



Republic of the Philippines
House of Representatives
Quezon City

TWENTIETH CONGRESS

First Regular Session

House Bill No. 5418



Introduced by Representative Jernie Jett V. Nisay

EXPLANATORY NOTE

Barangay Health Workers (BHWs) serve as the foundation of the Philippine public health system, acting as the first point of contact between communities and formal health institutions. They play a vital role in implementing primary health care, promoting disease prevention, and facilitating access to health and social services, especially in underserved and remote areas.¹

Despite the passage of Republic Act No. 7883, otherwise known as the Barangay Health Workers' Benefits and Incentives Act of 1995, many BHWs continue to face challenges related to low compensation, lack of job security, limited access to training, and inadequate health and social protection.² These challenges have hindered their motivation and effectiveness in delivering essential health services at the grassroots level.

This bill seeks to strengthen the support system for BHWs through the enactment of the "Magna Carta of Barangay Health Workers." It institutionalizes mechanisms for registration, accreditation, capacity building, and protection of BHWs while ensuring their integration in the national health care delivery system.³ The measure also enhances the incentives and benefits provided to BHWs, including honoraria, hazard and transportation allowances, insurance coverage, civil service eligibility, and access to educational and career enrichment programs.

Furthermore, the bill underscores the importance of continuous capacity building, non-discrimination, and grievance mechanisms for BHWs. It ensures their representation in local health boards and integrates their role within the framework of the Universal Health Care Act (Republic Act No. 11223).⁴ The measure also designates April 7 of every year as Barangay Health Workers' Day, in recognition of their invaluable contribution to community health and nation-building.

In line with the constitutional mandate to protect and promote the right to health and the welfare of those who serve in the health sector, this proposed measure aims to professionalize and institutionalize the role of BHWs as indispensable partners in achieving accessible, equitable, and people-centered health care for all Filipinos.

¹ Department of Health (2023). *Barangay Health Worker Profile and Function Report*. Quezon City: DOH.

² Republic Act No. 7883, *Barangay Health Workers' Benefits and Incentives Act of 1995*.

³ Department of Health (2022). *National Barangay Health Workers Registry and Accreditation Guidelines*.

⁴ Republic Act No. 11223, *Universal Health Care Act of 2019*.

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

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REP. JERNIE JETT V. NISAY
Pusong Pinoy Partylist



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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:

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

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right to health of people and adopt an integrated and comprehensive approach to health development, and pursuant thereto, it shall endeavor to make essential goods, healthcare and other social services available to all the people. In line with the country's commitment to accomplish health indicator targets under United Nations sustainable development goals, the State shall adopt policies that promote the welfare and well-being of barangay health workers who are the forefront of the delivery of health care at the grassroots level, and effectively harness their potential as partners in development.

SEC. 3. Definition. – As used in this Act, the term "*barangay health worker*" refers to a person who has undergone training under any accredited government or non-government organization (NGO), and who voluntarily renders primary healthcare services in the community after having been accredited to function as such by the local health board.

1
2 **SEC. 4. Coverage.** – This Act shall apply to all barangay health workers (BHWs)
3 as defined under Section 3 of this Act: *Provided*, That all incentives and benefits granted
4 under this Act shall extend only to duly accredited BHWs, who have undergone at least
5 two (2) years of training: *Provided, however*, That duly registered barangay health
6 workers shall be entitled to a monthly honoraria and hazard allowance as provided in
7 Sec. 9 herein: *Provided, further*, That when the BHW receives a fixed salary under a
8 permanent appointment in any government office, by election to another public office
9 or by employment in the private sector, coverage under this Act shall automatically
10 cease and the BHW shall be covered under applicable laws.

11
12 **SEC. 5. Registration.** – All BHWs shall be registered with the local health board
13 in the city or municipality in which they render service. Registered BHWs shall be given
14 appropriate proof of said registration.

15
16 The municipal and city health offices shall regularly update and maintain the
17 BHW Registry with the assistance of the BHW Federation. The BHW Registry shall be
18 subject to the approval of the municipal or city health board. The local health offices
19 shall submit a copy of the updated and duly approved registry to the Provincial Health
20 Office for consolidation and validation with the assistance of the Provincial BHW
21 Federation, which shall also be subject to the approval of the Provincial Health Board.
22 The Provincial BHW Registry shall be posted in the municipal or city bulletin board and
23 barangay health centers.

