NINETEENTH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES
First Regular Session



SENATE S. B. No. <u>919</u>

°22 JUL 27	P4	54
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RECEIVED BY:

Introduced by SENATOR SONNY ANGARA

AN ACT

STRENGTHENING AND INSTITUTIONALIZING THE BARANGAY PRIMARY HEALTH CARE PROGRAM, PROVIDING SECURITY OF TENURE, BENEFITS AND INCENTIVES TO BARANGAY HEALTH WORKERS, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7883 ALSO KNOWN AS THE "BARANGAY HEALTH WORKERS' BENEFITS AND INCENTIVES ACT OF 1995" AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Recognizing the heroic role of barangay health workers (BHWs) at the forefront of health care delivery to the communities, Congress enacted Republic Act No. 7883, or the Barangay Health Workers Benefits and Incentives Act of 1995. The enactment of the law paved the way for boosting the local health systems and introduced developmental and support programs for our BHWs. However, the noble provisions of the law have not been realized due to reported ineffective support mechanisms and insufficient funding. In fact, the Department of Health (DOH) issued Department Memorandum No. 2009-0302 reiterating the guidelines and support of the DOH for the development of BHWs in support of our BHWs. Sadly, although more than a decade has passed, our BHWs remain to face the same concerns.

To address these challenges, this bill seeks to institutionalize and strengthen primary health care at the barangay level by establishing the necessary support mechanisms, upgrading the incentives and benefits of our BHWs, providing them security of tenure, and ensuring the necessary funding for its effective implementation.

According to the World Health Organization, for universal health coverage (UHC) to be truly universal, a shift is needed from health systems designed around diseases and institutions towards health systems designed for people, with people – this is where primary health care and our BHWs come in.

As our stalwart partners in delivering primary health care in the grassroots level, investing in our BHWs and ensuring that they receive the appropriate benefits is of paramount importance, hence, the passage of this bill is earnestly sought.

SONNY ANGARA

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

SECTION. 1. Short Title. — This Act shall be known as the "Barangay"
Health and Wellness Reform Act of 2021"

SEC. 2. Section 2 of Republic Act No. 7883 is hereby amended to read as follows:

"SEC. 2. Statement of Policy. — The State shall protect and promote the right to health of the people and to provide conditions for health empowerment, where each individual has access to information and services that will bring about health and well-being. 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 Towards this end, this Act SHALL building and organizing. STRENGTHEN AND INSTITUTIONALIZE PRIMARY HEALTH CARE PROGRAMS AT THE BARANGAY LEVEL BY PROVIDING AND **UPGRADING** VITAL AND **ESSENTIAL** HEALTH

FACILITIES, HUMAN RESOURCE DEVELOPMENT AND FISCAL SUPPORT.

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The government and all its instrumentalities shall [also] recognize the rights **AND VITAL ROLE** of barangay health workers (BHWS) WHO ARE AT THE FRONTLINE OF PRIMARY HEALTH CARE to organize themselves, to strengthen and systematize their services for their community[; and] to make a venue for sharing their experiences and recommending policies and guidelines for the promotion, maintenance and advancement of their activities and services, TO SECURITY OF TENURE, TO DECENT LIVING ALLOWANCES AND OTHER SUPPORT MECHANISMS TO TO PERFORM THEIR **DUTIES** AND ENABLE THEM RESPONSIBILITIES EFFECTIVELY AND EFFICIENTLY TO PROMOTE BARANGAY HEALTH AND WELL-BEING."

SEC. 3. Section 3 of Republic Act No. 7883 is hereby amended to read as follows:

"SEC. 3. [Definition]. BARANGAY HEALTH WORKER – [The term "barangay health worker" refers to] a person who [has undergone training programs under any accredited government and non-government organization] IS DULY REGISTERED WITH THE MUNICIPAL OR CITY HEALTH BOARD 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)]."

