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Influence of Local Governance Stability and Recruitment On Retention of Barangay Health Workers Continuity of Care

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Abstract: *This study examined how local governance stability and recruitment practices affect the retention and continuity of care among Barangay Health Workers (BHWs). Keeping BHWs engaged is important to ensure continuous and quality primary health services in the community. The study focused on governance factors such as training, supervision, and resource continuity, as well as recruitment factors like political turnover and program focus. A quantitative descriptive-correlational design was used. Ethical approval and permissions were secured before data collection. Data were gathered using a questionnaire with informed consent and were completed within one week. The data were analyzed using descriptive statistics, correlation, and regression. The results showed that local governance stability was high in terms of training, supervision, and resource continuity. Recruitment was moderately affected by political turnover but showed high alignment with program needs. Retention of BHWs was also high, showing strong motivation and commitment. The study found a significant relationship between governance stability and retention, while recruitment had no significant relationship. Resource continuity and program focus were identified as key factors that influence retention. In conclusion, stable governance, consistent resources, and clear program direction help improve BHW retention and continuity of care. Strengthening these areas is recommended to support long-term community health services.*

Keywords: local governance stability, recruitment practices, retention, Barangay Health Workers, continuity of care.

INTRODUCTION

Barangay Health Workers (BHWs) remain a critical part of primary health care in the Philippines because they serve as frontline links between households, barangays, and formal health facilities, especially in underserved communities. As community-based health workers, they support health promotion, basic service delivery, patient follow-up, and community mobilization, making them important to the functioning of local health systems and to the broader pursuit of Universal Health Coverage (UHC) (Mallari et al., 2020). In this context, the stability of local governance becomes highly significant,

because the continuity of community-based care often depends not only on health policy, but also on how local officials manage, support, and retain the workers who deliver services at the barangay level (Dodd et al., 2021).

This concern is particularly relevant in a decentralized health system such as that of the Philippines, where local government units exercise substantial influence over health service administration, workforce support, and program implementation. Evidence from the Philippines shows that decentralization can produce uneven decision-making, capacity, and accountability across local settings, which in turn affects service delivery and health workforce management (Liwanag & Wyss, 2019). More specifically, Dodd et al. (2021) found that local politics influence the governance of community health worker programs, with some workers feeling pressure to align politically with local leaders in order to maintain their positions. Such conditions suggest that changes in barangay leadership may affect how BHWs are recruited, retained, and supported, thereby shaping the consistency of services provided to communities.

The relevance of this issue is also reflected in the National Unified Health Research Agenda (NUHRA) 2023–2028. According to the regional workshop results for Region X, the top-ranked research priority is Health Service Delivery, while under Health Systems Strengthening towards UHC, the agenda explicitly includes Health Governance and Policies and Health Service Delivery as major research areas. This positioning shows that governance and service delivery are not separate concerns; rather, they are closely linked priorities in current Philippine health research and policy directions. For a study focused on BHW retention and continuity of care, this provides strong policy grounding by showing that workforce stability, governance practices, and service continuity are all central to ongoing health systems strengthening efforts.

Recent Philippine evidence further supports the importance of workforce stability in grassroots care. De Mesa et al. (2023) found that strengthening primary care systems influences health worker satisfaction and intention to stay, although disadvantaged areas continue to face structural and staffing challenges. More broadly, evidence reviews show that workforce retention is essential in rural and remote health settings because instability and repeated turnover weaken service capacity and reduce the effectiveness of care delivery (Russell et al., 2021). In the case of BHWs, this is especially important because they do not merely perform tasks; they also sustain trust, local knowledge, and ongoing relationships between the community and the health system (Mallari et al., 2020). When recruitment is shaped by political turnover rather than continuity and merit, the result may be disruption in these relationships and, consequently, in continuity of care. Despite the recognized importance of BHWs, there remains limited research that directly examines how local governance stability and recruitment practices influence their retention and the continuity of care they help sustain. Existing studies have discussed the roles, motivations, and governance challenges of community health workers in the Philippines, yet fewer studies have specifically focused on how changes in local leadership affect the continuity of BHW engagement over time (Mallari et al., 2020; Dodd et al., 2021). Thus, this study seeks to address that gap

by examining how governance stability and recruitment practices shape the retention of Barangay Health Workers and, in turn, the continuity of care in local communities. In doing so, it aims to contribute evidence that may inform more stable, merit-based, and less politicized approaches to community health workforce management in support of stronger local health systems and UHC.

Theoretical and Conceptual Framework

This study is anchored on three interrelated nursing theories: Neuman's Systems Model, King's Theory of Goal Attainment, and Watson's Theory of Human Caring. These theories provide the lens for explaining how local governance stability and recruitment practices may influence the retention of Barangay Health Workers (BHWs) and the continuity of care they provide in the community

Neuman's Systems Model

This theory was originally developed by Betty Neuman, explains that individuals and groups function as open systems that constantly interact with internal and external environmental stressors (Neuman, 1982). Applied to the present study, BHWs may be understood as part of a community health system exposed to stressors such as political turnover, unstable leadership, inconsistent supervision, and non-merit-based recruitment practices. When governance is stable, the local health system is more likely to preserve balance, support worker functioning, and maintain continuity of care. However, when leadership changes are frequent and administrative support becomes unstable, these stressors may weaken workforce stability and contribute to discontinuity in health service delivery. The continuing usefulness of Neuman's model in community and outpatient nursing contexts has also been noted in a recent scoping review, which found that the model remains applicable in explaining how stressors affect system stability and care outcomes (Oliveira et al., 2024).

King's Theory of Goal Attainment

This theory emphasizes the importance of interaction, communication, mutual perception, and shared goal-setting in achieving desired health outcomes (King, 1981, 1992). In this study, the theory helps explain that retention and continuity of care are influenced not only by formal governance structures but also by the quality of coordination among BHWs, barangay officials, municipal health personnel, and the community. Stable governance can promote clearer expectations, stronger collaboration, and more consistent support for common health goals, while unstable governance may weaken transactions among these actors and reduce commitment to shared service objectives. The relevance of King's theory in contemporary health settings is further supported by recent empirical work showing that interventions grounded in Goal Attainment Theory improved health-promoting behaviors and reinforced the value of effective nurse-client interaction and negotiated goals (Noroozi et al., 2024).

Watson's Theory of Human Caring

Moreover, this theory was introduced by Jean Watson, emphasizes the centrality of caring relationships, dignity, respect, and supportive human environments in sustaining health and healing (Watson, 1979).

In relation to this study, the theory suggests that BHW retention and continuity of care are more likely when local governance fosters a caring work environment characterized by recognition, fairness, support, and respect for the contribution of BHWs. Conversely, abrupt political transitions, politically motivated replacement, and weak institutional support may diminish morale and disrupt the caring relationships that sustain long-term community service. This theoretical perspective is supported by recent evidence showing that caring leadership is positively associated with nurses' work engagement and affective organizational commitment, while trust in leadership and organizational commitment are associated with lower intention to leave (Zhang et al., 2024; Ivziku et al., 2024).

Taken together, these three theories provide a coherent explanation of the present study. Neuman's Systems Model explains how local governance instability may function as a system stressor that disrupts the stability of the BHW work environment. King's Theory of Goal Attainment explains how interaction, coordination, and shared goals between BHWs and local stakeholders may influence retention and continuity of care. Watson's Theory of Human Caring explains how a supportive and caring administrative environment may strengthen commitment and encourage BHWs to remain in service. This integrated framework is consistent with Philippine evidence showing that local governance arrangements in a decentralized setting shape the support, security, and continuity of community health worker programs (Dodd et al., 2021). Thus, the study posits that stable local governance and fair recruitment practices are more likely to promote the retention of Barangay Health Workers and preserve continuity of care, whereas unstable governance and politicized recruitment may contribute to workforce turnover and service disruption.

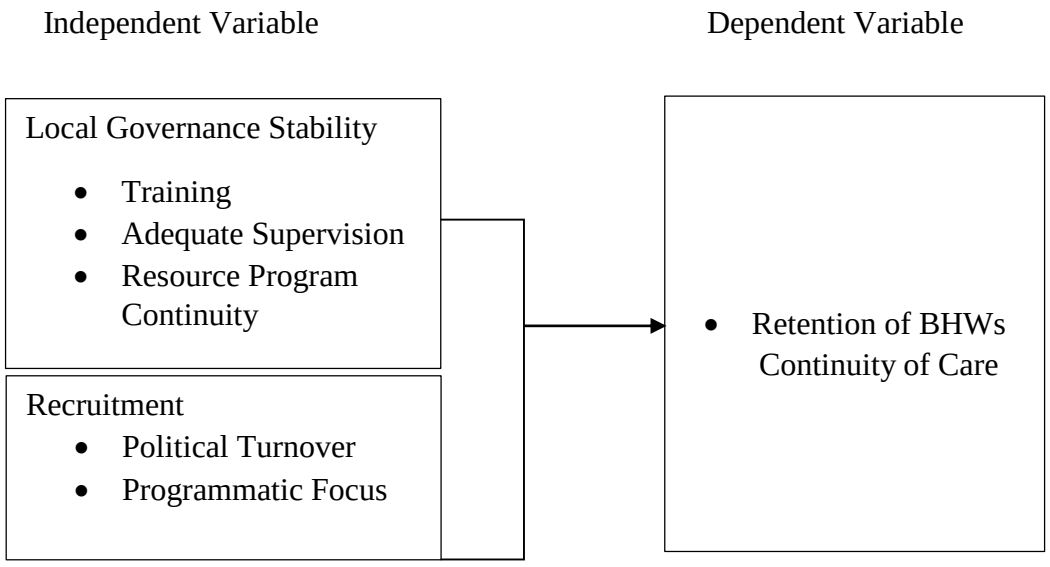

Figure 1: Conceptual framework showing the interplay of variables

Statement of the Problem

This study aims to examine the influence of local governance and political turnover on the recruitment, retention, and programmatic focus of Barangay Health Workers (BHWs). Specifically, it seeks to answer the following:

1. What is the level of local governance stability on Barangay Health Workers continuity of care in terms of:
   1.1 Training,
   1.2 Adequate Supervision, and
   1.3 Resource Program Continuity?
2. What is the level of recruitment on Baranggay Health Workers continuity of care in terms of:
   2.1 Political Turnover and
   2.2 Programmatic Focus?
3. What is the level of retention on Barangay Health Workers continuity of Care?
4. Is there a significant relationship between the retention of BHWs continuity of care; and local governance stability and recruitment?
5. Which among the variables, singly or in combination, best predicts retention of BHWs continuity of Care?

Hypothesis

The hypothesis is a prediction statement that the investigators will examine in this research. It will guide the investigators to determine whether the assumptions made in this study correlate with the actual results. The hypothesis will be tested at a 0.05 level of significance.

H_{o1}. There is no significant relationship between the retention of BHWs continuity of care; and local governance stability and recruitment

H_{o2}. There are no variables, singly or in combination, predicts the retention of BHW continuity of care.

Significance of the Study

This research holds considerable significance as it seeks to address the intersection between governance, politics, and community health work — an area often overlooked in both public administration and public health literature.

Barangay Health Workers (BHWs). This study is significant to Barangay Health Workers as it provides a clearer understanding of how governance practices and political turnover influence their recruitment, retention, and assigned functions. The findings could serve as a basis for advocating more equitable, stable, and merit-based systems that uphold their welfare and professional value.

Local Government Units (LGUs). This study could benefit Local Government Units by providing evidence on the effects of governance quality and political transitions on the continuity and effectiveness

of BHW services. The results may guide LGUs in formulating transparent recruitment processes, fair support mechanisms, and sustainable community health programs.

Health Administrators. For health administrators, this study could offer relevant insights into the administrative and political factors that affect the performance and stability of Barangay Health Workers. The findings could assist in strengthening management strategies that promote service continuity and program efficiency despite changes in local leadership.

Department of Health (DOH). This study could contribute to the Department of Health by providing empirical evidence that can support the enhancement of policies concerning the Barangay Health Worker Program under the Universal Health Care framework. The findings could help inform initiatives aimed at improving appointment systems, compensation, and long-term retention.

Policymakers. This study could provide policymakers with valuable information on the need to reduce political influence in the recruitment and retention of Barangay Health Workers. It could also support the development of policies that ensure the continuity, fairness, and effectiveness of community health service delivery.

Patients and Communities. This study could be significant to patients and communities because the stability and effectiveness of Barangay Health Workers directly influence the accessibility and continuity of primary healthcare services. Improved governance and reduced political interference would contribute to more reliable and responsive health service delivery at the community level.

Future Researchers. This study could serve as a useful reference for future researchers who intend to examine the relationship between governance, politics, and community health systems. It could likewise provide a foundation for further investigations on political turnover, workforce stability, and the delivery of local health services.

Scope and Delimitation of the Study

This study examines how local governance and political turnover at the barangay level influence the recruitment, retention, and programmatic focus of Barangay Health Workers (BHWs) in selected barangays of Cagayan de Oro City. According to the City of Cagayan de Oro Citizens Charter (2020), there are 560 Barangay Health Workers in the city. It focuses on the recruitment procedures, including qualifications, selection criteria, and appointments; factors affecting retention, such as incentives, benefits, training opportunities, and continuity of service under changing leadership; and how programmatic priorities, including health education, community outreach, and primary health tasks, are shaped by governance practices and political turnover. The study is limited to official BHW programs under city ordinances and selected barangays within Cagayan de Oro City, covering a specific period to capture the effects of recent political changes. It does not cover national-level health policies beyond their contextual relevance, provincial/regional governance structures, the clinical performance of

individual BHWs, or informal volunteer health services. The findings may therefore not be generalizable to all barangays or cities but are intended to provide insight into the interaction between local politics and community health service delivery in similar urban settings.

Definition of Terms

Here are the following terms that are defined operationally based in the research study.

Adequate Supervision. The term refers to level of managerial oversight provided to BHWs by barangay or municipal health officials. Measured by the consistency of supervisory visits, clarity of instructions, feedback, and monitoring practices.

Barangay Health Workers (BHWs). This refers to officially appointed health workers in selected barangays of Cagayan de Oro City who are actively performing their duties during the study period.

Local Governance Stability. This refers to the extent to which barangay and municipal administrative practices consistently support Barangay Health Workers (BHWs) through training, supervision, and sustained program resources. This is measured using a survey with items on training, adequate supervision, and resource program continuity.

Political Turnover. This refers to the extent to which changes in barangay or municipal leadership influence the recruitment, appointment, or replacement of BHWs. Measured by frequency of leadership changes and perceived political involvement in appointments.

Programmatic Focus. This refers to the alignment of BHW recruitment with the health priorities and programs set by the local government. It is measured to determine whether recruitment reflects competency requirements and shifts in local health initiatives.

Recruitment of Barangay Health Workers. This refers to the process and conditions under which BHWs are selected and appointed in the barangay, measured in terms of political turnover and programmatic focus

Resource Program Continuity. This refers to the stability and availability of program materials, logistical support, and funding allocated for BHW work. Measured by the sufficiency, timeliness, and sustainability of supplies, equipment, and program budgets.

