ADVANCING PARTNERS & COMMUNITIES

COMMUNITY HEALTH SYSTEMS CATALOG COUNTRY PROFILE: PHILIPPINES

SEPTEMBER 2016

USAID FROM THE AMERICAN PEOPLE

JSI Research & Training Institute, Inc.

fhi360 THE SCIENCE OF IMPROVING LIVES

Advancing Partners & Communities
Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc. in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

Recommended Citation
Kristen Devlin, Kimberly Farnham Egan, and Tanvi Pandit-Rajani. 2016. *Community Health Systems Catalog Country Profile: Philippines*. Arlington, VA: Advancing Partners & Communities.

Photo Credits: Kenneth Pornillos/World Bank, Dave Llorito / World Bank, Dominic Chavez/The World Bank

JSI RESEARCH & TRAINING INSTITUTE, INC.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@advancingpartners.org
Web: advancingpartners.org

ACRONYMS

APC	Advancing Partners & Communities
BC	barangay captain
BHC	barangay health center
BHS	barangay health station
BHW	barangay health worker
BNS	barangay nutrition scholar
BSPO	barangay service point officer
CHS	community health system
CHT	community health team
DOH	Department of Health
FP	family planning
IUD	intrauterine device
KP	Kalusugan Pangkalalhatan (program to attain universal health coverage)
LGU	local government unit
MHC	main health center
M/CHO	municipal/city health office
M/CNC	municipal/city nutrition committee
M/CPO	municipal/city population office
NGO	nongovernmental organization
NHIP	National Health Insurance Program
NNC	National Nutrition Council
PHC	primary health care
PHO	provincial health office
PNC	provincial nutrition committee
PPO	provincial population office
POPCOM	Population Commission
RHC	rural health center
TB	tuberculosis

UHC	universal health care
USAID	United States Agency for International Development
WASH	water, sanitation, and hygiene

INTRODUCTION

This Community Health Systems (CHS) Catalog country profile is the 2016 update of a landscape assessment that was originally conducted by the Advancing Partners & Communities (APC) project in 2014. The CHS Catalog focuses on 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Population and Reproductive Health, and includes specific attention to family planning (FP), a core focus of the APC project.

The update comes as many countries are investing in efforts to support the Sustainable Development Goals and achieve universal health coverage while modifying policies and strategies to better align and scale up their community health systems.

The purpose of the CHS Catalog is to provide the most up-to-date information available on community health systems based on existing policies and related documentation in the 25 countries. Hence, it does not necessarily capture the realities of policy implementation or service delivery on the ground. APC has made efforts to standardize the information across country profiles, however, content between countries may vary due to the availability and quality of the data obtained from policy documents.

Countries use a wide variety of terminology to describe health workers at the community level. The CHS Catalog uses the general term "community health provider" and refers to specific titles adopted by each respective country as deemed appropriate.

The CHS Catalog provides information on 136 interventions delivered at the community level for reproductive, maternal, newborn, and child health; nutrition; selected infectious diseases; and water, sanitation, and hygiene (WASH). This country profile presents a sample of priority interventions (see Table 6 in the Service Delivery section) delivered by community health providers and for which information is available.

APC regularly updates these profiles and welcomes input from colleagues. If you have comments or additional information, please send them to info@advancingpartners.org.

PHILIPPINES COMMUNITY HEALTH OVERVIEW

No single policy guides community health in the Philippines. The country has a multitude of strategies, guidelines, manuals, and governmental decrees that cover a wide array of health areas through both vertical and comprehensive programming, some dating as far back as the late 1970s. Although the Department of Health (DOH) and other national entities issue policies and guidelines, community health programs and projects mainly operate at the local government unit (LGU) level—or in provinces, municipalities, and cities—and in barangays, or villages, since the country was decentralized in 1991. Within this context, LGUs may adapt and implement policies and guidelines very differently.

The Policy on Primary Health Care for Community Health Development, written in 1996, offers direction to LGUs in supporting a community-based approach for primary health care (PHC), emphasizing self-reliance and community ownership of health and development. The policy highlights an important paradigm shift in transferring responsibility from the higher levels of government to the communities as principal partners and managers of their own health under the decentralized system. Around the same time, the country developed detailed, module-style manuals such as the *Partnership for Community Health Development Field Guide* and *Putting Health in the Hands of the People* to guide LGUs, communities, and other partners like nongovernmental organizations (NGOs) in planning and implementing community health projects.

In 2010, the country released *The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos*, an administrative order that serves as the country's updated health framework. It introduces the concept of universal health care (UHC), or Kalusugan Pangkalahatan (KP), through expanding the National Health Insurance Program (NHIP) and strengthening human resources to improve health outcomes, particularly among the poorest families.