SEC. 4. Section 4 of Republic Act No. 7883 is hereby amended to read as follows:

"SEC. 4. Registration. – In order for barangay health worker to be entitled to benefits and incentives provided under this Act, they shall register with the local health board IN THE CITY OR MUNICIPALITY IN WHICH THEY RENDER SERVICE. —through the provincial health boards in the case of municipalities, shall furnish

a copy of such registry to the DOH, which is hereby mandated to maintain a national register of barangay health workers. The accredited barangay health workers shall be given appropriate proof of said accreditation] THE LOCAL HEALTH BOARD, THROUGH THE PROVINCIAL HEALTH BOARDS IN THE CASE OF MUNICIPALITIES, SHALL FURNISH A COPY OF SUCH REGISTRY TO THE DEPARTMENT OF HEALTH (DOH), WHICH IS HEREBY MANDATED TO MAINTAIN A NATIONAL REGISTER OF BARANGAY HEALTH WORKERS. THE REGISTERED HEALTH WORKERS SHALL BE GIVEN APPROPRIATE PROOF OF SAID REGISTRATION.

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THE MUNICIPAL OR CITY LOCAL HEALTH BOARD SHALL REGULARLY UPDATE THE REGISTRY WHICH SHALL INCLUDE, AMONG OTHERS, THE NUMBER OF YEARS OF SERVICE OF EACH BARANGAY HEALTH WORKER; TRAININGS AND SEMINARS ATTENDED; AND ACCREDITATION AS PROVIDED IN SECTION 5 HEREOF.

THE MUNICIPAL OR CITY LOCAL HEALTH BOARD SHALL SUBMIT A COPY OF THE UPDATED REGISTRY TO THE PROVINCIAL HEALTH BOARD AND THE DOH CENTRAL OFFICE ANNUALLY, AND POST IT IN THE MUNICIPAL/CITY BULLETIN BOARD AND BARANGAY HEALTH CENTERS."

SEC. 5. A new Section 5 of RA 7883 is hereby inserted and the succeeding sections shall be renumbered accordingly. The new Section 5 shall read as follows:

"SEC. 5. ACCREDITATION. — THE MUNICIPAL OR CITY HEALTH BOARD SHALL ACCREDIT BARANGAY HEALTH WORKERS IN ACCORDANCE WITH THE GUIDELINES PROMULGATED BY THE DOH. IT SHALL BE THE DUTY OF THE MUNICIPAL OR CITY HEALTH BOARD TO ENSURE THAT ALL REGISTERED BARANGAY HEALTH WORKERS SHALL UNDERGO TRAINING PROGRAMS UNDER ANY ACCREDITED GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS

AND/OR THE DOH: PROVIDED, THAT THE DOH SHALL DEVELOP A BASIC TRAINING COURSE FOR NEWLY RECRUITED BARANGAY HEALTH WORKERS THAT CAN BE COMPLETED WITHIN A PERIOD NOT LATER THAN ONE (1) YEAR UPON THEIR ASSUMPTION OF WORK.

TO BE ACCREDITED, A NEWLY RECRUITED BARANGAY HEALTH WORKER MUST HAVE COMPLETED SATISFACTORILY THE BASIC TRAINING COURSE WHICH WILL BE CERTIFIED BY THE MUNICIPAL OR CITY HEALTH OFFICER CONCERNED. UNLESS THIS REQUIREMENT IS FULFILLED, THE RECRUITED BARANGAY HEALTH WORKER SHALL BE CONSIDERED AS A BARANGAY HEALTH TRAINEE."

SEC. 6. Section 6 of RA No. 7883 is hereby amended to read as follows:

"SEC. [6].7. *Incentives and Benefits.* – In recognition of their services, all accredited barangay health workers who are [actively and] regularly performing their duties shall be entitled to the following incentives and benefits

A) A MONTHLY HONORARIA OF NOT LESS THAN THREE THOUSAND PESOS (P3,000.00);

a) B) Hazard Allowance – [—Volunteer barangay health workers 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 his health or life and/or increase the risk of producing adverse effect on his person in the exercise of his duties, to be validated by the proper authorities, shall be entitled to hazard allowance in an amount to be determined by the local health board and the local peace and order council of the local government unit concerned.]

