

Republic of the Philippines
House of Representatives

Quezon City, Metro Manila

TWENTIETH CONGRESS

First Regular Session

House Bill No. 9017



INTRODUCED BY REP. PATRICK MICHAEL "PM" D. VARGAS

AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH
WORKERS

EXPLANATORY NOTE

The State provides that it shall protect and promote the right to health of all Filipinos and instill health consciousness among them. To this effect, the country's health system abounds with legislation protecting and providing for the health of the citizens as well as the health care workers.

In 1991, Republic Act No. 7160, or the Local Government Code of 1991, was enacted into law, mandating that among the functions of the barangay is to provide health and social welfare services, which include maintenance of barangay health centers and day-care.

A few years later, RA 7883 was passed to grant all benefits and incentives for accredited Barangay Health Workers (BHWs) for voluntary health services rendered to the community.

These laws, however, currently do not address the disproportional number of BHWs based on the needs of each barangay. To provide better access to health care services, the State must provide an adequate number of full-time health workers to competently deliver these services; the number of which is equitable to the present needs of each barangay.

By ensuring that there are enough BHWs in every barangay around the country and by providing these BHWs protection through proper benefits and incentives, each barangay is guaranteed to have health workers who will have the security of tenure and thus perform their duties to the best of their abilities.

This bill seeks to improve the overall barangay-level healthcare system by focusing on the welfare of frontliners, the BHWs, who are first in providing immediate medical care for the most marginalized and underprivileged sectors of society.

With the designation of barangay health workers, citizens in all corners of the nation will be able to enjoy their right to accessible, affordable, and quality health care.

In view of the foregoing, approval of this bill is urgently sought.

A handwritten signature in blue ink, appearing to be 'PMV', is positioned above the printed name of the representative.

REP. PATRICK MICHAEL VARGAS
Fifth District, Quezon City

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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*”.

SECTION 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. 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’ Millennium Development Goals (MDGs), the State shall adopt policies that promote the welfare and well-being of barangay health workers who are at the forefront of the delivery of healthcare at the grassroots level, and which shall effectively harness their potential as partners in development.

SECTION 3. Definition. – As used in this Act, the term “barangay health worker” refers to a person who has undergone training under any accredited government and nongovernment organization and who voluntarily renders primary healthcare services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH) pursuant to Section 3 of Republic Act No. 7883 otherwise known as the “Barangay Health Workers’ Benefits and Incentives Act of 1995.”

SECTION 4. *Registration.* – Barangay health workers (BHWs) shall be registered with the local health board in the city or municipality in which they render service. The registered health workers shall be given appropriate proof of said registration.

The municipal and city health offices shall regularly maintain and update the BHW Registry with the assistance of the BHW Federation and shall submit the same to the municipal or city health board. The local health offices shall submit a copy of their respective updated BHW registry to the Provincial Health Office, which shall consolidate all registries. Upon the validation of the Provincial BHW Federation, the consolidated Provincial Registry shall be submitted to the Provincial Health Board, and the same shall be posted in the municipal or city bulletin boards and barangay health centers.

The Provincial BHW Registry shall be submitted on or before April 30 of every year to the DOH at the regional and national levels for consolidation. The DOH is hereby mandated to maintain a national register 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 the application for registration in the barangay, as certified by the Rural Health Midwife (RHM) or public health nurse assigned to the barangay and by the head of the barangay health workers association;
- (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 nongovernmental 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 DOH, to provide the BHW applicants with basic orientation and training within six (6) months from the date of approval of their application.

SECTION 5. 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 the certificate of accreditation to qualified BHWs. In order to qualify for accreditation, the applicant BHW must:

- (a) Be registered in accordance with Section 4 hereof;
- (b) Have completed in the locality at least two (2) years of continuous and satisfactory service immediately prior to the filing of the application for accreditation;
- (c) Have completed a regular training program on health care service and community-based health program, which would upgrade and develop the skills and competency of BHWs to perform their roles. The training program shall be institutionalized by the DOH, in cooperation with local government units (LGUs).

