

Competency Assessment of Community Health Workers as Health Navigators in a Rural Philippine Municipality: A Mixed-Method Study

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Abstract— Barangay Health Workers (BHWs) are essential frontline actors in the Philippine health system, serving as community health navigators under the Universal Health Care (UHC) framework. This study assessed the knowledge and skills of BHWs in Bacacay, Albay, identifying strengths and areas for improvement to inform targeted training and capacity-building interventions. A quantitative descriptive design was employed, surveying all 71 accredited BHWs using a structured questionnaire adapted from Republic Act No. 7883, Republic Act No. 11223, and the Department of Health’s BHW Reference Manual (2022). Indicators measured competencies in patient care and administrative tasks using a five-point Likert scale. Results revealed that BHWs demonstrated strong knowledge and competence in patient care functions such as referral coordination, patient communication, and follow-up monitoring, with moderate competency in emergency response, disease reporting, and digital health skills. Administrative knowledge was generally adequate, though familiarity with national health priorities and system-level policies was limited. These findings underscore the need for structured capacity-building programs, including digital literacy, emergency response training, and policy-oriented orientation, to enhance the effectiveness of BHWs as health navigators. Strengthening these competencies is critical for improving primary health care delivery, ensuring continuity of care, and supporting equitable implementation of UHC in rural communities.

Keywords— Barangay Health Workers, Universal Health Care, health navigation, primary health care, competency assessment.

I. INTRODUCTION

Universal Health Coverage (UHC) represents a fundamental goal for health systems globally, ensuring that all individuals and communities have access to essential health services without experiencing financial hardship (World Health Organization [WHO], 2010; WHO, 2021). The Sustainable Development Goals, particularly SDG 3.8, highlight the critical importance of primary health care and community-driven health systems as the foundation for achieving UHC (WHO, 2018; World Bank, 2020). In the Philippines, the enactment of Republic Act No. 11223, known as the Universal Health Care Act, marked a significant step toward equitable health access. This legislation mandates reforms to ensure that Filipinos benefit from comprehensive health coverage and reduced out-of-pocket expenses, emphasizing the role of local health systems in implementing UHC (Republic Act No. 11223, 2019;

Department of Health [DOH], 2019). Central to these reforms are community health workers, particularly Barangay Health Workers (BHWs), who act as vital links between health services and the communities they serve (DOH, 2021; WHO Philippines, 2021).

BHWs, accredited under Republic Act No. 7883, have long been recognized as essential actors in community-based primary health care, providing health education, basic preventive care, and facilitating patient navigation through the health system (Republic Act No. 7883, 1995; DOH, 2022). Their responsibilities encompass maternal and child health, disease prevention, health promotion, referral coordination, and monitoring patient adherence to treatment plans (Mallari et al., 2020; Reyes, 2019). As health navigators under UHC, BHWs ensure continuity of care, guide patients through appropriate levels of service, and help integrate community health

activities with broader health system objectives (WHO, 2018; Freeman, Rodriguez, & Martinez, 2018). Their role is particularly crucial in rural municipalities where access to healthcare facilities is limited, and the reliance on community-based services is high.

Despite their indispensable role, BHWs face persistent challenges that affect their capacity to deliver quality health services. Local studies in geographically isolated and disadvantaged areas of the Philippines have highlighted gaps in training, irregular supervision, and inconsistent implementation of benefits, which hinder optimal performance (Alacapa, Velasco, & Dizon, 2023; Bautista & Ong, 2022; Guevarra & Lim, 2020). In Albay, for instance, resource constraints, limited transportation, and insufficient digital infrastructure have been reported to affect BHWs' ability to conduct timely referrals and follow-ups (Philippine News Agency [PNA], 2023; Ortega, 2024). Furthermore, studies have shown that BHWs often possess strong practical knowledge in patient-facing tasks but have moderate familiarity with system-level policies, emergency procedures, and national health priorities, creating gaps that can compromise integrated health service delivery (Balila, Reyes, & Santos, 2022; Dela Cruz, Santos, & Dizon, 2023).

The COVID-19 pandemic further underscored both the value and vulnerabilities of BHWs. During the public health crisis, they performed critical functions such as contact tracing, community health monitoring, and patient education, frequently with limited personal protective equipment and inconsistent hazard allowances (DOH, 2021; DOH, 2023). Although emergency measures were introduced through Joint Administrative Orders between 2020 and 2022, they did not resolve the long-standing issues of irregular training, insufficient logistical support, and variable adherence to national policies across local government units (DOH, 2023; WHO Philippines, 2021). These structural challenges not only influence BHW performance but also have broader implications for achieving UHC, especially in rural areas where logistical and resource constraints are more

pronounced (Alacapa, Velasco, & Dizon, 2023; PNA, 2023).

