The Relationship of Barangay Health Workers' Training on the Delivery of Basic Health Services in Selected Barangays in Cebu City

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ABSTRACT

Purpose: This study aimed to evaluate the relationship between Barangay Health Workers' (BHWs) training and the delivery of basic health services in selected barangays in Cebu City. Specifically, it examined the perceived improvement in BHWs' skills and competencies, the level of basic health service delivery, the relationship between training and service delivery, and the factors influencing their performance in community healthcare.

Method: The study employed a sequential mixed-methods research design, integrating a quantitative descriptive-correlational approach followed by qualitative focus group discussions (FGDs). A total of twenty-four (24) BHWs from selected barangays in Cebu City participated through total enumeration sampling. Quantitative data were collected using a structured questionnaire covering demographic characteristics, perceived skill improvement, and service delivery. Statistical analyses included frequency count, percentage, weighted mean, and Pearson correlation. Subsequently, qualitative data were gathered through FGDs and analyzed using thematic analysis to further explore and explain the findings.

Results: Findings revealed that BHWs perceived training programs as highly effective in improving confidence, communication skills, household health assessment, and community-based health education competencies. Basic health service delivery was rated very high across health promotion and education, maternal and child health services, monitoring and reporting of health conditions, and home visits and patient assistance. Pearson correlation analysis demonstrated a very strong positive relationship between training and the delivery of basic health services. Qualitative findings identified teamwork and collaboration, training and capacity building, health professional support, and community leadership as enabling factors. Conversely, limited resources, workload demands, health constraints, and personal circumstances were identified as challenges affecting BHW performance.

Conclusion: Continuous and competency-based training contributes significantly to improving BHWs' competencies and service delivery capabilities. Strengthening supervision, resource allocation, professional development opportunities, and documentation systems is essential to sustain and enhance community-based healthcare services.

Keywords: Barangay Health Workers, training, basic health services, skill improvement

INTRODUCTION

In the Philippines, the delivery of primary healthcare services continues to face persistent challenges, particularly at the grassroots level, where communities rely heavily on frontline health personnel. Barangay Health Workers (BHWs), as community-based health providers, serve as the primary link between households and the formal healthcare system. They perform essential functions such as health education, disease surveillance, maternal and

child health monitoring, and facilitation of access to medical services. However, the effectiveness of these functions largely depends on the quality, consistency, and comprehensiveness of the training they receive. As emphasized by Schleiff et al. (2021), continuous and updated training is essential to ensure that community health workers remain equipped to respond to changing roles and emerging public health needs.

Globally, community health workers (CHWs) are recognized as vital contributors to primary healthcare systems, particularly in low- and middle-income countries. Recent international studies highlight the importance of structured training programs in strengthening CHWs' knowledge, skills, and service-delivery capabilities. Crawford et al. (2025) found that comprehensive training programs integrating theoretical instruction and experiential learning significantly improved CHWs' ability to conduct health assessments, provide health education, and coordinate care within communities. Similarly, Tewary et al. (2025) reported that competency-based training programs contribute to improvements in performance, communication skills, and community engagement. These findings emphasize the role of structured training in preparing community health workers to perform their responsibilities effectively.

In the Philippine context, empirical studies further demonstrate the importance of training in enhancing BHWs' performance and effectiveness. Gonzales et al. (2024) found that structured training programs significantly improved BHWs' knowledge, skills, and attitudes, particularly in disease prevention, health promotion, and community engagement. Similarly, Landingin (2024) reported that the level of training and experience of BHWs is directly associated with their job performance, with better-trained workers demonstrating higher levels of competence and effectiveness in carrying out their responsibilities. Despite these findings, BHWs continue to experience challenges that may affect the consistent delivery of basic health services. Hartigan-Go et al. (2025) revealed that many BHWs in the Philippines experience inadequate access to training, limited opportunities for professional development, and insufficient institutional support. These challenges highlight the importance of strengthening training programs and providing adequate support to improve their performance.

Despite the recognized importance of BHW training, there remains a need to examine how improvements in their skills and competencies are associated with the actual delivery of basic health services at the barangay level. Existing literature has established the value of training in developing community health workers' knowledge and capabilities (Schleiff et al., 2021); however, further local evidence is needed to understand its relationship with the delivery of essential community-based healthcare services. In particular, examining health promotion and education, maternal and child health services, monitoring and reporting of health conditions, and home visits and patient assistance can provide a broader understanding of how BHWs apply their training in fulfilling their responsibilities. Furthermore, identifying the enabling and disabling factors affecting their performance is necessary to understand the circumstances that support or hinder effective service delivery. Addressing these gaps is particularly relevant in selected barangays in Cebu City, where local findings can provide insights into the relationship between BHW training and the delivery of basic health services.

