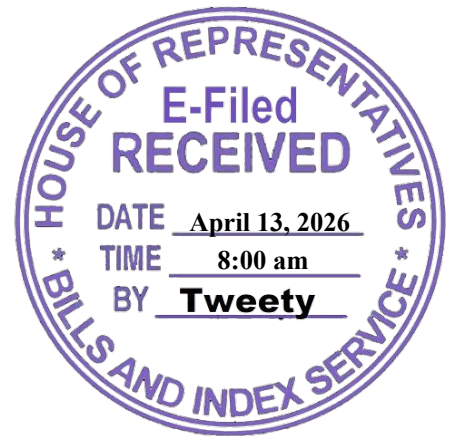




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8837



Introduced by Representative **ANTONINO B. ROMAN III**

EXPLANATORY NOTE

Barangay Health Workers (BHWs) have long served as the backbone of the country's primary health care system. As community-based volunteers, they are at the forefront of delivering basic health services, assisting in the implementation of public health programs, and bridging the gap between communities and formal health institutions. Through their work in health education, disease surveillance, maternal and child health support, immunization follow-ups, and emergency response during disasters and public health crises, BHWs contribute significantly to the promotion of health and the prevention of disease at the grassroots level.

Despite their indispensable role in the health care delivery system, many BHWs continue to serve under difficult conditions with minimal compensation, limited access to benefits, and insufficient institutional support. Existing policies governing their incentives and benefits, particularly under Republic Act No. 7883 or the "Barangay Health Workers' Benefits and Incentives Act of 1995," have become inadequate in addressing the evolving responsibilities and demands placed upon BHWs in the context of a modernizing health care system and the implementation of universal health care.

This proposed measure seeks to institutionalize a comprehensive framework for the recognition, protection, and promotion of the welfare of Barangay Health Workers through the enactment of a Magna Carta for BHWs. The bill provides for a strengthened system of registration and accreditation to professionalize the services rendered by BHWs and ensure that communities receive competent and reliable health support at the barangay level.

The measure likewise grants BHWs a package of incentives and benefits, including a guaranteed monthly honorarium, hazard allowance, transportation and subsistence allowances, insurance coverage, health benefits, gratuity incentives, and access to educational and career development opportunities. It further provides mechanisms for representation in local health boards, access to legal services, preferential access to government loan programs, and continuous capacity-building initiatives to enhance their competencies.

Additionally, the bill establishes protections against discrimination and unjust removal from service, institutionalizes grievance mechanisms, and encourages the organization of BHW federations to strengthen their participation in the health care delivery system. It also recognizes their contributions by declaring April 7 of every year as Barangay Health Workers 'Day.

By strengthening the support system for BHWs, the State recognizes their invaluable contribution to achieving better health outcomes and advancing the country's commitment to universal health care and the Sustainable Development Goals.

Immediate passage of this bill is earnestly sought.



ANTONINO B. ROMAN III



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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 for 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 the 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 of Terms. - For the purpose of this Act, the term:

- (a) *Barangay Health Worker (BHW)* refers to a trained community-based health worker accredited by the Local Health Board (LHB) who assists in the delivery of primary health care services.
- (b) *Registered BHW* refers to a BHW duly recorded in the local registry and recognized by the Local Health Board.

- (c) *Accredited BHW* refers to a Registered BHW who has completed Department of Health (DOH)-prescribed competency training and has rendered satisfactory service for a minimum period as provided under this Act.

SEC. 4. Coverage. – This Act shall apply to all duly Registered and Accredited Barangay Health Workers (BHWs) as defined herein.

Registered BHWs shall be entitled to a monthly honoraria and hazard allowance as provided under this Act, while Accredited BHWs shall be entitled to the full package of benefits, privileges, and protections herein established: *Provided, That* any BHW who receives a fixed salary by virtue of a permanent appointment in the government, by election to public office, or through employment in the private sector shall no longer be covered by the provisions of this Act, and shall instead be governed by the applicable laws, rules, and regulations pertinent to such employment or office.

