

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 235



Introduced by **REPRESENTATIVE AUDREY KAY T. ZUBIRI**

**AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS**

EXPLANATORY NOTE

Barangay Health Workers (BHWs) are at the heart of our healthcare system, particularly in rural and underserved areas where access to formal healthcare is limited. As the first point of contact for health services, BHWs are directly involved in critical tasks such as health education, disease prevention, maternal and child care, and emergency medical response.

A study in 2022¹ presents the urgent need for adequate support for BHWs, particularly in terms of fair compensation and access to professional training. Such support would significantly enhance their skills and confidence, enabling them to perform their vital duties more effectively. The study also highlights that the politicization of BHW roles has hindered the success of health programs, making it difficult to achieve consistent and sustainable healthcare outcomes.

Despite their invaluable contributions, BHWs continue to face numerous challenges, including insufficient compensation, lack of formal recognition, and limited professional development opportunities. Many BHWs work on a voluntary basis or receive minimal honoraria, without any formal benefits, job security, or career growth prospects. This has led

¹ Mikhaela Y.T. Baliola, Margaret R. Golpe, and Leslie V. Advincula-Lopez, Gains and Challenges of the Barangay Health Worker (BHW) Program During COVID-19 in Selected Cities in the Philippines, (2022), available at <https://archivum.ateneo.edu/cgi/viewcontent.cgi?article=1133&context=dev-stud-faculty-pubs>.

to low morale, burnout, and, in some cases, the abandonment of their roles due to the poor working conditions and inadequate pay.

For instance, in 2020, reports indicated that BHWs in rural areas were receiving between ₱350.00 to ₱1,200.00 per month, which translates to a daily wage ranging from ₱12.00 to ₱40.00.² This meager income is starkly insufficient, especially when daily living expenses, including basic food needs, often exceed ₱700.00.

The disparity is even more evident when we consider that one BHW is responsible for the health needs of up to 98 individuals on average, a workload that far exceeds the demands placed on regular employees, both in terms of volume and complexity.

This bill seeks to address these pressing issues by establishing a Magna Carta for Barangay Health Workers, ensuring that they are formally recognized as indispensable members of our healthcare system. The proposed law will guarantee a fair and transparent recruitment process, adequate compensation, comprehensive social benefits, career advancement opportunities, and access to advanced training programs in partnership with the Department of Health (DOH), the Technical Education and Skills Development Authority (TESDA), and the Civil Service Commission (CSC). These measures aim to enhance their professional development, making them more effective in their roles.

Under this bill, a monthly honorarium of not less than ₱3,000.00 will be provided for registered BHWs, while certified BHWs will receive a minimum of ₱5,000.00, with provisions for periodic increases every three years to ensure that their compensation keeps pace with inflation and the rising cost of living.

The enactment of this Magna Carta will not only significantly improve the welfare of Barangay Health Workers but will also strengthen the delivery of healthcare services at the grassroots level. In turn, this will contribute to improving public health outcomes nationwide, particularly in communities that rely heavily on BHWs for basic healthcare needs.

² Cai Ordinario, Community Health Workers Paid Under P50 a Day—Study, (July 10, 2020), available at <https://www.philstar.com/headlines/2020/07/10/2024177-community-health-workers-paid-under-p50-day-study>.

In view of the foregoing, the immediate passage of this bill is earnestly sought.



AUDREY KAY T. ZUBIRI

Representative, 3rd District of Bukidnon

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

CHAPTER 1
GENERAL PROVISIONS

1
2
3
4 **SECTION 1.** *Short Title.* — This Act shall be known as the "*Magna Carta of*
5 *Barangay Health Workers*".

6
7 **SEC. 2.** *Declaration of Policy.* — It is the declared policy of the State to protect and
8 promote the right to health of the people and instill health consciousness among them. It is
9 also the policy of the State to adopt an integrated and comprehensive approach to health
10 development, which shall endeavor to make essential goods, health, and other social services
11 available to the communities.

12
13 The State acknowledges that primary health care is a key component in attaining
14 universal health care and, with the support of local government units (LGUs), the
15 participation of communities, and volunteerism of the population, is an effective strategy
16 towards realizing health empowerment and delivering effective health care programs and
17 services.