In response to these concerns, this study aimed to evaluate the relationship between Barangay Health Workers' training and the delivery of basic health services in selected barangays in Cebu City. Specifically, it examined the perceived improvement in BHWs' skills and competencies following training, the level of basic health service delivery, the relationship between training and service delivery, and the enabling and disabling factors influencing their performance. Through these objectives, the study sought to generate evidence-based insights that may help identify areas for improvement in training programs, strengthen support systems, and enhance the delivery of community-based healthcare services.

This research is aligned with the United Nations Sustainable Development Goals (SDGs), particularly SDG 3: Good Health and Well-being, which aims to ensure healthy lives and promote well-being for all, and SDG 10: Reduced Inequalities, which focuses on reducing disparities in access to essential services. By examining the relationship between BHW training and basic health service delivery, this study supports efforts to strengthen primary healthcare and promote more equitable access to essential health services. Ultimately, the findings may contribute to the development of more responsive and sustainable community-based healthcare systems by identifying opportunities to improve BHW competencies, training, and service delivery.

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METHOD

Participants

Data were obtained from the Barangay Health Workers (BHWs) in two selected barangays in Cebu City. A total of twenty-four (24) active BHWs participated in the study, consisting of ten (10) from Barangay Sambag II and fourteen (14) from Barangay Apas. The study employed total enumeration of the population. Six (6) BHWs were purposively selected for the Focus Group Discussion (FGD), with three participants from each barangay. An informed consent form was presented and discussed with all participants before data collection. The rights of the respondents were given the highest priority throughout the study.

This study utilized a sequential mixed-methods research design, integrating a quantitative descriptive-correlational approach followed by qualitative Focus Group Discussions (FGDs). A structured questionnaire covering demographic characteristics, perceived skill improvement, and service delivery was used to gather quantitative data. The questionnaire underwent expert validation, reliability testing using Cronbach's alpha, and pilot testing before actual data collection. A statistician also reviewed the research instrument and statistical treatment. Frequency count, percentage, weighted mean, and Pearson correlation were used to analyze the quantitative data, while thematic analysis was employed to analyze the qualitative data gathered through FGDs.

Population

The study covered all active Barangay Health Workers (BHWs) in two selected barangays in Cebu City, namely Barangay Sambag II and Barangay Apas. A total of twenty-four (24) respondents who were currently serving in their respective barangays, had at least six months of service, and voluntarily agreed to participate in the study were included using total enumeration sampling.

Measurement

This study used a multi-part research instrument to determine the relationship between Barangay Health Workers' (BHWs) training and the delivery of basic health services. The first section gathered demographic information through a two-item questionnaire covering length of service and number of trainings attended.

The second section, entitled Perceived Level of Skill Improvement Following Training Questionnaire, assessed the respondents' knowledge, competencies, and functional skills using a 5-point Likert scale: 5 – Strongly Agree, 4 – Agree, 3 – Neutral, 2 – Disagree, and 1 – Strongly Disagree.

The third section assessed the delivery of basic health services in four areas: health promotion and education; maternal and child health services; community assistance and home visitation; and monitoring, reporting, and documentation of health conditions. It used a 5-point frequency Likert scale: 5 – Always, 4 – Often, 3 – Sometimes, 2 – Rarely, and 1 – Never.

Qualitative interview questions and an FGD guide were also used to explore BHWs' experiences, enabling and disabling factors, and challenges in service delivery. The research instruments underwent expert validation and pilot testing in another barangay with similar attributes. Reliability testing using Cronbach's alpha yielded a coefficient of 0.90, indicating excellent internal consistency. A statistician also reviewed the research instrument and statistical treatment.

Analysis

The quantitative data were analyzed using jamovi, an open statistical software. Frequency count and simple percentage were utilized to determine the respondents' demographic profile in terms of length of service and number of trainings attended. The weighted mean was used to evaluate the perceived level of skill improvement following training and the delivery of basic health services in terms of health promotion and education, maternal and child health services, community assistance and home visitation, and monitoring, reporting, and

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documentation of health conditions. Pearson correlation was utilized to determine whether there was a significant relationship between BHWs' training and the delivery of basic health services. Assessment scales were used to interpret the respondents' Likert-scale responses. Moreover, thematic analysis was employed to identify recurring patterns and themes from the FGD responses, particularly the enabling and disabling factors affecting service delivery.

RESULTS

Length of Service

This refers to the number of years a Barangay Health Worker (BHW) has been serving in the community.

