



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

TWENTIETH CONGRESS
First Regular Session

House Bill No. **2471**



Introduced by **Representative GIRLIE E. VELOSO**

EXPLANATORY NOTE

The 1987 Philippine Constitution enshrines the State's fundamental duty to uphold social justice and promote the general welfare of its people. Central to this is the explicit mandate under Article II, Section 15 to "protect and promote the right to health of the people," alongside the broader commitments under Article XIII to safeguard labor, provide essential social services, and recognize the indispensable role of all sectors in national development. These constitutional directives form a clear legal and moral foundation for ensuring that those who serve at the frontlines of public health, particularly at the grassroots, are given the support, protection, and dignified working conditions they rightfully deserve.

For decades, the backbone of primary healthcare delivery at the grassroots level in the Philippines has been sustained by a dedicated but largely unrecognized workforce. These community health workers often operate without standardized support systems, facing inadequate compensation, precarious job security, and limited access to professional development opportunities. Their invaluable contributions, particularly in remote, underserved, and low-income communities, have frequently been rendered under challenging conditions, susceptible to political shifts and lacking the social protection afforded to other public servants. This systemic oversight has created significant gaps in the equitable and sustained provision of essential health services, hindering the nation's progress towards universal healthcare coverage.

Barangay Health Workers (BHWs) stand as the unsung heroes of the Philippine healthcare system. They are the first point of contact for countless Filipinos, providing vital health education, conducting home visits, assisting in immunization drives, and facilitating referrals, often with minimal resources and recognition. Despite their critical role in bridging the gap between health facilities and communities, many BHWs have historically operated under informal arrangements, relying on meager allowances or purely voluntary service. This precarious status has led to high

turnover rates, diminished morale, and an inability to attract and retain qualified individuals, directly impacting the quality and continuity of health services, especially in areas where healthcare access is already severely limited.

It is against this backdrop that the "Magna Carta for Barangay Health Workers Act" is proposed. This Bill aims to institutionalize, professionalize, and elevate the status of BHWs nationwide. It seeks to establish a comprehensive framework that guarantees their rights, defines their duties, and ensures their welfare. Specifically, the bill mandates a standardized system for accreditation and training, provides for a decent minimum monthly honorarium, ensures security of tenure by protecting them from political displacement, and extends crucial social protection benefits such as PhilHealth, Pag-IBIG, and SSS coverage. Furthermore, it lays down clear pathways for continuous capacity development, formal certification, and civil service eligibility, transforming their service into a recognized and respected profession.

The passage of this Act represents a strategic investment with significant returns, far outweighing its financial outlay. For BHWs, it promises enhanced dignity, improved morale, financial stability, and tangible opportunities for professional growth, thereby fostering a more committed and competent workforce. For communities, the benefits are profound: improved access to quality primary healthcare, better health outcomes, reduced health disparities, and a more resilient public health system capable of responding effectively to everyday needs and public health emergencies. For the government, it means a more efficient and effective delivery of health services, a stronger foundation for universal healthcare, and accelerated progress towards national and international health targets, including the Sustainable Development Goals. This bill is not merely an expenditure; it is an investment in human capital and the collective well-being of the Filipino nation.

In light of their indispensable contributions to public health and the pressing need to address their long-standing vulnerabilities, the immediate passage of the "Magna Carta for Barangay Health Workers Act" is imperative. This measure is a testament to our collective commitment to social justice and the right to health for all Filipinos. By recognizing, empowering, and protecting our Barangay Health Workers, we are not only honoring their selfless service but also building a healthier, more equitable, and more resilient nation for generations to come.

In view of the foregoing, support for the enactment of this measure is earnestly sought.


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Introduced by **Representative GIRLIE E. VELOSO**

**AN ACT INSTITUTING A MAGNA CARTA FOR BARANGAY HEALTH WORKERS,
DEFINING THEIR RIGHTS, DUTIES, WORKING CONDITIONS, AND WELFARE
MECHANISMS, AND PROVIDING FUNDS THEREFOR**

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

ARTICLE I — GENERAL PROVISIONS

SECTION 1. Short Title. — This Act shall be known as the “Magna Carta for Barangay Health Workers Act”.

SECTION 2. Declaration of Policy. — It is the policy of the State to recognize, institutionalize, and strengthen the role of Barangay Health Workers (BHWs) as vital partners in the delivery of primary health care and community health services. The State shall ensure that BHWs are properly accredited, adequately supported, fairly compensated, and protected in the performance of their duties.