Table 1. Community Health Quick Stats

Main community health policies/strategies[1]	*The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos*	*Health Care for All Filipinos Putting Health in the Hands of the People*	*Partnership for Community Health Development Field Guide, Modules 1-4*	*Policy on Primary Health Care for Community Health Development*
Last updated	2010	2003	*Information not available in policy*	1996
Number of community health provider cadres	4 main cadres			
	Barangay health workers (BHWs)	Barangay nutrition scholars (BNSs)	Barangay service point officers[2] (BSPOs)	Community health team (CHT) members
Recommended number of community health providers	*Information not available in policy*			
Estimated number of community health providers	216,841 BHWs	19,527 BNSs	11,058 BSPOs	223,399 CHT members (47,550 teams)
Recommended ratio of community health providers to beneficiaries	No ratio provided; number of BHWs may not exceed 1% of the population	1 BNS: 1 barangay	*Information not available in policy*	1 CHT: 50–100 households
Community-level data collection	Yes	Yes	*Information not available in policy*	Yes
Levels of management of community-level service delivery	National, regional, district, municipal/city, barangay			
Key community health program(s)	BHW, BNS, BSPO, and CHT Programs, other national health-focused programs (e.g., immunization, malaria, micronutrient supplementation, TB)			

[1] Many policies guide community health in the Philippines. The four listed are examples. Please see the Key Policies and Strategies section for a more complete list.
[2] Also sometimes referred to as barangay supply point officers.

Together, the policies also direct community health providers, of which there are four main cadres in the Philippines: barangay health workers (BHWs); barangay nutrition scholars (BNSs); barangay service point officers (BSPOs); and community health team (CHT) members. Each cadre is tied to a respective national health program that is implemented and supported through LGUs.

Table 2. Key Health Indicators, Philippines

Total population[1]	102.3 m
Rural population[1]	56%
Total expenditure on health per capita (current US$)[2]	$135
Total fertility rate[3]	3.0
Unmet need for contraception[3]	17.5%
Contraceptive prevalence rate (modern methods for married women 15–49)[3]	37.6%
Maternal mortality ratio[4]	114
Neonatal, infant, and under 5 mortality rates[3]	13 / 23 / 31
Percentage of births delivered by a skilled provider[3]	72.8%
Percentage of children under 5 years moderately or severely stunted[5]	32%
HIV prevalence rate[6]	<0.1%

[1]PRB 2016; [2]World Bank 2016; [3]Philippine Statistics Authority (PSA) [Philippines], and ICF International 2014; [4]World Health Organization 2015; [5]UNICEF 2013; [6]UNAIDS 2015.

Available policy outlines general job descriptions for community health providers; however, there are gaps about the type of training they should receive and their scope of service. It is possible that these policies have been left somewhat broad to allow LGUs to adapt these policies to the local context, given varying priorities and available resources. For instance, in areas where malaria is endemic, community health providers may be trained to perform rapid diagnostic tests even though this task is not mentioned in overarching guidance on their general tasks. There is some guidance for selection criteria, retention, scope of service provision, supervision, incentives, referrals, and monitoring and evaluation, but this is not comprehensive for each cadre. Community health providers may work with community groups to provide health and nutrition education.

LGUs are the principal funders and implementers of many national and large-scale community health programs in the Philippines. Some programs, like the BHW program, focus on services that community health providers deliver. Others focus on specific health issues, such as tuberculosis (TB), immunization, malaria, and micronutrient supplementation. The public sector leads these programs, and international nongovernmental organizations (NGOs) may provide funding or capacity-building support. Many have been active for more than a decade in urban, peri-urban, and rural areas, and most work in conjunction with other sectors, most notably the education sector to provide health services in schools.

LEADERSHIP AND GOVERNANCE

Community health service delivery in the Philippines is managed and coordinated across the national, regional, provincial, municipal/city, and barangay levels, as follows.

The Philippines' health system is highly decentralized, allowing provinces, municipalities, cities, and barangays to adapt national policies, standards, and curricula to meet the health priorities of the communities within their jurisdiction.