18

- 1 (a) Primary Health Care Service Provider — to assist the health facilities in providing
2 primary health care services to the members of the community;
- 3 (b) Health Educator — to provide knowledge and skills to community members in the
4 prevention and management of simple illnesses;
- 5 (c) Community Organizer — to organize and mobilize the community towards self-
6 reliance; and
- 7 (d) Record Keeper — to assist in the development and maintenance of a community
8 health profile, and collect health data and information of families and individuals
9 in the community.
- 10

11 Pursuant to Republic Act No. 11223, or the "*Universal Health Care Act*", certified
12 BHWs, who have undergone the certification process under Section 10 of this Act, shall serve
13 as primary care workers and act as the navigator, initial and continuing point of contact in the
14 health care delivery system. They shall endorse patients to the next level of health care
15 provider within the health care provider network to which the barangay health station, health
16 center, or any other primary health care unit, belongs: *Provided*, That except in emergency or
17 serious cases and when proximity is a concern, access to higher levels of care shall be
18 coordinated by the certified BHWs.

19

20 To effectively and efficiently perform these roles and expectations, the BHWs to be
21 assigned to a barangay should be residents of the community.

22

23 The Department of Health (DOH) shall promulgate the policies, guidelines, and the
24 specific duties and responsibilities of registered and certified BHWs.

25

26 **SEC. 5. *Coordination Between the Health Station/Health Center/ Health Care***
27 ***Facility of the Municipal/ City Health Office with the Barangay.*** — The head of the barangay
28 health station, health center, or any other primary health care facility, of the municipal/city
29 health office shall coordinate and collaborate with the punong barangay, or with several
30 punong barangays in the case of health centers providing services to a cluster of barangays,
31 in the implementation of programs and activities to address the primary health care needs of
32 the communities.

33

1 Pursuant to Section 17(b)(ii) of the Local Government 5 Code, the punong barangay
2 shall support the delivery of health services in the community by ensuring the maintenance
3 of the health station center, particularly in providing the necessary additional logistical
4 support, supplies, and services needed by BHWs.

5
6 **SEC. 6. *Number of Barangay Health Workers.*** — The determination of the number
7 of BHWs who can serve a barangay or a cluster thereof shall be guided by and based on,
8 among others, the catchment population, the community health profile, and the need for
9 different primary health care services.

10
11 The DOH, in consultation with LGUs, shall determine the ideal ratio of BHWs with
12 the required competencies to households and issue an updated policy on this ratio every five
13 (5) years.

14
15 **CHAPTER 111**
16 **REGISTRATION, CAPABILITY-BUILDING AND RETENTION**

17
18 **SEC. 7. *Registration.*** —In addition to qualifications to be set by the municipal/city
19 health board, an applicant must meet the following requirements to qualify as a BHW:

- 20
21 (a) At least eighteen (18) years of age at the date of the filing the application for
22 registration;
23 (b) Physically and mentally fit; and
24 (c) With basic BHW orientation and training as prescribed by the DOH completed in the
25 same year of application for registration.

26
27 Eligible applicants shall register with the local health board in the municipality or city
28 where they reside and intend to render service and shall be given appropriate proof of said
29 registration.

30
31 It shall be the duty of the municipal/city health offices, in cooperation with the provincial
32 health offices and the DOH, to provide interested BHW applicants with basic orientation and
33 training.

34

1 **SEC. 8. *Role of the Municipal/ City Local Health Boards.*** — In addition to their
2 functions under Section 102 Title V of the Local Government Code, as amended, the
3 municipal/city health boards shall prescribe the policies and guidelines and be
4 responsible for the recruitment, selection, registration, certification, retention and removal of,
5 and the resolution of complaints and grievances involving, BHWs in their jurisdictions.
6

7 The decisions of the municipal/city health board with regard to the revocation of
8 registration of a BHW or on the resolution of complaints and grievances of and against BHWs
9 may be appealed to the provincial health board and, thereafter, to the Department of the
10 Interior and Local Government (DILG). The DILG, in collaboration with the DOH, shall
11 provide the general guidelines in setting up the grievance and appeal mechanism.
12

