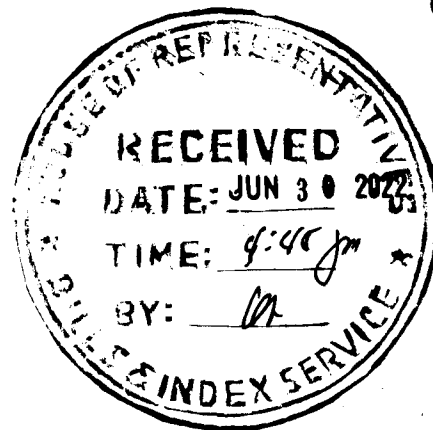


Republic of the Philippines
HOUSE OF REPRESENTATIVES

NINETEENTH CONGRESS

First Regular Session

House Bill No. **378**



Introduced by Representative MARIA RACHEL J. ARENAS

**AN ACT INSTITUTING REFORMS TO PROMOTE AND PROTECT THE
ECONOMIC, SOCIAL, POLITICAL RIGHTS AND WELL BEING OF BARANGAY
HEALTH WORKERS TOWARDS QUALITY HEALTH SERVICES DELIVERY
AND APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

The Constitution of the World Health Organization states that “*the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.*” Access to healthcare is considered a human right such that everyone has fair access to medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment for the protection and preservation of the general physical and mental wellbeing.

Article II, Section 15 of the 1987 Constitution of the Philippines echoes this, in its declaration that, “*The State shall protect...the right to health of the people and instill health consciousness among them.*” The State recognizes that quality health care services promote social justice in all phases of national development.

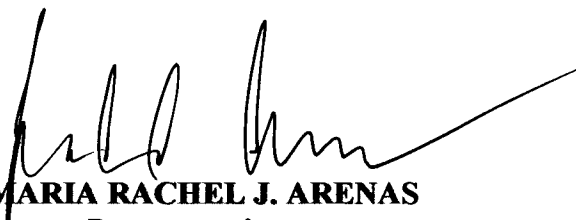
The State further protects and promote the right to health of the people and provides conditions of health empowerment, where each individual has access to information and services that will bring about health and wellbeing. Primary health care is recognized as the major strategy towards health empowerment, emphasizing the need to provide accessible, available and affordable quality health services through community based- participatory strategies.

Generally speaking, primary health care in majority of our basic and rural communities, is or should be coursed through barangay health workers (BHWs). A BHW is a person who has undergone a training program under any accredited government and non-government organization and who voluntarily renders primary health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH).

Under the Implementing Rules and Regulations (IRR) of Republic Act No. 7883 otherwise known as the Barangay Health Workers' Benefits and Incentives Act of 1995, BHWs are only entitled to fixed salaries according to the Salary Standardization Law. **This Bill aims to expand these benefits by upgrading the status of BHWs as a government worker with rights to the basic compensation package offered to civilian government personnel.**

The everyday heroism of over 380,000 predominantly women Barangay Health Workers in the forefront of delivering health services must be recognized and their vital work properly compensated.

In view of the foregoing, the expeditious passage of this Bill is earnestly sought.



MARIA RACHEL J. ARENAS
Representative
Third District, Pangasinan

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

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

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

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

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

SECTION 3. Definition of Terms. –

- (a) *Barangay Health Worker (CHW)*, is a support public health worker as defined and covered by Republic Act (RA) 7305 entitled, “*Magna Carta of Public Health Workers*”. It includes, but not limited to, those who render primary health care (PHC) services, nutrition services, population services, and environmental health/disaster services;
- (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 process;
- (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, sanitarium, 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 RA 7305.

SECTION 4. Barangay Health Center (BHC). – There shall be one Barangay Health Center in every barangay unit. PROVIDED that, additional BHCs may be constituted on the basis of population, terrain, demographic, geography or need of the community. Each BHC shall have the following basic and essential facilities and provisions:

- (a) Floor Area of at least twenty-five (25) square meters;
- (b) Birthing area with delivery equipment, as maybe required and determined by the community Examining Area which must be enclosed, with bed, cabinet, foot stool, and stool;
- (c) BHC Botika;

- (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) Consultation Area with table, cabinet, and two chairs.
- (f) Adequate lighting and ventilation;
- (g) Adequate supply of potable water and electricity;
- (h) Toilet with sink and running water; and,

SECTION 5. Functions of the Barangay Health Center. – The BHC, as an integral part of the Department of Health - Bureau of Local Health Development (DOH-BLHD), shall be primarily responsible to the delivery of public health services in the community level. Each BHC shall have the following functions, in both regular/normal and emergency situations:

- (a) Delivers basic and primary health care services for the community such as, but not limited to the following: immunization, prenatal and postnatal check-up, assessment and monitoring of well and ill infants;
- (b) Provides services for uncomplicated deliveries, as may be determined and required by the community;
- (c) Provides nutrition services that includes growth monitoring and promotion, infant and young child feeding, counseling, micro nutrient supplementation, and supplementary feeding;
- (d) Dispense subsidized over-the-counter drugs and medication with prescription;
- (e) Coordinates efforts and actions of the different members of the health team;
- (f) Keeps records of health indices, community profile and other data;
- (g) Surveys and updates a family health profile through a comprehensive population database;
- (h) Provides support to the population management program of the government specifically family planning, such as modern methods including natural and artificial methods;
- (i) Monitors and maintains the standards of water safety, air pollution, sewerage, solid waste management, ensures environmental health in the community and coordinates, reports, and alerts the Rural Sanitary Inspector (RSI) of the same;
- (j) Serves as an area of congregation for meetings and training ground of the CHT and the community members;
- (k) Assists and coordinates with the respective Local Government Units (LGUs) and appropriate offices on first aid and procedures in disaster risk reduction;
- (l) Advocates for community well-being, in terms of health, nutrition, population and environmental, among others;
- (m) Monitors and reports on community mental health; and
- (n) Perform such functions and duties as may be necessary to carry-out the provisions of this Act.

