



Republic of the Philippines
House of Representatives
Quezon City

TWENTIETH CONGRESS

First Regular Session

House Bill No. 9169



Introduced by Representative Albert S. Garcia

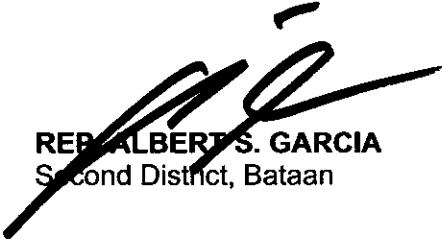
EXPLANATORY NOTE

This bill seeks to institutionalize a Magna Carta for Barangay Health Workers (BHWs). BHWs serve an essential role in the public health system of the Philippines, particularly in primary health care.

The bill provides for the registration and accreditation of BHWs, defines their roles and responsibilities, and grants them a range of benefits including monthly honoraria of not less than three thousand pesos (P3,000.00), hazard, subsistence, and transportation allowances, insurance coverage, civil service eligibility, and free legal services. It likewise establishes tenure protections, a grievance mechanism, and career development pathways through ladderized education programs. Finally, it institutionalizes BHW federations at the municipal, city, provincial, and national levels, and provides for BHW representation in local health boards

By further professionalizing our BHWs, they shall be given the necessary institutional support to properly fulfill their duties in addressing the health needs of our local communities.

Support, then, for this measure is earnestly sought from my colleagues.


REP. ALBERT S. GARCIA
Second District, Bataan



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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

1 the delivery of health care at the grassroots level, and effectively harness their potential
2 as partners in development.

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

8 **SEC. 4. Coverage.** – This Act shall apply to all barangay health workers (BHWs)
9 as defined under Section 3 of this Act:

10 Provided, that all incentives and benefits granted under this Act shall extend only
11 to duly accredited BHWs, who have undergone at least two (2) years of training:

12 Provided, however, that duly registered barangay health workers shall be entitled
13 to a monthly honoraria and hazard allowance as provided in Sec. 9 herein:

14 Provided, further, that when the BHW receives a fixed salary under a permanent
15 appointment in any government office, by election to another public office or by
16 employment in the private sector, coverage under this Act shall automatically cease
17 and the BHW shall be covered under applicable laws.

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

21 The municipal and city health offices shall regularly update and maintain the
22 BHW Registry with the assistance of the BHW Federation. The BHW Registry
23 shall be subject to the approval of the municipal or city health board. The local
24 health offices shall submit a copy of the updated and duly approved registry to
25 the Provincial Health Office for consolidation and validation with the assistance
26 of the Provincial BHW Federation, which shall also be subject to the approval of

1 the Provincial Health Board. The Provincial BHW Registry shall be posted in the
2 municipal or city bulletin board and barangay health centers.

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

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

- 8 (a) Have rendered basic community health care services continuously and
9 satisfactorily for at least six (6) months immediately preceding the date of the
10 filing of application for registration in the barangay as recommended by the
11 Rural Health Midwife (RHM) or public health nurse assigned to the barangay
12 and by the head of the barangay health workers association and certified by
13 the Sangguniang Barangay;
- 14 (b) Have completed the basic orientation and training for BHWs as prescribed by
15 the DOH and conducted by an accredited government agency, or DOH-
16 recognized academic institution, or NGO;
- 17 (c) Be at least eighteen (18) years of age at the date of the filing of the application
18 for registration; and,
- 19 (d) Be physically and mentally fit.

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

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

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

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

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

7 (c) Have completed a regular training program on health care service and
8 community-based health program in order to upgrade and develop the skills
9 and competency required of a BHW. The training program shall be
10 institutionalized by the DOH, in cooperation with local government units
11 (LGUs).

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

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

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

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

22 **SEC. 7. Roles, and Duties and Responsibilities of Barangay Health**

23 **Workers.** – As one of the key partners in a reformed health care delivery system, the
24 DOH and LGUs shall support BHWs as they perform the following roles:

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

19 The BHW shall perform the following duties and responsibilities:

- 20 (a) Height and weight monitoring, and reporting the same to the barangay;
- 21 (b) Monitoring and following up of defaulted cases of immunization, family
22 planning, tuberculosis compliance to treatment and others, and reporting the
23 same to the barangay;
- 24 (c) Reporting to the barangay any incidence of disease or any health cases in
25 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 need 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.

