AN ACT
INSTITUTING THE MAGNA CARTA FOR BARANGAY HEALTH WORKERS, REPEALING REPUBLIC ACT NO. 7883, OTHERWISE KNOWN AS THE BARANGAY HEALTH WORKER’S BENEFITS AND INCENTIVES ACT OF 1995, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Article XIII, Section 11 of the 1987 Constitution provides that, “[t]he State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and social services available to all the people at an affordable cost. There shall be priority for the needs of the under-privileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.”

The State adheres to its mandate by ensuring that there are Barangay Health Workers (BHW) in every locality. However, our BHWs are treated merely as volunteers and do not receive a fixed rate for their allowances. Their allowances depend on the Local Government Unit (LGU) concerned. A report from the Philippine Statistics Authority (PSA) stated that there is a total of 42,044 barangays in the country¹, and every barangay is required to have at least one Barangay Health Worker (BHW).

BHW, as defined in Republic Act no. 7883, otherwise known as “Barangay Health Workers’ Benefits and Incentives Act of 1995”, is a person who has undergone training programs under any accredited government or non-government organization and who voluntarily renders primary health care 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). BHWs act as primary
health care providers and educators in our local communities especially in far-flung
areas. They constitute a vital part of the community’s efforts of providing quality
health care and service in the grassroot level. Some of their responsibilities and duties
include the implementation of nutrition programs, basic nursing care like assisting in
maternal services, immunization and regular weighing of children, responding to
accidents caused by calamities by providing first-aid assistance and the like. Given the
nature of their work, they are also more prone to contracting various sickness and
contagious diseases.

With all the undeniably heroic roles and myriad responsibilities that BHW play
in our health sector, it is only right and important that they receive what they deserve
in terms of compensation and incentives.

The legislation therefore aims to strengthen the barangay unit by revising and
repealing the existing law in order to recognize and acknowledge the valuable
sacrifices and tireless efforts of BHWs through instituting the Magna Carta for
Barangay Health Workers.

This proposed bill seeks to make each BHW an appointee of the Municipal or
City Mayor, thus entitling every BHW to allowances and such other benefits to which
other appointed barangay officials may be entitled to. The measure intends to mandate
that there should be at least five (5) BHWs in each barangay. This bill likewise aims to
professionalize BHWs, through the accreditation and competency assessment which
encompasses the education and training process that each BHW shall undergo. In
relation to that, there shall also be a Mandatory Continuing Community-based Health
Education (MCCHE) that every BHW is required to take, at least every three (3) years.
This will guarantee that each BHW is well-equipped and is skilled in fulfilling their
duties and responsibilities. Additional benefits are proposed to be given to them: Six
Thousand Pesos (₱6,000.00) worth of Honorarium, Compulsory Coverage,
transportation allowance, to name a few. This will hopefully encourage more people to
act as frontliners in primary health care in their respective localities.

Twenty-four years have passed since the enactment of R.A. 7883, and BHWs
have yet to receive the benefits and incentives that they have been long deprived of to
commensurate the service they provide. It is thus timely that we revisit and repeal R.A.
7883 to finally acknowledge our devoted health care providers and make them key
players in the attainment of economic growth through sustainable human development.

Similar versions of this measure were filed in the 15th, 16th and 17th Congresses.

The passage of this measure is earnestly sought.

LEILA M. DE LIMA
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

1 Section 1. Short Title. – This Act shall be known as the "Magna Carta for Barangay Health Workers of 2019."

2 Sec. 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness in them. Further, the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential health services available at affordable cost.

The Primary Health Care Approach is recognized as the major strategy towards health empowerment, emphasizing the need to provide accessible and acceptable health services through participatory strategies such as health education, training of barangay health workers, community building and organizing.

This Act shall recognize rights of and incentivize barangay health workers; to strengthen and systematize their services for their community; and to provide a venue for sharing their experiences and recommending policies and guidelines for the promotion, maintenance and advancement of their activities and services.

ARTICLE I
BARANGAY HEALTH WORKERS; REGISTRY
Sec. 3. Definition. – The term “barangay health worker” (BHW) refers to a person who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primary health care services in the community after having been accredited to function as such by the City or Municipal Health Board in accordance with the guidelines promulgated by the Department of Health (DOH).

