



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City
TWENTIETH CONGRESS
Second Regular Session
HOUSE BILL NO. 11294



Introduced by **REPRESENTATIVE ANN MATIBAG**

AN ACT PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS, PROFESSIONALIZING AND STRENGTHENING THE BARANGAY HEALTH WORKFORCE, PROVIDING FOR THEIR REGULAR EMPLOYMENT, JUST COMPENSATION, BENEFITS, RIGHTS, AND SECURITY OF TENURE, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Barangay health workers (BHWs) are the first and often the most accessible link between Filipino families and the public health system. They assist in maternal and child care, immunization, disease prevention and surveillance, health education, patient navigation, community mobilization, and the maintenance of local health information. Their work is indispensable to a primary care-led health system and to the effective implementation of universal health care.

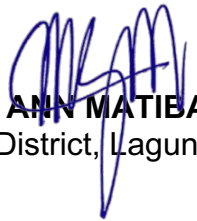
Yet many BHWs continue to serve under uncertain volunteer arrangements, receive widely varying honoraria, and remain vulnerable to displacement whenever local political leadership changes. This situation undervalues essential community health work, much of which is performed by women, and weakens continuity of care at the barangay level.

This measure combines professionalization with a comprehensive framework for the rights, welfare, development, and organization of BHWs. It provides for standardized registration and competency certification, continuing education, a national information

system, progressive creation of regular plantilla positions, a minimum Salary Grade 1 entry level for employed BHWs, security of tenure, minimum benefits for volunteer BHWs during the transition, and national assistance to local governments with limited fiscal capacity.

The bill also protects BHWs against discrimination and political interference, recognizes their right to organize and participate in health policy discussions, and establishes clear grievance and appeal mechanisms. By investing in the people who sustain health care at the community level, the State strengthens both the dignity of BHWs and the reliability of public health services for every family.

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


REP. ANN MATIBAG
First District, Laguna



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

CHAPTER I
GENERAL PROVISIONS

SEC. 1. Short Title. - This Act shall be known as the "Magna Carta for Barangay Health Workers."

SEC. 2. Declaration of Policy. - It is the policy of the State to protect and promote the right to health, adopt an integrated and comprehensive approach to health development, and make essential health and social services available and accessible to all.

The State recognizes BHWs as indispensable community-based public health workers and partners in achieving universal health care. It shall professionalize and integrate them into the formal health workforce; ensure decent work, just compensation, security of tenure, safe working conditions, social protection, and opportunities for career advancement; recognize the economic value of community health work, particularly the

work performed by women; and protect BHWs from discrimination, political interference, and arbitrary removal.

SEC. 3. Coverage. - This Act shall apply to all registered and certified BHWs, whether serving as volunteers or employed by a barangay, municipality, city, province, or national government agency, and to all government entities that recruit, deploy, supervise, or mobilize BHWs.

SEC. 4. Definition of Terms. -

- (a) "Barangay health worker" or "BHW" means a person registered by the municipal or city health board who has undergone the training prescribed by the Department of Health (DOH) and voluntarily renders or is employed to render primary health care services in the community;
- (b) "Certified BHW" means a registered BHW who has satisfied the competency standards and certification requirements under this Act;
- (c) "Employed BHW" means a BHW appointed to a regular, permanent plantilla position in a local government unit (LGU) or national government agency;
- (d) "Volunteer BHW" means a registered or certified BHW who renders service without a regular plantilla appointment during the transition provided under this Act; and
- (e) "Primary health care" refers to accessible, continuing, comprehensive, and coordinated care provided as the initial and continuing point of contact in the health care delivery system.

CHAPTER II

ROLE AND DEPLOYMENT OF BARANGAY HEALTH WORKERS

SEC. 5. Role in Primary Health Care. - BHWs shall form part of the community health teams of barangay health stations, health centers, or other primary care facilities of the municipal or city health office. They shall work under the day-to-day supervision of the head of the concerned facility and shall perform functions consistent with their training and certification, including:

- (a) assisting in the delivery of primary health care services, health promotion, disease prevention and surveillance, maternal and child care, immunization, nutrition, and other community health programs;
- (b) serving as health educators and community organizers;
- (c) assisting in patient navigation, referral, follow-up, and coordination within the health care provider network; and

(d) collecting and maintaining community health data and records, subject to data privacy and confidentiality laws.

No BHW shall be required to perform a procedure or function beyond the BHW's certified competence or without appropriate supervision, equipment, and protection.

SEC. 6. Coordination with the Barangay. - The municipal or city health office shall coordinate with the punong barangay in implementing community health programs. The barangay shall support the maintenance of health stations and provide the supplies, equipment, transportation, communications, and logistical support reasonably necessary for BHWs to perform their duties.