The State affirms its commitment to:

- (a) Provide equitable access to quality health services in all communities, particularly in low-income, underserved, and geographically isolated areas, by enabling the effective deployment and capacity-building of BHWs.
- (b) Establish a standardized and transparent system of accreditation, monitoring, and support for BHWs nationwide, to promote professionalism, accountability, and sustained community impact.

- (c) Ensure the provision of just compensation, social protection, and appropriate incentives for BHWs, recognizing their voluntary service and essential contributions to public health.
- (d) Foster cooperation among national government agencies, local government units (LGUs), and community stakeholders to sustain the BHW program as a cornerstone of the country's primary health care system.
- (e) Uphold the political neutrality and security of tenure of BHWs, protecting them from partisan influence and arbitrary dismissal.

Through these measures, the State aims to empower BHWs to serve with dignity, competence, and commitment, thereby advancing the health and well-being of all Filipino communities.

SECTION 3. Definition of Terms. — As used in this Act:

- (a) Barangay Health Worker (BHW) refers to a trained, accredited, and actively serving volunteer health worker who provides primary health, nutrition, and related services in the community under the supervision of the rural health unit or health office of the local government. BHWs must be registered in the official BHW Registry maintained by the LGU and verified by the DOH.
- (b) BHW Deployment Subsidy refers to financial assistance granted to low-income municipalities to support the deployment and operational needs of volunteer BHWs, particularly in unserved or underserved areas.
- (c) Low-Income Municipalities refer to third to sixth class municipalities, as classified by the Department of Finance based on income standards.
- (d) Honorarium refers to a monetary compensation provided to volunteer BHWs in recognition of their services, distinct from salaries or wages, and subject to the availability of funds and applicable budgeting rules.
- (e) Training and Accreditation refers to the process and standards set by the DOH and DILG to ensure BHWs possess the necessary competencies to deliver health services effectively and safely in their assigned communities.
- (f) BHW Registry refers to the official list maintained by each LGU, in coordination with the DOH, identifying currently serving and accredited BHWs eligible for benefits, training, and government support under this Act.

SECTION 4. Scope and Coverage. — This Act shall apply to all duly accredited BHWs providing primary health care, health education, and community mobilization services at the barangay level, regardless of employment status or local funding source. The rights, benefits, and protections herein shall be granted only to BHWs who are officially accredited under Section 6 and recorded in the National Registry established under Section 5 of this Act.

1 This Act shall also apply to all government entities involved in the administration, funding,
2 regulation, and support of the BHW program, including but not limited to:

- 3 (a) Barangay Councils and Barangay Health Boards
- 4 (b) Municipal and City Health Offices
- 5 (c) Provincial Health Offices
- 6 (d) Local Government Units (LGUs) at the barangay, municipal, city, and provincial levels
- 7 (e) The Department of Health (DOH)
- 8 (f) The Department of the Interior and Local Government (DILG)
- 9 (g) The Department of Budget and Management (DBM)
- 10 (h) The Civil Service Commission (CSC)
- 11 (i) The Technical Education and Skills Development Authority (TESDA)

12 Barangays, in coordination with their respective LGUs and local health offices, shall serve as
13 the immediate support and deployment units of BHWs and are mandated to implement the
14 provisions of this Act in their jurisdictions.

15 **ARTICLE II — ACCREDITATION, ELIGIBILITY, AND APPOINTMENT**

16 **SECTION 5. National Digital Registry.** — To ensure accurate, timely, and
17 comprehensive data management for BHWs nationwide, the DOH, in coordination with the DILG
18 and relevant agencies, shall establish and maintain a centralized digital system comprising the
19 National Registry of Accredited BHW Registry as part of the broader National BHW Information
20 System. This system shall support policy formulation, program implementation, benefits
21 administration, and effective monitoring of BHW deployment and performance.

22 **SECTION 5-A. National Registry of Accredited Barangay Health Workers (BHW**
23 **Registry).** — There is hereby established the National Registry of Accredited Barangay Health
24 Workers, which shall serve as the official and authoritative database of all duly accredited BHWs
25 nationwide. The BHW Registry shall include, at minimum, the full name, barangay assignment,
26 accreditation date, training credentials, and current accreditation status of each BHW. Only those
27 whose names appear in the Registry shall be entitled to the rights, benefits, and protections provided
28 under this Act.

