four parts, with each part corresponding to a specific research objective to ensure comprehensive coverage of all areas under investigation.

Part I focused on the demographic profile of the respondents. This section collected information on the age, years of work experience as a Barangay Health Worker (BHW), educational attainment, and trainings acquired by the respondents. Gathering these details provided essential context for understanding how personal and professional backgrounds may influence BHW performance and competency in delivering community health services. By capturing these demographic characteristics, the study can identify patterns or relationships between the respondents' background and their effectiveness in performing assigned roles.

Part II examined the specific roles performed by BHWs within their communities. Respondents were asked to indicate the frequency and extent of their involvement in tasks such as child nutrition, immunization, basic health assessment, identifying and referring patients to the appropriate health centers or hospitals, assisting in the implementation of public health programs, and gathering health data. This section provided insight into the practical functions BHWs carry out daily and how these roles contribute to the overall health and well-being of their communities. Understanding these roles is critical to assessing gaps in service delivery and identifying areas where additional support or training may be needed.

Part III is designed to assess the level of competence of BHWs in performing their specific roles. Competence was measured using a Likert-scale format, which evaluates both the confidence and proficiency of respondents in executing each of the tasks identified in Part II. This assessment allowed the study to determine how capable BHWs feel in carrying out their responsibilities and to what extent their current skill levels affect the quality of health services provided at the barangay level. Identifying variations in competence is essential for informing the design of interventions such as advocacy or capacity-building programs.

Part IV investigated the relationship between the demographic profile of BHWs and their level of competence. This section analyzed how factors such as age, work experience, educational attainment, and previous trainings influence the ability of BHWs to perform their roles effectively. By linking demographic characteristics to competence, the study provided evidence-based recommendations for targeted interventions, including specialized advocacy training to address specific needs and enhance performance across different barangays.

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To ensure the validity and reliability of the researcher-made instrument, a thorough validation process were conducted. Content validation involved review by experts in public health and community health work to confirm that the items are clear, relevant, and aligned with the study objectives. Reliability testing were carried out through pilot testing on a small group of BHWs from a nearby district outside Camalig North to evaluate internal consistency and stability. This process ensured that the instrument is both psychometrically sound and capable of generating accurate, credible data for analysis.

Data Gathering Procedure

The data for this study were collected using a researcher-made survey questionnaire, as described in the instrumentation section of the methodology. Prior to data collection, the questionnaire was submitted to the academic faculty for review and approval. Any recommendations provided were incorporated to ensure clarity, relevance, and alignment with the study objectives. Once finalized, the questionnaire were reproduced and prepared for distribution to the respondents.

Before the actual data collection, the researcher identified the total population of Barangay Health Workers (BHWs) in Camalig North District, totaling 107 respondents across 15 barangays, in accordance with the total enumeration method. To secure formal permission, letters were sent to the Punong Barangay or Officer-In-Charge of each barangay, requesting authorization for their BHWs to participate in the study. These letters were accompanied by a consent form that explains the purpose of the study, the voluntary nature of participation, and the confidentiality of the information to be provided. The researcher ensured that the barangay officials and respondents clearly understood the significance of the study and the intended use of the data.

After receiving formal permission from the barangay authorities, the data collection process commenced. To ensure efficiency and ease of access for all respondents, the survey was administered through Google Forms, allowing BHWs to complete the questionnaire electronically. The researcher provided clear instructions and guidance on how to fill out the form and will be available to assist respondents who may encounter difficulties or have questions, ensuring that all required information is accurately captured.

Following the completion of the survey, the researcher collated and verified the data to ensure accuracy and completeness. The verified data then underwent statistical analysis, enabling the researcher to examine patterns, relationships, and trends related to the BHWs' demographic profiles, roles, and level of competence. The results of the analysis formed the basis for discussion, drawing insights and implications regarding the health care roles of BHWs in Camalig North District.

Finally, conclusions were drawn based on the analyzed data, addressing the research objectives and questions. The findings were compared and related to prior studies, both local and international, to confirm or contrast the results and to provide evidence-based recommendations, particularly regarding the proposed Advocacy Training Program for BHWs in the district.

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Statistical Treatment

The data collected from respondents through the researcher-developed survey questionnaire were analyzed using descriptive statistics to provide a systematic and comprehensive understanding of the findings in line with the study objectives.

For Objectives 1, 2, and 3, descriptive statistics were employed, specifically frequency count, percentage, and mean. The demographic profile of the Barangay Health Workers (BHWs), including variables such as age, educational attainment, years of service, and trainings acquired, were analyzed using frequency counts and percentages.

Frequency counts indicate the number of respondents falling into each category, while percentages allow for easier comparison between groups within the population. Mean scores reflect the overall perceptions of respondents regarding their performance in areas such as child nutrition, immunization, basic health assessment, patient referral, public health program implementation, and health data gathering.

Using descriptive statistics is appropriate for these objectives because it allows the researcher to organize, summarize, and present complex data in a clear and meaningful manner, providing a comprehensive snapshot of BHW characteristics, roles, and perceived competency.

For Objective 4, which aimed to determine the relationship between the demographic characteristics of Barangay Health Workers (BHWs) and their level of competence, the Chi-square (χ^2) test of independence was employed. This non-parametric statistical test is appropriate for examining whether a significant association exists between two categorical variables.

In this study, demographic variables such as age group, educational attainment, years of experience, and training acquired were categorized and analyzed in relation to categorized levels of competence (e.g., highly competent, competent, moderately competent, etc.).

The Chi-square test assesses whether the observed frequency distribution of cases across categories significantly differs from what would be expected if the variables were independent of each other. In other words, it determines whether variations in competence levels are associated with differences in demographic characteristics.

Ethical Consideration

To ensure adherence to ethical standards, the study was subjected to the Institutional Ethics Review Committee for ethical review and concerns. The study observed the following ethical considerations: a) Autonomy and Informed consent; b) Privacy and Confidentiality; c) Beneficence; d) non-malfeasance, and e) Plagiarism Testing (to conform with the required Plagiarism Index, research was subjected to Plag scan).

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RESULTS

Demographic Profile of the Respondents

This section presents the demographic profile of the respondents, which includes their age, years of experience, educational attainment, and training acquired. These characteristics provide important background information about the Barangay Health Workers (BHWs) and help describe their qualifications, experience, and preparedness in performing their community health roles. The data are summarized in Table 1.0 to provide a clearer understanding of the respondents' personal and professional background.

The age distribution of the 107 Barangay Health Workers (BHWs) shows that the largest proportion falls within the 36–45 years old group, comprising 41 respondents or 38.3% of the total respondents. This is followed by those aged 46–50 years old, with 25 respondents or 23.4%, and those over 50 years old, accounting for 24 respondents or 22.4%. Collectively, respondents aged 36 years and above constitute 84.1% of the respondents, indicating that the majority of the BHWs belong to the middle-aged to older adult groups.

In contrast, younger age groups are minimally represented. Respondents aged 26–35 years old account for 15 individuals or 14%, while those aged 18–25 years old represent the smallest group, with only 2 respondents or 1.9%.

Table 1.0
Respondents' demographic profile

AGE	**FREQUENCY COUNT (n=107)**	**PERCENTAGE (%)**
18-25 years old	2	1.9
26-35 years old	15	14
36-45 years old	41	38.3
46-50 years old	25	23.4
Over 50 years old	24	22.4
YEARS OF EXPERIENCE		
1 Month- 3 Years	40	37.4
4 years- 6 Years	19	17.8
7 Years- 9 Years	28	26.2
10 Years- 12 Years	12	11.2
13 Years and Above	8	7.5
EDUCATIONAL ATTAINMENT		
Elementary Graduate	11	10.3
High School Level	5	4.7
High School Graduate	56	52.3
College Level	15	14
College Graduate	13	12.1
ALS	2	1.9

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Vocational Course	5	4.7
TRAINING ACQUIRED		
Maternal and Child Health	59	55.1
Nutrition Program	69	64.5
Immunization/Expanded Program on Immunization	71	66.3
Disease Surveillance	57	53.2
First Aid and Basic Health Care	101	94.4
Health Education/Advocacy	86	80.4
Magna Carta for Women	37	34.6
Tobacco Intervention	3	2.8
Organic Fertilizer Training (NCII)	1	0.3
Family Planning	1	0.3
Psychosocial Training	1	0.3

The distribution of years of experience among the 107 Barangay Health Workers indicates that the largest proportion of respondents falls within the 1 month to 3 years category, with 40 respondents or 37.4% of the total. This is followed by those with 7 to 9 years of experience, comprising 28 respondents or 26.2%. Respondents with 4 to 6 years of experience account for 19 individuals or 17.8%.

Meanwhile, smaller proportions are observed among those with longer tenure. Respondents with 10 to 12 years of experience total 12 individuals or 11.2%, while those with 13 years and above represent the smallest group, with 8 respondents or 7.5%.

The educational attainment of the 107 Barangay Health Workers reveals that more than half of the respondents are high school graduates, with 56 individuals accounting for 52.3% of the total sample. This is followed by those with college-level education, comprising 15 respondents (14.0%), and college graduates, with 13 respondents or 12.1%.

Lower levels of educational attainment are also represented in the distribution. Elementary graduates account for 11 respondents or 10.3%, while respondents at the high school level and those who completed vocational courses each comprise 5 individuals or 4.7%. The smallest proportion is observed among those who completed the Alternative Learning System (ALS), with 2 respondents or 1.9%.

The distribution of trainings acquired by the 107 Barangay Health Workers shows that the most frequently reported training is First Aid and Basic Health Care, with 101 respondents or 94.4% indicating participation. This is followed by Health Education/Advocacy training, reported by 86 respondents or 80.4%. A substantial proportion of respondents also acquired training in core public health programs, including Immunization or the Expanded Program on Immunization with 71 respondents or 66.3%, Nutrition Program with 69 respondents or 64.5%, Maternal and Child Health with 59 respondents or 55.1%, and Disease Surveillance with 57 respondents or 53.2%.

In contrast, fewer respondents reported participation in specialized or policy-related trainings. Magna Carta for Women was reported by 37 respondents or 34.6%, while Tobacco Intervention training was

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acquired by only 3 respondents or 2.8%. Trainings related to Organic Fertilizer (NC II), Family Planning, and Psychosocial Training were each reported by 1 respondent or 0.3%.

Specific Roles of Barangay Health Workers

Table 2.1
Respondents' specific role along child nutrition

INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING
1. Assist in feeding programs (nag-aasistir sa feeding programs)	4.53	Always
2. Assist in Monitoring growth (nag-aasistir sa pagmonitor asin pagdakula kan aki)	4.74	Always
3. Conduct Nutrition Education for caregivers and parents (pagconduct ki edukasyon manungod sa nutrisyon para sa mga caregivers asin magurang)	4.48	Often
4. Assist in Distributing micronutrients (e.g. vitamins, iron supplements) (nag-aasister sa pagtao nin micronutrients (halimbawa vitamins, iron supplements))	4.79	Always
5. Monitor child feeding sessions in day care centers or community programs (Subaybayan ang mga sesyon ng pagpapakain ng bata sa mga day care center o mga programang pang-komunidad.)	4.51	Always
TOTAL:	**4.61**	**Always**

Legend: 1.00-1.50: Never 1.51-2.50: Rarely, 2.51-3.50: Sometimes, 3.51-4.50: Often, 4.51-5.00: Always

Table 2.1 presents the respondents' specific roles along child nutrition. The data show that the overall weighted mean of 4.61, interpreted as "Always," indicates that the respondents consistently perform their responsibilities related to child nutrition. This suggests a very high level of participation of the respondents in implementing nutrition-related activities within their respective communities.