24
25 The Provincial BHW Registry shall be submitted on or before April 30 of every
26 year to the Department of Health (DOH) at the regional and national levels for
27 consolidation. The DOH is hereby mandated to maintain a national registry of BHWs.

28
29 In order to qualify for registration, a Barangay Health Worker must:

- 30 (a) Have rendered basic community health care services continuously and
31 satisfactorily for at least six (6) months immediately preceding the date of
32 the filing of application for registration in the barangay as recommended
33 by the Rural Health Midwife (RHM) or public health nurse assigned to the

1 barangay and by the head of the barangay health workers association
2 and certified by the Sangguniang Barangay;

3 (b) Have completed the basic orientation and training for BHWs as prescribed
4 by the DOH and conducted by an accredited government agency, or
5 DOH-recognized academic institution, or (NGO);

6 (c) Be at least eighteen (18) years of age at the date of the filing of the
7 application for registration; and,

8 (d) Be physically and mentally fit.
9

10 It shall be the duty of the municipal and city health offices, in cooperation with
11 the Provincial Health Office and the DOH, to provide BHW applicants basic orientation
12 and training within six (6) months from the date of approval of their application.
13

14 **SEC. 6. Accreditation.** – To further professionalize the health care services
15 rendered by the BHWs and ensure the health and welfare of the community, a duly
16 registered BHW must be accredited by the municipal or city health board.
17

18 The municipal or city health board shall issue a certificate of accreditation to
19 qualified BHWs. In order to qualify for accreditation, the applicant BHW must:
20

21 (a) Be registered in accordance with Section 5 hereof;

22 (b) Have satisfactorily undertaken the role of a BHW in the locality as
23 provided for in Section 7 hereof, for at least two (2) years of continuous
24 and satisfactory service immediately prior to the filing of application for
25 accreditation;

26 (c) Have completed a regular training program on health care service and
27 community-based health program in order to upgrade and develop the
28 skills and competency required of a BHW. The training program shall be
29 institutionalized by the DOH, in cooperation with local government units
30 (LGUs).
31

32 It shall be the duty of the municipal or city government, as the case maybe, in
33 cooperation with the provincial government and DOH, to provide the applicant BHWs
34 the necessary support and opportunities for accreditation.

1 A BHW must complete the regular training program on health care service and
2 community-based health program within five (5) years from registration.
3

4 The municipal and city health boards or through their registration and
5 accreditation committee shall act on the applications for accreditation of BHWs not than
6 later thirty (30) days from the date of application.
7

8 The DOH shall also maintain an updated roster of accredited BHWs that is
9 accessible to the general public.
10

11 **SEC. 7. Roles, and Duties and Responsibilities of Barangay Health**
12 **Workers.** – As one of the key partners in a reformed health care delivery system, the
13 DOH and LGUs shall support BHWs as they perform the following roles:
14

- 15 (a) Advocate - to support, promote and champion current health programs,
16 projects, and activities to improve access to quality health services
17 towards the improved health status of the community;
- 18 (b) Educator - to guide and advise the community on the current DOH and
19 health priorities of LGUs such as the importance of a birth plan and facility-
20 based delivery in reducing maternal and infant deaths; newborn screening
21 for the early detection of congenital metabolic disorders which may leads
22 to mental retardation and even death, among others;
- 23 (c) Disseminator - to maintain regular communication with local professional
24 health workers on health events and updates and concerns relevant to
25 the community and inform the same to the community for appropriate
26 action, if necessary;
- 27 (d) Linker - to facilitate access to any group or association of the community
28 with a relevant network of or specific health and non-health service
29 providers;
- 30 (e) Record Keeper - to maintain updated records of health data, health
31 activities and events in the community;
- 32 (f) Health Care Service Provider – to assist and provide basic health care
33 services as may be needed in the community in any health event.
34

1 The BHW shall perform the following duties and responsibilities:

- 2 (a) Height and weight monitoring, and reporting the same to the barangay;
- 3 (b) Monitoring and following up of defaulted cases of immunization, family
4 planning, tuberculosis compliance to treatment and others, and reporting
5 the same to the barangay;
- 6 (c) Reporting to the barangay any incidence of disease or any health cases
7 in the community;
- 8 (d) Communicating and coordinating with the community to participate in
9 barangay health center activities;
- 10 (e) Gathering of data about overall status of health of the community;
- 11 (f) Administering first aid;
- 12 (g) Conducting health visits;
- 13 (h) Conducting birth planning for pregnant women;
- 14 (i) Conducting health education;
- 15 (j) Strengthening referral systems;
- 16 (k) Collecting sputum;
- 17 (l) Identifying people with disease and sickness;
- 18 (m) Community health profiling;
- 19 (n) Psychosocial debriefing for stress and post-calamity initiatives;
- 20 (o) Responding in natural calamities and disasters; and
- 21 (p) Coordinating closely with the local government health officer in the
22 implementation of health programs in the locality.