Table 1 presents the distribution of respondents according to their length of service.

Length of Service	**Frequency**	**Percentage**
1-3 years	5	21
4-6 years	9	37
7-9 years	4	17
10 years and above	6	25
Overall	**24**	**100**

Table 1 illustrates the distribution of BHWs according to their length of service, revealing that the largest proportion (37%) have served for 4–6 years, followed by those with 10 or more years (25%), 1–3 years (21%), and 7–9 years (17%). These findings suggest that the majority of participants have accumulated substantial experience in community-based healthcare delivery. Such experience may contribute to the development of their practical competencies, familiarity with community health needs, and effectiveness in performing their responsibilities. This is supported by Gupta et al. (2025), who emphasized that continuous supervision, constructive feedback, and mentoring contribute to strengthening community health workers' knowledge, confidence, and professional competence.

Number of Trainings Attended

This refers to the number of training sessions attended by Barangay Health Workers (BHWs) since they began serving in their respective communities.

Table 2 presents the distribution of participants according to the number of training sessions attended.

Trainings Attended	**Frequency**	**Percentage**
1-2 times	4	17
3-4 times	8	33
4-5 times	4	17
5 times or more	8	33
Overall	**24**	**100**

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Table 2 presents the distribution of participants according to the number of training sessions attended. The result shows that 33% of the participants attended five or more training sessions, while another 33% attended three to four sessions. Meanwhile, 17% attended one to two sessions, and another 17% attended four to five sessions. These findings indicate that the majority of BHWs have participated in multiple training opportunities, suggesting continuous efforts to strengthen their knowledge and competencies. This is supported by Gonzales et al. (2024), who emphasized that structured training programs enhance BHWs' ability to apply updated health guidelines and protocols, contributing to improved community healthcare delivery.

Perceived Level of Skill Improvement Following Training

This refers to the extent to which Barangay Health Workers (BHWs) perceive improvements in their knowledge, skills, and confidence after participating in training programs.

Table 3 presents the mean scores on the perceived level of skill improvement among BHWs following their participation in training programs.

	Mean	**Interpretation**
The training programs enhanced my understanding of DOH-mandated community health programs.	4.29	Very High
The training improved my competence in delivering community-based health education.	4.54	Very High
The training strengthened my ability to identify household-level health priorities.	4.50	Very High
The training enhanced my communication skills when interacting with clients and families.	4.46	Very High
The training increased my confidence in performing my assigned roles and responsibilities.	4.75	Very High
Overall	**4.51**	**Very High**

Table 3 shows the perceived level of skill improvement among Barangay Health Workers (BHWs) following their participation in training programs. The results show that all indicators obtained weighted mean scores ranging from 4.29 to 4.75, with an overall weighted mean of 4.51, interpreted as “Very High.” This indicates that respondents have a very positive perception of how training programs enhanced their knowledge, skills, competencies, and confidence in performing their assigned roles and responsibilities. It implies that training programs play an important role in strengthening BHWs' competencies, particularly in community-based health education, identifying priority health needs at the household level, and communicating with clients and families. Continuous training and supervision are necessary to further enhance their capabilities and ensure effective delivery of basic health services at the barangay level. These findings are consistent with Reyes et al. (2023), who reported that structured, context-specific training for BHWs improves communication skills, enhances understanding of health protocols, and increases confidence in performing community health tasks.

Level of Delivery of Basic Health Services

Level of Delivery of Basic Health Services In Terms of Health Promotion and Education

This refers to the BHWs' role in conducting community health education activities and providing accurate health information to promote health awareness and disease prevention.

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Table 4 presents the mean scores for the delivery of basic health services in terms of health promotion and education.

Health Promotion and Education	**Mean**	**Interpretation**
Conduct regular community health education activities.	4.29	Very High
Dissemination of accurate and DOH-approved health information materials.	4.08	High
Provision of health education on nutrition, sanitation, and disease prevention.	4.29	Very High
Responsiveness to community inquiries related to basic health concerns.	4.38	Very High
Overall	**4.26**	**Very High**

Table 4 shows the level of delivery of basic health services in terms of health promotion and education. The results show that all indicators obtained mean scores ranging from 4.08 to 4.38, with an overall weighted mean of 4.26, interpreted as "Very High." This indicates that BHWs consistently perform health promotion and education activities within their communities. Responsiveness to community inquiries related to basic health concerns obtained the highest mean (M = 4.38), reflecting their accessibility and responsiveness to community health needs. Meanwhile, the dissemination of accurate and DOH-approved health information materials obtained the lowest mean (M = 4.08), suggesting an area for improvement in providing reliable health information. These findings imply that BHWs play an important role in promoting health awareness, addressing community concerns, and encouraging preventive health practices. Continuous training is necessary to further strengthen their communication and health education competencies. This is consistent with Reyes et al. (2023), who reported that training increased BHWs' confidence in conducting health talks and addressing community questions, making them more proactive in organizing health education activities.

