

Accounts of Barangay Health Workers in Geographically Isolated and Disadvantaged Areas in the New Normal

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Abstract - This study explored the experiences of Barangay Health Workers (BHW) in Geographically Isolated and Disadvantaged Areas (GIDA) amidst this new normal. This study used the Qualitative phenomenological method of research. This study was conducted in the selected GIDA barangays in Panabo City, Davao Del Norte, Philippines. It has seven (7) participants through purposive sampling, who are the BHWs among the selected barangays with one (1) year and above work experience. The researchers used a validated interview guide questionnaire. The results have revealed that barangay health workers in the new normal experience huge adjustments in rendering healthcare services during the pandemic. Also, the results exposed that barangay health workers experience deficiency of transportation and primary health care medicines and equipment. Moreover, the results disclosed that barangay health workers aspire to gain more importance, such as additional compensation and having complete medical healthcare equipment on their respective barangays.

Keywords - Barangay Health Workers, Geographically Isolated and Disadvantaged Areas, New Normal, Phenomenology, Philippines

I. INTRODUCTION

1.1. Rationale

Nowadays, Barangay Health Workers (BHW) have become gradually unrecognized and unacknowledged as an effective and efficient intervention to increase community-based health services, particularly in remote areas. This mainly resulted from the Alma-Ata Declaration (1978) in the International Conference on Primary Health Care (PHC) on which Health Workers identified as essential to PHC to attain its vital target of addressing unequal and inadequate health care [26]. As one of the healthcare providers in the community, Barangay Health Workers (BHW) becomes one of the vital parts of the health care system in the Philippines as their essential role is to provide health education and primary health care services (e.g., maternal and child health, first aid, environmental health) and link clients to health facilities [29]. They are also the primary source of information in the rural areas or disadvantaged places far from the health care stations. Thus, their inestimable and invaluable importance in our society cannot be equated to such compensations or an

honorarium as they offer basic first aid and home-based to increase access to health care services by taking patients to the facilities and promoting behavior change through health education [1]. BHWs are among the front-liners in primary health care, especially now in the time of CoVid-19, as they provide assistance and support to physicians, dentists, nutritionists, public health nurses, and midwives. Their role is indispensable to community health and wellness. They provide first aid, collect vital statistics, maintain records, and make reports; participate in community meetings assist with health center activities like nutrition education, monitoring and feeding; immunization education, monitoring, and dispensing family planning services, sanitation, and hygiene promotion and education, and disaster relief and rehabilitation, among others. They are volunteers that are risking life and limb to save others [12].

However, Barangay Health Workers are commonly identified as critical because of their capacity to work closely with vulnerable communities and individuals and to address problems arising from limitations in the number of trained health workers able to work [10]. Aside from that, BHW is often dragged into political activities and expected to support the party to which their barangay captain belongs. If a rival candidate wins, they stand the risk of being fired altogether, their years of experience notwithstanding. There is a perception that barangay health stations provide low-quality health services and have low client satisfaction. With funding limitations, barangay health stations struggle with a lack of medicines supplies, long wait times, declines in quality of facility infrastructure, and lack of proper training and staffing [32]. The rural poor are the most susceptible to poor sanitation, malnutrition, and hygiene efforts [23]. These communities that depend heavily on barangay health services are affected by local authorities' political, social, and economic decisions [2].

Unexpectedly, the emergence of the COVID-19 pandemic brought more burdens to the situations of the health care system, especially the Barangay Health Workers. Health workers are at a high risk of catching a viral infection [COVID-19], and they need appropriate personal protective

equipment. In addition, and varying between countries, they also face threats and are exposed to violence. For example, people suspected of carrying the virus may violently object to screening or quarantining [30]. In some countries, health workers experience assaults on their way to work as security forces attempt to enforce lockdowns. There are reports of health workers having lost their rental contracts or being denied access to shops or transport, or being physically assaulted because people fear they may spread the virus. In addition to physical risks, the pandemic has placed extraordinary levels of psychological stress on health workers exposed to high-demand settings for long hours, living in constant fear of disease exposure while separated from family and facing social stigmatization. Before COVID-19 hit, medical professionals were already at higher risk of suicide in all parts of the world. A recent review of health care professionals found one in four reported depression and anxiety, and one in three suffered insomnia during COVID-19 [33]. WHO recently highlighted an alarming rise in reports of verbal harassment, discrimination, and physical violence among health workers in the wake of COVID-19[34].

