ADVANCING PARTNERS & COMMUNITIES

COUNTRY PROFILE: PHILIPPINES

PHILIPPINES COMMUNITY HEALTH PROGRAMS
JANUARY 2015

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[*] Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ARI	acute respiratory infection
CC	community clinics
CG	community group
CHCP	community health care providers
CHW	community health worker
CSBA	community skilled birth attendants
DGHS	Director General of Health Services
DMPA	depo-medroxy progesterone acetate (injectable contraceptive Depo-Provera)
DOTS	directly observed treatment short-course (tuberculosis)
FAM	fertility awareness methods
FP	family planning
FWA	female welfare assistants
FWV	female welfare visitors
HIV	human immunodeficiency virus
IRS	indoor residual spraying
IUD	intrauterine device
MCH	maternal and child health
MOH	Ministry of Health
NGO	nongovernmental organization
ORS	oral rehydration therapy/solution
PMTCT	prevention of mother-to-child transmission (of HIV)
PPH	postpartum hemorrhage
SDM	standard days method
SP	sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)
TB	tuberculosis
TBA	traditional birth attendants
VCT	voluntary counseling and testing (HIV)
WASH	water, sanitation, and hygiene

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

		There is no single community-based health system or community-health program in the Philippines. There are different categories of community-based health and nutrition workers that operate at the community level, including the Barangay Health Workers (BHWs), the Barangay Nutrition Scholars (BNS), and the Barangay Service Point Officers (BSPOs). The Community Health Team (CHT) was most recently established by the current administration to identify and attend to the health needs of the poorest households in the country.			
		Barangay Health Worker (BHW) Program	**Barangay Nutrition Scholar (BNS) in Every Barangay**	**Barangay Service Point Officers (BSPOs) *(formerly under the National Family Planning Outreach Program)***	***Kalusugan Pangkalahatan* (Universal Access to Health Care) through the Community Health Team (CHT)**
1	What is the name of this program*, and who supervises it (Government, nongovernmental organizations [NGOs], combination, etc.)? *Please list all that you are aware of.* **If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.*	The Barangay Health Worker (BHW) program is supervised by the Local Health Office (LHO) of the Local Government Unit (LGU).[1]	The Barangay Nutrition Scholar (BNS) program is supervised by the Municipal/City Nutrition Action Committee (C/MNAC) under the Office of the Mayor. In areas where the Nutrition Program has been integrated with the LHO, the BNS Program is supervised by the LHO. The National Nutrition Committee (NNC) provides oversight at the national level.	The BSPO program is supervised by the Population Program within the Office of the Mayor. In areas where the Population Program has been integrated into the LHO or the Local Social Welfare and Development Office, supervision is provided by these offices.	The *Kalusugan Pangkalahatan* (KP) Community Health Team (CHT) is supervised by the LHO. The Department of Health (DOH) oversees the program at the national level.
2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	In 1979, the BHW program was initiated with the implementation of the Primary Health Care program and strengthening health promotion at the community level through training BHWs was mandated. This program operates nationwide.	In 1978, *Strengthening the Barangay Nutrition Program by Providing a Barangay Nutrition Scholar in Every Barangay* (Presidential Decree (PD) No. 1569) was issued to launch the BNS program in every barangay.	In 1976, the government launched the *National Population and Family Planning Outreach Project (NPFPOP)* which mobilized BSPOs in each barangay to provide door-to-door family planning information and supplies (condoms and pills). However, as of 1998, the	In 2010, the DOH issued Kalusugan Pangkalahatan Strategy of DOH to Attain Universal Access to Quality Health Care (Order No. 2011-0188) to establish a national KP-CHT aimed to address the health needs of the poorest households (HHs).

[1] The local government system is four-tiered: 1) autonomous regions; 2) provinces and urbanized cities independent from a province; 3) component cities and municipalities; and 4) **barangays, the smallest administrative units (ward/village/neighborhood) with independently elected Local Government Units**. Source: http://en.wikipedia.org/wiki/Local_government_in_the_Philippines

				NPFPOP is no longer in operation. The FP component was transferred from the Department of Social Welfare and Development (DSWD) to the DOH. However, BSPOs are still active in some LGUs with strong Population Programs.	
3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? *Please note specific districts/regions, if known.*	The BHW Program operates in urban, peri-urban, and rural barangays in all regions.	The BNS Program operates in urban, peri-urban, and rural areas in all regions.	BSPOs operate in rural, peri-urban, and rural areas.	CHTs operate in rural, urban, and peri-urban areas, where National Household Targeting System for Poverty Reduction (NHTS) HHs have been identified (all regions).
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	Since its initiation, the BHW Program has operated nationwide.	Since its initiation, the BNS Program has operated nationwide.	When it started in 1976, the BSPO Program was national in scope. In 1998, when the FP Program was transferred to the DOH, the management and support of BSPOs was at the discretion of each LGU. Currently, BSPOs are active in areas where LGUs have maintained support.	Since its initiation, the KP-CHT Program has operated nationwide.
5	Please list the health services delivered by CHWs[2] under this program. Are these services part of a defined package? Do these services vary by region?	Health services delivered and other functions performed by the four CHW cadres/programs may overlap and/or support/supplement the others' activities. Community health team (CHT) members who are currently the BHWs, BNS, or BSPOs in the area have almost the same set of functions as the individual BHW, BNS, BSPO; however, the CHT program was developed to provide services specifically to the poorest HHs. The CHW cadres can work in the same barangays or not; this varies because LGUs decide on which cadre(s) to deploy, which also depends on a LGU's available funds to support the programs. For instance, some LGU's utilize one worker, all workers, or a combination of a BNS or a BHW. In other barangays, there could be different individuals deployed as BHW, BNS, or BSPO.			
		BHWs assist in the delivery of the following services in all regions (as described in the DOH's "BHW Manual of Operations"): 1) maternal, newborn and child health and nutrition (MNCHN);	BHWs assist in the delivery of the following services in all regions (as described in the DOH's "BHW Manual of Operations"): 1) maternal, newborn and child health and	BHWs assist in the delivery of the following services in all regions (as described in the DOH's "BHW Manual of Operations"): 1) maternal, newborn and child health and	BHWs assist in the delivery of the following services in all regions (as described in the DOH's "BHW Manual of Operations"): 1) maternal, newborn and child health and