Sec. 4. Registry. – The City or Municipal Health Board shall be responsible in collecting information and updating the accredited BHW Registry in their respective regions and shall submit an updated copy to the DOH Central Office every year. The DOH Central Office shall be responsible in maintaining the National BHW Registry, which shall be the reference of agencies involved in the provision of incentives and benefits to BHWs.

ARTICLE II

APPOINTMENT OF BHWs

Sec. 5. Section 387 of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, as amended, shall be further amended to read, as follows:

"Section 387. Chief Officials and Officers. - (a) There shall be in each barangay a punong barangay, seven (7) sangguniang barangay members, the sangguniang kabataan chairman, a barangay secretary, [and] a barangay treasurer, AND AT LEAST FIVE (5) BARANGAY HEALTH WORKERS WHOSE TOTAL NUMBER SHALL BE DETERMINED BY THE DEPARTMENT OF HEALTH PROVIDED THAT THE TOTAL NUMBER OF BARANGAY HEALTH WORKER PER BARANGAY SHALL IN NO CASE BE MORE THAN ONE PERCENT (1%) OF THE BARANGAY’S TOTAL POPULATION."

Sec. 6. A new provision shall be inserted between Sections 395 and 396 of the same Act to be denominated as Section 395-A, which shall read, as follows:

"SECTION 395-A. APPOINTMENT AND QUALIFICATIONS OF BARANGAY HEALTH WORKERS. – THE BARANGAY HEALTH WORKER AS ACCREDITED AND RECOMMENDED BY THE MUNICIPAL OR CITY HEALTH BOARD SHALL BE APPOINTED BY THE MUNICIPAL OR CITY MAYOR OF THE AREA WHERE SUCH BARANGAY HEALTH WORKER
ARTICLE III

EDUCATION, TRAINING AND ACCREDITATION

Sec. 7. Six-month Education and Training Program for BHWs. – The DOH, in coordination with the University of the Philippines (UP), shall develop a competency-based education and training curriculum for all BHWs. The curriculum shall train the BHWs as healthcare providers, community organizers, health service managers, trainers and educators, and researchers. It shall include basic orientation and training on health programs and institutionalized health service delivery system, primary health care, basic community organizing, local health research, social health insurance navigation, basic local resource generation and mobilization, training needs analysis, basic report writing and communication skills, and program planning and development.

Courses on basic dental care, reproductive health STI and HIV/AIDS prevention, nutrition, physical therapy, basic life support, traditional and herbal medicine and reflexology shall also be offered. Such program shall be credited as units earned in higher education institutions with step ladder curricula that will entitle BHWs to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses or doctors.

Sec. 8. Accreditation and Competency Assessment. – The DOH, in coordination with local governments and the Civil Service Commission, shall conduct a competency assessment test upon completion of the Education and Training Program, provided that this requirement shall be waived for those who have served as BHWs for five (5) or more years. Only those who have passed the assessment test or have served as BHWs for five years or more will be accredited. The Municipal or City Health Board, with the participation of Technical Education and Skills Development Authority (TESDA), Philippine Health Insurance Corporation (PhilHealth), and accredited training NGOs, are hereby mandated to carry out the accreditation of BHWs.
Sec. 9. Mandatory Continuing Community-based Health Education. — The DOH, in cooperation with TESDA, shall formulate a module for Mandatory Continuing Community-based Health Education (MCCHE). Each accredited BHW will be required to undergo an MCCHE at least every three (3) years of active service, or as warranted by the DOH.

ARTICLE IV

SALARY, INCENTIVES AND OTHER BENEFITS

Sec. 10. Incentives and Benefits. — All accredited BHWs who are actively and regularly performing their duties shall be entitled to the following incentives and benefits:

a) Honorarium. — All accredited BHWs shall be entitled to a monthly basic honorarium of Six Thousand Pesos (P6,000).

b) Hazard Allowance. — BHWs in rural and urban areas, exposed to situations, conditions, or factors in the work environment or place where foreseeable but unavoidable danger or risks exist which adversely endanger their health or life and/or increase the risk of producing adverse effect on their person in the exercise of their duties, to be validated by the proper authorities, shall be entitled to hazard allowance in an amount to be determined by the city or municipal health board of the local government unit concerned.

c) Subsistence Allowance. — BHWs who rendered service within the premises of isolated barangay health stations in order to make their services within the premises available at any and all times, 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 local government unit concerned.

d) PhilHealth Compulsory Coverage. — All BHWs and their dependents shall be automatically included in the National Health Insurance Program pursuant to Republic Act No. 11223 or the Universal Health Care Act.