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

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

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

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

- (a) Have rendered basic community health care services continuously and satisfactorily for at least six (6) months immediately preceding the date of the filing of application for registration in the barangay as recommended by the Rural Health Midwife (RHM) or public health nurse assigned to the barangay and by the head of the barangay health workers association and certified by the Sangguniang Barangay;

- (b) Have completed the basic orientation and training for BHWs as prescribed by the DOH and conducted by an accredited government agency, or DOH-recognized academic institution, or non-government organization (NGO);
- (c) Be at least eighteen (18) years of age at the date of the filing of the application for registration; and
- (d) Be physically and mentally fit.

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

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

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

- (a) Be registered in accordance with Section 5 hereof;
- (b) Have satisfactorily undertaken the role of a BHW in the locality as provided for in Section 7 hereof, for at least two (2) years of continuous and satisfactory service immediately prior to the filing of application for accreditation; and
- (c) Have completed a regular training program on health care service and community-based health program in order to upgrade and develop the skills and competency required of a BHW. The training program shall be institutionalized by the DOH, in cooperation with local government units (LGUs).

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

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

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

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

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

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

The BHWs shall perform the following duties and responsibilities:

- (a) Height and weight monitoring, and reporting the same to the barangay;
- (b) Monitoring and following up of defaulted cases of immunization, family planning, tuberculosis compliance to treatment and others, and reporting the same to the barangay;

- (c) Reporting to the barangay any incidence of disease or any health cases in the community;
- (d) Communicating and coordinating with the community to participate in barangay health center activities;
- (e) Gathering of data about overall status of health of the community;
- (f) Administering first aid;
- (g) Conducting health visits;
- (h) Conducting birth planning for pregnant women;
- (i) Conducting health education;
- (j) Strengthening referral systems;
- (k) Collecting sputum;
- (l) Identifying people with disease and sickness;
- (m) Community health profiling;
- (n) Psychosocial debriefing for stress and post-calamity initiatives;
- (o) Responding in natural calamities and disasters; and
- (p) Coordinating closely with the local government health officer in the implementation of health programs in the locality.

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

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

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

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

- (a) *Monthly Honorarium* in an amount to be determined by the Local Government Unit (LGU) concerned, which in no case shall be less than Three thousand pesos (P3,000.00), subject to periodic adjustment based on prevailing economic conditions and as may be guided by national standards;
- (b) *Hazard Allowance* in an amount to be determined by the Local Health Board of the LGU concerned, which in no case shall be less than One thousand pesos (P1,000.00) per month, subject to existing laws, rules, and regulations, including those issued by the DBM.
- (c) *Subsistence Allowance* equivalent to the meals they take in the course of their duty, which shall be computed in accordance with prevailing conditions as determined by the LGU concerned, which in no case shall be less than One hundred pesos (P100.00) per day: *Provided*, That the accredited BHW shall render service within the premises of isolated barangay health stations in order to make it available at any and all times;
- (d) *Transportation Allowance* of not less than One thousand pesos (P1,000.00) per month, subject to auditing rules and regulations, on the condition that the availment of transportation services are in line with the performance of the BHWs official duties and responsibilities;
- (e) *One-time Gratuity Cash Incentive* of not less than Ten thousand pesos (P10,000.00) in recognition of the BHW's loyalty and dedication and for having continuously and satisfactorily served for at least fifteen (15) years;
- (f) *Discount Privileges for BHWs.* – All BHWs shall be entitled to twenty percent (20%) discount on all the items enumerated under Section 4(a) of Republic Act No. 9994, otherwise known as the Expanded Senior Citizens Act of 2010: *Provided*, That the privileges shall not be claimed if the BHW is eligible for a higher discount as may be granted by the commercial establishment and/or other existing laws.

The commercial establishment may claim the discount under this Section as tax deduction based on the cost of goods sold or services rendered: *Provided*, That the discount shall be allowed as deduction from the gross income for the same taxable year that the discount is granted:

Provided, further, That the total amount of the claimed tax deduction net of VAT, if applicable, shall be included in their gross sales receipt for tax purposes and shall be subject to proper documentation and to the provisions of the National Internal Revenue Code of 1997, as amended.