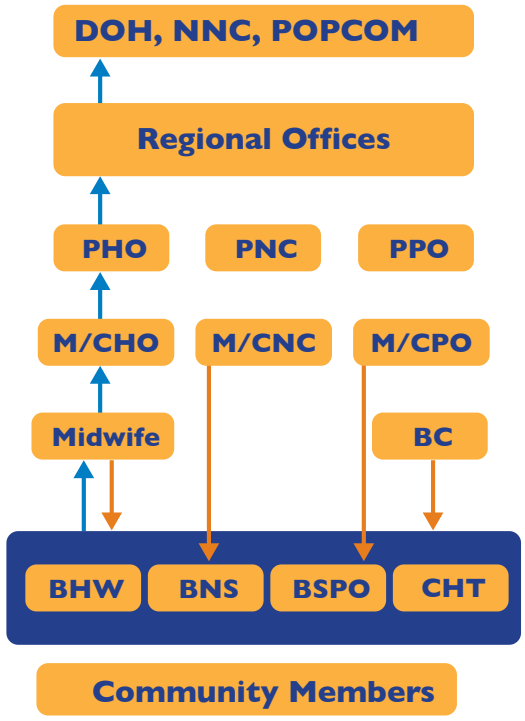
- At the **national level**, the DOH, the National Nutrition Council (NNC), and the Population Commission (POPCOM) provide general direction to community programs. Specifically, the NNC guides the BNS program and has committees at each level of the health system. The POPCOM directed the BSPO program in the past, but is currently active only in areas where the LGU population offices still operate. These national-level entities mobilize resources and develop and disseminate policies; guidelines; operations and technical reference manuals; prototype information, education, and communication materials; and training modules and materials. They also organize award systems for top-performing community health providers.

- At the **regional level**, the regional offices of the DOH, NNC, and POPCOM provide support to the national-level offices, such as input during policy development. Regional offices may adapt policies and curricula developed at the national level for their own use.
- At the **provincial level**, the provincial health office (PHO), the provincial nutrition committee (PNC), and the provincial population office (PPO) (if still active) determine community health priorities for the province, adapt policies and health worker training curricula, and fund and support programming. In some areas, the PHO houses the PNC and PPO.
- At the **municipal/city level**,[1] the municipal/city health office (M/CHO), municipal/city nutrition committee (M/CNC), and the municipal/city population office (M/CPO) (if still active) hold similar roles as their provincial-level counterparts in supporting implementation of policies and programs and their associated community health providers. In some areas, the M/CHO houses the M/CNC and M/CPO.
- At the **barangay level,** the barangay captain (BC),[2] the elected leader of the barangay, conducts administrative oversight of the community health providers and supports them alongside a barangay council comprising 6–8 councilors who are the community's key decision makers. The barangay council may provide guidance and support for community health providers, such as honoraria for their work. In some areas, M/CPO directly supervises BSPOs and the M/CNC directly supervises BNSs.

Figure 1 summarizes the Philippines' health system structure, including the managing bodies, service delivery points, and key actors and their relationships at each level.

Figure 1. Health System Structure

Level	Managing Administrative Body	Service Delivery Point	Key Actors and Their Relationships
National	DOH NNC POPCOM	National Hospital	
Regional	Regional Offices: DOH NNC POPCOM	Regional Hospital	
LGU: Provincial	PHO PNC PPO	Provincial Hospital	
LGU: Municipal/City	M/CHO M/CNC M/CPO	Community Hospital MHC RHU	
LGU: Barangay	District Health Unit	BHC BHS	



1 Municipalities and cities are separate entities with similar administrative structures. They are combined for the purpose of this profile. Municipalities and cities may function independently of provinces.

2 The barangay captain may also be referred to as the barangay chairman.

HUMAN RESOURCES FOR HEALTH

In the Philippines, there are four main cadres of community health providers at the barangay level:

- BHWs are frontline health workers who provide basic health education and selected PHC services (e.g., maternal and child health, environmental health, first aid) and link clients to health facilities.
- BNSs provide nutrition education, conduct nutrition-related activities like child growth monitoring and micronutrient supplementation, link clients to health facilities, manage feeding programs, and collaborate with local organizations to promote gardening and livestock-raising.
- BSPOs provide selected FP services in some areas, although the project under which they first operated, the National Family Planning Outreach Project, concluded in the 1990s. There is little available policy information related to BSPOs, although many continue to work throughout the country.
- CHTs comprise BHWs, BNSs, BSPOs, midwives, and other health workers. CHTs were established in 2010 in an effort to help the country achieve UHC. CHT members target poorer families to enroll them in the NHIP, improve their access to health facilities, and provide them with critical health and social services, such as nutrition counseling, antenatal care, and FP.

The Philippines established community health teams in 2010 to help achieve universal health coverage by enrolling the poorest families in the national health insurance plan, improving their access to health facilities, and providing them with selected critical health and social services.

Policy does not detail how community health providers should coordinate activities, though general guidance indicates that they should collaborate with one another. Furthermore, their roles may overlap; a BHW may also serve as a BNS.

Table 3 provides an overview of the community health providers in the Philippines.

