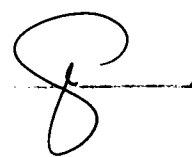


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SENATE

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S. No. 2838

(In Substitution of Senate Bill Nos. 5, 68, 84, 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 Committee on Health and Demography (upon the recommendation of the Subcommittee on the Magna Carta for Barangay Health Workers) and the Committees on Local Government, Ways and Means, and Finance, with Senators Legarda, Cayetano (A. P.), Zubiri, Padilla, Ejercito, Go, Dela Rosa, Poe, Hontiveros, Angara, Revilla Jr., Tulfo, Gatchalian, Lapid, Escudero and Villanueva

**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. Short 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 still 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 the 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

1 strategy towards realizing health empowerment and delivering effective health care
2 programs and services.

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

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

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

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

18 **CHAPTER II**

19 **THE BARANGAY HEALTH WORKERS IN**

20 **PRIMARY HEALTH CARE DELIVERY**

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

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

31 The BHW shall perform the following roles:

32 (a) As a Primary Health Care Service Provider – to assist in the health facilities

1 in providing primary health care services to the members of the community;

2 (b) As a Health Educator – to provide knowledge and skills to community
3 members in the prevention and management of simple illnesses;

4 (c) As a Community Organizer – to organize and mobilize the community
5 towards self-reliance; and

6 (d) Record Keeper – to assist in the development and maintenance of a
7 community health profile, and collect and collate health data and information of
8 families and individuals in the community.

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

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

20 The Department of Health (DOH) shall promulgate the policies, guidelines, and
21 the specific duties and responsibilities of registered and certified BHWs, for the
22 effective implementation of this Section.

23 **SEC. 5. Coordination Between the Health Station/Health**
24 **Center/Health Care Facility of the Municipal/City Health Office with the**
25 **Barangay.** – The head of the barangay health station, health center, or any other
26 primary health care facility, of the municipal/city health office shall coordinate and
27 collaborate with the *punong barangay*, or with several *punong barangay* in the case
28 of health centers providing services to a cluster of barangays, in the implementation
29 of programs and activities to address the primary health care needs of the
30 communities.

31 Pursuant to Section 17 (b) (ii) of the Local Government Code, the *punong*
32 *barangay* shall support the delivery of health services in the community by ensuring

1 the maintenance of the health station/center, particularly in providing the necessary
2 additional logistical support, supplies and services needed by BHWs.

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

7 The DOH, in consultation with local government units, shall determine the ideal
8 ratio of BHWs with the required competencies to households and shall issue an
9 updated policy on this ratio every five years.

10 **CHAPTER III**

11 **REGISTRATION, CAPABILITY-BUILDING AND RETENTION**

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

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

17 (b) Be physically and mentally fit; and

18 (c) Have completed in the same year of application for registration the basic
19 orientation and training for BHWs as prescribed by the DOH.

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

23 It shall be the duty of the municipal and city health offices, in cooperation with
24 the provincial health offices and the DOH, to provide interested applicants as BHWs
25 with basic orientation and training.

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

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

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

7 **SEC. 9. National BHW Information System.** – There shall be established
8 and maintained by the DOH, in partnership with the Department of Information and
9 Communications Technology (DICT), a National BHW Information System, to assist
10 the national government and local government units in formulating and implementing
11 policies and programs for the organization and development of the cadre of BHWs.

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

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

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

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

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

30 To qualify for certification, a registered BHW must:

31 (a) Have completed in the locality at least two (2) years of continuous service;

1 (b) Have completed the training on the roles, duties, and responsibilities as a
2 BHW, as prescribed by the DOH;

3 (c) Have been evaluated to have provided satisfactory performance by the
4 health care professional supervising the concerned BHW immediately prior to the filing
5 of application for certification; and

6 (d) Have completed the courses of the certification component of the Education
7 and Training Program, provided in Section 11 of this Act.

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

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

16 **SEC. 11. Education and Training Program for BHWs.** – The DOH and the
17 TESDA, in collaboration with the CSC, the CHED, relevant government agencies, local
18 government units, education institutions, and stakeholders, shall develop and
19 institutionalize a continuing competency-based education and training curriculum for
20 all BHWs.

