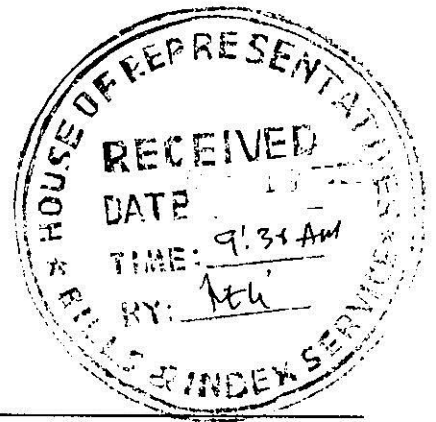


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 2125



Introduced By: HONORABLE ROSEMARIE C. PANOTES

EXPLANATORY NOTE

This bill seeks to provide a Magna Carta for Barangay Health Workers (BHW), which will contain the rights, benefits and privileges of Barangay Health Workers (BHWs).

The important role played by the BHWs in delivering frontline health care services even to the remotest barangays in the country has reached both houses of Congress in 1995, when it enacted into law Republic Act No. 7883 which granted incentives and benefits, like Hazard Allowance, Subsistence Allowance and other non-monetary benefits to them. It is however, a reality that the incentives and benefits granted under the aforementioned law were not even sufficient for their daily sustenance because their benefits are left to the determination by the local health board. They were even subjected to political persecution for the reason that they are unjustly terminated upon change of barangay administration wasting in the process their years of training and experience in the field of health care delivery.

It is therefore just and proper for these hardworking very important workers of the barangays that their efforts must be given due recognition by way of granting incentives and benefits that will properly motivate them to work doubly harder.

It is worthy to mention that the government began to train BHWs, to fill the vacuum left by doctors and nurses, who opted to look for greener pasture abroad, which had resulted in what was then called the "brain drain". These BHWs, who perform vital functions in the delivery of frontline health services to the people in every barangay including far-flung barangays, have been doing multi-tasks serving as a leader, as a teacher, and as a service provider to attend to the immediate needs of the barangay.

The noble objectives of this important legislative measure is not only to grant security of tenure to accredited BHWs but also to provide a monthly honorarium in the amount to not less than the minimum wage of workers in a particular locality in addition to their hazard and subsistence allowances and other non-monetary benefits granted under existing laws but to define their rights, responsibilities, benefits and privileges. Under this proposed bill, the experience and trainings they had accumulated over the years will not go down the drain to the great benefit of the people in the barangay.

The foregoing reasons warrant the approval of this bill.

R. Panotes
ROSEMARIE C. PANOTES
Representative
Second District, Camarines Norte

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NINETEENTH CONGRESS
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HOUSE BILL NO. 2125

Introduced By: HONORABLE ROSEMARIE C. PANOTES

AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS

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

SECTION 1. *Short Title* - This Act shall be known as the "Magna Carta of Barangay Health Workers".

SEC. 2. *Declaration of Policy* - It is hereby declared the policy of the State to protect and promote the right to health of people and adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people. As the Philippines is committed to the achievement of the millennium development goals (MDGs), which includes targets on improving health indicators globally, it shall then pursue a policy to promoting and improving the social wellbeing and welfare of the Barangay Health Workers who are the forefront of the delivery of health care in the grassroots level. Towards this end, the State shall adopt policies that will guarantee enhanced quality of life of the Barangay Health Workers.

SEC. 3. *Definition* - The term "barangay health worker" refers to a person who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primary health 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) pursuant to Section 3 of Republic Act No. 7883 otherwise known as the "Barangay Health Workers' Benefits and Incentives Act of 1995."

SEC. 4. *Registration* - Barangay Health Workers (BHWs), shall be registered with the local health board in the city or municipality in which they render service. The registered health workers shall be given appropriate proof of said registration.