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

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

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

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

- (i) *Insurance Coverage.* – All BHWs shall be granted insurance coverage and benefits from the Government Service Insurance System (GSIS) which shall be borne by the LGU concerned. For this purpose, the GSIS shall design an insurance benefit packaged suited to the needs and status of BHWs;
- (j) *Sick and Maternity Leaves.* – All BHWs shall be entitled to sick and maternity leaves as prescribed by the local health board: *Provided,* That the BHWs shall continue to receive their monthly honoraria while on leave, for such period in accordance with existing laws and practices.
- (k) *Cash Gift.* – All accredited BHWs are entitled to a cash gift of not less than the minimum monthly honoraria to be given every December from the general fund of the barangay or from such other funds appropriated by the national government for the purpose;
- (l) *Disability Benefit.* – An Accredited BHW who sustains injury or sickness in the course of the performance of their duties shall be entitled to Two thousand pesos (P2,000.00) for every year of service;
- (m) *Civil Service Eligibility.* – A second-grade eligibility shall be granted to accredited BHWs who have rendered five (5) years of continuous service as such: *Provided,* That should a BHW become a regular employee of the government, the total number of years served as such shall be credited to the BHW's service in computing the retirement benefits;
- (n) *Free Legal Services.* – Legal representation and consultation services shall be immediately provided by the Public Attorney's Office to an accredited BHW in cases of coercion, interference, and in other civil and criminal cases filed by or against BHWs arising out of or in connection with the performance of their duties as such;
- (o) *Preferential Access to Loan.* – The DOH in coordination with other concerned government agencies shall provide, within One hundred eighty (180) days after the effectivity of this Act, a mechanism that shall provide BHWs organized access to loan services. The agencies providing loan services will set aside one percent (1%) of their loanable funds for organized BHW groups that have community-based income generating projects in support of health programs or activities.

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

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

SEC. 10. Integration of Barangay Health Workers in the Early Childhood Care and Development (ECCD) System. – In accordance with the State policy to promote holistic child development under Republic Act No. 12199, Barangay Health Workers (BHWs) shall be recognized as essential frontline service providers within the Early Childhood Care and Development (ECCD) System.

(a) Role in ECCD Service Delivery. – BHWs shall form part of the ECCD service providers and shall assist in the delivery of integrated health, nutrition, and early childhood care services for children from zero (0) to eight (8) years of age, particularly those below five (5) years, consistent with the ECCD System framework . In this capacity, BHWs shall:

- 1) Support maternal, neonatal, and child health programs, including prenatal and postnatal care, immunization, growth monitoring, and nutrition services;
- 2) Assist in early identification, referral, and intervention for children with developmental delays or disabilities;
- 3) Participate in home-based and center-based ECCD modalities, including Child Development Centers (CDCs), through health education and family support services;
- 4) Promote responsible caregiving, breastfeeding, and parent education programs in coordination with ECCD service providers and local health personnel; and
- 5) Provide community-based monitoring and data collection relevant to child health, nutrition, and development.

(b) Inter-Agency and Local Coordination. – The Department of Health (DOH), in coordination with the ECCD Council, Department of Social Welfare and Development (DSWD), Department of Education (DepEd), and Local Government Units (LGUs), shall ensure the effective integration of BHWs into ECCD programs, including their participation in planning, implementation, and monitoring at the barangay level.

(c) Capacity Building and Professional Development. – BHWs shall be provided with specialized training on early childhood care, child development, nutrition, and family support services as part of their continuing education

and accreditation requirements under this Act. Such training shall be aligned with ECCD standards and competency frameworks.

- (d) Incentives for ECCD Functions. – In recognition of their expanded roles under the ECCD System, BHWs shall be entitled to additional support, incentives, or performance-based grants, subject to the guidelines issued by the DOH, ECCD Council, and DBM, and funded through the Special Health Fund, ECCD-related appropriations, and LGU resources.
- (e) Inclusion in Local ECCD Structures. – BHWs shall be represented in barangay-level ECCD coordinating mechanisms and shall actively collaborate with Child Development Workers (CDWs), rural health midwives, and other ECCD service providers to ensure integrated service delivery.
- (f) Data Integration and Reporting. – Data gathered by BHWs on maternal and child health, nutrition, and early development shall be integrated into the ECCD monitoring and evaluation system to support evidence-based planning and policy implementation.