23
24 **SEC. 8. Number of Barangay Health Workers (BHWs).** – Subject to relevant
25 laws, and in coordination with relevant government agencies and respective local
26 government units, the number of BHWs in every barangay shall be guided by and based
27 on the particular need of the barangay for BHW services.

28
29 The DOH shall determine the ideal ratio of barangay health workers to the
30 number of households: *Provided*, That the total number of barangay health workers
31 nationwide shall not be 20 less than one percent (1%) of the total population.

32
33 The residents of the barangay must be given preference in the employment of
34 BHWs.

1 **SEC. 9. Incentives and Benefits.** – All accredited BHWs who are actively and
2 regularly performing their duties and responsibilities shall be entitled to the following
3 incentives and benefits:

- 4 (a) *Monthly Honoraria* in the amount of not less than Three thousand pesos
5 (P3,000.00), subject to adjustment based on the prevailing market value;
6 (b) *Hazard Allowance* in an amount to be determined by the local health
7 board of LGU concerned, which in no case shall be less than One
8 thousand pesos (P1,000.00) per month, subject to existing laws, rules,
9 and regulations;
10 (c) *Subsistence Allowance* equivalent to the meals they take in the course of
11 their duty, which shall be computed in accordance with prevailing
12 conditions as determined by the LGU concerned, which in no case shall
13 be less than One hundred pesos (P100.00) per day: *Provided*, That the
14 accredited BHW shall render service within the premises of isolated
15 barangay health stations in order to make it available at any and all times;
16 (d) *Transportation Allowance* of not less than One thousand pesos
17 (P1,000.00) per month, subject to auditing rules and regulations, on the
18 condition that the availment of transportation services are in line with the
19 performance of the BHW's official duties and responsibilities;
20 (e) *One-time Gratuity Cash Incentive* of not less than Ten thousand pesos
21 (P10,000.00) in recognition of the BHW's loyalty and dedication and for
22 having continuously and satisfactorily served for at least fifteen (15) years;
23 (f) *Discount Privileges for BHWs.* – All BHWs shall be entitled to twenty
24 percent (20%) discount on all the items enumerated under Section 4(a) of
25 Republic Act No. 9994, otherwise known as the Expanded Senior Citizens
26 Act of 2010: *Provided*, That the privileges shall not be claimed if the BHW
27 is eligible for a higher discount as may be granted by the commercial
28 establishment and/or other existing laws.

29
30 The commercial establishment may claim the discount granted under this
31 section as tax deduction based on the cost of goods sold or services
32 rendered: *Provided*, That the discount shall be allowed as deduction from
33 the gross income for the same taxable year that the discount is granted:
34 *Provided further*, That the total amount of the claimed tax deduction net

1 of VAT, if applicable, shall be included in their gross sales receipt for tax
2 purposes and shall be subject to proper documentation and to the
3 provisions of the National Internal Revenue Code of 1997, as amended.

4 (g) *Training, Education, and Career Enrichment Programs.* – The DOH shall,
5 in coordination with the Department of Education (DepEd), Commission
6 on Higher Education (CHED), Technical Education and Skills
7 Development Authority (TESDA), DOH-recognized academic institutions,
8 other concerned agencies and non-government organizations, provide
9 information on and opportunities for education and career enrichment for
10 accredited BHWs, such as the following:

- 11 1) Educational programs which credit the years of primary health care
12 service of the BHW towards higher education completion in
13 institutions with stepladder curricula, thus allowing them to upgrade
14 their skills and knowledge for community work or to pursue further
15 training as midwives, pharmacists, nurses or doctors;
- 16 2) Continuing education, study and exposure tours, grants, field
17 immersion, scholarships; and
- 18 3) Special training programs such as traditional medicine, disaster
19 preparedness and other programs that address emergent
20 community health problems and issues.