IN AN AMOUNT TO BE DETERMINED BY THE LOCAL HEALTH BOARD OF THE LOCAL GOVERNMENT UNIT

CONCERNED, BUT IN NO CASE LESS THAN ONE THOUSAND PESOS (P1,000.00) PER MONTH;

- b) C) Subsistence Allowance Barangay health workers [who render service within the premises of isolated barangay health stations in order to make their services 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 NOT BE LESS THAN ONE HUNDRED PESOS (P100.00) PER DAY, TO be computed in accordance with prevailing circumstances as determined by the local government unit concerned;
- D) TRAVEL REIMBURSEMENTS BARANGAY HEALTH WORKERS SHALL BE ENTITLED TO ACTUAL TRAVELLING REIMBURSEMENTS AS MAY BE AUTHORIZED BY LAW, AND SUBJECT TO THE AVAILABILITY OF FUNDS: PROVIDED, THAT OFFICIAL TRAVELS LIKE SEMINARS, CONFERENCES AND TRANSPORT OF PATIENTS OUTSIDE OF THE BARANGAY, SHALL BE SHOULDERED BY THE BARANGAY CONCERNED AND SHALL NOT BE DEDUCTED FROM THE TRAVEL ALLOWANCE OF THE BARANGAY HEALTH WORKERS.

BARANGAY HEALTH WORKERS SHALL BE ENTITLED TO TEN PERCENT (10%) DISCOUNT IN TRANSPORTATION FARE DURING THEIR INCUMBENCY;

E) MEMBERSHIP IN THE GOVERNMENT SERVICE INSURANCE SYSTEM (GSIS) — THE GSIS SHALL ESTABLISH A SOCIAL INSURANCE PROGRAM TO PROVIDE LIFE INSURANCE AND SOCIAL PROTECTION TO BHWS. IT SHALL BE MANDATORY FOR BARANGAY GOVERNMENTS TO PAY THE MONTHLY CONTRIBUTIONS TO LIFE INSURANCE, RETIREMENT, AND SOCIAL PROTECTION COVERAGE OF THEIR RESPECTIVE BHWS. BARANGAY GOVERNMENTS SHALL INCLUDE IN ITS ANNUAL

APPROPRIATIONS THE AMOUNTS NECESSARY FOR ITS SHARE OF CONTRIBUTIONS;

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- F) SICK, VACATION AND MATERNITY OR PATERNITY LEAVE: PROVIDED THAT, THE BHWS SHALL CONTINUE TO RECEIVE THEIR MONTHLY HONORARIA, HAZARD, TRAVEL AND SUBSISTENCE ALLOWANCES WHILE ON LEAVE, FOR SUCH PERIOD SIMILAR TO EXISTING LAWS AND PRACTICES.
- G) CASH GIFT BHWS ARE ENTITLED TO CASH GIFT NOT LESS THAN THE MINIMUM MONTHLY HONORARIA TO BE GIVEN EVERY DECEMBER FROM THE GENERAL FUND OF THE BARANGAY OR FROM SUCH FUNDS APPROPRIATED BY THE NATIONAL GOVERNMENT FOR THE PURPOSE;
- [e] H) Training, Education and Career Enrichment Programs. The DOH, in accordance with the Department of Education, Culture and Sports (DEPED), THE COMMISSION ON HIGHER EDUCATION (CHED) TECHNICAL **EDUCATION** AND SKILLS DEVELOPMENT AUTHORITY (TESDA), and other government agencies and non-governmental concerned organizations, shall provide opportunities [for the following:] FOR TRAINING, EDUCATION AND CAREER ENRICHMENT PROGRAMS, SUCH AS:
 - educational programs which shall recognize years of primary health care service as credits to higher education in institutions with stepladder curricular that will entitle barangay health workers to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses or doctors;
 - 2) continuing education, study and exposure tours, training, grants, field immersion, scholarships, etc.;
 - 3) scholarship benefits in the form of tuition fees in state colleges, to be granted to one child of every barangay

- health worker who will not be able to take advantage of the 1 above programs; and 2 4) special training programs such as those on traditional 3 medicine, disaster preparedness and other programs that 4 address emergent community health problems and issues. 5 [d.] I) CIVIL SERVICE ELIGIBILITY - A [second] FIRST grade 6 Civil Service Eligibility which shall be granted to BHWs who have 7 rendered five (5) years of service. Provided, that should the 8 barangay health worker become a regular employee of the 9 government, the total number of years served as barangay 10 health worker shall be credited to his or her service in computing 11 retirement benefits. 12 [e.] J) Free Legal Services. – **LEGAL** representation and consultation 13 services [for barangay health workers] shall be immediately 14 provided by the Public Attorneys Office in cases of coercion, 15 interference, and in other civil and criminal cases filed by or 16 against barangay health workers arising out of or in connection 17
 - with the performance of their duties [as such]. [f.] K) Preferential Access to Loans. - The DOH in coordination with