Level of Delivery of Basic Health Services In Terms of Maternal and Child Health

This pertains to the BHWs' involvement in providing basic healthcare support to mothers and children, particularly in promoting maternal and child health and well-being.

Table 5 presents the mean scores on the level of delivery of basic health services in terms of maternal and child health.

Maternal and Child Health	**Mean**	**Interpretation**
Identification and monitoring of pregnant women in the community.	4.63	Very High
Assistance in prenatal and postnatal follow-up activities.	4.54	Very High
Support for maternal nutrition, breastfeeding, and infant care education.	4.50	Very High
Participation in immunization and child health monitoring activities.	3.46	High
Timely referral of high-risk maternal and child cases to health facilities.	3.25	Moderate
Overall	**4.08**	**Very High**

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Table 5 shows the level of delivery of basic health services in terms of maternal and child health. The results show that all indicators obtained mean scores ranging from 3.25 to 4.63, with an overall weighted mean of 4.08, interpreted as "High." This indicates that BHWs frequently provide maternal and child health services within their communities. Identification and monitoring of pregnant women in the community obtained the highest mean (M = 4.63), reflecting the active role of BHWs in supporting maternal care and monitoring pregnancies. Meanwhile, timely referral of high-risk maternal and child cases to health facilities obtained the lowest mean (M = 3.25), interpreted as "Moderate," suggesting a need to strengthen referral practices to ensure timely access to appropriate healthcare. These findings imply that although BHWs demonstrate strong involvement in maternal and child health services, improvements in referral practices are necessary to ensure continuity of care and prevent potential maternal and child health complications. Continuous training and stronger coordination with health facilities are essential to further improve service delivery. This is consistent with Nishimura (2023), who reported that training health workers to use maternal and child health handbooks improves the monitoring of healthcare visits and the provision of targeted counseling.

Level of Delivery of Basic Health Services In Terms of Monitoring and Reporting Health Conditions

This involves the BHWs' responsibilities in monitoring community health conditions, identifying health concerns, and reporting relevant information to appropriate health personnel.

Table 6 presents the mean scores on the level of delivery of basic health services in terms of monitoring and reporting of health conditions.

Monitoring and Reporting of Health Conditions	**Mean**	**Interpretation**
Accurate documentation of community health data and household profiles.	4.13	High
Timely submission of reports to the barangay health center or Rural Health Unit.	3.25	Moderate
Proper referral and reporting of communicable and non-communicable disease concerns in the community.	3.33	Moderate
Use of standard monitoring and reporting tools prescribed by the DOH or LGU.	4.63	Very High
Overall	**3.84**	**High**

Table 6 shows the level of delivery of basic health services in terms of monitoring and reporting of health conditions. The results show that all indicators obtained mean scores ranging from 3.25 to 4.63, with an overall weighted mean of 3.84, interpreted as "High." This indicates that BHWs generally perform monitoring and reporting activities, particularly in documenting community health data and using standard monitoring and reporting tools prescribed by the DOH or LGU. The use of standard monitoring and reporting tools obtained the highest mean (M = 4.63), reflecting BHWs' consistent use of established procedures in monitoring community health conditions. Meanwhile, timely submission of reports to the barangay health center or Rural Health Unit obtained the lowest mean (M = 3.25), suggesting difficulties in maintaining timely reporting practices. These findings imply that although BHWs are familiar with standardized monitoring tools, improvements in report submission, referral, and reporting procedures are necessary to ensure accurate and timely health information. Strengthened supervision and support are essential to improve documentation and reporting practices. This is consistent with Alhassan (2024), who emphasized the importance of equipping community health workers with appropriate registers and reporting formats to strengthen health surveillance and the collection of community health information.

Level of Delivery of Basic Health Services In Terms of Home Visists and Patient Assistance

This describes the BHWs' involvement in conducting home visits and providing assistance to individuals and families who require basic healthcare support.

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Table 7 presents the mean scores on the level of delivery of basic health services in terms of home visits and patient assistance.