Retention of Barangay Health Workers. This refers to the likelihood of BHWs remaining in service, measured through tenure, intention to stay, job satisfaction, and perceived support from local governance.

Training. This refers to the degree to which BHWs receive regular, relevant, and updated capacity-building activities such as seminars, workshops, and refresher courses. Measured by frequency, quality, and accessibility as reported by BHWs.

REVIEW OF RELATED LITERATURE

This section will briefly introduce the purpose of the chapter, explain that the review is organized according to the study variables, and show how the reviewed literature supports the conceptual framework on local governance stability, recruitment, retention, and continuity of care among Barangay Health Workers.

Barangay Health Workers and Continuity of Care in Primary Health Care Services

Barangay Health Workers (BHWs) occupy a central position in Philippine primary health care because they serve as the most proximate link between households and the formal health system. In community-based settings, especially in geographically isolated and underserved areas, BHWs often become the first point of contact for health education, screening, referral, follow-up, and basic preventive services. This makes their role highly relevant to continuity of care, which in primary care literature is commonly understood not merely as repeated contact with services, but as the sustained, coordinated, and coherent delivery of care across time, providers, and levels of need. Contemporary literature further conceptualizes continuity of care as a multidimensional construct that includes relational continuity, management continuity, and informational continuity, all of which are necessary for persons and families to experience care as connected rather than fragmented (Ljungholm et al., 2022; Khatri et al., 2023).

In the broader international literature, community health workers (CHWs) are recognized as important contributors to continuity because they help patients remain connected to primary care services, navigate referrals, sustain treatment adherence, and bridge gaps between communities and facilities. Hartzler et al. (2018), in a review of CHW roles and functions in primary care, identified care coordination, follow-up, health education, social support, and linkage to resources as core functions of CHWs in clinical and community settings. Similarly, Mistry et al. (2021) found that CHWs acting as healthcare navigators improve engagement in chronic disease care by supporting access, follow-up, and connection to appropriate services. These findings are reinforced by Gunderson and Lapidos (2018), who described CHWs as an extension of care because they can strengthen the interface between health systems and socially vulnerable populations through culturally grounded and relationship-based support. Taken together, these studies indicate that continuity of care is not sustained by facility-based services alone, but also by frontline workers who maintain ongoing relationships with patients and communities.

The same pattern is reiterated in studies that focus on care engagement and trust. Carson et al. (2022) explained that CHWs reduce barriers to primary care engagement by addressing practical, relational, and community-level obstacles that often prevent consistent use of services. Their findings are important because continuity of care depends not only on service availability but also on whether patients perceive

care as approachable, acceptable, and worth returning to over time. In this sense, relational trust is not a secondary issue; it is part of the mechanism through which continuity is maintained. This is consistent with primary care evidence showing that continuity is strengthened when care is experienced as coherent, coordinated, and responsive across encounters rather than episodic or disconnected (Ljungholm et al., 2022; Khatri et al., 2023).

Within the Philippine context, the literature strongly supports the view that BHWs are indispensable to first-contact and continuing care. Mallari et al. (2020) showed that BHWs function as connectors between communities and primary care, performing roles that extend beyond basic volunteerism to include patient accompaniment, household engagement, information dissemination, and community mobilization. Their study is especially relevant because it positions BHWs not as peripheral assistants but as embedded actors who help communities maintain practical access to health services. In a more recent qualitative study, Hartigan-Go et al. (2025) likewise emphasized that BHWs are often the first point of contact for Filipinos seeking care and that they serve as bridges between patients, barangay health stations, rural health units, and the wider local health system. These findings suggest that continuity of care at the barangay level is inseparable from the presence and functioning of BHWs because they help preserve contact, communication, and service linkage at the community level.

More specific Philippine evidence also shows how BHWs contribute to continuity through disease prevention and long-term condition management. Yamaguchi et al. (2023) found that BHWs in an urban Philippine setting contributed to non-communicable disease prevention by screening community members, assisting patients in managing their conditions, and promoting healthier behaviors. These activities reflect continuity of care because they involve ongoing monitoring, repeated interaction, and sustained guidance rather than one-time service delivery. Similarly, Tamayo et al. (2024) reported that task shifting selected diabetes self-management education functions to volunteer BHWs was generally acceptable, provided that adequate training, supervision, support, and incentives were in place. The significance of this finding lies in its implication that BHWs can help extend continuing primary care for chronic conditions when local systems support them adequately. In both studies, continuity is expressed through repeated contact, long-term follow-up, and the maintenance of care beyond the walls of formal facilities.

At the health-system level, the ability of BHWs to support continuity of care is shaped by the broader organization of Philippine primary care. Dodd et al. (2021) showed that CHW programs in the Philippines operate within a decentralized governance structure, where local implementation conditions affect how community health worker roles are supported, coordinated, and sustained. Haldane et al. (2022) similarly demonstrated that community-based actors in the Philippines became crucial to sustaining health service delivery during the COVID-19 pandemic, highlighting how locally embedded frontline workers help extend health system resilience into communities. These studies matter for the present research because they show that continuity of care is not solely an individual worker attribute; it

is also a function of whether local systems enable community-based workers to continue serving, adapting, and linking people to care during routine periods and disruptions alike.

Recent Philippine primary care system studies further reinforce this interpretation. Panganiban et al. (2024) found that patient satisfaction in Philippine urban, rural, and remote primary care sites was influenced by service efficiency, communication, technical competency, and the broader readiness of local systems to support primary care reforms. Their findings are relevant to continuity of care because patient satisfaction is closely tied to sustained use of services, trust in providers, and willingness to return for future care. In a related study, Pepito et al. (2025) documented persistent health workforce and implementation issues in the Philippine transition to universal health care, including the limited integration of some barangay-level workers and uneven local capacity. These findings imply that continuity of care improves when BHWs and other frontline workers are effectively supported, integrated, and retained within functioning local health systems.

Training on Barangay Health Workers' Continuity of Care

Training is one of the most important dimensions of local governance stability because it determines whether Barangay Health Workers (BHWs) can perform their roles competently, consistently, and in ways that support uninterrupted primary health care. In community-based settings, continuity of care depends not only on the presence of frontline workers but also on their ability to recognize health needs, provide accurate health education, support follow-up, reinforce treatment adherence, and make appropriate referrals over time. Recent literature on community health workers (CHWs) shows that training is a foundational condition for these functions because it strengthens role clarity, practical competence, and confidence in service delivery. In their evidence-focused paper on CHW recruitment, training, and continuing education, Schleiff et al. (2021) argued that CHW training must be responsive to expanding roles, locally relevant, and continuous rather than episodic if health systems expect CHWs to deliver more integrated and people-centered services. Their synthesis is especially relevant to the present study because it frames training not as a one-time preparatory event but as part of a sustained system of workforce support that enables continuity in care delivery.

International empirical studies likewise show that training improves the service capability of lay and community-based health workers in ways that matter for continuity of care. Abdel-All et al. (2017), in a systematic review of CHW training programs for cardiovascular disease management in low- and middle-income countries, found that trained CHWs could contribute meaningfully to chronic disease care and noted Philippine evidence in which BHWs trained in diabetes care helped improve glycemic control among patients. These findings are significant because chronic disease management requires repeated monitoring, sustained engagement, and long-term support, which are all central features of continuity of care.

The broader systems literature further suggests that training is most effective when embedded within a supportive governance and implementation structure. Naimoli et al. (2015) proposed that CHW

performance improves when training is accompanied by joint program design, collaborative supervision and feedback, incentives, and practical monitoring systems. Although their paper is broader than training alone, it is highly relevant because it shows that training works best when it is not isolated from governance processes. In more recent applied work, Masquillier et al. (2025) described the development of the COMPASS intervention in Belgium by drawing lessons from established CHW models, particularly the need for structured preparation of CHWs to respond to access-to-care barriers in primary care. Together, these studies suggest that training contributes to continuity of care not merely by increasing knowledge, but by equipping CHWs to function as stable connectors between marginalized communities and health systems.

A similar implication emerges from studies on the integration of CHWs into ongoing care pathways. Ngongo et al. (2024) argued that CHWs help maintain continuity of care by facilitating access to services and supporting treatment adherence, especially in vulnerable communities. Although their study was not limited to training, the logic is important: CHWs cannot reliably perform these continuity-supporting roles without sufficient preparation in communication, referral, follow-up, and health education. In other words, training is one of the practical mechanisms through which continuity becomes possible at the community level. This supports the conceptual position of the present study that training, as an expression of local governance stability, is not merely an administrative input but a condition that shapes the sustained and dependable performance of BHWs over time.

Within the Philippine context, the available evidence also points to training as a crucial enabler of BHW effectiveness and continuity of care. Pascual et al. (2025), in a before-and-after study involving Filipino primary care providers in rural and remote settings, reported that training workshops covering essential intrapartum and newborn care, integrated management of childhood illness, noncommunicable diseases, and geriatrics improved the knowledge of nurses, midwives, and BHWs after the intervention. This is directly relevant to the present variable because improved knowledge among BHWs increases the likelihood that community-level services will be delivered more accurately and consistently. In primary care, such gains in knowledge are important not only for technical performance but also for the continuity of follow-up and patient guidance, especially in areas where BHWs are often the most accessible frontline workers.

Philippine studies on BHW task shifting also underscore that training is indispensable when frontline workers are expected to sustain continuing care for chronic conditions. Tamayo et al. (2023) found that shifting diabetes self-management education tasks to volunteer BHWs in a Philippine city was generally acceptable, but only if BHWs were given adequate training, supervision, compensation, and other supports. Their findings are important because diabetes care is inherently longitudinal: it requires repeated patient contact, continuing education, and sustained behavioral support. Thus, the study provides concrete evidence that training is one of the enabling conditions that allows BHWs to contribute to continuity of care in chronic disease management rather than merely participating in isolated health campaigns.

This pattern is reinforced by qualitative Philippine evidence on BHW roles in noncommunicable disease prevention. Yamaguchi et al. (2023) found that BHWs in an urban Philippine setting contributed to screening, patient assistance, and health promotion, but also faced barriers related to limited resources and the need for more effective information or education for NCD prevention. The study is especially useful for the present review because it shows both sides of the issue: BHWs are already central to frontline preventive care, yet their capacity to maintain effective service delivery depends on whether they receive sufficient knowledge support. When BHWs lack training or updated health information, continuity of care may weaken because health messages, follow-up practices, and patient support become less consistent or less effective over time.

Other Philippine studies situate training within the wider realities of devolved health governance. Dodd et al. (2021) showed that CHW programs in the Philippines operate under a decentralized health system in which local implementation conditions shape how workers are supported, managed, and integrated into service delivery. De Mesa et al. (2023) further found that strengthening primary care systems in the Philippines was associated with greater health worker satisfaction and intention to stay, underscoring the importance of system investments that can include training and other forms of professional support. More recently, Pepito et al. (2025) identified workforce issues affecting UHC implementation in the Philippines, including poor preparation, costly trainings, and the limited integration of some barangay-level workers, while also pointing to onboarding and skills development as part of recommended workforce practices. Collectively, these studies indicate that training is not only an individual competency issue but also a governance issue: where local systems can organize, finance, and institutionalize training, the conditions for more stable and continuous BHW service delivery are stronger.

More recent Philippine qualitative work also suggests that the need for training extends beyond basic technical instruction to include support for evolving roles in rural and remote communities. De Mesa et al. (2025) described the multi-level barriers and enablers affecting Filipino CHWs in rural and remote municipalities and linked these to the performance of their community roles. Hartigan-Go et al. (2025) likewise documented the lived realities of BHWs within the community and health system, highlighting the complexity of their grassroots responsibilities. While these studies are not training evaluations per se, they are still relevant because they show that BHW work has become more complex and therefore increasingly dependent on structured preparation, role development, and ongoing capacity building. In this sense, training contributes to continuity of care by helping BHWs respond to real community needs with greater confidence, consistency, and adaptability.

Adequate Supervision on Barangay Health Workers' Continuity of Care

Adequate supervision is a core dimension of local governance stability because it helps ensure that Barangay Health Workers (BHWs) do not merely remain present in the community, but are able to perform their functions consistently, correctly, and in coordination with the formal health system. In primary health care, continuity of care depends on more than the repeated availability of frontline

workers; it also depends on whether those workers receive regular guidance, feedback, monitoring, and problem-solving support that enable them to maintain care quality across time. Recent literature on community health workers (CHWs) consistently distinguishes supportive supervision from fault-finding or purely administrative oversight. Supportive supervision emphasizes two-way communication, coaching, joint problem-solving, and performance feedback, all of which are associated with stronger motivation and better service delivery. In a systematic review of supervision approaches in low- and middle-income countries, Deussom et al. (2022) found that supervision interventions were more effective when they incorporated problem-solving, routine performance review, and integration with broader health system activities rather than relying on inspection alone. Their findings are relevant to the present study because continuity of care requires stable supervisory structures that help frontline workers respond to everyday service challenges instead of leaving them unsupported.

The same pattern is evident in broader reviews of CHW supervision. Nida et al. (2024), in a systematic review of CHW types, workload, and supervision, concluded that supervision practices are among the key determinants of CHW performance and program functioning, especially where CHWs operate under heavy workloads and diverse expectations. Their review is important because it places supervision alongside workload and program structure as a practical condition of sustained CHW functioning. In a related scoping review of support and performance improvement for primary health care workers,

More focused empirical work also shows which features of supervision matter most. Kok et al. (2018), in a mixed-methods study across Ethiopia, Kenya, Malawi, and Mozambique, found that supportive group supervision, especially when combined with individual or peer supervision, was perceived to improve CHW motivation and performance. The study highlighted that supervision was more effective when it emphasized problem-solving, teamwork, cross-learning, feedback, and a coaching role for supervisors rather than hierarchical control. Although the authors noted that qualitative and quantitative findings did not align perfectly, the study remains valuable because it demonstrates that the *process* of supervision affects how CHWs experience their work and how well they perform it. Gupta et al. (2025) reached a similar conclusion in a realist evaluation of CHW programs in India, showing that supportive supervision works through context-sensitive mechanisms such as trust, recognition, clarity of roles, and the supervisor's ability to help CHWs navigate operational barriers. Together, these studies indicate that adequate supervision contributes to continuity of care by helping CHWs sustain confidence, direction, and responsiveness in their ongoing community work.

Earlier qualitative research also helps explain why inadequate supervision disrupts continuity. Ndima et al. (2015), in a qualitative study from Mozambique, found that weak supervision systems, gaps in supervisor skills, and disconnections between policy and implementation undermined CHW motivation and program functioning. Their findings are still highly relevant because they show that supervision failures are not minor management problems; they can weaken frontline performance and compromise service delivery itself.

