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How Do Community Health Workers Contribute to Better Nutrition? Philippines



About SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

About APC

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. 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.

Disclaimer

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SPRING

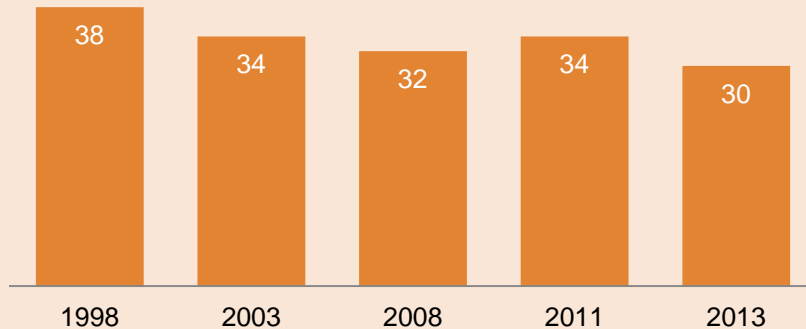
JSI Research & Training Institute, Inc.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@spring-nutrition.org
Internet: www.spring-nutrition.org

In the Philippines, nutrition-related health issues persist.



% children under 5

According to most recent data, **stunting** remains a major challenge in the Philippines.



25%

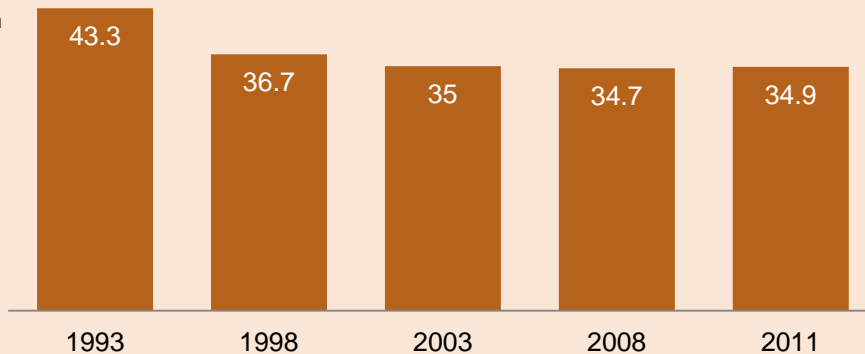
of women of reproductive age have anemia

That means **6.2 million** Filipina women have a critical micronutrient deficiency (2011)



% children under 5

Anemia also persists as a major issue for children in the Philippines.



only 27%

of infants are exclusively breastfed for 6 months (2011)

We know **evidence-based, cost-effective interventions** can improve nutrition outcomes.

It is estimated that the following 10 evidence-based, nutrition-specific interventions, if scaled to 90 percent coverage, could **reduce stunting by 20 percent** and **severe wasting by 60 percent**.

- Management of severe acute malnutrition
- Preventive zinc supplementation
- Promotion of breastfeeding
- Appropriate complementary feeding
- Management of moderate acute malnutrition
- Periconceptual folic acid supplementation or fortification
- Maternal balanced energy protein supplementation
- Maternal multiple micronutrient supplementation
- Vitamin A supplementation
- Maternal calcium supplementation

Studies have demonstrated the effectiveness of community health workers in achieving demonstrable health benefits directly related to the Millennium Development Goals (MDGs), including reducing child malnutrition and both child and maternal mortality.

- Perry and Zulliger (2012)

Community health workers play a critical role in providing these proven, evidence-based, cost-effective interventions.

By making basic primary care available at the community level, CHWs make it possible for women and children to receive the services they need for better health outcomes.

Frequently based in the communities where they are from, community health workers (CHWs) have direct access to the community and can link with other nutrition-related community-based service providers. They can provide clients with a range of services such as medical care, information, counseling, and referral.

However, CHWs are often expected to carry out a wide range of interventions with limited time, resources, and remuneration. They need appropriate academic curricula, training programs, and support systems – including systems for monitoring, supporting, and mentoring. Countries like **the Philippines** must take this into consideration as they scale up and expand the services provided by CHWs.