Home Visits and Patient Assistance	**Mean**	**Interpretation**
Regular conduct of scheduled home visits within assigned catchment areas.	3.83	High
Provision of basic counseling and health guidance during home visits.	4.17	High
Assistance to patients in accessing health services and referrals.	4.13	High
Proper documentation of home visit activities and client interactions.	3.38	Moderate
Overall	**3.88**	**High**

Table 7 shows the level of delivery of basic health services in terms of home visits and patient assistance. The results show that all indicators obtained mean scores ranging from 3.38 to 4.17, with an overall weighted mean of 3.88, interpreted as "High." This indicates that BHWs frequently conduct home visits and provide patient assistance within their assigned catchment areas. The provision of basic counseling and health guidance during home visits obtained the highest mean (M = 4.17), reflecting their active involvement in providing health information and guidance to individuals and families. Meanwhile, proper documentation of home visit activities and client interactions obtained the lowest mean (M = 3.38), suggesting a need to improve record-keeping practices. These findings imply that BHWs play an important role in delivering household-level care, assisting patients in accessing health services and referrals, and providing health guidance to families. Strengthening documentation practices through continuous training and adequate resources is necessary to ensure accurate records and consistent follow-up of patients. This is consistent with Kang (2025), who reported that structured home-visit counseling by BHWs resulted in more frequent contact with mothers, better recall of key health messages, and improvements in maternal mental well-being.

Relationship Between the Number of Training Sessions Received and the Level of Delivery of Basic Health Services.

This describes the relationship between the number of training sessions attended by Barangay Health Workers (BHWs) and their performance in delivering basic health services, specifically in health promotion and education, maternal and child health services, monitoring and reporting of health conditions, and home visits and patient assistance.

Table 8 presents the relationship between the number of training sessions received and the level of delivery of basic health services among BHWs.

Variable	**R-Value**	**P-Value**	**Degree of Relationship**	**DECISION**
Health Promotion and Health Education	0.847	0.001	High Positive Correlation	Reject the null hypothesis
Maternal and Child Health Services	0.967	0.001	Very High Positive Correlation	Reject the null hypothesis
Monitoring and Reporting of Health Conditions	0.834	0.001	High Positive Correlation	Reject the null hypothesis
Home Visits and Patient Assistance	0.791	0.001	High Positive Correlation	Reject the null hypothesis

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Table 8 shows a high to very high positive and statistically significant relationship between the number of training sessions received and the level of delivery of basic health services among BHWs across the four areas, as reflected by the Pearson correlation coefficients (r = 0.791–0.967, p = 0.001, df = 22). Since all p-values are lower than the 0.05 level of significance, the null hypothesis is rejected, confirming that significant relationships exist between the number of training sessions received and the delivery of basic health services in all four areas. The use of Pearson correlation indicates that the analysis measured the strength and direction of the linear relationship between the number of training sessions received and the level of service delivery. Maternal and Child Health Services obtained the highest correlation coefficient (r = 0.967), interpreted as a very high positive correlation, while Health Promotion and Health Education (r = 0.847), Monitoring and Reporting of Health Conditions (r = 0.834), and Home Visits and Patient Assistance (r = 0.791) all demonstrated high positive correlations. These findings suggest that BHWs who receive more training sessions tend to demonstrate higher levels of delivery of basic health services across the four areas. This result is supported by Baliolaa et al. (2024), who emphasized that training strengthens Barangay Health Workers' knowledge, skills, and confidence, enabling them to perform their responsibilities in health promotion and basic service delivery more effectively.

Enabling Factors in the Delivery of Basic Health Services

This refers to the factors that support and facilitate Barangay Health Workers (BHWs) in performing their responsibilities and delivering basic health services within their respective communities.

Table 9 presents the identified enabling factors in the delivery of basic health services among BHWs.

Themes	**Frequency**	**Rank**
Teamwork and Collaboration	5	1
Training and Capacity Building	4	2
Health Professional Support	2	3
Community Leadership Support	2	4

Teamwork and Collaboration

Teamwork and collaboration emerged as the most frequently identified enabling factor, with a frequency of 5. The participants emphasized the importance of unity, mutual assistance, and shared responsibilities in carrying out their duties. Participant 1 stated, "*Para nako usa sa nakatabang jod kay ang panaghiusa namo sa among mga kauban diri nga mga BHW sa sentro*" (For me, one of the things that really helped was the unity we had among our fellow BHWs here at the health center). Similarly, Participant 2 shared, "*Kung magtinabangay mi nga mga BHW mas sayon namo mabuhat among mga responsibilidad sa paghatag ug tukma na serbisyo sa komunidad*" (When we BHWs help each other, it becomes easier for us to carry out our responsibilities in providing proper services to the community). These statements highlight how collaboration promotes social support, facilitates task distribution, and makes responsibilities more manageable, particularly amid demanding workloads. This finding is supported by Wei et al. (2022), who emphasized that interprofessional collaboration and supportive working relationships enhance healthcare coordination, communication, and patient outcomes.