Global evidence also confirms the direct relationship between community health worker competence and health system effectiveness. Well-trained and supervised health workers tend to perform more efficiently, engage in patient-centered care, and contribute to equitable health outcomes (Lehmann & Sanders, 2017; Perry, Zulliger, & Rogers, 2020; Chawla, George, & Reddy, 2025). Conversely, inadequate training, unclear role definitions, and insufficient supervision have been shown to reduce effectiveness and undermine system integration (Sari & Hadi, 2019; Sharma, Kumar, & Gupta, 2020). In the Philippine context, BHWs' competencies in patient referral, health education, follow-up monitoring, and administrative coordination are crucial for the successful operationalization of UHC (Abalos, 2021; Galvez & De Jesus, 2022; Lopez, 2023). A systematic assessment of their knowledge and skills, including the identification of both strengths and gaps, is essential to inform targeted capacity-building interventions and enhance the overall effectiveness of community health navigation (Balmes, 2023; Sultan et al., 2025; Galvez & De Jesus, 2022).

The decentralized structure of the Philippine health system, in which local government units are responsible for implementing health programs and supporting BHWs, creates variability in training opportunities, logistical assistance, and supervision (Acuña, 2021; Guevarra & Lim, 2020). Research indicates that consistent national standards, structured orientation programs, and continuous professional development are necessary to equip BHWs with the competencies required to perform both patient-centered and system-level functions effectively (DOH, 2022; UP CIDS, 2022; Villanueva, 2020). These interventions are especially relevant in rural and remote areas, where geographic isolation, limited resources, and population vulnerabilities heighten the reliance on BHWs to maintain continuity of care (Alacapa, Velasco, & Dizon, 2023; Lopez, 2023).

The BHW role encompasses knowledge acquisition, practical skill execution, and adaptive problem-

solving within complex health systems (Boyatzis, 1982; Freeman, Rodriguez, & Martinez, 2018). Competency frameworks emphasize that knowledge alone is insufficient; effective health navigation requires proficiency in patient communication, referral coordination, health education, and documentation, alongside familiarity with relevant policy and administrative processes (WHO, 2022; Sultan et al., 2025). Evidence from local and international contexts indicates that BHWs frequently excel in patient-facing tasks but require targeted reinforcement in system-level competencies, digital skills, and emergency response capabilities (Pascual, 2022; Dela Cruz, Santos, & Dizon, 2023; Mallari et al., 2020). Structured training programs, supportive supervision, and mentorship are therefore essential to ensure BHWs can provide integrated, people-centered health services and contribute effectively to UHC objectives (WHO, 2018; DOH, 2022; World Bank, 2020).

Recognizing the critical role of BHWs in UHC, it is imperative to evaluate their current levels of knowledge and practical skills, identify gaps, and propose interventions to strengthen their capacity. Systematic assessment of BHW competencies provides a benchmark for performance, informs targeted training initiatives, and ensures that both patient care and system-level functions are performed effectively (Balmes, 2023; Sultan et al., 2025; Galvez & De Jesus, 2022). By identifying areas of strength and improvement, policymakers, program managers, and health institutions can design interventions that enhance BHW performance, improve patient outcomes, and promote equitable access to health care in rural communities (DOH, 2022; WHO, 2018; World Bank, 2020). Targeted capacity-building programs that address knowledge gaps in national health priorities, digital health, and emergency preparedness will enable BHWs to navigate patients effectively while supporting integrated, community-centered care under UHC.

In light of these considerations, this study aims to provide a comprehensive assessment of the knowledge and skills of Barangay Health Workers in Bacacay, Albay, particularly in their roles as health navigators under the UHC framework. Specifically, the study's

objectives are to assess the level of knowledge of Barangay Health Workers in performing health navigation tasks, including patient care and administrative functions; evaluate their level of skills in executing health navigation functions, focusing on practical competencies in patient care and administrative tasks; and identify strengths and areas for improvement in their knowledge and skills to inform targeted training and capacity-building interventions.

II. METHODOLOGY

This study employed a quantitative descriptive research design to assess the knowledge and skills of Barangay Health Workers (BHWs) in Bacacay, Albay, in performing their roles as health navigators under the Universal Health Care (UHC) framework. The study population consisted of all 71 accredited BHWs across the municipality, ensuring full representation of BHWs actively engaged in community health activities. Data were collected using a structured survey questionnaire adapted from Republic Act No. 7883, the Universal Health Care Act (RA 11223), and the Department of Health's Barangay Health Workers' 2022 Reference Manual. The questionnaire assessed competencies in patient care and administrative tasks and was administered in English and translated into Filipino to ensure clarity and comprehension.

