

**TWENTIETH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES**
First Regular Session

]
]
]

25 JUL 15 P1:54

SENATE

S.B. No. 637

RECEIVED BY:



Introduced by SEN. WIN GATCHALIAN

**AN ACT
PROVIDING FOR THE MAGNA CARTA OF
BARANGAY HEALTH WORKERS**

EXPLANATORY NOTE

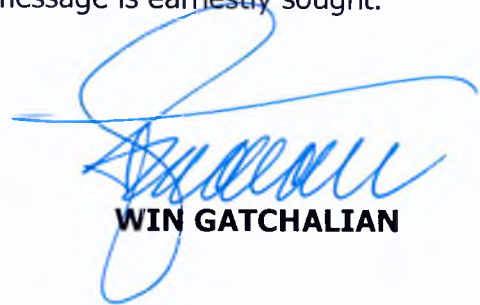
As we have seen during the height of the COVID-19 pandemic, barangay health workers (BHWs) form a core part of the country's frontline health system. BHWs play a crucial role in assisting and supporting physicians, dentist, nutritionists, public health nurses, and midwives in delivering essential health services to their respective communities.

Aside from being a primary health care service provider, BHWs also perform other equally important roles. As a community organizer, BHWs bridge the communication barriers between the community and the health care delivery system by assisting the community in identifying health problems, developing health plans, and taking action to promote their health and well-being. As an educator, BHWs provide updated and timely knowledge and skills to community members in the prevention and management of simple illnesses and other relevant health issues.

BHWs have different tasks depending on the agreement reached between community leaders, but there appears to be disparity between the benefits,

compensation and protections accorded to them by Republic Act No. 7883 or the "Barangay Health Workers' Benefits and Incentives Act of 1995" and the actual role, functions, and responsibilities they undertake. Thus, this measure seeks to provide the much-needed improvement of the legally-mandated BHW benefits and incentives, to be more attuned with the changing needs of our barangay health frontliners, and in consideration of the vital role they currently endeavor for their communities – being the community organizer, educator, and primary health care service provider, all at the same time.

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



WIN GATCHALIAN

**TWENTIETH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES**
First Regular Session

]]]

25 JUL 15 P1:54

SENATE

RECEIVED BY:



S. B. No. 637

Introduced by SEN. WIN GATCHALIAN

**AN ACT
PROVIDING FOR THE MAGNA CARTA OF
BARANGAY HEALTH WORKERS**

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

CHAPTER I

GENERAL PROVISIONS

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

SEC. 2. *Declaration of Policy.* - It is the declared policy of the State to
protect and promote the right to health of the people and instill health
consciousness among them. It is also the policy of the State to adopt an
integrated and comprehensive approach to health development, which shall
endeavor to make essential goods, health, and other social services available
to communities.

The State acknowledges that primary health care is a key component in
attaining universal health care and, with the support of local government units
(LGUs), the participation of communities, and volunteerism of the population,
is an effective strategy towards realizing health empowerment and delivering

1 effective health care programs and services.

2 The State values the indispensable role of barangay health workers
3 (BHWs) as frontliners in providing primary health care services and, therefore,
4 shall adopt policies that will harness their potential as partners in national
5 development.

6 Pursuant thereto, the State shall define their roles and responsibilities,
7 prescribe the methods for their recruitment and retention, identify programs
8 for capacity-building and career advancement, and provide avenues to ventilate
9 and resolve issues concerning them.

10 In recognition of the spirit of volunteerism and concern for the
11 upliftment of the health status of communities, the State shall also promote
12 the welfare and well-being of volunteer BHWs and provide them incentives and
13 benefits through the collaborative efforts of LGUs and the national government.

14
15 SEC. 3. *Coverage.* – This Act shall cover all BHWs, whether as volunteers
16 or employees of government, and all LGUs and national government agencies
17 that mobilize BHWs to expand the delivery of primary health care services to
18 communities, families, and individuals.