29 **SECTION 5-B. National BHW Information System.** — There is hereby established the
30 National BHW Information System, which shall be a comprehensive data platform integrating the
31 BHW Registry with additional socio-demographic profiles, deployment records, qualifications,
32 service history, and other pertinent information on all BHWs at the barangay, municipal, city, and
33 provincial levels. The DOH, in partnership with the Department of Information and
34 Communications Technology (DICT), shall develop and maintain this System to provide real-time
35 data for national and local government planning and program management.

1 **SECTION 5-C. Local Sub-Registries and Data Management.** — There is hereby
2 established a requirement for each barangay to maintain a Local Sub-Registry of both probationary
3 and accredited BHWs. Barangays shall submit quarterly updates to their respective Municipal or City
4 Health Offices, which shall consolidate and forward such data to the DOH Regional Office for
5 integration into the National BHW Information System.

6 **SECTION 5-D. Roles and Responsibilities.** — The Municipal and City Health Boards
7 are hereby tasked with the registration, validation, and continuous updating of BHW records within
8 their jurisdictions. The Provincial Health Boards, with assistance from the DOH, shall provide
9 training and oversight to ensure the accuracy and timeliness of data submission and proper
10 utilization of the Information System.

11 **SECTION 6. Accreditation Process and Standards.** — To be covered under the rights
12 and protections provided by this Act, a BHW must be officially accredited. Accreditation serves as
13 the formal recognition of a BHW's qualifications, training, and readiness to deliver primary health
14 care services at the community level.

15 **SECTION 6-A. Eligibility and Selection.** — Only individuals who are bona fide
16 residents of the barangay and have demonstrated commitment to community health work shall be
17 eligible for appointment as BHWs. In addition to the qualifications to be set by the municipal or city
18 health board, an applicant must meet the following requirements:

- 19 (a) Be at least eighteen (18) years of age at the date of filing the application for registration;
- 20 (b) Be physically and mentally fit; and
- 21 (c) Have completed, within the same year of application for registration, the basic
22 orientation and training for BHWs as prescribed by the DOH.

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

25 It shall be the duty of the municipal and city health offices, in cooperation with the provincial
26 health offices and the DOH, to provide interested applicants with the basic orientation and training
27 necessary to qualify as BHWs.

28 The Barangay Council, in coordination with the Municipal or City Health Office, shall
29 identify and endorse eligible candidates for probationary appointment.

30 **SECTION 6-B. Probationary Appointment.** — All newly appointed BHWs shall
31 undergo a probationary period of six (6) months from the date of assumption of their duties. During
32 this period:

- (a) They shall receive formal training and orientation conducted by the Municipal or City Health Office, in partnership with the DOH Regional Office.
- (b) They shall be listed in the Local Sub-Registry of BHWs under probation.
- (c) They shall receive a provisional honorarium and be entitled to basic protections including safe working conditions, non-discrimination, and legal assistance in case of work-related incidents.
- (d) They shall not yet be entitled to full rights and benefits such as security of tenure, separation pay, or long-term leave entitlements.

SECTION 6-C. Accreditation Requirements. — A BHW shall be granted accreditation upon fulfillment of any of the following pathways:

- (a) Probationary Track
 1. Completion of a six-month probationary period; and
 2. Certification of satisfactory performance jointly issued by the Barangay Council and the Municipal or City Health Office
- (b) Alternative Track
 1. Completion of at least sixteen (16) hours of DOH-recognized training; and
 2. Proof of at least six (6) months of relevant experience in community-based health service or barangay-level public health work.

SECTION 6-D. Accreditation Authority. — The authority to grant accreditation shall depend on the pathway pursued:

- (a) For the Probationary Track, accreditation shall be granted jointly by the Municipal or City Health Office and the Barangay Council, subject to submission of the required performance certification.
- (b) For the Alternative Track, accreditation shall be granted by the Municipal or City Health Office in coordination with the DOH Regional Office, or by a DOH-authorized training institution, upon validation of training and relevant experience.

In all cases, the accreditation process shall adhere to national standards but shall be administered locally to ensure responsiveness to the specific needs of each barangay.

ARTICLE III — RIGHTS AND ENTITLEMENTS

SECTION 7. Right to Decent Compensation. — BHWs shall have the right to fair and decent compensation reflective of their contributions to the delivery of primary health care and the well-being of their communities.