SEC. 11. Funding Framework. – The funding requirements for the implementation of this Act shall be sourced from the following:

- (a) Appropriations of Local Government Units (LGUs), including their respective Local Health Funds;
- (b) National Government appropriations through the Department of Health (DOH), as may be provided in the General Appropriations Act;
- (c) The Special Health Fund established under Republic Act No. 11223, otherwise known as the “Universal Health Care Act”; and
- (d) Grants, donations, and other lawful sources, whether domestic or foreign, subject to existing laws, rules, and regulations.

The National Government, through the DOH and in coordination with the Department of Budget and Management (DBM), shall provide counterpart funding, subsidies, and performance-based grants to assist LGUs in the effective implementation of this Act, taking into consideration fiscal capacity, health outcomes, and compliance with national standards.

SEC. 12. Annual Review. – The local health boards shall conduct an annual review of the BHW program, performance, as well as the benefits, incentives, and allowances

enumerated in the immediately preceding section taking into consideration the current consumer price index as published by the Philippine Statistics Authority.

SEC. 13. 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. 14. Protection of BHWs. – No accredited BHW shall be removed except for a valid cause as determined by the Local Health Board (LHB). The LHB shall resolve termination cases against BHWs judiciously and not later than ninety (90) days from the receipt of a complaint: *Provided*, That if a BHW is found to be unjustly removed from service, the BHW shall be entitled to reinstatement without loss of benefits and incentives from the time of termination up to the time of reinstatement.

SEC. 15. Grievance Mechanism. – The LHB shall establish a grievance mechanism as a means of processing complaints of BHWs against alleged acts of discrimination and unjust removal from the service. The decisions rendered by the LHB shall be final and executory.

SEC. 16. Municipal, City, Provincial, and National Federation of BHWs. – There shall be an organization of accredited BHWs for the purpose of electing the municipal, city, provincial, and national-level federation in order to ventilate, articulate, and crystalize issues affecting health care delivery system and with utmost regard to service to patients and the continuous operation of barangay health services in the interest of public health, safety, or survival of patients.

The BHW federation for municipalities, cities, and provinces shall elect their respective local federation boards of directors, and a set of national officers to comprise the national board of directors to be headed by a president. A secretary-general shall be chosen from among the national federation members to manage the day-to-day operation and activities of the federation. The respective boards of directors may create such other positions as may be necessary for the management of the affairs of the local and national federation.

SEC. 17. Representation in the Local Health Board and Primary Health Care Provider Network. – The President of the municipal or city federation of BHWs shall be a member of the municipal or city local health board. The respective presidents of the federation of BHWs of each city and municipality federation of a province shall elect from among themselves their representative to the provincial health board: *Provided*, That the BHW representatives to the local health boards shall not be allowed to vote on the registration, accreditation, and disciplinary or removal complaints of BHWs.

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

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

SEC. 19. Continuous Capacity Building for BHWs. – The DOH shall conduct continuous capacity building for BHWs that will enhance and upgrade their knowledge and skills through various forms including online learning and multimedia in major Philippine dialects.

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

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

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

SEC. 20. Observance of BHW Day. – Every barangay shall commemorate BHW Day during April 7 of every year in recognition of the service of Barangay Health Workers, their heroic services in times of crises, and their indispensable role in promoting health and wellness among the citizenry.

The DOH, in cooperation with the Department of Interior and Local Government (DILG) and all local government units 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 may be administratively and criminally charged in accordance with law.

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

SEC. 23. Implementing Rules and Regulations. – The DOH and the DILG shall, in consultation with the DepEd, CSC, GSIS, and other concerned government agencies and non-governmental agencies, promulgate the rules and regulations to implement this Act not later than One hundred eighty (180) days from the effectivity of this Act.

SEC. 24. Separability Clause. – If any portion or provision of this Act is declared unconstitutional or invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

SEC. 25. 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 amended accordingly.

SEC. 26. Effectivity Clause. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,