[2] The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

		2) infectious disease prevention and control; 3) non-communicable disease prevention and control/health lifestyle; and 4) environmental health services.	nutrition (MNCHN); 2) infectious disease prevention and control; 3) non-communicable disease prevention and control/health lifestyle; and 4) environmental health services.	nutrition (MNCHN); 2) infectious disease prevention and control; 3) non-communicable disease prevention and control/health lifestyle; and 4) environmental health services.	nutrition (MNCHN); 2) infectious disease prevention and control; 3) non-communicable disease prevention and control/health lifestyle; and 4) environmental health services.
6	Are FP services included in the defined package, if one exists?	Family planning services—information, identification of women with FP unmet need, and referring clients needing FP services—are part of the package of services provided by the BHWs. They do not currently deliver FP commodities. However, the 2012 Reproductive Health Law's Implementing Rules and Regulations (IRR) authorizes BHWs and other CHWs to resupply FP commodities. The IRRs have not yet been implemented.	FP services are not specified to be delivered by the BNS, however, BNS will refer clients with FP needs when they meet clients during their house-to-house visits. This is not considered a formal service by BNS.	FP services are included in the package of services to be delivered by BSPOs. However, the FP planning services offered varies by LGU, based on need. The 2012 RH Law's Implementing Rules and Regulations (IRR) authorizes BHWs and other CHWs to resupply FP commodities. The IRRs have not yet been implemented.	CHT members identify unmet need and provide clients information about FP.
7	Please list the family planning services and methods delivered by CHWs.	BHWs create a master list of women of reproductive age within their assigned catchment area and: 1) refer couples/ women of reproductive age with FP unmet need to the Barangay Health Station (BHS)/health center/RHU 2) during outreach, mobilize clients who want to undergo Bilateral Tubal Ligation (BTL), No-Scalpel Vasectomy (NSV), or use implants, Intra-uterine Device (IUD) 3) follow up with clients lost-to-follow-up	BNS refer community members for FP services to the BHS, RHUs, and health centers, as requested. The BNS also performs master listing, which is focused on children (age 5 and below) for Operation Timbang (weight monitoring).	BSPO FP services: • Conduct master listing of women of reproductive age and determine FP unmet need for referral to the BHS, health center, and RHU • Deliver IEC on FP use/demand generation • Refer women for FP method use • Provide initial dispensing and resupply of condoms • Resupply of oral pills after initial dispensing by LHO staff	CHT FP services: • Risk assessment of women of reproductive age with FP unmet need • Referral of women/couple with FP unmet need to BHS/health center/ RHU • Provide IEC on FP • Follow-up of drop-outs
8	What is the general service delivery system (e.g. how are services provided? Door-to-	The majority of BHWs conduct household visits. Some BHWs help in the Barangay Health	Services are provided through HH visits and at fixed health centers. The location of service	Services are provided in clients' homes and through community	CHT members are expected to conduct household visits on a

	door, via health posts/other facilities, combination)?	Station (BHS)/clinic (although this is not systematically determined as the arrangements vary by LGU depending on need/context). During special events (e.g., *Garantisadong Pambata*[3]), service delivery is done door-to-door or in designated health posts.	provision is dependent on the service provided.	education classes.	monthly basis.

[3] *Garantisadong Pambata* does not directly translate into English (literally means, "Guaranteeing Children"). It essentially refers to guaranteeing health services for children as the event provides for vitamin supplementation, deworming, weighing, and immunization services.

III. COMMUNITY HEALTH WORKERS

1	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	There is one cadre of CHWs working in the BHW Program. Barangay Health Workers (BHWs) provide primary care services, educate, and counsel community members on health priorities, and advocate for use of formal health services by community members.	There is one cadre of CHWs in the BNS Program. Barangay Nutrition Scholars (BNS) provide nutrition and related-services at the community level.	There is one cadre of CHWs in the BSPO Program. Barangay Service Point Officers (BSPOs) provide family planning services and outreach as well as health and livelihood opportunities education in the community.	There is one cadre of CHWs in the KP-CHT Program. Community Health Teams (CHTs) provide general healthcare and outreach to the poorest Pilipino families.
2	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	While each program has one cadre, the supervising/managing officer of the LGU ultimately decides on what services will be provided by the CHW, so there is some variation. Additionally, in some cases, one individual may represent all of the cadres, providing an integrated package of services across all programs. The actual functions and tasks implemented by each CHW cadre may vary by LGU depending local needs/context, which is decided by the supervising/managing LGU.			
3	Total number of community health workers (CHWs) in program. Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.	**BHWS** As of 2012, there were 229,830 BHWs.	**BNS** As of 2011, there were 19,527 BNSs in 593 municipalities—covering 16,177 barangays.	**BSPOs** As of 2012, there were 37,942 BSPOs.	**CHTs** As of June 2013, 209,937 CHT members were deployed.
4	Criteria for CHWs (e.g. age, gender, education level, etc.) *Please break this down by cadre, if known*	A **BHW** must: 1) have undergone the recommended three-day DOH training for BHWs; 2) be registered with the Registration and Accreditation Committee; and 3) have three years of active service in the community.	A **BNS** must be: 1) An actual resident in the barangay for at least four years, with ability to speak the dialect; 2) Have leadership skills and the initiative to serve the barangay for at least one year; 3) Willing to learn and to teach what he/she has learned to the barangay people; 4) at least a primary school graduate; 5) physically and mentally fit; and 6) 18 to 60 years old.	Criteria for **BSPO** services include: 1) gatekeeper in the community with authority or influence; 2) willing to work as a volunteer; 3) ability to read and write; and 4) ideally a high school graduate.	The desired qualifications of a **CHT** member are: 1) Experience working on health-related or development-oriented activities in the community; 2) Able to work with local officials; 3) Completed at least two years of high school; 4) Able and willing to regularly visit and/or monitor the families under their care; 5) Have good interpersonal communication skills; 6) Respected in the community;

					7) Preferably, ≤ 50 years old; and 8) Residence within/near an area with NHTS HHs.
5	How are the CHWs trained? Please note the length, frequency, and requirements of training. *Please break this down by cadre, if known*	**BHWs** The DOH developed a Basic Training Module for BHWs, which is a three-day program and is required prior to accreditation. In most cases, the LHO, in collaboration with the local health staff, organize the training. Additional training on specific programs (e.g. as a TB treatment partner, healthy lifestyle, dengue prevention and control, etc.) are at the discretion of the national/regional program coordinators, with funding support from the DOH (national/regional levels) and also from special donor-funded projects. There is plan to undertake a new training based on the Manual of Operations (MOP) on BHWs that will be updated in 2015.	**BNS** BNS are trained through a phased approach. Initially to become a BNS, a candidate must attend a 10-day training on nutrition, health, food production, and environmental sanitation, which is conducted by a provincial training team in coordination with municipal and the barangay nutrition committees. Next, BNS must attend a 20-day practicum in the barangay where the BNS is assigned, in coordination with a local training team. Additional training on specific community needs are provided when needs are identified. The Regional Offices and the National Nutrition Council are responsible for identifying specialized training needs.	**BSPOs** When the program was created, the BSPOs were trained comprehensively until the program changed in 1998. Currently, there is no organized training program for the BSPOs; it is at the discretion of formally trained service providers (e.g. population and health staff providers) to train BSPOs. Other trainings offered to service providers may be cascaded to the BSPOs, but the extent of this is not currently available. The Commission on Population (POPCOM) is developing training curricula for the BSPOs on three natural FP methods: Lactation Amenorrhea Method (LAM), Standard Days Method (SDM), and the Ovulation Method.	**CHTs** Newly-recruited CHT members are either formally trained or given on-the-job training, which varies by area due to availability of LGU funds. Additional orientation on public health programs is highly recommended for CHT members with limited previous health experience. To date, the "Training Module on CHT Process and Tools" has not been standardized. Each Center for Health Development (CHD) makes use of its training program and materials.
6	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	**BHWs** The Basic Training for BHW is administered once. However, local health staff and midwife supervisors are expected to orient BHWs on new public health initiatives /technical updates based on availability of LGU funds.	**BNSs** The BNS receive comprehensive training prior to deployment. To reinforce skills, BNS also attend monthly meetings during which their supervisors provide more information on proper weighing and record keeping, good nutrition, breastfeeding, and other information.	**BSPOs** There is no organized training program as the POPCOM at national and regional levels train only facility-based service providers.	**CHTs** Training on the CHT Guide is given only once. CHTs are trained on all relevant materials: Logbook, CHT Forms, Family Heath Guide, *PhilHealth* Guide, List of Health Care Providers, and Emergency Contacts.