19
20 CHAPTER II
21 THE BARANGAY HEALTH WORKERS IN
22 PRIMARY HEALTH CARE DELIVERY
23

24 SEC. 4. *The Role of BHWs in Providing Primary Health Care.* – The BHWs
25 shall serve as frontliners in supporting the delivery of primary health care in
26 the community. They shall form part of the community health teams of the
27 barangay health station, health center, or any other primary health care facility
28 of the municipality/city health office established to provide primary healthcare
29 services to a barangay or a part of it, or a cluster of barangays. For this
30 purpose, BHWs are hereby declared as members of the cadre of community
31 healthcare workers.

32 The head of the barangay health station, Health Center, or any other

1 primary health care facility, of the municipality/city health office, shall exercise
2 day-to-day direct control and supervision over the BHWs.

3 The BHW shall perform the following roles:

4 (a) Primary Health Care Service Provider – to assist the health facilities
5 in providing primary health care services to the members of the
6 community;

7 (b) Health Educator – to provide knowledge and skills to community
8 members in the prevention and management of simple illnesses;

9 (c) Community Organizer – to organize and mobilize the community
10 towards self-reliance; and

11 (d) Record Keeper – to assist in the development and maintenance of a
12 community health profile, and collect health data and information of
13 families and individuals in the community.

14 Pursuant to Republic Act No. 11223, or the "Universal Health Care Act",
15 certified BHWs, who have undergone the certification process under Section
16 10 of this Act, shall serve as primary care workers and act as the navigator,
17 initial, and continuing point of contact in the health care delivery system. They
18 shall endorse patients to the next level of health care provider within the
19 health care provider network to which the barangay health station, health
20 center, or any other primary health care unit belongs: *Provided, That* except
21 in emergency or serious cases and when proximity is a concern, access to
22 higher levels of care shall be coordinated by the certified BHWs.

23 To effectively and efficiently perform these roles and expectations, the
24 BHWs to be assigned to a barangay should be residents of the community.

25 The Department of Health (DOH) shall promulgate the policies,
26 guidelines, and the specific duties and responsibilities of registered and
27 certified BHWs.

28
29 *SEC. 5. Coordination Between the Health Station/Health Center/Health*
30 *Care Facility of the Municipal/City Health Office with the Barangay.* – The head
31 of the barangay health station, health center, or any other primary health care
32 facility, of the municipal/city health office shall coordinate and collaborate with

1 the *punong barangay*, or with several *punong barangays* in the case of health
2 centers providing services to a cluster of barangays, in the implementation of
3 programs and activities to address the primary health care needs of the
4 communities.

5 Pursuant to Section 17(b)(ii) of the Local Government Code, the *punong*
6 *barangay* shall support the delivery of health services in the community by
7 ensuring the maintenance of the health station/center, particularly in providing
8 the necessary additional logistical support, supplies, and services needed by
9 BHWs.

10
11 SEC. 6. *Number of Barangay Health Workers.* – The determination of
12 the number of BHWs who can serve a barangay or a cluster thereof shall be
13 guided by and based on, among others, the catchment population, the
14 community health profile, and the need for different primary health care
15 services.

16 The DOH, in consultation with LGUs, shall determine the ideal ratio of
17 BHWs with the required competencies to households and issue an updated
18 policy on this ratio every five (5) years.

19 20 CHAPTER III

21 REGISTRATION, CAPABILITY-BUILDING AND RETENTION

22
23 SEC. 7. *Registration.* – In addition to qualifications to be set by the
24 municipal/city health board, an applicant must meet the following requirements
25 to qualify as a BHW:

- 26 (a) At least eighteen (18) years of age at the date of the filing of the
27 application for registration;
28 (b) Physically and mentally fit; and
29 (c) With basic BHW orientation and training as prescribed by the DOH
30 completed in the same year of application for registration.

1 Eligible applicants shall register with the local health board in the
2 municipality or city where they reside and intend to render service and shall be
3 given appropriate proof of said registration.

4 It shall be the duty of the municipal/city health offices, in cooperation
5 with the provincial health offices of the DOH, to provide interested BHW
6 applicants with basic orientation and training.

7
8 **SEC. 8. *Role of the Municipal/City Local Health Boards.*** – In addition to
9 their functions under Section 102, Title V of the Local Government Code, as
10 amended, the municipal/city health boards shall prescribe the policies and
11 guidelines and be responsible for the recruitment, selection, registration,
12 certification, retention and removal of, and the resolution of complaints and
13 grievances involving, BHWs in their jurisdictions.

