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# A DIAGNOSTIC STUDY OF THE DOH HEALTH VOLUNTEER WORKERS PROGRAM

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## Abstract

A survey study of 200 Barangay Health Workers (BHWs) and 300 of their clients was conducted in 1993 with a view towards assessing the support provided by BHWs to the Philippine Family Planning Program. Four provinces in Regions XI and XII (Davao del Sur, Davao del Norte, Lanao Norte, Lanao Sur) served as the setting of the study. Descriptive statistics and patterns of BHW-client interaction are discussed, along with the perceived contributions and deficiencies of these volunteer workers. Suggestions for upgrading the BHW program are then made along four lines: (1) increased incentives, (2) improved support services, (3) changes/clarifications in the BHW role and (4) improved training and recruitment systems.

## INTRODUCTION

With a population of sixty-five million people scattered throughout hundreds of inhabited islands and thousands of local villages (barangays), it is evident that a community-based approach to the provision of health and family planning services should prove highly functional within the Philippine context. The Department of Health (DOH) has thus instituted a program by which Barangay Health Volunteer Workers (BHVWs or simply BHWs) have been recruited and trained to serve as links between the local populace and their nearest health center.

Various studies (e.g. Lamug, 1993) have shown that DOH midwives and nurses are presently burdened with a large number of tasks to accomplish under a variety of specific health programs. To the extent that the BHWs may help to relieve this heavy workload, one result would hopefully be an improved delivery of local health services.

The effectivity of the BHW program has yet to be clearly demonstrated. This is partially due to the lack of strong support given by local government executives to outreach programs such as the BHW initiative. In the provinces of Lanao del Norte and Lanao del Sur, for example, half or more of the volunteer workers originally recruited into the program have now dropped out from active duty. Survey studies in Southern Mindanao have also shown the BHWs

to rank as the least preferred type of health service provider working out of the DOH (e.g. Lacuesta et al., 1992).

Funded by FPORTP-Philippines and conducted during the period 1993-94, the present study was undertaken with five major objectives in mind:

1. To examine the background characteristics of BHWs;
2. To understand the processes by which they were recruited and trained;
3. To describe their views, activities and concerns about their volunteer role;
4. To identify the factors affecting their FP performance; and
5. To provide additional information on BHWs as seen from their clientele's point of view.

## METHODOLOGY AND STUDY SETTING

One hundred BHWs and 150 clients were interviewed in each of the two regions. BHWs who were no longer active in the program were excluded from the eligible population. Clientele data were also included insofar as this allowed for a somewhat different perspective on BHW role performance. Clients were married women of reproductive age who were FP adopters.

The sampling procedure began by selecting one "high performing" and one "low performing" province in each of the two regions under study. In the case of Central Mindanao (Region XII) these were, respectively, Lanao del Sur and Lanao del Norte. For Southern Mindanao (Region XI) the respective provinces chosen were Davao del Sur and Davao del Norte. Twenty barangays were randomly selected per region, in this case by first choosing five municipalities in each province and then selecting one urban and one rural barangay from each municipality. The BHWs to be interviewed were then selected from the lists of all active BHWs held by the DOH program coordinators. Five BHWs were randomly selected in each of the sample barangays. Clients were chosen using nonprobability sampling. They were selected from among the residents of three of the selected barangays within each province.

A structured interview schedule was used in obtaining the data from the midwives, BHWs and clients. Standard survey techniques (e.g. pretesting, interviewer training, spot-checking) were undertaken at this stage of the study in order to improve data quality.

## RESEARCH FINDINGS

**BHW Characteristics.** The typical BHW was found to be a woman (98 percent female for the overall sample), married (89 percent) and aged from 26 to 55 years (84 percent). The Davao respondents were predominantly Roman Catholic while exactly half of the Lanao respondents were found to be followers of Islam. All respondents had undergone some type of formal education. More

than half had attended at least one year of high school, particularly in the Davao provinces where 77 percent of the BHWs had reached this level.

Most BHWs had lived in their present residence for a relatively long period of time. The average length of residence for the overall sample was 26.4 years.

A majority (60 percent) of the BHWs were not gainfully employed. Those who did have some type of job were usually involved in trading activities, farm work, or teaching.

