

**BARANGAY HEALTH WORKERS' WELFARE IN THE MUNICIPALITY OF
SANTA CRUZ, DAVAO DEL SUR: AN ASSESSMENT****Remy S. Taporoc**<https://orcid.org/0009-0002-0233-7347>

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ABSTRACT

This study aims to develop a systematic review to assess the welfare of Barangay Health Workers in the Municipality of Santa Cruz, Davao del Sur, since it remains uncertain after several years. It is attributable to the inadequate and outdated legislation that governs and safeguards their benefits and incentives as duly recognized BHWs. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) is employed as an approach for the systematic literature review to collect data and address the three research questions about the significant challenges faced by the barangay health workers in carrying out their responsibilities and obtaining their required benefits, assess the level of satisfaction of barangay health workers regarding their welfare and benefits, and to recommend intervention programs to enhance the welfare and support systems for barangay health workers and for the sustainable implementation of the Barangay Health Workers' Benefits and Incentives Act at the barangay level. The review analyzed the challenges to the welfare of BHWs and came up with these six essential themes, namely, limited compensation, incentives, and material support, poor work environment, safety, and professional development, ineffective statutory rights and acknowledgment, low interpersonal relations and organizational support, deficiencies in policy, regulation, and governance, and LGU resource and capacity limits. These themes were derived from articles used for this study from 2015 to 2025, and the result of the study revealed multiple challenges that the barangay, municipal/city, and provincial local government units must address through specific solutions, including refining the old policy and adopting new ones, which would help uplift the welfare of the BHWs.

Keywords:

Barangay Health Workers, Local Government Unit, Statutory Benefits, Republic Act No. 7883, PRISMA

INTRODUCTION

Barangay Health Workers (BHWs) provide essential health services to the people at the grassroots level across the country. Those in authority sometimes overlook the resilience and unwavering dedication of these people. However, despite limited resources and a lack of support for their logistics, they rise above the water and serve their barangay as a symbol of patriotism and their love for community service. According to the study by Walton-Roberts et al. (2020), the increase in the number of health workers from India migrating to other nations is due to the weak effect of the country's policies, programs, or regulations on health workers. The recruitment and retention of health workers will continue despite the scarcity of health workers. During the COVID-19 pandemic, several health and welfare workers were infected by the virus in Germany; it reached as high as. However, the health and welfare workers claimed and received the government-granted compensation for the services rendered during that adversity, and even have insurance (Nienhaus, 2021).

The study conducted by Ibo (2019) indicated that the municipal and barangay local government offices must coordinate to provide the necessary equipment, facilities, and materials for the health station, which motivates barangay health workers. When the municipal and barangay local government units provide adequate financial benefits and incentives to BHWs, they will feel motivated to do their jobs. Founded on the study conducted by Baliola et al. (2024), the Philippine government must provide retirement benefits for Barangay Health Workers (BHWs). Their allowances, benefits, and incentives must also be included in a standard minimum package, as they feel unhappy and unsatisfied given the rigorous and crucial work they do in the community. Further,

Deguma (2024) noted that, to boost the human dignity of these BHWs, it is significant that the professional growth or career path they desire be strengthened, valued, and made visible. As a result, the BHWs will be motivated to attend school and participate in various healthcare training, which will eventually lead them to promotion to higher positions in the healthcare industry with higher compensation.

Merced (2022) discovered that barangay health workers' levels of work ethic and work engagement were high during the COVID-19 pandemic. It clearly implies that, during those uncertain times, the barangay health workers' working environment is productive. There must be recognition for the selfless work of the BHWs, to express gratitude for their continued service during trying, health-risky times. Further, Abelardo (2021) states in their study that barangay health workers play a significant role during the COVID-19 pandemic. They are considered the frontliners who provide immediate, grassroots-level health services. Bermio (2017) discovered that BHWs are unaware of the benefits, advantages, and incentives that they will receive granted by RA 7883.

Therefore, the conduct of this study is highly relevant, given that the Barangay Health Workers' Benefits and Incentives Act of 1995, or commonly known as the Republic Act No. 7883, is outdated, and some LGUs are non-compliant with the law. The findings of this study may enable the local government units to understand the perceptions of these Barangay Health Workers. It may also serve as the basis for Local Government Units (LGUs) to assess the current incentives, allowances, and support provided to the BHWs. The findings may also serve as the basis for the government to amend the current act for the barangay health workers and to develop strategies or mechanisms to uplift their welfare.

OBJECTIVES

The study was conducted in order to assess the barangay health workers' welfare in Santa Cruz, Davao del Sur, and the effectiveness of implementing the Barangay Health Workers' Benefits and Incentives Act of 1995, also known as the Republic Act No. 7883. The study concentrates on achieving the subsequent objectives: (1) To identify significant challenges faced by the barangay health workers in carrying out their responsibilities and obtaining required benefits; (2) To assess level of satisfaction of barangay health workers regarding their welfare and benefits; (3) To recommend intervention programs to enhance the welfare and support systems for barangay health workers and for the sustainable implementation of the Republic Act at the level of barangay local government unit.