Table 3. Community Health Provider Overview

	BHWs	BNSs	BSPOs	CHT members
Number in country	216,841	19,527	11,058	223,399 members (47,550 teams)
Target number	*Information not available in policy*	*Information not available in policy*	*Information not available in policy*	*Information not available in policy*
Coverage ratios and areas	Coverage ratio not available. The number of BHWs may not exceed 1% of the population. Operate nationwide in urban, peri-urban, and rural areas.	1 BNS: 1 barangay Operate nationwide in urban, peri-urban, and rural areas.	Coverage ratio not available. Operate nationwide in urban, peri-urban, and rural areas where the BSPO program is still functional.	1 CHT: 100 targeted households; ratio may be adjusted depending on household density.[1] Operate nationwide in urban, peri-urban, and rural areas.
Health system linkage	The BHW program is a government program; BHWs work as an extension of the barangay health station (BHS).	The BNS program is a government program. BNSs receive financial support from LGUs and the NNC.	BSPOs are part of a former government program and linked through the BHS and/or the M/CPO.	CHT members work as an extension of the BHS under the national KP initiative.
Supervision	Midwives at the BHS and barangay health center (BHC) provide technical supervision to BHWs, while BCs provide administrative supervision. Public health nurses at rural health units (RHUs) and main health centers (MHCs) supervise midwives.	Midwives at the BHS and BHC and/or the staff at the M/CNC supervise BNSs.	*Information not available in policy*	Midwives at the BHS and BHC provide technical supervision to CHT members, while BCs provide administrative supervision. Midwives may include other staff to help with supervisory duties, such as registered nurses and rural health midwives.
Accessing clients	On foot Public transport Clients travel to them	On foot Public transport Clients travel to them	*Information not available in policy*	On foot Bicycle Public transport Clients travel to them Other: jeepneys, boats, tricycles with platforms, private transportation

Table 3. Community Health Provider Overview

	BHWs	BNSs	BSPOs	CHT members
Selection criteria	At least 18 years old Has undergone recommended 3-day DOH BHW training Has delivered voluntary PHC services for at least 1 year Physically and mentally fit	18–60 years old At least a primary school graduate Resident in the barangay for at least 4 years Ability to speak the dialect Leadership skills Willing to serve the barangay part- or full-time for at least 1 year Willing to learn and to teach what s/he has learned to the community Physically and mentally fit	*Information not available in policy*	Completed at least 2 years of high school Respected in the community Has experience working on health-related or development-oriented activities in the community Able to work with local officials Able and willing to regularly visit and/or monitor the families under his/her care Good interpersonal and communication skills
Selection process	Typically, the midwife, the BC, or another BHW recruits BHWs. Candidates must complete and submit a registration form, supported with a birth certificate; a certificate of attendance of a training program; an endorsement from a midwife or NGO that the BHW has rendered voluntary services for; and a medical certificate. The BHW then submits the registration application to the local health board for approval.	A barangay screening committee at the municipal/city level, chaired by the BC, submits a list of qualified applicants to a municipal/city screening committee. The committee selects the most qualified applicants under NNC guidance. The municipal/city administrative officer submits the chosen candidate to the mayor for approval.	*Information not available in policy*	The M/CHO recruits and selects CHT members from the existing pool of BHWs, BNSs, and BSPOs, midwives, and members of community-based groups. Policy does not prescribe the exact process.

Table 3. Community Health Provider Overview

	BHWs	BNSs	BSPOs	CHT members
Training	The basic 3-day DOH BHW training is administered once. However, local health staff and midwife supervisors orient BHWs on new public health initiatives and technical updates based on national priorities and availability of LGU funds.	BNSs undergo a 10-day didactic training followed by a 20-day practicum. However, in cases of constrained resources, the 30-day training may be reduced to 3–4 days and the practicum phase becomes part of the service period. To reinforce skills, BNSs also attend monthly meetings where their supervisors provide feedback and further information about the services BNSs deliver.	Currently, there is no organized training program for the BSPOs; it is at the discretion of formally trained service providers to train BSPOs.	CHT training is given once over a 2-day period using the CHT guide.
Curriculum	There is no national curriculum; curricula are mostly developed at sub-national levels. However, there is a *BHW Reference Manual* (2015). Includes DOH community programs (maternal, newborn, infant, child, adolescent, adult, and elderly health); special community health concerns (environmental health, violence against women and children, disaster risk reduction and management); first aid techniques; and herbal medicine.	*Basic Course for Barangay Nutrition Scholars* (2011). Includes 6 modules: an overview of the BNS program; basic concepts on food and nutrition; developing BNS skills; situating the BNS program in the local development system; the BNS in action; and a course synthesis. The training documents outline only very general information about BNS services.	BSPOs do not have a current training curriculum.	The CHT curriculum is unavailable but the *Guide for Community Health Teams (2014 edition)* indicates that the scope of training may include the role of the CHT; preparation for tasks; household visits; technical content (newborn, infant, child, prenatal, postpartum care, FP, and chronic cough); reporting and follow-up; and CHT tools.

