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Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

First Regular Session
TWENTIETH CONGRESS

House Bill No. 3966



Introduced by REP. JESUS MANUEL "BONG" C. SUNTAY

EXPLANATORY NOTE

15 Barangay health workers are the sentinels of our nation's health. They are the first to
16 respond in times of illness, the bridge between the people and the health system, and the
17 guardians of prevention and care at the grassroots.

18 This Magna Carta defines their role, secures their rights, and grants them incentives and
19 benefits—honoraria, allowances, hazard pay, insurance, legal assistance, and career
20 advancement. It mandates standard training, certification, and supervision, and
21 establishes a National BHW Information System to ensure accountability and
22 sustainability.

23
24 In lifting up BHWs, we advance the constitutional right of every Filipino to health. We
25 proclaim that those who carry the heaviest burden of service shall not be left without
26 support and protection.

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

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REP. JESUS MANUEL "BONG" C. SUNTAY

1 **Republic of the Philippines**
2 **HOUSE OF REPRESENTATIVES**
3 **Quezon City**

4
5 **First Regular Session**
6 **TWENTIETH CONGRESS**
7

8 **House Bill No. 3966**
9

10 Introduced by REP. JESUS MANUEL “BONG” C. SUNTAY
11

12 **AN ACT PROVIDING FOR THE**
13 **MAGNA CARTA OF BARANGAY HEALTH WORKERS**
14

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

17
18 **CHAPTER I**

19 **GENERAL PROVISIONS**

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

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

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

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

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

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

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

13 **CHAPTER II**
14 **THE BARANGAY HEALTH WORKERS IN**
15 **PRIMARY HEALTH CARE DELIVERY**

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

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

26 The BHWs shall perform the following roles:

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

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

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

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

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

14 To effectively and efficiently perform these roles and expectations, the BHWs to be
15 assigned to a barangay health station, health center, or any other primary health care
16 facility should be residents of the community.

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

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

27 Pursuant to Section 17(b)(1)(ii) of the Local Government Code, as amended, the
28 *punong barangay* shall support the delivery of health services in the community by
29 ensuring the maintenance of the health station/center, or any other primary health care
30 facility, particularly in providing the necessary additional logistical support, supplies and
31 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 local government units, shall determine the ideal ratio of BHWs with the required competencies to households and shall issue an updated policy on this ratio every five (5) years.

CHAPTER III

REGISTRATION, CAPABILITY-BUILDING AND RETENTION

SEC. 7. *Registration.* – To qualify as a BHW, an applicant must meet the following requirements:

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

(b) Physically and mentally fit; and

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

The municipal/city health board may provide additional qualifications based on the community health profile and the needs of its catchment population.

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 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/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

1 BHWs may be appealed to the provincial health board and, thereafter, to the Department
2 of the Interior and Local Government (DILG).

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

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

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

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

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

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

24 The DOH, in consultation with the Technical Education and Skills Development
25 Authority (TESDA), the Commission on Higher Education (CHED) and the Civil Service
26 Commission (CSC), shall promulgate the policies, standards and guidelines for the
27 certification of competency of BHWs.

28 To qualify for certification, a registered BHW must have:

29 (a) Completed at least two (2) years of continuous service in the locality;

30 (b) Completed the training on the roles, duties, and responsibilities as a BHW, as
31 prescribed by the DOH;

1 (c) Provided satisfactory performance as evaluated by the health care professional
2 supervising the concerned BHW immediately prior to the filing of application for
3 certification; and

4 (d) Completed the courses for the certification component of the Education and
5 Training Program under Section 11 of this Act.

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

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

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

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

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

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

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

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

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

31 (e) Offering resources, including health and wellness programs, for personal and
32 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 Services, Occupational Groups, Classes and Salary Grades for the national government, and the Index of Occupational Services, Position Titles and Salary Grades in the Local Government. 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/city health board after due process. The continuity of services of BHWs, revocation of their registration, or their removal 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, 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 years;

(2) Transportation Allowance/Expense Reimbursements. – Registered and certified BHWs shall be provided by the barangay with transportation allowance or 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 or city, through its health office, may shoulder such allowance or expense: *Provided, finally*, That official travels, such as seminars, conferences and transport of patients outside of the barangay

1 or locality, shall be shouldered by the barangay, municipality, city or province that
2 authorized such official travel and shall not be deducted from the honoraria of the BHWs;