SECTION 7-A. Honorarium and Standard Minimum. — All BHWs, whether probationary or accredited, shall be entitled to a regular monthly honorarium of not less than Five

1 Thousand Pesos (P5,000.00), regardless of the income classification of the LGU to which they are
2 assigned. This amount shall serve as the baseline minimum, subject to periodic review and
3 adjustment in accordance with prevailing regional economic indicators, including inflation rates or
4 minimum wage levels, as may be determined by the DOH in consultation with the DBM. Nothing in
5 this provision shall preclude the grant of additional compensation or allowances by LGUs with
6 greater fiscal capacity.

7 The honorarium shall be disbursed monthly and shall be funded jointly by the national
8 government and the LGU, in accordance with guidelines to be issued by the DBM, the DILG, and
9 the DOH. LGUs shall be responsible for timely disbursement, while the national government shall
10 provide automatic counterpart funding through the General Appropriations Act (GAA).

11 **SECTION 7-B. Annual Review and Adjustment.** — The standard minimum
12 honorarium shall be subject to an annual review and adjustment based on prevailing economic
13 indicators, including but not limited to inflation rates, cost-of-living differentials, and wage
14 benchmarks for comparable community-based service workers. The adjustment shall be
15 recommended by the DOH, in consultation with the DBM, the Philippine Statistics Authority
16 (PSA), and relevant BHW associations, and shall be issued through a joint administrative order.

17 **SECTION 7-C. Provincial, Urban, or Rural Differentiation.** — In recognition of
18 varying economic and operational conditions across the country, a tiered compensation structure
19 may be adopted to reflect the differences in cost of living and geographical hardship. BHWs
20 assigned to highly urbanized cities or geographically isolated and disadvantaged areas (GIDAs) may
21 be entitled to additional compensation or location-specific incentives, as may be determined by the
22 DOH and the DBM, in coordination with the National Economic and Development Authority
23 (NEDA) and the National Anti-Poverty Commission (NAPC). However, no BHW shall receive less
24 than the standard minimum provided under this Act.

25 **SECTION 8. Right to Security of Tenure.** — BHWs shall be protected from arbitrary
26 dismissal and afforded security of tenure based on merit, service, and adherence to public health
27 standards.

28 **SECTION 8-A. Prohibition on Political Replacement.** — No BHW shall be removed,
29 replaced, or reassigned solely on the basis of political affiliation, change in local leadership, or other
30 partisan considerations. Tenure shall be based on merit, performance, and community service needs.

31 **SECTION 8-B. Basis for Regular Appointment.** — A BHW shall be deemed regularly
32 appointed upon accreditation. Accreditation may be granted through either of the following
33 pathways:

- 34 (a) Completion of a six-month probationary period followed by inclusion in the National
35 Registry of Accredited BHWs; or

(b) Completion of the application process, upon assessment of at least sixteen (16) hours of DOH-recognized training and a minimum of six (6) months of relevant experience, as certified by the Barangay Council and the Municipal or City Health Office.

Regular appointment shall entitle the BHW to the rights, benefits, and protections under this Act.

SECTION 8-C. Grounds and Process for Removal. — No BHW shall be removed except for just cause, which may include:

- (a) Gross misconduct, repeated neglect of duty, or serious violation of DOH protocols;
- (b) Falsification of health records or misuse of community health resources;
- (c) Any act deemed detrimental to public health, safety, or ethical standards.

The removal process shall observe the principles of due process, including:

- 1. A written notice stating the grounds for removal;
- 2. A reasonable opportunity to respond in writing or in person;
- 3. A formal review and recommendation by the Municipal or City Health Officer in consultation with the Barangay Council.

Decisions may be appealed to the City or Provincial Health Board.

SECTION 9. Right to Social Protection. — All BHWs shall be entitled to social protection benefits, in recognition of the nature and risks of their work. The following entitlements shall be provided, facilitated, or made accessible by the LGU and relevant agencies:

- (a) PhilHealth. All accredited BHWs shall be mandatorily enrolled in the National Health Insurance Program of PhilHealth, with premiums jointly funded by the national government and the LGU, in accordance with guidelines to be issued.
- (b) Pag-IBIG. All accredited BHWs shall be registered members of the Pag-IBIG Fund. LGUs are encouraged to provide employer counterparts to enable full access to Pag-IBIG benefits including housing and savings programs.
- (c) Choice to Enroll in SSS. BHWs shall have the option to enroll in the Social Security System (SSS), either as voluntary or employed members, depending on their classification. The national government and the LGU shall endeavor to shoulder or subsidize premium contributions in accordance with existing laws and available funds.