That is why the researchers are encouraged to find the urgency to conduct the study to fill in the gap in the literature. The main objective of this is to understand the lived experiences of the Barangay Health Workers in GIDA barangays. The result of the study would significantly contribute to the benefits of BHW to ear out their sentiments in their daily living, to be heard by the authority to have the proper treatment, benefits, and compensation under the gravity of their work. We may say that both economic and social activities are interlinked in such a way that one cannot be divorced from the other. The wealth that one produces from economic activities utilizing the resources available to BHWs in their environment becomes the guiding factor of their social activities. These prepositions will significantly help all the barangay health workers to be heard all their grievances and to be able to empower their duties in improving quality and accessible health care programs. Furthermore, their biggest contributions in society, specifically in rending and implementing health-related programs, are essential to improve not only the way of their service but also the way the government treats them as public servants. And also, this study will help the government to establish a policy that the barangay health worker might benefit from.

1.2. Research Questions

This study will be conducted to fully understand the experiences and thoughts of the public health workers when promoting health care programs in their respective areas. Specifically, the study will seek to answer to following inquiries:

1. *What are the lived experiences of the Barangay Health Workers assigned in GIDAs in the new normal?*

2. *What coping mechanisms have been utilized in dealing with their quest in work life?*
3. *What lessons and insights can be learned from them?*

1.3. Theoretical Lens

This study is anchored on the Paradox of Well-being by Herschbach as an empirical phenomenon that has been called paradoxical in the field of social science. The paradox objectively meant that negative factors in one's life have relatively little effect on subjective quality of life despite the disadvantaged income and mistreatment experienced as workers wherein efforts are tend to be underestimated [15].

Additionally, two main processes form worker's aspirations and create relativity in people's evaluation [18]. First, the social comparison is a process where workers relate their current status or works through constructing new perceptions and aspirations from their respective working environment where they belong to. With that, people can adjust from and compare these situations to their past experiences, social environment, reference groups, and future personal expectations. People may be able to learn to be happier and able to cope up by appreciating the positive aspects of the working environment while not ignoring but, instead, deemphasizing negative events [17]. Second, if people in certain working environments experience bad working conditions, they will use it to create or adjust their perceptions in life; that is what authors meant for environmental adaptation.

Moreover, despite their fear of becoming infected and infecting others, community health workers have shown remarkable resilience and professional dedication to render service in the new normal [18]. This theory is believed to be suited or applicable to this study because Barangay Health Workers tend to continue working despite their current status and consider their job a mission that they think will benefit both personal and social endeavors. Health workers also did not overthink the possibility of being infected in these trying times of the COVID-19 pandemic due to the reason of their mindset of rendering services and thinking of the essence of their work where every nation faced this global health emergency. Barangay Health Workers are trying to adapt to the new normal as they face the reality of the situations and looking forward to ending this global pandemic to settle the lives of each sentient in the world. They also keep on appreciating the brighter sides despite the pre-judgment to the health workers as they are one of the most vulnerable and exposed to COVID-19 pandemic. BHWs may tend to adapt to the new working environment of new normal and will create and adjust their perceptions towards positive aspects in life.

1.4. Scope and Delimitation

This study is descriptive in nature and focused on the barangay health workers who are residents of Geographical Isolated Disadvantaged Area (GIDA) of Panabo City, as identified by the Local Government Unit (LGU) of Panabo City. The research participants were composed of seven (7)

barangay health workers residing in the selected barangays under GIDA of Panabo city.

The primary data gathering method used was interview to explore the experiences of barangay health workers through their interactions in delivering health services in the community. This research used interviewer-made questionnaires that will substantiate the expected outcome of the study. The list of participants involved in data gathering were barangay health workers who have attained at least one (1) year in service.

1.5. Definition of Terms

The following terms are operationally used in this study and hereby defined in order to give full understanding to the readers:

Barangay Health Workers– In this study, it refers to people who work under the barangay government in line with health promotion services in different areas in the community.