7	Please note the health services provided by the various cadre(s) of CHW, as applicable (e.g. who can provide what service)	**BHW** All BHWs provide the following health services: <u>Maternal, Neonatal, Child Health and Nutrition (MNCHN)</u> • Develop a master listing of women of reproductive age • Track client pregnancies • Accompany women to health facility for delivery • Follow-up of post-partum women • Report maternal, newborn, and child deaths to the midwife • Assist in administration of immunization services, follow-up missed children • Assist in Vitamin A, micronutrient powder (MNP), and iron supplementation • Advise on exclusive breastfeeding (EBF) and complementary feeding • Assist midwife in integrated management of childhood illness (IMCI) • Refer community members to BHS/health center/rural health unit (RHU) as needed. Beyond only FP service referral—if they find HH members who are sick, then they refer to the BHS/RHU. <u>Infectious Disease Prevention and Control</u> • May serve as a TB Directly-Observed Treatment Shortcourse (DOTS) partner (in cases where positive TB clients have no family members that can serve as	**BNS** All BNS are responsible for providing the following health services and promotion activities: • Delivery of nutrition services and related activities, e.g., community health, backyard food production, environmental sanitation, culture, and FP • Outpatient services including: annual weighing of children >6 years old and monthly weighing of those identified as severely malnourished and children 0–23 months old • Nutrition promotion services including IEC on nutrition; referral of children severely malnourished; organization of feeding programs; mobilization of community for health events (e.g. Vitamin A supplementation, mass immunization, and deworming) • Food production support such as distribution of seeds and seedlings; advise families on resources for food production; recommendation of food crops for consumption • Environmental sanitation activities such as promotion of the construction of—and proper and continued use of—sanitary toilets; campaign for the eradication of breeding places for disease-carrying insects and rodents; and referral of household water sources of doubtful quality to the RHU.	**BSPO** • Conduct spot mapping including master-listing of women of reproductive age • Identify women/couples with unmet need for FP • Provide IEC, FP method provision, and referral for services to BHS/health centers/RHU • Inform/educate on income generating/livelihood programs • Refer gender-based violence clients • Refer ill clients to health facilities	**CHT** The key roles of CHTs are considered to be: 1) Transformer; 2) Facilitator; 3) First Link. As a "transformer" of health needs, CHTs help create demand for health services. The "facilitator" role refers to helping HHs with enrollment and use of *PhilHealth* (insurance) benefits. Also, CHTs are considered a "first link" to NHTS HHs for the service delivery and referral network. Specific responsibilities of CHTs include: • Locate, validate and profile NHTS HHs • Conduct risk assessments for MNCHN needs (including TB) • Provide relevant IEC particular to the identified risk or need • Assist NHTS HH members to choose course of action (develop health use plan) • Refer NHTS HH members with MNCHN/TB needs to appropriate health care facilities/providers • Record findings/results of household visits • Prepare reports on the status of HH visits • Conduct follow-up visit to HHs

		treatment partners). BHWs assigned or covering HH with positive TB case automatically becomes the treatment partner. • Apply Rapid Diagnostic Test for malaria in remote areas where BHS/midwives are not available. • Serve as a member of the Barangay Dengue Task Force <u>Non-Communicable Disease Prevention and Control/Healthy Lifestyle</u> • Provide advice on proper nutrition and regular exercise • Refer community members with visual disabilities • Assist midwives in taking BP, weight, height, and other vital signs <u>Environmental Health Services</u> • Identify HHs without sanitary toilet and safe water source • Assist Rural Sanitary Inspector in clean-up drives			
	Please list which FP services are provided by which cadre(s)	**BHWs**	**BNS**	**BSPOs**	**CHTs**
	Information/Education	Inform women of the benefits of FP in general (not specific to a FP method)	None	Inform women of the benefits of FP in general (not specific to a FP method)	Inform women of the benefits of FP in general (not specific to a FP method)
	Method Counseling	None	None	None	None
	Method Provision	None	None	Resupply condoms, oral pills	None
	Referrals	Refer women needing FP (in general) to health facility and FP users for follow-up and resupply	Refer women needing FP (in general) to health facility and FP users for follow-up and resupply	Refer women needing FP (in general) to health facility and FP users for follow-up and resupply	Refer women needing FP (in general) to health facility and FP users for follow-up and resupply

	Do CHWs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products?	**BHWs** BHWs do not distribute commodities except if they are TB DOTS Treatment Partners where they are required to distribute TB drugs. BHWs in remote areas are trained to apply the Rapid Diagnostic Test on malaria (with RDT kits) and may assist the Rural Sanitary Inspector in distributing insecticide-treated mosquito nets.	**BNSs** BNS provide micronutrient powder (MNP) packs to HHs identified in MNP supplementation activities. They also distribute seeds and seedlings for gardening.	**BSPOs** BSPOs resupply condoms and oral pills (after the initial dose provided from health facility) to their clients. They do not provide other health commodities.	**CHTs** No. CHT members do not distribute commodities.
	Are CHWs paid, are incentives provided, or are they volunteers? *Please differentiate by cadre as applicable*	The BHW Benefit and Incentive Act (1995) defined benefits for BWHs (e.g., hazard allowance; subsistence allowance; training and education, loan; and accreditation for the BHWs). BHWs are given monthly stipend (amount varies by barangay) and also may receive additional incentives. The DOH-Bureau of Local Health and Development (BLHD) organizes a performance-based incentive Program for BHWs, awarded annually to highest performing BHW Federation (an organization exclusively for the BHWs at the regional, provincial, city/municipal and barangay levels). The purpose is to recognize the BHWs' contribution in achieving health system goals and related Millennium Development Goals (MDGs). Assessed based on previous year's achievement of specific LGU indicators, e.g., fully-immunized child, TB cure rate, facility-based deliveries, and other	A **BNS** is: • Granted a civil service eligibility commission equivalent to second grade after serving for at least 2 continuous years with satisfactory service in the barangay • Entitled to a training stipend, kit, and travel allowance • Given a monthly stipend which varies by barangay (may range from Php 300 to 3000 (approximately USD $7.00 to $67.00). • May be recognized/awarded as most outstanding BNS (national, regional, or local level) with certificate and/or cash, which varies by barangay.	The BSPOs receive umbrellas, T-shirts, and motivational kits. In some areas, BSPOs are financially reimbursed for bringing clients to a facility. Some regional POPCOMs organize recognition ceremonies for high-performing BSPOs. Overall, incentives vary based on the LGU.	Each CHT member is paid Php 250/month (approximately USD $5.60). Some CHDs also provide material incentives including, umbrellas, bags, T-shirts, and vests. LGUs may also provide additional cash incentives.