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

SECTION 6. Number and Role of Barangay Health Workers. – Notwithstanding the limitations prescribed under Section 325(a) of Republic Act No. 7160, as amended, otherwise known as “The Local Government Code of 1991”, each barangay shall at least have one (1) BHW for every twenty (20) households.

As one of the key partners in a reformed healthcare delivery system, the DOH and LGUs shall support the roles of BHWs as:

- (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 LGUs, such as the importance of 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) Coordinator - 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;
- (f) Health Care Service Provider – to assist and provide basic healthcare services as may be needed in the community in any health event.

A BHW shall not be required to engage in any partisan political activity.

SECTION 7. *Mandatory Appointment of Barangay Health Worker (BHW).*

– There shall be appointed at least one (1) BHW in every barangay for every twenty (20) households, who shall be under the supervision and control of the DOH. The BHW so appointed shall coordinate closely with the local government health officer in the implementation of health programs in the locality. As far as practicable, the BHW to be employed must be a resident of the barangay.

The DOH shall determine the ratio of barangay health workers according to the number of households: Provided, that there shall be at least one (1) BHW for every twenty (20) households: Provided, further, that the total number of barangay health workers nationwide shall not be less than one percent (1%) of the total population.

SECTION 8. Incentives and Benefits. – All BHWs who are actively and regularly performing their duties shall be entitled to monthly honoraria in the amount of not less than Three thousand pesos (P3,000.00), subject to adjustment based on the prevailing market value, in addition to the following incentives and benefits:

- (a) Privileges for the BHWs. – All accredited BHWs shall be entitled to a 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 that may be granted by the commercial establishment or other existing laws.

The commercial establishment may claim the discount granted 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 value-added tax, 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.

- (b) Hazard Allowance. – All accredited BHWs shall be entitled to 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;
- (c) Subsistence Allowance. – All accredited BHWs who render service within the premises of isolated barangay health stations shall be entitled to subsistence allowance equivalent to the meals they take in the course of their duty, which shall be computed in accordance with prevailing circumstances as determined by the LGU concerned. Such allowance shall, in no case, be less than One hundred pesos (P100.00) per day;
- (d) Transportation Allowance. – All accredited BHWs, in the performance of their official duties, shall be entitled to a transportation allowance of not less than One thousand pesos (P1,000.00) per month, subject to auditing rules and regulations;

- (e) One-time Retirement Cash Incentive. – An accredited BHW who has continuously and satisfactorily served for at least fifteen (15) years shall be entitled to a one-time retirement cash incentive of not less than Ten thousand pesos (P10,000.00) in recognition of their loyalty and dedication, which shall be borne by the municipality or city concerned. The provincial government may provide assistance for this purpose, in the case of component cities;
- (f) 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 nongovernment organizations, provide information on and opportunities for education and career enrichment for accredited BHWs, such as in the following programs:
- (1) Educational programs that credit the years of primary healthcare 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 to pursue further training as midwives, pharmacists, nurses, or doctors;
 - (2) Continuing education, study and exposure tours, grants, field immersion, and scholarships, among others;
 - (3) Scholarship benefits in the form of tuition fees in state colleges, to be granted to one (1) child of every barangay health worker who will not be able to take advantage of the programs described in paragraphs (1), (2), and (3) hereof; and
 - (4) Special training programs such as traditional medicine, disaster preparedness, and other programs that address emergent community health problems and issues.
- (g) Health Benefits. – All accredited BHWs shall be entitled to the following health benefits during their incumbency:

- (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 12 (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;
- (3) Mandatory and immediate membership in the PhilHealth as indirect contributors.