13 **SEC. 9. *National BHW Information System.*** —A National BHW Information System
14 shall be established and maintained by the DOH, in partnership with the Department of
15 Information and Communications Technology (DICT), to assist the national government and
16 LGUs in formulating and implementing policies and programs for the organization and
17 development of the cadre of BHWs. The Information System shall be the sole source of real-
18 time data and information on BHWs nationwide. It shall contain the list of all BHWs at the
19 barangay, municipal, city, and provincial levels, their socio-demographic profiles,
20 qualifications, areas of assignment, and other information that the DOH may deem necessary.
21

22 The municipal/city health boards shall be responsible for registering and continuously
23 updating the records of BHWs in their jurisdictions. The provincial health boards, with the
24 assistance of the DOH, shall provide training to municipal/city health boards within the
25 province on the use of the Information System and ensure that the local health boards
26 regularly submit accurate data and information on their BHWs.
27

28 **SEC. 10. *Certification of BHWs.*** — To ensure the health and welfare of the
29 community and further professionalize the cadre of BHWs in rendering primary health care
30 services, a duly registered BHW shall undergo certification by the municipal/city health
31 board.
32

33 The DOH, in consultation with the Technical Education and Skills Development
34 Authority (TESDA), the Commission on Higher Education (CHED), and the Civil Service

1 Commission (CSC), shall promulgate the policies, standards, and guidelines for the
2 certification of competency of BHWs.

3
4 To qualify for certification, a registered BHW must have:

- 5
6 (a) Completed at least two (2) years of continuous service in the locality;
7 (b) Completed the training on the roles, duties, and responsibilities of a BHW, as
8 prescribed by the DOH;
9 (c) Provided satisfactory performance as evaluated by the health care professional
10 supervising the concerned BHW immediately prior to the filing of application for
11 certification; and
12 (d) Completed the courses of the certification component of the Education and Training
13 Program, provided in Section 11 of this Act.

14
15 The municipal/city health hoards shall act on the applications for certification of
16 BHWs not later than thirty (30) days from the date of application and issue the certificate of
17 competency to qualified BHWs upon inspection, verification, or testing of their conformity
18 to policies, standards, and guidelines issued by the DOH. It shall be the duty of the
19 municipal/city governments, in cooperation with the provincial government and the DOH, to
20 provide the applicant BHWs the necessary support and opportunities for certification.

21
22 **SEC. 11. Education and Training Program for BHWs.** - The DOH and the TESDA,
23 in collaboration with the CSC, the CHED, relevant government agencies, LGUs, education
24 institutions, and stakeholders, shall develop and institutionalize a continuing competency-
25 based education and training curriculum for all BHWs.

26
27 The curriculum shall train the BHWs as primary health care service providers, health
28 educators, community organizers, and record keepers. It shall prescribe the courses for the
29 certification component and for the continuing health education and capacity-building of all
30 BHWs.

31 The DOH and the TESDA shall complement the competency-based education and
32 training curriculum by making available web-based and mobile applications for purposes of:

- 33
34 (a) Providing training materials to enhance the knowledge and skills of BHWs;

- 1 (b) Offering forums for BHWs to communicate, share experiences, and seek advice from
2 peers and health professionals;
- 3 (c) Disseminating new policies, programs, and guidelines pertaining to their roles and
4 responsibilities;
- 5 (d) Facilitating reporting and feedback mechanisms to improve service delivery and
6 address challenges faced in the field; and
- 7 (e) Offering resources including health and wellness programs for personal and
8 professional development.

9

10 **SEC. 12. *Inclusion of the BHW Positions in the Government mantilla.*** — The
11 Department of Budget and Management (DBM), in consultation with the CSC, the DOH and
12 LGUs, shall establish the position classification and the corresponding salary grades for
13 BHWs in the Index of Occupational Standards. Municipalities and cities may employ BHWs
14 in their respective LGUs.

15

16 **SEC. 13. *Retention and Continuous Service of BHWs.*** - Registered and certified
17 BHWs shall continue to perform their roles, duties, and responsibilities except due to the
18 withdrawal of an individual as a BHW or removal for cause by the municipal/city health
19 board after due process. The continuity of services of BHWs, revocation of their registration,
20 or their removal from the cadre of BHWs, shall follow the policies and guidelines
21 promulgated by the DILG and the DOH.