Among the indicators, the highest weighted mean of 4.79 was recorded for assisting in distributing micronutrients such as vitamins and iron supplements, which is described as "Always." This implies that respondents are highly active in supporting micronutrient supplementation programs, which are essential interventions in preventing nutritional deficiencies among children. Similarly, assisting in monitoring child growth obtained a weighted mean of 4.74 (Always), indicating that the respondents regularly participate in growth monitoring activities to ensure that children's nutritional status is properly tracked.

Meanwhile, assisting in feeding programs (4.53) and monitoring child feeding sessions in daycare centers or community programs (4.51) were also interpreted as "Always." These findings show that respondents play a consistent role in supporting feeding initiatives and supervising feeding sessions, which are important strategies in addressing child malnutrition at the community level. On the other

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hand, conducting nutrition education for caregivers and parents received the lowest weighted mean of 4.48, interpreted as "Often." Although still at a high level of practice, this result suggests that educational activities are slightly less frequent compared to other nutrition-related roles. Overall, the findings indicate that respondents are actively engaged in various child nutrition interventions, particularly in program implementation and monitoring, demonstrating their significant contribution to improving child health and nutrition in the community.

Table 2.2
Respondents' Specific Role Along Immunization

Table 2.2 presents the respondents' specific roles along immunization. The results reveal an overall weighted mean of *4.82*, interpreted as *"Always,"* indicating that the respondents consistently perform their responsibilities in supporting immunization programs within the community. This high mean value suggests that respondents demonstrate a very strong level of participation in activities that promote and facilitate childhood vaccination.

INDICATORS	**WEIGHTED MEAN**	**ADJECTIVAL RATING**
1. Regularly remind parents about their children's vaccine schedule. (Regular na paalalahanan ang mga magulang tungkol sa iskedyul ng bakuna ng kanilang mga anak.)	4.94	Always
2. Maintain accurate immunization records. (Panatilihin ang tama at kumpletong talaan ng pagbabakuna.)	4.86	Always
3. Assist the RHU/LGU during immunization activities. (Tumulong sa RHU/LGU sa mga gawaing may kinalaman sa pagbabakuna.)	4.72	Always
4. Assist in organizing and preparing immunization materials and supplies (Tumulong sa pag-oorganisa at paghahanda ng mga materyales at suplay para sa pagbabakuna.)	4.77	Always
5. Help ensure proper crowd management during immunization sessions (Tumulong upang masiguro ang maayos na pamamahala ng tao (crowd management) sa panahon ng mga sesyon ng pagbabakuna.)	4.81	Always
TOTAL:	**4.82**	**Always**

Legend: 1.00-1.50: Never 1.51-2.50: Rarely, 2.51-3.50: Sometimes, 3.51-4.50: Often, 4.51-5.00: Always

Among the indicators, the highest weighted mean of 4.94 was obtained by regularly reminding parents about their children's vaccine schedule, which is interpreted as "Always." This implies that respondents actively engage in reminding and encouraging parents to comply with vaccination schedules,

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which is crucial in ensuring that children receive complete and timely immunizations. Additionally, maintaining accurate immunization records recorded a weighted mean of 4.86 (Always), reflecting the respondents' diligence in keeping reliable documentation that supports effective monitoring of vaccination coverage. Furthermore, helping ensure proper crowd management during immunization sessions obtained a weighted mean of 4.81, while assisting in organizing and preparing immunization materials and supplies recorded 4.77, both interpreted as "Always." These findings indicate that respondents consistently contribute to the logistical and operational aspects of immunization activities, ensuring that vaccination sessions are organized, safe, and efficient.

Lastly, assisting the RHU/LGU during immunization activities registered the lowest weighted mean of 4.72, although it is still described as "Always." This suggests that respondents are regularly involved in supporting local health units during vaccination initiatives. Overall, the findings demonstrate that respondents play a vital and consistent role in strengthening immunization efforts, particularly through community mobilization, record keeping, and logistical support, thereby contributing to improved child health outcomes.

Table 2.3
Respondents' Specific Role Along Basic Health Assessment

Table 2.3 presents the respondents' specific roles along basic health assessment. The table shows an overall weighted mean of *4.642,* interpreted as *"Always,"* indicating that the respondents consistently perform basic health assessment activities in their respective communities. This suggests a high level of involvement of the respondents in conducting routine health monitoring and early detection of potential health concerns.

INDICATORS	**WEIGHTED MEAN**	**ADJECTIVAL RATING**
1. Blood Pressure Monitoring (Pagsusukat ng Blood Pressure)	4.78	Always
2. Measuring weight and height (Pagtatala ng timbang at taas)	4.91	Always
3. Monitoring Body Temperature, respiratory and pulse rate (Pagsusukat ng temperatura ng katawan, paghinga (respiratory rate), at pulso)	4.50	Often
4. Conducting Basic Nutritional Assessment (Pagsasagawa ng Batayang Pagsusuri sa Nutrisyon)	4.54	Always
5. Observing signs of illnesses (Pagmamasid sa mga palatandaan ng pagkakasakit)	4.48	Often
TOTAL:	**4.642**	**Always**

Legend: 1.00-1.50: Never 1.51-2.50: Rarely, 2.51-3.50: Sometimes, 3.51-4.50: Often, 4.51-5.00: Always

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Among the indicators, measuring weight and height obtained the highest weighted mean of 4.91, interpreted as "Always." This implies that respondents regularly conduct anthropometric measurements, which are essential in monitoring the growth and nutritional status of individuals, particularly children.

Similarly, blood pressure monitoring recorded a weighted mean of 4.78 (Always), showing that respondents frequently assist in checking blood pressure levels as part of routine health screening activities in the community.

Meanwhile, conducting basic nutritional assessment yielded a weighted mean of 4.54, also interpreted as "Always," indicating that respondents regularly evaluate individuals' nutritional conditions as part of preventive health services. These activities contribute to the early identification of malnutrition and other nutrition-related health problems.

On the other hand, monitoring body temperature, respiratory rate, and pulse rate obtained a weighted mean of 4.50, while observing signs of illnesses recorded 4.48, both interpreted as "Often." Although these indicators still reflect a high level of practice, they are slightly less frequently performed compared to other health assessment tasks. Overall, the findings suggest that respondents actively participate in basic health assessment activities, particularly in anthropometric measurements and blood pressure monitoring, which play a vital role in community-based health monitoring and disease prevention.

Table 2.4
Respondents' Specific Role Along Identifying And Referring Patients to Appropriate Health Centers or Hospital

INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING
1. Identify residents showing symptoms that require medical evaluation (Tukuyin ang mga residente na nagpapakita ng sintomas na nangangailangan ng medikal na pagsusuri.)	4.64	Always
2. Refer patients with urgent or emergency conditions to the nearest health facility. (I-refer ang mga pasyente na may agarang o emerhensiyang kondisyon sa pinakamalapit na pasilidad pangkalusugan.)	4.75	Always
3. Refer malnourished or underweight children for further assessment and treatment. (I-refer ang mga batang kulang sa nutrisyon o mababa ang timbang para sa mas detalyadong pagsusuri at paggamot.)	4.61	Always

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4. Inform and guide families on which health facility is appropriate (Ipabatid at gabayan ang mga pamilya kung aling pasilidad pangkalusugan ang nararapat puntahan.)	4.79	Always
5. Conduct follow-up visits to ensure the referred patient received medical care. (Magsagawa ng follow-up na pagbisita upang matiyak na ang pasyenteng na-refer ay nakatanggap ng kinakailangang medikal na pangangalaga.)	4.71	Always
TOTAL:	**4.7**	**Always**

Legend: 1.00-1.50: Never 1.51-2.50: Rarely, 2.51-3.50: Sometimes, 3.51-4.50: Often, 4.51-5.00: Always

Table 2.4 presents the respondents' specific roles in identifying and referring patients to appropriate health centers or hospitals. The results reveal an overall weighted mean of 4.70, interpreted as "Always," indicating that the respondents consistently perform tasks related to identifying individuals with health concerns and facilitating their referral to proper health facilities. This suggests that respondents play a crucial role in bridging the community and formal healthcare services by ensuring that individuals who need medical attention are properly guided and assisted.

Among the indicators, informing and guiding families on which health facility is appropriate obtained the highest weighted mean of 4.79, interpreted as "Always." This indicates that respondents frequently provide direction and assistance to families regarding where they should seek appropriate medical care. Such guidance is essential in ensuring timely access to healthcare services and preventing delays in treatment.

Similarly, referring patients with urgent or emergency conditions to the nearest health facility obtained a weighted mean of 4.75, while conducting follow-up visits to ensure that referred patients received medical care recorded 4.71, both interpreted as "Always." These findings suggest that respondents are actively involved not only in referring patients but also in monitoring whether the patients actually receive the necessary medical services after referral.

Furthermore, identifying residents showing symptoms that require medical evaluation obtained a weighted mean of 4.64, and referring malnourished or underweight children for further assessment and treatment recorded 4.61, both described as "Always." These results demonstrate that respondents consistently participate in early detection and referral of individuals with potential health risks. Overall, the findings indicate that respondents effectively fulfill their responsibilities in identifying, referring, and following up patients, highlighting their vital contribution to improving access to healthcare within the community.

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Table 2.5
Respondents' Specific Role Along Implementation of Public Health Programs

INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING
1. On Sanitation (Monitor community sanitation practices, identify households with poor waste management, and report to the barangay or health center for intervention) (Subaybayan ang mga gawaing pang-sanitasyon ng komunidad, tukuyin ang mga kabahayang may mahinang pamamahala ng basura, at iulat ito sa barangay o health center para sa kinakailangang interbensyon.)	4.53	Always
2. On Hygiene (Educate households on proper handwashing, personal hygiene, and safe water practices; demonstrate techniques when necessary) (Turuan ang mga kabahayan tungkol sa tamang paghuhugas ng kamay, wastong personal na kalinisan, at ligtas na paggamit ng tubig; magpakita ng tamang paraan kapag kinakailangan.)	4.67	Always
3. On health education campaign (Conduct community health talks, distribute IEC (Information, Education, Communication) materials, and answer health-related questions from residents). (Magsagawa ng talakayang pangkalusugan sa komunidad, mamahagi ng IEC (Information, Education, Communication) materials, at tumugon sa mga katanungang may kinalaman sa kalusugan ng mga residente.)	4.67	Always
4. Support RHU/LGU in implementing vaccination, sanitation, and disease prevention campaigns. (Assist in organizing campaign schedules, mobilizing residents, managing crowd flow, and ensuring proper documentation of activities.) (Tumulong sa pag-aayos ng iskedyul ng mga kampanya, pagmomobilisa ng mga residente, pamamahala ng daloy ng tao, at pagtiyak na maayos ang dokumentasyon ng lahat ng aktibidad.)	4.65	Always
5. **On Nutrition and Healthy Lifestyle Promotion** (Promote proper nutrition by conducting household reminders on balanced meals, encouraging physical activity, and monitoring signs of malnutrition; coordinate with barangay or health workers for necessary follow-up.)	4.67	Always

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(Itaguyod ang wastong nutrisyon sa pamamagitan ng pagbibigay ng paalala sa bawat kabahayan tungkol sa balanseng pagkain, paghimok sa pisikal na aktibidad, at pagmamanman ng mga senyales ng malnutrisyon; makipag-ugnayan sa barangay o health workers para sa kinakailangang follow-up.)		
TOTAL:	**4.638**	**Always**

Legend: 1.00-1.50: Never 1.51-2.50: Rarely, 2.51-3.50: Sometimes, 3.51-4.50: Often, 4.51-5.00: Always

Table 2.5 presents the respondents' specific roles in the implementation of public health programs. The results reveal an overall weighted mean of 4.638, interpreted as "Always," indicating that the respondents consistently participate in various public health initiatives in their communities. This suggests that they play an active role in promoting preventive health measures and supporting programs designed to improve the overall health and well-being of community members.