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 board
7 of LGU concerned, which in no case shall be less than one thousand pesos
8 (P1,000.00) per month, subject to existing laws, rules, and regulations;

9 (c) Subsistence Allowance equivalent to the meals they take in the course of
10 their duty, which shall be computed in accordance with prevailing conditions
11 as determined by the LGU concerned, which in no case shall be less than
12 one hundred pesos (P100.00) per day: Provided, That the accredited BHW
13 shall render service within the premises of isolated barangay health stations
14 in order to make it available at any and all times;

15 (d) Transportation Allowance of not less than one thousand pesos (P1,000.00)
16 per month, subject to auditing rules and regulations, on the condition that the
17 availment of transportation services are in line with the performance of the
18 BHW's official duties and responsibilities;

19 (e) One-time Gratuity Cash Incentive of not less than ten thousand pesos
20 (P10,000.00) in recognition of the BHW's loyalty and dedication and for
21 having continuously and satisfactorily served for at least fifteen (15) years;

22 (f) *Discount Privileges for BHWs.* – All BHWs shall be entitled to twenty percent
23 (20%) discount on all the items enumerated under Section 4(a) of Republic
24 Act No. 9994, otherwise known as the Expanded Senior Citizens Act of 2010:
25 *Provided, That the privileges shall not be claimed if the BHW is eligible for a*

1 higher discount as may be granted by the commercial establishment and/or
2 other existing laws.

3 The commercial establishment may claim the discount granted under this section
4 as tax deduction based on the cost of goods sold or services rendered: Provided,
5 That the discount shall be allowed as deduction from the gross income for the
6 same taxable year that the discount is granted: Provided further, That the total
7 amount of the claimed tax deduction net of VAT, if applicable, shall be included
8 in their gross sales receipt for tax purposes and shall be subject to proper
9 documentation and to the provisions of the National Internal Revenue Code of
10 1997, as amended.

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

- 18 1) Educational programs which credit the years of primary health care service
19 of the BHW towards higher education completion in institutions with
20 stepladder curricula, thus allowing them to upgrade their skills and
21 knowledge for community work or to pursue further training as midwives,
22 pharmacists, nurses or doctors;
- 23 2) Continuing education, study and exposure tours, grants, field immersion,
24 scholarships; and

1 3) Special training programs such as traditional medicine, disaster
2 preparedness and other programs that address emergent community
3 health problems and issues.

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

6 1) Free medical care, including surgery and surgical expenses, medicines, x-
7 ray and other laboratory fees, when confined in any public hospital or
8 health institution;

9 2) Emergency assistance not exceeding the amount of five thousand pesos
10 (P5,000.00) chargeable against the fund of the barangay concerned, for
11 expenses incurred in the nearest private hospital or clinic in case of
12 extreme emergency where there is no available public hospital;

13 3) Mandatory and immediate membership in the Philippine Health Insurance
14 Corporation (Philhealth) as indirect contributors.

15 (i) *Insurance Coverage.* – All BHWs shall be granted insurance coverage and
16 benefits from the Government Service Insurance System (GSIS) which shall
17 be borne by the LGU concerned. For this purpose, the GSIS shall design an
18 insurance benefit package suited to the needs and status of BHWs;

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

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

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

4 (m) *Civil Service Eligibility.* – A second grade eligibility shall be granted to
5 accredited BHWs who have rendered five (5) years continuous service as
6 such: *Provided, That* should a BHW become a regular employee of the
7 government, the total number of years served as such shall be credited to the
8 BHW's service in computing the retirement benefits;

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

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

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

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

25 **SEC. 10. *Annual Review.*** – The local health boards shall conduct an annual
26 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. 11. *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. 12. *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. 13. *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. 14. *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. 15. 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. 16. Prohibition from Engaging in Partisan Political Activity. – No BHW shall engage in any partisan political activity.

SEC. 17. 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 shall endeavor to establish their own training centers for their BHWs and other health workers in coordination with the TESDA, NGOs, and other agencies 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.
3 10968, otherwise known as the Philippine Qualification Framework Act, and
4 Republic Act No. 10647, otherwise known as the Ladderized Education Act of
5 2014, including academic credits for health-related courses.

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

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

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

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

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

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

1 **SEC. 23. Repealing Clause.** – Republic Act No. 7883, otherwise known as the
2 “*Barangay Health Workers’ Benefits and Incentives Act of 1995*” is hereby repealed. All
3 laws, decrees, executive orders, rules and regulations, which are inconsistent with this
4 Act are hereby repealed or amended accordingly.

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

7 **Approved,**
8