Geographically Isolated and Disadvantaged Areas (GIDAs) – In this study, this refers to places or barangays that are far from the highly urbanized places.

New Normal – In this study, this refers to the new way of living and going about our lives, work, and interactions with other people as a result of pandemic COVID-19.

II. METHODOLOGY

2.1. Research Design

The qualitative research approach for this study was chosen because qualitative methods are useful in discovering the meaning that people give to events they experience [21]. Specifically, the phenomenological method was used to understand how participants make meaning of the phenomenon being studied. Phenomenology effectively studies a small number of subjects – in this case, 7-15 participants – to identify the core of their experiences with the phenomenon and produce patterns and identify relationships of meaning that build new knowledge [8]. The qualitative research methods used for this study are described further below and included purposive sampling, open-ended interviewing, and systematic and concurrent data collection and data analysis procedures.

2.2. Research Locale

The study was conducted in the selected barangays of Panabo City, Davao del Norte. Panabo City is a coastal components city of Davao del Norte. This city has a land area of 251.23 sq. km or 97.00 sq. miles, with a population of 184,599 in the year 2015 (PhilAtlas, 2019). Panabo City is politically subdivided into 40 barangays, where 18 barangays such as Katualan, Tibungol, Lo. Panaga, Sindaton, Waterfall, Madioa, Malativas, Buenavista, San Roque, San Nicolas, Sta. Cruz, Tapore, Kasilak, Kiotoy, and New Malaga (Dalisay) are under the category of Geographically Isolated and Disadvantaged Areas (GIDA). These areas belong to this category since they

are isolated places due to distance weather and transportation difficulties, namely: island, upland, lowland, landlocked, hard to reach, and unserved/underserved communities. The researchers selected three (3) barangays, New Malaga (Dalisay), Kasilak, and San Nicolas, from eighteen (18) GIDA of Panabo City [9].

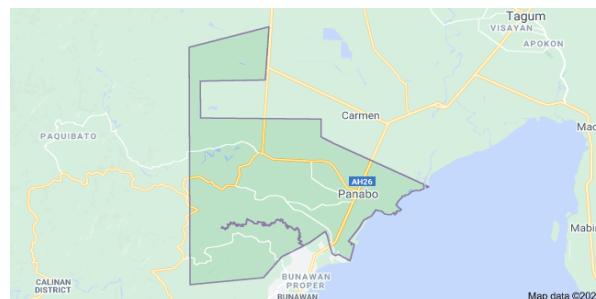


Figure 1: Map of Panabo City, Davao del Norte

2.3. Research Participants

Participants in this study were the barangay health workers drawn from Geographically Isolated and Disadvantaged Areas (GIDA) of Panabo City, Davao del Norte. These workers have one (1) year and beyond experience in serving and implementing health-related programs. Research participants are generally purposively selected because they are able to provide detailed descriptions of their experiences and are willing to articulate their experiences, thereby providing information that is rich and which will be able to challenge and enrich the researchers' understanding [6], [30].

2.4. Data Gathering Procedures

Data collection is the precise, systematic gathering of information relevant to the research sub-problems, using methods such as interviews, participant observation, focus group discussions, and case histories [6]. During the interview, both participants and researcher are obliged to wear a facemask and observe one (1) meter social distancing as mandated and prescribed by World Health Organization [33]. In this qualitative research, data were collected using face-to-face in-depth interviews until saturation was reached. Before each interview, the interviewer meticulously went through the informed consent and information leaflet with the participants. An interview guide translated from English into "Bisaya" by the researchers was used to focus on the study's core topics.



Diagram 1: Data Collection Procedures

2.5. Data Analysis Procedures

After transcribing all the necessary data, it was then coded, analyzed, interpreted, and verified. The systematic process of transcribing the interviews can help the researcher understand the subject from repeatedly listening to and reading the transcribed interviews. The data gathered will be encoded

once all the data are fully transcribed. Moreover, transcribed data are keywords that are an essential part of the study and which are used to categorize or organize text. The data was then analyzed, categorized, and organized into themes and further sub-themes which emerged through the coding process. The next stage involved interpreting data by themes that emerged according to its relatedness, identifying any reoccurring themes throughout, and highlighting any similarities and differences in the data. The last stage of the process involved data verification, where the process of checking the validity of understanding is done through rechecking the transcripts and data encoded again, thus allowing the researchers to verify or modify ideas already arrived at previously [25].