METHODOLOGY

This study conducted a systematic literature review using the PRISMA framework to ensure transparency and an organized approach to literature selection, assessment, and synthesis. The review examined barangay/community health worker welfare papers from 2015 to 2025 globally. Quantitative, qualitative, or mixed-method studies with empirical data and English publication were eligible. Researchers focused on barangay/community health workers' welfare, including assistance at work and economic uncertainties, unsafe and unreliable working conditions, legal recognition, workplace ties and institutional support, systematic governance and policy gaps, and institutional limitations in local service delivery. Additionally, works of literature with questionable methodological frameworks or research methods were excluded to ensure methodological accuracy, analytical rigor, and study relevance.

Figure 1 shows the PRISMA flow diagram of the selection process. Literature review identification, screening, eligibility evaluation, and inclusion are shown in this diagram. This organized method revealed important difficulties and recurring themes affecting barangay health workers' welfare.

Google Scholar, Acta Medica Philippina, ResearchGate, ACADEMIA, Philippine Journal of Health Research and Development, and InformIT were used. The search strategy used "BHW incentive and benefit act," "material support," "work environment," "professional development," "safety," "organizational support," "interpersonal relation," "LGU," "Philippines," "policy and regulation," and "governance," combined with Boolean operators "AND" and "OR" to refine and expand results. Google Scholar, Acta Medica Philippina, ResearchGate, ACADEMIA, Philippine Journal of Health Research and Development, and InformIT provided 156 sources from 2015 to 2025. For synthesis, 16 studies were selected after assessment of eligibility and duplicate removal.

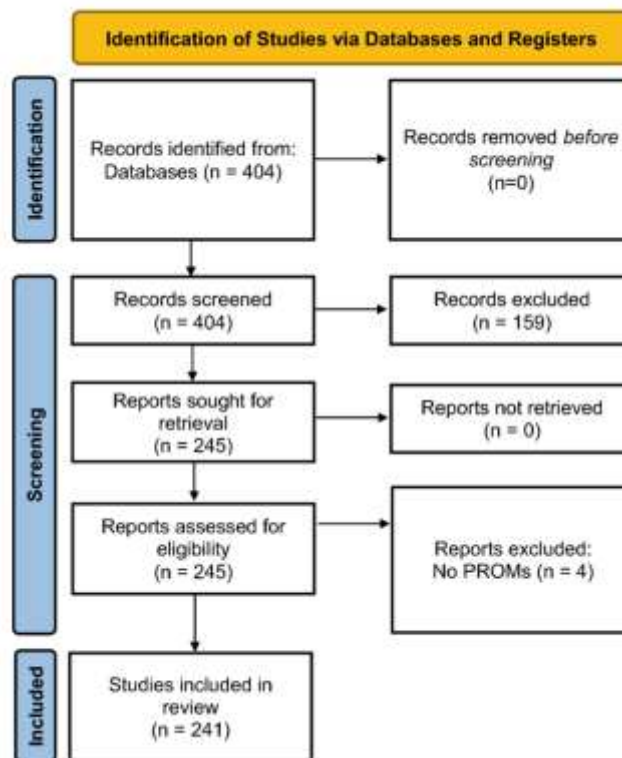


Figure 1. Selection Flow using PRISMA Guidelines

Source/Database	Number of Studies	Key Themes
Google Scholar	6	Limited Compensation, Incentives, and Material Support
Acta Medica Philippina	3	Poor Work Environment, Safety, and Professional Development
ResearchGate	2	Ineffective Statutory Rights and Acknowledgment
ACADEMIA	2	Low Interpersonal Relations and Organizational Support
Philippine Journal of Health Research and Development	1	Deficiencies in Policy, Regulation, and Governance
InformIT	1	LGU Resource and Capacity Limits

Table 1. Summary of Peer-Reviewed Journal and Database Study Distribution

Table 1 displays the systematic analysis's study distribution and significant themes. Google Scholar has the most studies (n = 6) with the key theme Limited Compensation, Incentives, and Material Support. Acta Medica Philippina (n = 3) contributed to the key theme of Poor Work Environment, Safety, and Professional Development, while ResearchGate (n = 2) contributed to the key theme of Ineffective Statutory Rights and Acknowledgment. ACADEMIA (n = 2) contributed the key theme of Low Interpersonal Relations and Organizational Support. Philippine Journal of Health Research and Development (n=1), which provided the key theme Deficiencies in Policy, Regulation, and Governance. InformIT (n=1) with the key theme of LGU Resource and Capacity Limits.