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

- (h) Insurance Coverage. – Accredited BHWs shall be granted insurance coverage and benefits by the Government Service Insurance System (GSIS) which shall be borne by the LGU concerned. For this purpose, the GSIS shall design an insurance benefit package suited to the needs and unique circumstances of the BHWs;
- (i) Sick, Vacation, and Maternity Leaves. – All accredited BHWs shall be entitled to sick, vacation, and maternity leaves as may be prescribed in the implementing rules and regulations of this Act: Provided, that the BHWs shall continue to receive their monthly honoraria while on leave, for such period in accordance with existing laws and practices.
- (j) Cash Gift. – All accredited BHWs are entitled to a cash gift 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;
- (k) Disability Benefit. – An accredited BHW who sustains an injury or falls ill in the course of the performance of their duties shall be entitled to two thousand pesos (P2,000.00) for every year of service.
- (l) Civil Service Eligibility. – A first-grade eligibility shall be granted to accredited BHWs who have rendered three (3) years 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 the computation of retirement benefits.

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

(m) **Preferential Access to Loan Facilities.** – 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 organized BHWs 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.

SECTION 9. Review by the Local Health Board. – Every incentive or benefit for BHWs requiring expenditure of local funds shall be reviewed and approved by the LHB. Such benefits and incentives may be increased, upon review of the LHB, after considering, among others, the present Consumer Price Index (CPI) as published by the Philippine Statistics Authority (PSA).”

SECTION 10. 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.

SECTION 11. Protection of BHWs. – The municipal, city, provincial governments, and the Department of the Interior and Local Government (DILG) shall establish a grievance mechanism as a means of processing complaints of BHWs against alleged acts of discrimination and unjust removal from the service. A BHW may appeal their grievances to the DILG.

SECTION 12. Right to Self-organization. – A BHW shall have the right to freely form, join, or assist organizations to obtain redress of their grievances through peaceful concerted activities, in a manner not contrary to law, 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.

SECTION 13. *Representation in the Local Health Board and Primary Health Care Provider Network.* – The president of the municipal or city association of BHWs shall be a member of the municipal or city local health board. The presidents of the association of BHWs of each component city and municipality associations of a province shall elect from among themselves their representative to the provincial health board: Provided, that the BHW representatives to the health boards shall not be allowed to vote on the registration, accreditation, disciplinary, or removal complaints of BHWs. The BHWs shall also form part of the healthcare provider network and shall participate in the implementation of healthcare services and programs.

SECTION 14. *Continuous Capacity Building for BHWs.* – The DOH shall conduct continuous capacity building for BHWs to enhance and upgrade their knowledge and skills, including training programs conducted online and 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 that highlight the collective experiences and learnings of BHWs and the use of traditional and complementary medicine. The LGUs shall endeavor to establish their own training centers for their BHWs and other health workers in coordination with TESDA, NGOs, and other agencies concerned. The LGUs shall also implement a development program for BHWs that will allow them to benefit from ladderized training as provided under Republic Act No. 10968, otherwise known as 22 the “PQF Act,” and Republic Act No. 10647, otherwise known as the “Ladderized Education Act 23 of 2014,” including academic credits for health-related courses.

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

SECTION 16. *Appropriations.* – The amount necessary for the implementation of this Act shall be charged against the National Tax Allotment (NTA) of the LGUs, other local funds, and the special health fund under Republic Act No. 11223, otherwise known as the “Universal Health Care Act”.

SECTION 17. *Implementing Rules and Regulations.* – The DOH and the DILG shall, in consultation with the DepEd, the CSC, the GSIS, and other concerned government agencies and nongovernmental entities, promulgate the rules and regulations to implement this Act not later than one hundred eighty (180) days from the effectivity of this Act.

SECTION 18. *Separability Clause.* – If any portion or provision of this Act is declared invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

SECTION 19. *Repealing Clause.* – Republic Act No. 7883, otherwise known as the “Barangay 4 Health Workers’ Benefits and Incentives Act of 1995,” is hereby repealed. All laws, decrees, executive orders, rules, and regulations, which are inconsistent with this Act, are hereby repealed or modified accordingly.

SECTION 20. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a national newspaper of general circulation.

Approved,