Monthly incomes were generally below the national poverty threshold of ₱5,000. Average incomes were ₱3,489 in Lanao and ₱2,919 in Davao. These low figures are perhaps to be expected insofar as the spouses of the BHWs were typically engaged in poorly paying occupations in the agricultural, transport, construction, and service sectors. The average number of children ever born among the married BHWs was 5.3 in both study sites. Knowledge about FP techniques was reasonably good (e.g. 99 percent knew about contraceptive pills) and 83 percent of all ever married respondents had used FP on at least one occasion. When asked if they were "in favor" of family planning, all but one of the 200 respondents answered in the affirmative.

The FP methods currently used by the respondents included (in order of popularity) rhythm, the IUD, ligation, and pills. (By "rhythm" most respondents were referring to calendar rhythm rather than the more effective, sympto-thermic technique.) When asked about the methods which they most frequently recommended to clients, the most common responses were contraceptive pills, the IUD, rhythm, condoms and tubal ligation.

Even as they voiced strong approval of the general concept of family planning, most respondents also held a somewhat pronatalist viewpoint. A large majority (88 percent) said that their ideal family size stood at three or more children. This was particularly true in the Lanao provinces where the mean for this question reached 4.2, as compared to only 3.4 in Davao.

Most respondents (63 percent) had served as a BHW for six or more years. Nearly half had also participated in some FP-related activity before joining the volunteer program. The typical route to becoming a BHW was to be recruited by either a DOH midwife (64 percent), the barangay captain (10 percent), a DOH nurse (5 percent) or another BHW (3 percent). Another 14 percent volunteered without any external prodding. When asked why they had been recruited, the most common answers given were that they were "available" or "active" in the community. Fewer mentioned that they were perceived as either influential or knowledgeable about health matters.

**The BHW Role.** As a central agent in the primary health care campaign of the DOH, it might be expected that the

foremost orientation of the BHWs would be towards circulating within their assigned neighborhood. This does not seem to be the case, though. When asked to list their perceived roles and functions, nearly two out of every three respondents (64 percent) answered that they "assist in the health center". Even so, some outreach activities do remain. Forty-five percent of the respondents mentioned either "motivating clients" or "referrals" as one of their roles, while 17 percent referred to "information dissemination" or to working for one of the DOH campaigns (e.g. herbal medicine). Another 25 percent said that they conduct surveys. Only 6 percent of these respondents thought to include "resupply of pills" in their list of functions, thereby implying that this activity is not commonly undertaken.

On the average, respondents claimed that they were spending 1.7 days per week in the health center and 2.0 days in the field.

As many as a third of the BHWs had never been given any special training in family planning matters. Further still, in most (77 percent) cases where a training had been given, the topic of FP was only discussed as part of a larger "package." (The typical pattern here was that the BHW had attended a training on primary health care or on maternal and child health.) The major topic taken up on these occasions was the use of different FP methods. Fewer respondents (20 percent or less) mentioned having learned about such affiliated subjects as motivating clients, responsible parenthood, or the management of side effects. Only one said that she had been trained in the distribution of contraceptive pills.

A fairly large proportion (45 percent) of BHWs said that their FP training had not been adequate. In general, these respondents felt that they still did not understand clearly about FP methods, their importance and their side effects. Special mention was also made of their desire to learn more about natural family planning (NFP), the IUD and newer methods.

Knowledge about some FP techniques was moderate or low (e.g. 69 percent for vasectomy, 62 percent for ligation, 6 percent for Depo Provera). Most BHWs not only agreed that FP use tends to bring on a variety of side effects but also admitted to having discontinued the use of FP themselves as soon as such symptoms had been manifested. When asked if they felt that their knowledge about FP techniques was adequate, 48 percent (68 percent in Davao, 28 percent in Lanao) said that it was not.

In theory, BHWs are volunteer workers and therefore ineligible for any form of regular remuneration. In practice, however, a large majority (88 percent) expected to be paid, with this expectation actually being met in three-fourths of all cases. The typical worker was also receiving some other type of incentive (e.g. a medical kit, umbrella, medical assistance). Less than half (44 percent) felt satisfied with the incentives that they had received but, even so, a large proportion (93 percent) said that they

would still continue to serve. In general, these respondents said that they wanted to continue helping the community (61 percent) or that they were already "used to" their work as volunteers (22 percent).

