



S E N A T E *

S. No. 2838

(In substitution of Senate Bill Nos. 5, 68, 83, 232, 396, 427, 434, 488, 533, 580, 919, 1170, 1393, 1682, 1840, and 1911, taking into consideration House Bill No. 6557)

PREPARED AND SUBMITTED JOINTLY BY THE COMMITTEES ON HEALTH AND DEMOGRAPHY (UPON THE RECOMMENDATION OF THE SUBCOMMITTEE ON THE MAGNA CARTA FOR BARANGAY HEALTH WORKERS); LOCAL GOVERNMENT; WAYS AND MEANS; AND FINANCE WITH SENATORS LEGARDA, CAYETANO (A), ZUBIRI, PADILLA, EJERCITO, GO, DELA ROSA, POE, HONTIVEROS, ANGARA, REVILLA JR., TULFO, GATCHALIAN, LAPID, ESCUDERO, VILLANUEVA, VILLAR (C), ESTRADA, CAYETANO (P), AND VILLAR (M) AS AUTHORS THEREOF

AN ACT PROVIDING FOR THE MAGNA CARTA OF
BARANGAY HEALTH WORKERS

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

1

CHAPTER I

2

GENERAL PROVISIONS

1 SECTION 1. *Short Title.* – This Act shall be known as
2 the “Magna Carta of Barangay Health Workers”.

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

11 The State acknowledges that primary health care is a
12 key component in attaining universal health care and, with
13 the support of local government units (LGUs), the
14 participation of communities, and volunteerism of the
15 population, is an effective strategy towards realizing
16 health empowerment and delivering effective health care
17 programs and services.

18 The State values the indispensable role of barangay
19 health workers (BHWs) as frontliners in providing primary
20 health care services and, therefore, shall adopt policies

1 that will harness their potential as partners in national
2 development.

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

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

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

CHAPTER II

THE BARANGAY HEALTH WORKERS IN

PRIMARY HEALTH CARE DELIVERY

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

The head of the barangay health station, health center, or any other primary health care facility, of the municipal/city health office, shall exercise day-to-day direct control and supervision over the BHWs.

1 The BHW shall perform the following roles:

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

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

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

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

14 Pursuant to Republic Act No. 11223, or the
15 “Universal Health Care Act”, certified BHWs, who have
16 undergone the certification process under Section 10 of this
17 Act, shall serve as primary care workers and act as the
18 navigator, initial and continuing point of contact in the
19 health care delivery system. They shall endorse patients to
20 the next level of health care provider within the health

1 care provider network to which the barangay health
2 station, health center, or any other primary health care
3 unit, belongs: *Provided*, That except in emergency or
4 serious cases and when proximity is a concern, access to
5 higher levels of care shall be coordinated by the certified
6 BHWs.

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

10 The Department of Health (DOH) shall promulgate
11 the policies, guidelines, and the specific duties and
12 responsibilities of registered and certified BHWs.

13 SEC. 5. *Coordination Between the Health*
14 *Station/Health Center/Health Care Facility of the*
15 *Municipal/City Health Office with the Barangay.* – The
16 head of the barangay health station, health center, or any
17 other primary health care facility, of the municipal/city
18 health office shall coordinate and collaborate with the
19 *punong barangay*, or with several *punong barangays* in the
20 case of health centers providing services to a cluster of

1 barangays, in the implementation of programs and
2 activities to address the primary health care needs of the
3 communities.

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

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

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

CHAPTER III

REGISTRATION, CAPABILITY-BUILDING AND RETENTION

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

(a) At least eighteen (18) years of age at the date of the filing the application for registration;

(b) Physically and mentally fit; and

(c) With basic BHW orientation and training as prescribed by the DOH completed in the same year of application for registration.

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

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

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

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

15 The DILG, in collaboration with the DOH, shall
16 provide the general guidelines in setting up the grievance
17 and appeal mechanism.

18 SEC. 9. *National BHW Information System.* –A
19 National BHW Information System shall be established
20 and maintained by the DOH, in partnership with the

1 Department of Information and Communications
2 Technology (DICT), to assist the national government and
3 LGUs in formulating and implementing policies and
4 programs for the organization and development of the
5 cadre of BHWs.

6 The Information System shall be the sole source of
7 real-time data and information on BHWs nationwide. It
8 shall contain the list of all BHWs at the barangay,
9 municipal, city, and provincial levels, their
10 socio-demographic profiles, qualifications, areas of
11 assignment, and other information that the DOH may
12 deem necessary.

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

16 The provincial health boards, with the assistance of
17 the DOH, shall provide training to municipal/city health
18 boards within the province on the use of the Information
19 System and ensure that the local health boards regularly
20 submit accurate data and information on their BHWs.

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

6 The DOH, in consultation with the Technical
7 Education and Skills Development Authority (TESDA), the
8 Commission on Higher Education (CHED), and the Civil
9 Service Commission (CSC), shall promulgate the policies,
10 standards, and guidelines for the certification of
11 competency of BHWs.