Diagram 2: Data Analysis Procedure

2.7. Ethical Consideration

A concept paper was submitted to the research adviser. The adviser granted ethical approval prior to the commencement of the research. In conducting any type of research, the researcher must be aware of the impact their research will have on participants and society as a whole and must therefore act accordingly. Acknowledges that it is unethical to accumulate information without participants' knowledge and their expressed willingness and informed consent. Therefore, the researchers made it clear to all participants that their participation was on a voluntary basis and that they were free to withdraw from the study at any time [16].

While conducting this study, the researchers ensured informed consent from all participants. They were also advised that they were under no obligation to answer any questions which they may not have felt comfortable with. Participants were given advanced notice prior to the interview, a broad outline of the subject to be discussed, an indication of the type of information required of the participant, the reasons why the research was being carried out, and how the information they received was provided would be used. Prior to the commencement of each interview, the participants were told of the length of time involved with the interview. Sufficient time was allowed before and after the interview for the participant to ask any questions relating to the research topic.

All participants signed a consent form stating that they were willing to participate in the interview while also ensuring them confidentiality and anonymity throughout the process. It is important to note that individuals vary in their experiences of working as community health workers. Therefore, the researcher should avoid pre-judgment of the background of the participant's work.

III. RESULTS AND DISCUSSIONS

The subsequent sections highlight the real-life experiences of the Barangay Health Worker (BHW) in GIDA, Panabo City, pertaining to their lived experiences which emerged from data obtained through the in-depth interview.

3.1 Lived Experiences of Barangay Health Workers in the New Normal

During the in-depth interview, several questions were asked to the selected Barangay Health Workers (BHWs) to gather information about their lived experiences in the new normal. The researchers have yielded three major themes from the informant's experiences: *Work Adjustment*, *Perks of Duty*, and *Difficulties in Transportations and Facilities*.

The aforementioned major themes were presented in table 1 to organize the ideas generated from the perspectives of Barangay Health Workers in Panabo City in the new normal.

Table 1. Lived Experiences of Barangay Health Workers Major Themes and Core Ideas

MAJOR THEMES	CORE IDEAS
Work Adjustment	In one month, I work four times, but it depends if there were other celebrations.
	I came here at 7:30 a.m. I sweep the floor by 8:00 a.m.
	We accept different patients to immunize babies and check the pregnant for their prenatal stage with proper health care protocol.
	As BHW, we assist children in immunization; if they do not come, we follow up with them from house to house.
	If there is a PUM or PUI in our respective streets, we always check them.
	It is so hard to work with facemask.
Perks of Duty	I learned personal healthcare for my family, especially today's crises.
	It is a big help for my living from that honorarium, and it is an additional income.
	I learned a lot, like in seminars, to help the people, like monitoring the people in today's pandemic, the symptoms, and so on.
	I learned a lot about caring for the patients PUM/PUI, pregnant women, and how to immunize.
	We have a free mask when we are on duty
Difficulties in Transportations and Facilities	I cannot come early due to the distance along our way because of our area.
	Our ambulance is not functioning well.
	One of our challenges here is transportation. If we go to the house of the patient, we just walk.
	The difficulty for us is going to a place too far.
	In our center, we are lack materials and facilities, especially today in the new normal.

As the result of the study presented, we have obtained three major themes from the shared lived experiences of the BHWs and thoroughly discussed them in the succeeding paragraphs.

Work Adjustment

The study found out that BHWs have a different number of monthly duties in rendering public health service. It also depends on the health care services they rendered, such as immunization and pre-natal in the new normal. There is no consistency in their number of duties. Additionally, as their responsibility, they have also to wake up early in the morning because they have to prepare the necessary materials and facilities used for medications. They started their whole day of work from 7:30 to 4:30. This 8-hour of duty was hereby indicated in republic act 7305, or the "Magna Carta of Public Health Workers," which stated the regular hours of work of any public health worker should not exceed eight hours (8) a day or forty hours in a week. Within that day, they do health care services that their patients needed [19]. This principle was "An opportunity, not a duty," which describes the primary function of the BHWs: health educators who are present in the community and advocating for their clients.