The survey items were scored using a five-point Likert scale, with higher scores indicating greater knowledge or skill. Knowledge scores were categorized as Highly Knowledgeable, Knowledgeable, Moderately Knowledgeable, Less Knowledgeable, and Not Knowledgeable, while skills were categorized as Highly Competent, Competent, Moderately Competent, Less Competent, and Not Competent. The quantitative data were analyzed using descriptive statistics, including frequency counts, weighted means, and grand mean scores, to determine the levels of knowledge and skills across different domains of health navigation. This approach allowed for clear identification of areas of strength and areas needing improvement among BHWs.

Ethical considerations were strictly observed throughout the study. Informed consent was obtained

from all respondents, and participation was entirely voluntary. Confidentiality and anonymity were ensured, and respondents were informed that their data would be used solely for academic purposes. The methodology ensured reliability and validity by adapting standardized indicators from official national policies and having the instrument reviewed by a research panel. These procedures provided a rigorous and ethically sound basis for assessing the competency of BHWs in the effective implementation of UHC at the community level.

III. RESULTS AND DISCUSSION

Knowledge of Barangay Health Workers in Health Navigation under Universal Health Care

The findings from Table 1 indicate that Barangay Health Workers (BHWs) in Bacacay, Albay, demonstrate a good level of knowledge in performing their roles as health navigators under the Universal Health Care (UHC) framework, with a grand mean of 4.3, interpreted as Knowledgeable. Within the domain of patient care tasks, BHWs scored particularly high on indicators such as recognizing barangay health stations as the first point of contact (4.6) and understanding their role as a link between the

community and health professionals (4.6), both categorized as Highly Knowledgeable. These results suggest that BHWs are well-versed in core functions of primary health care, including referral navigation, patient guidance, and follow-up, which are essential for ensuring continuity of care in the community.

In comparison, administrative knowledge showed slightly lower mean scores, with the overall mean at 4.0, still interpreted as Knowledgeable.

BHWs demonstrated strong awareness of stakeholders involved in patient referrals (4.4) and legislation such as RA 7883 and RA 11223, indicating familiarity with the legal and policy framework governing their roles. However, knowledge of the Department of Health’s 8 Priority Health Outcomes scored lower (3.5, Moderately Knowledgeable), highlighting a relative gap in understanding broader national health strategies and system-level priorities. This discrepancy between patient care and administrative knowledge suggests that while BHWs are confident in community-based, hands-on functions, they may require further orientation and training on policy-level and strategic aspects of UHC implementation.

Table 1: Knowledge of Barangay Health Workers in Health Navigation under UHC

Indicator	Mean	Interpretation
Patient Care Tasks		
Barangay health stations serve as the first point of contact	4.6	Highly Knowledgeable
Familiarity with proper referral process	4.4	Knowledgeable
Understanding role as health navigator	4.4	Knowledgeable
Serving as a link between community and health professionals	4.6	Highly Knowledgeable
Ensuring continuity of care via follow-up	4.4	Knowledgeable
Overall Mean – Patient Care	4.5	Knowledgeable
Administrative Tasks		
Knowledge of stakeholders involved in patient referrals	4.4	Knowledgeable
Awareness of RA 7883 (BHW Benefits)	4.1	Knowledgeable
Awareness of RA 11223 (UHC Act)	4.0	Knowledgeable
Knowledge of DOH 8 Priority Health Outcomes	3.5	Moderately Knowledgeable
Overall Mean – Administrative	4.0	Knowledgeable
Grand Mean – Overall Knowledge	4.3	Knowledgeable

Overall, the results underscore that BHWs possess strong practical knowledge necessary for health navigation but would benefit from targeted capacity-building programs to enhance administrative and

policy awareness. Strengthening these areas could improve their effectiveness in coordinating with higher-level health facilities, understanding health system priorities, and contributing to the successful

implementation of UHC in rural communities. These findings are consistent with international studies showing that community health workers often excel in patient-centered functions while needing additional support in system-level knowledge and policy literacy.

Skills of Barangay Health Workers in Executing Health Navigation Functions

The results in Table 2 indicate that Barangay Health Workers (BHWs) in Bacacay, Albay, are generally competent in executing health navigation functions, with a grand mean of 3.75. Within patient care skills, BHWs scored highest in coordinating with nurses or midwives during referrals (4.3), explaining how to access health services (4.3), and taking/recording vital signs and anthropometric measurements (4.2), all interpreted as Competent. These results suggest that BHWs are well-prepared to perform core patient-facing tasks, particularly those that involve communication, monitoring, and referral coordination, which are essential for ensuring continuity of care under the Universal Health Care (UHC) framework.