21 (h) *Health Benefits.* – During their incumbency, all BHWs are entitled to the
22 following health benefits:

- 23 1) Free medical care, including surgery and surgical expenses,
24 medicines, x-ray and other laboratory fees, when confined in any
25 public hospital or health institution;
- 26 2) Emergency assistance not exceeding the amount of five thousand
27 pesos (P5,000.00) chargeable against the fund of the barangay
28 concerned, for expenses incurred in the nearest private hospital or
29 clinic in case of extreme emergency where there is no available
30 public hospital;
- 31 3) Mandatory and immediate membership in the Philippine Health
32 Insurance Corporation (Philhealth) as indirect contributors.

33 (i) *Insurance Coverage.* – All BHWs shall be granted insurance coverage
34 and benefits from the Government Service Insurance System (GSIS)

1 which shall be borne by the LGU concerned. For this purpose, the GSIS
2 shall design an insurance benefit package suited to the needs and status
3 of BHWs;

4 (j) *Sick and Maternity Leaves.* – All BHWs shall be entitled to sick and
5 maternity leaves as prescribed by the Local Health Board: *Provided, That,*
6 the BHWs shall continue to receive their monthly honoraria while on leave,
7 for such period in accordance with existing laws and practices;

8 (k) *Cash Gift* – All accredited BHWs are entitled to cash gift of not less than
9 the minimum monthly honoraria to be given every December from the
10 general fund of the barangay or from such other funds appropriated by
11 the national government for the purpose;

12 (l) *Disability Benefit* – An accredited BHW who sustains injury or sickness in
13 the course of the performance of their duties shall be entitled to Two
14 thousand pesos (P2,000.00) for every year of service;

15 (m) *Civil Service Eligibility.* – A second-grade eligibility shall be granted to
16 accredited BHWs who have rendered five (5) years continuous service as
17 such: *Provided, That,* should a BHW become a regular employee of the
18 government, the total numbers of years served as such shall be credited
19 to the BHWs service in computing the retirement benefits;

20 (n) *Free Legal Services.* – Legal representation and consultation services
21 shall be immediately provided by the Public Attorney's Office to an
22 accredited BHW in cases of coercion, interference, and in other civil and
23 criminal cases filed by or against BHWs arising out of or in connection
24 with the performance of their duties as such;

25 (o) *Preferential Access to Loan.* – The DOH in coordination with other
26 concerned government agencies shall provide, within One hundred eighty
27 (180) days after the effectivity of this Act, a mechanism that shall provide
28 BHWs organized access to loan services. The agencies providing loan
29 services will set aside one percent (1%) of their loanable funds for
30 organized BHW groups that have community-based income generating
31 projects in support of health programs or activities.

32
33 Notwithstanding the limitations under this section, all registered BHWs
34 shall be entitled to monthly honoraria and hazard allowance.

1
2 The LGUs concerned shall also endeavor to provide other health benefits
3 to BHWs not otherwise provided by law.
4

5 **SEC. 10. *Annual Review.*** – The local health boards shall conduct an annual
6 review of the BHW program, performance, as well as the benefits, incentives and
7 allowances enumerated in the immediately preceding Section taking into consideration
8 the current consumer price index as published by the Philippine Statistics Authority.
9

10 **SEC. 11. *Discrimination Prohibited.*** – Discrimination against any BHW by
11 reason of gender, civil status, creed, religious, or political beliefs and ethnic groupings
12 in the exercise of their functions and responsibilities is hereby prohibited.
13

14 **SEC. 12. *Protection of BHWs.*** – No accredited BHW shall be removed except
15 for a valid cause as determined by the Local Health Board (LHB). The LHB shall resolve
16 termination cases against BHWs judiciously and not later than ninety (90) days from the
17 receipt of a complaint: *Provided*, That if a BHW is found to be unjustly removed from
18 service, the BHW shall be entitled to reinstatement without loss of benefits and
19 incentives from the time of termination up to the time of reinstatement.
20

21 **SEC. 13. *Grievance Mechanism.*** – The LHB shall establish a grievance
22 mechanism as a 25 means of processing complaints of BHWs against alleged acts of
23 discrimination and unjust 26 removal from the service. The decisions rendered by the
24 LHB shall be final and executory.
25