		performance standards. Since 2010, the DOH-BLHD grants a total of Php 1,000,000 annually (approximately USD $22,5734); Php 100,000 for administrative costs and Php 900,000 for the award).			
	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	**BHWs** DOH-BLHD provides funding through the CHD for the annual recognition program. Barangay councils provide monthly stipends. In some LGUs, additional stipends are provided by the municipal/city government. Some provinces also provide funds for stipend/cash incentives, though this is not provided on a regular schedule. CHDs incentivize BHWs (training, recognition, supply/material augmentation. Barangays also provide incentives during special events (e.g. T-shirts/vests, umbrellas.) The DOH-Health Human Resource and Development Bureau (HHRDB) supports the "One Child Scholarship Program" through CHDs, wherein a BHW is entitled to have one of her children benefit from a scholarship grant from the DOH for college education if he/she qualifies.	**BNS** Each barangay council provides a monthly stipend, some support for supplies/materials, and provision of a transportation allowance during attendance to meetings/seminars outside the catchment areas. The NNCs at the Central and Regional Levels are responsible for the procurement and provision of kits, supplies, and materials for BNSs. The Province/City/Municipality may provide additional amounts to the monthly stipend of BNS.	**BSPO** LGUs (municipal/city) provide the monthly stipend. The POPCOM Regional Offices also provide support in the form of transportation reimbursement, supplies/materials, and incentives.	**CHT** The DOH provides the monthly payment to each CHT member. CHDs and LGUs can provide other pay or incentives at their discretion.

[4] Based on currency exchange rate on 9/15/2014. Source: http://www.xe.com/currencyconverter/convert/?Amount=1000000&From=PHP&To=USD

	Do CHWs work in urban and/or rural areas?	**BHWs** work in rural and urban areas.	All **BNS** work in rural and urban areas.	**BSPOs** work in rural and urban areas.	**CHT** members work in rural and urban areas.
	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	**BHWs** are residents within their catchment area. This is not explicitly cited as a requirement; however, it is common.	**BNS** are residents within the barangay.	**BSPOs** are residents within the barangay.	**CHT** members are residents of the barangay they serve. However, in highly urbanized and densely populated areas where the volume of NHTS HHs is quite high, CHT members may serve HH outside of their own community.
	Describe the geographic coverage/catchment area for each CHW	**BHW** The DOH-recommended ratio of BHWs to HHs is 1:20. Based on 2012 Field Health System Information System for the DOH data, the average ratio nationwide is 1 (BHW):423 (HHs). The Local Chief Executives determine recruitment of additional BHWs, which is largely dependent on the availability of resources. Information regarding additional BHW recruitment was not available.	**BNS** There is one BNS assigned per barangay. In some cases where the barangay is densely populated, and if the LGU has the available funds, an additional BNS is hired/deployed.	**BSPO** There should be one BSPO in each barangay; ideally one BSPO serves 99 couples. The current ratio is unknown.	**CHT** The DOH-recommended ratio for a CHT member to HH is 1:20. However, in highly urban areas, the ratio is typically 1:70.
	How do CHWs get to their clients (walk, bike, public transport, etc.)?	**BHW** BHWs typically walk to their clients' homes. Others may use bikes or take the motorized tricycle (public utility vehicle) in urban areas.	**BNS** BNS typically walk to their clients' homes. Others may use bikes or take the motorized tricycle (public utility vehicle) in urban areas.	**BSPO** BSPOs typically walk to their clients' homes. Others may use bikes or take the motorized tricycle (public utility vehicle) in urban areas.	**CHT** Most CHTs reach their clients by walking and or by bike. In urban areas, they may use a motorized tricycle or a *jeepney* (common form of public utility vehicle), especially if their assigned NHTS HHs are outside their catchment.
	Describe the CHW role in data collection and monitoring	**BHW** BHWs maintain and update the following information which is submitted to their midwife supervisor, who transfers data into her official health records to become her basis or reference for further follow-up and	**BNS** The BNS records the results of regular weighing for the nutrition and health profile of families in the barangay. They formulate a "BNS Action Plan" as a guide in managing his/her different tasks and they prepare a monthly	**BSPO** BSPOs maintain spot mapping and master lists of HH clients and collect demographic and socioeconomic data. BSPOs that resupply condoms and oral pills are required to maintain list of recipients, quantity and	**CHT** The CHTs maintain and update: 1) HH profiles of the NHTS HHs; 2) Risk Assessment and Action Plan Form to assess the health needs of the individual members

		provision of services to clients: • TB Treatment Card of TB treatment partners • Pregnancy Tracking • List of children <5 provided with Vitamin A/MNP supplementation • Children to be immunized • Master list of women of reproductive age with unmet need for FP • Master list of people with disabilities in areas where the Persons with Disability (PWD) is already being implemented • Record/report on maternal, newborn, and child deaths	record of accomplishments to monitor performance in relation to the action plan. BNS keep track of daily activities in a diary, which lists activities and also observations/insights, as appropriate.	distribution date of FP commodities. They also submit a report of distribution of FP commodities to local supervisors.	of the households to decide which actions to take based on identified health need; and 3) the CHT Logbook to record the results of their HH visits and follow-ups. The CHTs submit and discuss their CHT Logbook with their midwife supervisor/s during monthly staff meetings.
	Notes	**Parent Leaders**: Identified leaders of a group of mothers/caregivers* who are beneficiaries of the cash conditionality transfer (CCT) under the Department of Social Welfare and Development (DSWD). They mobilize the mothers to attend the Family Development Sessions (FDS) and monitor those who have accessed health services as required for the cash conditionality transfer. While they work at community level, they are not considered CHWs. *G*enerally, Parent Leaders are mothers, but could be fathers in some areas; however, there was no data available to confirm.*			