The municipal and city health offices shall regularly update and maintain the BHW Registry with the assistance of the BHW Federation and for approval of the municipal/city health board. The local health offices shall submit a copy of the updated registry to the Provincial Health Office for consolidation and validation with the assistance of the Provincial BHW Federation and for approval of the Provincial Health Board, which shall be posted in the municipal/city bulletin board and barangay health centers.

The Provincial BHW Registry shall be submitted on or before April 30 every year to the DOH at the regional and national levels for consolidation. The DOH is hereby mandated to maintain a national register of BHWs.

In order to qualify for registration, a Barangay Health Worker must:

- A. Have rendered basic community health care services continuously and satisfactorily for at least six (6) months immediately preceding the date of the filing of application for registration in his barangay as certified by the Rural Health Midwife (RHM) or public health nurse assigned to his barangay and by the head of the barangay health workers association;
- B. Have completed the basic orientation and training for BHWs as prescribed by the DOH and conducted by an accredited government agency, or DOH-recognized academic institution, or non-governmental organization (ngo);
- C. Be at least eighteen (18) years of age at the date of the filing of the application for registration; and,
- D. Be physically and mentally fit.

It shall be the duty of the municipal and city health offices, in cooperation with the Provincial Health Office and DOH, to provide the BHW applicants the basic orientation and training for BHWs, within six (6) months from the date of their application.

SEC. 5. Accreditation. - To further professionalize the health care services rendered by the BHWs and ensure the health and welfare of the community, a duly registered BHW must be accredited.

The municipal or city health board shall issue the certificate of accreditation to qualified BHWs. In order to qualify for accreditation, the applicant BHW must:

- A. Be registered in accordance with Section 4 hereof;
- B. Have satisfied their roles as provided in **Section 7?** hereof in his/her locality for at least two (2) years of continuous and satisfactory service immediately prior to the filing of application for accreditation;
- C. Have completed a regular training program on health care service and community-based health program, that would upgrade and develop the skills and competency of BHWs to perform their roles, which shall be institutionalized by the DOH, in cooperation with local government units.

It shall be the duty of the municipal and city Igus, in cooperation with the provincial government and DOH, to provide the applicant BHWs the necessary support and opportunities for accreditation.

A BHW must complete the regular training program on health care service and community-based health program within five (5) years from registration.

The municipal and city health boards or through their registration and accreditation committee shall act on the applications for accreditation of BHWs not later thirty (30) days.

The DOH shall also maintain an updated roster of accredited BHWs that is accessible to the general public.

SEC. 6. Number and Role of Barangay Health Workers. – Notwithstanding the limitations prescribed under Section 325 (a) of Republic Act No. 7160, as amended, otherwise known as the Local Government Code of 1991, each barangay shall at least have one (1) BHW per twenty (20) households.

As one of the key partners in a reformed health care delivery system, the DOH and Igus shall support the roles of BHWs as:

- a) Advocate - to support, promote and champion current health programs, project, and activities to improve access to and quality health services towards the improved health status of the community;

- b) Educator - to guide, advise, counsel the community on the current DOH and health priorities of Igus such as importance of birth plan and facility-based delivery in reducing maternal and infant deaths; newborn screening for the early detection of congenital metabolic disorders which may leads to mental retardation and even death, among others;
- c) Disseminator - to maintain regular communication with local professional health workers on health events and updates and concerns relevant to the community and inform the same to catchment/community for appropriate action, if necessary;
- d) Linker - to facilitate access to any group or association of the community with a relevant network of or specific health and non-health service providers;
- e) Record Keeper - to maintain updated records of health data, health activities and events in the community;
- f) Health Care Service Provider – to assist and provide basic health care services as may be needed in the community in any health event.

No BHW shall be subjected to or engage in any partisan political activity.

SEC. 6. *Mandatory Appointment of Barangay Health Worker (BHW).* - There shall be appointed at least one (1) BHW in every barangay, who shall be under the supervision and control of the Department of Health (DOH), in close coordination with the Local Government Health Officer. As far as practicable, the BHW to be employed must be a resident of the barangay.