26 **SEC. 14. *Municipal, City, Provincial, and National Federation of BHWs.*** –
27 There shall be an organization of accredited BHWs for the purpose of electing the
28 municipal, city, provincial, and national-level federation in order to ventilate, articulate,
29 and crystalize issues affecting health care delivery system and with utmost regard to
30 service to patients and the continuous operation of barangay health services in the
31 interest of public health, safety, or survival of patients.
32

33 The BHW federation for municipalities, cities, and provinces shall elect their
34 respective local federation boards of directors, and a set of national officers to comprise

1 the national board of directors to be headed by a president. A Secretary-General shall
2 be chosen from among the national federation members to manage the day-to-day
3 operation and activities of the federation. The respective boards of directors may create
4 such other positions as may be necessary for the management of the affairs of the local
5 and national federation.

6
7 **SEC. 15. Representation in the Local Health Board and Primary Health Care**
8 **Provider Network.** – The President of the municipal or city federation of BHWs shall
9 be a member of the municipal or city local health board. The respective presidents of
10 the federation of BHWs of each city and municipality federation of a province shall elect
11 from among themselves their representative to the provincial health board: *Provided,*
12 That the BHW representatives to the local health boards shall not be allowed to vote on
13 the registration, accreditation, and disciplinary or removal complaints of BHWs.

14
15 The BHWs shall also be part of the health care provider network, in the
16 implementation of health care services and programs.

17
18 **SEC. 16. Prohibition from Engaging in Partisan Political Activity.** – No BHW
19 shall engage in any partisan political activity.

20
21 **SEC. 17. Continuous Capacity Building for BHWs.** – The DOH shall conduct
22 continuous capacity building for BHWs that will enhance and upgrade their knowledge
23 and skills through various forms including online learning and multimedia in major
24 Philippine dialects

25
26 The DOH shall, in coordination with TESDA and other concerned agencies,
27 assist the LGUs in the development of education modules or materials to promote the
28 collective experiences and learnings of BHWs as well as to promote traditional and
29 complementary medicine.

30
31 The LGUs shall endeavor to establish their own training centers for their BHWs
32 and other health workers in coordination with the TESDA, NGOs, and other agencies
33 concerned.

1 The LGUs shall also implement a development program for BHWs that will allow
2 them to benefit from the ladderized training as provided under Republic Act No. 10968,
3 otherwise known as the Philippine Qualification Framework Act, and Republic Act No.
4 10647, otherwise known as the Ladderized Education Act of 2014, including academic
5 credits for health-related courses.

6
7 **SEC.18. Observance of BHW Day.** – Every barangay shall commemorate BHW
8 Day during April 7 of every year in recognition of the service of Barangay Health
9 Workers, their heroic services in times of crises, and their indispensable role in
10 promoting health and wellness among the citizenry.

11
12 The DOH, in cooperation with the Department of the Interior and Local
13 Government (DILG) and all local government units shall hold simple ceremonies or
14 activities to highlight the indispensable role of BHWs in nation-building.

15
16 **SEC. 19. Penalty Clause.** – Any local government official who violates any
17 provision of this Act may be administratively and criminally charged in accordance with
18 law.

19
20 **SEC. 20. Appropriations.** – The amount necessary for the implementation of
21 this Act shall be charged against the National Tax Allotment of the LGUs, other local
22 funds, the special health fund under Republic Act No. 11223, otherwise known as the
23 “Universal Health Care Act”.

24
25 **SEC. 21. Implementing Rules and Regulation.** – The DOH and the DILG shall,
26 in consultation with the DepEd, CSC, GSIS, and other concerned government agencies
27 and non-governmental entities, promulgate the rules and regulations to implement this
28 Act not later than One hundred eighty (180) days from the effectivity of this Act.

29
30 **SEC. 22. Separability Clause.** – If any portion or provision of this Act is declared
31 invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

32
33 **SEC. 23. Repealing Clause.** – Republic Act No. 7883, otherwise known as the
34 “Barangay Health Workers’ Benefits and Incentives Act of 1995” is hereby repealed. All

1 laws, decrees, executive orders, rules and regulations, which are inconsistent with this
2 Act are hereby 23 repealed or amended or accordingly.

3
4 **SEC. 24. Effectivity.** – This Act shall take effect fifteen days (15) after its
5 publication in 25 the *Official Gazette* or in a national newspaper of general circulation.

6
7 Approved,