



Project Duration: August 2026 – July 2029 (36 months)

PROJECT GOAL

Improved socio-economic well-being of BHWs in Quezon Province by 2029.



THRIVE-BHW is a three-year project that strengthens Barangay Health Workers (BHWs) – the backbone of community health care in the Philippines.

The project works with 2,000 BHWs across Quezon Province – 99% of them women – to **build their primary health care competencies, develop sustainable livelihoods, expand their leadership and voice, and strengthen the national BHW Federation**, so communities have stronger, more resilient health services.

It is implemented by CARE Philippines with funding support from the Tijori Foundation.

KEY OBJECTIVES



Enhance BHW competencies in primary health care service delivery through training, tools, and digital health solutions.



Improve BHW capacity to engage in sustainable livelihoods and savings mechanisms linked to health and nutrition promotion.



Increase BHW participation and leadership in local decision-making and humanitarian response that affect them and their communities.

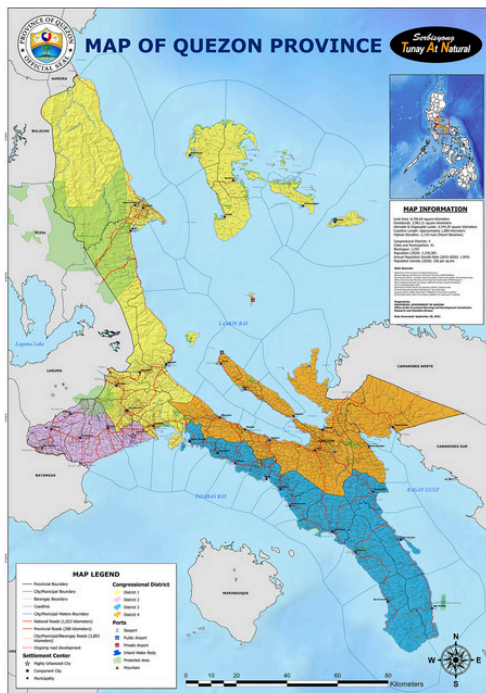


Strengthen the BHW Federation to effectively promote, scale, and sustain project gains beyond the project location.

WHY IT MATTERS

THRIVE-BHW **transforms the reality of barangay health workers – overwhelmingly women, underpaid, undertrained, and underrecognized – into empowered community health leaders** with the skills, economic security, and institutional support to deliver quality care and drive lasting change in Philippine health systems. By treating BHWs as community leaders rather than just service providers, the project builds a model that can be scaled nationally.

PROJECT LOCATION AND TARGET PARTICIPANTS



Project location

Quezon Province, Philippines

39 municipalities and 2 component cities across diverse geographic contexts – coastal, upland, island, and geographically isolated and disadvantaged areas (GIDAs)

Program participants

- **2,000 BHWs as direct participants (99% women)**
- At least 300 health and governance stakeholders (PHO, MHO, RHU staff, BHW federation leaders, LGU representatives)
- Up to 20,000 households reached through BHWs
- Up to 90,000 individuals reached indirectly

CORE STRATEGIES

- Capacity-building training on primary health care – maternal & child health, NCDs, community health promotion – including digital health tools via the HEAL Digi App
- Provision of standardized BHW kits with essential medical supplies and digital devices
- Village Savings and Loan Associations (VSLA) for financial resilience and savings mobilization
- BHW-led livelihood enterprise models linked to health commodities (herbal medicines, wellness, nutrition products)
- Women's Action Plans using CARE's Women Lead in Emergencies (WLIE) approach for leadership and disaster preparedness
- BHW Federation strengthening through knowledge-sharing platforms, digital communication tools, and a federation-led scaling roadmap
- Strategic partnerships with LGUs, DOH, microfinance institutions, and supply chain providers

EXPECTED RESULTS

- Improved digital knowledge and competencies of BHWs in primary health care delivery
- BHW savings groups organized, strengthened, and actively saving
- Viable, BHW-led livelihood enterprises linked to health and nutrition operating at scale
- Stronger BHW participation in community decision-making and emergency preparedness
- Improved access to financial services, enterprise support, and digital tools for BHWs
- BHW Federation actively promoting, scaling, and sustaining project innovations beyond Quezon
- Contribution to Universal Health Care (UHC) through strengthened frontline health systems



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