Table 3. Community Health Provider Overview

	BHWs	BNSs	BSPOs	CHT members
Incentives and remuneration	BHWs receive a combination of financial and non-financial incentives. Financial incentives are provided by the DOH, the municipality/city, the barangay, and as a fee-for-service. They include per diems; cash payments; hazard allowance; funds to support attendance in annual health conventions; and performance-based incentives. Non-financial incentives are covered by the DOH, the municipality/city, the Department of Education, and the Technical Education and Skills Development Authority. They may include free or discounted health care; formal social recognition; opportunities for career advancement; civil service eligibility; and preferred access to loans.	BNSs receive a combination of financial and non-financial incentives. Financial incentives are provided by the municipality/city, barangay, and fee-for-service. They include per diems; cash payments; and hazard pay. The NNC at the national and regional levels provides non-financial incentives. They may include t-shirts; uniforms or clothing allowance; kits; bags; and information, education, and communication materials. BNSs also may receive free or discounted health care; opportunities for career advancement; civil service eligibility; and scholarship grants.	*Information not available in policy*	CHT members may receive a combination of financial and non-financial incentives, which may include cash payments; t-shirts; umbrellas; vests; clipboards; and raincoats. Additional incentives may vary between areas depending on local CHT needs. However, there is no specific policy guidance for LGUs on which incentives to provide.

[1] Information about ratio of CHT members to number of households varies; the DOH *Guidelines on the Mobilization of Community Health Teams* indicates 1 CHT member per 100 households, while the *Guide for Community Health Teams* indicates 50–70 households in urban areas and 15–30 in rural. Both permit adjustments of the ratio based on population density.

HEALTH INFORMATION SYSTEMS

Community health providers use logbooks, master lists, activity diaries, and recording forms to collect and record data on the services they provide and the community members they serve. They compile reports and send them to the midwives at the BHS. The midwives then incorporate the data into their official records for further follow-up. They also input the data into the Field Health Service Information System, an electronic information network the DOH created to collect, monitor, and analyze health programs and service delivery activities from the barangay to the national level. Figure 1 depicts the flow of community-level data.

HEALTH SUPPLY MANAGEMENT

BHWs receive supplies and commodities from midwives at the BHS or BHC, which may include TB drugs, oral contraceptive pills and condoms. BNSs obtain commodities for feeding programs at the BHS, the BHC, the rural health unit, or directly from the M/CHO. Policy does not specify how CHT members receive the commodities they need, but since the teams partially comprise BHWs and BNSs, their supply processes may be similar. While there is no formal guidance for BSPOs, it is likely they acquire supplies through similar channels— midwives or the M/CPO or M/CHO.

Policy does not indicate how community health providers obtain emergency backup supplies or how they must dispose of medical waste.

The full list of commodities that BHWs, BNSs, BSPOs, and CHT members may distribute is not available, but Table 4 provides information about the selected medicines and products included in the Philippines' *Essential Medicines List* (2008).

Table 4. Selected Medicines and Products Included in the Philippines' *Essential Medicines List* (2008)

Category		Medicine / Product
FP	☐	CycleBeads®
	☐	Condoms
	☐	Emergency contraceptive pills
	☐	Implants
	☑	Injectable contraceptives
	☐	IUDs
	☑	Oral contraceptive pills
Maternal health	☑	Calcium supplements
	☑	Iron/folate
	☑	Misoprostol
	☑	Oxytocin
	☑	Tetanus toxoid
Newborn and child health	☑	Chlorhexidine
	☑	Cotrimoxazole
	☑	Injectable gentamicin
	☑	Injectable penicillin
	☑	Oral amoxicillin
	☑	Tetanus immunoglobulin
	☑	Vitamin K
HIV and TB	☑	Antiretrovirals
	☑	Isoniazid (for preventive therapy)
Diarrhea	☑	Oral rehydration salts
	☑	Zinc
Malaria	☑	Artemisinin combination therapy
	☐	Insecticide-treated nets
	☑	Paracetamol
	☐	Rapid diagnostic tests
Nutrition	☑	Albendazole
	☑	Mebendazole
	☐	Ready-to-use supplementary food
	☐	Ready-to-use therapeutic food
	☑	Vitamin A

SERVICE DELIVERY

The Philippines has multiple service delivery packages for the community level, including packages for maternal, newborn, and child health and nutrition, reproductive health and FP, TB, and non-communicable diseases. Service packages that community health providers deliver are largely determined by the LGU in which they work.

Table 5 summarizes the approaches of BHWs, BNSs, BSPOs, and CHT members to mobilize communities, provide health education, and deliver selected preventive and curative services.

Community health providers normally refer community members to midwives at the BHS using referral forms.