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

9 (4) Hazard Allowance. – BHWs who, in the exercise of their duties, are exposed
10 to situations, conditions, or factors in the work environment or place where foreseeable
11 but unavoidable danger or risks to their health, life, or on their person exist, including
12 assignment to communities in or recovering from a situation of armed conflict, as
13 validated by proper authorities, shall be given a hazard allowance by the concerned
14 municipality or city in an amount to be determined by its local health board and the local
15 peace and order council unit, which shall in no case be less than One thousand pesos (P
16 1,000.00) per month, subject to existing laws, rules and regulations;

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

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

27 (7) Cash Gift. – The BHWs shall be entitled to a Cash Gift not less than the
28 minimum monthly honoraria, to be given every December;

29 (8) One-time Dedicated Service Recognition Incentive. – A BHW who withdraws
30 as a registered or certified BHW but has continuously and satisfactorily served for at least
31 fifteen (15) years shall, in recognition of his/her loyalty, dedication, and service, be
32 entitled to a one-time incentive of not less than Ten Thousand Pesos (P10,000.00), which

1 shall be borne by the concerned municipality or city. The national and provincial
2 governments shall assist in case of non-availability of funds from the concerned
3 municipality or component city;

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

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

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

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

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

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

28 (11) Preferential Access to Government Livelihood Programs. – Government
29 agencies providing livelihood programs shall provide organized BHWs preferential access
30 to loan services.

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

14 (b) Certified BHWs shall be granted sub-professional eligibility if they have
15 rendered at least five (5) years of continuous service as such: *Provided*, That should a
16 certified BHW who was granted a sub-professional eligibility under this Subsection
17 becomes a regular employee of the government, the total number of years served as such
18 shall be credited to the BHW's service in the computation of retirement benefits.

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

24 SEC. 15. *BHW Deployment Subsidy to Low-Income Municipalities*. – There is
25 hereby mandated a BHW Deployment Subsidy to Low-Income Municipalities to provide
26 financial assistance to third, fourth, and fifth class municipalities and enable them to
27 deploy a sufficient number of volunteer BHWs in their communities, particularly to
28 unserved or underserved areas in their jurisdictions, and provide incentives to dedicated
29 volunteer BHWs. Priority shall be given to municipalities with less or no capacity to give
30 regular and adequate monthly honoraria and other incentives to their BHWs, as
31 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 conflict 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 of 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, and national levels.

The provincial federation shall be composed of all municipal and city BHW associations within a province. A regional federation shall be composed of all provincial BHW federations within a region, except for the regional federation of the National Capital Region, which shall be comprised of all municipal and city BHW associations in Metro Manila. All regional BHW federations shall constitute the national federation. Regional federations may form sub-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 and regional 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.

1 The board of directors may create such other positions as may be necessary for the
2 management of the affairs of the national federation.

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

7 CHAPTER VI

8 MISCELLANEOUS PROVISIONS

9 SEC. 20. *Observance of BHW Day.* – Every barangay shall commemorate BHW
10 Day on April 7 of every year in recognition of the service of BHWs, their heroic service in
11 times of crisis, and their indispensable role in promoting health and wellness among the
12 citizenry.

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

15 SEC. 21. *Penalty Clause.* – Any local government official who violates any
16 provision of this Act shall be administratively and criminally charged in accordance with
17 law.

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

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

24 The amount necessary for the initial implementation of the BHW Deployment
25 Subsidy to Low-Income Municipalities shall be charged against the current
26 appropriations of the DOH and shall thereafter be included in the annual General
27 Appropriations Act.

28 SEC. 24. *Implementing Rules and Regulations.* – The DOH and the DILG shall, in
29 consultation with the LGUs, the national federation of BHWs, the CSC, the DBM, the
30 TESDA, the CHED, the GSIS, other concerned government agencies, non-government
31 organizations, and academic and training institutions, promulgate the rules and

1 regulations to implement this Act not later than one hundred eighty (180) days from its
2 effectivity.

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

5 SEC. 26. *Repealing Clause.* — Republic Act No. 7883, otherwise known as the
6 “Barangay Health Workers’ Benefits and Incentives Act of 1995” is hereby repealed. All
7 other laws, decrees, executive orders, rules and regulations which are inconsistent with
8 this Act are hereby repealed or modified accordingly

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

11
12 Approved,