

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

House Bill No. **3933**



Introduced by Representative Reynante U. Arrogancia

EXPLANATORY NOTE

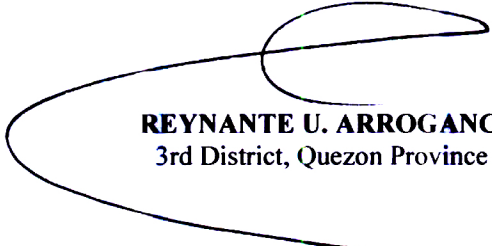
Article XIII Section 11 of the 1987 Constitution states that the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. The Local Government Code provides that local government units (LGUs) shall provide basic services in primary health care, maternal and child care, and disease control services. At the grassroots level in barangays, the Barangay Health Workers (BHWs) serve as frontliners in providing basic health services that enable the services to be immediately responsive and accessible to the community.

The Barangay Health Workers are an essential component to the nation's healthcare workforce and to the Philippine Health Care in the country. Despite the critical role and function of the BHWs as frontliners in primary health service, they receive meager benefits and incentives. The last major adjustment to the Barangay Health Worker role was when the Republic Act No. 7883 was enacted, which recognized the contribution of the BHWs by providing them benefits and incentives, however, after three (3) decades, this law no longer responds to the needs of our BHWs.

This bill seeks for the Magna Carta for Barangay Health Workers, and that they shall be entitled to incentives and benefits such as hazard allowance, subsistence allowance, transportation, and health benefits, among others. This measure will not only grant our Barangay Health Workers their due benefits and recognition, but will hopefully encourage more constituents to serve as BHWs in their localities.

This bill has been filed and had its success in the previous Congresses and it is hoped that in the 20th Congress, it will finally be enacted into law.

In view of the foregoing, the immediate approval of this measure is earnestly sought.



REYNANTE U. ARROGANCIA
3rd District, Quezon Province

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AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS

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

1 **SECTION 1. *Short Title.*** This act shall be known as the “Magna Carta of Barangay Health
2 Workers Act.”

3
4 **SEC. 2. *Declaration of Policy.*** It is the declared policy of the State to protect and promote the
5 right to health of the people and instill health consciousness among them. It is also the policy of
6 the State to adopt an integrated and comprehensive approach to health development, which shall
7 endeavor to make essential goods, health and other social services available to the communities.

8
9 The State acknowledges that primary health care is a key component in attaining universal
10 health care and, with the support of local government units (LGUs), the participation of
11 communities, and volunteerism of the population, is an effective strategy towards realizing health
12 empowerment and delivering effective health care programs and services.

13
14 The State values the indispensable role of barangay health workers (BHWs) as the
15 frontliners in providing primary health care services and, therefore, shall adopt policies that will
16 harness their potential as partners in national development.

17
18 Pursuant thereto, the State shall define their roles and responsibilities, prescribe the
19 methods for their recruitment and retention, identify programs for capability-building and career
20 advancement, and provide avenues to ventilate and resolve issues concerning them.

21
22 The State shall also, in recognition of the spirit of volunteerism and concern for the
23 upliftment of the health status of communities, promote the welfare and well-being of volunteer
24 BHWs and provide them with incentives and benefits through the collaborative efforts of LGUs
25 and the national government.

26
27 **SEC. 3. *Coverage.*** This Act shall cover all BHWs, whether as volunteers or employees of
28 government, and all LGUs and national government agencies that mobilize BHWs to expand the
29 delivery of primary health care services to communities, families, and individuals.

CHAPTER II
THE BARANGAYS HEALTH WORKERS IN
PRIMARY HEALTH CARE DELIVERY

SEC. 4. *The Role of BHWs in Providing Primary Health Care.* BHWs shall serve as the 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 cadre 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) As a Primary Health Care Service Provider – to assist in the health facilities in providing primary health care services to the members of the community;
- (b) As a Health Educator – to provide knowledge and skills to community members in the prevention and management of simple illnesses;
- (c) As a 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 and collate 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 certification process under Section 10 of this Act, shall serve as primary care workers and shall act as the navigator, initial and continuing point of contact in the health care delivery system. They shall endorse patients to the next higher 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, belong: *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 in a barangay should be residents of the community.

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

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 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 barangay* in the case of health center 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 health station/center, particularly in providing the necessary additional logistical support, supplies and services needed by BHWs.

SEC. 6. *Number of Barangay Health Care 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 local government units, shall determine the ideal ratio of BHWs with the required competencies to households and shall issue an updated policy on this ration every five years.

CHAPTER III REGISTRATION, CAPABILITY-BUILDING AND RETENTION

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

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

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 and city health offices, in cooperation with the provincial health offices and the DOH, to provide interested applicants as BHWs with basic orientation and training.