Information on the services that community health workers provide and the systems that support them in doing their work **is often hard to find.**

To begin to fill this void, the two USAID-funded projects - **Advancing Partners and Communities (APC)** and **Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING)** - collaborated to conduct a desk review of existing policies and documents related to community health systems.

Due to the diversity and magnitude of community health programs in a given country, we collected information based on individual country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale.



These are our findings:

This is what community health workers can do in the Philippines, according to government policy.

See the Data Notes at the end for more on how data were collected and analyzed.

Community health service delivery in the Philippines is guided by **multiple policies**.

Relevant Government Policies Reviewed	Last Updated
Health in the Hands of the People	2003
Creation of the National Primary Health Care Committee	Not Available
Policy on Primary Health Care for Community Health Development	1996
Community Organizing Policy Guidelines	Not Available
Regional Guidelines on the Utilization of Regional Primary Health Care Funds as Approved in the GAA	Not Available
Partnership for Community Health Development (PCHD) Field Guide	Not Available



The Philippines has **four distinct cadres*** of community health workers, **three** of which provide nutrition services.

1. Barangay Health Workers (BHW) are frontline health workers who provide basic health education and selected primary health care services (e.g., maternal and child health, first aid, environmental health) and link clients to health facilities.

216,941 in country

Coverage ratio not available

2. Barangay Nutrition Scholars (BNS) 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.

19,527 in country

1 BNS:1 barangay

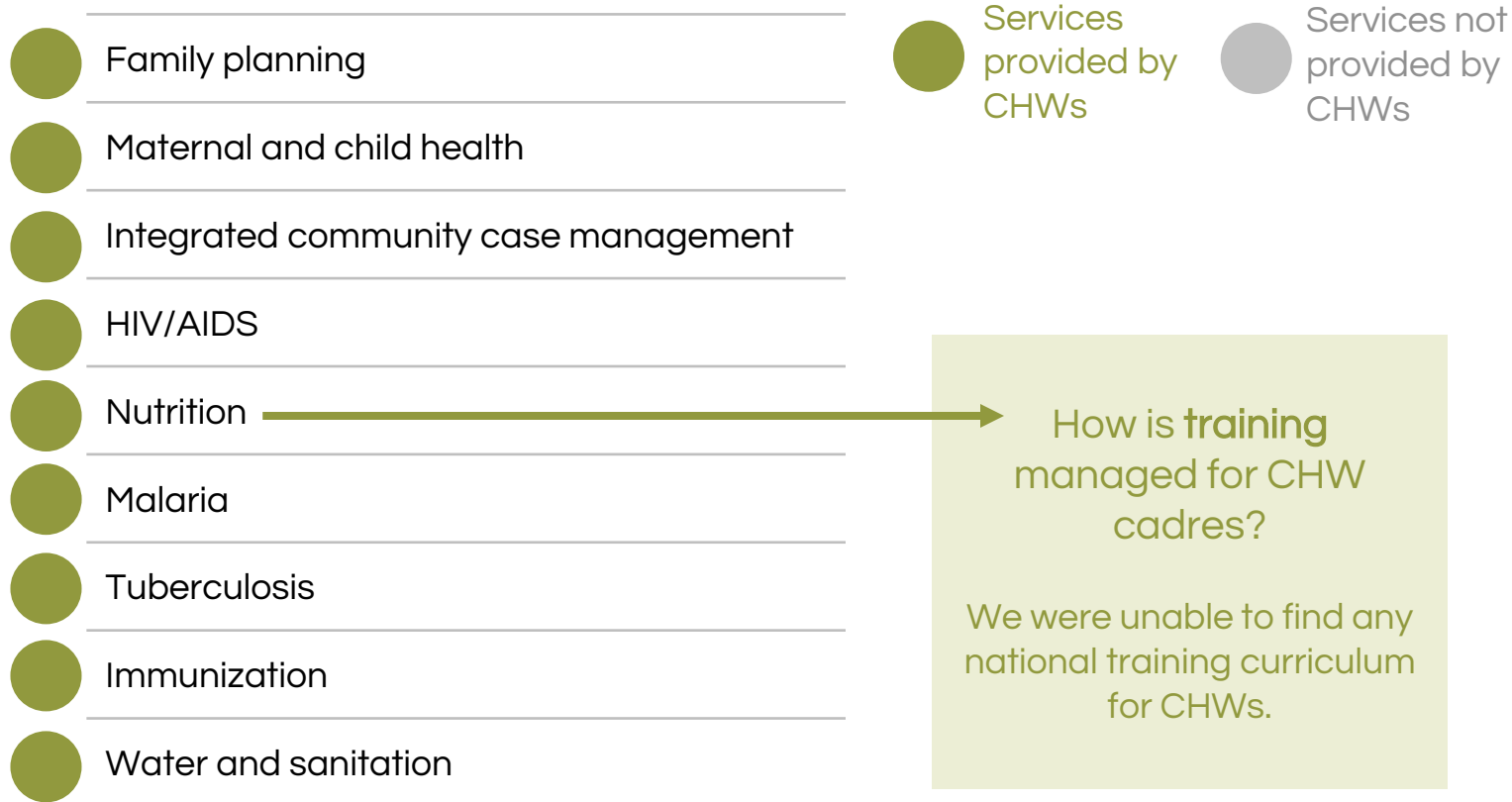
3. Community Health Teams (CHT) comprise BHWs, BNSs, Barangay Supply Point Officer (BSPO), midwives, and other health workers. Members target poorer families to enroll them in the national health insurance program, improve their access to health facilities, and provide them with critical health and social services, such as nutrition counseling, antenatal care, and family planning.