IV. MANAGEMENT AND ORGANIZATION

		Barangay Health Worker (BHW) Program	Barangay Nutrition Scholar (BNS) In Every Barangay	Barangay Service Point Officers (BSPOs) formerly under the National Family Planning Outreach Program	Kalusugan Pangkalahatan (Universal Access to Health Care) through the Community Health Team (CHT)
25.	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes, the program management is decentralized. The levels are: • National District of Health • Regional Local Health Development Division • Municipal City Health Office • Local Barangay Council	Yes. The BNS Program has a decentralized management system. The levels are: • Provincial/municipal/city level (BNS is usually within the Nutrition Program) • LHO or separate nutrition program coordinated by the above level nutrition action committees (within the Office of Local Chief Executives)	Yes. The BSPO uses a decentralized management system The levels are: • National level under the Population Council (POPCOM) • Regional through regional POPCOM offices • Local level through the Population Program	Yes. The KP-CHT program is managed through a decentralized management system. The levels are: • National level through the DOH-Family Health • Regional level through the CHDs • Municipal/city level through the LHO Barangay Level
26.	Is the MOH responsible for the program, overall?	Yes, the DOH is responsible for the overall BHW Program.	Yes, the NNC has overall responsibility for the BNS program. At present, the NNC is attached to the DOH.	Yes, the POPCOM is oversees the Population Program, in which the BPSO is a minor component. At present, POPCOM is attached to the DOH.	Yes, the DOH has overall responsibility of the CHT Program.

		Barangay Health Worker (BHW) Program	Barangay Nutrition Scholar (BNS) In Every Barangay	Barangay Service Point Officers (BSPOs) formerly under the National Family Planning Outreach Program	Kalusugan Pangkalahatan (Universal Access to Health Care) through the Community Health Team (CHT)
27.	What level of responsibility do regional, state or local governments have for the program, if any? *Please note responsibility by level of municipality*	<u>At the central and regional levels the DOH:</u> • Develops and updates the training module for BHWs and support training - Leadership training - Orientation of barangay captains on the BHW Incentive Act of 1995 • Develops and updates Manual of Operations/Reference Manual • Establishes and manages annual performance-based incentive program for BHWs • Coordinates and manages research studies on BHW operations in partnership with development partners/NGOs • Organizes BHW annual convention, annual meetings, and conferences • Provides technical assistance to the National Federation of BHWs of the Philippines, Inc. (e.g. review and update by-laws; DOW does not provide technical assistance to local/regional chapters of BHW Federation) • Provides financial assistance to some BHW activities at the regional/local levels <u>At the provincial, city, and municipality levels the LGU:</u> • Increases stipends (at the province's discretion) • Supports BHW provincial and regional meetings • Pays for BWHs' transportation to trainings/conferences • Pays registration fees for BHWs attending annual conferencesa • Some LGUs support enrollment of BHWs to Philippine Health Insurance (PhilHealth) depending on the availability of funds	<u>At the central and regional levels, the DOH-NNC:</u> • Formulates BNS-related rules/regulations, plans, and programs • Develops training modules and materials • Conducts training for nutritionists and service providers, which are to be cascaded to the BNS • Develops prototypes and reproduces IEC materials • Supports annual conventions/conferences and provides prizes • Organizes study tours • Oversees monitoring and evaluation (M&E) of the program <u>The provincial/city/municipal levels:</u> • May augment the BNS stipend • Provides incentives (kits, T-shirts, vests, etc.) and organizes recognition awards <u>The Barangay:</u> • Provides monthly stipend • Supports forms, supplies, and materials, including weighing scales • Augments funds for feeding program • Provides space for meals and monthly meetings with BNS • Provides transport facility for hard-to-reach areas and conducts outreach activities	<u>At the central/regional levels, the DOH-POPCOM:</u> • Provides training at the regional offices on FP unmet need • Organizes and supports annual celebration of Population Development Week • Organizes recognition of most outstanding BSPOs • Documents good practices • May provide logistics augmentation during assemblies (although not regularly, in specific areas) <u>At the province/municipality/city levels, the LGU:</u> • May augment the BSPO stipend • Organizes recognition/ awards at their level and provide prizes • Provides orientation on FP-related tasks <u>The Barangay:</u> • Provides monthly stipend • Provides supplies/materials • Provides other incentives	<u>At the central/regional levels, the DOH</u> • Develops overall framework and guides the CHT Strategy • Develops training module sand conduct training of trainers • Formulates CHT Supervision Guide, CHT Guide, Family Health Guide, PhilHealth Guide • Develops IEC materials for CHTs • Develops forms/tools for CHT use and initial reproduction • Monitors progress/status of CHT operations • Provides grant assistance to the CHDs in support to CHT operations: training/orientation, supplies/materials • Conducts annual Program Implementation Review (PIR) on CHT • Coordinates with DSWD for NHTS list and PhilHealth for enrollment and cards • Provides stipend <u>At the provincial LGU level, the Provincial Government:</u> • Helps train CHTs • Prepares lists of health care providers/facilities for CHTs to guide HH members decide which health facility or provider to visit • Provides augmentation for supplies/materials, in certain LGUs • Provides counterpart incentive/stipend, in certain LGUs <u>The municipality/city LGU level is</u>

		Barangay Health Worker (BHW) Program	Barangay Nutrition Scholar (BNS) In Every Barangay	Barangay Service Point Officers (BSPOs) formerly under the National Family Planning Outreach Program	Kalusugan Pangkalahatan (Universal Access to Health Care) through the Community Health Team (CHT)
		<u>At the Barangay level, the local council is responsible for:</u> • Provides administrative supervision of BHWs • Provides monthly stipends and other incentives during special events • Supports supply/material needs • Provides transportation during outreach or mass events • Provides transportation allowance for BHWs attendance to training/meetings/conventions outside of barangay • Provides meeting space a Some provinces/municipalities/cities may increase the amount the barangay council provides, but depends on availability of funds and priorities of LGUs	• Supports food production projects		<u>responsible for:</u> • LHO—through the midwife—provides technical supervision • Reproduces training materials, CHT Forms and Guides • Validates/enhances list of service providers and emergency contacts • Orients health facilities on referred clients from CHTs <u>The Barangay is responsible for:</u> • Continues to provide monthly stipend previously received by CHT members if they are simultaneously serving as BHW, BNS, or BSPO in the barangay. • Mobilizes transport support of CHT referred clients • Provides space for meetings • Augments supplies/materials
28.	What level of responsibility do International and Local NGOs have for the program, if any?	Some international partners provide support for development of reference/training materials for BHWs (BHW Operations Manual).	There is minimal support of BNS from international and local development partners.	There is minimal direct support for BSPOs from international and local organizations. However, a partner NGO, PATH,5 is assisting POPCOM in rewriting guidelines regarding FP commodity distribution. PATH also provides training on distribution of oral contraceptives.	International development partners6 assist with the KP-CHT program guiding development and evaluation, guidelines, training support, and research on CHT operation.