RESULTS AND DISCUSSION

The 16 publications in this literature review cover global and national issues. Surveys, interviews, and case studies are used in the Philippines-wide study. The following themes emerged from these studies: limited compensation, incentives, and material support, poor work environment, safety, and professional development,

ineffective statutory rights and acknowledgment, low interpersonal relations and organizational support, deficiencies in policy, regulation, and governance, and LGU resource and capacity limits.

Limited Compensation, Incentives, and Material Support. The barangay health workers' low compensation and incentives, as well as the material support they received from national and local government agencies and units, have continued to make it difficult for them to perform their duties properly, according to the research conducted by Hamoy et al. (2025), even the barangay health workers play a crucial role in the local health system, the funding they receive has been inadequate and disproportionate to their contributions. The deficiency of medications also constrained the services, prompting community remarks advocating for the closure of the health stations. The barangay health workers are volunteers in the community serving the people with basic medical assistance. The research of Hartigan-Go et al. (2025) indicates that the BHWs' passion for service is used to justify inadequate compensation and an unreasonable workload. BHWs receive limited honoraria and are eligible for incentives from local government units (LGUs) after one year of volunteering. The compensation they receive is determined by the barangay's internal revenue allotment (IRA), now known as the national tax allotment (NTA), which is not equivalent to that of other barangays. That is why the amount that BHWs receive varies by barangay. Furthermore, the research conducted by Maminta et al. (2025) found that a significant obstacle to the successful provision of incentives and benefits is the low budget supplied by local governments. While BHWs receive honoraria from the barangay's NTA, the funds at their disposal are frequently insufficient to cover what they need.

Grande (2021) revealed in their study that barangay health workers have a lack of transportation as well as basic health care medications and equipment. Findings of the study revealed that barangay health workers seek to attain greater significance, including enhanced monetary compensation and access to comprehensive medical healthcare equipment inside their specific barangays. Overall, the BHWs feel more motivated to do their responsibilities and duties if they are valued and well compensated.

Poor Work Environment, Safety, and Professional Development. The welfare of the Barangay Health Workers poses a significant challenge in terms of their work environment and safety, for every day they are facing and serving different people, and they are working with people who have different backgrounds, especially since these BHWs are appointed not because of standard qualifications but because of political ties and other relationships to the appointing authority. Also, the professional development intervention for BHWs is somehow overlooked by the barangay and local government offices. Manning's (2021) research identified six characteristics for a wholesome work environment: skillful communication, sincere cooperation, sufficient decision-making, suitable staffing, significant recognition, and genuine leadership. The study also discusses the significance of professional development interventions in promoting a wholesome work environment. Additionally, the analysis conducted by Gonzales et al. (2024) revealed that standardized training is required for the CHWs in order to guarantee that these community health workers have the core knowledge and abilities required to manage the basic necessities of the community and act as the frontline of health promotion and advocacy, especially for vulnerable populations.

In addition, Gallegos et al. (2023) revealed that these BHWs are the immediate health promoters who deliver vital healthcare assistance in the locality, and they must possess the necessary abilities and training. It also revealed and identified issues, and it includes the BHWs' lack of involvement in the barangay development plan, their limited access to communication technology, the absence of a program for ongoing skill development, the lack of contextualized communication materials that resulted in a lack of knowledge about proper personal hygiene, and the community members' passive involvement in health services. Landingin (2024) disclosed in their study that achieving a balance between the breadth and depth of responsibilities is essential for BHW programs to guarantee the delivery of high-quality care, however, BHWs encounter several challenges, including the limited transportation access of the populations they serve, the necessity to travel to remote areas with potentially unsafe or impassable roads due to heavy rainfall, and safety concerns when operating in clients' residences. Overall, the BHWs' primary concern is for them to be able to attend seminars that could help improve their knowledge and skills, and to have a wholesome and safe work environment where they can deliver their full potential.

Ineffective Statutory Rights and Acknowledgment. The duly recognized and appointed BHWs are facing a dilemma of the lapses and loopholes of the law that protects and mandates their statutory rights and safeguards. BHWs sometimes received less acknowledgment, and their efforts are sometimes overlooked. The Republic Act allows Barangay Health Workers (BHWs) to provide primary health care services in the community after receiving accreditation from their local health board in accordance with DOH guidelines. According to Kalalo & Kalalo (2018), health workers are noble because they provide vital healthcare services, and they need legal protection while performing their duties.

Tamayo et al. (2023) found that BHWs' voluntary employment hinders their healthcare system integration. Despite BHWs' vital contributions, the statute classifies them as 'voluntary.' BHWs are entitled to benefits and incentives, including hazard and subsistence allowances. Stakeholders say these advantages and incentives are disproportionate to BHWs' community services. Benefits and incentives vary greatly and rely on the BHW's government relationship. It is based on a decentralized healthcare system where decision-makers or elected authorities choose health funding, which changes almost every election cycle. It affects BHW's job, training, supervision, incentives, and allowances, affecting their performance and intervention effectiveness. Thus, BHWs deserve to be recognized for their great contributions to society and have a statute that protects and covers their welfare.

