

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

SIXTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. **3925**



Introduced by Representative LEAH S. PAQUIZ of ANG NARS Party – List

EXPLANATORY NOTE

As of the 2011 data of the Bureau of Local Health Development, Department of Health: there are TWO HUNDRED NINETEEN THOUSAND FOUR HUNDRED THIRTY THREE (219,433) active BARANGAY HEALTH WORKERS (BHWs) in the entire archipelago. Given the enormous number of the BHWs, it is but a cogent proof that BHWs are indispensable in the delivery and promotion of primary health care programs of our government. It is also rightful to say that BHWs are the ones working on the grassroots level for community profiling, thus, directly dealing with the smallest unit of our society which is the family.

These 219,433 BHWs are working full time in our communities, and yet, they are regarded and treated as mere volunteers under Republic Act (RA) 7883 entitled, "*The Barangay Health Workers' Benefits and Incentives Act of 1995*". Although RA 7883 provides for an opportunity for BHWs to obtain second grade eligibility; the process of arriving thereat seems unattainable, if not impossible. Consequently, numerous factors placed BHWs to economic oppression and human exploitation.

Economic oppression: While the government is mindful that BHWs are volunteers, it is unmindful that being a BHW is their bread and butter. Perforce, the nature of their work is full-time. BHWs are receiving an **allowance** ranging from ONE THOUSAND PESOS (P1,000.00) to SIX THOUSAND PESOS (P6,000.00). This **allowance** is their only source of living, sans fixed income, benefits and incentives.

Human exploitation: It is an uncontroverted fact that BHWs are at the mercy of local government officials, due to the absence of security of tenure. Their continuous work is dependent on the political support they rendered to the incumbent official. BHWs are being terminated whimsically and capriciously by the local officials when their political pledge belongs to another. Thus, in the case of Albana, Et. Al. vs. Belo, Et. Al., G.R.No.158734 it was held:

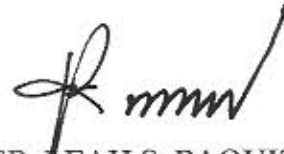
"xxx xxx xxx Exhibit J details how the armed Civilian Volunteer Organization (CVO) and Barangay Health Workers (BHW) were effectively used by respondents to enhance their chances of winning."

All the forgoing predicaments facing BHWs are defeating the very mandate enunciated in Section 1, Article III of our Constitution on right to life or right to a good life and right to property or right to a decent work with corresponding decent pay, to wit:

“No person shall be deprived of life, liberty or property without due process of law, nor shall any person be denied the equal protection of the laws.”

After 23 years of being caged in the shadows of volunteerism, it is now high time to revisit, revise and repeal RA 7883 of 1995 in order to make the BHW a key player towards the attainment of inclusive economic growth through sustainable human development.

Thus, the passage of this bill is earnestly sought.

A handwritten signature in black ink, appearing to read 'Leah S. Paquiz', with a stylized flourish at the end.

REP. LEAH S. PAQUIZ
ANG NARS Party-list

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AN ACT INSTITUTING REFORMS TO PROMOTE AND PROTECT THE ECONOMIC, SOCIAL, POLITICAL RIGHTS AND WELL BEING OF BARANGAY HEALTH WORKERS TOWARDS QUALITY HEALTH SERVICE DELIVERY AND APPROPRIATING FUNDS THEREFOR, REPEALING FOR THIS PURPOSE REPUBLIC ACT NO. 7883, OTHERWISE KNOWN AS THE “BARANGAY HEALTH WORKERS’ BENEFITS AND INCENTIVES ACT OF 1995”

Be it enacted by the Senate and the House of Representative of the Republic of the Philippines in Congress assembled:

1 SECTION 1. **Short Title.** – This Act shall be known as the “*Barangay Health Workers and*
2 *Services Reform Act of 2014*”.