[5] PATH, with POPCOM, is developing the guidelines on FP commodity distribution outside the context of Contraceptive Self-Reliance (CSR) Strategy, which could affect BSPOs' responsibilities of re-supplying condoms and oral pills. PATH also provides training on selling and distribution of oral contraceptives.

[6] Examples of international development partners include: the U.S. Agency for International Development (USAID), Japan International Cooperation Agency (JICA), United Nations Population Fund (UNFPA), UNICEF, European Union (EU).

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29.	Are CHWs linked to the health system? Please describe the mechanism.	Yes, the BHWs are linked into the health care delivery system. They are supervised by the midwives assigned in their area (who are staff of the LHO). BHWs also refer to barangay health stations (BHS) or health centers in the barangay.	Yes, the BNS are linked with the local health system. They are supervised by the local midwives (staff of the local health office). If the Nutrition program has not been integrated with the LHO, the BNS report to a multisectoral committee at the municipal/city level where one of the members of the Multisectoral Nutrition Committee is the Local Health Office. Thus, their services are still linked with the health care system. BNS share outpatient results with the committee and with their immediate supervisors (nutritionist or midwife). The supervisors further submit them to the LHO officials (usually the nurse).	Yes, the BSPOs are linked to the local health system as most are supervised by midwives who are local health office staff. In areas where the Population Program is not integrated with the LHO, the results of BSPO coverage are reported to the LHO through their municipal/city Population Officers.	Yes, the CHTs are linked to the local health system as first level of health care provision at the HH level. CHTs serve as an extension of the midwives to mobilize HH members to seek/access health services.
30.	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO or NGOs? If so, please describe how they share supervision responsibilities.	The BHWs are supervised by the public sector midwives in the LHO. All activities and tasks performed by the BHWs are directed by their midwife supervisors. BHWs have monthly meetings with their midwife supervisors to report activities and for supervisors to provide technical updates, if needed. Supervision of BHWs is not shared with NGOs.	If the Nutrition Program is attached or integrated to the LHO, then the BNS are already being supervised by the midwives. In areas where the Nutrition Program is established separately/directly under the Office of the Mayor, then the BNS is supervised directly by the municipal/city nutritionist directly under the Office of the Mayor. The supervisors conduct supportive/observational supervision visits to aid the BNS workers. Additionally, the BNS workers have monthly meetings with supervisors.	If the Population Program is attached to the LHO, then the midwife assigned in the barangay supervises BSPOs. If the local Population Program is established separately and directly under the Office of the Mayor, then the Population Officers assigned in each municipality/city directly supervise BSPOs. The BSPOs have monthly meetings with supervisors.	The midwives assigned to in the barangay (or smaller divisions of the barangay) directly supervise CHTs. The contractual staff members deployed through the DOH's Nurse Deployment Project assist the midwives in coordinating data management of the CHTs. The CHTs have monthly meetings with their supervisors.

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31.	Where do CHWs refer clients for the next tier of services? Do lower level cadres refer to the next cadre up (of CHW) at all?	First line referral is to the barangay health station (BHS) or health center in their barangays. BHWs working within the catchment area of an RHU refer their clients to the RHUs. The midwives in BHS/health center and RHUs decide or determine whether clients need to be referred to a higher-level health facility.	First line referral is to the BHS/Health Center/RHU.	First line referral is to the BHS/Health Center/RHU.	First line referral is to the BHS/Health Center/RHU.
32.	Where do CHWs refer clients specifically for FP services? *Please note by method.*	*SDM/fertility awareness method:* BHS/health center/RHU *Condoms:* BHS/health center/RHU *Oral Pills:* BHS/health center/RHU *DMPA (IM):* BHS/health center/RHU *Implants:* BHS/health center/RHU *IUDs:* BHS/health center/RHU *Permanent methods:* district and provincial hospitals *Emergency Contraception (EC):* BHWs do not refer clients for emergency contraception. While the DOH includes EC in clinical manual, there is no document that stipulates that BHWs can refer specifically for EC.	*SDM/fertility awareness method:* BHS/health center/RHU *Condoms:* BHS/health center/RHU *Oral Pills:* BHS/health center/RHU *DMPA (IM):* BHS/health center/RHU *Implants:* BHS/health center/RHU *IUDs:* BHS/health center/RHU *Permanent methods:* district and provincial hospitals *Emergency Contraception:* BNS do not refer women for emergency contraception. While the DOH includes EC in clinical manual, there is no document that stipulates that BNS can refer specifically for EC.	*SDM/fertility awareness method:* BHS/health center/RHU *Condoms:* BHS/health center/RHU *Oral Pills:* BHS/health center/RHU *DMPA (IM):* BHS/health center/RHU *Implants:* BHS/health center/RHU *IUDs:* BHS/health center/RHU *Permanent methods:* district and provincial hospitals *Emergency Contraception:* BSPOs do not refer women for emergency contraception. While the DOH includes EC in clinical manual, there is no document that stipulates that BSPOs can refer specifically for EC.	*SDM/fertility awareness method:* BHS/health center/RHU *Condoms:* BHS/health center/RHU *Oral Pills:* BHS/health center/RHU *DMPA (IM):* BHS/health center/RHU *Implants:* BHS/health center/RHU *IUDs:* BHS/health center/RHU *Permanent methods:* district and provincial hospitals *Emergency Contraception:* CHT members do not refer women for emergency contraception. While the DOH includes EC in clinical manual, there is no document that stipulates that CHTs can refer specifically for EC.
33.	Are CHWs linked to other community outreach programs?	Yes, BHWs are linked with other community outreach programs as several of them are also the designated BNS, BSPOs, and members of the CHTs. • BHWs assist in the annual outpatient mass feeding organized by BNS and Daycare Workers.	Yes, the BNS are linked with the other outreach programs as several of them are also the designated BHWs/BSPOs/CHT members in the area: • BNS participate with health events, e.g., *Garantisadong*	Yes, the BSPOs are linked with the other outreach programs as several of them are also the designated BHWs/BNS/CHT members in the area: • BSPOs are encouraged to coordinate with the Parent	Yes, CHTs are linked with outreach programs considering that they are concurrently the BHW/BNS/ BSPOs in the area. Many CHT members also serve simultaneously as BHWs, BNS, and/or BSPOs in the barangays. Additionally, CHT members often