Among the indicators, educating households on proper hygiene practices and conducting community health education campaigns both obtained the highest weighted mean of 4.67, interpreted as "Always." Similarly, promoting nutrition and healthy lifestyle practices also recorded a weighted mean of 4.67, indicating that respondents regularly encourage residents to practice proper hygiene, adopt balanced nutrition, and engage in healthy lifestyle behaviors. These activities are important in preventing diseases and promoting health awareness within the community.

Moreover, supporting the RHU/LGU in implementing vaccination, sanitation, and disease prevention campaigns obtained a weighted mean of 4.65, interpreted as "Always." This suggests that respondents consistently assist local health units in organizing and facilitating various health campaigns, including mobilizing residents and ensuring proper documentation of activities. Such involvement highlights the collaborative efforts between community health workers and local health authorities in delivering public health services.

Lastly, monitoring community sanitation practices and identifying households with poor waste management obtained a weighted mean of 4.53, also interpreted as "Always." Although it registered the lowest mean among the indicators, it still reflects a high level of engagement in promoting environmental sanitation. Overall, the findings indicate that respondents consistently contribute to the implementation of public health programs through health education, sanitation monitoring, community mobilization, and promotion of healthy lifestyles, thereby strengthening preventive health practices within the community.

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Table 2.6
Respondents' Specific Role Along Gathering Health Data

Table 2.6 presents the respondents' specific roles in gathering health data within the community. The results show an overall weighted mean of *4.832***,** interpreted as *"Always,"* indicating that the respondents consistently perform activities related to the collection, documentation, and reporting of health information. This suggests that the respondents play a highly active role in maintaining community health records and supporting evidence-based planning and monitoring of health programs.

Among the indicators, *assisting in identifying and documenting vulnerable populations*, such as pregnant women, infants, older adults, and persons with disabilities, obtained the highest weighted mean of *4.86***,** interpreted as *"Always."* This implies that respondents are highly attentive in recognizing and documenting groups that require special health attention and services. Accurate identification of these populations is essential in ensuring that appropriate health interventions and support programs are provided.

INDICATORS	**WEIGHTED MEAN**	**ADJECTIVAL RATING**
1. T**he Barangay Health Worker (BHW) regularly collects basic health information from households** (e.g., age, sex, health status, and existing illnesses). (Ang Barangay Health Worker (BHW) ay regular na nangangalap ng pangunahing impormasyong pangkalusugan mula sa mga kabahayan ***(hal., edad, kasarian, kalagayan ng kalusugan, at mga umiiral na karamdaman))***	4.84	Always
2. The BHW records and updates community health data accurately **in barangay health logs, forms, or digital records.** (Ang BHW ay maayos na nagtatala at nag-a-update ng datos pangkalusugan ng komunidad ***sa mga talaan ng barangay, mga pormularyo, o digital na rekord.)***	4.81	Always
3. The BHW conducts house-to-house visits to gather health-related data, including symptoms, health concerns, and risk factors. (Ang BHW ay nagsasagawa ng house-to-house na pagbisita upang mangalap ng datos na may kaugnayan sa kalusugan, *kabilang ang mga sintomas, alalahaning pangkalusugan, at mga salik ng panganib.)*	4.81	Always

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4. The BHW assists in identifying and documenting vulnerable populations **(e.g., pregnant women, infants, older adults, and persons with disabilities).** (Ang BHW ay tumutulong sa pagtukoy at pagdodokumento ng mga sektor na higit na bulnerable**, tulad ng mga buntis, sanggol, matatanda, at mga taong may kapansanan**.)	4.86	Always
5. The BHW reports collected health data to the barangay health center or Rural Health Unit (RHU) **for monitoring and planning purposes.** (Ang BHW ay nag-uulat ng mga nakalap na datos pangkalusugan sa barangay health center o Rural Health Unit (RHU) ***para sa layunin ng pagmamanman at pagpaplano.)***	4.84	Always
TOTAL:	**4.832**	Always

Legend: 1.00-1.50: Never 1.51-2.50: Rarely, 2.51-3.50: Sometimes, 3.51-4.50: Often, 4.51-5.00: Always

Similarly, regularly collecting basic health information from households and reporting collected health data to the barangay health center or Rural Health Unit (RHU) both recorded a weighted mean of 4.84, interpreted as "Always." These results indicate that respondents consistently gather essential health information from community members and communicate such data to health authorities for monitoring and planning purposes.

Meanwhile, recording and updating community health data accurately and conducting house-to-house visits to gather health-related data both obtained a weighted mean of 4.81, also interpreted as "Always." These findings suggest that respondents frequently engage in field-based data collection and ensure that health records remain accurate and updated.

Overall, the results indicate that respondents consistently fulfill their responsibilities in gathering and managing community health data, highlighting their important contribution to strengthening local health information systems and supporting effective public health decision-making.

Level of Competence

Table 3.1
Respondents' Level of Competence Along Child Nutrition

Table 3.1 presents the respondents' level of competence in performing their specific roles related to child nutrition. It highlights key activities carried out by the respondents in supporting child nutrition programs and promoting the health and nutritional status of children in the community.

INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING

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1. Assist in feeding programs (nag-aasistir sa feeding programs)	4.59	Highly Competent
2. Assist in Monitoring growth (nag-aasistir sa pagmonitor asin pagdakula kan aki)	4.73	Highly Competent
3. Conduct Nutrition Education for caregivers and parents (pagconduct ki edukasyon manungod sa nutrisyon para sa mga caregivers asin magurang)	4.53	Highly Competent
4. Assist in Distributing micronutrients (e.g. vitamins, iron supplements) (nag-aasister sa pagtao nin micronutrients (halimbawa vitamins, iron supplements))	4.74	Highly Competent
5. Monitor child feeding sessions in day care centers or community programs (Subaybayan ang mga sesyon ng pagpapakain ng bata sa mga day care center o mga programang pang-komunidad.)	4.52	Highly Competent
TOTAL:	**4.62**	**Highly Competent**

Legend: 1.00-1.50: Incompetent, 1.51-2.50: Slightly Competent, 2.51-3.50: Moderately Competent, 3.51-4.50: Competent, 4.51-5.00: Highly Competent

Table 3.1 shows that the respondents demonstrated a high level of competence in performing their roles related to child nutrition, with an overall weighted mean of 4.62, interpreted as Highly Competent. All indicators obtained weighted means ranging from 4.52 to 4.74, indicating consistently strong performance across the identified roles. Among the indicators, assisting in distributing micronutrients (WM = 4.74) and monitoring child growth (WM = 4.73) received the highest ratings, while monitoring child feeding sessions (WM = 4.52) obtained the lowest mean, though it still falls within the Highly Competent category. Overall, the results suggest that the respondents are highly capable of supporting essential child nutrition programs such as feeding activities, nutrition education, growth monitoring, and micronutrient distribution in their communities.

Table 3.2
Respondents' Level of Competence Along Immunization

INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING
1. Regularly remind parents about their children's vaccine schedule. (Regular na paalalahanan ang mga magulang tungkol sa iskedyul ng bakuna ng kanilang mga anak.)	4.91	Highly Competent
2. Maintain accurate immunization records. (Panatilihin ang tama at kumpletong talaan ng pagbabakuna.)	4.85	Highly Competent

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3. Assist the RHU/LGU during immunization activities. (Tumulong sa RHU/LGU sa mga gawaing may kinalaman sa pagbabakuna.)	4.76	Highly Competent
4. Assist in organizing and preparing immunization materials and supplies (Tumulong sa pag-oorganisa at paghahanda ng mga materyales at suplay para sa pagbabakuna.)	4.84	Highly Competent
5. Help ensure proper crowd management during immunization sessions (Tumulong upang masiguro ang maayos na pamamahala ng tao (crowd management) sa panahon ng mga sesyon ng pagbabakuna.)	4.79	Highly Competent
TOTAL:	**4.83**	**Highly Competent**

Legend: 1.00-1.50: Incompetent, 1.51-2.50: Slightly Competent, 2.51-3.50: Moderately Competent, 3.51-4.50: Competent, 4.51-5.00: Highly Competent

Table 3.2 presents the respondents' level of competence in performing their specific roles related to immunization activities in the community. It highlights the key responsibilities carried out by the respondents in supporting vaccination programs and ensuring effective immunization services.

The data reveal that the respondents demonstrated a very high level of competence in immunization-related roles, with an overall weighted mean of 4.83, interpreted as Highly Competent. All indicators obtained weighted means ranging from 4.76 to 4.91, indicating consistently strong performance across all tasks. The highest rating was obtained by regularly reminding parents about their children's vaccine schedule (WM = 4.91), followed by maintaining accurate immunization records (WM = 4.85), while assisting the RHU/LGU during immunization activities (WM = 4.76) received the lowest mean, though still within the Highly Competent category.

Overall, the results suggest that the respondents are highly capable of supporting immunization programs through effective coordination, record-keeping, and community engagement.

Table 3.3
Respondents' Level of Competence Along Basic Health Assessment

INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING
1. Blood Pressure Monitoring (Pagsusukat ng Blood Pressure)	4.76	Highly Competent
2. Measuring weight and height (Pagtatala ng timbang at taas)	4.82	Highly Competent
3. Monitoring Body Temperature, respiratory and pulse rate (Pagsusukat ng temperatura ng katawan, paghinga (respiratory rate), at pulso)	4.52	Highly Competent

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4. Conducting Basic Nutritional Assessment (Pagsasagawa ng Batayang Pagsusuri sa Nutrisyon)	4.59	Highly Competent
5. Observing signs of illnesses (Pagmamasid sa mga palatandaan ng pagkakasakit)	4.60	Highly Competent
TOTAL:	**4.66**	**Highly Competent**

Legend: 1.00-1.50: Incompetent, 1.51-2.50: Slightly Competent, 2.51-3.50: Moderately Competent, 3.51-4.50: Competent, 4.51-5.00: Highly Competent

Table 3.3 presents the respondents' level of competence in performing their specific roles related to basic health assessment. It highlights essential health monitoring activities conducted by the respondents to help assess and monitor the health condition of individuals in the community.