12 To qualify for certification, a registered BHW must
13 have:

14 (a) Completed at least two (2) years of continuous
15 service in the locality;

16 (b) Completed the training on the roles, duties, and
17 responsibilities of a BHW, as prescribed by the DOH;

18 (c) Provided satisfactory performance as evaluated by
19 the health care professional supervising the concerned

1 BHW immediately prior to the filing of application for
2 certification; and

3 (d) Completed the courses of the certification
4 component of the Education and Training Program,
5 provided in Section 11 of this Act.

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

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

16 SEC. 11. *Education and Training Program for BHWs.*

17 – The DOH and the TESDA, in collaboration with the CSC,
18 the CHED, relevant government agencies, LGUs,
19 education institutions, and stakeholders, shall develop and

1 institutionalize a continuing competency-based education
2 and training curriculum for all BHWs.

3 The curriculum shall train the BHWs as primary
4 health care service providers, health educators, community
5 organizers, and record keepers. It shall prescribe the
6 courses for the certification component and for the
7 continuing health education and capacity-building of all
8 BHWs.

9 The DOH and the TESDA shall complement the
10 competency-based education and training curriculum by
11 making available web-based and mobile applications for
12 purposes of:

13 (a) Providing training materials to enhance the
14 knowledge and skills of BHWs;

15 (b) Offering forums for BHWs to communicate, share
16 experiences, and seek advice from peers and health
17 professionals;

18 (c) Disseminating new policies, programs, and
19 guidelines pertaining to their roles and responsibilities;

(d) Facilitating reporting and feedback mechanisms to improve service delivery and address challenges faced in the field; and

(e) Offering resources including health and wellness programs for personal and professional development.

SEC. 12. *Inclusion of the BHW Positions in the Government Plantilla.* – The Department of Budget and Management (DBM), in consultation with the CSC, the DOH and LGUs, shall establish the position classification and the corresponding salary grades for BHWs in the Index of Occupational Standards. 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 municipal/city health board after due process. The continuity of services of BHWs, revocation of their registration, or their removal from the cadre of BHWs,

1 shall follow the policies and guidelines promulgated by the
2 DILG and the DOH.

3 CHAPTER IV
4 INCENTIVES AND BENEFITS, RIGHTS AND
5 OBLIGATIONS, OF BHWs

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

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

1 (2) Transportation Allowance/Expense Reimbursements.

2 – Registered and certified BHWs shall be provided by the
3 barangay with transportation allowance or to
4 reimbursement of actual transportation expense for the
5 performance of their functions, as may be authorized by
6 law or regulation: *Provided*, That the barangay may,
7 instead, provide applicable forms of transportation to
8 enable the BHWs to provide the needed primary health
9 care service: *Provided, further*, That the municipality or
10 city, through their health offices, may shoulder such
11 allowance or expense: *Provided, finally*, That official
12 travels, such as seminars, conferences, and transport of
13 patients outside of the barangay or locality, shall be
14 shouldered by the barangay, municipality, city, or province
15 that authorized such official travel and shall not be
16 deducted from the honoraria of the BHWs;

17 (3) Subsistence Allowance. – The concerned
18 municipality or city shall provide BHWs who render
19 service in unserved or underserved barangays where they
20 are not residents to make their services available at any

1 and all times, with subsistence allowance equivalent to the
2 meals taken during their duty, which shall be computed
3 following prevailing circumstances. In no case shall such
4 subsistence allowance be less than One hundred pesos
5 (P100.00) per day;

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

18 (5) Insurance Coverage. – Insurance coverage and
19 benefit packages from the Government Service Insurance
20 System (GSIS), suited to their needs and unique

1 circumstances, shall be borne by the concerned
2 municipality or city. For this purpose, the GSIS shall
3 design such appropriate insurance packages;

4 (6) Health Emergency Allowance During Public
5 Health Emergency. – Volunteer BHWs who are part of the
6 National BHW Information System and are assigned to
7 health facilities and barangay health emergency response
8 teams during public health emergencies shall be entitled to
9 the Health Emergency Allowance (HEA) and other benefits
10 prescribed in Republic Act No. 11712. The national
11 government shall provide funds for the payment of the
12 HEA and other benefits;

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

16 (8) One-time Dedicated Service Recognition Incentive.
17 – A BHW who withdraws as a registered or certified BHW
18 but has continuously and satisfactorily served for at least
19 fifteen (15) years shall, in recognition of his/her loyalty,
20 dedication, and service, be entitled to a one-time incentive

1 of not less than Ten thousand pesos (P10,000.00), which
2 shall be borne by the municipality or city concerned. The
3 national and provincial governments shall assist in case of
4 non-availability of funds from the concerned municipality
5 or component city;

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

12 (i) Educational programs that credit the years of
13 primary health care service of the BHW and the number of
14 training hours gained during attendance to courses covered
15 by the Education and Training Program under Section 11
16 of this Act towards higher education completion in
17 institutions with step-ladder curricula, as provided under
18 Republic Act No. 10968, otherwise known as the
19 “PQF Act”, and Republic Act No. 10647, otherwise known
20 as the “Ladderized Education Act of 2014”, thus allowing