SEC. 7. Staffing Standard. - The DOH, in consultation with the Department of the Interior and Local Government (DILG), LGUs, and recognized BHW organizations, shall prescribe a needs-based staffing standard taking into account catchment population, household density, geography, disease burden, the community health profile, and the range of required services. As an initial benchmark, LGUs shall work toward a ratio of at least one (1) BHW for every twenty (20) households, subject to validation and periodic adjustment by the DOH at least once every four (4) years.

BHWs should, as far as practicable, be residents of the communities to which they are assigned.

CHAPTER III

REGISTRATION CERTIFICATION AND PROFESSIONAL DEVELOPMENT

SEC. 8. Registration. - An applicant shall register with the municipal or city health board of the locality where the applicant resides and intends to serve. The applicant must be at least eighteen (18) years of age, physically and mentally fit to perform the duties of a BHW with reasonable accommodation when necessary, and must have completed the DOH-prescribed basic orientation and training within the year of application. The local health board may prescribe additional reasonable and nondiscriminatory qualifications consistent with national standards.

SEC. 9. Powers of Municipal and City Health Boards. - In addition to their functions under Republic Act No. 7160, municipal and city health boards shall administer the recruitment, selection, registration, certification, retention, and removal of BHWs and resolve complaints and grievances involving them. A decision revoking registration or ordering removal may be appealed to the provincial health board and thereafter to the DILG. In highly urbanized and independent component cities, the appeal shall be directly to the DILG.

The DILG and DOH shall issue uniform standards for notice, hearing, decision, and appeal, consistent with administrative due process.

SEC. 10. National BHW Information System. - The DOH, in partnership with the Department of Information and Communications Technology and LGUs, shall establish and maintain a secure National BHW Information System as the authoritative registry of BHWs. It shall contain information necessary for workforce planning, deployment, training, compensation, and benefits, subject to Republic Act No. 10173 or the Data Privacy Act of 2012.

Municipal and city health boards shall keep records current and accurate. Provincial health boards and the DOH shall provide technical assistance and monitor compliance.

SEC. 11. Certification of Competency. - A registered BHW may apply for certification after completing at least two (2) years of continuous service in the locality, the prescribed training and certification courses, and a satisfactory performance evaluation by the supervising health professional. The DOH, in consultation with the Technical Education and Skills Development Authority (TESDA), Commission on Higher Education (CHED), and Civil Service Commission (CSC), shall establish competency standards and assessment procedures.

The municipal or city health board shall act on a complete application within thirty (30) days and issue a certificate to a qualified applicant. The LGU and DOH shall ensure reasonable access to assessment and certification without charging the applicant prohibitive fees.

SEC. 12. Continuing Education and Training. - The DOH and TESDA, in collaboration with the CSC, CHED, LGUs, educational institutions, and BHW organizations, shall institutionalize a continuing competency-based curriculum covering clinical support functions, health education, community organizing, records management, patient navigation, disaster response, digital health, data privacy, occupational safety, and emerging community health needs.

All BHWs shall complete mandatory continuing community-based health education at least once every three (3) years, or more frequently when required by public health needs. Training shall be accessible through in-person, web-based, and mobile modalities and shall be provided without loss of salary or honorarium.

CHAPTER IV

REGULAR EMPLOYMENT COMPENSATION AND SECURITY OF TENURE

SEC. 13. Creation of Plantilla Positions. - The Department of Budget and Management (DBM), in consultation with the CSC, DOH, DILG, LGUs, and duly recognized BHW organizations, shall establish BHW position titles, qualification standards, and corresponding salary grades in the Index of Occupational Services, Occupational Groups, Classes and Salary Grades.

Every municipality and city shall progressively create regular plantilla positions sufficient to meet the staffing standard under Section 7. Certified BHWs with at least two (2) years of continuous satisfactory service shall be given preference in appointment, subject to merit and fitness and applicable civil service laws. In no case shall the entry-level salary be lower than Salary Grade 1 under the prevailing Salary Standardization Law.

SEC. 14. Transition to Regular Employment. - Within one (1) year from the effectivity of this Act, every municipality and city shall prepare a five-year BHW regularization plan identifying existing BHWs, required positions, annual targets, funding sources, and priority underserved areas. At least twenty percent (20%) of the positions required under the plan shall be funded and filled each year until full implementation, subject to availability of qualified applicants.

During the transition, volunteer BHWs shall retain their registration, assignments, accrued service credit, honoraria, and benefits and shall not be displaced solely because plantilla positions are being created.

SEC. 15. Security of Tenure and Continuity of Service. - An employed BHW shall enjoy security of tenure and may be disciplined or removed only for cause and after due process under civil service laws. A registered or certified volunteer BHW may be removed from the registry or service only for a ground prescribed by uniform DOH-DILG rules and after notice and hearing. No change in local political leadership shall constitute a ground for nonrenewal, reassignment, removal, or replacement.