Table 5. Modes of Service Delivery

Service	Mode
Clinical services	Door-to-door
	Periodic outreach at fixed points
	Health posts or other facilities
	Special campaigns
Health education	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups
Community mobilization	Health posts or other facilities
	Community meetings
	Mothers' or other ongoing groups

Using FP as an example, community health providers may provide certain FP methods, as outlined in Table 6, or refer clients to the BHS or BHC for them, including information on the Standard Days Method, CycleBeads, lactational amenorrhea method, and other fertility awareness methods; condoms; oral contraceptive pills; injectable contraceptives; and intrauterine devices (IUDs). If the barangay-level facility is unable to provide the services or methods needed, a midwife or other health worker may refer the client to a RHU or an MHC at the municipality/city level. Community health providers refer clients to hospitals for permanent methods. Policy does not mention implants.

Table 6 details interventions that BHWs, BNSs, BSPOs, and CHT members may conduct in the following health areas: FP, maternal health, newborn care, child health and nutrition, TB, HIV and AIDS, malaria, and WASH.

Table 6. Selected Interventions, Products, and Services

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
FP	Condoms	BHW, CHT, BSPO[1]	BHW[2], CHT[2]	BHW, CHT	BHW, CHT
	CycleBeads®	BHW, CHT, BSPO[1]	Unspecified	BHW, CHT	BHW, CHT
	Emergency contraceptive pills	Unspecified	No	Unspecified	Unspecified
	Implants	BHW, CHT, BSPO[1]	No	BHW, CHT	BHW, CHT
	Injectable contraceptives	BHW, CHT, BSPO[1]	No	BHW, CHT	BHW, CHT
	IUDs	BHW, CHT, BSPO[1]	No	BHW, CHT	BHW, CHT
	Lactational amenorrhea method	BHW, CHT, BSPO[1]		BHW, CHT	BHW, CHT
	Oral contraceptive pills	BHW, CHT, BSPO[1]	BHW[2], CHT[2]	BHW, CHT	BHW, CHT
	Other fertility awareness methods	BHW, CHT, BSPO[1]		BHW, CHT	BHW, CHT
	Permanent methods	BHW, CHT, BSPO[1]	No	BHW, CHT	BHW, CHT
	Standard Days Method	BHW, CHT, BSPO[1]		BHW, CHT	BHW, CHT
Maternal health	Birth preparedness plan	BHW, CHT	BHW, CHT	BHW, CHT	BHW, CHT
	Iron/folate for pregnant women[3]	BHW, BNS, CHT	Unspecified	BHW, BNS, CHT	BHW, BNS, CHT
	Nutrition/dietary practices during pregnancy	BHW, BNS		BHW, BNS	BHW, BNS
	Oxytocin or misoprostol for post-partum hemorrhage	No	No	No	No
	Recognition of danger signs during pregnancy	BHW, CHT	BHW, CHT	BHW, CHT	BHW, CHT
	Recognition of danger signs in mothers during postnatal period	BHW, CHT	BHW, CHT	BHW, CHT	BHW, CHT
Newborn care	Care seeking based on signs of illness	BHW, BNS, CHT			Unspecified
	Chlorhexidine use	No	No	No	No
	Managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	CHT		BHW	No
	Nutrition/dietary practices during lactation	BHW, BNS		BNS	BNS
	Postnatal care	BHW, CHT	BHW[4]	BHW, CHT	BHW, CHT
	Recognition of danger signs in newborns	BHW, CHT	BHW, CHT	BHW, CHT	BHW

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
Child health and nutrition	Community integrated management of childhood illness	BHW	BHW[5]	BHW	BHW
	Exclusive breastfeeding for the first 6 months	BHW, BNS, CHT		Unspecified	BHW, BNS, CHT
	De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years	BHW, BNS, CHT	BHW[6], BNS[6]	BHW, BNS, CHT	BHW, BNS, CHT
	Immunization of children[7]	BHW, BNS, CHT	No	BHW, BNS, CHT	BHW, BNS, CHT
	Vitamin A supplementation for children 6–59 months	BHW, BNS, CHT	BHW[6], BNS[6]	BHW, BNS, CHT	BHW, BNS, CHT
HIV and TB	Community treatment adherence support, including directly observed therapy	BHW	BHW	BHW, CHT	Unspecified
	Contact tracing of people suspected of being exposed to TB	Unspecified	Unspecified	Unspecified	Unspecified
	HIV testing	BHW	No	BHW	Unspecified
	HIV treatment support	No	No	No	No
Malaria	Artemisinin combination therapy	Unspecified	Unspecified	BHW	BHW
	Long-lasting insecticide-treated nets	BHW	BHW[8]	Unspecified	Unspecified
	Rapid diagnostic testing for malaria	BHW	BHW[9]	BHW	BHW
WASH	Community-led total sanitation	BHW	BHW		
	Hand washing with soap	BHW, BNS, CHT			
	Household point of use water treatment	BHW, BNS			
	Oral rehydration salts[10]	BHW	BHW	BHW	Unspecified