The standard monthly contributions for BHWS shall be borne by the LGU concerned; Provided, that the national government shall provide
subsidy for the program to fourth, fifth and sixth class municipalities. Provided, further, that the national government’s subsidy to qualified LGU shall not exceed fifty percent (50%) of the needed premium cost.

BHWs shall not be required to pay monthly contributions and all other fees or charges for them to be entitled to the program’s benefits.

e) Transportation Allowance - To aid in the fulfillment of their duties, BHWs shall be entitled to a transportation allowance of not less than Five Hundred Pesos (P500) per month, subject to liquidation.

f) Civil Service Eligibility and Security of Tenure. — A second grade eligibility shall be granted to BHWs who have rendered two (2) years continuous service as such: Provided, that should the BHW become a regular employee of the government, the total number of years served as barangay health worker shall be credited to his/her service in computing retirement benefits.

No person duly accredited as BHW shall be removed from office except for valid cause as provided under existing CSC Rules and Regulations and only after due notice and hearing.

h) Free Legal Services. — Free legal services from government lawyers or private lawyers pursuant to Republic Act No. 9999 and Bar Matter No. 2012, for cases arising from acts committed in the performance of duty shall be made available to BHWs; Provided, That such legal services shall continue, even after the expiration of the term of the BHW, until its final disposition.

i) Preferential Access to Loans. — 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 for access to loan services by organized BHWs. 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.

Such salary, incentives and other benefits, may be increased, upon review and approval of the City or Municipal Health Board, after considering,
among others, present Consumer Price Index (CPI), as published by the
Philippine Statistics Authority (PSA).

Unaccredited BHWs are entitled to honoraria and hazard allowance,
as may be applicable, as provided in this section.

Sec. 11. Retirement Age. – The mandatory retirement age for BHWs shall be
65 years old. However, an optional retirement shall also be available for those who
have reached 60 to 64 years of age. Accredited BHWs qualified under this provision
can avail of the retirement benefits under GSIS.

Sec. 12. Non-diminution of benefits. – Nothing in this law shall be construed
to eliminate or in any way diminish entitlements, or other benefits being provided
to or enjoyed by BHWs under other laws and issuances, at the time of the
promulgation of this Act.

Sec. 13. Punishable Acts. – Any person, government official or health worker
who shall be proven to have assigned tasks to BHWs that can only be performed by
licensed health workers or any tasks that are not part of the function of BHWs as
provided in this Act shall pay a fine of not less than Fifty thousand pesos
(₱50,000.00).

Sec. 14. Implementing Agencies. – Within one (1) year from the effectivity of
this Act, the DOH, in coordination with UP, CSC, TESDA and PhilHealth, with the
participation of various health union representatives shall formulate, finalize and
launch the BHW education training program, assessment and national certification
program. Department of Interior and Local Government (DILG), DOH, LGUs and
other appropriate government agencies, with the participation of various health
union representatives shall provide the Implementing Rules and Regulations
necessary to carry out the provisions of this Act.

Sec. 15. Mandatory Review. – Congress shall conduct a regular review of this
Act which shall primarily evaluate its implementation with regard to its impact and
accomplishments. Such review shall be jointly undertaken by the appropriate
committees in the Senate and the House of Representatives which have legislative
jurisdiction over this program.
Sec. 16. **Funding.** – The amount necessary to implement this Act shall be charged against the Internal Revenue Allotment (IRA) shares of local government units to which the barangay belongs in the following manner:

- Thirty percent (30%) - From the barangay
- Fifty percent (50%) - From the City or Municipality
- Twenty (20%) - From the Province

Sec. 17. **Repealing Clause.** – All laws, executive orders, presidential decrees, presidential proclamations, letters of instruction, rules and regulations or parts thereof which are inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

Sec. 18. **Separability Clause.** – If any provision of this Act is declared unconstitutional or invalid, other parts or provisions hereof not affected thereby shall continue to be in full force and effect.

Sec. 19. **Effectivity.** – This Act shall take effect fifteen (15) days following its publication in the Official Gazette or in two (2) newspapers of general circulation in the Philippines.

Approved,