They render services to different people such as immunization for newborn babies, pre-natal for pregnant women, other healthcare-related programs, and monitoring the PUM/PUI people. Many of the informants also express that their duties are done in the health stations or centers. Still, they also do home-visiting to patients who cannot visit amid pandemic as the prescribed schedule for their services. [24] The general roles of the Barangay Health Workers are (a) building connections between vulnerable populations and healthcare systems; (b) facilitating healthcare services and social service system navigation; (c) managing care and care transitions for vulnerable populations; (d) reducing social isolation among patient population; (e) determining eligibility and enrolling individuals to health insurance; (f) ensuring cultural competence among healthcare professionals serving vulnerable population; (g) educating health system providers and stakeholders about the community health needs; (h) providing culturally appropriate health education on topics related to chronic diseases prevention, physical activity and nutrition's; (i) advocating for underserved individuals to receive appropriate services; (j) collecting data and relaying information to policymakers to inform policy change and development; (k) providing informal counselling, health screenings, and referrals; and lastly (l) building capacity to address health issues.

Perks of Duty

Considering the efforts and sacrifices of BHWs in their work, the study found out that they have received privileges such as compensations and allowances. Most of them received compensations coming from the province, city, and barangay. [24] The Barangay Health Workers may receive compensation for the service they render to the community. Health departments, hospitals, healthcare organizations, and even

other entities that hire BHWs may pay them hourly or full-time employees with benefits, etc... BHWs programs base compensation on local wages for similar workers in the organization or workplace. And adequate compensation for BHWs will contribute to their recruitment and retention.

Moreover, they also received bonuses during Christmas break, and for other health care programs such as attending seminars or workshops, they were allocated allowances for food, transportations, and other purposes.

Many, if not all, informants also shared that they do not matter how big or small their honorarium is; as long as they can serve their constituents, they are already happy. It gives them satisfaction if they can provide services to the people in the community. Job satisfaction can be defined as the degree or the level of contentment of an individual towards his work. [7] The satisfaction of the employees has a close relation with commitment. BHWs also highlighted that they are still thankful for the monthly compensations they received because it helps them sustain their daily needs such as food and serves as the assistance for studying their sons and daughters.

Furthermore, BHWs undergo some health-related seminars and workshops to develop and hone their services in their community. These programs are also enabled them to improve their communications skills and gain more knowledge and health tips in the new normal not just for their patients but also for the health of their family members.

Additionally, other studies view the Barangay Health Workers (BHWs) as workers who are not "panacea for weak health systems," and they require well-structured support from the formal support systems [14]. The support needed includes a clear role definition with defined tasks, adequate incentives/remuneration, appropriate training, and effective supervision. While active involvement of the community is an ideal goal, there are many examples in which Barangay Health Workers (BHWs) programs work effectively even when communities play mostly a passive role.

Difficulties in Transportations and Facilities

The study found out that BHWs in Panabo City are facing different challenges that make their work more delayed and time-wasting in the new normal. BHWs are very much challenged about the lack of transportations in their community as this is one of the essential things to consider in reaching other patients who are very far from health centers or stations. [28] The transportation barriers are often cited as barriers to healthcare access. Transportation barriers lead to rescheduled, or missed appointments, delayed care, and missed or delayed medication use. These consequences may lead to poorer management of chronic illness and thus poorer health outcomes.

Additionally, [5] Many of the designated health stations are also experiencing a lack of facilities that sometimes interrupt their services. Many performance barriers are faced by the barangay health worker, including fragmentation of service

delivery and even in the structure, inadequate financial salary, and materials needed. But due to the call of their service, they do their best even if it was unsafe. With that, we can see that their monthly allowances or incentives are also partially used for some medical purposes due to the lack of transportations and facilities. We can see that BHWs are at the heart of the service just to serve their fellow constituents, especially amid this pandemic. They also experienced the challenges of the road conditions such as muddy and sometimes dusty that affect their health-related programs.