Training and Capacity Building

Training and capacity building ranked second, with a frequency of 4. The participants highlighted the importance of seminars, lectures, and organized training programs in strengthening their knowledge and practical skills. Participant 1 stated, "*Dako gyud tabang ang mga seminar sa ako kay makat-on ko unsaon pag handle sa mga health concerns sa mga residente sama sa simple nga pagkuha og blood pressure*" (The seminars have been a big help to me because I have learned how to handle residents' health concerns, such as simple tasks like taking blood pressure). Meanwhile, Participant 2 shared, "*Labi na kung naay mga training nga pagahimuon diri sa sentro mas madungangan among kaalaman sa paghatag og sakto na buhaton enkaso naay emergency*"

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(Especially when there are trainings conducted here at the center, our knowledge increases on what the proper actions are in case of emergencies). These statements demonstrate how training develops practical competencies, strengthens confidence, and prepares BHWs to respond appropriately to different community health concerns, including emergencies. This finding is supported by Baliolaa et al. (2024), who reported that training strengthens BHWs' knowledge, skills, and confidence, enabling them to perform their responsibilities in health promotion and basic service delivery more effectively.

Health Professional Support

Health professional support was identified by two participants as another enabling factor in the delivery of basic health services. Their responses emphasized the importance of guidance and supervision from nurses and midwives in performing their responsibilities. Participant 1 stated, "*Usa pod sa rason nga kampante rami sa paghatag og serbisyo kay hitungod sa tabang ug giya gikan sa amoang nurse ug midwife diri sa sentro*" (One reason we feel confident in providing services is because of the support and guidance from our nurse and midwife here at the health center). Similarly, Participant 2 shared, "*Mapaasalamaton jod ko sa amoang nurse ug midwife kay sila jod ang naga guide namo kung unsaon pag handle sa mga health concerns sa barangay*" (I am truly grateful to our nurse and midwife because they are the ones guiding us on how to handle the health concerns in the barangay). These statements illustrate how professional guidance provides direction, strengthens BHWs' confidence, and helps them address community health concerns appropriately. This finding is supported by Gopalakrishnan et al. (2021), who found that structured supervision improves community health workers' performance and application of knowledge.

Community Leadership Support Leadership Support

Community leadership support was also identified by two participants as a contributing factor in the delivery of basic health services. Their responses highlighted the assistance provided by barangay officials through resources and guidance. Participant 1 stated, "*Naay sakto nga suporta gikan ni Kapitan, usa pud na nga makatabang sa amo isip usa ka BHW*" (Having proper support from the barangay captain is also something that helps us as BHWs). Similarly, Participant 2 shared, "*Dako pod kaayo'g tabang ang suporta sa mga lider sa barangay sama sa paghatag og resources o giya*" (The support from barangay leaders, such as providing resources or guidance, is also a great help). These statements demonstrate how leadership involvement and institutional assistance help address the operational needs of BHWs and facilitate the implementation of community health activities. This finding is supported by Obi et al. (2024), who emphasized that community collaboration and leadership involvement help mobilize resources, strengthen community participation, and sustain primary healthcare programs.

Disabling Factors in the Delivery of Basic Health Services

This refers to the challenges and barriers that hinder Barangay Health Workers (BHWs) from effectively performing their responsibilities and providing basic health services within their respective communities.

Table 10 presents the identified disabling factors in the delivery of basic health services among BHWs.

Themes	Frequency	Rank
Limited Resources	6	1
Workload Demands	4	2
Health Constraints	3	3
Personal Circumstances	2	4

Limited Resources

Limited resources emerged as the most frequently identified disabling factor, with a frequency of 6.

The participants emphasized that insufficient medicines, medical supplies, equipment, and other essential resources hinder their ability to provide appropriate healthcare services. Participant 1 stated, "Maglisod mi og hatag sa sakto na serbisyo sama anang panahon nga magkuwang ang tambal sa sentro or mga serbisyo na dli namo mahatag tungod kulang o wala mi ana na gamit" (We struggle to deliver the proper services, especially when the center runs out of medicine or when there are services we cannot offer due to a lack of supplies or equipment). Similarly, Participant 2 shared, "Usahay kung daghan magpa check-up hurot-hurot jod ang tambal, dili jod namo ma-accommodate ang tanan nanginahanglan" (Sometimes, when many people come for check-ups, the medicines run out, and we are unable to accommodate everyone in need). Other participants also described shortages of vaccines, delays in restocking medicines, and insufficient equipment as factors that slow down service delivery. These statements indicate that inadequate resources limit the capacity of BHWs to address community health needs and provide timely assistance to residents. This finding is consistent with Hamoy et al. (2025), who identified challenges among Barangay Health Workers (BHWs) concerning the adequacy of medicines and supplies, data transmission, and health record management, highlighting how resource limitations can hinder the effective delivery of basic health services.

