

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **5387**



Introduced by Representative Kenneth T. Gatchalian

EXPLANATORY NOTE

Barangay Health Workers (BHWs) have long stood at the forefront of primary health care, a role made even more evident during the COVID-19 pandemic. Beyond assisting doctors, nurses, and midwives in delivering basic health services, they serve as community organizers and educators—helping families identify health concerns, shaping local health initiatives, and promoting preventive practices.

However, the benefits and protections provided under Republic Act No. 7883, or the Barangay Health Workers' Benefits and Incentives Act of 1995, no longer correspond to the scope and weight of their actual responsibilities. This measure seeks to strengthen and update the package of benefits and safeguards for BHWs, ensuring they are properly recognized, supported, and equipped to fulfill their indispensable role in community health.

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


KENNETH T. GATCHALIAN

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AN ACT
PROVIDING FOR THE MAGNA CARTA OF
BARANGAY HEALTH WORKERS

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

CHAPTER I
GENERAL PROVISIONS

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

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

The State acknowledges that primary health care is a key component in
attaining universal health care and, with the support of local government units
(LGUs), the participation of communities, and volunteerism of the population, is an

1 effective strategy towards realizing health empowerment and delivering effective
2 health care programs and services.

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

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

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

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

18 **CHAPTER II**
19 **THE BARANGAY HEALTH WORKERS**
20 **IN PRIMARY HEALTH CARE DELIVERY**

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

1 The head of the barangay health station, Health Center, or any other primary
2 health care facility, of the municipality/city health office, shall exercise day-to-day
3 direct control and supervision over the BHWs.

4 The BHW shall perform the following roles:

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

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

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

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

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

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

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

27 **SEC. 5.** *Coordination Between the Health Station/Health Center/Health*
28 *Care Facility of the Municipal/City Health Office with the Barangay.* – The head of

1 the barangay health station, health center, or any other primary health care facility,
2 of the municipal/city health office shall coordinate and collaborate with the *punong*
3 *barangay*, or with several *punong barangays* in the case of health centers providing
4 services to a cluster of barangays, in the implementation of programs and activities
5 to address the primary health care needs of the communities.

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

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

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

17 **CHAPTER III** 18 **REGISTRATION, CAPABILITY-BUILDING AND RETENTION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 (b) Completed the training on the roles, duties, and responsibilities of a
18 BHW, as prescribed by the DOH;

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

22 (d) Completed the courses of the certification component of the Education
23 and Training Program, provided in Section 11 of this Act.

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

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

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

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

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

- 15 (a) Providing training materials to enhance the knowledge and skills of
16 BHWs;
- 17 (b) Offering forums for BHWs to communicate, share experiences, and seek
18 advice from peers and health professionals;
- 19 (c) Disseminating new policies, programs, and guidelines pertaining to their
20 roles and responsibilities;
- 21 (d) Facilitating reporting and feedback mechanisms to improve service
22 delivery and address challenges faced in the field; and
- 23 (e) Offering resources including health and wellness programs for personal
24 and professional development.

25 **SEC. 12. *Inclusion of the BHW Positions in the Government Plantilla.*** – The
26 Department of Budget Management (DBM), in consultation with the CSC, the DOH
27 and LGUs, shall establish the position classification and the corresponding salary

grades for BHWs in the Index of Occupational Standards. Municipalities and cities may employ BHWs in their respective LGUs.

SEC. 13. *Retention and Continuous Service of BHWs.* – Registered and certified BHWs shall continue to perform their roles, duties, and responsibilities except due to the withdrawal of an individual as a BHW or removal for cause by the municipality/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 (3) years;

(2) *Transportation Allowance/Expense Reimbursements.* – Registered and certified BHWs shall be provided by the barangay with transportation allowance or to reimbursement of actual transportation expense for the performance of their functions, as may be authorized by law or regulation: *Provided, That* the barangay may, instead, provide applicable forms of transportation to enable the BHWs to provide the needed primary health

1 care service: *Provided, further.* That the municipality or city, through
2 their health offices, may shoulder such allowance or expense: *Provided,*
3 *finally,* That official travel, such as seminars, conferences, and transport
4 of patients outside of the barangay or locality, shall be shouldered by the
5 barangay, municipality, city, or province that authorized such official
6 travel and shall not be deducted from the honoraria of the BHWs;