14 The decisions of the municipal/city health board with regard to the
15 revocation of registration of a BHW or on the resolution of complaints and
16 grievances of and against BHWs may be appealed to the provincial health board
17 and, thereafter, to the Department of the Interior and Local Government
18 (DILG).

19 The DILG, in collaboration with the DOH, shall provide the general
20 guidelines in setting up the grievance and appeal mechanism.

21
22 **SEC. 9. *National BHW Information System.*** – A National BHW
23 Information System shall be established and maintained by the DOH, in
24 partnership with the Department of Information and Communications
25 Technology (DICT), to assist the national government and LGUs in formulating
26 and implementing policies and programs for the organization and development
27 of the cadre of BHWs.

28 The Information System shall be the sole source of real-time data and
29 information on BHWs nationwide. It shall contain the list of all BHWs at the
30 barangay, municipal, city, and provincial levels, their socio-demographic
31 profiles, qualifications, areas of assignment, and other information that the
32 DOH may deem necessary.

1 The municipal/city health boards shall be responsible for registering and
2 continuously updating the records of BHWs in their jurisdictions.

3 The provincial health boards, with the assistance of the DOH, shall
4 provide training to municipal/city health boards within the province on the use
5 of the Information System and ensure that the local health boards regularly
6 submit accurate data and information on their BHWs.

7
8 SEC. 10. *Certification of BHWs.* – To ensure the health and welfare of
9 the community and further professionalize the cadre of BHWs in rendering
10 primary health care services, a duly registered BHW shall undergo certification
11 by the municipal/city health board.

12 The DOH, in consultation with the Technical Education and Skills
13 Development Authority (TESDA), the Commission on Higher Education (CHED),
14 and the Civil Service Commission (CSC), shall promulgate the policies,
15 standards, and guidelines for the certification of competency of BHWs.

16 To qualify for certification, a registered BHW must have:

- 17 (a) Completed at least two (2) years of continuous service in the locality;
18 (b) Completed the training on the roles, duties, and responsibilities of a
19 BHW, as prescribed by the DOH;
20 (c) Provided satisfactory performance as evaluated by the health care
21 professional supervising the concerned BHW immediately prior to the
22 filing of application for certification; and
23 (d) Completed the courses of the certification component of the
24 Education and Training Program, provided in Section 11 of this Act.

25 The municipal/city health boards shall act on the applications for
26 certification of BHWs not later than thirty (30) days from the date of application
27 and issue the certificate of competency to qualified BHWs upon inspection,
28 verification, or testing of their conformity to policies, standards, and guidelines
29 issued by the DOH.

1 It shall be the duty of the municipal/city governments, in cooperation
2 with the provincial government and the DOH, to provide the applicant BHWs
3 the necessary support and opportunities for certification.

4
5 SEC. 11. *Education and Training Program for BHWs.* – The DOH and the
6 TESDA, in collaboration with the CSC, the CHED, relevant government agencies,
7 LGUs, education institutions, and stakeholders, shall develop and
8 institutionalize a continuing competency-based education and training
9 curriculum for all BHWs.

10 The curriculum shall train the BHWs as primary health care service
11 providers, health educators, community organizers, and record keepers. It shall
12 prescribe the courses for the certification component and for the continuing
13 health education and capacity-building of all BHWs.

14 The DOH and the TESDA shall complement the competency-based
15 education and training curriculum by making available web-based and mobile
16 application for the purposes of:

- 17 (a) Providing training materials to enhance the knowledge and skills of
18 BHWs;
19 (b) Offering forums for BHWs to communicate, share experiences, and
20 seek advice from peers and health professionals;
21 (c) Disseminating new policies, programs, and guidelines pertaining to
22 their roles and responsibilities;
23 (d) Facilitating reporting and feedback mechanisms to improve service
24 delivery and address challenges faced in the field; and
25 (e) Offering resources including health and wellness programs for
26 personal and professional development.

27 SEC. 12. *Inclusion of the BHW Positions in the Government Plantilla.* –
28 The Department of Budget Management (DBM), in consultation with the CSC,
29 the DOH and LGUs, shall establish the position classification and the
30 corresponding salary grades for BHWs in the Index of Occupational Standards.
31 Municipalities and cities may employ BHWs in their respective LGUs.