Within the Philippine context, the available literature likewise indicates that supervision is essential to sustaining BHW effectiveness, although direct BHW-specific supervision studies remain fewer than the broader international CHW literature. Dodd et al. (2021), in their qualitative study of community health worker governance in the Philippines, showed that BHW programs operate within a decentralized health system in which local government units shape how CHWs are trained, incentivized, managed, and supported. Their study is directly relevant to the present variable because it identifies governance arrangements, including management and support structures, as central to how BHW programs function in practice. In a decentralized system, adequate supervision is not automatic; it depends on local capacity, local leadership, and the consistency of administrative support across barangays and municipalities. This means that supervision is one concrete way through which local governance stability can influence whether BHWs are able to provide continuous care over time.

Philippine qualitative evidence from barangay health centers further reinforces this point. Reyes et al. (2023) found that BHWs and public health nurses identified poor communication, lack of training, limited resources, and insufficient accountability as barriers to delivering basic health care in underserved communities. Importantly, their study specifically noted the need for closer supervision of BHWs to build confidence, improve communication, and strengthen service provision. The authors also emphasized that the interaction between BHWs and public health nurses was a distinctive and crucial part of effective community care delivery in the Philippine setting. These findings are highly relevant to continuity of care because they show that BHWs' ability to provide stable and responsive care is partly shaped by the quality of supervisory relationships at the barangay health center level.

Other Philippine studies support this interpretation by showing that BHW work is highly relational and embedded in local systems. Mallari et al. (2020) documented the lived roles and experiences of BHWs in urban and rural Philippines and highlighted how their continued engagement depends on social and material conditions that support or undermine their work. Although the study was not designed solely as a supervision analysis, it shows that BHW functioning is sustained through relationships, recognition, and practical support, which are all closely linked to supervisory environments. Hartigan-Go et al. (2025) similarly described BHWs as crucial but neglected actors within a decentralized health system and emphasized that they are often the first point of contact for Filipinos seeking care. Their analysis reinforces the argument that because BHWs serve as frontline bridges between communities and health facilities, they require stronger system support and guidance if continuity of care is to be maintained. When such frontline workers are neglected or insufficiently supported, the continuity they help provide becomes more fragile.

Resource and Program Continuity on Barangay Health Workers' Continuity of Care

Resource and program continuity is a crucial dimension of local governance stability because Barangay Health Workers (BHWs) can sustain continuity of care only when the services they support are backed by stable supplies, functioning systems, and consistent program direction. In primary health care, continuity of care is not limited to repeated contact between workers and clients; it also requires that care

remain available, coordinated, and dependable across time. When medicines, forms, equipment, transport support, information systems, or local program backing are interrupted, the continuity of care that BHWs try to maintain can quickly become fragmented. International CHW literature consistently shows that continuity at the community level depends on whether frontline workers are supported by functioning supply chains, clear referral pathways, and stable program structures rather than being left to manage service expectations without operational backing. LeBan et al. (2021) emphasized that successful CHW programs depend on functioning supply chains, working referral systems, role clarity, and effective support from both the health system and the community. Their review is highly relevant because it directly links CHW effectiveness to system supports that make continued care possible rather than episodic.

One of the clearest threats to continuity of care is the interruption of essential supplies. In a systematic review of community-level stock-outs in low- and middle-income countries, Olaniran et al. (2022) found that CHWs experienced stock-outs of essential medicines nearly one-third of the time and at significantly higher rates than the health centers to which they were linked. The review also found that distribution barriers were the most commonly cited reasons for these stock-outs and concluded that such shortages threaten universal health coverage and equitable health improvement. These findings are directly relevant to continuity of care because when medicines and basic commodities are unavailable at the community level, follow-up care, treatment support, and routine service provision become unreliable even when CHWs remain active. In practical terms, a worker may still be present, but continuity is weakened when the care process itself cannot be sustained.

The importance of stable program support is also evident during health system shocks. Ballard et al. (2022) examined whether adequately supported CHWs could maintain essential community-based services during the COVID-19 pandemic and found that continuity of community-based health care provision could be sustained when CHWs were appropriately supported. This finding is important because it suggests that continuity does not depend on worker commitment alone; it depends on whether programs continue to provide the operational and institutional support needed for community service delivery during crises as well as routine periods. In this sense, resource and program continuity are not just background conditions. They are enabling structures that allow BHWs to continue care despite disruptions.

The broader sustainability literature supports the same argument. Masquillier et al. (2022) noted that CHWs can improve access to care for socially vulnerable populations, but they also warned that CHW initiatives are often launched without long-term funding or a sustainable policy vision. Their analysis of the Belgian CHW project is especially useful because it shows that CHW contributions may be promising in the short term, yet remain fragile when long-term financing and program continuity are uncertain. Although this study is from a different context, its implication is highly transferable: frontline health work can only contribute to continuity of care in a durable way when the program itself is stable, financed, and institutionally supported over time.

Within the Philippine context, the literature likewise shows that BHW continuity of care is shaped by decentralized local support and the stability of barangay-level health programs. Mallari et al. (2020) explained that the number of BHWs, the scope of their responsibilities, and the size of their allowances are determined in practice by local government budgeting under the decentralized system. The study further stressed that the long-term success and sustainability of the BHW program depend on the ability of local systems to motivate and sustain community members in the role. This is directly relevant to the present variable because it indicates that continuity of care is tied not only to the personal commitment of BHWs but also to whether local governments maintain the material and organizational supports that keep BHW programs functioning over time.

Recent Philippine qualitative work strengthens this point by showing that weak policy implementation and inadequate support can undermine the sustainability of the BHW program itself. Baliola et al. (2024) found that BHWs viewed insufficient support, limited training opportunities, and gaps in the implementation of the BHW Benefits and Incentives Act as barriers that affected both their motivation and the realization of their frontline role. The study concluded that these inadequacies hindered the goal of equitable and accessible health services. This is highly relevant to resource and program continuity because it shows that continuity of care at the barangay level can erode when the program supporting BHWs is inconsistently implemented, under-resourced, or politically vulnerable. Philippine primary care systems research also shows that continuity depends on infrastructure and information support, not only on human presence. Elepaño et al. (2025) reported that the implementation of electronic health records in Philippine urban, rural, and remote primary care settings was shaped by contextual and technical factors, and that inadequate support during system transition was a significant barrier. Their findings matter for the present study because informational continuity is one component of continuity of care, and weak data systems can disrupt follow-up, referral coordination, and patient tracking. When local programs lack stable information tools or support for their use, continuity becomes harder to maintain across encounters and settings.

More recent Philippine analysis also highlights that BHWs remain essential but neglected actors whose work is constrained by system weaknesses. Hartigan-Go et al. (2025) described BHWs as crucial frontline workers who often face politicization, inadequate training, and insufficient compensation, and recommended stronger coordination, capacitation, compensation, career pathing, and connection to the health system. Although the study was not limited to resource continuity alone, it clearly indicates that BHWs' capacity to sustain community care depends on whether the broader program around them remains stable, connected, and supported. These recommendations imply that continuity of care is more likely when BHW programs are not treated as informal add-ons, but as organized and continuously supported parts of the local health system.

Political Turnover on Barangay Health Workers' Continuity of Care

Political turnover is a critical recruitment-related factor because changes in local leadership can alter who is selected, retained, supported, or replaced within barangay-based health programs. In decentralized

health systems, recruitment is rarely a purely technical workforce process. It is often shaped by local decision-makers who control appointments, incentives, and program priorities. For Barangay Health Workers (BHWs), this means that political turnover may affect continuity of care not only through changes in personnel, but also through disruptions in trust, role stability, and day-to-day service relationships with households and communities. In the broader health systems literature, decentralization increases local decision space over human resource management, including recruitment and deployment, but this can produce uneven outcomes depending on local governance quality and administrative capacity. Sumah et al. (2018) found that decentralization can expand subnational autonomy over health workforce management, while also creating variability in recruitment and distribution outcomes across local settings. In the Philippine context, Liwanag and Wyss (2018) similarly argued that decentralization does not automatically improve health system performance; its effects depend on enabling conditions such as accountability, local capacity, and coherent governance arrangements. These findings are relevant because they suggest that where local leadership changes are frequent or politically driven, recruitment processes may become unstable and continuity of care may weaken as a result.

Recent literature on CHW accountability further helps explain why political turnover matters. Schaaf et al. (2020) emphasized that CHWs are embedded in multiple accountability relationships to communities, supervisors, health facilities, and political authorities—and that these overlapping accountabilities can create tension when CHW programs are shaped by local power structures rather than stable health system goals. Their analysis is useful for the present study because continuity of care depends on BHWs being accountable primarily to community health needs and service standards. When recruitment or retention becomes tied to changing local political loyalties, continuity can shift from being patient-centered to being politically contingent. Kirya et al. (2020) likewise reviewed how corruption-related practices such as nepotism and favoritism can distort health-worker recruitment and promotion, undermining both workforce quality and public trust. Although this review is not specific to BHWs, it is directly relevant to the current variable because politically influenced recruitment can interrupt the stable staffing and legitimacy needed for ongoing community care.

In CHW-specific program literature, management arrangements are also shown to shape continuity through their effects on worker stability and community linkage. Ludwick et al. (2021) found that CHW performance is influenced by how management arrangements are configured between communities and health services, indicating that workforce structure and governance design affect the consistency of community-based care. This is important because political turnover can reconfigure those arrangements by changing reporting lines, local support, or who is considered a legitimate community health actor. Where such changes are abrupt, the continuity of community relationships and service pathways may be disrupted even if the formal program remains in place.

The Philippine literature provides more direct support for this concern. Dodd et al. (2021), in a qualitative study of CHW governance in the Philippines, found that BHW programs are shaped by local politics within a decentralized health system, with recruitment, support, and program administration varying

across settings. The study is especially important for the present topic because it documented how local political structures influence the way BHW programs operate in practice. In a related Philippine study, Mallari et al. (2020) reported that BHW appointments were commonly perceived as politicized or dependent on personal connections to local officials, which the authors identified as a barrier to broader community participation. This finding is directly relevant to political turnover because if appointments are linked to current local officials, then leadership change may also threaten the continuity of those appointments and the relationships attached to them. Such instability can weaken continuity of care by interrupting long-term familiarity, follow-up, and trust between BHWs and community members.

More recent Philippine qualitative work reinforces the same pattern. Hartigan-Go et al. (2025) described BHWs as crucial but neglected frontline workers and explicitly identified politicization as one of the structural issues affecting their role within the local health system. Their analysis is important because it shows that BHW work is not insulated from local politics; rather, it is shaped by them in ways that can affect security of tenure, recognition, and operational support. De Mesa et al. (2025) likewise examined the experiences of Filipino CHWs and showed that their work is shaped by multi-level barriers and enablers within the Philippine health system, including structures tied to professionalization and governance. Although that study was not limited to political turnover alone, it supports the argument that instability in local governance conditions can influence how consistently CHWs are recruited, supported, and retained.

The broader Philippine decentralization literature adds an important policy perspective. Liwanag and Wyss (2020) found that perspectives on who should make decisions for local health services in the Philippines vary considerably, reflecting long-standing tensions in devolved governance over local autonomy and central direction. This matters for the present study because recruitment and personnel continuity are among the practical areas affected by that governance tension. When recruitment authority rests heavily with local actors without strong safeguards for merit, continuity of care may become vulnerable to leadership changes and shifting political preferences. In the same vein, Pepito et al. (2025) documented health workforce issues in Philippine UHC implementation and highlighted weaknesses in local workforce systems that affect staffing and service delivery. These findings suggest that the continuity of barangay-level care depends partly on whether local workforce decisions remain stable and health-oriented across political cycles.

Programmatic Focus on Barangay Health Workers' Continuity of Care

Programmatic focus influences Barangay Health Workers' (BHWs) continuity of care because it shapes what services are prioritized, how BHW roles are defined, and whether community-based care remains coherent across time. In primary health care, continuity of care requires more than worker presence. It also requires a stable and intelligible service direction so that follow-up, referral, health education, and household engagement are not constantly disrupted by shifting local priorities. When programmatic focus is clear and sustained, BHWs are more likely to develop role consistency, stronger community relationships, and more dependable care pathways. When priorities frequently change, BHW tasks may

become fragmented, reactive, or campaign-driven, which can weaken continuity of care. This general logic is well supported in the broader CHW literature, which shows that role clarity, integration into health systems, and alignment with program goals are important to consistent frontline performance.

International studies indicate that CHW effectiveness is closely linked to how well their roles are integrated into broader program objectives. LeBan et al. (2021) emphasized that CHW performance depends on clear relationships with health systems and communities, including role clarity, supportive supervision, referral linkages, and community trust. Their review is especially relevant because it shows that CHWs function best when programs give them a coherent and sustained place within local service delivery rather than treating them as temporary adjuncts. Javanparast et al. (2018) similarly found that CHW programs are most valuable when they are meaningfully integrated into the formal health system and designed around clear purposes rather than vague expectations. These findings suggest that continuity of care is more likely when programmatic focus gives CHWs a stable mandate for ongoing community-based work.

Recent work also shows that unclear or shifting programmatic direction can affect CHW identity, role boundaries, and continuity-related tasks. Buthelezi et al. (2025) likewise argued that optimizing CHW programs requires attention to context, role configuration, and implementation conditions rather than assuming that CHWs will be effective under any program design. Together, these studies support the view that programmatic focus matters not simply because it sets priorities, but because it determines whether CHWs can sustain coherent and continuous relationships with the populations they serve.

The same principle appears in studies on program development and access-oriented CHW models. Masquillier et al. (2025) described the development of the COMPASS intervention in Belgium by drawing on established CHW models and designing the program around a specific access-to-primary-care purpose. Their work is relevant here because it illustrates how deliberate programmatic focus can help define CHW roles around identified care gaps, thereby improving coherence in service delivery. Apers et al. (2024) similarly found that collaboration between CHWs and primary health and well-being providers depends on shared expectations, role understanding, and structured working relationships. These findings imply that continuity of care is more likely when programmatic focus is not diffuse, but intentionally organized around collaboration, access, and ongoing support.

Within the Philippine context, the literature suggests that BHW continuity of care is likewise shaped by the consistency of local program priorities and the extent to which BHW roles remain anchored to long-term primary care functions rather than shifting administrative or political agendas. Dodd et al. (2021) showed that community health worker programs in the Philippines are embedded in a decentralized system where local authorities influence implementation, support, and worker roles. This is directly relevant because programmatic focus in such a system may vary across local government units, affecting whether BHWs are consistently engaged in preventive care, referral, follow-up, and household-level support. Mallari et al. (2020) also found that BHW roles in the Philippines extend beyond simple

volunteering and include broad community-facing functions, but these roles are shaped by local systems and conditions. Together, these studies suggest that continuity of care is stronger when local programs sustain a clear and supportive focus on BHW community health functions over time.

More recent Philippine evidence supports the need for coherent local program direction. Hartigan-Go et al. (2025) described BHWs as crucial but neglected frontline workers and recommended stronger coordination, capacitation, compensation, career pathing, and system connection. These recommendations imply that BHW continuity of care is compromised when programs do not maintain a stable focus on integrating and supporting BHWs as part of the local health system. Evangelista et al. (2025) likewise emphasized that implementation in Filipino healthcare settings is shaped by barriers and facilitators such as community health workers, social cohesion, and digital infrastructure, underscoring the importance of implementation design and sustainment. These findings are relevant because changing programmatic focus without adequate implementation support can weaken continuity by disrupting the systems through which BHWs engage patients and communities.