Workload Demands

Workload demands ranked second, with a frequency of 4. The participants identified multiple responsibilities and demanding daily tasks as challenges that affect their ability to complete their duties efficiently. Participant 1 stated, "Sa kadaghan og buluhaton, usahay malimtan na og tagad ang uban butang sama sa pag-follow up sa ubang pasyente" (With the many tasks we have, sometimes other things get overlooked, such as following up with certain patients). Similarly, Participant 2 shared, "Daghan kaayog buluhaton nga usahay lisod na maapas ang tanang kinahanglan buhaton sa usa ka adlaw" (There are so many tasks that sometimes it is hard to keep up with everything that needs to be done in a day). Other participants also described how numerous responsibilities may result in overlooked patient needs and delays in submitting reports to the City Health Office. These statements suggest that excessive workload affects task completion, patient follow-up, and documentation, potentially disrupting the consistent delivery of basic health services. This finding is supported by Reyes et al. (2023), who reported that excessive workload and expanding responsibilities without proportional support among community health workers contribute to stress and reduced performance, affecting community-level service delivery.

Health Constraints

Health constraints were identified by three participants as another disabling factor in the delivery of basic health services. Their responses highlighted how personal health conditions and physical limitations can affect their ability to report for duty and fulfill their responsibilities. Participant 1 stated, "Usa sad jod sa makapugong sa amo sa paghatag og tukma na serbisyo kay kung masakit, dili gyud makatrabaho ug naay mga buluhaton nga dili mahimo sa maong adlaw" (One factor that can prevent us from providing proper service is illness, because when someone is sick, they are unable to work, and certain tasks cannot be accomplished on that day). Similarly, Participant 2 shared, "Ang kahimtang sa panglawas usahay makapugong sa buluhaton namo isip BHW pareha if naay masakit sa amoa ari unya dli makareport sa sentro posible jod ma delay or malangan ang paghatag sa serbisyo" (Sometimes health issues can prevent us from performing our duties as BHWs. For instance, if a team member is sick and cannot report to the center, the provision of services may be delayed). Participant 3 also stated, "Usahay naa pud mi mga gipamati sa lawas nga makaapekto sa among trabaho" (Sometimes we also experience health issues that impact our ability to work). These statements demonstrate how health-related concerns may affect workforce availability, interrupt daily activities, and delay the provision of community health services. This finding is supported by Johnson et al. (2022), who noted that community health workers may experience work-related health problems, including fatigue and stress, that affect their physical and emotional well-being.

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Personal Circumstances

Personal circumstances were identified by two participants as another barrier to the delivery of basic health services. Their responses emphasized how family responsibilities and unexpected personal obligations may affect their availability and ability to fulfill their duties as BHWs. Participant 1 stated, "Usahay busy sa panimalay tungod sa responsibilidad isip inahan, nga makaapekto sa oras sa pagtrabaho" (Sometimes, household responsibilities as a mother keep us busy, which can affect our working hours). Similarly, Participant 2 shared, "Usahay naa pud mi personal nga responsibilidad nga kinahanglan unahon like emergency sa balay" (Sometimes we also have personal responsibilities that need to be prioritized, such as emergencies at home). These statements suggest that personal and family obligations may compete with work responsibilities, affecting the time and availability of BHWs to perform their assigned tasks. This finding is supported by Bibhakar et al. (2025), who emphasized that community health workers in low-resource settings often face competing demands between household duties and professional responsibilities, which may affect their continuity of service delivery.

DISCUSSION

The study's findings showed that most respondents (37%) had served as Barangay Health Workers (BHWs) for 4 to 6 years, followed by those with 10 years or more (25%), 1 to 3 years (21%), and 7 to 9 years (17%). The respondents were predominantly middle-aged and female, with most having completed high school education. These findings are comparable to the study of Crawford et al. (2025), which reported that community health workers had a mean age of 47.27 years and were predominantly female (82%). This suggests that women, particularly those in their middle adulthood, play an important role in community-based healthcare delivery.