21 The curriculum shall train the BHWs as primary health care service provider,
22 health educator, community organizer, and record keeper. It shall prescribe the
23 courses for the certification component and the courses for continuing health
24 education and capacity-building for all BHWs.

25 The DOH and TESDA shall complement the competency-based education and
26 training curriculum by making available web-based and mobile applications for
27 purposes of:

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

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

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

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

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

5 **SEC. 12. Inclusion of the BHW Positions in the Government Plantilla.**

6 – The Department of Budget and Management (DBM), in consultation with the CSC,
7 the DOH and LGUs, shall establish the position classification and the corresponding
8 salary grades for BHWs in the Index of Occupational Standards. Municipalities and
9 cities may employ BHWs in their respective LGUs.

10 **SEC. 13. Retention and Continuous Service of BHWs.** – Registered and

11 certified BHW shall continue to perform their roles, duties, and responsibilities except
12 due to the withdrawal of an individual as a BHW or removal for cause by the municipal
13 or city health board after due process. The continuity of services of BHWs, including
14 issues on the revocation of the registration of a BHW, or the removal of a BHW from
15 the cadre of BHWs, shall follow the policies and guidelines promulgated by the DILG
16 and the DOH.

17 **CHAPTER IV**

18 **INCENTIVES AND BENEFITS, RIGHTS AND OBLIGATIONS, OF BHWS**

19 **SEC. 14. Incentives and Benefits of BHWs.** – (a) In recognition of the time,

20 services and resources they contribute, volunteer registered and certified BHWs shall
21 receive, or be provided with, the following:

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

28 ii. *Transportation Allowance/Expense Reimbursements.* – Registered and
29 certified BHWs shall be provided by the barangay with transportation allowance or
30 entitlement to reimbursement of actual transportation expense for the performance
31 of their functions, as may be authorized by law or regulation: *Provided,* That the
32 barangay may, instead, provide applicable forms of transportation to enable the BHWs

1 provide the needed primary health care service: *Provided, further,* That the
2 municipality or city, through their health offices, may shoulder such allowance or
3 expense: *Provided, finally,* That official travels, such as seminars, conferences and
4 transport of patients outside of the barangay or locality, shall be shouldered by the
5 barangay, municipality, city or province that authorized such official travel and shall
6 not be deducted from the honoraria of the BHWs;

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

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

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

26 iv. *Health Emergency Allowance During Public Health Emergency.* – The Health
27 Emergency Allowance and other benefits prescribed in Republic Act No. 11712, on the
28 conditions that the volunteer BHWs are part of the National BHW Information System
29 and are assigned in health facilities and barangay health emergency response teams
30 during public health emergencies. The national government shall provide funds for the
31 payment of the HEA and other benefits mandated under R. A. No. 11712;

1 v. *Cash Gift.* – A Cash Gift not less than the minimum monthly honoraria to
2 be given every December;

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

10 vii. *Education and Career Advancement.* — The DOH, in coordination with the
11 Department of Education, CHED, TESDA, CSC, other concerned national government
12 agencies, non-government organizations, and LGUs, shall provide information on, and
13 opportunities for, education and career advancement for BHWs, such as:

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

22 (2) Continuing education, study and exposure tours, field immersion, and
23 scholarship and financial grants, among others;

24 (3) Scholarship grant or financial assistance to be granted to one (1) child of a
25 BHW who will not be able to take advantage of the programs described in paragraphs
26 (1) and (2) hereof; and

27 (4) Special training programs, such as traditional medicine, disaster
28 preparedness and other programs that address emergent community health problems
29 and issues;

30 viii. *Free Legal Services.* - Legal representation and consultation services shall
31 be immediately provided by the Public Attorney's Office to a BHW in cases of coercion,

1 interference, and in other civil and criminal cases filed by or against the BHW arising
2 out of or in connection with the performance of their duties as such; and

3 ix. *Preferential Access to Government Livelihood Programs.* – Government
4 agencies providing livelihood programs shall provide organized BHWs preferential
5 access to loan services.