Philippine primary care studies also show that continuity depends on whether reforms remain sustained and operationalized across sites. Elepaño et al. (2025) found that implementing electronic health records in Philippine primary care settings depended on contextual and technical supports during a multiyear rollout. Tan-Lim et al. (2024) reported that interventions intended to strengthen the primary care system were associated with healthcare worker satisfaction and intent to stay, suggesting that coordinated and continuing program initiatives can help stabilize frontline health work. Although these studies are not about BHW programmatic focus alone, they are important because they show that continuity-related outcomes improve when programs are implemented as sustained systems rather than isolated activities. This supports the argument that BHW continuity of care benefits when local programs maintain a stable focus on primary care strengthening, referral coordination, and community-level service delivery.

Retention on Barangay Health Workers' Continuity of Care

Retention is a major determinant of Barangay Health Workers' (BHWs) continuity of care because sustained service relationships depend on whether the same frontline workers remain active, trusted, and engaged in the community over time. In primary health care, continuity of care is not only about repeated service encounters, but also about relational familiarity, accumulated local knowledge, reliable follow-up, and the stable presence of workers who can connect households with the formal health system across changing needs. When BHW retention is high, communities are more likely to experience consistent health education, referral, monitoring, and support. When attrition is high or participation becomes unstable, care continuity may weaken because community linkages, trust, and routine service pathways are interrupted. Recent primary care literature continues to emphasize that continuity supports trust, patient satisfaction, and care effectiveness, especially when relationships can be maintained over time rather than repeatedly rebuilt (Wiedermann et al., 2025).

The broader community health worker (CHW) literature strongly supports this linkage between retention and continuity. Scott et al. (2018), in a large evidence synthesis on CHW programmes, concluded that community embeddedness is associated with CHW retention, motivation, performance, accountability, and acceptability. This finding is especially important because it shows that CHW retention is not merely a staffing issue; it is closely tied to the very social embeddedness that makes community-based care continuous and trustworthy. In other words, when CHWs remain in place, they are better able to sustain local relationships, understand household circumstances, and function as stable bridges between communities and health services. Recent empirical evidence also shows that longer retention can be achieved and that it matters operationally. Hobbs et al. (2022), in a population-based retrospective cohort study of volunteer CHWs in rural Uganda, reported substantial five-year retention and identified program features associated with sustained participation. Although this study was conducted outside the Philippines, it is highly relevant because volunteer community health programs share a similar dependence on long-term engagement, community legitimacy, and continuing support. The study implies that when CHWs are retained for longer periods, programs preserve experience, local knowledge, and service continuity that would otherwise be lost through repeated turnover.

Organizational studies likewise show that retention is influenced by support structures that also affect continuity of care. Kirkland et al. (2024) examined CHW intent to leave in public health settings and found that organizational conditions contributed to whether CHWs planned to remain in their roles. This is important for the present study because retention is not simply a personal choice; it is shaped by the environment in which frontline workers operate. Where systems provide support, role clarity, and workable conditions, retention is more likely, and continuity of care is more likely to be preserved. Conversely, when CHWs are dissatisfied or unsupported, continuity may suffer because community-based care becomes more unstable. The relationship between retention and continuity becomes even clearer during periods of system stress. Ballard et al. (2022) found that adequately supported CHW programmes were able to sustain continuity of essential community-based health services during the COVID-19 pandemic. Their findings suggest that continuity is strongest when CHW programmes are able not only to recruit workers, but to retain and support them through changing conditions. This is directly relevant to BHW continuity of care because barangay-level services are particularly vulnerable to disruption when frontline workers disengage, are replaced, or are left without adequate support. Within the Philippine context, available evidence strongly suggests that retention is central to BHW continuity of care because BHWs often maintain enduring relationships with households and serve as the most familiar frontline representatives of the local health system. Mallari et al. (2020) showed that BHWs in the Philippines act as connectors between communities and primary care and that their continuing participation is shaped by both relational and material factors. Their study is especially relevant because it indicates that BHW service is sustained not only by formal duty but also by social ties, recognition, and the meaning workers attach to their role. These are precisely the factors that help preserve continuity of care at the barangay level.

Recent Philippine qualitative studies reinforce the same conclusion. Hartigan-Go et al. (2025) described BHWs as crucial but neglected frontline workers whose motivation and continued service are affected by politicization, inadequate compensation, insufficient support, and limited career development. This is directly relevant to retention because it shows that BHW continuity of care may be compromised when workers remain undervalued or uncertain about their long-term place in the health system. Baliola et al. (2024) similarly found that gaps in the implementation of BHW benefits and incentives affected motivation and the realization of the BHW role. These findings imply that retention is closely connected to whether local systems provide the security, recognition, and material support needed for BHWs to continue serving over time. Philippine workplace evidence also points in the same direction, though some of it is more local and less methodologically strong than the broader CHW literature. Ibo et al. (2020) assessed the workplace of BHWs in Albay and noted that motivation, policies, and working conditions mattered for how BHWs understood and carried out their role. While this study is more descriptive than causal, it still supports the view that retention-related conditions shape the extent to which BHWs can continue functioning effectively in their communities. In a similar way, newer Philippine work on BHW competency and digital readiness suggests that sustaining BHW participation requires continuing investment in their role development and work environment, not merely their initial appointment.

Relationship of Local Governance Stability, Recruitment, and Retention with Barangay Health Workers' Continuity of Care

The literature suggests that local governance stability, recruitment, and retention are not independent concerns, but interconnected conditions that collectively shape Barangay Health Workers' (BHWs) continuity of care. In primary health care, continuity of care depends on the sustained presence of frontline workers, the stability of the support systems around them, and the consistency of the local programs through which they operate. This means that governance arrangements affect continuity both directly and indirectly: directly through training, supervision, and resource allocation, and indirectly through their effects on recruitment quality, worker motivation, and long-term retention. In the broader community health worker (CHW) literature, stable governance and program readiness are repeatedly described as foundational inputs for effective community health programs, including decentralization, community governance, resource mobilization, and health commodities, all of which mediate how CHWs function within primary health care systems (Khatri et al., 2024).

Recent CHW evidence also indicates that recruitment, training, and continuing education are tightly linked to downstream workforce stability and service delivery. Schleiff et al. (2021) argued that CHW recruitment and continuing education must be structured in ways that support evolving roles and long-term system integration rather than treating CHWs as temporary or loosely attached workers. This is relevant to the present study because recruitment does not only determine who enters the role; it also shapes how well workers fit community needs, how effectively they can be developed, and how likely they are to remain active over time. Where recruitment is unstable or weakly structured, continuity of care may suffer because service delivery becomes more dependent on short-term arrangements than on sustained workforce capacity.

The relationship between governance and retention is especially clear in decentralized systems. Evidence from outside the Philippines shows that decentralization can influence health worker retention by changing local control over workforce conditions, community relationships, and administrative support. Abimbola et al. (2015), for example, found that decentralization influenced the retention of primary health care workers in rural communities by shaping local support, social connection, and the conditions under which health workers stayed in post. Although the study focused on rural health workers rather than BHWs specifically, it is important because it shows that governance structure can affect retention, and retention in turn affects the stability of service delivery.

Within the Philippine context, this interconnected pattern is strongly reflected in the literature on decentralization and BHW governance. Liwanag and Wyss (2018) found that decentralization in the Philippines does not automatically improve health system performance and that outcomes depend on enabling conditions such as accountability, local capacity, and coherent decision-making arrangements. This is directly relevant to the present study because local governance stability affects whether community health programs are implemented consistently enough to support worker development, fair recruitment, and operational continuity. In other words, continuity of care is less likely to be sustained when governance conditions are fragmented or inconsistent across local government units. This same mechanism is visible in qualitative Philippine evidence on CHW programs. Dodd et al. (2021) found that, in the Philippines' decentralized health system, CHW programs vary across settings because of differences in financial resources, human resource quality, training provision, and local politics. They also reported that local politics influenced CHW governance, with workers often feeling pressure to align politically with local leaders in order to maintain employment. These findings are especially important because they show how governance instability can spill over into recruitment and retention. When worker employment depends partly on local political alignment, the continuity of care they provide becomes more vulnerable to administrative or political shifts.

More recent Philippine BHW literature supports the same relationship from the worker perspective. Hartigan-Go et al. (2025) described BHWs as first points of contact and bridges between the community and the health system, while also showing that they operate within a decentralized system that affects their day-to-day realities, challenges, and support. Because BHWs are often the most familiar and accessible frontline health actors in barangays, any instability in their recruitment, support, or retention can directly disrupt continuity of care at the household level. The study therefore strengthens the argument that continuity depends not only on BHW commitment, but also on whether governance and workforce arrangements remain stable enough to keep them functioning in their roles over time.

The broader CHW service literature further suggests that retention is one of the practical pathways through which governance and recruitment influence continuity. Salve et al. (2023) showed that CHWs played key roles in reaching marginalized populations during the pandemic, while also facing major challenges that required adaptive strategies and program support. In the Philippine context, Reyes et al. (2024) similarly noted that the pandemic placed substantial strain on health workers and contributed to

workforce exit pressures, highlighting the importance of support and policy conditions for retention. These studies are relevant because they show that continuity of care is especially vulnerable when support systems weaken and health workers leave or disengage. Retention, therefore, acts as an important bridge variable connecting governance conditions to service continuity.

It supports the argument that local governance stability, recruitment, and retention are significantly related to Barangay Health Workers' continuity of care. Stable governance creates the conditions for better training, supervision, resources, and program coherence; these conditions influence how BHWs are recruited, supported, and retained; and stronger retention helps preserve the trust, follow-up, and stable community linkage that continuity of care requires. While many studies do not test all of these variables in one single statistical model, the combined evidence consistently points to an interrelated pattern in which governance and recruitment shape retention, and retention helps sustain continuous care at the barangay level.

Predictors of Retention of Barangay Health Workers' Continuity of Care

The literature suggests that the retention of Barangay Health Workers' (BHWs) continuity of care is best explained not by a single factor alone, but by a combination of governance, organizational, and program-related conditions. In workforce research, retention is commonly predicted by variables such as organizational support, compensation, job security, supervision, workload, role clarity, and opportunities for continuing development. In community health worker (CHW) programs, these predictors are especially important because CHWs occupy frontline roles that depend on trust, repeated contact, and long-term engagement with the communities they serve. This means that when BHW retention is examined as an outcome, the strongest predictors are often those that make the role more stable, supported, and meaningful across time rather than those related only to demographics.

Recent CHW evidence directly supports the predictive value of organizational and employment conditions. Kirkland et al. (2024), in a study on retention of CHWs in the public health workforce, found that dissatisfaction with organizational support, pay, and job security strongly predicted employment intentions. This is highly relevant to the present study because it indicates that retention is shaped by concrete, modifiable system conditions rather than by individual disposition alone. In the context of BHWs, these findings imply that local governance stability and recruitment practices may predict retention to the extent that they influence how secure, supported, and valued BHWs feel in their roles. Other CHW studies show that workforce support factors often operate in combination rather than in isolation. Ngugi et al. (2018), in a study of volunteer CHW attrition in Kenya, found that ongoing training, feedback, and peer support were important in relation to retention and attrition patterns. This is relevant because it suggests that training and supervision are not only descriptive dimensions of governance stability; they may also function as practical predictors of whether CHWs remain active in their roles. When these support mechanisms are absent or inconsistent, continuity of care becomes more vulnerable because worker participation is harder to sustain.

In primary care and community-facing roles, continuity itself is also shaped by whether the same worker remains engaged over time. Evidence from home-based care settings shows that continuity in the individual worker providing care is associated with better client outcomes, including fewer adverse events and stronger functional outcomes. Although this study did not involve BHWs specifically, it strengthens the general argument that retaining the same frontline worker matters because continuity is partly relational and cumulative, not merely procedural. This provides indirect support for treating retention as a meaningful predictor of continuity of care in barangay-based health services. Within the Philippine context, the literature suggests that predictors of BHW retention are closely connected to the governance and program conditions discussed in the earlier sections of this review. Philippine studies consistently indicate that BHWs are affected by support, incentives, politicization, training opportunities, and the stability of local implementation systems. Read together, these findings imply that variables such as training, adequate supervision, resource and program continuity, political turnover, and programmatic focus are plausible predictors of retention because they shape whether BHW work remains supported, coherent, and sustainable over time. This is an inference from the combined literature rather than a claim that all of these variables have already been tested together in one Philippine predictive model.

Thus, the reviewed literature supports the argument that the strongest predictors of retention of BHW continuity of care are likely to be the variables that stabilize the worker's role within the local health system. Among these, organizational support, compensation or incentives, job security, supervision, training, and program stability appear repeatedly in the evidence. Therefore, it is scientifically plausible for the present study to test whether local governance stability and recruitment-related conditions predict retention, and whether these variables, singly or in combination, best explain the continuity of care delivered by BHWs. At the same time, the literature remains more robust on predictors of CHW retention than on formal predictive models that use the exact combined construct "retention of BHW continuity of care," especially in recent Philippine open-access studies. That limitation should be acknowledged clearly in the thesis.

Taken as a whole, the reviewed literature supports the conceptual logic of the present study. It suggests that local governance stability and recruitment-related conditions are likely to be associated with retention, and that retention, in turn, is closely tied to BHW continuity of care. The evidence is especially strong in showing that these factors are interrelated rather than isolated. However, much of the available literature examines these variables separately or in partial combinations, often within broader CHW or primary care research rather than in a single integrated model focused specifically on BHW continuity of care in the Philippine setting.

Despite the growing literature on community health workers and primary health care, important gaps still justify the present study. While many studies have examined CHW performance, supervision, integration, and retention, few have specifically focused on Barangay Health Workers in the Philippines using a model that combines local governance stability, recruitment, retention, and continuity of care. Existing local studies describe BHW experiences, governance issues, and frontline roles, but they rarely

examine how these variables interact quantitatively in one study. In particular, limited Philippine research has treated political turnover and programmatic focus as measurable recruitment-related factors or tested their effects on continuity of care. Likewise, although training, supervision, and resources are widely linked to CHW effectiveness, fewer studies frame them as dimensions of local governance stability connected to continuity of care as a central outcome. The literature also remains limited in identifying which governance and recruitment variables best predict retention of BHW continuity of care in the Philippine context, making this study a needed contribution. Therefore, the present study addresses a clear gap in the literature by examining the level of local governance stability, level of recruitment, and level of retention of Barangay Health Workers' continuity of care; by determining the significant relationship among these variables; and by identifying which variable or combination of variables best predicts retention of BHW continuity of care within the Philippine local governance setting. In doing so, the study contributes a more integrated and context-specific understanding of how governance and workforce dynamics shape continuity of care in barangay-based primary health service

METHODOLOGY

The whole scheme set in this study is explained in this chapter. It includes the Research Setting, Research Design, Participants and Sampling Procedures, Research Instruments, Data Gathering, and Statistical Techniques used.