223,399 in country

1 CHT: 100 targeted households;
Ratio may be adjusted
depending on household density

* In addition to these three cadres, BSPOs provide selected family planning services in some areas.

Community health workers in the Philippines provide services in **multiple health service delivery areas.**





Note: Some ANMs may be able to conduct HIV testing and counseling, but it is not a core job function of the CHW cadres.

Community health workers
in the Philippines support
improved nutrition
outcomes throughout the
continuum of care.



How we present our findings on nutrition services provided by community health workers.

Services, listed in tables, are categorized as nutrition **assessment**, **counseling**, or **support** actions.

Assessment	
<i>Activity / action to be taken</i>	 <i>Cadres of CHWs who conduct this task</i>
	

Counseling	

Support	

 Services provided by CHWs

 Service not provided by CHWs or not clearly specified in policy

The tables presented for each stage of life across the continuum of care include specific nutrition-related services queried as part of the Community Health Systems Catalog Assessment.

For each stage of life, we indicate if the service is provided by community health workers and which cadres have the responsibility to provide that service.

Community health workers who provide services are identified by cadre:

BHW-Barangay Health Workers

BNS-Barangay Nutrition Scholars

CHT-Community Health Teams

For adolescents

Counseling

Provide information/education/counseling (IEC) on iron/folate for women who are not pregnant and adolescent girls



BHW

Support

Provide/administer iron/folate for women who are not pregnant and adolescent girls



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For pregnant women

Assessment

Monitor weight gain during pregnancy	●	--
Measure mid-upper arm circumference (MUAC) screening for pregnant women	●	--
Give information on hemoglobin testing for women who are pregnant	●	--
Test blood for hemoglobin levels	●	--

Counseling

Provide IEC on nutrition/dietary practices during pregnancy	●	BHW / BNS
Provide IEC on iron/folate	●	BHW / BNS / CHT
Provide IEC on insecticide-treated net use	●	--

Support

Provide/administer insecticide-treated nets	●	BHW*
Provide/administer iron/folate	●	--

*In areas where malaria is endemic, BHWs may be trained to administer ITNs, though it is not a primary duty or included in the 2015 BHW Reference Manual.



