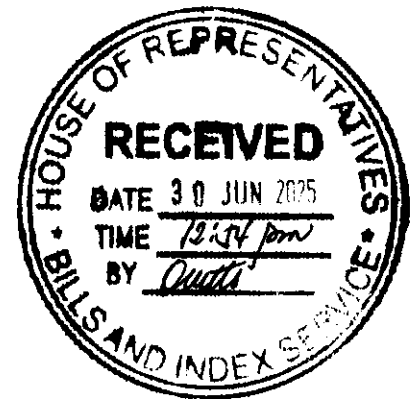


TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



HOUSE OF REPRESENTATIVES

HOUSE BILL No. 253

**Introduced by REPRESENTATIVES LANI MERCADO-REVILLA,
BRYAN B. REVILLA and RAMON JOLO B. REVILLA III**

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

EXPLANATORY NOTE

Barangay Health Workers (BHWs) are the real primary health care frontliners in our Barangays, the most basic unit of governance in our republic. BHWs are our community *nanays* who have devoted their time, energy and even resources to make sure that there will be quick response to the most basic illnesses in our *sitios* and *kapitbahays*.

Section 23, Paragraph 2 of Republic Act No. 11223, or the "Universal Health Care Act" provides that in order to ensure continuity in the provision of the health programs and services, all health professionals and health care workers shall be guaranteed permanent employment and competitive salaries. Relatedly, section 2 of RA 7883 or the Barangay Health Worker's Benefits and the Incentives Act of 1995 was enacted to recognize the need for support of our BHWs in terms of health education and training, as well as their own personal welfare and basic needs too.

But despite their very critical role as primary health care providers in our communities, BHWs receive less than what they deserve. BHWs suffer lack in proper compensation and in provision of the materials that they need in responding to the primary healthcare needs of their constituency. The continued marginalized state of our BHWs has made it an unattractive vocation for the next in line population to even dream of being BHWs. So we now suffer the shortage of volunteers. Our current number of BHWs have been so depleted that there is insufficiency in delivery of the most basic healthcare needs of our barangays. The local health budget would depend on the prioritization given by the Heads of our Local Government Units (LGU).

Thus, this bill seeks to standardize and institutionalize BHW compensation, incentives, and other benefits which they truly deserve if we truly believe in the concept of primary health care and Universal health care.

This version of the bill was passed on third reading by the Senate of the Philippines and was adopted by the House during the 19th Congress.

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


REP. LANI MERCADO - REVILLA , MSLG, DM (hc)
Representative
2nd District of Cavite


REP. BRYAN B. REVILLA
Representative
AGIMAT Partylist


REP. RAMON JOLO REVILLA III
Representative
1st District of Cavite

TWENTIETH CONGRESS OF THE)
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*Be it enacted by the Senate and House of Representatives of the Philippines in
Congress assembled:*

**CHAPTER I
GENERAL PROVISIONS**

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

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

The State acknowledges that primary health care is a key component in
attaining universal health care and, with the support of local government u n i t s
(LGUs), the participation of communities, and volunteerism of the population, is
an effective strategy towards realizing
health empowerment and delivering effective health care programs and services.

The State values the indispensable role of barangay health workers (BHWs)
as frontliners in providing primary health care services and, therefore, shall adopt
policies that will harness their potential as partners in national development.

Pursuant thereto, the State shall define their roles and responsibilities,
prescribe the methods for their recruitment and retention, identify programs for
capability-building and career advancement, and provide avenues to ventilate and
resolve issues concerning them.

In recognition of the spirit of volunteerism and concern for the upliftment of the health status of communities, the State shall also promote the welfare and well-being of volunteer BHWs and provide them with incentives and benefits through the collaborative efforts of LGUs and the national government.

SEC. 3. Coverage. - This Act shall cover all BHWs, whether as volunteers or employees of government, and all LGUs and national government agencies that mobilize BHWs to expand the delivery of primary health care services to communities, families, and individuals.

CHAPTER II THE BARANGAY HEALTH WORKERS IN PRIMARY HEALTH CARE DELIVERY

SEC. 4. *The Role of BHWs in Providing Primary Health Care.* -The BHWs shall serve as frontliners in supporting the delivery of primary health care in the community. They shall form part of the community health teams of the barangay health station, health center, or any other primary health care facility of the municipal/city health office established to provide primary health care services to a barangay or a part of it, or a cluster of barangays. For this purpose, BHWs are hereby declared as members of the care of community health care workers.

The head of the barangay health station, health center, or any other primary health care facility, of the municipal/city health office, shall exercise day-to-day direct control and supervision over the BHWs.

The BHW shall perform the following roles:

(a) Primary Health Care Service Provider - to assist the health facilities in providing primary health care services to the members of the community;

(b) Health Educator - to provide knowledge and skills to community members in the prevention and management of simple illnesses;

(c) Community Organizer - to organize and mobilize the community towards self-reliance; and

(d) Record Keeper - to assist in the development and maintenance of a community health profile, and collect health data and information of families and individuals in the community.