Research Setting

The study was conducted in selected barangays within the West District of Cagayan de Oro City, Northern Mindanao, Philippines. The participating barangays included Macanhan, Carmen, Patag, Xavier Heights, Lower Balulang, Bulua, Kauswagan Main, Kauswagan-NHA, Bayabas, Bonbon, Baikingon, Calaanan, Canitoan, Iponan, Pagatpat, and San Simon. These barangays are accessible through major transportation routes, including the National Highway, Masterson Avenue, and the road networks connecting Bulua, Iponan, and Canitoan. The district encompasses both densely populated urban communities and rapidly developing peri-urban barangays, resulting in variations in population characteristics, health service demands, and administrative capacities.

The West District provides an appropriate setting for examining the recruitment and selection practices of Barangay Health Workers (BHWs) because barangays serve as the primary implementing units of community-based primary health care. While the roles and responsibilities of BHWs are guided by national policies, the recruitment, appointment, supervision, provision of incentives, logistical support, and opportunities for capacity-building are largely influenced by barangay leadership and local governance. Consequently, differences in governance practices among barangays may affect how BHWs are selected, retained, trained, and supported in carrying out their responsibilities.

Barangay governance is characterized by periodic leadership transitions following local elections. Although governance structures remain institutionally stable, changes in elected officials may result in

administrative adjustments that can influence the continuity of local health programs. Such transitions may affect the appointment or replacement of BHWs, the continuity of training initiatives, the allocation of financial and material resources, the provision of incentives, and the availability of medical supplies and operational support. These governance-related factors have the potential to influence workforce stability and the sustained delivery of primary health care services within the community.

The selected barangays were therefore considered suitable for this study because they represent diverse governance contexts under a common city health system. Examining BHW recruitment and selection across these barangays provided an opportunity to understand how local governance practices influence human resource management at the barangay level while ensuring that essential health services remain responsive to community needs.

Research Design

This study will utilize a quantitative research design with descriptive, correlational, and predictive components. A quantitative approach is appropriate because it allows the measurement of local governance, recruitment practices, and Barangay Health Worker (BHW) retention using statistical analysis (Creswell & Creswell, 2023). The descriptive design will determine the current status of local governance, recruitment, and BHW retention rates. Descriptive studies are appropriate for presenting existing conditions and characteristics of variables (Aggarwal & Ranganathan, 2019). The correlational design will examine the strength and direction of relationships between local governance, recruitment, and retention using Pearson's r. Correlational research is suitable for identifying associations among naturally occurring variables without manipulation (Curtis et al., 2016) The predictive/causal component will use regression analysis to determine whether local governance and recruitment significantly predict BHW retention and their relative contributions. Regression is widely used to identify factors influencing workforce retention and organizational outcomes (James et al., 2021)

Participants and Sampling

The participants of this study were the Barangay Health Workers (BHWs) assigned in the selected barangays of the West District of Cagayan de Oro City, namely Macanhan, Carmen, Patag, Xavier Heights, Lower Balulang, Bulua, Kauswagan Main, Kauswagan-NHA, Bayabas, Bonbon, Baikingon, Calaanan, Canitoan, Iponan, Pagatpat, and San Simon. Based on district records, these barangays have a total population of 245 BHWs, consisting of 185 city-paid and 60 barangay-paid workers. This population will serve as the basis for determining the study sample size.

For the recruitment process, a formal request letter was sent to the City Health Office and barangay officials to secure permission to conduct the study. Upon approval, the researcher coordinated with barangay health centers to obtain the list of active BHWs. Eligible participants were informed about the purpose of the study, voluntary participation, confidentiality, and their right to withdraw at any time. Those who agreed to participate were requested to sign an informed consent form before answering the

survey questionnaire. This procedure is consistent with ethical standards in community-based health research (World Medical Association, 2024).

To ensure fair representation of respondents, the study used proportionate stratified random sampling. In this method, each barangay served as a stratum, and respondents were selected proportionately based on the number of BHWs assigned in each barangay. Stratified sampling is appropriate when the population consists of identifiable subgroups with unequal sizes, as it improves representativeness and reduces sampling bias (Sharma, 2022). It is also recommended in health workforce studies where subgroup representation is necessary for accurate estimates (Etikan & Bala, 2017).

The sample size was determined using the Raosoft sample size calculator with a 5% margin of error, 95% confidence level, population size of 245, and 50% response distribution. Based on this computation, the required sample size is 150 respondents. Therefore, 150 Barangay Health Workers were randomly selected from the identified barangays.

Through this sampling and recruitment procedure, the study ensures that participants are ethically selected and proportionately represented according to the actual distribution of BHWs in the study area. This provides a reliable basis for examining the influence of local governance stability and recruitment on BHW retention and continuity of care.

Research Instrument

To gather data for this study, the researcher utilized a researcher-made structured questionnaire designed specifically to measure the extent of political turnover, local governance, and the outcomes of Barangay Health Workers (BHWs) in terms of recruitment, retention, and programmatic focus. The questionnaire was formulated based on the study objectives and problems, as well as relevant literature on political influence in local health governance.

The questionnaire was divided into four main parts:

Part I: Local Governance Stability. This section measured respondents' perceptions regarding the training, adequate supervision, and resource program continuity. Ten statements assessed frequency of leadership changes, while another ten statements examined administrative and programmatic shifts. Responses were measured using a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

Score	Scale Range	Verbal Description	Interpretation
5	4.51 – 5.00	Strongly Agree	Very high local governance stability
4	3.51 – 4.50	Agree	High local governance stability
3	2.51 – 3.50	Neutral	Moderately high local governance stability
2	1.51 – 2.50	Disagree	Low local governance stability
1	1.00 – 1.50	Strongly Disagree	Very low local governance stability

Sources: Lindner, Jimmy & Lindner, Nicholas. (2024); Accrediting Agency for Chartered Colleges and Universities in the Philippines (AACCUP, 2022); (NBC 461, CHED, 2022)

Part II: Recruitment. This section measured political turnover and programmatic focus. The following is the Likert like type scoring scale for level of BHW recruitment practices:

Score	Scale Range	Verbal Description	Interpretation
5	4.51 – 5.00	Strongly Agree	Very high recruitment practices
4	3.51 – 4.50	Agree	High recruitment practices
3	2.51 – 3.50	Neutral	Moderately high recruitment practices
2	1.51 – 2.50	Disagree	Low recruitment practices
1	1.00 – 1.50	Strongly Disagree	Very low recruitment practices

Sources: Lindner, Jimmy & Lindner, Nicholas. (2024); Accrediting Agency for Chartered Colleges and Universities in the Philippines (AACCUP, 2022); (NBC 461, CHED, 2022)

Part III: Retention and continuity of service. This final section included 10 statements measured the respondents' perceptions of retention. The same 5-point Likert scale was employed for consistency.

The following is the Likert like type scoring scale for level of BHW retention and continuity of service:

Score	Scale Range	Verbal Description	Interpretation
5	4.51 – 5.00	Strongly Agree	Very high retention and continuity of service
4	3.51 – 4.50	Agree	High retention and continuity of service
3	2.51 – 3.50	Neutral	Moderately high retention and continuity of service

Score	Scale Range	Verbal Description	Interpretation
2	1.51 – 2.50	Disagree	Low retention and continuity of service
1	1.00 – 1.50	Strongly Disagree	Very low retention and continuity of service

Sources: Lindner, Jimmy & Lindner, Nicholas. (2024); Accrediting Agency for Chartered Colleges and Universities in the Philippines (AACCUP, 2022); (NBC 461, CHED, 2022)

Data Gathering Procedure

The data gathering procedure began with the researcher seeking approval from the Dean of the School of Graduate Studies (see Appendix A) and securing institutional permission to conduct the study (see Appendix B). Upon obtaining these approvals, the researcher applied for ethical clearance from the university's Institutional Research Ethics Board (IREB). This ensured that the study adhered to institutional and national ethical standards, thereby safeguarding the rights, dignity, and welfare of all participants. Transparency was upheld at this stage by clearly documenting the research intent and procedures for institutional review, ensuring accountability. The researcher also formally declared the absence of any conflict of interest to maintain objectivity and prevent any bias or undue influence on the research process and findings.

Following ethical clearance, the researcher coordinated with the City Health Office and the concerned barangay offices to obtain updated lists of active Barangay Health Workers (BHWs) in the selected barangays. These records were used solely to identify eligible participants, specifically those aged 18 years and above, ensuring that all participants could legally and independently provide informed consent. Permission was also sought from barangay captains and local officials to access relevant records and facilitate the smooth implementation of the study (see Appendix C). While coordination with local authorities was necessary, it was clearly communicated that they had no involvement in participant selection, data collection, or access to individual responses, thereby minimizing perceived pressure and safeguarding participant independence. This approach strengthened community trust while mitigating risks associated with hierarchical or political influence.

Participants were recruited through multiple channels, including coordination with BHW coordinators and in-person announcements during barangay meetings. To reduce potential response bias arising from authority presence, recruitment announcements emphasized that participation was entirely voluntary and that non-participation would not affect their roles, evaluations, or relationships with local officials. Whenever possible, the distribution and collection of questionnaires were conducted without the presence of barangay officials or supervisors, further minimizing social desirability bias and perceived coercion.

Prior to participation, each BHW was provided with a detailed informed consent form (see Appendix D), which clearly explained the study's objectives, procedures, duration, potential risks and benefits, and the voluntary nature of participation. Particular attention was given to explaining the sensitive nature of

certain items, especially those related to political turnover, governance, and employment stability. Participants were explicitly informed that they could skip any question they found uncomfortable without any consequence. This ensured transparency and reinforced autonomy, allowing participants to make fully informed decisions about their level of engagement.

No incentives or compensation were provided, as this was intended to avoid undue influence or coercion and to ensure that participation was based solely on voluntary willingness and genuine interest. However, the absence of incentives was balanced with efforts to ensure that participation did not impose undue burden on participants' time or responsibilities.

Participants were informed of their right to withdraw from the study at any point without penalty or negative consequences, which constituted the study's withdrawal criteria and ensured respect for participant autonomy. Participants could also request that their responses be excluded from the dataset upon withdrawal. In addition, participants were reassured that withdrawal would remain completely confidential and would not be disclosed to any local authority or supervisor, further reducing fear of reprisal.

To ensure ethical data handling, privacy and confidentiality were strictly maintained. No personally identifiable information, such as names or contact details, was collected, which minimized the risk of identification. Given the politically sensitive nature of some survey items, additional safeguards were implemented: responses were not linked to specific barangays in any publicly reported results when such linkage could risk indirect identification. Privacy was protected by ensuring that individual responses could not be traced back to participants, while confidentiality was upheld by limiting access to collected data strictly to the research team. All responses were anonymized and stored securely through password-protected digital systems or locked physical storage. Only aggregated data were reported, ensuring that individual participants could not be identified in any publication or report.

The survey questionnaire was distributed to participants, who were given one week to complete and return it. This timeframe allowed participants sufficient opportunity to respond thoughtfully and privately, reducing rushed or pressured responses that might contribute to bias. Follow-up reminders were carefully worded to remain neutral and non-coercive. Coordination with barangay officials and BHW coordinators was conducted prior to distribution to avoid disruption of regular activities, but they did not monitor or track individual participation, ensuring that responses remained independent.

Given the potential sensitivity of topics related to local governance, political influence, job security, and political turnover, a debriefing statement was provided at the end of the questionnaire. This statement clarified the purpose of the study, reaffirmed the voluntary nature of participation, and explicitly acknowledged that some questions might have caused discomfort. It also provided contact information for the researcher and relevant support services. The risks associated with participation were minimal but included possible emotional discomfort or concern about repercussions when responding to

politically sensitive items. To mitigate these risks, the study design incorporated anonymity, voluntary response options, and strict separation from local authority oversight. The benefits included contributing to research that could inform improvements in policies and support systems for Barangay Health Workers. Presenting both risks and benefits transparently supported informed and autonomous participation.

Finally, a dissemination and data sharing plan was implemented to ensure responsible and ethical use of the collected data. Findings were presented through academic reports, presentations, or publications to contribute to knowledge and practice, thereby promoting transparency and accountability. Special care was taken to frame results in a way that avoided stigmatizing specific barangays or political administrations. Raw data were not publicly disclosed to protect confidentiality; however, limited access could be granted upon reasonable request and subject to ethical approval. This approach ensured that data sharing was conducted responsibly while safeguarding participant privacy, confidentiality, and protection from potential political repercussions.

Validity and Reliability of the Instruments

The instruments in this study underwent a process of validity and reliability analysis. The researcher consulted three (3) experts in their respective fields, who evaluated the instruments for content validity, accuracy, and significance. Validity was defined as the accuracy of the results of a study (Creswell, 2022). It referred to how accurately a method measured what it was intended to measure. When research had high validity, it produced results that corresponded to real properties, characteristics, and variations in the physical or social world.

The reliability analysis was conducted to assess the internal consistency of the research instrument. The results showed that all variables demonstrated high reliability, with Cronbach's alpha coefficients ranging from 0.938 to 0.977. Specifically, training had an alpha value of 0.950, adequate supervision obtained 0.977, resource program continuity registered 0.946, political turnover yielded 0.964, programmatic focus had 0.975, and retention recorded 0.938. All computed values exceeded the acceptable threshold of 0.70, indicating that the items were highly consistent and reliable. The overall interpretation of the instrument was "reliable," and the results supported the decision to proceed with the administration of the survey questionnaire.

Statistical Techniques

To address Problem 1, which sought to determine the level of local governance stability affecting Barangay Health Workers' (BHWs') continuity of care in terms of training, adequate supervision, and resource program continuity, the researcher employed descriptive statistics, specifically the computation of means and standard deviations. These statistical tools were used to summarize and interpret the BHWs regarding the stability of governance mechanisms within their barangays. Descriptive statistics provided an overview of how consistently training was delivered, how supervision was managed, and how well program resources were sustained amidst organizational or leadership transitions.

To address Problem 2, which focused on the level of recruitment influencing BHW continuity of care in terms of political turnover and programmatic focus, the researcher again utilized descriptive statistics, including means and standard deviations. These analyses helped describe the extent to which recruitment processes were affected by changes in political leadership and the degree to which recruitment aligned with health program priorities. Descriptive statistics highlighted trends in politically influenced recruitment and revealed how program needs shaped selection decisions within the barangay health system.

For Problem 3, which aimed to determine the overall level of retention among BHWs with respect to continuity of care, descriptive statistics were also applied. Mean scores described the general level of BHW motivation, satisfaction, job security, and willingness to continue serving. Standard deviations indicated differences in experiences and retention-related factors among respondents.

To address Problem 4, which tested whether there was a significant relationship between BHW retention and the independent variables—local governance stability and recruitment—the researcher used the Pearson product moment of correlation coefficient. Pearson r measured the degree and direction of linear relationships between retention and each component of local governance and recruitment.