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

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

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

- 1 (6) Health Emergency Allowance During Public Health Emergency. –
2 Volunteer BHWs who are part of the National BHW Information System
3 and are assigned to health facilities and barangay health emergency
4 response teams during public health emergencies shall be entitled to the
5 Health Emergency Allowance (HEA) and other benefits prescribed in
6 Republic Act No. 11712. The national government shall provide funds for
7 the payment of the HEA and other benefits;
- 8 (7) Cash Gift. – The BHWs shall be entitled to a cash gift not less than the
9 minimum monthly honoraria, to be given every December;
- 10 (8) One-time Dedicated Service Recognition Incentive. – A BHW who
11 withdraws as a registered or certified BHW but has continuously and
12 satisfactorily served for at least fifteen (15) years shall, in recognition of
13 their loyalty, dedication, and service, be entitled to a one-time incentive
14 of not less than Ten thousand pesos (P10,000.00), which shall be borne
15 by the municipality or city concerned. The national and provincial
16 governments shall assist in case of non-availability of funds from the
17 concerned municipality or component city;
- 18 (9) Education and Career Advancement. – The DOH, in coordination with
19 the Department of Education, CHED, TESDA, CSC, other concerned
20 national government agencies, non-government organizations, and
21 LGUs, shall provide information on, and opportunities for, education and
22 career advancement for BHWs, such as:
- 23 (i) Educational programs that credit the years of primary health care
24 service of the BHW and the number of training hours gained during
25 attendance to courses covered by the Education and Training
26 Program under Section 11 of this Act towards higher education
27 completion in institutions with step-ladder curricula, as provided
28 under Republic Act No. 10968, otherwise known as the “PQF Act”,

and Republic Act No. 10647, otherwise known as the “Ladderized Education Act of 2014”, thus allowing them to upgrade their skills and knowledge for community work or to pursue further training as health care professionals;

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

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

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

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

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

Provided, That in the provision of the monthly honoraria and the cash gift, and in consideration of the financial assistance of the national government to third, fourth, and fifth class municipalities, as provided under Section 15 of this Act, the provinces, in consultation with component cities, municipalities, and barangays within their jurisdiction, shall determine the actual amount or percentage share of the amount that each LGU will give to BHWs: *Provided, further*, That nothing herein limits the barangay, municipality, city, or province from fully shouldering the provision of the monthly honoraria and the cash gift: *Provided, furthermore*, That

1 nothing herein prevents the barangay, municipality, city, and province from
2 providing additional monetary and non-monetary benefits to BHWs to supplement
3 those given by another concerned LGU within the province: *Provided, finally*, That
4 these honoraria shall be given starting January of the ensuing fiscal year unless the
5 LGUs, singly or collectively, immediately provide the needed funding.

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

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

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

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

27 **SEC. 17.** *Prohibition on Participation in Political Activities.* – To maintain
28 their integrity and impartiality, and eliminate the possibility of conflicts with their

1 catchment households, BHWs are prohibited from participating in partisan political
2 activities. Any BHW who files an application as a candidate in any political position
3 is hereby deemed removed from the list of registered BHWs or resigned from
4 government service, as the case may be. Participation in political activities shall
5 serve as basis for the local health board to remove BHWs from the list of registered
6 BHWs.

7 **CHAPTER V**
8 **ASSOCIATIONS AND FEDERATIONS OF BARANGAY HEALTH**
9 **WORKERS**

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

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

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

24 The national federation shall elect a board of directors headed by a
25 chairperson and a set of national officers headed by a national president, as
26 prescribed in their constitution and by-laws. A secretary-general shall be chosen
27 from among the national federation members to manage the day-to-day operations

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

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

7 **SEC. 20.**

8 **CHAPTER VI**
9 **MISCELLANEOUS PROVISIONS**

10 **SEC. 21.** *Observance of BHW Day.* – Every barangay shall commemorate
11 BHW Day on April 7 of every year in recognition of the service of BHWs, their
12 heroic services in times of crisis, and their indispensable role in promoting health
13 and wellness among the citizenry.

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

17 **SEC. 22.** *Penalty Clause.* – A local government official who violates any
18 provision of this Act shall be administratively and criminally charged in accordance
19 with law.

20 **SEC. 23.** *Annual Accomplishment Reports.* – The DOH and the DILG shall
21 submit to the Office of the President, the Senate of the Philippines and the House of
22 Representatives, an annual report on the accomplishments and challenges with
23 regard to the implementation of this Act.

24 **SEC. 24.** *Appropriations.* – The amounts necessary for the implementation
25 of this Act shall be charged against the funds of LGUs and the appropriations of the
26 DOH.

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

5 **SEC. 25. *Implementing Rules and Regulations.*** – The DOH and the DILG
6 shall, in consultation with LGUs, the national federation of BHWs, the CSC, the
7 DBM, the TESDA, the CHED, the GSIS, other concerned government agencies,
8 non-government organizations, and academic and training institutions, promulgate
9 the rules and regulations to implement this Act not later than one hundred eighty
10 (180) days from its effectivity.

11 **SEC. 26. *Separability Clause.*** – If any portion or provision of this Act is
12 declared invalid or unconstitutional, other provisions hereof shall remain in full
13 force and effect.

14 **SEC. 27. *Repealing Clause.*** – Republic Act No. 7883, otherwise known as
15 the “Barangay Health Workers’ Benefits and Incentives Act of 1995” is hereby
16 repealed. All other laws, decrees, executive orders, rules, and regulations which are
17 inconsistent with this Act are hereby repealed or modified accordingly.

18 **SEC. 28. *Effectivity.*** - This Act shall take effect after fifteen (15) days from
19 its publication in the Official Gazette or in a national newspaper of general
20 circulation.

Approved,