22

23 **CHAPTER IV**

24 **INCENTIVES AND BENEFITS, RIGHTS OBLIGATIONS, OF BHWs**

25

26 **SEC. 14. *Incentives and Benefits of BHWs.*** — (a) In recognition of the time, services,
27 and resources they contribute, registered and certified volunteer BHWs shall receive, or be
28 provided with, the following:

- 29
- 30 (1) **Monthly Honoraria.** — A monthly honorarium of not less than Three Thousand Pesos
31 (Php3,000.00) for registered BHWs and not less than Five Thousand Pesos
32 (Php5,000.00) for certified BHWs: *Provided*, That no diminution of monthly honoraria
33 can be made on BHWs already receiving more than the herein prescribed minimum

1 amounts: *Provided*, further, That the DOH, in coordination with the DILG and the
2 DBM, shall review and adjust the minimum honoraria every three (3) years;

3
4 (2) Transportation Allowance/Expense Reimbursements. Registered and certified BHWs
5 shall be provided by the barangay with transportation allowance or to reimbursement
6 of actual transportation expense for the performance of their functions, as may be
7 authorized by law or regulation: *Provided*, That the barangay may, instead, provide
8 applicable forms of transportation to enable the BHWs to provide the needed primary
9 health care service: *Provided*, further, That the municipality or city, through their health
10 offices, may shoulder such allowance or expense: *Provided*, finally, That official
11 travels, such as seminars, conferences, and transport of patients outside of the barangay
12 or locality, shall be shouldered by the barangay, municipality, city, or province that
13 authorized such official travel and shall not be deducted from the honoraria of the
14 BHWs;

15
16 (3) Subsistence Allowance. The concerned municipality or city shall provide BHWs who
17 render service in unserved or underserved barangays where they are not residents to
18 make their services available at any and all times, with subsistence allowance
19 equivalent to the meals taken during their duty, which shall be computed following
20 prevailing circumstances. In no case shall such subsistence allowance be less than One
21 Hundred Pesos (Php100.00) per day;

22
23 (4) Hazard Allowance. - BHWs who, in the exercise of their duties, are exposed to
24 situations, conditions, or factors in the work environment or place where foreseeable
25 but unavoidable danger or risks to their health, life, or on their person exist, including
26 assignment to communities in or recovering from a situation of armed conflict, as
27 validated by proper authorities, shall be paid a hazard allowance by the concerned
28 municipality or city in an amount to be determined by its local health board and the
29 local peace and order council, which shall in no case be less than One Thousand Pesos
30 (Php1,000.00) per month, subject to existing laws, rules, and regulations;

31
32 (5) Insurance Coverage. Insurance coverage and benefit packages from the Government
33 Service Insurance System (GSIS), suited to their needs and unique circumstances, shall

1 be borne by the concerned municipality or city. For this purpose, the GSIS shall design
2 such appropriate insurance packages;

3
4 (6) Health Emergency Allowance During Public Health Emergency. — Volunteer BHWs
5 who are part of the National BHW Information System and are assigned to health
6 facilities and barangay health emergency response teams during public health
7 emergencies shall be entitled to the Health Emergency Allowance (HEA) and other
8 benefits prescribed in Republic Act No. 11712. The national government shall provide
9 funds for the payment of the HEA and other benefits;

10
11 (7) Cash Gift. — The BHWs shall be entitled to a cash gift not less than the minimum
12 monthly honoraria, to be given every December;

13
14 (8) One-time Dedicated Service Recognition Incentive. - A BHW who withdraws as a
15 registered or certified BHW but has continuously and satisfactorily served for at least
16 fifteen (15) years shall, in recognition of his/her loyalty, dedication, and service, be
17 entitled to a one-time incentive of not less than Ten Thousand Pesos (Php10,000.00),
18 which shall be borne by the municipality or city concerned. The national and provincial
19 governments shall assist in case of non-availability of funds from the concerned
20 municipality or component city;