After the thorough interpretations of the results, it was found out that many if not all BHWs experienced the challenges in their constituents in implementing the health-related programs in the new normal. Most of their patients are hard-headed and irresponsible about their health and sometimes did not comply or attend the scheduled dates given to them because of being afraid of the spreading virus. Other BHWs in Panabo City also highlighted that they want everyone to cooperate and provide full attention to services because aside from it is free, all of these services are for their own sake. Moreover, they would like to emphasize that they also feel sorry and responsible for the possible circumstances that may happen to them.

Although some patients are hardheaded, they also take into consideration the situations that possibly affect their visiting days, such as weather or geographic locations; that is why they conduct house-to-house just to deliver the necessary services to avoid as much as possible unexpected happenings. However, in working the home visit, they also worried about their safety because the road they are walking is sometimes difficult to deal with due to its geographic forms and the health issues commonly spreading today. Because of that, they have to skip that patient's and come back for another day to deliver the services.

3.2 Coping Strategies of Barangay Health Workers in the New Normal

In order to generate a comprehensive discussion for the above research question, this question was asked during the in-depth interview: *What coping mechanism has been strategizing to deal with their quest in their work?* Out from the collected data from the informants' perspective, there is one major theme that emerged, as shown in Table 3. This theme contributes to proving the results as presented below. The following theme is as follows: *Self-Encouragement and Time Management*.

Considering the challenges of the barangay health worker in the new normal, they are still determined and equipped with perseverance, passion, and enthusiasm. After a thorough, in-depth interview, it was found out that BHWs are positive and still standing to inspire themselves to do their work with the use of different coping strategies to foster and build for a better work or services in the community.

Table 3 Coping Strategies of Barangay Health Workers (BHWs) major themes and core ideas

MAJOR THEME	CORE IDEAS
Self-Encouragement and Time Management	We planned for that day that I'd go for it only just time management.
	All I want is to serve the people. All we want is to render service to the people.
	Just pray to the lord that you can surpass the tragedy that you are facing of especially today's problem.
	Just to encourage and challenge myself to continue my goal as a BHW in the new normal.
	I'm not going to think those are challenges for today's problem; I just enjoy it.
	It's okay, and I just balance my time to accomplished the task.
	I just learned to understand them.

As the result of the study presented, we have obtained one major theme from the shared coping strategies of the BHWs and thoroughly discussed it in the succeeding paragraphs.

Self-Encouragement and Time Management

Despite the challenges that BHWs encountered, such as lack of facilities and transportations, safety issues about the pandemic, and issues an uncultivated sense of responsibility of the community, we can still see the determination and feeling of the passion of the health workers in Panabo City. Most of the BHWs are helping themselves maintain their sense of responsibility to fulfill the needs in health care services even if it was too risky. They encourage themselves to accomplish their tasks even if they feel tired and afraid of the possible outcomes. However, they still inspire themselves and use different strategies to cope with everything they need to do. Encouragement is either be challenged-focused or potential-focused, wherein the individual sometimes encourages challenging situations [7] [8].

One of their coping strategies is time management in which they use to effectively manage their time and balances what works should be done first. They also laughed if they already feel the burden on their work and just understand the nature of their work because they believe that it is not easy to be BHWs, but most importantly, they serve the community with all their heart.

3.3 Lesson and Insights of the Barangay Health Workers

This question was asked in order to generate comprehensive results from the aforementioned research questions of the study: *What valuable lesson can be learned from them?* Table 4 presents the major themes generated from collected data obtained from the informants. Upheaving colleague's morale and community health workers aspirations.

Table 4 Lessons and Insights of the Barangay Health Workers (BHWs) major themes and core ideas

MAJOR THEMES	CORE IDEAS
Upheaving Colleague's Morale	Let's understand each of us in service, let's share if we have a problem in our work, let's help each other.
	We should be dedicated to our work as public servants, especially today in the new normal.
	They must love their work as a BHW, even if it is really hard here in our area.
	They just keep their job and encourage themselves and don't listen to the gossips.
	For me, let's help each other in serving the people
Barangay Health Workers' Aspirations	What we need are sufficient medicines for us to use in servicing the people.
	Increase our honorarium.
	Sufficient medicine, sufficient supply in the health center, to be used by the people.
	All we want is to give us little importance.
	Water, medicines are few, our tools were few, we don't have an ambulance.
	If we talked about transportation, we don't have an ambulance.