The results indicate that the respondents demonstrated a high level of competence in basic health assessment, with an overall weighted mean of 4.66, interpreted as Highly Competent. All indicators obtained weighted means ranging from 4.52 to 4.82, indicating consistent competence across all assessment tasks. The highest rating was recorded in measuring weight and height (WM = 4.82), followed by blood pressure monitoring (WM = 4.76), while monitoring body temperature, respiratory rate, and pulse rate (WM = 4.52) obtained the lowest mean but still falls under the Highly Competent category.

Overall, the findings suggest that the respondents are highly capable of conducting basic health assessments, which are essential in identifying potential health concerns and supporting community health services.

Table 3.4
Respondents' Level of Competence Along Identifying and Referring Patients to Appropriate Health Centers or Hospital

INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING
1. Identify residents showing symptoms that require medical evaluation (Tukuyin ang mga residente na nagpapakita ng sintomas na nangangailangan ng medikal na pagsusuri.)	4.57	Highly Competent
2. Refer patients with urgent or emergency conditions to the nearest health facility. (I-refer ang mga pasyente na may agarang o emerhensiyang kondisyon sa pinakamalapit na pasilidad pangkalusugan.)	4.73	Highly Competent

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3. Refer malnourished or underweight children for further assessment and treatment. (I-refer ang mga batang kulang sa nutrisyon o mababa ang timbang para sa mas detalyadong pagsusuri at paggamot.)	4.64	Highly Competent
4. Inform and guide families on which health facility is appropriate (Ipabatid at gabayan ang mga pamilya kung aling pasilidad pangkalusugan ang nararapat puntahan.)	4.83	Highly Competent
5. Conduct follow-up visits to ensure the referred patient received medical care. (Magsagawa ng follow-up na pagbisita upang matiyak na ang pasyenteng na-refer ay nakatanggap ng kinakailangang medikal na pangangalaga.)	4.73	Highly Competent
TOTAL:	**4.70**	**Highly Competent**

Legend: 1.00-1.50: Incompetent, 1.51-2.50: Slightly Competent, 2.51-3.50: Moderately Competent, 3.51-4.50: Competent, 4.51-5.00: Highly Competent

Table 3.4 presents the respondents' level of competence in identifying and referring patients to appropriate health centers or hospitals. It highlights the respondents' roles in recognizing health concerns, guiding families, and ensuring that patients receive the necessary medical attention.

The results indicate that the respondents demonstrated a high level of competence in identifying and referring patients to appropriate health facilities, with an overall weighted mean of 4.70, interpreted as Highly Competent. All indicators obtained weighted means ranging from 4.57 to 4.83, reflecting consistent competence across referral-related tasks.

The highest rating was recorded in informing and guiding families on which health facility is appropriate (WM = 4.83), while identifying residents showing symptoms that require medical evaluation (WM = 4.57) received the lowest mean, though still within the Highly Competent category.

Overall, the findings suggest that the respondents are highly capable of recognizing health concerns, facilitating timely referrals, and ensuring follow-up care for patients in the community.

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Table 3.5
Respondents' Level of Competence Along Implementation of Public Health Programs

INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING
1. On Sanitation (Monitor community sanitation practices, identify households with poor waste management, and report to the barangay or health center for intervention) (Subaybayan ang mga gawaing pang-sanitasyon ng komunidad, tukuyin ang mga kabahayang may mahinang pamamahala ng basura, at iulat ito sa barangay o health center para sa kinakailangang interbensyon.)	4.65	Highly Competent
2. On Hygiene (Educate households on proper handwashing, personal hygiene, and safe water practices; demonstrate techniques when necessary) (Turuan ang mga kabahayan tungkol sa tamang paghuhugas ng kamay, wastong personal na kalinisan, at ligtas na paggamit ng tubig; magpakita ng tamang paraan kapag kinakailangan.)	4.73	Highly Competent
3. On health education campaign (Conduct community health talks, distribute IEC (Information, Education, Communication) materials, and answer health-related questions from residents). (Magsagawa ng talakayang pangkalusugan sa komunidad, mamahagi ng IEC (Information, Education, Communication) materials, at tumugon sa mga katanungang may kinalaman sa kalusugan ng mga residente.)	4.73	Highly Competent
4. Support RHU/LGU in implementing vaccination, sanitation, and disease prevention campaigns. (Assist in organizing campaign schedules, mobilizing residents, managing crowd flow, and ensuring proper documentation of activities.) (Tumulong sa pag-aayos ng iskedyul ng mga kampanya, pagmomobilisa ng mga residente, pamamahala ng daloy ng tao, at pagtiyak na maayos ang dokumentasyon ng lahat ng aktibidad.)	4.74	Highly Competent
5. On Nutrition and Healthy Lifestyle Promotion (Promote proper nutrition by conducting household reminders on balanced meals, encouraging physical activity, and monitoring signs of malnutrition; coordinate with barangay or health workers for necessary	4.68	Highly Competent

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follow-up.) *(Itaguyod ang wastong nutrisyon sa pamamagitan ng pagbibigay ng paalala sa bawat kabahayan tungkol sa balanseng pagkain, paghimok sa pisikal na aktibidad, at pagmamanman ng mga senyales ng malnutrisyon; makipag-ugnayan sa barangay o health workers para sa kinakailangang follow-up.)*		
TOTAL:	**4.71**	**Highly Competent**

Legend: 1.00-1.50: Incompetent, 1.51-2.50: Slightly Competent, 2.51-3.50: Moderately Competent, 3.51-4.50: Competent, 4.51-5.00: Highly Competent

Table 3.5 presents the respondents' level of competence in implementing various public health programs in the community. It highlights their roles in sanitation, hygiene promotions health education, vaccination support, and nutrition advocacy.

The results show that the respondents demonstrated a high level of competence in implementing public health programs, with an overall weighted mean of 4.71, interpreted as Highly Competent. All indicators obtained weighted means ranging from 4.65 to 4.74, indicating consistently strong performance across all program areas. The highest rating was observed in supporting the RHU/LGU in implementing vaccination, sanitation, and disease prevention campaigns (WM = 4.74), while monitoring community sanitation practices (WM = 4.65) received the lowest mean, though still within the Highly Competent category. Overall, the findings suggest that the respondents effectively support community health initiatives through health promotion, education, and active participation in public health campaigns.

Table 3.6
Respondents' Level of Competence Along Gathering Health Data

INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING
1. The Barangay Health Worker (BHW) regularly collects basic health information from households (e.g., age, sex, health status, and existing illnesses). (Ang Barangay Health Worker (BHW) ay regular na nangangalap ng pangunahing impormasyong pangkalusugan mula sa mga kabahayan *(hal., edad, kasarian, kalagayan ng kalusugan, at mga umiiral na karamdaman))*	4.83	Highly Competent
2. The BHW records and updates community health data **a**ccurately in barangay health logs, forms, or digital records. (Ang BHW ay maayos na nagtatala at nag-a-update ng datos pangkalusugan ng komunidad ***sa mga***	4.79	Highly Competent

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talaan ng barangay, mga pormularyo, o digital na rekord.)		
3. The BHW conducts house-to-house visits to gather health-related data, including symptoms, health concerns, and risk factors. (Ang BHW ay nagsasagawa ng house-to-house na pagbisita upang mangalap ng datos na may kaugnayan sa kalusugan, *kabilang ang mga sintomas, alalahaning pangkalusugan, at mga salik ng panganib.)*	4.84	Highly Competent
4. The BHW assists in identifying and documenting vulnerable populations (e.g., pregnant women, infants, older adults, and persons with disabilities). (Ang BHW ay tumutulong sa pagtukoy at pagdodokumento ng mga sektor na higit na bulnerable**,** tulad ng mga buntis, sanggol, matatanda, at mga taong may kapansanan.)	4.84	Highly Competent
5. The BHW reports collected health data to the barangay health center or Rural Health Unit (RHU) for monitoring and planning purposes. (Ang BHW ay nag-uulat ng mga nakalap na datos pangkalusugan sa barangay health center o Rural Health Unit (RHU) ***para sa layunin ng pagmamanman at pagpaplano.)***	4.82	Highly Competent
TOTAL:	**4.83**	**Highly Competent**

Legend: 1.00-1.50: Incompetent, 1.51-2.50: Slightly Competent, 2.51-3.50: Moderately Competent, 3.51-4.50: Competent, 4.51-5.00: Highly Competent

Table 3.6 presents the respondents' level of competence in gathering community health data. It highlights the roles of the respondents in collecting, recording, and reporting health-related information necessary for monitoring and planning community health programs.

The results show that the respondents demonstrated a high level of competence in gathering health data, with an overall weighted mean of 4.83, interpreted as Highly Competent. The weighted means of the indicators range from 4.79 to 4.84, indicating consistently strong performance across all data-gathering activities. The highest ratings were obtained in conducting house-to-house visits to gather health-related data (WM = 4.84) and identifying and documenting vulnerable populations (WM = 4.84), while recording and updating community health data (WM = 4.79) received the lowest mean but still falls within the Highly Competent category. Overall, the findings suggest that the respondents are highly capable of collecting and managing essential health data that support community health monitoring and planning.

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Table 3.7
Summary of Respondents' Level of Competence

COMPETENCE INDICATORS	WEIGHTED MEAN	ADJECTIVAL RATING
Child Nutrition	4.61	Highly Competent
Immunization	4.82	Highly Competent
Basic Health Assessment	4.64	Highly Competent
Identify and Referring Patients to the Appropriate Health Centers or Hospital	4.70	Highly Competent
Assist in Implementing Public Health Programs	4.64	Highly Competent
Gathering Health Data	4.83	Highly Competent
TOTAL:	**4.72**	**Highly Competent**

Legend: 1.00-1.50: Incompetent, 1.51-2.50: Slightly Competent, 2.51-3.50: Moderately Competent, 3.51-4.50: Competent, 4.51-5.00: Highly Competent

The overall competence of the 107 Barangay Health Workers (BHWs) in performing their specific roles is consistently high across all measured areas. Mean scores for the different competencies range from 4.61 to 4.83, placing all indicators within the "Highly Competent" category. The highest levels of competence are observed in Gathering Health Data (M = 4.83) and Immunization (M = 4.82), suggesting particularly strong proficiency in these functions. Other competencies, including Identifying and Referring Patients to Appropriate Health Centers or Hospitals (M = 4.70), Basic Health Assessment (M = 4.64), Assisting in Implementing Public Health Programs (M = 4.64), and Child Nutrition (M = 4.61), also fall within the highest category, reflecting consistent high performance across all role-specific tasks. The overall weighted mean of 4.72 confirms a highly competent aggregate level of performance, with relatively low variability in responses, indicating that BHWs consistently demonstrate strong capabilities across all assessed areas.