SECTION 6. Referral System. – The public health services must observe and follow the two-tiered referral system framework of Primary Health Care in order to maximize the services of BHC and to attend to patients responsively in the rural health units. Thus, as a general rule, it is hereby mandated that a primary referral must be issued by the BHC for access to secondary and tertiary health services.

SECTION 7. Community Health Team (CHT). – As a component of public health, the BHC must be composed of Nurse, Midwife, and CHWs, as hereby referred to as CHT and which shall be under the supervision and control of the DOH - BLHD, in close coordination with the local health board 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). Provided, that the operations of the BHC shall be headed and supervised by a Nurse;
- (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); Provided, that the CHWs in the barangay shall be composed of atleast one worker in each field: primary health care services, nutrition services, population services and environmental services.

SECTION 8. BHW: Qualifications. –All BHWs must be a resident of the community they serve: Provided further that any of the following, as the case may be, is complied with:

- (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; or
- (b) All existing BHWs who have rendered community health services for at least two (2) years upon the effectivity of this Act, regardless of accreditation or registration status, must undergo BHW assessment by TESDA or its accredited assessors and pass the equivalent national certification. Only those who have obtained the equivalent national certification shall be eligible for employment.

SECTION 9. Creation of Community Health Team Positions and Hiring Process. – The Department of Budget and Management, Department of Health and the Civil Service Commission shall jointly determine the mandatory and non-mandatory positions including the number of plantilla items needed to

implement this Act. The Department of Health Selection and Promotion Board shall process the hiring of the Community Health Team personnel, pursuant to existing Civil Service rules, regulations, issuances and orders on placement and hiring. Provided that, all existing BHWs, upon the effectivity of this Act, who have met the qualifications under Section 8-subparagraph (b) hereof shall be given preference in hiring and priority in placement.

SECTION 10. CHW: Duties and Responsibilities. – The Barangay Health Workers (BHW) shall perform the following duties and responsibilities either independently or corroboratively with the CHT, such as but not limited to:

(a) Primary Health Care Worker:

1. Monitoring and follow up of defaulters, and reporting the same to the BHC;
2. Reporting to the BHC any incidence of disease or any health cases in the community;
3. Communicating and coordinating with the community to participate in BHC activities;
4. Gathering data about the health of the community, filing, encoding, and reporting the same to the BHC;
5. Administering first aid;
6. Conducting health visits;
7. Sputum collection (assistive);
8. Identifying people with disease and sickness;
9. Health community profiling; and,
10. Strengthening the health programs of the government.

(b) Community Nutrition Worker:

1. Height and weight monitoring, and reporting the same to the BHC;
1. Growth monitoring and promotion;
2. Infant and young child feeding program;
3. Nutrition counseling;
4. Micro nutrient supplementation; and
5. Supplementary feeding.

(c) Community Population Worker:

1. Family health profiling through a comprehensive population database; and
2. Support to the population management program of the government specifically family planning, such as modern methods including natural and artificial methods.

(d) Environmental Health/Disaster Worker:

1. Standards of water safety monitoring and maintenance;
2. Air pollution monitoring;
3. Sewerage preservation;

4. Solid waste management;
5. Ensure environmental health in the community;
6. Psychosocial debriefing for stress and post – calamity initiatives;
7. Responding in natural calamities and disasters; and,
8. Coordination with the Rural Sanitary Inspector (RSI).

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. – All members of the Community Health Team 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, Pag-ibig, 13th Month Pay, PERA, Performance Incentive Bonus, cash gift, uniform allowance, and hazard pay.

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 any provisions of this Act, either through malfeasance, misfeasance, and nonfeasance, shall be liable to a fine of not less than three hundred thousand pesos (P300, 000.00) nor more than five hundred thousand pesos (P500, 000.00) and/or imprisonment of not less than one (1) year nor more than six (6) years upon discretion of the court: Without prejudice to any administrative liability.

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

The Department of Health, the Civil Service Commission (CSC), in coordination with LGU Local Health Board, 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) and the Department of Health, shall allocate necessary funds for efficient and effective implementation of this Act’s provisions on compensation, incentives and benefits of the community health team from the national appropriation funds. Further, the PhilHealth income and Sin Tax revenues shall be used to fund the implementation of this Act.

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

SECTION 17. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, the DOH, CSC, TESDA, League of Municipalities and Cities, DILG, and DBM, in coordination and participation of various health union representatives, shall provide the Implementing Rules and Regulations necessary to carry out the provisions of this Act.

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

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

SECTION 19. Repealing Clause. – Republic Act No. 7883, otherwise known as the "Barangay Health Workers Benefits and Incentives Act of 1995" and Presidential Decree No. 1569 entitled, "Strengthening the Barangay Nutrition Program by Providing for a Barangay Nutrition Scholarin Every Barangay, Providing Funds Therefor, and For Other Purposes" are hereby repealed. All other laws, decrees, orders, circulars, issuances, rules and regulations and parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

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

Approved,