SECTION 10. Right to Safe Working Conditions and Protection. — To ensure the dignity, safety, and well-being of BHWs in the performance of their duties, the following rights and safeguards shall be guaranteed:

- 1 (a) Flexible Duty Hours and Leave Privileges. BHWs shall not be required to render full-
2 time or fixed 8-to-5 duty hours, in recognition of the voluntary and honorarium-based
3 nature of their service. They shall instead observe a flexible, task-based work schedule
4 based on community needs and barangay health programs. This may include
5 participation in field activities such as household visits, monitoring of pregnant women
6 and children, health education campaigns, and barangay health center duty for limited
7 hours. They shall likewise be entitled to duty-free days and leave privileges as may be
8 determined by the LGU, without affecting their honorarium.
- 9 (b) Health and Safety Gear. BHWs shall be provided with necessary protective equipment
10 such as uniforms, identification, and personal protective gear appropriate to the nature of
11 their tasks.
- 12 (c) Medical Risk Protection. Any medical expenses incurred as a result of illness or injury
13 sustained in the line of duty shall be shouldered or reimbursed by the LGU, subject to
14 validation and applicable guidelines. Admission to a hospital or the use of such medical
15 benefits shall not prejudice or interrupt the continued grant of the BHW's honorarium
16 and benefits during the period of treatment or recovery.
- 17 (d) Death in the Line of Duty. In the unfortunate event that a BHW dies in the line of duty,
18 the BHW's next of kin shall receive funeral or burial assistance of at least Ten Thousand
19 Pesos (P10,000.00), separate from any other cash aid. If the deceased is assessed as
20 indigent, a one-time survivorship grant of the same amount shall also be provided. These
21 shall be sourced in the following general order, unless otherwise agreed by the agencies
22 concerned:
- 23 1. Local government funds or relevant programs such as the Local Disaster Risk
24 Reduction and Management Fund (LDRRMF) or Gender and Development (GAD)
25 Fund;
 - 26 2. The Department of Social Welfare and Development's Assistance to Individuals in
27 Crisis Situations (AICS) or equivalent programs; or
 - 28 3. Other national government programs or special local assistance funds.
- 29 This shall be in addition to any claims under existing health or insurance programs. The
30 CSC, DILG, and DOH shall jointly issue guidelines for uniform recognition and
31 documentation of death in the line of duty for BHWs.
- 32 (e) Freedom from Discrimination and Harassment. BHWs shall be protected from all forms
33 of discrimination, harassment, intimidation, or abuse in the performance of their duties.
34 They shall not be subjected to unfair treatment on the basis of age, sex, gender identity,
35 civil status, political affiliation, religion, ethnicity, health condition, or union or federation
36 membership. LGUs shall establish grievance mechanisms and protective protocols to
37 ensure a safe, respectful, and inclusive working environment for all BHWs.

38 **SECTION 11. Right to Hazard and Emergency Duty Pay.** — BHWs who are required
39 to render services during emergency situations, public health crises, natural calamities, or exposure to
40 health and safety risks shall be entitled to hazard pay and emergency duty pay in accordance with
41 existing laws, civil service rules, and relevant government issuances.

- 1 (a) Local Government Obligation. The LGU, in coordination with the DOH, shall ensure
2 the timely computation and release of such compensation, subject to the availability of
3 local funds and applicable guidelines.
- 4 (b) National Government Support During Declared Calamities or Epidemics. In cases where
5 a state of calamity, public health emergency, or epidemic is officially declared by
6 competent authority, the national government shall mobilize financial assistance to
7 augment the LGU's capacity to grant hazard and emergency duty pay to BHWs who
8 rendered frontline services.

9 **SECTION 12. Right to Training, Certification, and Capacity Development.** — All
10 BHWs shall be entitled to structured, accessible, and continuous learning opportunities to improve
11 their competencies and ensure alignment with national health goals.

12 **SECTION 12-A. Mandatory Continuing Training.** — The DOH, in coordination with
13 the DILG, the TESDA, and LGUs, shall provide regular capacity-building programs and continuing
14 education for BHWs. These may include basic and advanced health modules, updates on health
15 protocols, and skills-based training aligned with evolving community health needs.