For breastfeeding women

Assessment

Monitor nutritional status of women who are breastfeeding (e.g., using MUAC)



--

Counseling

Provide IEC on correct positioning and attachment of the newborn during breastfeeding



BHW

Provide IEC on managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)



CHT

Provide IEC on nutrition/dietary practices during lactation



BHW / BNS



For newborns

Assessment

Weigh newborns



BHW / BNS

Counseling

Provide IEC on skin-to-skin contact between baby and mother/caregiver



BHW / CHT

Provide IEC on breastfeeding within 1 hour of birth



BHW / CHT



For children

Assessment

Scales to measure weight of children up to 2 years of age	●	BHW / BNS
Use length boards to measure length of children up to 2 years of age	●	BHW / BNS
Measure MUAC of children	●	--
Screen children for bilateral edema	●	--

Support

Provide/administer Vitamin A supplementation for children 6–59 months of age	●	BHW / BNS / CHT
Provide/administer micronutrient supplementation	●	BHW / BNS
Provide/administer deworming medication	●	BHW / BNS
Treating moderate acute malnutrition for children under 2 years of age	●	--
Treat severe acute malnutrition with ready-to-use therapeutic foods (RUTF) or ready-to-use supplementary foods (RUSF)	●	--

Counseling

Provide IEC on Vitamin A for children 6–59 months of age	●	BHW / BNS
Provide IEC on general micronutrient supplementation	●	BHW / BNS / CHT
Provide IEC on de-worming medication	●	BHW / BNS / CHT
Provide IEC on complementary feeding practices and continued breastfeeding (6–23 months of age)	●	BHW / BNS / CHT
Provide IEC on exclusive breastfeeding (first 6 months of age)	●	BHW / BNS / CHT
Provide IEC on introduction of soft, semi-solid foods at 6 months of age	●	BHW / BNS / CHT
Provide IEC on continuing breastfeeding for children less than 6 months of age who have diarrhea	●	BHW / CHT
Provide IEC on increasing fluids and continuing solid feeding for children over 6 months of age with diarrhea	●	--



For all stages of life

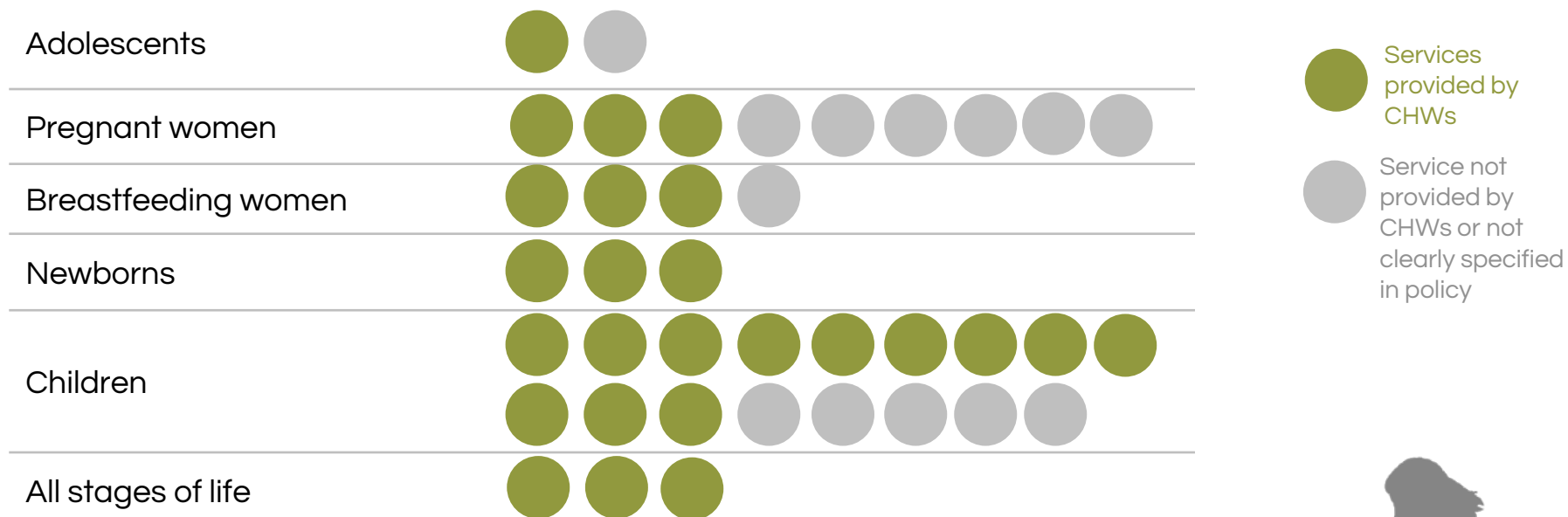
Counseling

Provide IEC on handwashing with soap	●	BHW
Provide IEC on community-level total sanitation	●	BHW / BNS
Provide IEC on household point-of-use water treatment	●	BHW / BNS



Our key takeaways

In the Philippines, three cadres of community health workers provide **25** of the recommended **38** nutrition services discussed in this assessment.