The DOH shall determine the ideal ratio of barangay health workers to the number of households: *Provided*, that the total number of barangay health workers nationwide shall not be less than one percent (1%) of the total population.”

SEC. 7. *Incentives and Benefits.* - In recognition of their services, all barangay health workers who are regularly performing their duties shall be entitled to the following incentives and benefits:

- a) **A monthly honoraria of not less than Three Thousand Pesos (P3,000.00)?**
(Note: Regular employee with security of tenure and retirement benefits, what is the equivalent Salary Grade?)
- b) Hazard allowance in an amount to be determined by the local health board of the local government unit concerned, but in no case less than One Thousand Pesos (P1,000.00) per month;
- c) Subsistence allowance equivalent to the meals they take in the course of their duty in order to make their services available at any and all times which shall not be less than One Hundred Pesos (P100.00) per day, to be computed in accordance with prevailing circumstances as determined by the local government unit concerned;
- d) Transportation allowance of not less than One Thousand Pesos (1,000.00) per month: *Provided*, that official travels like seminars, conferences and transport of patients outside of the barangay, shall be shouldered by the barangay concerned and shall not be deducted from the travel allowance of BHWs;

The BHWs shall also be entitled to ten percent (10%) discount in transportation fare during their incumbency;

e) Health benefits during their incumbency which shall include:

- 1) Free medical care when confined in any public hospital or health institution including surgery and surgical expenses medicines, x-ray and other laboratory fees;
- 2) Ten percent (10%) discount on professional fees of attending physicians in private hospitals, private medical facilities, out-patient clinics and home care services;
- 3) Ten percent discount (10%) and exemption from value added tax on the purchase of medicines and such other medical supplies, accessories and equipment unless confined in a public hospital or health institution;
- 4) Emergency assistance not exceeding the amount of Five Thousand Pesos (P5,000.00) and chargeable to the barangay concerned, for expenses incurred in the nearest private hospital or clinic in case of extreme emergency where there is no available public hospital;
- 5) Mandatory and immediate membership to the PhilHealth pending the full implementation of Republic Act No. 11223, otherwise known as the Universal Health Care Act. The LGUs concerned shall also endeavor to provide such other health benefits to BHWs not otherwise provided by the law;

f) Insurance coverage which shall include, but not limited to, temporary and permanent disability, double indemnity, accident insurance, death and burial benefits.

All BHWs who have rendered at least six (6) months of continuous service shall also be granted insurance coverage and benefits from the Government Service Insurance System (GSIS) which shall be borne by the LGU concerned: *Provided*, that the national government shall subsidize fifty percent (50%) of the contributions of fourth, fifth and sixth class municipalities;

- g) Sick, vacation and maternity leaves as may be prescribed in the implementing rules and regulations of this Act. Provided that, the BHWs shall continue to receive their monthly honoraria, hazard, travel and subsistence allowances while on leave, for such period similar to existing laws and practices.
- h) Christmas bonus or cash gift to be given every December which shall be not less than their monthly honoraria, to be taken from the general fund of the barangay or from such other funds appropriated by the national government for the purpose;
- i) Retirement and pension benefits from the GSIS. Provided that, a BHW must have rendered at least thirty (30) years of service;
- j) Training, Education and Career Enrichment Program opportunities to be provided by the DOH in coordination with the Commission on Higher Education, TESDA, Department of Education and other concerned government agencies and non-governmental organizations, to wit:

- 1) Educational programs which shall recognize years of primary health care service as credits to higher education in institutions with stepladder curricular that will entitle barangay health workers to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses or doctors;
- 2) Education and Training Program, which include continuing education, study and exposure tours, training, grants, field immersion, scholarships, etc.