16 **SECTION 12-B. Certification Pathways and Career Recognition.** — BHWs shall have
17 access to formal certification pathways, particularly the Barangay Health Services NC II under
18 TESDA, which recognizes accumulated training and experience. Completion of the NC II program
19 shall entitle the BHW to:

- 20 (a) A nationally recognized credential valid for five (5) years;
21 (b) Eligibility for inclusion in official LGU rosters and registries of skilled health service
22 workers; and
23 (c) Potential consideration for higher honoraria, formal designation (e.g. health aide, nursing
24 aide, or community health worker), or employment opportunities in LGU-run or
25 affiliated health facilities, subject to local policies and availability of plantilla or
26 contractual positions.
27 (d) Their accumulated training and field experience as a BHW may, subject to the policies of
28 TESDA or higher education institutions, be credited toward ladderized training or
29 academic programs in health-related fields. This shall not substitute formal education
30 requirements for regulated professions such as nursing or midwifery, but may serve as
31 preparatory pathways for such careers.

32 **SECTION 12-C. Civil Service Eligibility Support.** — In recognition of their frontline
33 contributions, BHWs who have rendered at least five (5) years of accredited service and obtained the
34 Barangay Health Services NC II shall be entitled to apply for the Barangay Health Worker Eligibility
35 (BHWE) under Republic Act No. 7883.

1 The CSC, in coordination with the DOH and DILG, shall ensure that the BHWE is properly
2 implemented and recognized across all government levels, and aligned with ladderized career
3 pathways that allow BHWs to qualify for and transition into higher-level public health and civil
4 service positions.

5 Clear and consistent guidelines shall be issued to ensure the BHWE serves not only as
6 eligibility for community-based roles, but also as a stepping stone toward long-term government
7 employment, health scholarships, and professional development.

8 **SECTION 12-D. Preferential Access to Scholarships and LGU Employment.** —
9 BHWs who have obtained the Barangay Health Services NC II and rendered at least two (2) years of
10 accredited service shall be granted preferential access to government-funded scholarships, subsidies,
11 or grants for further studies in health or allied fields, including but not limited to ladderized
12 programs.

13 LGUs shall give hiring priority to certified BHWs for plantilla or contract-based positions in
14 public health programs, subject to civil service rules and availability of positions.

15 **SECTION 12-E. Service Record and Awards System.** — The DOH, in coordination
16 with the DILG and concerned LGUs, shall establish and maintain a centralized service record
17 system for all accredited BHWs. The system shall document each BHW's years of service, trainings
18 completed, recognitions received, and other relevant accomplishments.

19 An annual Awards and Recognition Program shall be institutionalized at the municipal,
20 provincial, regional, and national levels to honor outstanding BHWs for exemplary service,
21 innovation, leadership, or long-term commitment to community health.

22 **ARTICLE IV — DUTIES AND RESPONSIBILITIES**

23 **SECTION 13. Core Duties and Responsibilities.** — BHWs shall serve as frontliners in
24 the delivery of community-based health services, in coordination with the Rural Health Unit and the
25 LGU. Their core responsibilities shall include the following:

- 26 (a) Conduct of household visits and monitoring of maternal, child, elderly, and vulnerable
27 population health;
- 28 (b) Provision of basic health education and advocacy in the community;
- 29 (c) Support in the implementation of national and local health programs, including
30 immunization, nutrition, sanitation, and disease prevention;
- 31 (d) Assistance in the referral of patients to higher-level health facilities and in follow-up care,
32 under the supervision of the RHU or designated health professionals; and

- (e) Participation in health campaigns, emergency response, special public health initiatives, and coordinated efforts with Barangay Health Emergency Response Teams (BHERTs), Barangay Nutrition Scholars (BNS), and other allied community health workers.

All clinical or programmatic functions that may affect patient care or health outcomes shall be carried out under the supervision or guidance of the Rural Health Unit or other designated health professionals, in accordance with existing laws and DOH guidelines.

SECTION 13-A. Reporting Schedule. — In line with the core functions enumerated in Section 13, BHWs shall render service based on scheduled program activities and actual health needs within the barangay. Given the community-embedded nature of their work, they shall not be required to observe a fixed daily time-in/time-out schedule. Reporting shall instead be tied to the performance of their assigned duties, including but not limited to:

- (a) Monitoring of priority populations (e.g., pregnant women, children, PWDs, seniors);
- (b) Conducting community health education and barangay health assemblies;
- (c) Weekly duty at the barangay health station;
- (d) Attendance in trainings, capacity-building sessions, and health meetings;
- (e) Participation in vaccination drives, health missions, and emergency response operations.

SECTION 13-B. Standard Workload. — Consistent with their activity-based schedule, BHWs shall typically render service for two (2) to four (4) hours per day, for a total of not more than twenty-four (24) hours per week or one hundred (100) hours per month, unless otherwise authorized in writing by the LGU or supervising health authority due to public health exigencies.