		Barangay Health Worker (BHW) Program	Barangay Nutrition Scholar (BNS) In Every Barangay	Barangay Service Point Officers (BSPOs) formerly under the National Family Planning Outreach Program	Kalusugan Pangkalahatan (Universal Access to Health Care) through the Community Health Team (CHT)
		• BHWs are members of the Barangay or School Dengue Task Forces • Some BHWs are also mobilized as members of the Barangay Health Emergency and Response Teams (BHERTs) • Some BHWs are also members of various community support groups • (Breastfeeding Support Group, FP User Satisfied Club, etc.) • BHWs coordinate with Parent Leaders handling the Family Development Seminars for health-oriented topics.	*Pambata* • BNS also participate in the environmental cleaning program • Some BNS are also members of the Barangay/School Dengue Task Forces, Barangay Health Emergency Response Teams (BHERTs) and other community support groups like the BHWs • BNS assist in the testing of iodized salt • BNS coordinate with Daycare Workers for the preschool children feeding program	Leaders to conduct Family Development Seminars, particularly the session on FP • BSPOs participate in health events, e.g. *Garantisadong Pambata*, environmental cleaning program • BSPOs may become members of Barangay/School Dengue Task Forces, BHERTs, and other community support groups	work in communities with the other community cadres. CHTs are encouraged to participate and coordinate with the Parent Leaders to facilitate Family Development Seminars on health-related topics.
34.	What mechanisms exist for knowledge sharing among CHWs/ supervisors?	BHWs meet with their supervisors during training/orientation sessions or during monthly meetings where program updates are communicated. BHW Federations organize annual conferences at various levels to share updates. The DOH-Central and Regional Levels also organize annual conferences, but these are mostly attended by officers of the National BHW Federation.	BNS have monthly meetings with their supervisors (either the midwife under the LHO or the municipal/city nutritionist). Municipal/City Nutrition Committees organized in each city/LGU are avenues for discussing BNS accomplishments and performances. Annual BNS conventions are also venues for sharing technical updates. Annual recognition programs of most outstanding BNS or barangay or municipality/city with best Nutrition Program also provide opportunity for sharing good practices and other local initiatives.	There is an annual recognition and awards celebration organized by either the provincial/regional POPCOM offices where technical updates and materials are disseminated. BSPOs also have monthly meetings with their supervisors.	Monthly meetings are held with the midwife supervisors. There is an annual "Program Implementation Review" organized by the CHDs and DOH Central Office where CHT coordinators at the regional level and selected provinces/cities/ municipalities are invited to attend. However, the CHT members do not attend these annual reviews.
35.	What links exist to other institutions (schools, churches, associations, etc.)?	BHWs participate in school-based prevention and control of dengue and malaria and celebrate in special programs involving various sectors (e.g. World AIDS Day, Nutrition Month, Dengue Prevention Day).	The BNS are linked with elementary schools during the celebration of Nutrition Month. BNS may also be involved in the regular feeding program, in schools or in the distribution of rice	At national and regional levels, linkages between POPCOM and the Department of Education, the Department of Interior, and Local Government are more pronounced—especially during the	There is no documented link between the CHTs and the schools/churches and other associations at the local level. However, they are linked closely with the Parent Leaders.

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			assistance (previous administration).	celebration of FP Month.	
36.	Do vertical programs have separate CHWs or "share/integrated"?	BHWs are cadres of workers assisting in the implementation of different health programs in the country and are managed separately from the BNS and BSPO Program.	The BNS Program is a vertical program vis-à-vis the BHWs for public health programs and the BSPOs for the Population Program. BNS focuses on nutrition services at the community level.	The BSPO Program is a vertical program vis-à-vis the BHWs for public health and the BNS for the Nutrition Program.	The CHT Program is an additional strategy of the DOH to galvanize support for the poorest HHs in the country to be able to access basic health and nutrition services which utilize the same BHWs, BNS, BSPOs, and other community workers at the barangay level (e.g. Parent Leaders of the DSWD, etc.).
37.	Do they have data collection/reporting systems?	BHWs submit their data/reports to their immediate supervisors during their monthly meetings, including the master list. The midwife supervisors record relevant data into official health records, which provides the basis for follow-up check-up and other services to be provided to these clients. The supervisors also record this data for the Field Health Service Information System (FHSIS), which is the health management information system (HMIS) for regular reporting to DOH. First, it is submitted to the municipal/city health office, followed by provincial, regional, and central offices. The BHWs are not expected to regularly accomplish a standard report. However, since one of their tasks is to identify within their catchment households (pregnant women, newborns, infants for immunization and children for vitamin A supplementation and other clients for other purposes (e.g. people with disabilities), they record these names using their personal notebooks and bring these to their supervisors.	BNS report results to their supervisors. For other tasks they are asked to help in (e.g. Vitamin A supplementation), the midwives they are assisting maintain and make the necessary reports to the higher level. The supervisors also record this data for the Field Health Service Information System (FHSIS), which is the HMIS for routine reporting to DOH. First, it is submitted to the municipal/city health office, followed by provincial, regional, and central offices.	BSPOs provide monthly reports for resupply to their supervisors. The supervisors also record this data for the Field Health Service Information System (FHSIS), which is the HMIS for routine reporting to DOH. First, it is submitted to the municipal/city health office, followed by provincial, regional, and central offices.	CHTs submit monthly service delivery reports (e.g. on number of monthly HH visits, referred clients, etc.) to their midwife supervisors. This is integrated into the DOH's FHSIS though the supervisor who collates results for the barangay and submits reports to the municipal/city level (supervising nurse), which are further submitted to the province, CHD and DOH.
38.	Describe any financing schemes	The BHW Program is primarily funded by the LGUs, specifically through the barangays and	The BNS Program is primarily financed by the LGUs—the	The BSPOs are primarily financed by the LGUs (barangay,	The DOH primarily finances the CHT Program. The LGUs—particularly the

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	that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	the municipal/city government budgets. Some provincial governments provide additional funding. The BHW Federations—the organizations of BHWs at the different levels—have their own financing schemes, which are income-generating projects (e.g. food catering, bag- or soap-making, etc.), where the income is used to support programs or activities developed by a BHW Federation.	barangay and the municipal/city governments. Some provincial governments also provide additional assistance in terms of incentives, recognition, and awards at their levels, training, and IEC materials. The National Nutrition Council (NNC) supports recognition and awards for most outstanding BNS and supports training and other conferences for BNS. Support by international/local NGOs and development Partners are not well documented.	municipal/city). Some POPCOM regional offices provide additional support (e.g. snacks, transportation reimbursement, meals, etc.) for the BSPOs during conferences/orientations. There is limited assistance from international NGOs/development partners.	barangay, municipal and city governments— provide their own stipend for CHT members. Development partners also provided support for CHT mobilization and training.
39.	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	If the BHW is a TB treatment partner, then he/she obtains the TB drug from the BHS, health center, or RHU. Otherwise they do not currently provide commodities.	The BNS obtains food commodities for feeding programs (MNP) through the BHS/HC/RHU or directly from the municipal/city nutritionist.	If the Population Program at the local level has been integrated with the LHO, the BSPOs obtain oral contraceptive pills and condoms from the BHS/HC/RHUs. If the Population Program at the local level is separate from the Local Health Office, then the BSPOs get their supply from the Municipal/City Population Office.	Not applicable.
40.	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	Information was not available on how BHWs dispose of the packs of TB drugs.	Not applicable.	Not applicable.	Not applicable.