Pursuant to Republic Act No. 11223, or the "Universal Health Care Act", certified BHWs, who have undergone the certification process under Section 10 of this Act, shall serve as primary care workers and act as the navigator, initial and continuing point of contact in the health care delivery system. They shall endorse patients to the next level of health care provider within the health care provider network to which the barangay health station, health center, or any other primary health care unit, belongs: *Provided, That*

except in emergency or serious cases and when proximity is a concern, access to higher levels of care shall be coordinated by the certified BHWs.

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

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

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

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

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

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

CHAPTER III REGISTRATION, CAPABILITY-BUILDING AND RETENTION

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

(a) At least eighteen (18) years of age at the date of the filing the application for registration;

(b) Physically and mentally fit; and

(c) With basic **BHW** orientation and training as prescribed by the **DOH** completed in the same year of application for registration.

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

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

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

The decisions of the municipal/city health board with regard to the revocation of registration of a BHW or on the resolution of complaints and grievances of and against BHWs may be appealed to the provincial health board and, thereafter, to the Department of the Interior and Local Government (DILG).

The DILG, in collaboration with the DOH, shall provide the general guidelines in setting up the grievance and appeal mechanism.

SEC. 9. National BHW Information System. -A National BHW Information System shall be established and maintained by the DOH, in partnership with the Department of Information and Communications Technology (DICT), to assist the national government and LGUs in formulating and implementing policies and programs for the organization and development of the care of BHWs.

The Information System shall be the sole source of real-time data and information on BHWs nationwide. It shall contain the list of all BHWs at the barangay, municipal, city, and provincial levels, their socio-demographic profiles, qualifications, areas of assignment, and other information that the DOH may deem necessary.

The municipal/city health boards shall be responsible for registering and continuously updating the records of BHWs in their jurisdictions.

The provincial health boards, with the assistance of the DOH, shall provide training to municipal/city health boards within the province on the use of the Information System and ensure that the local health boards regularly submit accurate data and information on their BHWs.

SEC. 10. Certification of BHWs. - To ensure the health and welfare of the community and further professionalize the care of BHWs in rendering primary health care services, a duly registered BHW shall undergo certification by the municipal/city health board.

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

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

To qualify for certification, a registered BHW must have:

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

The municipal/city health boards shall act on the applications for certification of BHWs not later than thirty (30) days from the date of application and issue the certificate of competency to qualified BHW upon inspection, verification, or testing of their conformity to policies, standards, and guidelines issued by the DOH.

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

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

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

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

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

(b) Offering forums for BHWs to communicate, share experiences, and seek advice from peers and health professionals;

(c) Disseminating new policies, programs, and guidelines pertaining to their roles and responsibilities;

(d) Facilitating reporting and feedback mechanisms to improve service delivery and address challenges faced in the field; and

(e) Offering resources including health and wellness programs for personal and professional development.

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

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

CHAPTER IV INCENTIVES AND BENEFITS, RIGHTS AND OBLIGATIONS OF BHWs

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

(1) **Monthly Honoraria.** - A monthly honorarium of not less than Three thousand pesos (P3,000.00) for registered BHWs and not less than Five thousand pesos (P5,000.00) for certified BHWs: *Provided*, That no diminution of monthly honoraria can be made on BHWs already receiving more than the herein prescribed minimum amounts: *Provided, further*, That the DOH, in coordination with the DILG and the DBM, shall review and adjust the minimum honoraria every three (3) years;

(2) **Transportation Allowance/Expense Reimbursements.** - Registered and certified BHWs shall be provided by the barangay with transportation allowance or to reimbursement of actual transportation expense for the performance of their

functions, as may be authorized by law or regulation: *Provided*, That the barangay may, instead, provide applicable forms of transportation to enable the BHWs to provide the needed primary health care service: *Provided, further*, That the municipality or city, through their health offices, may shoulder such allowance or expense: *Provided, finally*, That official travels, such as seminars, conferences, and transport of patients outside of the barangay or locality, shall be shouldered by the barangay, municipality, city, or province that authorized such official travel and shall not be deducted from the honoraria of the BHWs;

(3) **Subsistence Allowance.** The concerned municipality or city shall provide BHWs who render service in unserved or underserved barangays where they are not residents to make their services available at any and all times, with subsistence allowance equivalent to the meals taken during their duty, which shall be computed following prevailing circumstances. In no case shall such subsistence allowance be less than One hundred pesos (P100.00) per day;

(4) **Hazard Allowance.** - BHWs who, in the exercise of their duties, are exposed to situations, conditions, or factors in the work environment or place where foreseeable but unavoidable danger or risks to their health, life, or on their person exist, including assignment to communities in or recovering from a situation of armed conflict, as validated by proper authorities, shall be paid a hazard allowance by the concerned municipality or city in an amount to be determined by its local health board and the local peace and order council, which shall in no case be less than One thousand pesos (P1,000.00) per month, subject to existing laws, rules, and regulations;