Workload shall be determined by:

- (a) The barangay's population size and geographic conditions;
- (b) The number of assigned households or focus groups;
- (c) The presence of ongoing health programs, campaigns, or emergencies.

BHWs shall alternate between clinic-based duties and fieldwork or household visits, as guided by actual community needs. Adjustments shall be coordinated with and supervised by the appropriate local health authority.

SECTION 14. Ethical Standards and Community Conduct. — BHWs serve as trusted agents of public health in the community. As such, they shall uphold the highest standards of personal integrity, cultural sensitivity, and ethical conduct in the performance of their duties.

- (a) **Non-Discrimination.** BHWs shall provide health-related services to all persons in the community without bias, favoritism, or discrimination on the basis of age, gender,

1 religion, political affiliation, disability, ethnicity, health status, or socioeconomic
2 condition.

- 3 (b) Confidentiality. All information obtained in the course of their duties, including health
4 conditions, household circumstances, and personal data, shall be treated with strict
5 confidentiality and used only for official purposes. BHWs shall not disclose or misuse
6 such information in any manner that could cause harm or embarrassment to individuals
7 or families.
- 8 (c) Respectful Engagement. BHWs shall treat all members of the community with dignity,
9 patience, and respect, especially in sensitive or emotionally charged situations. They are
10 expected to embody the spirit of malasakit, compassion, and cultural humility.
- 11 (d) Professional Conduct. BHWs shall avoid engaging in behavior that undermines the
12 credibility of the public health system or the trust of the community. This includes
13 spreading misinformation, soliciting personal favors, or using their position for political
14 or financial gain.
- 15 (e) Accountability. BHWs are accountable to their assigned health personnel and to the
16 community they serve. Any violation of ethical standards may be subject to investigation
17 and appropriate administrative action, as determined by the local health board or LGU in
18 consultation with the BHW Federation, if established.

19 **SECTION 15. Accountability and Sanctions.** — BHWs shall uphold the highest
20 standards of integrity, professionalism, and community service. As government-deployed personnel,
21 they are expected to observe ethical conduct, fulfill their assigned duties, and act in accordance with
22 the law and public health protocols. Failure to comply with these responsibilities may result in
23 administrative or disciplinary action, subject to due process and applicable civil service rules.
24 Grounds for sanctions may include, but are not limited to:

- 25 (a) Negligence in the performance of assigned tasks or willful disregard of health protocols;
26 (b) Unauthorized disclosure of confidential patient information;
27 (c) Engaging in discriminatory, exploitative, or abusive conduct toward any member of the
28 community;
29 (d) Providing false, misleading, or incomplete health data or reports;
30 (e) Misuse of government resources, health supplies, or privileges granted under this Act.

31 Disciplinary procedures shall be conducted by the appropriate local health authority or the
32 LGU, in coordination with the DOH and pursuant to relevant administrative guidelines. Nothing in
33 this provision shall prevent affected parties from pursuing civil, criminal, or other legal remedies
34 under existing laws.

35 **ARTICLE V — ROLES OF GOVERNMENT AGENCIES**

36 **SECTION 16. Role of the DOH.** — The DOH shall lead in the accreditation of BHWs
37 and shall develop standardized training programs, service protocols, and operational guidelines. It

1 shall also conduct regular monitoring and evaluation of BHW performance, in coordination with
2 LGUs.

3 **SECTION 17. Role of the DILG.** — The DILG shall oversee LGU compliance with this
4 Act and promote political neutrality in the selection, retention, and deployment of BHWs. It shall
5 ensure that BHW programs are aligned with local governance frameworks.

6 **SECTION 18. Role of the CSC.** — The CSC shall formulate eligibility standards and
7 establish career development pathways for qualified BHWs, including the recognition of relevant
8 experience for future entry into public service.

9 **SECTION 19. Role of LGUs.** — LGUs shall be responsible for the deployment,
10 supervision, and support of BHWs, including the provision of honoraria, allowances, and logistical
11 resources. Co-funding arrangements with national agencies and programs shall be pursued to ensure
12 sustainability.

13 **SECTION 20. Role of Barangay Health Boards.** — Barangay Health Boards shall ensure
14 the active integration of BHWs in barangay development plans and health programs. They shall
15 serve as the primary venue for coordination, consultation, and grievance redress related to BHW
16 service delivery at the community level.