SEC. 16. Credit for Prior Service. - Upon appointment to a regular position, the years of continuous, documented, and satisfactory service previously rendered as a registered BHW shall be credited for purposes of step increment, leave entitlement, loyalty awards, and retirement, to the extent allowed by law and implementing rules. The CSC, DBM, and Government Service Insurance System (GSIS) shall issue the necessary guidelines.

CHAPTER V

BENEFITS AND INCENTIVES

SEC. 17. Benefits of Employed BHWs. - In addition to basic salary, employed BHWs shall receive the allowances, leave benefits, insurance, retirement, health emergency

allowance, hazard pay, and other benefits available under civil service laws, Republic Act No. 7305 or the Magna Carta of Public Health Workers when applicable, Republic Act No. 11712, and other relevant laws. Membership and employer contributions in the GSIS, Philippine Health Insurance Corporation (PhilHealth), and Home Development Mutual Fund shall be mandatory.

A BHW assigned to a geographically isolated and disadvantaged area or exposed to occupational hazards shall receive hazard allowance in accordance with applicable law, but in no case lower than twenty percent (20%) of monthly basic salary when the conditions for entitlement are present.

SEC. 18. Minimum Benefits of Volunteer BHWs During Transition. - Until appointed to a regular position, every registered or certified volunteer BHW shall receive the following minimum benefits, without prejudice to more favorable benefits granted by an LGU:

- (a) a monthly honorarium of not less than Three thousand pesos (P3,000.00) for a registered BHW and not less than Five thousand pesos (P5,000.00) for a certified BHW, to be reviewed and adjusted by the DOH, DILG, and DBM every three (3) years;
- (b) a cash gift each December equivalent to not less than one (1) month of the applicable minimum honorarium;
- (c) transportation allowance or reimbursement of actual authorized transportation expenses, including official travel and patient transport, which shall not be deducted from the honorarium;
- (d) subsistence allowance for service outside the BHW's place of residence in an unserved or underserved area, at rates prescribed by the DBM and DOH;
- (e) a monthly rice subsidy of up to One thousand pesos (P1,000.00) or its equivalent in rice;
- (f) hazard allowance of not less than One thousand pesos (P1,000.00) per month when exposed to validated occupational hazards, armed conflict, disaster, outbreak, or comparable danger;
- (g) appropriate group insurance coverage, with premiums borne by the municipality or city, and PhilHealth coverage consistent with law;
- (h) health emergency allowance and other benefits under Republic Act No. 11712 when deployed during a public health emergency; and
- (i) a one-time service recognition incentive of not less than Ten thousand pesos (P10,000.00) upon voluntary separation after at least fifteen (15) years of satisfactory service.

SEC. 19. Education and Career Advancement. - The DOH, CHED, TESDA, CSC, Department of Education, LGUs, and educational institutions shall provide BHWs access to scholarships, continuing education, study grants, field immersion, and ladderized or equivalency programs. Documented years of service and completed training hours shall, when consistent with law and academic standards, be credited under Republic Act Nos. 10968, 10647, and 12124.

When a BHW cannot personally avail of an education grant, implementing agencies may extend an appropriate scholarship or financial assistance program to one (1) qualified child of the BHW, subject to guidelines and available appropriations.

SEC. 20. Civil Service Eligibility. - A certified BHW who has rendered at least five (5) years of accumulated satisfactory service shall be granted a special BHW first-level eligibility for health-related positions, subject to qualification standards and rules promulgated by the CSC.

SEC. 21. Legal Assistance Livelihood and Mortuary Benefits. - The Public Attorney's Office shall provide legal consultation and representation to a BHW in a civil, criminal, or administrative case arising from the lawful performance of official duties, subject to its mandate. Organized BHWs shall receive preferential access to appropriate government livelihood programs. The Department of Social Welfare and Development and concerned LGUs shall provide burial and funeral assistance to qualified BHWs and their families under applicable programs.

SEC. 22. Non-Diminution of Benefits. - Nothing in this Act shall reduce or withdraw any salary, honorarium, allowance, incentive, benefit, or privilege already enjoyed by a BHW under Republic Act No. 7883, local ordinance, collective negotiation agreement, or established practice.

CHAPTER VI

RIGHTS RESPONSIBILITIES AND ORGANIZATION

SEC. 23. Rights of BHWs. - Every BHW shall have the right to dignity and respect; equal opportunity and nondiscrimination; safe and humane working conditions; adequate protective equipment; timely payment of compensation and benefits; access to training and information; due process; freedom from harassment, coercion, retaliation, and political interference; participation in decisions affecting community health and BHW welfare; and self-organization consistent with law.