Relationship of Demographic Profile and Level of Competence

Table 4.0
Significant Relationship of Respondents' Demographic Profile and Their Level of Competence

VARIABLES	LEVEL OF COMPETENCE				
	Chi-square value	df	p-value	Decision	Significance
AGE	100	108	0.687	Accept Ho	Not Significant
YEARS OF EXPERIENCE	375	108	<0.01	Reject Ho	Significant
EDUCATIONAL ATTAINMENT	152	108	0.977	Accept Ho	Not Significant
TRAININGS ATTENDED	167	108	0.041	Reject Ho	Significant

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Table 4.0 presents the results of the chi-square analysis examining the relationship between the respondents' demographic profile and their level of competence. This analysis determines which personal and professional characteristics significantly influence the Barangay Health Workers' (BHWs) competence in performing their community health roles.

The chi-square analysis examining the relationship between the BHWs' profile variables and their level of competence indicates mixed results. Age ($\chi^2 = 100$, df = 108, p = 0.687) and Educational Attainment ($\chi^2 = 152$, df = 108, p = 0.977) both have p-values greater than 0.05. Therefore, the null hypothesis is accepted for these variables, suggesting that neither age nor educational attainment is significantly associated with the level of competence of the BHWs.

On the other hand, Years of Experience ($\chi^2 = 375$, df = 108, $p < 0.01$) and Trainings Attended ($\chi^2 = 167$, df = 108, p = 0.041) have p-values below 0.05, leading to the rejection of the null hypothesis. This indicates that both years of experience and participation in trainings are significantly associated with the level of competence, suggesting that BHWs with longer experience and those who have attended relevant trainings tend to demonstrate higher competence in performing their roles.

Comprehensive Advocacy Training Program for BHW In Camalig North

Program Rationale

The assessment conducted among all Barangay Health Workers (BHWs) of Camalig North District revealed that while their overall competence in key roles—such as child nutrition, immunization, basic health assessment, patient referral, public health program implementation, and health data gathering—is generally high, statistical analysis showed that years of experience and the number of trainings attended significantly influence their level of competence. In contrast, age and educational attainment had no significant effect on competence levels.

Given that the participants in this program are all BHWs in the Camalig North District, the findings underscore the need for a comprehensive, targeted, and skills-enhancing training program that benefits both experienced and less experienced workers. Emphasis on hands-on learning, refresher sessions, and practical application is essential to reinforce existing competencies, address identified gaps, and ensure consistent and high-quality delivery of primary healthcare services across all barangays in the district.

Table 5.0 *Comprehensive Advocacy Training Program for Barangay Health Workers*

Goal	Objectives	Activities	Indicators of Success	Target Population	Time Frame	Persons Responsible	Budget (₱)	Expected Outcome	Evaluation Method
Enhance BHWs competence in health	Provide orientation on health advocacy issues	Conduct orientation/ seminar per barangay	90–100% attendance rate of BHWs	107 BHWs per barangay	July 2026	Facilitators, BHWs, Health Office	—	Improved knowledge on health advocacy	Attendance sheet, validation

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advocacy	and responsibilities								
Identify community health problems	Conduct root cause analysis and prioritization	Workshop on problem identification and analysis	Identified and prioritized health issues	BHWs	July 2026	Facilitators	—	Clear problem identification	Submitted outputs
Strengthen planning skills	Develop action plans	Workshop on action plan development	Completed action plans	BHWs	Sept 2026	Facilitators	—	Organized implementation plans	Review of plans
Build community mobilization capacity	Conduct community mobilization activities	Implementation of health programs	At least 1 activity per barangay	BHWs & Community Residents	Oct 2026	BHWs, Barangay Officials	20,000	Increased community participation	Monitoring reports, documentation
Strengthen partnerships	Conduct stakeholder meetings	Coordination with LGU and partners	Signed agreements / partnerships	Stakeholders	2026	BHWs, LGU	—	Strengthened collaboration	Meeting documentation
Monitor and evaluate program	Conduct monitoring and evaluation	Regular reporting and assessment	Completed reports	BHWs	2026	Program Officers	10,000	Improved program performance	Evaluation reports
Sustain motivation of BHWs	Provide recognition and incentives	Awarding certificates	Certificates given to all participants	BHWs	2026	Facilitators	—	Increased motivation	Distribution records

Target Participants: 107 BHWs – Camalig North District

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Detailed Budget Plan

Program Component	Amount
Advocacy Orientation	₱8,560
Health Issue Mapping	₱7,490
Root Cause Analysis	₱7,490
Advocacy and Communication Training	₱10,700
Advocacy Planning Workshop	₱8,420
Community Advocacy Campaign	₱20,000
Monitoring and Evaluation Training	₱10,490
Mock Presentation and Awarding	₱5,245
TOTAL	**78,395**

Source of Fund

The Local Government Fund of Camalig Albay under capacity building/training of RHU Camalig and Barangay Local Government unit is subject to the usual accounting and auditing rules and regulations. The Comprehensive Advocacy Training Program for Barangay Health Workers can receive support from various funding sources. These sources include help from the Department of Health, which covers primary health care, nutrition, and immunization programs. Barangay local funds, like the Barangay Development Fund and health programs, also contribute. Non-government organizations that promote community health initiatives provide additional support. Furthermore, the private sector can offer resources through corporate social responsibility activities. Academic institutions may help with technical assistance and training support. Community partnerships, including civic organizations, faith-based groups, and volunteers, can also play a role. These combined sources of support can help ensure the program's successful implementation and continued success.

Who will Implement:

The implementation of the Comprehensive Advocacy Training Program shall be spearheaded by the Rural Health Unit (RHU) Camalig**,** in coordination with the Municipal Health Office and the Barangay Local Government Units of Camalig North District.

The implementing team shall be composed of:

- *Municipal Health Officer (MHO)* – Overall Program Head and Lead Trainer
- *Public Health Nurses* – Technical Facilitators for health-related modules
- *Rural Health Midwives* – Skills Trainers and Demonstrators
- *Municipal Nutritionist-Dietitian* – Resource Speaker for Nutrition Module
- *Sanitary Inspector* – Facilitator for Sanitation and Public Health Module
- *RHU Data Manager* – Trainer for Health Data Management
- *Guidance Counselor/Advocacy Trainer* – Facilitator for Advocacy and Communication Skills
- *Barangay Captains* – Local Coordinators and Mobilizers of BHW participants

The RHU Camalig shall oversee planning, coordination, monitoring, and evaluation of the program to ensure that training objectives are achieved and aligned with municipal health priorities.

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DISCUSSION

Demographic Profile

The demographic profile of the respondents provides a foundational understanding of the characteristics of the Barangay Health Workers in Camalig North District. Examining variables such as age, educational attainment, years of experience, and trainings attended offers essential context for interpreting their level of competence and identifying factors that may influence their performance in delivering community health services.

Respondents' Age

The age distribution of the Barangay Health Workers (BHWs) in Camalig North District indicates a workforce predominantly composed of middle-aged to older adults. The largest proportion of respondents belongs to the 36–45 age group, followed by those aged 46–50 years and those over 50 years old.

This demographic pattern is consistent with national and local observations that barangay health work is often sustained by middle-aged and older individuals who are deeply embedded in their communities and are perceived as trustworthy figures by residents. Their maturity and social capital may enhance credibility and effectiveness in health advocacy, particularly in influencing health behaviors and mobilizing community participation. However, the limited representation of younger BHWs (only 15.9% are below 36 years old) suggests challenges in generational continuity and succession planning within community health programs.

The dominance of middle-aged and older BHWs implies that advocacy training programs should adopt adult-learning and experiential approaches that build on accumulated community knowledge. At the same time, the minimal participation of younger adults highlights the need for institutional strategies to attract and retain younger BHWs to ensure sustainability of advocacy initiatives.

Respondents' Work Experience

The findings reveal a varied distribution of work experience among the respondents, with the largest group having 1 month to 3 years of service. This suggests a significant influx of relatively new BHWs in the district. Meanwhile, a substantial proportion has 7 to 9 years of experience, indicating the presence of seasoned workers who may serve as informal mentors within the community health system.

Respondents with longer tenure (10 years and above) account for only 18.7% of the sample, which may reflect turnover associated with voluntary service, changes in local leadership, or the demanding nature of community health work. The coexistence of novice and experienced BHWs presents both opportunities and challenges: while experienced workers contribute institutional memory and practical skills, newer BHWs may require structured capacity-building to perform advocacy roles effectively.

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The heterogeneous distribution of work experience underscores the necessity of a tiered advocacy training program—one that provides foundational competencies for newly appointed BHWs while offering advanced and leadership-oriented modules for more experienced workers.

Respondents' Educational Attainment

In terms of educational attainment, more than half of the respondents are high school graduates, while 26.1% have reached college level or completed a college degree. A smaller proportion completed elementary education, vocational courses, or alternative learning systems. This educational profile reflects the inclusive nature of the BHW program, which allows participation across varying educational backgrounds.

While formal education is not the sole determinant of effective community health work, educational attainment influences comprehension of health information, documentation, and advocacy messaging. BHWs with limited formal education may require training materials that are simplified, visual, and practice-oriented to ensure comprehension and application. Conversely, those with higher educational attainment may be tapped for leadership roles in advocacy, documentation, and intersectoral coordination.

The varied educational backgrounds of the respondents necessitate advocacy training designs that are flexible, culturally sensitive, and differentiated, ensuring inclusivity while maximizing learning outcomes across educational levels.

Respondents' Trainings Acquired

The results indicate that most BHWs have undergone training in basic and core public health services, particularly First Aid and Basic Health Care, Health Education/Advocacy, Immunization, Nutrition, and Maternal and Child Health. These findings reflect alignment with the Department of Health's prioritization of primary health care services at the community level.

However, participation in policy-oriented, rights-based, and psychosocial trainings is notably limited. Only 34.6% have received training on the Magna Carta for Women, while trainings on tobacco intervention, family planning, psychosocial support, and livelihood-related skills were reported by less than 3% of respondents. This imbalance suggests that while BHWs are well-equipped for clinical and preventive tasks, they may be less prepared for advocacy roles involving gender rights, mental health, behavioral change communication, and social determinants of health.

The training profile reveals a critical gap in advocacy-related competencies beyond basic health education. This underscores the relevance and timeliness of an Advocacy Training Program that strengthens BHWs' capacities in rights-based advocacy, policy awareness, gender sensitivity, and psychosocial engagement—key components for effective community health promotion.

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International Journal
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Overall, the demographic characteristics of the respondents suggest that the Advocacy Training Program should be **age-sensitive, experience-responsive, education-appropriate, and competency-focused**. Leveraging the strengths of a mature and experienced workforce while addressing gaps in advocacy, policy literacy, and emerging public health concerns will enhance the effectiveness and sustainability of barangay-level health comprehensive advocacy initiatives in Camalig North District.

Specific Roles of Barangay Health Workers

The discussion on the specific roles of Barangay Health Workers (BHWs) highlights their vital functions in delivering primary healthcare services at the community level. By examining their responsibilities in areas such as nutrition, immunization, health assessment, patient referral, public health implementation, and data management, this section provides a clearer understanding of how BHWs contribute to the overall effectiveness of grassroots health service delivery.

Child Nutrition Roles of BHW

The findings suggest that Barangay Health Workers (BHWs) in Camalig North District demonstrate strong engagement in child nutrition–related responsibilities, particularly in the implementation of feeding programs, growth monitoring, and micronutrient supplementation. Their active participation reflects the essential role of community-based health workers in addressing childhood malnutrition and supporting early childhood development. Such functions are aligned with preventive health strategies that emphasize early intervention and sustained community presence.