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- 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 barangay health workers. The agencies providing loan services will set aside one percent (1%) of their loanable funds for organized barangay health worker groups that have community based income generating projects in support of health programs or activities.
- SEC.7. A new Section 8 of R.A. No. 7883 is hereby inserted and shall read as follows:
- "SEC. 8. SECURITY OF TENURE. THE SERVICES OF 30 ACCREDITED BARANGAY HEALTH WORKERS SHALL NOT BE 31 TERMINATED EVEN AFTER THE TERM OF THE PUNONG 32

BARANGAY AND SANGGUNIANG BARANGAY MEMBERS, 1 EXCEPT FOR CAUSE AS PROVIDED BY LAW AND AFTER DUE 2 PROCESS. PROVIDED, THAT IF A BHW, UPON APPEAL, IS 3 FOUND BY THE CIVIL SERVICE COMMISSION (CSC) TO BE 4 UNJUSTLY DISMISSED FROM SERVICE, HE OR SHE SHALL BE 5 **ENTITLED TO REINSTATEMENT WITHOUT LOSS OF BENEFITS** 6 AND INCENTIVES FROM THE TIME OF HIS OR HER 7 TERMINATION UP TO THE TIME OF HIS 8 REINSTATEMENT. THE CSC SHALL RESOLVE TERMINATION 9 CASES AGAINST BHWS JUDICIOUSLY NOT LATER THAT 10 NINETY (90) DAYS FROM THE RECEIPT OF A COMPLAINT." 11 follows: 13

SEC.8. A new Section 9 of R.A. No. 7883 is hereby inserted and shall read as 12

"SEC. 9. DISCRIMINATION PROHIBITED. - A BARANGAY 14 HEALTH WORKER SHALL NOT BE DISCRIMINATED AGAINST 15 WITH REGARD TO GENDER, CIVIL STATUS, CREED, 16 RELIGIOUS OR POLITICAL BELIEFS AND ETHNIC GROUPINGS 17 IN THE EXERCISE OF THEIR FUNCTIONS." 18

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SEC.9. A new Section 10 of R.A. No. 7883 is hereby inserted and shall read 19 as follows: 20

"SEC. 10. RIGHT TO SELF-ORGANIZATION. - BARANGAY HEALTH WORKERS HAVE THE RIGHT TO FREELY FORM, JOIN OR ASSIST ORGANIZATIONS TO OBTAIN REDRESS OF THEIR GRIEVANCES THROUGH PEACEFUL CONCERTED ACTIVITIES FOR PURPOSES NOT CONTRARY TO LAW, AND WITH UTMOST REGARD TO SERVICE TO PATIENTS AND THE CONTINUOUS OPERATION OF BARANGAY HEALTH SERVICES IN THE INTEREST OF PUBLIC HEALTH, SAFETY OR SURVIVAL OF PATIENTS."

SEC.10. A new Section 11 of R.A. No. 7883 is hereby inserted and shall read 30 31 as follows:

"SEC. 11. ROLE OF BARANGAY HEALTH WORKERS —AS ONE OF THE KEY PARTNERS IN A REFORMED LOCAL HEALTH CARE DELIVERY SYSTEM, THE DOH AND LGUS SHALL SUPPORT THE EVOLVING ROLES OF BHWS IN A REFORMED HEALTH SYSTEM AS:

- 1. ADVOCATE TO SUPPORT, PROMOTE AND/OR CHAMPION CURRENT HEALTH PROGRAMS, PROJECT, AND ACTIVITIES (PPAS) TO IMPROVE ACCESS TO AND QUALITY HEALTH SERVICES TOWARDS THE IMPROVED HEALTH STATUS OF THE COMMUNITY;
- 2. EDUCATOR TO GUIDE, ADVISE, COUNSEL THE COMMUNITY ON THE CURRENT DOH AND LGU HEALTH PRIORITIES AS IMPORTANCE OF BIRTH PLAN AND FACILITY-BASED DELIVERY IN REDUCING MATERNAL AND INFANT DEATHS; NEWBORN SCREENING FOR THE EARLY DETECTION OF CONGENITAL METABOLIC DISORDERS WHICH MAY LEADS TO MENTAL RETARDATION AND EVEN DEATH, AMONG OTHERS;
- 3. DISSEMINATOR TO REMAIN REGULAR COMMUNICATION WITH LOCAL PROFESSIONAL HEALTH WORKERS (E.G. MHO, PHN, RHM, DOH REP, HOSPITAL STAFF) ON HEALTH EVENTS AND UPDATES AND CONCERNS RELEVANT TO THE COMMUNITY AND INFORM THE SAME TO CATCHMENT HH/COMMUNITY FOR APPROPRIATE ACTION, IF NECESSARY;
- 4. LINKER TO FACILITATE ACCESS TO OR ASSOCIATION OF THE COMMUNITY WITH A RELEVANT NETWORK OF OR SPECIFIC HEALTH AND NON-HEALTH SERVICE PROVIDERS WITHIN OR EVEN OUTSIDE THE BHE CATCHMENT, FOR INSTANCE: REFERRAL OF PREGNANT WOMEN TO A HEALTH FACILITY WHICH BASIC/ COMPREHENSIVE EMERGENCY OBSTETRIC