Finally, for Problem 5, which sought to determine which among the variables either singly or in combination—best predicted BHW retention, the researcher conducted a multiple regression analysis. This technique allowed for simultaneous examination of multiple predictors, such as governance stability indicators (training, supervision, resource continuity) and recruitment indicators (political turnover, programmatic focus). Multiple regression was appropriate because it not only identified significant predictors but also quantified their relative contribution to retention while controlling for other variables. Outputs included regression coefficients, standardized beta values, t-tests, p-values, and the model's explanatory power (R and R^2). All inferential tests were interpreted at the 0.05 level of significance.

RESULTS AND DISCUSSIONS

This section presents the tables and discussions on the data gathered in this study. The data on the influence of local governance stability and recruitment on retention of barangay health workers continuity of care were processed and analyzed.

Problem 1: What is the level of local governance stability on Barangay Health Workers continuity of care in terms of: Training; Adequate Supervision, and Resource Program Continuity?

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Table 1

Level of local governance stability of Barangay Health workers continuity of care in terms of Training

Statement	Mean	Std. Deviation	Verbal Description	Interpretation
1. The barangay regularly provides BHW training.	4.23	.812	Agree	High local governance stability
2. Training programs are relevant to my duties.	4.43	.628	Agree	High local governance stability
3. I receive updates on new health protocols.	4.35	.696	Agree	High local governance stability
4. Training continues even after leadership changes.	4.30	.712	Agree	High local governance stability
5. Training schedules are properly planned.	4.29	.689	Agree	High local governance stability
6. I am encouraged to attend capacity-building activities. Table 1. Continue. . .	4.55	.525	Strongly Agree	Very high local governance stability
7. The LGU allocates enough funds for training.	4.15	.775	Agree	High local governance stability
8. Trainers provide clear and useful instruction.	4.43	.560	Agree	High local governance stability
9. I have access to training materials.	4.23	.687	Agree	High local governance stability
10. Training improves my ability to provide continuity of care.	4.53	.527	Strongly Agree	Very high local governance stability
OVERALL MEAN	**4.35**	**.661**	**Agree**	**High local governance stability**

Legend:

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The results show that training programs help create a high level of local governance stability, as seen in the overall mean of 4.35 (Agree). This means that barangay health workers (BHWs) generally see these training programs as useful, easy to access, and helpful in doing their duties in providing basic health services. The low standard deviation (.661) also shows that most respondents share the same opinion, making the result more reliable. This finding is supported by Sultan et al. (2025), who stated that organized and continuous training is important in maintaining the skills and effectiveness of community health workers, which in turn strengthens local governance.

Looking at each indicator, the highest mean score (4.55) was for the statement, *"I am encouraged to attend capacity-building activities,"* which is described as very high local governance stability. This shows that support and encouragement from the local government unit (LGU) play an important role in getting BHWs to join training programs. These results suggest that not only the availability of training matters, but also the encouragement and clear benefits that BHWs experience. This is similar to the findings of Rotheram-Borus et al. (2023), who found that support and active involvement help improve the performance and retention of community health workers, which strengthens the health system.

Score	Scale Range	Verbal Description	Interpretation
5	4.51 – 5.00	Strongly Agree	Very high local governance stability
4	3.51 – 4.50	Agree	High local governance stability
3	2.51 – 3.50	Neutral	Moderately high local governance stability
2	1.51 – 2.50	Disagree	Low local governance stability
1	1.00 – 1.50	Strongly Disagree	Very low local governance stability

On the other hand, the lowest mean score (4.15) was for the statement, *"The LGU allocates enough funds for training,"* although it is still considered high local governance stability. This lower score may mean that there are concerns about whether enough funds are given for training programs. These results indicate that while training programs are generally working well, there is still a need to improve funding and consistency. This supports earlier studies which say that lack of enough or steady funding can affect the continuity of community health worker programs (Sultan et al., 2025), showing the need for stable financial support.

The findings have several important implications. First, the high overall results show that training and capacity-building are already well included in local health governance and help improve the quality of services. Second, the strong role of encouragement and benefits of training shows that LGUs should continue to create a supportive environment that motivates BHWs to participate. Third, the lower scores in funding and regular training show the need for improvements in policies and management, especially

in making sure there is enough budget and regular scheduling of training programs. Improving these areas can make training more effective, consistent, and sustainable.

In conclusion, the study shows that training and capacity-building programs are important in maintaining high local governance stability. While there are strong points in terms of support, usefulness of training, and improved services, there is still a need to improve funding and regular implementation. Strengthening these areas will help create a more stable and sustainable community health system and improve the quality of care provided by barangay health workers.

Table 2
Level of local governance stability of Barangay Health workers continuity of care in terms of Adequate Supervision

Statement	Mean	Std. Deviation	Verbal Description	Interpretation
1. Supervisors regularly monitor my tasks.	4.43	.572	Agree	High local governance stability
2. I receive guidance when performing duties.	4.45	.538	Agree	High local governance stability
3. Feedback from supervisors is constructive.	4.45	.574	Agree	High local governance stability
4. Supervisory visits happen consistently.	4.25	.707	Agree	High local governance stability
5. Supervisors ensure DOH standard compliance.	4.40	.591	Agree	High local governance stability
6. Concerns are addressed promptly.	4.21	.745	Agree	High local governance stability
7. Supervision continues despite leadership changes.	4.32	.638	Agree	High local governance stability

8. I feel supported by health leaders.	4.25	.704	Agree	High local governance stability
9. Supervisors encourage proper documentation.	4.35	.645	Agree	High local governance stability
10. Supervision improves the quality of care I provide.	4.36	.616	Agree	High local governance stability
OVERALL MEAN	**4.35**	**.633**	**Agree**	**High local governance stability**

Legend:

The findings demonstrate that supervision and monitoring mechanisms foster a high degree of local governance stability, as indicated by the overall mean of 4.35 (Agree). This suggests that Barangay Health Workers (BHWs) consistently experience supervisory processes as reliable, accessible, and instrumental in guiding their roles in community-based healthcare delivery. The relatively low standard deviation (.633) further reflects a shared perception among respondents, reinforcing the consistency of supervisory practices across the barangays. This observation is consistent with Rowe et al. (2018) found that regular supervisory engagement significantly improves adherence to standards and overall health worker performance in primary care settings.

Focusing on specific indicators, the highest mean score (4.45) was obtained by the statements *"I receive guidance when performing duties"* and *"Feedback from supervisors is constructive."* These results point to the centrality of technical guidance and feedback mechanisms in effective supervision. They indicate that supervisors are not merely performing oversight functions but are actively engaged in mentoring and capacity development. These findings are supported by Deussom et al. (2022), who emphasized that supervision models incorporating continuous feedback and performance monitoring significantly enhance community health worker effectiveness. Parallel evidence from Suryanarayana et al. (2024) and Singh et al. (2025) further indicates that mentorship-driven and competency-based supervision plays a decisive role in strengthening frontline health worker performance.

In contrast, the lowest mean score (4.21) was noted for *"Concerns are addressed promptly,"*. Although this was on "Agree" range, it indicates relatively weaker aspects of the supervision system. These results imply that delays in response and minor inconsistencies in supervisory visits may still occur, potentially affecting the timeliness and responsiveness of support provided to BHWs. This pattern aligns with findings from Nida et al. (2024) noted that insufficient supervisory capacity and unclear operational structures can limit the consistency and effectiveness of supervision in local health systems. From an applied perspective, the findings carry several implications. First, the consistently high ratings affirm

that supervision is a well-established and functional component of local health governance, contributing to workforce competence and service quality. Second, the prominence of guidance and feedback underscores the importance of maintaining mentorship-oriented supervisory approaches rather than purely administrative oversight. Third, the relatively lower scores on responsiveness and visit consistency suggest the need for targeted improvements, particularly in streamlining communication channels, strengthening feedback loops, and ensuring regular field engagement. Addressing these operational gaps would likely enhance both the efficiency and perceived reliability of supervisory support systems.

In summary, supervision and monitoring practices are integral to sustaining high local governance stability within barangay health systems. The strengths of the current system lie in effective guidance, constructive feedback, and structured monitoring, all of which reinforce BHW performance and service quality. Nonetheless, refining responsiveness and ensuring greater consistency in supervisory activities will be essential in further strengthening the overall supervision framework and optimizing community health outcomes.

Score	Scale Range	Verbal Description	Interpretation
5	4.51 – 5.00	Strongly Agree	Very high local governance stability
4	3.51 – 4.50	Agree	High local governance stability
3	2.51 – 3.50	Neutral	Moderately high local governance stability
2	1.51 – 2.50	Disagree	Low local governance stability
1	1.00 – 1.50	Strongly Disagree	Very low local governance stability

Score	Scale Range	Verbal Description	Interpretation
5	4.51 – 5.00	Strongly Agree	Very high local governance stability
4	3.51 – 4.50	Agree	High local governance stability
3	2.51 – 3.50	Neutral	Moderately high local governance stability
2	1.51 – 2.50	Disagree	Low local governance stability
1	1.00 – 1.50	Strongly Disagree	Very low local governance stability

Table 3
Level of local governance stability of Barangay Health workers' continuity of care in terms of Resource Program Continuity
Legend:

Statement	Mean	Std. Deviation	Verbal Description	Interpretation
1. Health programs continue despite leadership changes.	4.41	.581	Agree	High local governance stability
2. Supplies for BHW tasks are consistently provided.	4.02	.807	Agree	High local governance stability
3. Program funding remains stable.	4.11	.770	Agree	High local governance stability
4. Incentives/allowances are given regularly.	3.73	1.003	Agree	High local governance stability
5. Barangay budgets support long-term programs.	4.09	.797	Agree	High local governance stability
6. Essential services continue without interruption.	4.37	.618	Agree	High local governance stability
7. Resources for outreach are available when needed.	4.17	.749	Agree	High local governance stability
8. Program priorities remain consistent.	4.23	.697	Agree	High local governance stability
9. LGU policies support continuity of care.	4.25	.665	Agree	High local governance stability
10. Resource allocation sustains BHW activities.	4.17	.766	Agree	High local governance stability
OVERALL MEAN	**4.16**	**.745**	**Agree**	**High local governance stability**

The results indicate that resource program continuity contributes to a high level of local governance stability, as reflected in the overall mean of 4.16 (Agree). This suggests that Barangay Health Workers (BHWs) generally perceive the availability of resources, funding, and program support as sufficiently stable to sustain ongoing health service delivery. However, compared to previous dimensions, the slightly lower overall mean and higher standard deviation (.745) imply greater variability in responses, indicating that resource-related conditions may not be as uniformly experienced across all barangays. This finding is consistent with Schleiff et al. (2021), who emphasized that sustained financing, material support, and institutional backing are critical components of resilient community health systems, as they directly influence the continuity and reliability of service delivery.

Looking at individual indicators, the highest mean score (4.41) was observed in *"Health programs continue despite leadership changes."* This highlights the presence of institutionalized systems that allow

health programs to persist beyond political transitions, reflecting strong governance structures. These findings suggest that program continuity is embedded within the local health system rather than being dependent on individual leadership. This is supported by Bhugra & Ventriglio in 2023, who argued that strong local health systems are characterized by routinized processes and institutional memory that protect service delivery from political and administrative disruptions.

In contrast, the lowest mean score (3.73) was recorded for *"Incentives/allowances are given regularly,"* which, although still within the "Agree" range, indicates a comparatively weaker area. These findings point to potential gaps in resource sustainability, particularly in terms of direct support to BHWs. This aligns with Naimoli et al. (2015), who emphasized that irregular incentives and inconsistent supply chains can negatively affect motivation, retention, and performance of community health workers. Additionally, Ballard et al. (2021) highlighted that reliable compensation and logistical support are essential for maintaining workforce stability and ensuring uninterrupted service delivery.

From a practical standpoint, the findings suggest several important implications. First, the relatively strong ratings for program and service continuity indicate that governance systems are sufficiently institutionalized to withstand leadership transitions, which is a key marker of stability. Second, the identified gaps in incentives, supplies, and funding highlight the need for more robust financial planning and resource management at the local level. Strengthening these aspects could improve both workforce motivation and operational efficiency. Third, ensuring consistent resource allocation—particularly for frontline workers would enhance the sustainability of health programs and reinforce continuity of care.

In summary, resource program continuity plays a vital role in maintaining high local governance stability within barangay health systems. While strengths are evident in the sustained implementation of programs and uninterrupted delivery of essential services, challenges remain in ensuring consistent incentives, supplies, and funding. Addressing these gaps will be critical in reinforcing the long-term sustainability of community health initiatives and supporting the effective performance of Barangay Health Workers.

Table 4

Summary Table of Local Governance Stability of Barangay Health Workers' Continuity of Care

Statement	Mean	Std. Deviation	Verbal Description	Interpretation
Training	4.35	0.661	Agree	High local governance stability
Adequate Supervision	4.35	0.633	Agree	High local governance stability
Resource Program Continuity	4.16	0.745	Agree	High local governance stability
OVERALL MEAN	**4.29**	**0.680***	**Agree**	**High local governance stability**

Table 4 consolidates the dimensions of local governance stability in relation to Barangay Health Workers' (BHWs) continuity of care, showing that all three indicators; training, adequate supervision,

and resource program continuity are consistently rated within the "Agree" range, corresponding to high local governance stability. The overall mean of 4.29 (SD = 0.680) indicates that respondents generally perceive the local governance environment as stable and supportive of sustained health service delivery. The relatively narrow dispersion of responses further suggests a shared and coherent assessment among BHWs, reinforcing the reliability of the findings. This overall pattern implies that key governance mechanisms necessary to maintain continuity of care are not only present but functioning effectively within the local context. Such a result aligns with Khatri et al. (2023), who conceptualize continuity of care as dependent on stable, coordinated, and sustained system-level support rather than isolated interventions.

Among the three dimensions, training (M = 4.35, SD = 0.661) emerges as one of the strongest components. This indicates that BHWs perceive capacity-building efforts as consistently available, relevant, and aligned with their operational roles. From a systems perspective, this is critical because continuity of care requires not only repeated interactions with patients but also the ability of health workers to deliver appropriate and evolving care over time. Training therefore functions as a foundational governance mechanism that enhances competence and adaptability. This interpretation is supported by Schleiff et al. (2021), who emphasize that continuous, context-responsive training strengthens the ability of community health workers to sustain integrated care. Similarly, Pascual et al. (2025) documented improved knowledge and service readiness among Filipino BHWs following structured training interventions.

Furthermore, adequate supervision (M = 4.35, SD = 0.633) also registers a high rating, with slightly greater consistency in responses. This suggests that BHWs operate within a system where monitoring, feedback, and guidance are routinely provided. Such supervisory structures are essential for maintaining not only service continuity but also service quality and alignment with health standards. Rather than functioning in isolation, BHWs appear to be integrated into a supportive network that reinforces accountability and performance. This finding is consistent with Deussom et al. (2022), who highlight that supervision models incorporating feedback, problem-solving, and performance review are more effective than purely administrative oversight. In the same vein, Nida et al. (2024) identify supervision as a critical determinant of community health worker effectiveness, while Reyes et al. (2023) underscore its importance in strengthening confidence and communication in the Philippine primary care setting.