1 them to upgrade their skills and knowledge for community
2 work or to pursue further training as health care
3 professionals;

4 (ii) Continuing education, study and exposure tours,
5 field immersion, and scholarship and financial grants,
6 among others;

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

10 (iv) Special training programs, such as traditional
11 medicine, disaster preparedness, and other programs that
12 address emergent community health problems and issues;

13 (10) Free Legal Services. – Legal representation and
14 consultation services shall be immediately provided by the
15 Public Attorney's Office to a BHW in cases of coercion or
16 interference, and in other civil and criminal cases filed by
17 or against the BHW arising out of or in connection with the
18 performance of his/her duties; and

19 (11) Preferential Access to Government Livelihood
20 Programs. – Government agencies providing livelihood

1 programs shall provide organized BHWs with preferential
2 access to loan services:

3 *Provided, That in the provision of the monthly*
4 *honoraria and the cash gift, and in consideration of the*
5 *financial assistance of the national government to third,*
6 *fourth, and fifth class municipalities, as provided under*
7 *Section 15 of this Act, the provinces, in consultation with*
8 *component cities, municipalities, and barangays within*
9 *their jurisdiction, shall determine the actual amount or*
10 *percentage share of the amount that each LGU will give to*
11 *BHWs: Provided, further, That nothing herein limits the*
12 *barangay, municipality, city, or province from fully*
13 *shouldering the provision of the monthly honoraria and the*
14 *cash gift: Provided, furthermore, That nothing herein*
15 *prevents the barangay, municipality, city, and province*
16 *from providing additional monetary and non-monetary*
17 *benefits to BHWs to supplement those given by another*
18 *concerned LGU within the province: Provided, finally, That*
19 *these honoraria shall be given starting January of the*

1 ensuing fiscal year unless the LGUs, singly or collectively,
2 immediately provide the needed funding.

3 (b) Certified BHWs shall be granted sub-professional
4 eligibility if they have rendered at least five (5) years of
5 continuous service as such: *Provided*, That should a BHW
6 become a regular employee of the government, the total
7 numbers of years served as such shall be credited to the
8 BHW's service in the computation of retirement benefits.

9 The emoluments, incentives, benefits, honoraria,
10 allowances, and reimbursements of BHWs employed by the
11 municipality, city, province, or national government
12 agencies on a regular, contractual, casual, or job order
13 basis shall be governed by civil service laws and the
14 policies issued by the CSC, the Office of the President, the
15 DBM, and the LGU under which they are employed.

16 SEC. 15. *BHW Deployment Subsidy to Low-Income*
17 *Municipalities.* – There is hereby mandated a BHW
18 Deployment Subsidy to Low-Income Municipalities to
19 provide financial assistance to third, fourth, and fifth class
20 municipalities and enable them to deploy a sufficient

1 number of volunteer BHWs in their communities,
2 particularly to unserved or underserved areas in their
3 jurisdictions, and provide incentives to dedicated volunteer
4 BHWs. Priority shall be given to municipalities with no or
5 less capacity to give regular and adequate monthly
6 honoraria and other incentives to their BHWs, as
7 determined by the DOH and the DILG.

8 SEC. 16. *Discrimination Prohibited.* – Discrimination
9 against any BHW by reason of gender, civil status, creed,
10 religious, or political beliefs, and ethnic groupings in the
11 exercise of their functions and responsibilities is hereby
12 prohibited.

13 SEC. 17. *Prohibition on Participation in Political*
14 *Activities.* – To maintain their integrity and impartiality,
15 and eliminate the possibility of conflicts with their
16 catchment households, BHWs are prohibited from
17 participating in partisan political activities. Any BHW who
18 files an application as a candidate in any political position
19 is hereby deemed removed from the list of registered
20 BHWs or resigned from government service, as the case

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

4 CHAPTER V

5 ASSOCIATIONS AND FEDERATIONS OF BARANGAY

6 HEALTH WORKERS

7 SEC. 18. *Associations and Federations of BHWs.* –

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

16 These associations and federations shall serve as the
17 venues to ventilate issues and formulate and communicate
18 policy proposals concerning BHWs, particularly on their
19 roles and duties as the frontliners, as well as their welfare

1 and well-being, in supporting the delivery of primary
2 health care services in the community.

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

7 The national federation shall elect a board of
8 directors headed by a chairperson and a set of national
9 officers headed by a national president, as prescribed in
10 their constitution and by-laws. A secretary-general shall be
11 chosen from among the national federation members to
12 manage the day-to-day operations and activities of the
13 federation. The board of directors may create such other
14 positions necessary for the management of the affairs of
15 the national federation.

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

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

1 and challenges with regard to the implementation of this
2 Act.

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

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

11 SEC. 24. *Implementing Rules and Regulations.* – The
12 DOH and the DILG shall, in consultation with LGUs, the
13 national federation of BHWs, the CSC, the DBM, the
14 TESDA, the CHED, the GSIS, other concerned government
15 agencies, non-government organizations, and academic and
16 training institutions, promulgate the rules and regulations
17 to implement this Act not later than one hundred eighty
18 (180) days from its effectivity.

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

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

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

Approved,