The findings revealed that respondents had a very high perceived level of skill improvement following training, particularly in improving their skills, confidence, communication, and ability to deliver community-based health services and identify priority health needs. Similarly, Crawford et al. (2025) found that community health worker training strengthened participants' knowledge, practical skills, and competencies, particularly in community assessment, health education, and care coordination. Sultan et al. (2025) also emphasized that competency-based education helps community health workers apply acquired knowledge and skills in actual practice. However, differences in training exposure were observed among the respondents, with some having attended only one training session since becoming BHWs. This highlights the need for continuous and structured training programs to further strengthen their competencies.

The study also showed that BHWs demonstrated a high to very high level of service delivery across the four areas, with health promotion and education receiving the highest rating, followed by maternal and child health services, monitoring and reporting of health conditions, and home visits and patient assistance. However, gaps remained in the timely referral of high-risk maternal and child cases, report submission, and documentation. These findings were further supported by the qualitative results, in which participants identified limited resources and workload demands as challenges affecting their ability to consistently perform their responsibilities. Similarly, Hamoy et al. (2025) identified challenges among BHWs concerning the adequacy of medicines and supplies, data transmission, and health record management. These findings suggest that improvements in resource availability, referral systems, reporting procedures, and documentation practices are necessary to support the effective delivery of basic health services.

Furthermore, teamwork and collaboration, along with continuous training, were identified as key enabling factors in effective service delivery. Teamwork and collaboration emerged as the most emphasized factor because they were consistently practiced in the daily activities of BHWs through mutual support, shared responsibilities, and effective coordination. Meanwhile, participants described training and capacity-building activities as opportunities to develop their knowledge, practical skills, and confidence in handling community health concerns, highlighting the importance of continuous training in strengthening their competencies. This is consistent with the findings of Hamoy et al. (2025), which highlighted the importance of leadership, local government support, and collaboration in sustaining BHW performance. On the other hand, limited resources, heavy workload, health constraints, and personal circumstances were identified as major barriers affecting service delivery. Similarly, Astale et al. (2023) reported that community health workers in low- and middle-

income countries experienced high workloads, primarily due to multiple responsibilities and limited transportation. These findings emphasize the importance of adequate resources, organizational support, and manageable workloads in maintaining effective community health services.

Moreover, the study established a very strong positive relationship between the number of training sessions received and the delivery of basic health services ($r = 0.917$, $p < 0.001$). This indicated that higher numbers of training sessions received were significantly associated with higher levels of service delivery among BHWs. This finding is supported by Sultan et al. (2025), who emphasized the importance of competency-based training in improving the application of acquired knowledge and skills in practice. Although their study did not examine the same statistical relationship, it supports the importance of training in strengthening community health workers' competencies. Despite the challenges encountered, BHWs reported high to very high levels of service delivery across the four areas. The findings emphasize the importance of continuous, structured, and sustained training programs to strengthen BHWs' competencies and support the effective delivery of basic health services.

The study focused on twenty-four (24) Barangay Health Workers (BHWs) from two selected barangays in Cebu City, namely Barangay Apas and Barangay Sambag II. As the research covered specific communities, the findings primarily reflect the experiences and conditions of the participating BHWs in these areas. Future studies may consider involving more BHWs from additional barangays to further explore the relationship between training and the delivery of basic health services across different communities.

CONCLUSION

The study's findings, which examined the relationship between Barangay Health Workers' (BHWs) training and the delivery of basic health services, demonstrated that training is significantly associated with improvements in BHWs' skills, confidence, and service delivery. The findings also emphasized the importance of teamwork and collaboration, as well as the need to improve referrals, reporting, and documentation. These findings highlight the importance of continuous training, adequate resources, and institutional support in strengthening BHWs' competencies and promoting the effective delivery of basic health services. BHWs are encouraged to engage in continuous training, foster teamwork, share responsibilities, and manage resources effectively. Local Government Units (LGUs) should allocate sufficient budgets for continuous training, essential supplies, and incentive programs while addressing workload demands and promoting the mental health and well-being of BHWs. The City Health Office should provide continuous support and supervision, conduct regular training programs, and monitor service delivery to ensure the quality and consistency of healthcare services. Furthermore, the Department of Nursing is encouraged to integrate BHW-related training, mentorship, and community-based activities into the Community Health Nursing curriculum. Nursing faculty and students may collaborate with barangay health centers by providing technical support, participating in community health programs and home visits, and assisting with documentation tasks to help address workload challenges and strengthen BHWs' service delivery. Finally, regular monitoring and evaluation of these recommendations are encouraged to support the continuous improvement of BHWs' competencies and promote the efficient and equitable delivery of basic health services within the community.

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