6 *Provided,* That in the provision of the Monthly Honoraria and the Cash Gift, and
7 in consideration of the financial assistance of the national government to third, fourth
8 and fifth class municipalities, provided under Section 15 of this Act, the provinces, in
9 consultation with component cities, municipalities and barangays within their
10 jurisdiction, shall determine the actual amount or percentage share of the amount that
11 each and every LGU will give to BHWs: *Provided, further,* That nothing herein limits
12 the barangays, or the municipality, or the city, or the province, from fully shouldering
13 the provision of the Monthly Honoraria and the Cash Gift: *Provided, furthermore,* That
14 nothing herein prevents the barangay, municipality, city, and province from providing
15 additional monetary and non-monetary benefits to BHWs to supplement those given
16 by another concerned LGU within the province: *Provided, finally,* That these honoraria
17 shall be given starting January of the ensuing fiscal year unless the local government
18 unit/s, singly or collectively, immediately provide the needed funding.

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

24 The emoluments, incentives, benefits, honoraria, allowances and
25 reimbursements of BHWs employed by the municipality, city, province, or national
26 government agencies on a regular, contractual, casual or job order basis shall be
27 governed by laws applicable to the civil service and the policies issued by the Civil
28 Service Commission, the Office of the President, the Department of Budget and
29 Management, and the LGU under which they are employed.

30 **SEC. 15. BHW Deployment Subsidy to Low-Income Municipalities.** –
31 There is hereby mandated a BHW Deployment Subsidy to Low-Income Municipalities
32 in order to provide financial assistance to third, fourth, and fifth class municipalities

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

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

9 **SEC. 17. *Prohibition on Participation in Political Activities.*** – To maintain
10 their integrity and impartiality, and eliminate the possibility of conflicts with their
11 catchment households, BHWs are prohibited from participating in partisan political
12 activities. Any BHW who files an application as a candidate in any political position is
13 hereby deemed removed from the list of registered BHWs or resigned from
14 government service, as the case may be. Participation in political activities shall serve
15 as basis of the local health board to remove BHWs in the list of registered BHWs.

16 **CHAPTER V**

17 **ASSOCIATIONS AND FEDERATIONS OF BARANGAY HEALTH WORKERS**

18 **SEC. 18. *Associations and Federations of BHWs.*** – There shall be
19 organized associations of BHWs at the municipal and city levels and federations at the
20 provincial, regional, sub-national and national levels. BHW associations of highly
21 urbanized cities that are independent from provinces where they are located, and
22 LGUs in the National Capital Region, shall directly become members of regional and
23 sub-national federations and the national federation.

24 These associations and federations shall serve as the venues in order to
25 ventilate issues and formulate and communicate policy proposals concerning BHWs,
26 particularly on their roles and duties as the frontliners, as well as their welfare and
27 well-being, in supporting the delivery of primary health care services in the
28 community.

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

1 The national federation shall elect a board of directors headed by a chairperson
2 and a set of national officers headed by a national president, as prescribed in their
3 constitution and by-laws. A secretary-general shall be chosen from among the national
4 federation members to manage the day-to-day operations and activities of the
5 federation. The board of directors may create such other positions as may be
6 necessary for the management of the affairs of the national federation.

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

11 CHAPTER VI

12 MISCELLANEOUS PROVISIONS

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

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

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

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

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

29 The amount necessary for the initial implementation of the BHW Deployment
30 Subsidy to Low-Income Municipalities shall be charged against the current
31 appropriations of the DOH and, thereafter, shall be included in the annual general
32 appropriations act.

1 **SEC. 24. *Implementing Rules and Regulations.*** – The DOH and the DILG
2 shall, in consultation with local government units, the national federation of BHWs,
3 the CSC, the DBM, the TESDA, the CHED, the GSIS, other concerned government
4 agencies, non-government organizations, and academic and training institutions,
5 promulgate the rules and regulations to implement this Act not later than one hundred
6 eighty (180) days from the start of the effectivity of this Act.

7 **SEC. 25. *Separability Clause.*** - If any portion or provision of this Act is
8 declared invalid or unconstitutional, other provisions hereof shall remain in full force
9 and effect.

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

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

Approved,