Based on the shared lived experiences and coping strategies, two themes emerged pertaining to the hopes and aspirations of the informants.

Upheaving Colleague's Morale

In facing the difficulties, most of the BHWs in Panabo City shared their advice to their colleagues to overcome all those challenges they encountered and efficiently contribute to the development of the community through rendering health care services. They encourage each other to be honest in serving people and always remember that they should always smile even how tiring their work is, just like IDI 4 stated that they should do their duty or job with utmost honesty and integrity.

She also added that do not let the difficulties stop them from doing their work because it is part of learning and improving their work and do not bother about the small honorarium or incentives. With that, BHWs are not concern about what they get but rather what they can give to others, even in a small way of serving the community in the new normal.

Barangay Health Worker's Aspirations

The study found that BHWs in Panabo City aspires to solve many concerns for themselves and improve and efficient health care services, especially today. Like what IDI 5 stated that she is aspiring to have sufficient medicines for the community. Honestly, most of the BHWs are hoping the same as IDI 5 because many of the health stations are experiencing a scarcity of medicines and other health-related materials and equipment in the middle of a pandemic. A common problem encountered by BHWs in large-scale programs has been the ability to resupply medicines and other commodities when

needed to render good service even if we are in the new normal. It is counterproductive to mobilize Barangay Health Workers (BHWs) if medicines and supplies are not going to be available [9].

Additionally, the medicines are their concerns and the lack of facilities because it affects their delivery of services in the new normal. With this, a poorly functioning supply system creates many serious problems, not the least of which is the BHW's inability to carry out the task expected [10]. Water supply and ambulance are just a few of the aspirations of the BHWs to improve and make progress on the benefits for the community needs. Because the failure to meet the community expectations leads to discouragement and loss of confidence in health-related programs, other informants such as IDI 1 also aspire to increase their honorarium because, for them, their work is not easy in today's time they are also prone to different illnesses coming from the community. As part of their aspiration, they also aspire that someday their effort and sacrifices nowadays will be recognized and gave more importance that may help them as a public servant.

IV. CONCLUSIONS AND RECOMMENDATIONS

This research study investigated the Barangay Health Workers (BHWs) accounts in GIDA in the new normal. Primary data were collected by conducting an in-depth interview with seven (7) informants. As mentioned earlier in the introduction, the purpose of this case study was to understand and get what proper benefits and privileges according to the gravity of their work not only in the normal days but also in the new normal.

4.1 Summary of Findings

The following conclusions can be drawn in the accounts of the BHWs in GIDAs in the new normal. First, the lived experiences of the BHWs in the new normal are themed as *Work Adjustment, Perks of Duty, and Difficulties in Transportations and Facilities*. Second, the coping strategies of the BHWs in new normal such as the *Self-Encouragement and Time Management* in order to render service even if we were amid pandemic. Lastly, the lessons and aspirations of the BHWs, *Upheaving the Colleague's Moral* and the *BHW Aspirations*.

This study indicates that the BHWs play a huge part in the new normal as a fronliner; they gave primary assistant to the isolated areas. As a result, the challenges set as the barrier to render service to make their work delay should be resolved immediately, especially today in the pandemic. The coping strategies of the BHWs were also big help not only to their co-worker but also to all public servant who is still fighting and kicking for a better future. The lessons and aspirations of the BHWs as to give them more importance, such as additional honorarium and providing materials and medicines in order to provide effective and efficient health care service to the community.

4.2 Implication for Practice

In light of the findings and conclusions of the study, the following was recommended:

1. The Government may initiate a branch under the department of health that specifically overlooks the welfare, benefits, incentives, and security of the BHWs.
2. The Local Government Unit of Panabo City should continue implementing seminars and trainings that can help them in rendering health care service in the new normal.
3. The Local Government Unit should provide accessible vehicles or transportations to the respective Barangay Health Centers to prevent services and health-related services delays.
4. Future researchers are recommended to widen their scope in terms of locality, the number of participants, and approach to gather more comprehensive live experience of the informants.

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