SEC. 13. *Retention and Continuous Service of BHWs.* – Registered and certified BHWs shall continue to perform their roles, duties, and responsibilities except due to the withdrawal of an individual as a BHW or removal for cause by the municipality/city health board after due process. The continuity of services of BHWs, revocation of their registration, or their removal from the cadre of BHWs, shall follow the policies and guidelines promulgated by the DILG and the DOH.

CHAPTER IV

INCENTIVES AND BENEFITS, RIGHTS AND OBLIGATIONS, OF BHWs

SEC. 14. *Incentives and Benefits of BHWs.* – (a) In recognition of the time, services, and resources they contribute, registered and certified volunteer BHWs shall receive, or be provided with, the following:

(1) Monthly Honoraria. – A monthly honorarium of not less than Three thousand pesos (P3,000.00) for registered BHWs and not less than Five thousand pesos (P5,000.00) for certified BHWs: *Provided*, That no diminution of monthly honoraria can be made on BHWs already receiving more than the herein prescribed minimum amounts: *Provided, further*, That the DOH, in coordination with the DILG and the DBM, shall review and adjust the minimum honoraria every three (3) years;

(2) Transportation Allowance/Expense Reimbursements. – Registered and certified BHWs shall be provided by the barangay with transportation allowance or to reimbursement of actual transportation expense for the performance of their functions, as may be authorized by law or regulation: *Provided*, That the barangay may, instead, provide applicable forms of transportation to enable the BHWs to provide the needed primary health care service: *Provided, further*. That the municipality or city, through their health offices, may shoulder such allowance or expense: *Provided, finally*, That official travel, such as seminars, conferences, and transport of patients outside of the barangay or locality, shall be shouldered by the barangay, municipality, city, or

1 province that authorized such official travel and shall not be deducted from the
2 honoraria of the BHWs;

3
4 (3) Subsistence Allowance. – The concerned municipality or city shall
5 provide BHWs who render service in unserved or underserved barangays where
6 they are not residents to make their services available at any and all times, with
7 subsistence allowance equivalent to the meals taken during their duty, which
8 shall be computed following prevailing circumstances. In no case shall such
9 subsistence allowance be less than One hundred pesos (P100.00) per day;

10
11 (4) Hazard Allowance. – BHWs who, in the exercise of their duties, are
12 exposed to situations, conditions, or factors in the work environment or place
13 where foreseeable but unavoidable danger or risks to their health, life, or on
14 their person exist, including assignment to communities in or recovering from
15 a situation of armed conflict, as validated by proper authorities, shall be paid a
16 hazard allowance by the concerned municipality or city in an amount to be
17 determined by its local health board and the local peace and order council,
18 which shall in no case be less than One thousand pesos (P1,000.00) per month,
19 subject to existing laws, rules, and regulations;

20
21 (5) Insurance Coverage. – Insurance coverage and benefit packages
22 from the Government Service Insurance System (GSIS), suited to their needs
23 and unique circumstances, shall be borne by the concerned municipality or city.
24 For this purpose, the GSIS shall design such appropriate insurance packages;

25
26 (6) Health Emergency Allowance During Public Health Emergency. –
27 Volunteer BHWs who are part of the National BHW Information System and are
28 assigned to health facilities and barangay health emergency response teams
29 during public health emergencies shall be entitled to the Health Emergency
30 Allowance (HEA) and other benefits prescribed in Republic Act No. 11712. The
31 national government shall provide funds for the payment of the HEA and other
32 benefits;

1 (7) Cash Gift. – The BHWs shall be entitled to a cash gift not less than
2 the minimum monthly honoraria, to be given every December;
3

4 (8) One-time Dedicated Service Recognition Incentive. – A BHW who
5 withdraws as a registered or certified BHW but has continuously and
6 satisfactorily served for at least fifteen (15) years shall, in recognition of their
7 loyalty, dedication, and service, be entitled to a one-time incentive of not less
8 than Ten thousand pesos (P10,000.00), which shall be borne by the
9 municipality or city concerned. The national and provincial governments shall
10 assist in case of non-availability of funds from the concerned municipality or
11 component city;
12