A significant majority (92 percent) of the BHWs in the two study regions asserted that they were working under the direct supervision of the local midwife. Various monitoring activities were reported as being used by their supervisors, including the conduct of monthly meetings, "follow-up" of either the BHW or her clients, "collecting reports" and giving instructions or retraining. The frequency with which the DOH midwives were said to have "visited" the BHWs averaged out to 2.4 days per week but this finding should be interpreted with caution. Given the heavy work schedule of most DOH midwives, this figure is probably nothing more than a restatement of the claim (cited earlier) that the BHWs are going to the Barangay Health Center about two days per week on average. In any event, most respondents (83 percent) also added at this point that a schedule of once-a-month meetings with their supervisor had been set up in their locale, with attendance at the same being reasonably good. (Seventy percent said they went to 9 or more of these get-togethers during the past year.)

Another favorable point was that FP-related topics (in particular, clientele motivation and the side effects problem) were usually discussed in these meetings. Only 16 percent said FP was not included at these times. Even so, about one in four respondents felt that they would like to see additional discussions on FP use during the regular meetings. Other shortcomings or problems that were mentioned include a lack of money for transportation to the meeting (38 percent), scheduling conflicts (25 percent), distance (15 percent), lack of order in the meeting (7 percent) and conflict with family responsibilities (7 percent).

All of the Davao respondents but only 78 percent of those from Lanao said that they were required to submit some reports about their work. In most cases this consisted of client records, as were usually expected on a monthly basis. Reports dealt mainly with information on the FP acceptor and the type of method she had selected.

No less than 72 percent of the BHWs failed to register even a single complaint against their supervisor when they had a chance to do so. Among those who did note some problems in this regard, the most frequently-cited concerns included favoritism (a problem which was noted by 24 percent of all respondents and no less than 87 percent of all who were not fully satisfied with their supervisor), poor planning, and delayed action on current problems.

According to a large majority (more than 90 percent) of the Davao BHWs, their regular resupply of pills and condoms could be expected to arrive on either a weekly or monthly basis. In Lanao, however, more than half of those who had requested new stocks of contra-

ceptives experienced having their order filled on a less immediate basis -- i.e. "occasionally", quarterly, or even annually. Indeed, about one in three Lanao respondents had only received one resupply of contraceptive pills during the past year. This particular problem, though, does not seem to be linked to an excess of red tape in the requisition process since more than half of the Lanao BHWs claimed that there were no formal requirements expected of them to obtain a new batch of FP supplies. In comparison, most of the Davao requests had to be accompanied by the proper Health Center form (26 percent), by a set of client records (21 percent) or by a list of acceptors (21 percent).

Responses to a number of parallel questions provided similar results. More than half (55 percent) of the Lanao respondents said that no FP supplies were available at their Health Center, as compared to 23 percent in Davao. When asked about problems in availing of supplies, 78 percent of the Davao BHWs said that they had not experienced any such difficulty, whereas 75 percent in Lanao asserted that supply shortages were a common occurrence. So also do we find 64 percent of the latter group admitting to an inability to immediately fill their clients' FP needs, as contrasted to 39 percent in Davao.

Nearly all BHWs had received one or more "updates" on FP matters. In about half of all cases (46 percent) this had occurred within the last month. Somewhat less satisfactory, though, were the responses of another 48 percent who had last received an update one or more years ago.

A number of questions about the network of interrelationships entered into by the BHWs were included in the survey instrument. For the overall sample, 95 percent of the respondents had taken the trouble to join the local BHW organization. About one in four, in fact, were serving as an officer in the same. These associations sponsor several activities dealing not only with the promotion of health and family planning but also with fund raising and livelihood activities. Indeed, it is interesting to note that participation in social and livelihood projects was somewhat more prevalent among our respondents than was the case for health and FP activities.

A majority of BHWs acknowledge that they are receiving some sort of support from public officials in their locality. To a large extent this has consisted of financial assistance (57 percent) along with public expressions of support for the program (19 percent) and help with logistics (12 percent). In only about 10 percent of all cases had a BHW taken the initiative to request additional support from some other specialized agency, such as POPCOM or an NGO.

**Performance of BHWs.** The local DOH offices usually do not keep complete records on the different tasks performed by BHWs. This is probably to be expected since they are only working on a voluntary basis. Besides, much of their impact is expected to take place during

the course of informal interactions with friends and neighbors.

One implication of the above is that we were limited to self-reported data when the time came to quantify the extent to which the BHWs were actually carrying out their assigned roles. We began by asking them to recount the various FP services which they have been providing to date. The results showed very frequent references to motivating clients (93 percent), making referrals (92 percent) and accompanying clients to the health center (88 percent). Less frequently cited were "information dissemination" (50 percent) and resupply of pills and/or condoms (36 percent).