[1] In reality, it is likely that BSPOs who are still active still provide FP services, make referrals, and conduct follow-up on FP users; however, this information is not stated in any current policy.
[2] Policy states that BHWs and CHT members can only resupply condoms and oral contraceptive pills; they cannot administer to first-time users.
[3] BHWs, BNSs, and BSPOs may provide iron/folate to pregnant women. BHWs may also provide iron/folate to non-pregnant women and adolescent girls.
[4] BHWs provide basic postnatal care; they may refer to facilities for comprehensive postnatal care.
[5] BHWs can provide components of community management of childhood illness but not comprehensively. Community management of childhood illness is included in the 2015 *BHW Reference Manual*.
[6] BHWs and BNS can administer this intervention only if they receive the proper training.
[7] Includes immunizations for newborns and children: BCG; MMR; Hep B /influenza; OPV; pentavalent vaccine.
[8] In areas where malaria is endemic, BHWs may administer insecticide-treated nets, though it is not listed as a primary duty or included in the 2015 *BHW Reference Manual*.
[9] Only if BHW is trained in malaria diagnosis and rapid diagnostic testing; this intervention is not included in the usual guidance for BHWs.
[10] As it applies to children under five years; administration of oral rehydration salts to the general population is not specified in policy.

KEY POLICIES AND STRATEGIES

Department of Health, Community Health Service, Republic of the Philippines. 1996. *Policy on Primary Health Care for Community Health Development*. Manila: Department of Health, Republic of the Philippines.

Department of Health, Office of the Secretary, Republic of the Philippines. 2005. *Administrative Order No. 2005-0014: National Policies on Infant and Young Child Feeding*. Manila: Department of Health, Republic of the Philippines.

———. 2009. *Department Memorandum 2009-0302: Reiteration of Department of Health Support for the Continuing Development of Barangay Health Workers (BHWs)*. Manila: Department of Health, Republic of the Philippines. Available at https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/reiteration_of_doh_support_for_bhw_2009-2302_tagged.pdf (accessed August 2016).

———. 2010. *Administrative Order 2010-0036: The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos*. Manila: Department of Health, Republic of the Philippines. Available at http://www.doh.gov.ph/sites/default/files/basic-page/aquino-health-agenda-universal-health-care.pdf (accessed August 2016).

———. 2011. *Department Memorandum 2011-0286: Guidelines on the Mobilization of Community Health Teams*. Manila: Department of Health, Republic of the Philippines.

Department of Health, Republic of the Philippines. 1999. *Administrative Order No. 29, 1999: Guidelines on the Utilization of Regional Primary Health Care (PHC) Funds as approved in the General Appropriation Act (GAA), Republic Act No. 8745 of Calendar Year 1999*. Manila: Department of Health, Republic of the Philippines.

———. 2003. *Putting Health in the Hands of the People: Modules 1–5*. Manila: Department of Health, Republic of the Philippines.

———. 2011a. *Manual of Procedure: Malaria Operations*. Manila: Department of Health, Republic of the Philippines.

———. 2011b. *Micronutrient Supplementation: Manual of Operations*. Manila: Department of Health, Republic of the Philippines.

———. 2011c. *The MNCHN Manual of Operations.* Manila: Department of Health, Republic of the Philippines.

———. 2012. *Implementing Rules and Regulations of Republic Act No. 10354 (The Responsible Parenthood and Reproductive Health Act of 2012)*. Manila: Department of Health, Republic of the Philippines. Available at http://www.gov.ph/2013/03/18/implementing-rules-and-regulations-of-republic-act-no-10354/ (accessed August 2016).

———. 2014a. *Guide for Community Health Teams (2014 Edition)*. Manila: Department of Health, Republic of the Philippines.

———. 2014b. *Management and Supervision of CHT Operation*. Manila: Department of Health, Republic of the Philippines.

———. 2014c. *National Tuberculosis Control Program Manual of Procedures (5th Edition)*. Manila: Department of Health, Republic of the Philippines. Available at http://www.doh.gov.ph/sites/default/files/publications/MOP_Final_a.pdf (accessed August 2016).

———. 2014d. *The Philippine Clinical Standards Manual on Family Planning (2014 Edition)*. Manila: Department of Health.

———. 2015a. *Barangay Health Workers' Reference Manual: Towards Effective Service Provision and Improved Health Outcomes*. Manila: Department of Health, Republic of the Philippines.