17 **ARTICLE VI — FUNDING AND IMPLEMENTATION MECHANISMS**

18 **SECTION 21. BHW Deployment Subsidy for Low-Income Municipalities.** — To
19 ensure equitable access to community health services across the country, there is hereby established
20 a BHW Deployment Subsidy, to be allocated as an Equalization Fund for 3rd to 6th class
21 municipalities. The Fund shall provide financial assistance to qualified municipalities to enable the
22 deployment of a sufficient number of volunteer BHWs, especially in unserved and underserved
23 areas, and to support the provision of regular and meaningful incentives for their work.

24 Priority shall be given to municipalities with limited fiscal capacity, high disease burden, or
25 those classified as Geographically Isolated and Disadvantaged Areas (GIDAs), and to LGUs with no
26 or limited capacity to provide monthly honoraria or other BHW incentives, as determined by the
27 DOH and the DILG.

28 The Fund shall be administered by the DOH, in coordination with the DILG and the DBM,
29 and subject to national budgeting processes and audit rules.

30 **SECTION 22. Budget Appropriations and Cost-Sharing.** — The implementation of this
31 Act shall be financed through a shared responsibility between the national government and LGUs.

1 The GAA shall annually provide a dedicated line item under the DOH for BHW training, support
2 services, and subsidy programs.

3 All LGUs shall likewise allocate counterpart funding in their respective local budgets for the
4 provision of BHW honoraria, incentives, and logistics, in accordance with fiscal capacity and
5 national-local co-funding guidelines to be jointly issued by the DOH, DILG, and DBM.

6 **SECTION 23. Disbursement, Audit, and Transparency Mechanisms.** — All funds
7 disbursed for the benefit of BHWs, including honoraria, benefits, training, and operational support,
8 shall be subject to standard government accounting and auditing rules and reviewed by the
9 Commission on Audit (COA). The DOH shall regularly publish national-level utilization reports.
10 LGUs, for their part, shall maintain a Local BHW Registry that includes publicly accessible
11 summaries of fund releases, disbursement history, and performance metrics, in keeping with
12 principles of transparency, participatory governance, and citizen oversight.

13 **SECTION 24. Monitoring and Performance-Based Incentives.** — To encourage
14 consistent and quality service, BHWs may be granted performance-based incentives, subject to
15 availability of funds and based on clearly defined criteria to be determined by the Implementing
16 Rules and Regulations.

17 The DOH, in coordination with the DILG and LGUs, shall develop basic monitoring tools
18 and performance benchmarks such as attendance, reporting compliance, and service coverage.
19 Incentives may include modest service awards, additional allowances, or access to training
20 opportunities, and shall be prioritized for BHWs in underserved or high-need areas, as determined
21 through LGU submissions and DOH validation.

22 **ARTICLE VII — FINAL PROVISIONS**

23 **SECTION 25. Annual Accomplishment Reports.** — The DOH and the DILG shall
24 submit to the Office of the President, the Senate of the Philippines and the House of
25 Representatives an annual report on the accomplishments and challenges with regard the
26 implementation of this Act.

27 **SECTION 26. Implementing Rules and Regulations.** — Within one hundred eighty
28 (180) days from the effectivity of this Act, the DOH, in coordination with the DILG, the CSC, the
29 DBM, and relevant stakeholders, shall promulgate the Implementing Rules and Regulations (IRR)
30 necessary to carry out the provisions of this Act.

31 **SECTION 27. Appropriations.** — The implementation of this Act shall be funded jointly
32 from the annual appropriations of the DOH, as provided under the General Appropriations Act

1 (GAA), and from the regular budgets of LGUs, in accordance with the devolution of primary health
2 services.

3 As part of this joint funding framework, the BHW Deployment Subsidy shall be initially
4 funded through a specific line item under the DOH budget. Succeeding appropriations shall be
5 provided annually through the GAA. LGUs are likewise mandated to allocate counterpart funds
6 from their local budgets, particularly for the provision of honoraria, training expenses, and
7 operational support for BHWs within their jurisdictions.

8 **SECTION 28. Repealing Clause.** — All laws, decrees, executive orders, rules and
9 regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or
10 modified accordingly.

11 **SECTION 29. Separability Clause.** — If, for any reason, any section of this Act shall be
12 deemed unconstitutional or invalid, the other sections or provisions shall not be affected and shall
13 remain in force and in effect.

14 **SECTION 30. Effectivity Clause.** — This Act shall take effect after fifteen (15) days from
15 its publication in the Official Gazette or in at least two (2) national newspapers of general
16 circulation, whichever comes earlier.

17 Approved.