The Lanao respondents were more likely to report themselves as having performed all or most of the five FP services listed above. About two-thirds (64 percent) of them obtained a "high" score on the five-point scale which was made from these categories, as compared to only 46 percent of BHWs from Davao.

Stepwise regression techniques were utilized in order to identify the different factors correlated with the role performance scale. Results were not consistent though certain patterns and relationships relevant to the study were apparent. Factors positively associated with high levels of role performance include education, experience as a BHW, prior acquaintance with local residents, and cultural homogeneity with the client population. There was no evidence that additional incentives improve FP performance among the volunteers.

**Client Interviews.** A fairly detailed set of questions was posed to the 300 FP clients interviewed during the course of the study. These included items on background characteristics and family planning practices of these respondents. Spatial limitations constrain us from fully summarizing these aspects of the data set, but they may be found in the project report (Lacuesta, Sarangani and Amoyen, 1994). For now, we turn directly to those results which bear specifically upon the BHW role.

The local DOH midwife was cited by 72 percent of the respondents as the person or persons whom the respondent had consulted with when any problem arose with regard to her use of FP. The BHWs also rated moderately high on this question, with 34 percent of the clients citing the help they received from a volunteer health worker. About a quarter had consulted with a doctor, who in some cases was a DOH representative (20 percent) and in others a private practitioner (6 percent).

A fairly large minority (33 percent) said that they were not familiar with the services offered by the BHWs. Indeed, one out of seven respondents did not even realize that a BHW had been assigned to their barangay. As for the various tasks associated with the volunteer role, more than half of all clients knew that the Barangay Health Workers were supposed to refer clients to the health center and to act as an FP

motivator. Beyond that, however, less than a third mentioned such tasks as resupplying either pills (30 percent) or condoms (16 percent), disseminating information (2 percent) or following up individual cases (1 percent).

Lack of knowledge about BHWs is also found when data are examined on the actual reception of FP services from a BHW. Only about half (54 percent) of the clients had ever consulted with a BHW about family planning. A majority (60 percent) of such consultations had also been limited to only one or at most two visits during the past six months. When we remember that more than half of the married women throughout the Philippines are not using FP at all, it is apparent that the BHWs are not succeeding in establishing a thorough coverage of all eligible clients in their barangays.

Even so, most respondents do have something good to say about BHWs in general. When asked about their characteristics, responses such as "approachable," "service-oriented," "dedicated," "active" and "understanding" were voiced by nearly all respondents. So also do we find most clients (70 percent) answering that they were "comfortable" in relating to their local BHW.

The overall image of BHWs would therefore seem to be that they are good and friendly people who are, somewhat unfortunately, not terribly competent in medical and FP matters. Only 8 percent of the respondents mentioned "knowledgeable about FP" for the open-ended question on BHW characteristics. As such, there is a certain tendency to bypass them when the time comes for making a decision on FP matters. When respondents were asked why they had refrained from consulting with a BHW, we found a large majority had bypassed the volunteer worker; i.e., they had decided to " go directly to the health center" (42 percent), they "found it unnecessary" (32 percent), they feel that the BHWs "lacked knowledge" about FP (10 percent), they decided "on their own" (4 percent), they preferred to go to a doctor (3 percent), or they "didn't trust" the BHW (2 percent).

Most of the applicable clients (71 percent) said that they were satisfied with the FP services provided to them by the BHW. So also do we find a full 64 percent claiming that the BHW had been influential in affecting their practice of FP. Looked at another way, these same statistics show 29 percent of the clients as being openly dissatisfied about FP services while 36 percent said that the BHW had been "not very influential" in affecting their FP practice.

Once clients have been referred to the health center the BHW is supposed to follow up the case at some time in the near future. According to the survey findings, this had indeed been done in a large majority (84 percent) of all cases. This is encouraging. Less propitious, though, is the finding that nearly half (49 percent) of the clients who were aware of their local BHW's presence had never been referred by them to the health center for FP purposes. It is also

somewhat disturbing to note the large minority (44 percent) of all clients who answered "no" when asked if they had been allowed by the BHW to choose their FP method. This statistic can scarcely be said to provide much support for the widespread depiction of the country's FP program as following a noncoercive "cafeteria" approach.