———. 2015b. *Strengthening Routine Immunization: Simple Guide for Reaching Every Purok for Health Centers*. Manila: Department of Health, Republic of the Philippines. Available at http://dohcalabarzonepi.weebly.com/uploads/4/8/4/2/48426749/booklet-health_centre_simple_guide_for_reaching_every_purok_final_26may2015_jd_comments_rev1.docx (accessed August 2016).

———. n.d.a. *Administrative Order 2010-0036: Field Guide: Partnership for Community Health Development Modules 1–4*. Manila: Department of Health, Republic of the Philippines.

———. n.d.b. *All for Health and Health for All: Accreditation of Government and Non-Government (GO-NGO) Training Program for Barangay Health Workers (BHWs) and Community Health Workers (CHWs)*. Manila: Department of Health, Republic of the Philippines.

———. n.d.c. *Manual of Operations: National Immunization Program*, Republic of the Philippines.

———. n.d.d. *Training Program for Community Health Team (CHT) Members*, Republic of the Philippines.

Department of the Interior and Local Government, Republic of the Philippines. 2010. *Memorandum 2010-147: Termination / Retention of Barangay Health Workers (BHWs), Barangay Nutrition Scholars (BNS), and Barangay Day Care Workers (BCDWs)*. Manila: Department of the Interior and Local Government, Republic of the Philippines. Available at http://www.dilg.gov.ph/issuances/mc/TerminationRetention-of-Barangay-Health-Workers-BHWs-Barangay-Nutrition-Scholars-BNS-and-Barangay-Day-Care-Workers-BDCWs/320 (accessed August 2016).

House of Representatives, Republic of the Philippines. 2013. *House Bill No. 2918: Magna Carta of Barangay Nutrition Scholars*. Quezon City: House of Representatives, Republic of the Philippines.

Ministry of Health, Office of the Minister, Republic of the Philippines. 1980. *Administrative Order No. 105-A s., 1980*. Manila: Ministry of Health, Republic of the Philippines.

National Nutrition Council, Government of the Philippines. "Barangay Nutrition Scholar (BNS) Program." Available at https://nnc.gov.ph/plans-and-programs/barangay-nutrition-scholar-bns-program (accessed May 2016).

Philippine National Drug Formulary. 2008. *Essential Medicines List – Volume I, 7th Edition*. Manila: The National Formulary Committee, National Drug Policy: Pharmaceutical Management Unit 50, Department of Health, Republic of the Philippines. Available at http://apps.who.int/medicinedocs/documents/s19477en/s19477en.pdf (accessed August 2016).

Republic of the Philippines. 1991. *Local Government Code of 1991*. Manila: Republic of the Philippines. Available at http://www.dilg.gov.ph/PDF_File/reports_resources/dilg-reports-resources-2016120_5e0bb28e41.pdf (accessed August 2016).

———. 1995. *Republic Act No. 7883: Barangay Health Workers' Benefit and Incentives Act of 1995*. Manila: Republic of the Philippines. Available at https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/77608/82384/F770171572/PHL.77608.pdf (accessed August 2016).

REFERENCES

Department of Health, Republic of the Philippines. 2014. *Field Health Service Information System 2014 Annual Report*. Available at http://www.doh.gov.ph/sites/default/files/publications/FHSIS_Report_2014_0.pdf

Department of Health, Republic of the Philippines. 2015. *Annual Report 2014*. Manila: Health Policy Development and Planning Bureau, Department of Health, Republic of the Philippines. Available at http://www.doh.gov.ph/sites/default/files/publications/DOH_Annual_Report2014a.pdf (accessed June 2016).

Philippine Statistics Authority (PSA) [Philippines], and ICF International. 2014. *Philippines National Demographic and Health Survey 2013*. Manila, Philippines, and Rockville, Maryland: PSA and ICF International. Available at https://dhsprogram.com/pubs/pdf/FR294/FR294.pdf (accessed June 2016).

PRB. 2016. *2016 World Population Data Sheet*. Washington, DC: PRB. Available at http://www.prb.org/pdf16/prb-wpds2016-web-2016.pdf

UNAIDS. 2015. "Aids Info." Available at http://aidsinfo.unaids.org/ (accessed June 2016).

UNICEF. 2013. "At a glance: Philippines statistics." Available at http://www.unicef.org/infobycountry/philippines_statistics.html

World Bank. "The World Bank DataBank: Health expenditure per capita (current US$)." Available at http://beta.data.worldbank.org/indicator/SH.XPD.PCAP?view=chart (accessed June 2016).

World Health Organization. 2015. *Trends in Maternal Mortality 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva: World Health Organization. Available at http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf (accessed June 2016).

ADVANCING PARTNERS & COMMUNITIES
JSI RESEARCH & TRAINING INSTITUTE, INC.

1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Web: advancingpartners.org