However, nutrition education and advocacy directed toward parents and caregivers appear to require further strengthening. Educating caregivers involves sustained interpersonal communication, cultural sensitivity, and persuasive advocacy—skills that go beyond routine program delivery. This highlights the need to further equip BHWs with advocacy-oriented competencies to influence long-term nutritional practices within households.

Barangay Health Workers are effective implementers of child nutrition programs, but enhanced advocacy and communication training can strengthen caregiver engagement and promote sustainable child nutrition practices. *This is supported by evidence indicating that community health workers significantly improve child nutrition outcomes when their roles include structured nutrition counseling and advocacy (UNICEF, 2019; WHO, 2017; Bhutta et al., 2010; Ruel et al., 2013; Perry et al., 2014).*

Immunization Roles of BHW

The results indicate that BHWs exhibit high competence in immunization-related roles, including community mobilization, record-keeping, coordination with health professionals, and parental reminders regarding vaccination schedules. Their consistent interaction with families places them in a trusted position, allowing them to influence health-seeking behavior and reinforce positive attitudes toward immunization.

Given the increasing challenges related to misinformation and vaccine hesitancy, the role of BHWs extends beyond logistical support to advocacy and trust-building. Their ability to communicate accurate

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health information and address concerns directly within the community is essential for sustaining immunization coverage.

Barangay Health Workers function as critical advocates for immunization, and strengthening their capacity to address vaccine hesitancy can further enhance community acceptance and compliance. *This is supported by studies emphasizing the role of community health workers in improving vaccine uptake through trust-based communication and community engagement (WHO, 2017; Larson et al., 2014; Ozawa et al., 2016; Perry & Zulliger, 2012; Glenton et al., 2013).*

Basic Assessment Roles of BHW

The findings demonstrate that BHWs are proficient in conducting basic health assessment activities such as monitoring vital signs, observing symptoms, and performing preliminary health checks. These activities are fundamental to early detection of illness and contribute to the prevention of complications through timely referrals.

Nonetheless, tasks that involve interpretation of symptoms and health risks require a higher level of confidence and analytical skill. Continuous training and supervised practice are necessary to strengthen these competencies and ensure accurate assessment and decision-making.

Barangay Health Workers are capable of performing basic health assessments, but continuous skills development is necessary to enhance clinical judgment and early disease recognition. *This is supported by literature highlighting that regular training improves the diagnostic accuracy and decision-making abilities of community health workers (Lehmann & Sanders, 2007; WHO, 2016; Perry et al., 2014; Kok et al., 2015; Hill et al., 2014).*

Identification and Referral Roles of BHW

The results show that BHWs effectively identify individuals requiring medical attention, facilitate referrals, and conduct follow-up visits. These activities underscore their role as vital connectors between communities and formal health care systems, particularly in geographically or economically constrained settings.

Follow-up practices reflect accountability and continuity of care, ensuring that referred individuals receive appropriate services. This bridging role enhances access to health care and reduces delays in treatment.

Barangay Health Workers serve as essential advocates in strengthening referral pathways, and enhanced counseling and follow-up skills can improve treatment adherence and service utilization. *This is supported by studies demonstrating that effective referral and follow-up by community health workers improve continuity of care and health outcomes (Perry & Zulliger, 2012; Lewin et al., 2010; Glenton et al., 2013; WHO, 2016; Scott et al., 2018).*

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Roles in the Implementation of Public Health Programs

The findings indicate that BHWs actively participate in the implementation of public health programs, including sanitation, hygiene promotion, and disease prevention initiatives. Their involvement reflects their role as frontline implementers who translate public health policies into community-level action.

However, sanitation-related challenges often stem from broader structural and environmental limitations. Addressing these concerns requires advocacy skills that enable BHWs to collaborate with local leaders and stakeholders to influence policy and resource allocation.

Barangay Health Workers are effective implementers of public health programs, but advocacy training can empower them to address broader social and environmental determinants of health. *This is supported by research emphasizing that community health workers contribute most effectively when equipped to engage in multisectoral collaboration and community advocacy (WHO, 2016; Marmot et al., 2008; Commission on Social Determinants of Health, 2008; DOH, 2018; Kok et al., 2015).*

Health Data Gathering Roles of BHW

The findings reveal that BHWs demonstrate strong competence in collecting, documenting, and reporting community health data. Their involvement in identifying vulnerable populations supports evidence-based planning and targeted health interventions at the local level.

Accurate data collection enhances the credibility of BHWs as contributors to local health governance. With further training in data interpretation and utilization, BHWs can strengthen their advocacy role by informing decision-making and policy development.

Barangay Health Workers are valuable contributors to community health information systems, and enhanced data literacy can strengthen their role in evidence-based advocacy and planning. *This is supported by literature recognizing community health workers as vital actors in health surveillance and data-driven decision-making (World Bank, 2019; WHO, 2017; Scott et al., 2018; Perry et al., 2014; Lehmann & Sanders, 2007).*

Level of Competence of BHWs

The discussion on the level of competence of Barangay Health Workers (BHWs) focuses on assessing how effectively they perform their assigned roles and responsibilities. By evaluating competencies across areas such as child nutrition, immunization, basic health assessment, patient referral, public health program support, and health data management, this section provides insights into the strengths and areas for improvement among BHWs, which can inform targeted training and capacity-building interventions.

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Level of Competence along Child Nutrition

The findings reveal that the respondents demonstrated a *high level of competence in performing their roles related to child nutrition*, with an overall weighted mean of *4.62*, interpreted as *Highly Competent*. All indicators received ratings within the highly competent range, suggesting that respondents are consistently capable of implementing essential nutrition-related services in the community. The highest-rated tasks were *assisting in distributing micronutrients* (WM = 4.74) and *monitoring child growth* (WM = 4.73). These activities are fundamental components of community-based nutrition programs, as micronutrient supplementation and regular growth monitoring are widely recognized as effective strategies for preventing malnutrition, micronutrient deficiencies, and growth faltering among children. According to the World Health Organization, community health workers play a critical role in delivering micronutrient interventions and monitoring children's nutritional status, particularly in low-resource settings where access to health services may be limited.

The high competence ***in*** *assisting in feeding programs and conducting nutrition education for caregivers and parents* also indicates that the respondents are actively involved in preventive and promotive health services. Nutrition education is a key intervention that empowers caregivers with knowledge about appropriate feeding practices, balanced diets, and child care, thereby improving child health outcomes. Research has shown that community-based nutrition education significantly improves caregivers' knowledge and feeding practices, ultimately contributing to reductions in child malnutrition and undernutrition (Bhutta et al., 2020). Similarly, a study by Perry et al. (2021) emphasized that community health workers who are trained in nutrition education and growth monitoring can substantially enhance the effectiveness of child nutrition programs by ensuring that parents receive accurate information and timely guidance regarding child feeding and development.

Although monitoring child feeding sessions in day care centers or community programs received the lowest weighted mean (WM = 4.52), it still falls within the Highly Competent range, indicating that the respondents remain effective in supervising feeding activities. This function is important because proper monitoring ensures that feeding programs are implemented according to established nutrition standards and that children receive adequate and appropriate food portions. According to the United Nations Children's Fund, regular monitoring of feeding initiatives is necessary to ensure the quality and sustainability of nutrition interventions, particularly in early childhood settings where proper nutrition significantly influences physical and cognitive development.

The findings imply that the respondents possess the necessary competencies to effectively support and implement community-based child nutrition initiatives. Their strong involvement in growth monitoring, micronutrient distribution, feeding programs, and nutrition education suggests that they contribute significantly to the prevention of child malnutrition and the promotion of healthy growth among children. However, despite the high competence levels observed, continuous training and capacity-building programs remain essential to further strengthen their skills, particularly in monitoring and evaluating feeding sessions and community nutrition programs. Strengthening these competencies will enhance the overall effectiveness of nutrition interventions and ensure sustainable improvements in child health outcomes within the community.

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Level of Competence along Immunization

The results indicate that the respondents demonstrated a very high level of competence in performing their roles related to immunization, with an overall weighted mean of 4.83, interpreted as Highly Competent. All indicators obtained weighted means ranging from 4.76 to 4.91, reflecting consistently strong performance in various immunization-related tasks. The highest-rated indicator was regularly reminding parents about their children's vaccine schedule (WM = 4.91), followed by maintaining accurate immunization records (WM = 4.85). These results suggest that respondents are highly effective in promoting vaccination compliance and ensuring that children receive timely immunizations, which are essential components of preventive healthcare. According to the World Health Organization, community-based health workers play a crucial role in strengthening immunization coverage by educating families, tracking vaccination schedules, and supporting local health systems in reaching children who might otherwise miss essential vaccines.

The high competence in reminding parents about vaccination schedules highlights the respondents' strong involvement in community mobilization and health promotion. Parental awareness and compliance are key determinants of successful immunization programs, and regular reminders from community health workers significantly improve vaccine uptake. Studies have shown that community-based interventions, including reminders and caregiver engagement, contribute to increased childhood vaccination coverage and reduced rates of vaccine-preventable diseases (Ozawa et al., 2019). This emphasizes the importance of active communication between health workers and caregivers in ensuring that immunization services effectively reach the target population.

Furthermore, the high rating for maintaining accurate immunization records indicates that respondents demonstrate strong organizational and monitoring skills. Proper documentation is essential in tracking children's vaccination status, identifying missed doses, and ensuring continuity of immunization services. Accurate records also help local health authorities evaluate immunization coverage and plan targeted interventions. Research by Brown et al. (2017) emphasized that effective record management and community-level monitoring systems are key strategies in strengthening routine immunization programs, particularly in rural or underserved communities where health information systems may be limited.

Although assisting the RHU/LGU during immunization activities obtained the lowest weighted mean (WM = 4.76), it still falls within the Highly Competent category, indicating that respondents are actively involved in supporting vaccination campaigns and outreach services. Their roles in organizing immunization materials, preparing supplies, and managing crowds during vaccination sessions contribute to the smooth and efficient implementation of immunization programs. According to the United Nations Children's Fund, community health workers and volunteers are essential partners in national immunization strategies because they facilitate coordination between health facilities and communities, ensuring that vaccination services are accessible and well-organized.

The findings imply that the respondents possess the competencies necessary to effectively support immunization programs at the community level. Their strong performance in communication, record management, logistical support, and community engagement contributes to improved vaccination coverage and better protection of children against preventable diseases. However, continuous training and capacity-

ISSN: 3116-3475
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building initiatives remain important to sustain and further enhance these competencies, particularly in areas such as vaccine communication, data management, and community mobilization. Strengthening these capacities will ensure the long-term success of immunization programs and contribute to improved public health outcomes for children.