1	NEWBORN CARE (BEMMONC/CEMONC) CAPACITY;
2	NETWORK WITH TESDA FOR TRAINING;
3	5. RECORD KEEPER - TO MAINTAIN UPDATED
4	LISTS/RECORDS OF HEALTH DATA, HEALTH
5	ACTIVITIES/EVENTS IN THE COMMUNITY, SUCH AS
6	BUY NOT LIMITED TO DATA/RECORDS ON FULLY
7	IMMUNIZED CHILD (FIC), OPERATION TIMBANG (OPT)
8	RESULT, GARANTISADONG PAMBATA (GP) ,
9	PREGNANCY TRACKING, PRE-NATAL AND POST-NATAL
10	WOMEN; EXCLUSIVE BREASTFEEDING MOTHERS,
11	BLOOD-LETTING ACTIVITIES.
12	NO BHW SHALL BE UTILIZED OR SUBJECTED TO ANY
13	PARTISAN POLITICAL ACTIVITY.
14	SEC.11. A new Section 12 of R.A. No. 7883 is hereby inserted and shall read
15	as follows:
16	"SEC. 12. REPRESENTATION IN THE LOCAL HEALTH BOARD
17	AND HEALTH CARE PROVIDER NETWORK THE PRESIDENT
18	OF THE MUNICIPAL OR CITY ASSOCIATION OF BHWS SHALL
19	BE A MEMBER OF THE MUNICIPAL OR CITY LOCAL HEALTH
20	BOARD. THE PRESIDENTS OF EACH COMPONENT CITY AND
21	MUNICIPALITY OF A PROVINCE SHALL ELECT AMONG
22	THEMSELVES THE BHW REPRESENTATIVE TO THE
23	PROVINCIAL HEALTH BOARD.
24	THE BHWS SHALL ALSO FORM PART OF THE HEALTH
25	CARE PROVIDER NETWORK AS MAY BE DETERMINED BY THE
26	DOH AND LGUS CONCERNED IN THE IMPLEMENTATION OF
27	PRIMARY HEALTH CARE PROGRAMS AND SERVICES. "
28	SEC. 12. Section 19 of RA No. 7883 is hereby amended to read as
29	follows:
30	"SEC. 19. Rules and Regulation The DEPARTMENT OF
31	BUDGET AND MANAGEMENT, Department of Health, in
22	CONSULTATION [cooperation] with the Department of Education

- [Culture and Sports], CHED, TESDA, the Department of the Interior 1 and Local Government, the Department of Justice, the Civil Service 2 Commission, GOVERNMENT SERVICE INSURANCE SYSTEM, 3 LIGA NG MGA BARANGAY and other concerned government 4 agencies and non-governmental organizations, shall formulate, not 5 later than one hundred eighty days (180) from the effectivity of this 6 Act, the rules and regulations necessary for its effective 7 implementation." 8
- 9 **SEC. 13.** *Separability Clause.* If any provision of this Act is declared invalid, the remainder of any provision hereof not affected thereby shall remain in force and effect.
- SEC. 14. Repealing Clause. All laws, decrees, executive orders, and other presidential issuances which are inconsistent with this Act are hereby repealed, amended or modified accordingly.
- SEC. 15. *Effectivity*. This Act shall take effect fifteen days (15) after its publication in the Official Gazette or at least in two (2) national newspapers of general circulation.

Approved,