However, certain patient care skills showed moderate competency, including performing basic life-saving measures (3.2) and reporting/detecting notifiable diseases (3.4). These findings indicate gaps in

emergency response and community disease surveillance, which may limit BHWs' capacity to manage acute or public health situations effectively. Conducting health education sessions scored moderately high (3.6), reflecting adequate but improvable skills in community engagement and health promotion activities.

In the domain of administrative skills, BHWs demonstrated competency in maintaining master lists of priority groups (4.3) and assisting patients with PhilHealth enrollment (3.9).

Nevertheless, digital competencies were weaker, with inputting patient information into digital records (3.0) and using mobile applications or electronic devices (2.7) rated as Moderately Competent.

This highlights a critical area for capacity-building, as proficiency in digital health tools is increasingly necessary for efficient patient tracking, reporting, and data-driven decision-making.

Overall, the findings suggest that while BHWs possess strong skills in patient-centered care and basic administrative functions, targeted training in emergency response and digital health is needed to further strengthen their role as effective health navigators under UHC.

Table 2: Skills of Barangay Health Workers in Executing Health Navigation Functions

Indicator	Mean	Interpretation
Patient Care Skills		
Assist patients in completing referral forms	4.1	Competent
Coordinate with nurse/midwife during referrals	4.3	Competent
Explain how to access health services	4.3	Competent
Follow-up on referred patients	4.1	Competent
Identify/report urgent cases	4.0	Competent
Explain medical instructions	4.0	Competent
Perform basic life-saving measures	3.2	Moderately Competent
Report/detect notifiable diseases	3.4	Moderately Competent
Conduct health education sessions	3.6	Competent
Take/record vital signs & anthropometry	4.2	Competent
Overall Mean – Patient Care Skills	3.9	Competent
Administrative Skills		
Assist patients with PhilHealth enrollment	3.9	Competent
Maintain master lists of priority groups	4.3	Competent

Complete program forms/tools	3.9	Competent
Input patient info into digital records	3.0	Moderately Competent
Use mobile apps/electronic devices	2.7	Moderately Competent
Overall Mean – Administrative Skills	3.6	Competent
Grand Mean – Overall Skills	3.75	Competent

Strengths and Gaps in Competence: Implications for Training and Capacity-Building

Table 3 synthesizes the strengths and gaps in the knowledge and skills of Barangay Health Workers (BHWs) in Bacacay, highlighting areas for targeted training and capacity-building. In terms of patient care knowledge, BHWs demonstrated strong understanding of referral processes, patient guidance,

and continuity of care, reflecting their ability to navigate patients effectively through the health system. However, their knowledge of the Department of Health’s priority health outcomes was only moderate, indicating a need for orientation on broader national health strategies and system-level priorities. Strengthening this knowledge could help BHWs better align their community-level activities with UHC goals and national health policies.

Table 3: Strengths and Gaps in Competence (Implications for Training & Capacity-Building)

Category	Strengths	Gaps / Areas for Improvement
Patient Care Knowledge	Understanding of referral process, patient guidance, continuity of care	Moderate knowledge of priority health outcomes
Administrative Knowledge	Awareness of stakeholders, RA 7883 & 11223	Need more familiarity with DOH policies and system-level functions
Patient Care Skills	Referral coordination, patient communication, follow-up monitoring, vital signs & anthropometry	Basic life-saving measures, reporting notifiable diseases
Administrative Skills	Maintaining master lists, completing forms, assisting with PhilHealth	Digital record entry, use of mobile apps, electronic data management

Regarding administrative knowledge, BHWs were knowledgeable about relevant stakeholders and key legislation, including RA 7883 and RA 11223, which enables them to support patients and understand their own rights and responsibilities. Nevertheless, gaps remain in familiarity with DOH policies and system-level administrative functions, suggesting that more structured training on health governance, policy frameworks, and reporting requirements is needed to enhance their effectiveness in managing health programs at the barangay level.

In terms of skills, BHWs excelled in patient care functions such as referral coordination, patient communication, follow-up monitoring, and recording vital signs and anthropometry. These competencies underscore their ability to deliver high-quality, front-line health services. Conversely, areas requiring improvement include performing basic life-saving measures and reporting notifiable diseases,

highlighting the need for emergency response and disease surveillance training. Administrative skills also revealed strengths in maintaining master lists, completing forms, and assisting with PhilHealth, while digital competencies—including entering patient information into electronic records and using mobile applications—were identified as critical gaps. Addressing these gaps through targeted training and capacity-building programs would enable BHWs to perform their health navigation role more effectively, particularly in the context of digital health and integrated primary care under UHC.