3 SECTION 2. **Statement of Policy.** – It is hereby declared the policy of the State to
4 promote a just and dynamic social order that will ensure prosperity and independence of the
5 nation and free the people from poverty through policies that provide adequate social
6 services, promote full employment, a rising standard of living, and an improved quality of
7 life for all. The State recognizes that quality health care services promote social justice in all
8 phases of national development.

9 The State further protects and promotes the right to health of the people and provides
10 conditions of health empowerment, where each individual has access to information and
11 services that will bring about health and well being. Primary Health Care is recognized as
12 the major strategy towards health empowerment, emphasizing the need to provide
13 accessible, available and affordable quality health services through community based -
14 participatory strategies.

15 To this end, the government and all its instrumentalities recognize the economic and social
16 rights of barangay health workers to just compensation, consistent with the principle of
17 equal pay for equal work and work of equal value.

18 SECTION 3. **Definition of Terms.** –

19 (a) *Barangay Health Worker (BHW)*, is a support health worker in the barangay unit, as
20 defined and covered by Republic Act (RA) 7305;

(b) *Magna Carta for Public Health Workers*, as used in this Act, shall refer to RA 7305;

(c) *Primary Health Care (PHC)*, is essential health care made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community, characterized by partnership and empowerment of the people by means acceptable to them. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process¹;

(d) *Public Health Worker (PHW)*, as used in this Act, shall mean all persons who are engaged in health and health-related work, and all persons employed in all hospitals, sanatoria, health infirmaries, health centers, rural health units, barangay health stations, clinics and other health-related establishments owned and operated by the Government or its political subdivisions with original charters and shall include medical, allied health professional, administrative and support personnel employed regardless of their employment status, as pursuant to Sec. 3 of the Magna Carta of Public Health Workers.

SECTION 4. Barangay Health Center (BHC). – There shall be one Barangay Health Center in every barangay unit, with the following basic and essential facilities and provisions:

- (a) Adequate lighting and ventilation;
- (b) Adequate supply of potable water and electricity;
- (c) Floor Area of at least twenty (20) square meters;
- (d) Equipments including, but not limited to, blood pressure apparatus, dressing kit, over the counter medicines, weighing scale for infants and adults, thermometers, standard operating procedure manual from the Department of Health (DOH), glucometer, and delivery kit;
- (e) Examining Area which must be enclosed, with bed, cabinet, foot stool, and stool;
- (f) Toilet with sink and running water; and,
- (g) Consultation Area with table, cabinet, and two chairs.

SECTION 5. Functions of the Barangay Health Center. – Each BHC shall have the following functions:

- (a) Delivers basic and primary care services for the community (e.g. immunization, prenatal check up, check up of well and ill infants etc.);
- (b) Coordinates efforts and actions of the different members of the health team;
- (c) Keeps records of health indices, community profile, and other data;
- (d) Serves as an area of congregation for meetings of the health team;

¹ Declaration of Alma Ata, International Conference on Primary Health Care, World Health Organization, September 1978.

- (e) Serves as a training ground of future and present members of the health team; and
- (f) Assists and coordinates with the respective Local Government Units (LGUs) and appropriate offices on first aid and procedures in disaster risk reduction.

SECTION 6. Referral System. – The BHC shall observe and follow the referral system framework of Primary Health Care.

SECTION 7. Barangay Health Team Placement. – The BHC shall be composed of Nurse, Midwife, and BHW. The operation and functioning of the BHC shall be headed and supervised by a Nurse.

Each BHC shall be manned by a health team proportionate with the existing population in the barangay:

- (a) *Nurse* – There shall be at least one nurse for every barangay with a population not exceeding five thousand (5,000);
- (b) *Midwife* – There shall be at least one midwife for every barangay with a population not exceeding two thousand five hundred (2,500);
- (c) *BHW* – There shall be at least one BHW for every barangay with a population not exceeding five hundred (500).

SECTION 8. BHW: Qualifications. – (a) Any person who has completed the Technical Education and Skills Development Authority (TESDA) BHW program or undergone training specific for BHW by TESDA – accredited institution: *Provided*, that he or she has passed the training assessment and obtained the equivalent national certification.