The DOH, in coordination with the University of the Philippines, shall develop a competency-based education and training curriculum for all barangay health workers. The curriculum shall train community health workers as health care providers, community organizers, health service managers, trainers and educators, and researchers. It shall include basic orientation and training on health programs and institutionalized health service delivery system, primary health care, basic community organizing, local health research, social health insurance navigation, basic local resource generation and mobilization, training needs analysis, basic report writing and communication skills, and program planning and development. Courses on basic dental care, reproductive health, STD and HIV/AIDS prevention, nutrition, physical therapy, basic life support, traditional and herbal medicine and reflexology shall be offered. Such program shall be credited as units earned in higher education institutions with stepladder curricula that will entitle BHWs to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses or doctors.

- 3) College scholarship grants or TESDA scholarships for at least two (2) children of a barangay health worker who has rendered at least one (1) year of service. The scholarship shall continue in case of death or permanent incapacity of a barangay health worker arising out of and in the course of performing his duty.
- k) A second grade Civil Service Eligibility which shall be granted to BHWs who have rendered at least five (5) years of service: *Provided*, that should the barangay health worker become a regular employee of the government, the total number of years served as barangay health worker shall be credited to the service in computing retirement benefits.
 - l) Free legal representation and consultation services which shall be immediately provided by the Public Attorney's Office in cases of coercion, interference, and in other civil and criminal cases filed by or against barangay health workers arising out of or in connection with the performance of their duties. The DOH shall also endeavor to enter into a Memorandum of Agreement (MOA) with the Integrated Bar of the Philippines (IBP). Legal services provided to BHWs shall be credited to the Mandatory Continuing Legal Education (MCLE) of lawyers, subject to the guidelines to be provided by the Supreme Court.
 - m) Preferential Access to Loan for organized barangay health worker groups that have community based income generating projects in support of health programs or activities and livelihood projects. The DOH, in coordination with other concerned government agencies shall provide, within one hundred eighty (180) days after the effectivity of this Act, a mechanism to access to loan services by organized health workers. The agencies providing loan services will set aside at least one percent (1%) of their loanable funds.

For this purpose, the local government units, DOH, Cooperative Development Authority (CDA), Department of Labor and Employment (DOLE), TESDA and other concerned agencies shall provide assistance to BHWs in developing and promoting such health program or activities and livelihood projects in pursuit of barangay health and wellness.

- n) Loyalty Award to be given to a BHW for every five (5) years of continuous and meritorious service rendered, as certified by the punong barangay concerned or by the municipal or city health board. The loyalty award shall be equivalent to his one month honoraria to be taken from the general fund of the barangay or as may be subsidized by municipal, city or provincial LGU. This provision shall apply upon the effectivity of this Act.

Such benefits and incentives that shall be shouldered by the LGUs may be increased, upon review of the local health board, after considering, among others, the present consumer price index (CPI) as published by the Philippine Statistics Authority (PSA).

SEC. 8. Accreditation and Competency Assessment. – The DOH in coordination with local government units, and the Civil Service Commission, shall conduct a competency assessment test upon completion of the Education and Training Program, provided, that this requirement shall be waived for those who have served as BHWs for at least five (5) years. Only those who have passed the assessment test or have served as BHWs for at least five (5) years will be accredited. The Provincial Health Board, with the participation of the TESDA, Philhealth, and accredited training NGOs, is hereby mandated to carry out the accreditation of BHWs.

SEC. 9. Security of Tenure. – As a regular employee, the barangay health workers shall enjoy security of tenure. He shall not be terminated, except for cause as provided by law and after due process: *Provided*, that if a BHW, upon appeal, is found by the Civil Service Commission (CSC) to be unjustly dismissed from service, he shall be entitled to reinstatement without loss of benefits and incentives from the time of his termination up to the time of his reinstatement. The Civil Service Commission shall resolve termination cases against BHWs judiciously not later than ninety (90) days from the receipt of a complaint.

SEC. 10. Discrimination Prohibited. – A barangay health worker shall not be discriminated against with regard to gender, civil status, creed, religious or political beliefs and ethnic groupings in the exercise of their functions.

SEC. 11. Right to Self-Organization. – Barangay health workers have the right to freely form, join or assist organizations to obtain redress of their grievances through peaceful concerted activities for purposes not contrary to law, and with utmost regard to service to patients and the continuous operation of barangay health services in the interest of public health, safety or survival of patients.