The results of this study demonstrate that Barangay Health Workers (BHWs) in Bacacay, Albay, possess a good level of knowledge and competence in performing health navigation functions under the Universal Health Care (UHC) framework. As shown in Table 1, BHWs scored particularly high in patient care knowledge, including understanding referral

processes, patient guidance, and ensuring continuity of care, with overall means ranging from 4.4 to 4.6. These findings align with the Department of Health's UHC implementation guidelines, which emphasize the role of BHWs as critical links between communities and the health system (DOH, 2019; DOH, 2021). Similarly, the World Health Organization (WHO, 2018) highlights the importance of community-based health workers in coordinating care, enhancing access, and improving continuity of care, suggesting that BHWs' high patient care knowledge directly supports national and global health objectives.

Despite their strengths in patient-centered knowledge, the BHWs showed relatively lower scores in administrative and policy-related knowledge, such as awareness of the DOH's 8 Priority Health Outcomes (mean = 3.5, Moderately Knowledgeable). This gap indicates a need for ongoing orientation and capacity-building in system-level and policy knowledge, which is consistent with global studies reporting that community health workers often excel in operational, patient-facing functions but require further training to navigate broader health systems effectively (Lehmann & Sanders, 2017; Perry, Zulliger, & Rogers, 2020; Balila, Reyes, & Santos, 2022). Addressing these gaps would enable BHWs to better integrate local activities with national health priorities and improve alignment with UHC objectives (WHO, 2021; World Bank, 2020).

The skills assessment in Table 2 further highlights the BHWs' strengths in patient care tasks, particularly referral coordination, patient communication, follow-up monitoring, and vital sign measurement (mean = 4.0–4.3, Competent). These competencies reflect the practical, community-based nature of their work and support findings from previous Philippine studies showing that BHWs play a pivotal role in patient navigation and service continuity (Abalos, 2021; Lopez, 2023; Galvez & De Jesus, 2022). However, skills related to emergency response and digital health—such as performing basic life-saving measures (mean = 3.2) and using electronic records or mobile applications (mean = 2.7–3.0)—were comparatively weaker, indicating areas for targeted training and capacity-building (WHO, 2022; Sultan et al., 2025).

These findings are consistent with other local and global evidence suggesting that structured training, mentorship, and supportive supervision are essential to strengthen health workers' technical and digital competencies (Villanueva, 2020; Dela Cruz, Santos, & Dizon, 2023; Chawla, George, & Reddy, 2025).

Finally, the synthesis in Table 3 highlights key strengths and gaps, providing a roadmap for programmatic interventions. BHWs demonstrate strong patient-facing skills and administrative support capabilities, such as maintaining priority group lists and assisting with PhilHealth enrollment. Nevertheless, moderate knowledge of national health priorities, gaps in emergency response, and limited digital literacy represent critical areas for improvement. These gaps echo findings from other studies in rural Philippine settings, where inconsistent training, limited supervision, and system-level challenges affected BHWs' ability to deliver fully integrated care (Guevarra & Lim, 2020; Acuña, 2021; Mallari et al., 2020). Targeted interventions addressing these gaps—through continuous professional development, structured training, and digital capacity-building—are essential to maximize the BHWs' role in UHC implementation, strengthen primary health care, and ensure equitable access for rural populations (DOH, 2022; WHO, 2018; World Bank, 2020).

IV. CONCLUSION

In conclusion, Barangay Health Workers in Bacacay, Albay, exhibit a strong foundation in patient-centered knowledge and skills, particularly in referral coordination, patient communication, follow-up monitoring, and basic administrative support, demonstrating their crucial role as health navigators under the Universal Health Care framework. However, gaps remain in administrative and policy-level knowledge, emergency response capabilities, and digital health competencies, which may limit their effectiveness in fully integrating communities into the broader health system. Addressing these gaps is essential to strengthen the implementation of UHC at the grassroots level. Actionable recommendations include: implementing structured and continuous training programs focused on digital literacy, basic

life-saving measures, and understanding of national health priorities; providing regular mentorship and supportive supervision to enhance practical and policy-related competencies; ensuring adequate resources and logistical support for effective patient referral and data management; and developing standardized refresher courses to maintain consistency in BHW performance across all barangays. Collectively, these measures will empower BHWs to perform their roles more efficiently, improve patient access to services, and contribute meaningfully to achieving universal, people-centered health care in rural communities.

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