21
22 (9) Education and Career Advancement. — The DOH, in coordination with the
23 Department of Education, CHED, TESDA, CSC, other concerned national government
24 agencies, non-government organizations, and LGUs, shall provide information on, and
25 opportunities for, education and career advancement for BHWs, such as:

26
27 i. Educational programs that credit the years of primary health care service of the
28 BHW and the number of training hours gained during attendance to courses
29 covered by the Education and Training Program under Section 11 of this Act
30 towards higher education completion in institutions with step-ladder curricula, as
31 provided under Republic Act No. 10968, otherwise known as the "PQF Act", and
32 Republic Act No. 10647, otherwise known as the "Ladderized Education Act of
33 2014", thus allowing them to upgrade their skills and knowledge for community
34 work or to pursue further training as health care professionals;

- 1 ii. Continuing education, study and exposure tours, field immersion, and scholarship
2 and financial grants, among others;
3 iii. Scholarship grant or financial assistance to one (1) child of a BHW who is unable
4 to take advantage of the programs described in paragraphs (i) and (ii) hereof; and
5 iv. Special training programs, such as traditional medicine, disaster preparedness, and
6 other programs that address emergent community health problems and issues;

7
8 (10) Free Legal Services. — Legal representation and consultation services shall be
9 immediately provided by the Public Attorney's Office to a BHW in cases of coercion
10 or interference, and in other civil and criminal cases filed by or against the BHW arising
11 out of or in connection with the performance of his/her duties; and
12

13 (11) Preferential Access to Government Livelihood Programs. — Government agencies
14 providing livelihood programs shall provide organized BHWs with preferential access
15 to loan services: *Provided*, That in the provision of the monthly honoraria and the cash
16 gift, and in consideration of the financial assistance of the national government to third,
17 fourth, and fifth class municipalities, as provided under Section 15 of this Act, the
18 provinces, in consultation with component cities, municipalities, and barangays within
19 their jurisdiction, shall determine the actual amount or percentage share of the amount
20 that each LGU will give to BHWs: *Provided*, further, That nothing herein limits the
21 barangay, municipality, city, or province from fully shouldering the provision of the
22 monthly honoraria and the cash gift: *Provided*, furthermore, That nothing herein
23 prevents the barangay, municipality, city, and province from providing additional
24 monetary and non-monetary benefits to BHWs to supplement those given by another
25 concerned LGU within the province: *Provided*, finally, That these honoraria shall be
26 given starting January of the ensuing fiscal year unless the LGUs, singly or collectively,
27 immediately provide the needed funding.
28

29 (b) Certified BHWs shall be granted sub-professional eligibility if they have rendered at
30 least five (5) years of continuous service as such: *Provided*, That should a BHW
31 become a regular employee of the government, the total numbers of years served as
32 such shall be credited to the BHWs service in the computation of retirement benefits.
33 The emoluments, incentives, benefits, honoraria, allowances, and reimbursements of
34 BHWs employed by the municipality, city, province, or national government agencies

1 on a regular, contractual, casual, or job order basis shall be governed by civil service
2 laws and the policies issued by the CSC, the Office of the President, the DBM, and the
3 LGU under which they are employed.

4
5 **SEC. 15. *BHW Deployment Subsidy to Low-income Municipalities.*** - There is hereby
6 mandated a BHW Deployment Subsidy to Low-Income Municipalities to provide financial
7 assistance to third, fourth, and fifth class municipalities and enable them to deploy a sufficient
8 number of volunteer BHWs in their communities, particularly to unserved or underserved
9 areas in their jurisdictions, and provide incentives to dedicated volunteer BHWs. Priority shall
10 be given to municipalities with no or less capacity to give regular and adequate monthly
11 honoraria and other incentives to their BHWs, as determined by the DOH and the DILG.

12
13 **SEC. 16. *Discrimination Prohibited.*** — Discrimination against any BHW by reason
14 of gender, civil status, creed, religious, or political beliefs, and ethnic groupings in the
15 exercise of their functions and responsibilities is hereby prohibited.

16
17 **SEC. 17. *Prohibition on Participation in Political Activities.*** — To maintain their
18 integrity and impartiality, and eliminate the possibility of conflicts with their catchment
19 households, BHWs are prohibited from participating in partisan political activities. Any BHW
20 who files an application as a candidate in any political position is hereby deemed removed
21 from the list of registered BHWs or resigned from government service, as the case may be.