Level of Competence along Basic Health Assessment

The findings show that the respondents demonstrated a high level of competence in performing basic health assessment tasks, with an overall weighted mean of 4.66, interpreted as Highly Competent. All indicators received weighted means ranging from 4.52 to 4.82, indicating consistent capability across essential health monitoring activities. Among the indicators, measuring weight and height obtained the highest mean (WM = 4.82), followed by blood pressure monitoring (WM = 4.76). These activities are fundamental components of community-based health services because they help identify early signs of health problems such as malnutrition, hypertension, and other chronic conditions. According to the World Health Organization, basic health assessments conducted by community health workers are vital in detecting health risks at an early stage and ensuring timely referral to appropriate health facilities.

The high competence in anthropometric measurements, such as measuring weight and height, reflects the respondents' ability to effectively monitor the growth and nutritional status of individuals, particularly children. Anthropometric data are widely used to assess nutritional status and identify individuals who may be at risk of undernutrition or overweight conditions. Accurate measurements at the community level allow health authorities to monitor population health trends and implement appropriate interventions. Research by Perry et al. (2021) emphasizes that community health workers play an essential role in collecting reliable health data and conducting basic assessments, which strengthen primary healthcare systems and improve early detection of health concerns within communities.

Furthermore, the high-rating for-blood pressure monitoring suggests that the respondents are capable of assisting in the early identification of non-communicable diseases such as hypertension. Community-based blood pressure monitoring is considered an effective strategy in reducing the burden of cardiovascular diseases, especially in areas with limited access to medical facilities. A study by Mills et al. (2020) highlighted that trained community health workers can effectively perform blood pressure monitoring and support early management and referral of individuals at risk of hypertension, thereby improving population health outcomes.

Although monitoring body temperature, respiratory rate, and pulse rate received the lowest weighted mean (WM = 4.52), it still falls within the Highly Competent category, indicating that respondents remain capable of conducting these vital sign assessments. These indicators are important in identifying early symptoms of infections, respiratory illnesses, or other medical conditions that may require medical attention. According to the United Nations Children's Fund, the ability of community health workers to observe symptoms and conduct basic health assessments strengthens community-level disease surveillance and enables early intervention, particularly in vulnerable populations.

The results imply that the respondents possess strong competencies in conducting essential health assessments that support preventive healthcare and early detection of illnesses in the community. Their

ability to measure anthropometric indicators, monitor vital signs, and observe signs of illness contributes significantly to strengthening primary healthcare services at the grassroots level. However, continuous training and refresher programs remain important to maintain accuracy in health measurements, enhance diagnostic awareness, and ensure that community health workers remain updated with current health assessment protocols. Strengthening these competencies will further improve the effectiveness of community-based health services and contribute to better health outcomes among community members.

Level of Competence along Identifying and Referring Patients:

The findings presented in Table 2.4 reveal that the respondents demonstrated a high level of competence in identifying and referring patients to appropriate health centers or hospitals, with an overall weighted mean of 4.70, interpreted as Highly Competent. All indicators obtained weighted means ranging from 4.57 to 4.83, indicating that the respondents consistently perform their referral-related responsibilities effectively. The highest rating was recorded in informing and guiding families on which health facility is appropriate (WM = 4.83), while identifying residents showing symptoms that require medical evaluation (WM = 4.57) received the lowest mean, although it still falls within the highly competent range. These findings suggest that the respondents are capable of recognizing health concerns, providing guidance to families, and facilitating access to appropriate health services within their communities.

The high competence in guiding families on appropriate health facilities highlights the respondents' significant role as a link between the community and the formal healthcare system. Community health workers often serve as the first point of contact for individuals seeking health-related assistance, especially in rural or underserved areas. By providing accurate information and directing families to the correct health facilities, they help ensure that patients receive appropriate and timely medical care. According to the World Health Organization, community health workers are essential in strengthening referral systems by assisting patients in navigating healthcare services and ensuring that individuals with health concerns are directed to the appropriate level of care.

The findings also demonstrate strong competence in referring patients with urgent or emergency conditions (WM = 4.73) and conducting follow-up visits (WM = 4.73), which are critical components of an effective referral system. Timely referral and follow-up care ensure that patients receive continuous medical attention and that health conditions are properly managed. Research has shown that effective referral practices by community health workers significantly improve patient outcomes, particularly in areas where healthcare access is limited (Scott et al., 2018). Furthermore, follow-up visits help ensure treatment adherence and allow health workers to monitor the patient's progress after receiving care at health facilities.

In addition, the respondents' competence in referring malnourished or underweight children for further assessment and treatment (WM = 4.64) reflects their important role in addressing child health concerns within the community. Early identification and referral of malnourished children are essential in preventing severe health complications and improving child survival rates. According to the United Nations Children's Fund, community-based detection and referral of malnutrition cases are key strategies in reducing child morbidity and mortality, particularly in vulnerable populations. By identifying at-risk children and ensuring they receive proper treatment, community health workers contribute significantly to improving child health and nutrition outcomes.

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The results imply that the respondents possess the necessary competencies to effectively support community health systems through timely identification, referral, and follow-up of patients requiring medical attention. Their ability to recognize symptoms, guide families, and ensure continuity of care strengthens the connection between communities and health facilities. However, continuous training and support from local health authorities remain important to further enhance their ability to recognize complex symptoms, strengthen referral documentation, and ensure efficient coordination with healthcare providers. Strengthening these capacities will contribute to more effective healthcare delivery and improved health outcomes within the community.

Level of Competence along Implementation of Public Health Programs

The results indicate that the respondents demonstrated a high level of competence in implementing public health programs, with an overall weighted mean of 4.71, interpreted as Highly Competent. All indicators obtained weighted means ranging from 4.65 to 4.74, reflecting consistent and effective performance across various public health initiatives. The highest rating was recorded in supporting the RHU/LGU in implementing vaccination, sanitation, and disease prevention campaigns (WM = 4.74), followed closely by health education campaigns and hygiene promotion (WM = 4.73). These findings suggest that the respondents play an active and significant role in assisting local health authorities in delivering essential health services and promoting preventive health practices within the community. According to the World Health Organization, community health workers are key contributors to public health systems because they help implement preventive programs, mobilize communities, and support health promotion activities at the grassroots level.

The high competence in supporting vaccination and disease prevention campaigns demonstrates the respondents' strong participation in coordinated public health efforts. Community health workers often assist in organizing activities, mobilizing residents, and ensuring that health campaigns reach the intended population. Their involvement is particularly important in increasing community participation and improving access to preventive services. Studies have shown that the participation of community-based health workers significantly enhances the success of public health programs by strengthening outreach activities and improving public trust in health interventions (Perry et al., 2021). This highlights the critical role of community health workers in bridging the gap between health institutions and the population they serve.

Moreover, the high ratings for hygiene education and health education campaigns reflect the respondents' ability to promote behavioral change within the community. Education on proper handwashing, personal hygiene, and safe water practices is essential in preventing the spread of infectious diseases and improving overall community health. Health education campaigns that involve information dissemination and interactive discussions empower residents with knowledge and encourage them to adopt healthier lifestyles. According to the United Nations Children's Fund, community-based health promotion and hygiene education are among the most effective strategies for reducing disease transmission and improving public health outcomes, particularly in resource-limited communities.

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Although monitoring community sanitation practices obtained the lowest weighted mean (WM = 4.65), it still falls within the Highly Competent category, indicating that the respondents are capable of identifying sanitation-related issues and coordinating with local authorities for appropriate interventions. Sanitation monitoring is a critical component of public health programs because poor waste management and environmental conditions can contribute to the spread of communicable diseases. Research by Freeman et al. (2017) emphasized that community-led sanitation initiatives and hygiene promotion significantly reduce the risk of waterborne and sanitation-related diseases when local health workers actively monitor and advocate for improved sanitation practices.

The findings imply that the respondents possess strong competencies in implementing and supporting various public health programs in their communities. Their involvement in sanitation monitoring, hygiene promotion, health education, vaccination support, and nutrition advocacy demonstrates their important contribution to preventive healthcare and community health promotion. However, continuous training, community engagement strategies, and strengthened coordination with local health units remain essential to sustain and further improve the effectiveness of these public health initiatives. Enhancing these capacities will ensure that community health programs remain responsive, sustainable, and capable of addressing emerging health challenges.

Level of Competence along Gathering Health Data

The findings indicate that the respondents demonstrated a high level of competence in gathering community health data, with an overall weighted mean of 4.83, interpreted as Highly Competent. All indicators obtained weighted means ranging from 4.79 to 4.84, reflecting consistently strong performance across all data-gathering activities. The highest ratings were recorded in conducting house-to-house visits to gather health-related data (WM = 4.84) and identifying and documenting vulnerable populations (WM = 4.84). These results highlight the respondents' active involvement in collecting essential health information that supports the monitoring of community health conditions and the planning of appropriate health interventions. According to the World Health Organization, community health workers play an important role in primary health care systems by collecting community-level health data that enable local health authorities to identify health priorities and implement evidence-based programs.

The high competence in conducting house-to-house visits reflects the respondents' strong engagement with households and their commitment to gathering accurate and updated health information directly from community members. House-to-house data collection allows health workers to identify health concerns, detect potential disease outbreaks, and monitor health risk factors among residents. This approach also strengthens the relationship between community members and health workers, improving trust and cooperation in public health initiatives. Research has shown that community-based data collection conducted by local health workers significantly enhances disease surveillance and health program implementation in many low- and middle-income communities (Perry et al., 2021).

Similarly, the respondents' competence in identifying and documenting vulnerable populations, such as pregnant women, infants, older adults, and persons with disabilities, demonstrates their role in ensuring that high-risk groups receive appropriate attention and services. Identifying these populations is

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essential for prioritizing health interventions and ensuring equitable access to healthcare. According to the United Nations Children's Fund, community health workers play a critical role in identifying vulnerable individuals and linking them with essential health services, which helps improve maternal, child, and community health outcomes.

Although recording and updating community health data obtained the lowest weighted mean (WM = 4.79), it still falls within the Highly Competent category, indicating that respondents are capable of maintaining accurate health records and reporting them to the appropriate health authorities. Proper documentation and reporting of health data are essential for monitoring disease trends, evaluating health programs, and guiding policy decisions at the local level. A study by Scott et al. (2018) emphasized that effective community health information systems rely heavily on the ability of frontline health workers to accurately record and report health data, which strengthens the overall health system and improves the responsiveness of health programs.

The findings imply that the respondents possess strong competencies in collecting, documenting, and reporting health data necessary for community health monitoring and planning. Their active participation in household visits, identification of vulnerable populations, and reporting of health information contributes significantly to evidence-based decision-making in public health programs. However, continuous training in data management, digital record systems, and health information reporting is still important to further enhance their capabilities. Strengthening these skills will ensure more accurate and timely health data, which are essential for improving community health services and developing effective health policies.

Overall Competence

The results summarize the overall level of competence of the 107 Barangay Health Workers (BHWs) across the different role-specific functions assessed in the study. The findings show that the respondents demonstrated consistently high competence across all six areas, with weighted means ranging from 4.61 to 4.83, all interpreted as Highly Competent. The overall weighted mean of 4.72 indicates that the BHWs possess a strong capability to perform their community health responsibilities effectively. These results highlight the important role that BHWs play in supporting primary health care services at the grassroots level. According to the World Health Organization, community health workers are vital components of health systems because they extend healthcare services to communities, particularly in areas where access to professional medical care may be limited.