SEC. 24. Duties and Ethical Standards. - BHWs shall perform their duties competently and impartially, respect patient dignity and informed choice, protect confidential information, avoid conflicts of interest, maintain required training and records, and comply with lawful public health protocols and the code of conduct to be issued by the DOH.

SEC. 25. Prohibited Acts. - It shall be unlawful for any person to:

- (a) discriminate against, harass, coerce, threaten, or retaliate against a BHW on account of sex, gender, civil status, disability, age, religion, political belief or affiliation, ethnicity, or membership in a BHW organization;
- (b) withhold, divert, deduct, or delay without lawful cause any compensation, allowance, benefit, equipment, or supply intended for a BHW;
- (c) require a BHW to engage in partisan political activity as a condition for appointment, retention, assignment, compensation, or benefits; or
- (d) remove, replace, transfer, or disadvantage a BHW solely because of a change in political leadership or refusal to perform a partisan political act.

Employed BHWs remain subject to constitutional and statutory restrictions on partisan political activity applicable to civil service personnel. Volunteer BHWs may exercise their political rights but shall not use government time, funds, equipment, or authority for partisan purposes.

SEC. 26. Associations and Federations. - BHWs may form and join associations at the municipal and city levels and federations at the provincial, regional, and national levels. These organizations shall serve as venues for consultation, mutual support, policy development, and the protection of BHW welfare. Their internal affairs shall be governed by democratic constitutions and bylaws.

SEC. 27. Consultation and Representation. - Local health boards and concerned national agencies shall consult duly recognized BHW associations and federations on standards, staffing, training, compensation, working conditions, grievance mechanisms, and policies directly affecting BHWs. Representation shall be inclusive of women, geographically isolated communities, and other sectors within the BHW workforce.

CHAPTER VII

FUNDING IMPLEMENTATION AND FINAL PROVISIONS

SEC. 28. BHW Regularization and Deployment Assistance Program. - The DOH and DILG, in coordination with the DBM, shall establish a BHW Regularization and Deployment Assistance Program to support LGUs with limited fiscal capacity in creating plantilla positions, meeting staffing standards, and paying the minimum compensation and benefits under this Act. Priority shall be given to lower-income LGUs and geographically isolated, disadvantaged, unserved, or underserved areas.

National government assistance for regularization shall be provided for a transition period of ten (10) years, subject to annual performance, staffing, and financial reports. The required LGU counterpart, if any, shall be calibrated according to income classification and fiscal capacity and shall not prevent the timely payment of BHW compensation.

SEC. 29. Funding Sources. - LGUs shall prioritize funds from their National Tax Allotment and other lawful local revenues for BHW positions, compensation, and benefits. The amounts necessary for the initial national implementation of this Act shall be charged against the current appropriations of the DOH and other concerned agencies. Thereafter, such amounts shall be included in the annual General Appropriations Act.

The DBM and DILG shall issue guidelines to facilitate compliance with personal services limitations and other local budgeting rules without defeating the regularization and minimum benefit requirements of this Act.

SEC. 30. Barangay Health Workers Day. - April 7 of every year is hereby declared Barangay Health Workers Day. The DOH, DILG, and LGUs shall conduct appropriate activities recognizing the service and contributions of BHWs.

SEC. 31. Annual Report. - The DOH and DILG shall submit to the President, the Senate, and the House of Representatives, not later than March 31 of every year, a report on BHW registration, certification, staffing, regularization, compensation, benefits, training, grievances, program expenditures, implementation gaps, and recommended legislative or administrative measures.

SEC. 32. Accountability. - A public officer or employee who commits a prohibited act under Section 25 or willfully violates this Act shall be subject to administrative, civil, or criminal liability under existing laws. Nothing herein shall preclude the filing of appropriate actions under the Revised Penal Code, anti-graft laws, civil service laws, or other applicable statutes.

SEC. 33. Implementing Rules and Regulations. - Within one hundred eighty (180) days from the effectivity of this Act, the DOH and DILG, in consultation with the DBM, CSC, TESDA, CHED, GSIS, PhilHealth, LGUs, recognized BHW organizations, public sector unions, civil society, and academic and training institutions, shall promulgate the rules and regulations necessary for its effective implementation.

SEC. 34. Congressional Oversight. - The appropriate committees of the Senate and the House of Representatives shall exercise oversight over the implementation of this Act and may require concerned agencies and LGUs to submit relevant reports and appear in hearings.

SEC. 35. Separability Clause. - If any provision of this Act is declared invalid or unconstitutional, the remaining provisions not affected thereby shall continue in full force and effect.

SEC. 36. Repealing Clause. - Republic Act No. 7883, otherwise known as the Barangay Health Workers' Benefits and Incentives Act of 1995, is hereby repealed. All laws, decrees, executive orders, rules, regulations, and issuances inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 37. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,