13 (9) Education and Career Advancement. – The DOH, in coordination with
14 the Department of Education, CHED, TESDA, CSC, other concerned national
15 government agencies, non-government organizations, and LGUs, shall provide
16 information on, and opportunities for, education and career advancement for
17 BHWs, such as:

18 (i) Educational programs that credit the years of primary health care
19 service of the BHW and the number of training hours gained
20 during attendance to courses covered by the Education and
21 Training Program under Section 11 of this Act towards higher
22 education completion in institutions with step-ladder curricula, as
23 provided under Republic Act No. 10968, otherwise known as the
24 "PQF Act", and Republic Act No. 10647, otherwise known as the
25 "Ladderized Education Act of 2014", thus allowing them to
26 upgrade their skills and knowledge for community work or to
27 pursue further training as health care professionals;

28 (ii) Continuing education, study and exposure tours, field immersion,
29 and scholarship and financial grants, among others;

30 (iii) Scholarship grant or financial assistance to one (1) child of a BHW
31 who is unable to take advantage of the programs described in
32 paragraphs (i) and (ii) hereof; and

1 (iv) Special training programs, such as traditional medicine, disaster
2 preparedness, and other programs that address emergent
3 community health problems and issues;
4

5 (10) Free Legal Services. – Legal representation and consultation
6 services shall be immediately provided by the Public Attorney's Office to a BHW
7 in cases of coercion or interference, and in other civil and criminal cases filed
8 by or against the BHW arising out of or in connection with the performance of
9 their duties; and
10

11 (11) Preferential Access to Government Livelihood Programs. –
12 Government agencies providing livelihood programs shall provide organized
13 BHWs with preferential access to loan services:

14 *Provided*, That in the provision of the monthly honoraria and the cash
15 gift, and in consideration of the financial assistance of the national government
16 to third, fourth, and fifth class municipalities, as provided under Section 15 of
17 this Act, the provinces, in consultation with component cities, municipalities,
18 and barangays within their jurisdiction, shall determine the actual amount or
19 percentage share of the amount that each LGU will give to BHWs: *Provided*,
20 *further*, That nothing herein limits the barangay, municipality, city, or province
21 from fully shouldering the provision of the monthly honoraria and the cash gift:
22 *Provided, furthermore*, That nothing herein prevents the barangay,
23 municipality, city, and province from providing additional monetary and non-
24 monetary benefits to BHWs to supplement those given by another concerned
25 LGU within the province: *Provided, finally*, That these honoraria shall be given
26 starting January of the ensuing fiscal year unless the LGUs, singly or
27 collectively, immediately provide the needed funding.
28

29 (b) Certified BHWs shall be granted sub-professional eligibility if they
30 have rendered at least five (5) years of continuous service as such: *Provided*,
31 That should a BHW become a regular employee of the government, the total

1 numbers of years served as such shall be credited to the BHW's service in the
2 computation of retirement benefits.

3 The emoluments, incentives, benefits, honoraria, allowances, and
4 reimbursements of BHWs employed by the municipality, city, province, or
5 national government agencies on a regular, contractual, casual, or job order
6 basis shall be governed by civil service laws and the policies issued by the CSC,
7 the Office of the President, the DBM, and the LGU under which they are
8 employed.

9
10 SEC. 15. *BHW Deployment Subsidy to Low-Income Municipalities.* –
11 There is hereby mandated a BHW Deployment Subsidy to Low-Income
12 Municipalities to provide financial assistance to third, fourth, and fifth class
13 municipalities and enable them to deploy a sufficient number of volunteer BHWs
14 in their communities, particularly to unserved or underserved areas in their
15 jurisdictions, and provide incentives to dedicated volunteer BHWs. Priority shall
16 be given to municipalities with no or less capacity to give regular and adequate
17 monthly honoraria and other incentives to their BHWs, as determined by the
18 DOH and the DILG.

19
20 SEC. 16. *Discrimination Prohibited.* – Discrimination against any BHW by
21 reason of gender, civil status, creed, religious, or political beliefs, and ethnic
22 groupings in the exercise of their functions and responsibilities is hereby
23 prohibited.