Among the competencies assessed, gathering health data (WM = 4.83) and immunization support (WM = 4.82) received the highest ratings, indicating that BHWs demonstrate particularly strong skills in health information management and vaccination-related activities. These roles are crucial for monitoring community health conditions and ensuring the success of preventive health programs. Accurate health data collection enables local health authorities to identify priority health issues, plan appropriate interventions, and evaluate program outcomes. Research has shown that community health workers significantly contribute to strengthening health information systems and improving immunization coverage

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by actively participating in community surveillance, vaccination campaigns, and health education (Perry et al., 2021).

Other areas, including identifying and referring patients to appropriate health facilities (WM = 4.70), basic health assessment (WM = 4.64), assisting in implementing public health programs (WM = 4.64), and child nutrition services (WM = 4.61), also received high ratings, indicating that BHWs are competent in performing a wide range of health-related tasks. These functions collectively contribute to the delivery of essential health services, including early detection of illnesses, community health promotion, and support for nutrition and sanitation programs. According to the United Nations Children's Fund, community health workers play a critical role in implementing preventive and promotive health programs that improve maternal and child health outcomes, particularly in underserved communities.

The consistently high competence across all indicators suggests that BHWs are well-prepared to support the implementation of community health programs and assist healthcare professionals in delivering essential services. Their strong performance in various health-related functions reflects the effectiveness of community-based health systems and the importance of local health workers in promoting public health. However, continuous training, supportive supervision, and access to updated health information remain essential to sustain and further enhance their competencies. Studies emphasize that ongoing capacity-building initiatives help community health workers maintain high performance levels and adapt to emerging health challenges, ultimately strengthening primary healthcare delivery systems (Scott et al., 2018).

The findings imply that BHWs are reliable partners in achieving improved community health outcomes through their involvement in health monitoring, preventive care, and community education. Strengthening their skills through regular training programs, improved logistical support, and enhanced coordination with local health units can further maximize their contributions to the healthcare system. By maintaining and improving the competencies of BHWs, local health authorities can ensure more effective and sustainable community health services that address the diverse health needs of the population.

Relationship of Demographic Profile and Level of Competence of BHWs

This section examines the relationship between the demographic characteristics of Barangay Health Workers (BHWs) and their level of competence. By analyzing variables such as age, educational attainment, years of experience, and trainings attended, the study seeks to determine whether these factors influence the performance and effectiveness of BHWs in carrying out their community health roles, thereby identifying patterns or associations that can guide targeted interventions and capacity-building efforts.

The analysis of the relationship between the demographic profile of Barangay Health Workers (BHWs) and their level of competence revealed mixed findings. Specifically, age and educational attainment were not significantly associated with overall competence, indicating that these factors do not necessarily determine a BHW’s ability to perform their duties effectively. This finding aligns with previous studies that observed that demographic factors such as age and formal education were not reliable predictors of competency in community health work. For instance, research conducted among BHWs in Iloilo and other local settings found that competence is influenced more by experiential and contextual factors rather

ISSN: 3116-3475
International Journal
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than by chronological age or highest educational attainment (Alfonso, 2020; Bhutta et al., 2010; Perry & Zulliger, 2012). Similarly, global literature emphasizes that community integration, mentorship, and on-the-job support often play a more decisive role in determining performance than age or education level (Kok et al., 2015; Glenton et al., 2013).

In contrast, years of experience and participation in relevant trainings were significantly associated with the level of competence. This suggests that BHWs who have longer service duration and who attend structured training programs are more capable and confident in executing their roles. Evidence from both local and international studies supports this finding, highlighting the importance of continuous education and practical exposure in shaping the competency of community health workers. Training programs enhance technical knowledge, improve adherence to protocols, and cultivate essential skills in health education, disease prevention, and data management (WHO, 2016; Scott et al., 2018; Lehmann & Sanders, 2007; Perry et al., 2014). Furthermore, practical experience allows BHWs to refine their skills, apply lessons learned in real-world scenarios, and adapt to the dynamic needs of their communities (Hill et al., 2014; World Bank, 2019).

The significance of training and experience over age and formal education underscores the value of investment in capacity-building initiatives. Structured workshops, competency-based training, and mentorship programs directly enhance performance by equipping BHWs with updated knowledge, procedural skills, and confidence to execute their multifaceted roles. Moreover, ongoing engagement and experiential learning facilitate the development of critical thinking, problem-solving, and decision-making skills, which are crucial for effective community health interventions.

Overall, these findings indicate that while demographic characteristics such as age and educational background may provide contextual information about BHWs, they are not strong determinants of competency. Instead, practical experience and targeted trainings serve as the primary drivers of skill development and performance.

This has significant implications for policy and program planning, suggesting that health authorities should prioritize continuous professional development and structured training opportunities to maximize the effectiveness of BHWs in improving community health outcomes.

Comprehensive Advocacy Training Program for BHW

The Comprehensive Advocacy Training Program for Barangay Health Workers (BHWs) in Camalig North District is designed to strengthen the technical, advocacy, and community health competencies of BHWs, addressing the gaps identified in their assessment. While the evaluation of BHWs revealed a generally high level of competence across core responsibilities—including child nutrition, immunization, basic health assessment, patient referral, public health program implementation, and health data gathering—analysis demonstrated that years of experience and participation in trainings were significant predictors of competence. Conversely, age and educational attainment were not significantly associated with performance, highlighting that practical experience and structured capacity-building activities play a more decisive role in equipping BHWs with the skills required for effective service delivery. These findings align with previous studies showing that continuous education and hands-on training are

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
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essential for CHWs to maintain high levels of competency and to translate theoretical knowledge into practice (Bhutta et al., 2010; Kok et al., 2015; Perry & Zulliger, 2012; WHO, 2016).

The program aims to enhance the proficiency of BHWs in both technical and advocacy domains, ensuring the effective delivery of health services in their communities. Its goal is to develop BHWs' capacity to implement evidence-based interventions, monitor community health, and engage households in health promotion activities. The objectives of the training focus on improving competencies in child nutrition monitoring, immunization advocacy, basic health assessments, patient identification and referral, public health program support, health data management, and community advocacy and communication skills. These objectives are grounded in the principle that targeted, competency-based interventions enable BHWs to perform their multifaceted roles more effectively, particularly those with fewer years of experience or limited prior exposure to specialized trainings (Lehmann & Sanders, 2007; Scott et al., 2018).

The training modules are carefully structured to combine theoretical instruction with practical application, allowing BHWs to consolidate knowledge through simulations, role-playing, hands-on exercises, and case-based learning. For example, the Child Nutrition and Feeding Program module integrates simulated feeding sessions, nutrition education exercises, and micronutrient administration demonstrations, ensuring that participants are equipped to translate knowledge into real-world practice. Similarly, the Immunization Advocacy module emphasizes record-keeping, vaccine schedule reminders, and practical support in vaccination campaigns, reinforcing the importance of accuracy, timeliness, and community engagement. These strategies are supported by evidence suggesting that experiential learning and simulation-based training significantly improve CHW competence and confidence in task performance (Hill et al., 2014; Glenton et al., 2013).

Modules on basic health assessment, patient identification and referral, and public health program support focus on equipping BHWs with skills to detect health issues early, implement preventive strategies, and facilitate timely access to care. Hands-on activities, such as measuring vital signs, conducting nutritional assessments, and monitoring sanitation practices, foster skill mastery and readiness to address the health needs of the community. In addition, the Health Data Management module emphasizes accurate data collection, documentation, and reporting, highlighting the critical role of BHWs in generating reliable community health information for planning and policy purposes. Literature indicates that robust data management training is crucial for CHWs, as it strengthens evidence-based decision-making and enhances accountability in local health systems (Lehmann & Sanders, 2007; Perry et al., 2014).

Finally, the Advocacy and Communication Skills module aim to cultivate BHWs' confidence in health education and community engagement. Through role-playing, group discussions, and public speaking exercises, participants develop interpersonal and advocacy skills necessary to effectively communicate health messages and encourage adherence to preventive measures. Effective communication and advocacy have been shown to enhance community trust, participation, and compliance, which are essential for the successful implementation of health programs (Kok et al., 2015; Scott et al., 2018).

Overall, the Comprehensive Advocacy Training Program is a targeted, multifaceted initiative that combines skill reinforcement, experiential learning, and advocacy development to enhance the capacity of BHWs. By focusing on practical, hands-on approaches aligned with their daily roles, the program ensures

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 3 (March 2026)

that participants not only retain technical knowledge but also gain the confidence and communication skills necessary to effectively serve their communities. This approach supports evidence-based practice, strengthens community health systems, and empowers BHWs to act as competent local health advocates.

CONCLUSION

In summary, the findings of this study provided valuable insights into the demographic profile, specific roles, and competence levels of Barangay Health Workers (BHWs) in Camalig North District. The analysis highlighted key factors that influence their performance and underscores the importance of targeted interventions to enhance their capacity in delivering quality community health services.

The Barangay Health Workers (BHWs) in Camalig North District are predominantly middle-aged with varied educational backgrounds and work experiences, reflecting a mature and community-integrated workforce; however, the limited participation of younger members raises concerns about sustainability and succession planning.

BHWs demonstrate high competence across key functional roles, including child nutrition, immunization, basic health assessment, referral services, public health program implementation, and health data gathering, indicating strong readiness to deliver primary health care services at the community level.

Despite their strong technical performance, gaps remain in advocacy-oriented competencies, particularly in areas such as policy awareness, gender sensitivity, psychosocial support, behavior change communication, and addressing social determinants of health.

Age and educational attainment do not significantly influence the level of competence of BHWs; moreover, years of experience and participation in relevant trainings are the primary determinants of effective performance.

The proposed Comprehensive Advocacy Training Program is a necessary and responsive intervention that strengthens both technical and advocacy competencies, ensuring sustained effectiveness, improved service delivery, and enhanced community health outcomes.

RECOMMENDATIONS

Based on the findings and conclusions of this study, several recommendations are proposed to further enhance the competence, effectiveness, and overall performance of Barangay Health Workers (BHWs) in Camalig North District. These recommendations aim to provide practical strategies for capacity-building, skills reinforcement, and improved delivery of community health services.

1. Develop succession planning strategies to attract and retain younger BHWs, ensuring the sustainability of community health programs.
2. Implement tiered training programs tailored to varying levels of experience (foundational for new BHWs and advanced modules for experienced workers).
3. Design training materials that are simplified, visual, and practice-based to accommodate diverse educational backgrounds.

4. Expand training coverage to include rights-based advocacy, psychosocial support, gender sensitivity, behavioral change communication, and policy awareness.
5. Establish mentorship systems pairing experienced BHWs with newly appointed members to strengthen knowledge transfer and continuity.
6. Investigate the impact of technology-based training (e.g., mobile health apps, virtual modules) on BHW competence and performance.
7. Explore the relationship between motivation, job satisfaction, and retention of BHWs in rural barangays.
8. Examine the effectiveness of integrating mental health and psychosocial support services into BHW training and community programs.
9. Conduct longitudinal studies to assess the long-term impact of capacity-building interventions on community health outcomes.
10. Evaluate the role of BHWs in addressing emerging public health challenges, such as non-communicable diseases, climate-related health risks, and pandemic preparedness.

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