SEC. 8. *Role of the Municipal and City Local Health Boards.* – In addition to their functions under Section 102, Title V of the Local Government Code, as amended, the municipal and 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 or 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* – There shall be established and maintained by the DOH, in partnership with the Department of Information and Communications Technology

(DICT), a National BHW Information System, to assist the national government and local government units in formulating and implementing policies and programs for the organization and development of the cadre 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 and 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 and 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 cadre 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:

- (a) Have completed in the locality at least two (2) years of continuous service;
- (b) Have completed the training on the roles, duties, and responsibilities as a BHW, as prescribed by the DOH;
- (c) Have completed the courses of the certification component of the Education and Training Program, provided in Section 11 of this Act.

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

It shall be the duty of the municipal and city LGUs, 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, local government units, 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 provider, health educator, community organizer, and record keeper. It shall prescribe the courses for the certification component and the courses for continuing health education and capacity-building for all BHWs.

The DOH and 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 for personal and professional development, including health and wellness programs.

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 BHW 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 or city health board after due process. The continuity of services of BHWs, including issues on the revocation of the registration of a BHW, or the removal of a BHW from the cadre 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, volunteer registered and certified BHWs shall receive, or be provided with the following:

- i. *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 not 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 years;
- ii. *Transportation Allowance/ Expense Reimbursements.* – Registered and certified BHWs shall be provided by the barangay with transportation allowance or entitlement 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 provide the needed primary health care service: *Provided, further*, That the municipality of 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;

- i. *Subsistence Allowance.* – The concerned municipality or city shall provide BHWs who render service in other barangays where they are not residents and considered as unserved or underserved areas, to make their services available at any and all times, with subsistence allowance equivalent to the meals they take during their duty, which shall be computed following prevailing circumstances. In no case such subsistence allowance be less than One hundred pesos (P100.00) per day;
- ii. *Hazard Allowance.* – BHWs who are exposed to situations, conditions, or factors in the work environment or place where foreseeable but unavoidable danger or risks exist which adversely endanger their health or life and/or increase the risk of producing adverse effects in their person in the exercise of their duties, including assignment to communities in or recovering from situation of armed conflict, to be validated by the proper authorities, shall be paid a hazard allowance by the municipality or city concerned in an amount to be determined by its local health board and the local peace and order council unit concerned, which in no case shall be less than One thousand pesos per month, subject to existing laws, rules and regulations;
- iii. *Insurance Coverage.* – Insurance coverage and benefit packages from the Government Service Insurance System, suited to their needs and unique circumstances, which shall be borne by the municipality or city concerned. For this purpose, the GSIS shall design such appropriate insurance packages;
- iv. *Health Emergency Allowance During Public Health Emergency.* – The Health Emergency Allowance and other benefits prescribed in Republic Act No. 11712, on the conditions that the volunteer BHWs are part of the National BHW Information System and are assigned in health facilities and barangay health emergency response teams during public health emergencies. The national government shall provide funds for the payment of the HEA and other benefits mandated under R.A. No. 11712;
- v. *Cash Gift.* – A Cash Gift not less than the minimum monthly honoraria to be given every December;
- vi. *One-time Dedicated Service Recognition Incentive.* – A BHW who withdraws as a registered or certified BHW, but had continuously and satisfactorily served for at least fifteen (15) years, shall be entitled to a one-time incentive of not less than Ten Thousand Pesos (P10,000.00), in recognition of their loyalty, dedication and service, which shall be borne by the municipality or city concerned. The national and provincial government shall assist in case of non-availability of funds from the municipality or component city concerned;
- vii. *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:

1. 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;
2. Continuing education, study and exposure tours, field immersion, and scholarship and financial grants, among others;
3. Scholarship grant or financial assistance to be granted to one (1) child of a BHW who will not be able to take advantage of the programs described in paragraphs (1) and (2) hereof; and
4. Special training programs, such as traditional medicine, disaster preparedness and other programs that address emergent community health problems and issues;

- viii. *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, interference, and in other civil and criminal cases filed by or against the BHW arising out of or in connection with the performance of their duties as such; and
- ix. *Preferential Access to Government Livelihood Programs.* – Government agencies providing livelihood programs shall provide organized BHWs 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, 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 and every LGU will give to BHWs: *Provided, further,* That nothing herein limits the barangays, or the municipality, or the city, or the province, from fully shouldering the provision of the Monthly Honoraria and the Cash Gift: *Provided, furthermore,* That nothing herein prevents the barangay, municipality, or the city, or the 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 local government unit/s, singly or collectively, immediately provide the needed funding.

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 BHW’s 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 laws applicable to the civil service and the policies issued by the Civil Service Commission, the Office of the President, the Department of Budget and Management, 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 in order 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 in providing 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 its 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 resign from government service, as the case may be. Participation in political activities shall serve as basis of the local health board to remove BHWs in 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. 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 and sub-national federations and the national federation.

These associations and federations shall serve as the venues in order 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 as may be necessary for the management of the affairs of the national federation.

SEC. 19. Consultation with Local Health Board. – 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 during 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. – Any 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 regards 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 amount necessary for the initial implementation of the BHW Deployment Subsidy to Low-Income Municipalities shall be charged against the current 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 local government units, 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 the start of the effectivity of this Act.

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,