In comparison, resource program continuity (M = 4.16, SD = 0.745), although still rated positively, represents the relatively weakest dimension among the three. This suggests that while resources and program support are generally available, they may not be as consistently experienced as training and supervision. The higher variability in responses further indicates uneven conditions across settings, particularly in terms of supplies, funding, and operational support. This distinction is important because continuity of care is highly dependent on the uninterrupted availability of essential inputs that enable service delivery. Even well-trained and supervised BHWs may encounter limitations when material and financial resources are inconsistent. This observation is supported by LeBan et al. (2021), who emphasize

that effective community health worker programs require stable supply chains and sustained program infrastructure. Likewise, Olaniran et al. (2022) found that disruptions in logistics and resource distribution directly compromise service continuity, while Mallari et al. (2020) highlight the role of local government financing in sustaining BHW operations in the Philippines.

Taken together, the findings underscore several key implications. First, the consistently high ratings across all indicators confirm that local governance structures are generally well-established and capable of supporting BHWs in delivering continuous care. Second, the strong performance of training and supervision suggests that human resource development and managerial support systems are functioning effectively and should be sustained. Third, the comparatively lower rating for resource program continuity signals the need for targeted improvements in financial stability, supply management, and program implementation to prevent potential disruptions. Strengthening these areas would enhance not only operational efficiency but also the long-term sustainability of community health services.

In summary, the results affirm that local governance stability is strongly evident in the context of BHWs' continuity of care. Training and supervision stand out as particularly robust pillars, while resource and program continuity, though adequate, requires further reinforcement. Overall, the findings demonstrate that when governance systems provide consistent capacity-building, supportive oversight, and sufficient resources, BHWs are better positioned to deliver sustained, coordinated, and community-centered care. Strengthening these interconnected components will be essential in advancing primary health care outcomes and supporting the broader goals of health system resilience and universal health care.

Problem 2: What is the level of recruitment on Barangay Health Workers continuity of care in terms of: Political Turnover and Programmatic Focus?3
Table 5

Level of recruitment on Barangay Health Workers continuity of care in terms of: Political Turnover

Statement	Mean	Std. Deviation	Verbal Description	Interpretation
1. BHW recruitment changes when new officials are elected.	3.33	1.114	Neutral	Moderately high recruitment practices
2. Political turnover affects staffing stability.	3.60	0.997	Agree	High recruitment practices
3. New officials influence recruitment decisions.	3.59	1.037	Agree	High recruitment practices
4. Leadership changes shift recruitment priorities.	3.58	0.992	Agree	High recruitment practices
5. Recruitment guidelines change based on leadership.	3.53	0.981	Agree	High recruitment practices

6. Political turnover affects continuity of services.	3.53	0.960	Agree	High recruitment practices
7. New leaders sometimes replace existing BHWs.	3.43	1.143	Neutral	Moderately high recruitment practices
8. Recruitment becomes uncertain after elections.	3.45	0.987	Neutral	Moderately high recruitment practices
9. Political dynamics affect BHW selection.	3.53	1.034	Agree	High recruitment practices
10. Political turnover disrupts recruitment consistency.	3.41	0.977	Neutral	Moderately high recruitment practices
OVERALL MEAN	**3.50**	**1.022**	**Neutral**	**Moderately high recruitment practices**

Legend:

Score	Scale Range	Verbal Description	Interpretation
5	4.51 – 5.00	Strongly Agree	Very high recruitment practices
4	3.51 – 4.50	Agree	High recruitment practices
3	2.51 – 3.50	Neutral	Moderately high recruitment practices
2	1.51 – 2.50	Disagree	Low recruitment practices
1	1.00 – 1.50	Strongly Disagree	Very low recruitment practices

The findings show that political turnover has a moderately high effect on recruitment practices, as seen in the overall mean of 3.50 (Neutral). This means that changes in leadership at the barangay level do affect how Barangay Health Workers (BHWs) are recruited, but the effect is not strong in all areas. The high standard deviation (1.022) also shows that responses are varied, meaning the level of political influence is different depending on the barangay and its management. In general, recruitment systems are somewhat affected by political changes, but they are not completely disrupted. This supports Sapkota et al. (2023), who explained that in decentralized systems, local leaders can influence processes like hiring, but the level of influence depends on existing rules and systems.

Looking at the individual indicators, the highest mean score (3.60) was for the statement, *"Political turnover affects staffing stability."* This means that respondents believe leadership changes can affect how stable the workforce is. This is similar to the findings of Abimbola et al. (2024), who stated that political changes in decentralized systems can cause differences in administrative processes, especially when rules are not strictly followed.

On the other hand, some indicators fall under the Neutral level, with the lowest mean score (3.33) for *"BHW recruitment changes when new officials are elected."* This shows that while political influence exists, it does not always lead to sudden or major changes like replacing many workers or fully disrupting the system. Instead, the effects are moderate and depend on the situation of each barangay. This may

mean that barangay health systems have some level of stability, where existing rules and practices help maintain order even when leadership changes. As explained by Barasa et al. (2021), established routines and systems can continue even with new leaders, helping maintain consistency in operations. This may explain why respondents still see recruitment systems as fairly stable despite political influence.

The findings have several important implications. First, the moderate effect of political turnover shows that recruitment systems are not fully controlled by politics, but they are also not completely protected from it. Second, the differences in responses suggest the need to strengthen recruitment systems so they are more consistent across barangays. Third, improving clear hiring rules, transparency, and merit-based selection can help reduce political influence and keep the workforce stable. These improvements are important to ensure continuous and quality health services, since stable staffing supports better service delivery.

In conclusion, political turnover has a clear but not strong effect on BHW recruitment practices. While leadership changes can influence hiring decisions and priorities, the system still shows stability. Strengthening clear rules and formal processes will help reduce political influence and support a more stable and consistent health workforce at the barangay level.

Table 6

Level of recruitment on Barangay Health Workers continuity of care in terms of: Programmatic Focus

Statement	Mean	Std. Deviation	Verbal Description	Interpretation
1. Recruitment follows health program needs.	3.98	.737	Agree	High recruitment practices
2. Program priorities guide BHW selection.	3.69	.891	Agree	High recruitment practices
3. Competency is considered during recruitment.	3.87	.788	Agree	High recruitment practices
4. Recruitment strengthens continuity of care.	3.91	.780	Agree	High recruitment practices
5. Recruitment addresses service delivery gaps.	3.83	.766	Agree	High recruitment practices
6. Program requirements are explained to applicants.	4.06	.668	Agree	High recruitment practices
7. New BHWs receive orientation aligned with program needs.	4.26	.660	Agree	High recruitment practices
8. Recruitment supports long-term health plans.	4.07	.702	Agree	High recruitment practices
9. Programmatic focus ensures appropriate staffing.	3.91	.689	Agree	High recruitment practices
10. Recruitment prioritizes community health needs.	4.11	.710	Agree	High recruitment practices
OVERALL MEAN	**3.97**	**.739**	**Agree**	**High recruitment practices**

Legend:

Score	Scale Range	Verbal Description	Interpretation
5	4.51 – 5.00	Strongly Agree	Very high recruitment practices
4	3.51 – 4.50	Agree	High recruitment practices
3	2.51 – 3.50	Neutral	Moderately high recruitment practices
2	1.51 – 2.50	Disagree	Low recruitment practices
1	1.00 – 1.50	Strongly Disagree	Very low recruitment practices

The results show that focusing on programs in recruitment leads to a high level of recruitment practices, with an overall mean of 3.97 (Agree). This indicates that Barangay Health Workers (BHWs) generally view recruitment as connected to health programs, community needs, and continuity of care. The moderate standard deviation (.739) suggests some differences in responses, meaning that while this approach exists, it is not applied the same way in all barangays. In general, the results suggest that recruitment is organized and guided by program needs, helping ensure that workers are assigned where they are most needed. This supports LeBan et al. (2021), who explained that community health worker programs are more effective when recruitment and roles are clearly linked to program goals and service needs.

The highest mean score (4.26) was for *"New BHWs receive orientation aligned with program needs."* This reflects the strength of orientation processes, showing that newly hired BHWs are well-prepared to meet program requirements. A recent evidence indicates that clearly defined roles, structured training, and effective integration of community health workers into health systems are key factors that enhance service delivery and overall program effectiveness (Olaniran et al., 2023).

Meanwhile, the lowest mean score (3.69) was *for "Program priorities guide BHW selection.*" This implies that although recruitment is generally connected to program goals, there are still differences depending on the barangay and how it is managed. This finding is supported by Dodd et al. (2021), who noted that decentralized health systems in the Philippines often show variations in implementation due to differences in local capacity and priorities. In addition, Mallari et al. (2020) explained that BHW roles and recruitment are shaped by local conditions, which can result in inconsistencies in applying program-based recruitment.

To begin with, the results implies that the high overall rating confirms that recruitment is mostly guided by program needs, which supports continuous and effective health services. Next, the strong focus on orientation and community needs shows that recruitment goes beyond hiring and includes preparing workers for their roles. Lastly, the lower scores related to program-based selection point to areas that need improvement, especially in ensuring that hiring decisions are based on skills and program priorities. Making these processes more consistent can help improve recruitment across different barangays.

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To sum up, program focus plays an important role in shaping recruitment practices for BHWs and supports better workforce organization and continuity of care. Although there are clear strengths in orientation, planning, and response to community needs, some inconsistencies remain in how program priorities are applied in hiring. Addressing these gaps can lead to a more consistent, organized, and needs-based recruitment system that improves community health service delivery.

Problem 3: What is the level of retention on Barangay Health Workers continuity of Care?
Table 7
Level of retention and continuity of service

Statement	Mean	Std. Deviation	Verbal Description	Interpretation
1. I am motivated to continue serving as a BHW.	4.52	.588	Strongly Agree	Very high retention and continuity of service
2. I feel satisfied with my role as a BHW.	4.44	.596	Agree	High retention and continuity of service
3. Incentives encourage me to stay.	3.91	.969	Agree	High retention and continuity of service
4. I feel appreciated by barangay/LGU leaders.	4.20	.760	Agree	High retention and continuity of service
5. Training opportunities support my retention.	4.37	.597	Agree	High retention and continuity of service
6. Stable leadership motivates me to stay.	4.17	.702	Agree	High retention and continuity of service
7. I feel secure in my position as a BHW.	4.13	.800	Agree	High retention and continuity of service
8. Retention programs are consistently implemented.	4.08	.719	Agree	High retention and continuity of service
9. I intend to continue serving for more years.	4.41	.625	Agree	High retention and continuity of service
10. Working conditions motivate me to stay.	4.26	.690	Agree	High retention and continuity of service
OVERALL MEAN	**4.25**	**0.70**	**Agree**	**High retention and continuity of service**

Legend:

Score	Scale Range	Verbal Description	Interpretation
5	4.51 – 5.00	Strongly Agree	Very high retention and continuity of service
4	3.51 – 4.50	Agree	High retention and continuity of service
3	2.51 – 3.50	Neutral	Moderately high retention and continuity of service
2	1.51 – 2.50	Disagree	Low retention and continuity of service
1	1.00 – 1.50	Strongly Disagree	Very low retention and continuity of service

The results indicate that retention and continuity of service among Barangay Health Workers (BHWs) are at a high level, as reflected in the overall mean of 4.25 (Agree). This suggests that respondents generally exhibit strong commitment, satisfaction, and willingness to continue serving in their roles. The standard deviation of 0.70 indicates moderate variability, implying that while perceptions are largely positive, some differences in experience exist across respondents. Overall, the findings point to a relatively stable and supportive environment that encourages sustained participation in community health service delivery. This aligns with Perry et al. (2021), who emphasize that continuity in community health systems is closely tied to the ability to retain motivated and engaged frontline workers over time.

It shows the highest mean score of (4.52) was recorded for *"I am motivated to continue serving as a BHW,"* interpreted as very high retention and continuity of service. This highlights the strong intrinsic motivation among BHWs, suggesting that personal commitment and sense of purpose play a central role in sustaining their engagement. These findings are supported by Nghochuzie et al. (2022), who identified intrinsic motivation and perceived social value as key predictors of retention among community health workers. In addition, Utaile et al. (2023) found that continuous training and skill development strengthen both job satisfaction and long-term retention.

In contrast, the lowest mean score (3.91) was observed for *"Incentives encourage me to stay,"* although it remains within the "Agree" range. This suggests that financial or material incentives, while important, are not the primary drivers of retention among BHWs. Instead, intrinsic and relational factors appear to exert a stronger influence. This pattern is supported by Mialon et al. (2022) and Kok et al. (2021), who argue that financial incentives alone are insufficient to sustain long-term engagement when not complemented by recognition, supportive work environments, and opportunities for growth.

The findings show several important implications. To start, the high levels of motivation and commitment suggest that BHWs are likely to give steady and continuous care, which is important for effective primary health services. In addition, the strong role of training, leadership support, and working conditions shows that retention strategies should focus on both skill development and support from the organization. Moreover, the lower effect of incentives suggests the need to balance financial support with non-monetary factors such as recognition, clear roles, and opportunities for growth.

Overall, it shows that retention and continuity of service among BHWs are generally strong. These are mainly influenced by personal motivation, supportive leadership, and chances for development. Although incentives still play a role, they are less important compared to social and organizational support. Strengthening these areas, while also improving incentive systems, is important to maintain a stable and committed community health workforce that can provide continuous and quality care.

Problem 4: Is there a significant relationship between the retention of BHWs continuity of care; and local governance stability and recruitment?

Table 8

Summary of correlation analysis for retention of BHWs, continuity of care, and local governance stability and recruitment

Variables	Pearson Correlation (r)	P-value	Interpretation
Local Governance Stability			
Training	0.583**	0.001	Significant
Adequate Supervision	0.596**	0.001	Significant
Resource Program Continuity	0.644**	0.001	Significant
Recruitment			
Political Turnover	-0.076	0.358	Not significant
Programmatic Focus	0.383**	0.001	Significant

The correlation analysis showed the relationship between local governance stability and recruitment factors with the retention of Barangay Health Workers (BHWs) and continuity of care. The results reveal that key dimensions of local governance stability training, adequate supervision, and resource and program continuity are all moderately positively correlated and statistically significant at the 0.01 level, indicating that stronger governance conditions are associated with higher BHW retention and better continuity of care.

Specifically, training shows a correlation coefficient of $r = 0.583$ with a p-value of 0.001, indicating a moderate positive and significant relationship. This suggests that as training becomes more consistent and adequate, the likelihood of retaining BHWs and sustaining continuity of care increases. This finding is consistent with existing literature emphasizing that training enhances the competence and confidence of community health workers, enabling them to perform sustained roles in follow-up, referral, and patient support—key components of continuity of care (Schleiff et al., 2021). Moreover, trained BHWs are more capable of managing long-term care needs, particularly in chronic disease contexts, where continuity is essential (Abdel-All et al., 2017).