How to use this information

We invite in-country stakeholders to use this information to:



Identify which nutrition-related services CHWs can provide, according to policies;



Prioritize and/or reassign responsibilities to avoid overburdening CHWs;



Build a stronger foundation of policies, tools, and systems for CHWs to conduct their work;



Plan additional support to CHWs;



Design and conduct other in-depth assessments of community nutrition programs;



Inform program implementers to strengthen community health interventions.

This product was developed using information collected by APC, with input from SPRING, through a desk review of existing policies and documents related to community health systems. Due to the diversity and magnitude of community health programs in a given country, we collected information based on country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale. We encourage updates and validation to specific local contexts.

Data Notes

This document includes rich information about community-level nutrition policies and services in the Philippines. The data represented here are based on a detailed analysis of survey responses and a review of select policies related to nutrition responsibilities of community health workers.

The data come with their own caveats. Policies do not always specify which particular actions CHWs are allowed or expected to perform, nor do they give any real indication of what actions CHWs actually do perform. Policies can be general, ambiguous, and/or contradictory. For instance, a policy might list "referral for antibiotics" but it doesn't specify which antibiotics.

You can learn more about how to map health workforce activities with the SPRING Nutrition Workforce Mapping Toolkit, available at spring-nutrition.org/publications/tools/nutrition-workforce-mapping-toolkit

This effort was undertaken as part of the wider Community Health Systems Catalog data collection effort.

You can find more details on the Community Health System in the Philippines and data on other countries at: www.advancingpartners.org/resources/chsc

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Additional Resources on CHWs

Community Health Systems Catalog - An innovative and interactive reference tool on country community health systems intended for ministries of health, program managers, researchers, and donors interested in learning more about the current state of community health systems. (<https://goo.gl/N1QKYK>)

Essential Package of Health Services Country Snapshot Series - A series of country profiles that analyzes the governance dimensions of Essential Packages of Health Services (EPHS), including how government policies contribute to the service coverage, population coverage, and financial coverage of the package (<https://goo.gl/2M6FXr>)

Community Health Worker (CHW) Central - An online community of practice for sharing resources and experiences and discussing questions and ideas on CHW programs and policy. (<https://goo.gl/dacnl5>)

The Community Health Framework - A framework developed for government decision makers to structure dialogues, answer questions, develop recommendations, and foster continuous learning about community health. (<https://goo.gl/VZlmbm>)

Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems - A systematic review of CHW programs and their impact on health-related Millennium Development Goals (MDGs) as well as eight in-depth country case studies in Sub-Saharan Africa (Ethiopia Mozambique and Uganda), South East Asia (Bangladesh, Pakistan and Thailand) and Latin America (Brazil and Haiti). (<https://goo.gl/5G0Vbc>)

How Effective Are Community Health Workers? An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-related Millennium Development Goals - An update and supplement to the previous paper on the effectiveness of CHWs in providing a range of health services and improving health and nutrition outcomes. (<https://goo.gl/jKx2Zg>)

Additional Resources from the Philippines

Final Report Barangay Program of Action for Nutrition - The Barangay Program of Action for Nutrition (BPAN) translates the Philippine Plan of Action for Nutrition into a program that can be used and adapted throughout the country. After the implementation of the BPAN showed an improvement in the organization and management of nutrition committees in the 43 Barangays, many committees were reactivated. This report outlines the results of the BPAN. (<https://goo.gl/5ZwJDz>)

The Barangay service point officers: their performance and potentials – This report covers outcomes of the "Qualitative Survey Research on BSPOs and BSPO Operations." with focus on how BSPO's are chosen and trained, and some of the limitations that are caused by a lack of coordination. (<https://goo.gl/L4dL3T>)

Learn more at:
www.spring-nutrition.org



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