Low Interpersonal Relations and Organizational Support. The relationship between the barangay health workers and their supervising authorities (midwives, nurses, and barangay officials), fellow BHWs, and the residents of the community they serve has been a challenge for them to perform their duties and responsibilities properly. The research conducted by Taburnal (2020) determined that in order for the work to be effective, it may be necessary to build cordial working relationships with coworkers, supervising midwives or nurses, barangay officials, and clients. As the BHW profile, along with knowledge, skills, and attitude, was found to be significant, the duration of service is one of the environmental and personal factors influencing BHW competence. San Ignacio et al. (2025) found that job satisfaction among health workers may be affected by various factors, including appropriate compensation, organizational support, interpersonal relationships with colleagues and supervisors, working conditions, and additional psychosocial elements. With these, BHWs must involve themselves in a discussion together with their supervising nurse or midwife, as well as the barangay officials, to lobby their concerns and ideas.

Deficiencies in Policy, Regulation, and Governance. The persistent policy, regulation, and control issues that prevent local government entities from fully executing Republic Act No. 7883 hinder its efficacy. Martinez et al. (2022) found that primary healthcare providers face challenges, so policy and governance reforms from the Department of Health to basic healthcare providers are needed. It could include improving labor policies and compliance among healthcare employers, optimizing health financing at both local and national levels, possibly from progressive taxation mechanisms like a wealth tax, refining health policy administration, and setting clear objectives in the national action plan, and localizing these plans to basic health units. In addition, De Mesa et al. (2025) found that the policy must be clarified to define CHWs' role in the healthcare provider network, address field concerns, and increase workforce capacity. The Magna Carta provides the legal foundation for workplace protections, but CHWs must be able to actively seek them. Thus, there is really a need to refine the current legislation that covers and protects the overall welfare of the barangay health workers.

LGU Resource and Capacity Limits. Limited ability and resources hinder LGUs' implementation of the Barangay Health Workers' Benefits and Incentives Act. Carpio (2021) found that political, economic, social, environmental, technological, and legal factors affect policy implementation. MC benefits were vaguely enacted when the Local Government Code of 1991 (RA 7160) allowed LCEs responsibility in planning, distributing resources, and delivering health services. The national government made budgetary transfers through Internal Revenue Allotments (IRA), but many local governments saw MC benefits as unfunded. Low local revenue and reliance on national IRAs may make health worker funding difficult for local governments. Health workers were dissatisfied with the DOH's budget augmentations and health worker deployment, which caused disparities in compensation between nationally and locally employed workers. Although it should have been considered nationally, local chief executives supervise this policy.

Mallari et al. (2020) determined that the local government budgets for health, particularly primary care, are largely determined by the goals of elected officials, which may differ among jurisdictions and administrations. The decentralization of decision-making authorities for health-care delivery from the national to the provincial, city/municipal, and even barangay administrative levels appears to have an impact on the material setting of BHWs' everyday working conditions. It is particularly visible in the incentive packages, which differed based on the government level to which the BHW was designated. The local government units must not be constrained by these limits; they must look for alternatives that could help improve the welfare of the BHWs.

CONCLUSION

This systematic review intends to assess the challenges in achieving welfare and effectiveness of the barangay health workers across Barangays in the Municipality of Santa Cruz, Davao del Sur. The findings of the study show that limited compensation, incentives, and material support, poor work environment, safety, and professional development, ineffective statutory rights and acknowledgment, low interpersonal relations and organizational support, deficiencies in policy, regulation, and governance, and LGU resource and capacity limits, continues to be a challenge faced by the BHWs and as well as the LGUs.

The review highlights that the barangay health workers place great importance on receiving assistance, having safe areas of employment and amenities, and being treated with respect by both the community and the government at the individual level. When they receive clear communication, support from their peers, and leadership that demonstrates empathy, they feel even more like they belong to the organization and are more devoted to it. In addition, the findings highlight areas for improvement, particularly the uniformity of legal safeguards, work-life balance, opportunities for professional development, and formal support systems. To maintain motivation, improve performance, and improve the delivery of the community level's primary health assistance, the study highlights the importance of a comprehensive BHW welfare strategy. This strategy should include appropriate compensation and aids, secure working environments, legal acknowledgment and protection, and the cultivation of supportive interpersonal relationships. This review would be beneficial for future researchers and for the policy or law makers in the national and local government bodies to study, refine, and enhance the current legislation that protects and elevates the overall welfare of the barangay health workers.

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