## POLICY IMPLICATIONS

When the primary health care approach was first popularized two decades ago, glowing references were commonly made to the "barefoot doctors" of mainland China. If only this model could be reconstructed in the Philippine setting, supporters argued, there could be no doubt but that a more effective and egalitarian distribution of health services would result.

Based on the results of the present study, it is apparent that FP outreach workers are failing to measure up to the high expectations of the BHW program. Most BHWs admit to possessing only a limited understanding on this subject, a perception that would also seem to be held by most of their potential clients. Nor do we see much evidence that they are inspired by the sort of missionary-like zeal that a good outreach worker must have in order to be effective. Instead of going straight to their neighbors in a pedagogical or motivational capacity, most seem to be content to either let the local residents take the initiative or to focus on the needs of the midwife by serving as her assistant in the local health center.

Future action concerning the BHW program should focus on how to improve program outreach objectives. There are at least four ways in which this might be accomplished: (1) improved recruitment and training procedures; (2) more generous incentives; (3) role changes on the part of BHWs and/or their supervisors; and (4) improvements in affiliated components of the FP program, such as logistics.

While it is true that at least some evidence in support of each of these strategies may be found in the present study, this is probably least true for the proposal to increase incentives. Most volunteers were consciously dissatisfied with the rewards they were receiving for their work but the great majority also admitted that they would continue serving as a BHW anyway. Further still, the incentives variable was either not associated with FP role performance (the case in Lanao) or was actually associated with lower levels of volunteer output (the case in Davao). We should also remember that most volunteers are paid something for their efforts and that the whole premise of the program is built upon a voluntary giving of self for the purpose of community improvement.

It has been noted on several occasions that few BHWs are serving as effective resupply agents for contraceptive pills or condoms. In the case of Lanao, at least, this problem may be partially attributed to a faulty logistics system, which is to say that the BHWs are not dispersing

these items because, all too often, they are simply not available in the local health center. Shortfalls in IEC materials also appear to be common, a problem which was again found to be most widespread in Lanao. These deficiencies should be looked into.

Another logistics-related improvement which could be made is to revise those few IEC materials which are now available. For the Lanao-based program there is a need to translate the brochures and manuals into Maranao. Several requests were also made for extended presentations on the side effects issue, on natural family planning and on newer program methods like Depo Provera.

Some changes can also be suggested with regard to the BHW role. As pointed out earlier, there is a tendency for BHWs to spend their active time within the confines of the Barangay Health Center rather than circulating among their potential clients. Perhaps as a consequence, the number of local residents who had been referred by the BHW to the clinic for FP purposes was not impressively large. Clearer directives may also be needed with regard to authorizing the BHWs to serve as contraceptive resupply agents. National-level policies permit and even encourage such activities but these are often overruled by local administrators.

Nearly half of the FP acceptors felt that they had not been given full freedom of choice in selecting their particular contraceptive method. This may simply be a function of the logistics problem discussed earlier (i.e. no choice is possible when only one method is available) but it also suggests that clearer directives should be given to the BHWs on this point.

Our last policy option concerns the recruitment and training of BHWs. Not all commentators are convinced about the effectivity of this latter suggestion. Indeed, the charge has often been made that the Philippine FP program places too much emphasis on seminars and trainings. Even so, several of our findings do indicate that an expanded FP training program for BHWs would be appropriate. A large majority of the volunteers had never attended a training which concentrated solely on family planning issues. In addition, most were not highly educated (only 16 percent had ever attended college). Particularly needed here are further discussions of the side effects issue, additional materials on NFP and the newer contraceptive techniques, and a better understanding of the benefits accruing to FP users.

With regard to recruitment, findings from the study suggest a number of possible strategies, the first of which is to identify persons who are both relatively well educated and long-time residents of the barrio. In areas with a large minority group population (in this case the Maranaos of Lanao) it may also be appropriate to recruit BHWs from these particular groups. The wisdom of recruiting all (or nearly all) volunteer workers from the local female population might also be given some reconsideration by the DOH, particularly in light of

recent announcements to the effect that a stronger effort will now be made to involve Filipino males more directly in the country's health and family planning program (Anonymous, 1994).

As a final recommendation it may perhaps prove profitable to look into the FP record keeping system now in use. As we have seen, the lack of a more objective measure of BHW role performance has hampered the present study. So also would it appear useful to monitor more fully the contraceptive needs of the DOH clients as well as their schedules for procurement and distribution.

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