(5) **Insurance Coverage.** - Insurance coverage and benefit packages from the Government Service Insurance System (GSIS), suited to their needs and unique circumstances, shall be borne by the concerned municipality or city. For this purpose, the GSIS shall design such appropriate insurance packages;

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

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

(8) **One-time Dedicated Service Recognition Incentive.** -A BHW who withdraws as a registered or certified BHW but has continuously and satisfactorily served for at least fifteen (15) years shall, in recognition of his/her loyalty, dedication, and service, be entitled to a one-time incentive of not less than Ten thousand pesos (P10,000.00), which shall be borne by the municipality or city concerned. The national and provincial governments shall assist in case of non-availability of funds from the concerned municipality or component city;

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

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

(ii) Continuing education, study and exposure tours, field immersion, and scholarship and financial grants, among others;

(iii) Scholarship grant or financial assistance to one (1) child of a BHW who is unable to take advantage of the programs described in paragraphs (i) and (ii) hereof; and

(iv) Special training programs, such as traditional medicine, disaster preparedness, and other programs that address emergent community health problems and issues;

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

(11) Preferential Access to Government Livelihood Programs. - Government agencies providing livelihood programs shall provide organized BHWs with preferential access to loan services:

Provided, That in the provision of the monthly honoraria and the cash gift, and in consideration of the financial assistance of the national government to third, fourth, and fifth class municipalities, as provided under Section 15 of this Act, the provinces, in consultation with component cities, municipalities, and barangays within their jurisdiction, shall determine the actual amount or percentage share of the amount that each LGU will give to BHWs: Provided, further, That nothing herein limits the barangay, municipality, city, or province from fully shouldering the provision of the monthly honoraria and the cash gift: Provided, furthermore, That nothing herein prevents the barangay, municipality, city, and province from providing additional monetary and non-monetary benefits to BHWs to supplement those given by another concerned LGU within the province: Provided, finally, That these honoraria shall be given starting January of the ensuing fiscal year unless the LGUs, singly or collectively, immediately provide the needed funding.

(b) Certified BHWs shall be granted sub-professional eligibility if they have rendered at least five (5) years of continuous service as such: Provided, That should a BHW become a regular employee of the government, the total numbers of years served as such shall be credited to the BHWs service in the computation of retirement benefits.

The emoluments, incentives, benefits, honoraria, allowances, and reimbursements of BHWs employed by the municipality, city, province, or national government agencies on a regular, contractual, casual, or job order basis shall be governed by civil service laws and the policies issued by the CSC, the Office of the President, the DBM, and the LGU under which they are employed.

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

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

SEC. 17. Prohibition on Participation in Political Activities. - To maintain their integrity and impartiality, and eliminate the possibility of conflicts with their catchment households, BHWs are prohibited from participating in partisan political activities. Any BHW who files an application as a candidate in any political position is hereby deemed removed from the list of registered BHWs or resigned from government service, as the case may be. Participation in political activities shall serve as basis for the local health board to remove BHWs from the list of registered BHWs.

CHAPTER V ASSOCIATIONS AND FEDERATIONS OF BARANGAY HEALTH WORKERS

SEC. 18. Associations and Federations of BHWs. - There shall be organized associations of BHWs at the municipal and city levels and federations at the provincial, regional, sub-national, and national levels. The BHW associations of highly urbanized cities that are independent from provinces where they are located, and LGUs in the National Capital Region, shall directly become members of regional, sub-national and national federations.

These associations and federations shall serve as the venues to ventilate issues and formulate and communicate policy proposals concerning BHWs, particularly on their roles and duties as the frontliners, as well as their welfare and well-being, in supporting the delivery of primary health care services in the community.

The municipal and city associations and the provincial, regional, and sub-national federations shall elect their respective president, vice-president, secretary, treasurer, and other officers as they may deem necessary.

The national federation shall elect a board of directors headed by a chairperson and a set of national officers headed by a national president, as prescribed in their constitution and by-laws. A secretary-general shall be chosen from among the national federation members to manage the day-to-day operations and activities of the federation. The board of directors may create such other positions necessary for the management of the affairs of the national federation.

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

CHAPTER VI MISCELLANEOUS PROVISIONS

SEC. 20. Observance of BHW Day. - Every barangay shall commemorate BHW Day on April 7 of every year in recognition of the service of BHWs, their heroic services in times of crisis, and their indispensable role in promoting health and wellness among the citizenry. The DOH, in cooperation with the DILG and all LGUs, shall hold simple ceremonies or activities to highlight the indispensable role of BHWs in nation-building.

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

SEC. 22. Annual Accomplishment Reports. - The DOH and the DILG shall submit to the Office of the President, the Senate of the Philippines and the House of Representatives, an annual report on the accomplishments and challenges with regard to the implementation of this Act.

SEC. 23. Appropriations. - The amounts necessary for the implementation of this Act shall be charged against the funds of LGUs and the appropriations of the DOH.

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

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

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

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

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

Approved,