Similarly, adequate supervision demonstrates a correlation of $r = 0.596$ with a p-value of 0.001, also reflecting a moderate positive and statistically significant relationship. This indicates that improved supervision is associated with higher retention and more consistent care delivery. Supervision plays a

critical role in reinforcing accountability, improving communication, and sustaining worker motivation. According to Deussom et al. (2022), supportive supervision characterized by feedback, coaching, and problem-solving enhances CHW performance and program effectiveness. In the Philippine context, supervision has been shown to strengthen BHW confidence and service delivery capacity, which are essential for maintaining continuity of care (Reyes et al., 2023).

Among the governance variables, resource and program continuity exhibits the strongest relationship, with $r = 0.644$ and a p-value of 0.001. This indicates a moderate to strong positive correlation, suggesting that stable resources and consistent program implementation are highly influential in promoting both BHW retention and continuity of care. This finding highlights the importance of operational support systems such as reliable supply chains, functional referral pathways, and sustained program funding. Literature supports this interpretation, noting that interruptions in supplies and program support can significantly disrupt continuity of care, even when frontline workers are present (Olaniran et al., 2022). In decentralized systems like the Philippines, where local governments determine resource allocation, stable program support becomes a critical determinant of sustained service delivery (Mallari et al., 2020).

In contrast, the recruitment variable political turnover shows a very weak negative correlation ($r = -0.076$) with a p-value of 0.358, indicating no statistically significant relationship. This suggests that changes in political leadership do not significantly affect BHW retention or continuity of care in the study context. This may imply that BHW roles are relatively insulated from political shifts or that existing systems and structures help maintain continuity despite leadership changes. However, given the decentralized nature of the Philippine health system, this finding may also reflect variability in how political factors influence local health programs (Dodd et al., 2021).

On the other hand, programmatic focus demonstrates a moderate positive and statistically significant relationship ($r = 0.383$, $p = 0.001$). This indicates that clearer and more consistent program direction is associated with improved BHW retention and continuity of care. When programs are well-structured and aligned with community health needs, BHWs are more likely to remain engaged and perform effectively. This supports findings from Masquillier et al. (2022), which emphasize that structured and well-supported CHW programs enhance workforce stability and enable sustained community-based care.

The implications of these findings are clear. Strengthening governance mechanisms particularly in ensuring continuous training, effective supervision, and stable resource support can significantly improve both the retention of BHWs and the continuity of care they provide. These findings reinforce the broader understanding that continuity of care is not solely dependent on individual health workers but is largely shaped by the systems that support them. In the context of Philippine primary health care and ongoing universal health care reforms, investing in stable and supportive local governance structures is essential to sustaining community-based health services and improving health outcomes (Pepito et al., 2025).

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Overall, the results of Table 8 suggest that local governance stability plays a crucial role in influencing both BHW retention and continuity of care, with all its components showing significant positive relationships. Resource and program continuity emerges as the strongest predictor, followed by supervision and training. Meanwhile, recruitment factors present mixed results, with programmatic focus contributing significantly, while political turnover does not show a meaningful association.

Problem 5: Which among the variables, singly or in combination, best predicts retention of BHWs continuity of Care?

Table 9

Summary of the Multiple Regression Analysis

Variables	Unstandardized Coefficients B	Std. Error	Standardize Coefficients Beta	t	Sig.
(Constant)	1.163	.351	—	3.310	.001
Training	.087	.121	.087	.724	.470
Adequate Supervision	.107	.138	.103	.774	.440
Resource Program Continuity	**.347**	**.109**	**.402**	**3.195**	**.002**
Political Turnover	-.062	.045	-.093	-1.374	.172
Program Focus	**.256**	**.068**	**.264**	**3.787**	**.000**

$R = 0.692$ $R^2 = 0.479$ $F = 26.435$ p-value = 0.000

As shown in Table 9, the variables that predict the dependent variable were Resource Program Continuity and Program Focus, with beta weights equal to .402 and .264, respectively, and their corresponding p-values are less than the level of significance ($p < 0.05$). Additionally, the standardized coefficients show that Resource Program Continuity ($X_3 = .402$) and Program Focus ($X_5 = .264$) contribute positively to the model.

On other hand, Training ($\beta = .087$, $p = .470$), Adequate Supervision ($\beta = .103$, $p = .440$), and Political Turnover ($\beta = -.093$, $p = .172$) have p-values greater than 0.05, indicating that these variables do not significantly predict the dependent variable. The results indicate that Resource Program Continuity is one of the best predictors, followed by Program Focus, showing that continuity of resources and clarity of program direction greatly influence the outcome. The regression analysis also reveals that the model that can extensively foretell the dependent variable is expressed as:

$$Y' = 1.163 + .087X1 + .107X2 + .347X3 - .062X4 + .256X5,$$

where Y' = dependent variable, X1 = Training, X2 = Adequate Supervision, X3 = Resource Program Continuity, X4 = Political Turnover, and X5 = Program Focus.

The R^2 = .479 means that 47.9% of the variation in the dependent variable is explained by a linear relationship with Training, Adequate Supervision, Resource Program Continuity, Political Turnover, and Program Focus. As indicated by the F-value of 26.435 with a corresponding probability value of 0.000, this means that the regression model is significant.

The biggest contributors to the dependent variable are Resource Program Continuity and Program Focus, emphasizing that sustained program implementation and clear program focus strongly affect the outcome.

Moreover, it shows that the constant (B = 1.163, p = 0.001) is significant, indicating that even in the absence of the predictor variables, there is a baseline level of retention and continuity of care present. However, the primary focus of interpretation lies in the individual predictors.

Among the variables, resource and program continuity emerges as a significant positive predictor (B = 0.347, Beta = 0.402, t = 3.195, p = 0.002). The standardized beta coefficient (β = 0.402) indicates that this variable has the strongest influence on retention of BHWs and continuity of care among all predictors in the model. This implies that for every unit increase in resource and program continuity, there is a corresponding increase in retention and continuity outcomes, holding other variables constant. This finding underscores the critical role of stable supplies, consistent program implementation, and sustained operational support in enabling BHWs to continue their work effectively. It aligns with existing literature which emphasizes that continuity of care depends not only on workforce presence but also on reliable systems such as supply chains, referral mechanisms, and program support (LeBan et al., 2021). In the Philippine context, where local governments largely determine resource allocation, this result highlights the importance of consistent local investment in sustaining community-based health services (Mallari et al., 2020).

Similarly, program focus is found to be a significant positive predictor (B = 0.256, Beta = 0.264, t = 3.787, p = 0.000). This indicates that clearer and more consistent program direction significantly contributes to improved BHW retention and continuity of care. The relatively strong beta value suggests that when programs are well-defined, organized, and aligned with health priorities, BHWs are more likely to remain engaged and perform their roles effectively. This finding is consistent with literature emphasizing that structured and well-supported CHW programs enhance motivation, role clarity, and long-term participation, all of which are essential for sustaining continuity of care (Masquillier et al., 2022).

In contrast, training (B = 0.087, Beta = 0.087, p = 0.470) and adequate supervision (B = 0.107, Beta = 0.103, p = 0.440) are not statistically significant predictors in the regression model. Although these variables showed significant relationships in the earlier correlation analysis, their lack of significance here suggests that their effects may overlap with or be mediated by stronger variables such as resource

continuity and program focus. This does not imply that training and supervision are unimportant; rather, it indicates that when all variables are considered together, their independent contribution to predicting retention and continuity is less pronounced. This is consistent with systems-based perspectives which argue that training and supervision are most effective when embedded within broader governance and support structures (Schleiff et al., 2021). Without stable resources and program direction, the benefits of training and supervision may not fully translate into sustained outcomes.

The variable political turnover (B = -0.062, Beta = -0.093, p = 0.172) is also not statistically significant, indicating that changes in political leadership do not have a measurable direct effect on BHW retention and continuity of care in this model. Although the negative coefficient suggests a potential inverse relationship, it is weak and not significant. This may imply that BHW programs in the study area have a degree of institutional stability that buffers them from political changes, or that other governance mechanisms mitigate the effects of leadership transitions. Given the decentralized nature of the Philippine health system, this finding may also reflect variability in how political dynamics influence local health service delivery (Dodd et al., 2021).

The implications of these findings are significant for local health governance and policy. First, strengthening resource allocation systems and ensuring uninterrupted program implementation should be prioritized, as these have the greatest impact on sustaining BHW engagement and service delivery. Second, enhancing program clarity and focus can improve workforce stability and performance by providing clear roles, expectations, and direction for BHWs. Third, while training and supervision remain essential, they should be integrated into a broader system of support to maximize their effectiveness. Finally, the non-significance of political turnover suggests the importance of institutionalizing BHW programs to ensure continuity regardless of leadership changes.

In conclusion, Table 9 demonstrates that among the factors examined, resource and program continuity and program focus are the strongest predictors of retention of Barangay Health Workers and continuity of care. These findings emphasize the need for stable governance systems that provide consistent resources and clear program direction, thereby enabling BHWs to sustain their critical role in delivering continuous and community-based primary health care services.

SUMMARY, CONCLUSIONS AND RECOMMENDATION

This chapter presents the summary of findings and draws conclusions based on the results of the study, focusing on the influence of local governance stability and recruitment practices on the retention and continuity of care among Barangay Health Workers.

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SUMMARY OF FINDINGS

The examined the influence of local governance stability and recruitment on the retention of Barangay Health Workers (BHWs) and their continuity of care. This study established the significance of BHWs as frontline providers who connect communities to the formal health system, particularly in delivering primary health care services. It highlighted that governance stability through training, supervision, and resource continuity as well as recruitment practices influenced by political turnover and programmatic focus, may affect workforce retention and service consistency. By identifying gaps in existing literature, the study aimed to determine how these factors collectively shape BHW retention and the continuity of care in local communities.

Moreover, the study employed a quantitative descriptive-correlational design, utilizing structured questionnaires administered to Barangay Health Workers in selected barangays of Cagayan de Oro City. Ethical considerations were strictly observed prior to data collection. The gathered data were analyzed using descriptive statistics, correlation, and regression techniques, allowing the researcher to systematically assess the levels of key variables and determine the relationships among governance stability, recruitment, and retention.

In relation to Problem 1, the findings revealed that the level of local governance stability specifically in terms of training, adequate supervision, and resource program continuity was generally high. This suggests that BHWs experience consistent support from local governance structures, particularly in receiving relevant training, guidance from supervisors, and access to necessary resources. Such conditions indicate that local systems are capable of maintaining an environment conducive to sustained health service delivery and operational stability.

Moving to Problem 2, the results showed that recruitment was moderately affected by political turnover but demonstrated a high level of alignment with program focus. This indicates that while leadership changes may influence recruitment decisions, efforts are still made to ensure that BHW selection aligns with health program needs. However, the presence of political influence suggests a degree of vulnerability that may affect workforce stability over time.

In terms of Problem 3, the study found that the level of retention among Barangay Health Workers was high. This reflects strong motivation, commitment, and dedication among BHWs to continue serving their communities despite potential challenges. High retention is particularly important as it supports the continuity of care by maintaining long-term relationships between BHWs and the communities they serve.

Furthermore, addressing Problem 4, the study identified a significant relationship between local governance stability and the retention of BHWs' continuity of care. In contrast, recruitment did not show a significant relationship with retention. This finding implies that governance-related factors such as

consistent training, supervision, and resource support that play a more critical role in sustaining BHW engagement than recruitment processes alone. It highlights the importance of maintaining stable governance systems to ensure workforce continuity.

Finally, for Problem 5, the regression analysis revealed that resource program continuity and program focus were the strongest predictors of BHW retention and continuity of care. This underscores the importance of sustained resources and clear program direction in promoting workforce stability. Overall, the findings suggest that when governance systems are stable and supportive, and when health programs are consistently implemented, BHW retention is strengthened, ultimately ensuring uninterrupted and effective delivery of community health services.

CONCLUSIONS

Local governance stability within the barangay health system is demonstrated to be consistently strong, particularly in terms of training, supervision, and the continuity of resource programs. This indicates that Barangay Health Workers (BHWs) are supported by structured and reliable systems that enhance their capacity to perform their duties effectively. Such stability ensures that health services are delivered in a sustained and organized manner, ultimately strengthening continuity of care within the community. The presence of these stable governance mechanisms reflects an environment where BHWs are guided, equipped, and empowered to meet community health needs.

In terms of recruitment, the findings reveal a moderate influence of political turnover; however, the process remains largely anchored on programmatic priorities. This suggests that while political changes may introduce some variability, recruitment decisions continue to emphasize alignment with health program goals. As a result, the system is still able to maintain a workforce that is relevant and responsive to community health demands. The balance between political influence and programmatic focus allows for continuity in workforce quality despite shifts in local leadership.

The of retention among BHWs is notably high, indicating strong motivation, commitment, and dedication to service. This high retention rate is crucial, as it fosters long-term relationships between health workers and the community, promotes trust, and ensures the uninterrupted delivery of essential health services. Sustained engagement of BHWs also contributes to institutional memory and consistency in implementing health programs, which are vital components of effective primary healthcare.

Further analysis of relationships among variables shows that local governance stability plays a significant role in influencing BHW retention and continuity of care. In contrast, recruitment does not demonstrate a significant relationship with these outcomes. This leads to the partial rejection of the null hypothesis, emphasizing that governance-related factors—such as consistent supervision, training, and support systems—are more critical in sustaining workforce stability than recruitment processes alone. It

underscores the importance of maintaining strong governance structures to ensure long-term effectiveness of health service delivery.

Finally, the predictive analysis confirms that resource program continuity and programmatic focus serve as significant predictors of BHW retention and continuity of care, leading to the rejection of the null hypothesis. This finding highlights that the availability of consistent resources and a clear, well-defined program direction are key determinants of sustained BHW engagement. When these elements are present, they create an enabling environment that supports ongoing participation of health workers and ensures the continuous provision of quality healthcare services to the community.

RECOMMENDATION

From the findings and conclusions of the study, the following recommendations are suggested:

Barangay Health Workers could continue to actively engage in training programs, supervision activities, and community health initiatives to further strengthen their competencies and sustain their motivation in delivering continuous care within their communities.

Local Government Units could consider strengthening governance systems by ensuring consistent funding allocation, regular implementation of training programs, and continuous provision of resources to support the long-term sustainability of health programs and improve retention of BHWs.

Health program managers and supervisors could enhance supervisory practices by ensuring more consistent field monitoring, providing timely and constructive feedback, and addressing operational concerns promptly to further improve the performance and support of BHWs.

Policy makers could consider institutionalizing standardized recruitment policies and guidelines that are less influenced by political turnover in order to ensure transparency, fairness, and continuity in staffing decisions despite leadership transitions.

The Department of Health and other health authorities could focus on strengthening programmatic structures by aligning recruitment, training, and supervision with long-term health priorities to ensure continuity of care and sustainability of community-based health services.

Academic institutions and researchers could utilize the findings of this study as a basis for further research on governance and workforce dynamics in community health systems, particularly through longitudinal and qualitative approaches that explore deeper factors influencing retention.

Future researchers could consider investigating additional variables such as compensation systems, organizational culture, and community engagement, as well as conducting comparative studies across different localities to further expand the understanding of factors affecting BHW retention and continuity of care.

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