(b) All BHW, regardless of accreditation or registration status, who have served for at least two (2) years from the effectivity of this Act must undergo BHW assessment by TESDA – accredited assessors and pass the equivalent national certification. Only those who has obtained the equivalent national certification shall be eligible for employment.

SECTION 9. BHW: Hiring. – (a) The Local Government Selection and Promotion Board shall process the hiring of the Barangay Health Team personnel, pursuant to existing Civil Service rules, regulations, issuances and orders on placement and hiring.

(b) All existing BHWs who has met the qualifications under Section 8 – subparagraph (b) of this Act shall be given preference in hiring and priority in placement.

SECTION 10. BHW: Duties and Responsibilities. –

- (a) The BHW performs the following duties and responsibilities independently:
 - 1. Height and weight monitoring, and reporting the same to the BHC;
 - 2. Monitoring and follow up of defaulters, and reporting the same to the BHC;
 - 3. Reporting to the BHC any incidence of disease or any health cases in the community;
 - 4. Communicating and coordinating with the community to participate in BHC activities;

5. Gathering data about the health of the community, filing, encoding, and reporting the same to the BHC;
6. Administering first aid;
7. Conducting health visits; and
8. Responding in natural calamities and disasters.

(b) The BHW performs the following duties and responsibilities assistive to the Barangay Health Team:

1. Sputum collection;
2. Identifying people with disease and sickness;
3. Health community profiling;
4. Psychosocial debriefing for stress and post – calamity initiatives; and
5. Strengthening the health programs of the government.

SECTION 11. BHW: Compensation. – The entry pay level of a BHW shall be the prevailing rate equivalent to Salary Grade One “SG 1”.

SECTION 12. BHW: Incentives and Benefits. – A BHW shall be entitled to the same incentives and benefits provided under the Magna Carta for Public Health Workers. Further, they shall be covered by the existing statutory benefits such as GSIS, Philhealth, and Pag-ibig.

SECTION 13. Right to Self – Organization. – The right of a BHW to self – organization shall not be abridged.

SECTION 14. Penal Provision. – Any person who violates the provisions of this Act shall be criminally, civilly, and administratively liable.

SECTION 15. Implementing Agencies. – Within one (1) year from the effectivity of this Act, the TESDA and DOH, with the participation of various health union representatives, shall formulate, finalize, and launch the BHW training program, assessment, and national certification program.

The Department of Interior and Local Government (DILG), LGUs, and other appropriate government agencies, with the participation of various health union representatives, shall formulate and provide effective mechanism for the selection and hiring of BHWs.

The Department of Budget and Management (DBM), LGUs, and other appropriate government agencies, shall allocate necessary funds for compensation of the barangay health team.

SECTION 16. Transitory Provision. – Within one (1) year from the effectivity of this Act, the TESDA, DOH, DILG, and other concerned LGUs, shall allocate funds from their annual appropriations to immediately implement section 8 - subparagraph (b) and section 9 of this Act.

1 **SECTION 17. Implementing Rules and Regulations.** – Within ninety (90) days from the
2 effectivity of this Act, the TESDA, DOH, DILG, LGUs, in coordination and participation of
3 various health union representatives, shall provide the Implementing Rules and Regulations
4 necessary to carry out the provisions of this Act.

5 The Implementing Rules and Regulations shall be published in the Official Gazette or in a
6 newspaper of general circulation.

7 **SECTION 18. Separability Clause.** – Should any provision of this Act be declared
8 unconstitutional, the remaining parts not affected thereby shall remain valid and
9 operational.

10 **SECTION 19. Repealing Clause.** – Republic Act No. 7883, otherwise known as the
11 "Barangay Health Workers Benefits and Incentives Act of 1995", is hereby repealed. All
12 other laws, decrees, orders, circulars, issuances, rules and regulations and parts thereof
13 which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

14 **SECTION 20. Effectivity.** – This act shall take effect fifteen (15) days after its publication
15 in the Official Gazette or in any two (2) newspapers of general circulation in the Philippines.