24
25 SEC. 17. *Prohibition on Participation in Political Activities.* – To maintain
26 their integrity and impartiality, and eliminate the possibility of conflicts with
27 their catchment households, BHWs are prohibited from participating in partisan
28 political activities. Any BHW who files an application as a candidate in any
29 political position is hereby deemed removed from the list of registered BHWs
30 or resigned from government service, as the case may be. Participation in

1 political activities shall serve as basis for the local health board to remove BHWs
2 from the list of registered BHWs.

3 4 CHAPTER V

5 ASSOCIATIONS AND FEDERATIONS OF BARANGAY HEALTH WORKERS

6

7 SEC. 18. *Associations and Federations of BHWs.* – There shall be
8 organized associations of BHWs at the municipal and city levels and federations
9 at the provincial, regional, sub-national, and national levels. The BHW
10 associations of highly urbanized cities that are independent from provinces
11 where they are located, and LGUs in the National Capital Region, shall directly
12 become members of regional, sub-national and national federations.

13 These associations and federations shall serve as the venues to ventilate
14 issues and formulate and communicate policy proposals concerning BHWs,
15 particularly on their roles and duties as the frontliners, as well as their welfare
16 and well-being, in supporting the delivery of primary health care services in the
17 community.

18 The municipal and city associations and the provincial, regional, and sub-
19 national federations shall elect their respective president, vice-president,
20 secretary, treasurer, and other officers as they may deem necessary.

21 The national federation shall elect a board of directors headed by a
22 chairperson and a set of national officers headed by a national president, as
23 prescribed in their constitution and by-laws. A secretary-general shall be chosen
24 from among the national federation members to manage the day-to-day
25 operations and activities of the federation. The board of directors may create
26 such other positions necessary for the management of the affairs of the national
27 federation.

28
29 SEC. 19. *Consultation with Local Health Boards.* – The different local
30 health boards shall consult the associations and federations under their
31 jurisdictions on, among others, the roles and responsibilities of BHWs for the
32 effective delivery of primary health care services.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

CHAPTER VI
MISCELLANEOUS PROVISIONS

SEC. 20. *Observance of BHW Day.* – Every barangay shall commemorate BHW Day on April 7 of every year in recognition of the service of BHWs, their heroic services in times of crisis, and their indispensable role in promoting health and wellness among the citizenry.

The DOH, in cooperation with the DILG and all LGUs, shall hold simple ceremonies or activities to highlight the indispensable role of BHWs in nation-building.

SEC. 21. *Penalty Clause.* – A local government official who violates any provision of this Act shall be administratively and criminally charged in accordance with law.

SEC. 22. *Annual Accomplishment Reports.* – The DOH and the DILG shall submit to the Office of the President, the Senate of the Philippines and the House of Representatives, an annual report on the accomplishments and challenges with regard to the implementation of this Act.

SEC. 23. *Appropriations.* – The amounts necessary for the implementation of this Act shall be charged against the funds of LGUs and the appropriations of the DOH.

The amounts necessary for the initial implementation of the BHW Deployment Subsidy to Low-Income Municipalities shall be charged against the current year's appropriations of the DOH and, thereafter, shall be included in the annual General Appropriations Act.

SEC. 24. *Implementing Rules and Regulations.* – The DOH and the DILG shall, in consultation with LGUs, the national federation of BHWs, the CSC, the DBM, the TESDA, the CHED, the GSIS, other concerned government agencies, non-government organizations, and academic and training institutions,

1 promulgate the rules and regulations to implement this Act not later than one
2 hundred eighty (180) days from its effectivity.

3
4 SEC. 25. *Separability Clause.* – If any portion or provision of this Act is
5 declared invalid or unconstitutional, other provisions hereof shall remain in full
6 force and effect.

7
8 SEC. 26. *Repealing Clause.* – Republic Act No. 7883, otherwise known
9 as the “Barangay Health Workers’ Benefits and Incentives Act of 1995” is
10 hereby repealed. All other laws, decrees, executive orders, rules, and
11 regulations which are inconsistent with this Act are hereby repealed or modified
12 accordingly.

13
14 SEC. 27. *Effectivity.* – This Act shall take effect after fifteen (15) days
15 from its publication in the Official Gazette or in a national newspaper of general
16 circulation.

17
18 *Approved,*