

SENATE

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S. No. 185



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Introduced by **SENATOR LEILA M. DE LIMA**

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**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 depends 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 country<sup>1</sup>, 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

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<sup>1</sup> Philippine Statistics Authority. *12 New Barangays established in the First Quarter of 2018*. Retrieved from <https://psa.gov.ph/content/12-new-barangays-established-first-quarter-2018>

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 (P6,000.00) 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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INCENTIVES ACT OF 1995, PROVIDING FUNDS THEREFOR, AND FOR  
OTHER PURPOSES**

*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*  
2 *Barangay Health Workers of 2019.*”

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

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

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

16 **ARTICLE I**

17 **BARANGAY HEALTH WORKERS; REGISTRY**



1 WILL BE APPOINTED IS LOCATED. A BARANGAY HEALTH WORKER  
2 SHALL BE ENTITLED TO ALLOWANCES AND SUCH OTHER BENEFITS  
3 AS PROVIDED BY LAW.”

### 4 **ARTICLE III**

#### 5 **EDUCATION, TRAINING AND ACCREDITATION**

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

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

22 *Sec. 8. Accreditation and Competency Assessment.* – The DOH, in  
23 coordination with local governments and the Civil Service Commission, shall  
24 conduct a competency assessment test upon completion of the Education and  
25 Training Program, provided that this requirement shall be waived for those who  
26 have served as BHWs for five (5) or more years. Only those who have passed the  
27 assessment test or have served as BHWs for five years or more will be accredited.  
28 The Municipal or City Health Board, with the participation of Technical Education  
29 and Skills Development Authority (TESDA), Philippine Health Insurance  
30 Corporation (PhilHealth), and accredited training NGOs, are hereby mandated to  
31 carry out the accreditation of BHWs.



1 subsidy for the program to fourth, fifth and sixth class municipalities.  
2 *Provided, further,* that the national government's subsidy to qualified LGU  
3 shall not exceed fifty percent (50%) of the needed premium cost.

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

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

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

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

18 h) Free Legal Services. — Free legal services from government lawyers  
19 or private lawyers pursuant to Republic Act No. 9999 and Bar Matter No.  
20 2012, for cases arising from acts committed in the performance of duty shall  
21 be made available to BHWs; *Provided,* That such legal services shall continue,  
22 even after the expiration of the term of the BHW, until its final disposition.

23 i) Preferential Access to Loans. — The DOH, in coordination with  
24 other concerned government agencies, shall provide, within one hundred  
25 eighty (180) days after the effectivity of this Act, a mechanism for access to  
26 loan services by organized BHWs. The agencies providing loan services will  
27 set aside one percent (1%) of their loanable funds for organized BHW groups  
28 that have community-based income generating projects in support of health  
29 programs or activities.

30 Such salary, incentives and other benefits, may be increased, upon  
31 review and approval of the City or Municipal Health Board, after considering,



1 among others, present Consumer Price Index (CPI), as published by the  
2 Philippine Statistics Authority (PSA).

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

5 Sec. 11. *Retirement Age.* – The mandatory retirement age for BHWs shall be  
6 65 years old. However, an optional retirement shall also be available for those who  
7 have reached 60 to 64 years of age. Accredited BHWs qualified under this provision  
8 can avail of the retirement benefits under GSIS.

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

13 Sec. 13. *Punishable Acts.* – Any person, government official or health worker  
14 who shall be proven to have assigned tasks to BHWs that can only be performed by  
15 licensed health workers or any tasks that are not part of the function of BHWs as  
16 provided in this Act shall pay a fine of not less than Fifty thousand pesos  
17 (P50,000.00).

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

26 Sec. 15. *Mandatory Review.* – Congress shall conduct a regular review of this  
27 Act which shall primarily evaluate its implementation with regard to its impact and  
28 accomplishments. Such review shall be jointly undertaken by the appropriate  
29 committees in the Senate and the House of Representatives which have legislative  
30 jurisdiction over this program.

1           Sec. 16. *Funding.* – The amount necessary to implement this Act shall be  
2 charged against the Internal Revenue Allotment (IRA) shares of local government  
3 units to which the barangay belongs in the following manner:

4                   Thirty percent (30%)           - From the barangay

5                   Fifty percent (50%)           - From the City or Municipality

6                   Twenty (20%)           - From the Province

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

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

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

Approved,