V. POLICIES

		Barangay Health Worker (BHW) Program	Barangay Nutrition Scholar (BNS) In Every Barangay	Barangay Service Point Officers (BSPOs)/formerly under the National Family Planning Outreach Program	*Kalusugan Pangkalahatan* (Universal Access to Health Care) Through the Community Health Team (CHT)
41.	Is there a stand-alone community health policy? If not, is one underway or under discussion? *Please provide a link if available online*	There is no single policy for community health services. However, the Barangay Workers Act, filed in 2013 (still in progress), is designed to increase/improve the status and work conditions of barangay workers (inclusive of BHWs, BNS, BSPOs) designated as the frontline service providers of social services for health, nutrition, and childcare.			
		Presidential Letter of Instruction (No. 949) which mandated the implementation of the Primary Health Care program (1979) introduced the BHW Program. The Barangay Health Workers' Benefits and Incentive Act of 1995 stipulates the granting of benefits and incentives to accredit the BHWs as frontline providers of primary health care (however, this only relates to incentives for BHWs, not roles/functions).	The 1978 Strengthening the Barangay Nutrition Program by Providing a Barangay Nutrition Scholar in Every Barangay (Presidential Decree 1569) mandated deployment of BNS in every barangay. Through the Philippine Plan of Action for Nutrition (2011-2016), which is the country's response to malnutrition, the recruitment, training, deployment, and supervision of volunteer workers or BNS is addressed.	There is not a standalone policy for the BSPO program, but it was included in the Revised Population Act of the Philippines (1972).	In 2011, the DOH issued Kalusugan Pangkalahatan Strategy of DOH to Attain Universal Access to Quality Health Care (Order No. 2011-0188) which defines the KP-CHT program.
42.	Is the community health program policy integrated within overall health policy?	No, the BHW Program is not specifically integrated. Yet, in the DOH's *2011–2016 National Objectives for Health*, the Heath Support Systems chapter describes goals related to improving local health systems and authority, as well as community participation.	No, the BNS Program is not included in the overall health policy. However, under the Philippine Plan of Action for Nutrition, the BNS program is mentioned under the adoption of local nutrition policies (includes legislation on the incentives for the BNS). It	No, the BSPO program is not integrated in the overall health policy. The Philippine Population Management Program Plan indicates that LGUs should "mobilize and support local population officers/workers and BSPOs or their designates to be the focal/resource	Yes, the mobilization of CHT is integrated in the *DOH National Objectives for Health for 2011–2016*. The CHT program is included within the overall Kalusugan Pangkalahatan Strategy of DOH to attain universal access to quality health care and services

			also states that the city/municipal mayor is to appoint BNS.	persons in the conduct of the Responsible Parenthood (RP)/Family Planning (FP) module of the Family Development Sessions for Cash Conditionality Transfer (CCT) beneficiaries."	(DO No. 2011-0188). DOH issuance of Department Memorandum (No. 2011-0286) provided Guidelines on the Mobilization of CHTs.
43.	When was the last time the community health program policy was updated? (months/ years?)	In 2009, the DOH updated the BHW Policy through *Reiteration of Department of Health Support for the Continuing Development of Barangay Health Workers* (DOH Memorandum No. 2009-03-02), which provides the overall direction in the provision of DOH support to the development of BHWs as partners in local health systems development and defines their new roles in attaining health-related MDGs.	While the original presidential degree for the BNS program creation has not been updated, the program was addressed in the *2011–2016 Philippine Plan of Action for Nutrition*.	There is no updated policy for the BSPO Program. Yet, the role of CHWs, which include the BSPOs, to resupply oral contraceptive pills and condoms is stipulated in the IRRs of 2012 RH Law.	The DOH policy, *Kalusugan Pangkalahatan Strategy of DOH to Attain Universal Access to Quality Health Care*, has not been updated since issued in 2011.
44.	What is the proposed geographic scope of the program, according to the policy? (Nation-wide? Select regions?)	The geographic scope of the BHW program is nationwide.	The geographic scope of the BNS program is nationwide.	Beginning 1998, the scope of the BSPO Program is limited only in the LGUs where the Population Program is sustained as a separate program at the provincial/municipal/city level.	The geographic scope of the CHT program is nationwide.
45.	Does the policy specify which services can be provided by CHWs, and which cannot?	The 2009 updated policy does not specify the services to be provided by the BHWs, but only specifies their functions/roles. The BHW Manual of Operations specifies the services provided by BHWs, but does not indicate services they cannot deliver.	The Law on the Establishment of BNS for Every Barangay (RA No. 1569) stipulates the services to be provided by the BNS. The Philippine Nutrition Program Implementing Guidelines on the BNS Project also indicate the services that BNS provide. However, these documents do not indicate the services the BNS cannot provide.	Services offered by BSPOs were indicated in the policy when the program was rolled out; but there is no documentation that specifies what services they cannot provide.	The policy does not specify the services to be delivered by the CHTs, but the accompanying CHT Guide indicates the health care and services they offer.
46.	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	The Implementing Rules and Regulations (IRRs) of the 2012 Reproductive Health Law indicate that all CHW volunteers may resupply temporary FP methods (condoms and oral contraceptive pills). However, to date, the IRRs have not yet been implemented.			

VI. INFORMATION SOURCES

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VII. AT-A-GLANCE GUIDE TO PHILIPPINES COMMUNITY HEALTH SERVICE PROVISION

Intervention		Barangay Health Worker (BHW) Program				The Barangay Nutrition Scholar (BNS) program			
Family Planning	*Services/Products*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM	X			X				X
	Condoms	X		soon based on RH law	X				X
	Oral Pills	X		soon based on RH law	X				X
	DMPA (IM)	X			X				X
	Implants	X			X				X
	IUDs	X			X				X
	Permanent methods	X			X				X
	Emergency contraception								
HIV and AIDS	VCT								
	PMTCT								
MCH	Misoprostol (for PPH)								
	Zinc								
	ORS	X			X	X			X
	Immunizations	X			X				X

	MNP					X		X	X
Malaria	Bed nets	X			X				
	IRS				X				
	RDT	X		X					
TB	TB drugs	X		X	X				

Intervention		Barangay Service Point Officers (BSPOs) Program				Kalusugan Pangkalahatan Program			
Family Planning	*Services/Products*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM	X			X	X			X
	Condoms	X		X	X	X		soon based on RH law	X
	Oral Pills	X		X	X	X		soon based on RH law	X
	DMPA (IM)	X			X	X			X
	Implants	X			X	X			X
	IUDs	X			X	X			X
	Permanent methods	X			X	X			X
	Emergency contraception								
HIV and AIDS	VCT								
	PMTCT								
MCH	Misoprostol (for PPH)								
	Zinc								
	ORS								
	Immunizations							X	X
	MNP							X	X

Malaria	Bed nets								
	IRS								
	RDT								
TB	TB drugs								

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