SEC. 12. Code of Conduct. – Within one hundred and eighty (180) days from the approval of this Act, the Department of Health, upon consultation with the CSC, BHWs, LGU leagues, and other appropriate agencies shall formulate a code of conduct for barangay health workers.

SEC. 13. Representation in the Local Health Board. – The president of the municipal or city association of BHWs shall be a member of the municipal or city local health board. The Presidents of each component city and municipality of a province shall elect among themselves the BHW representative to the provincial health board.

The BHWs shall also form part of the inter-local health zones as may be determined by the DOH and LGUs concerned in the implementation of primary health care programs and services.

SEC. 14. Local Health Plan. – Local Units are hereby mandated to formulate their respective local health plans in harmony with the national health plan formulated by the DOH. The BHWs shall actively take part in the formulation, implementation, monitoring and evaluation of the health plans insofar as primary health care programs, projects and activities are concerned.

SEC. 15. *Barangay Health Center and Field School.* – There shall be at least one (1) barangay health center and field school which shall have basic and essential facilities and provisions as prescribed by the DOH to effectively carry out primary health care programs and services in the barangay.

The DOH, in coordination with TESDA and other concerned agencies shall assist the LGUs in the development of health field schools which shall, among others, promote the collective experiences and learnings of BHWs on primary health care, as well as to promote traditional, complementary and organic and herbal medicine.

The BHWs shall man the barangay health centers and field school in coordination with the city, municipal and provincial health offices. Provided, that the barangay health centers shall assist in disaster risk reduction programs.

SEC. 16. *Botika sa Barangay.* – The DOH shall provide the guidelines in the establishment and Management of “Botika sa Barangay” programs and services. The DOH and the Food and Drug Administration (FDA) shall give appropriate trainings to BHWs, in consultation with relevant professional organizations and associations.

The BHWs shall man and operate the Botika sa Barangay programs and services under the supervision of the city and municipal health officer, as the case may be.

SEC. 17. *Funding.* – Funds for the benefits and incentives of barangay health workers and for the implementation of local health programs, projects and activities, shall be allocated from the following sources:

- 1) Ten percent (10%) of the internal revenue allotment (IRA) shares for local government units (LGUs);
- 2) Ten percent (10%) of the LGUs share in the national wealth;
- 3) Ten percent (10%) of the tobacco excise tax;
- 4) At least ten percent (10%) of the LGUs’ incomes derived from local economic enterprises (LEE); and,
- 5) Ten percent (10%) of the LGUs’ incomes derived from the LGUs’ own sources of revenue and local taxes in accordance with the Local Government Code.

Provided, that the LGUs concerned shall first fulfill the benefits and incentives due for BHWs in accordance with this Act: *Provided further,* that any expenditure by the LGUs for the benefits and incentives of BHWs shall be exempt from the forty-five percent (45%) limit on allocation for personal services of LGUs in the case of first to third class LGUs, and fifty-five percent (55%) in the case of fourth class or lower class LGUs.

SEC. 18. *Penalty Clause.*– Any local government official concerned who violates any provision of this Act may be administratively charged in accordance with law.

SEC. 19. *Rules and Regulations.* - The Department of Health and the Department of Interior and Local Government, in consultation with the Department of Education, the Civil Service Commission, the Government Service Insurance System, and other concerned government agencies and non-governmental organizations, shall formulate, not later than one hundred eighty days (180) from the effectivity of this Act, the rules and regulations necessary for its effective implementation.

SEC. 20. *Separability Clause.* - If any provision of this Act is declared invalid, the remainder of any provision hereof not affected thereby shall remain in force and effect.

SEC. 21. *Repealing Clause.* - Republic Act No. 7883 is hereby repealed. All laws, decrees, executive orders, and other presidential issuances which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SEC. 22. *Effectivity.* - This Act shall take effect fifteen days (15) after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,