22
23 Participation in political activities shall serve as basis for the local health board to
24 remove BHWs from the list of registered BHWs.

25
26 **CHAPTER V**
27 **ASSOCIATIONS AND FEDERATIONS OF BARANGAY HEALTH WORKERS**

28
29 **SEC. 18. *Associations and Federations of BHWs.*** - There shall be organized
30 associations of BHWs at the municipal and city levels and federations at the provincial,
31 regional, sub-national, and national levels. The BHW associations of highly urbanized cities
32 that are independent from provinces where they are located, and LGUs in the National Capital
33 Region, shall directly become members of regional, sub-national and national federations.
34 These associations and federations shall serve as the venues to ventilate issues and formulate

1 and communicate policy proposals concerning BHWs, particularly on their roles and duties
2 as the frontliners, as well as their welfare and well-being, in supporting the delivery of
3 primary health care services in the community.

4
5 The municipal and city associations and the provincial, regional, and sub-national
6 federations shall elect their respective president, vice-president, secretary, treasurer, and other
7 officers as they may deem necessary. The national federation shall elect a board of directors
8 headed by a chairperson and a set of national officers headed by a national president, as
9 prescribed in their constitution and by-laws. A secretary-general shall be chosen from among
10 the national federation members to manage the day-to-day operations and activities of the
11 federation. The board of directors may create such other positions necessary for the
12 management of the affairs of the national federation.

13
14 **SEC. 19. Consultation with Local Health Boards.** — The different local health boards
15 shall consult the associations and federations under their jurisdictions on, among others, the
16 roles and responsibilities of BHWs for the effective delivery of primary health care services.

17
18 **CHAPTER VI**
19 **MISCELLANEOUS PROVISIONS**

20
21 **SEC. 20. Observance of BHW Day.** — Every barangay shall commemorate BHW
22 Day on April 7 of every year in recognition of the service of BHWs, their heroic services in
23 times of crisis, and their indispensable role in promoting health and wellness among the
24 citizenry.

25
26 The DOH, in cooperation with the DILG and all LGUs, shall hold simple ceremonies
27 or activities to highlight the indispensable role of BHWs in nation building.

28
29 **SEC. 21. Penalty Clause.** — A local government official who violates any provision
30 of this Act shall be administratively and criminally charged in accordance with law.

31
32 **SEC. 22. Annual Accomplishment Reports.** - The DOH and the DILG shall submit to
33 the Office of the President, the Senate of the Philippines and the House of Representatives,

1 an annual report on the accomplishments and challenges with regard to the implementation
2 of this Act.

3
4 **SEC. 23. Appropriations.** — The amounts necessary for the implementation of this
5 Act shall be charged against the funds of LGUs and the appropriations of the DOH.

6
7 The amounts necessary for the initial implementation of the BHW Deployment
8 Subsidy to Low-Income Municipalities shall be charged against the current year's
9 appropriations of the DOH and, thereafter, shall be included in the annual General
10 Appropriations Act.

11
12 **SEC. 24. Implementing Rules and Regulations.** — The DOH and the DILG shall, in
13 consultation with LGUs, the national federation of BHWs, the CSC, the DBM, the TESDA,
14 the CHED, the GSIS, other concerned government agencies, non-government organizations,
15 and academic and training institutions, promulgate the rules and regulations to implement this
16 Act not later than one hundred eighty (180) days from its effectivity.

17
18 **SEC. 25. Separability Clause.** - If any portion or provision of this Act is declared
19 invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

20
21 **SEC. 26. Repealing Clause.** — Republic Act No. 7883, otherwise known as the
22 "Barangay Health Workers' Benefits and Incentives Act of 1995" is hereby repealed. All other
23 laws, decrees, executive orders, rules, and regulations which are inconsistent with this Act
24 are hereby repealed or modified accordingly.

25
26 **SEC. 27. Effectivity.** — This Act shall take effect after fifteen (15) days from its
27 publication in the Official Gazette or in a national newspaper of general circulation.

Approved,