

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

Seventeenth Congress
First Regular Session
HOUSE BILL NO. **3564**



Introduced By **REP. TEDDY BRAWNER BAGUILAT JR**

EXPLANATORY NOTE

An Act for Supporting Scaling Up Nutrition during the First 1000 Days of Life by Strengthening and Protecting Primary Health Care Workers

Malnutrition is a pervasive problem in the Philippines with the steadily increasing incidence of underweight, wasting and stunting among children. Addressing a problem of this magnitude requires local solutions to ensure the direct and efficient delivery of services and information to the key population in most need.

The Local Government Code of 1991 devolved the delivery of critical social services such as health to local government units. At the front lines of primary health care delivery are the barangay health workers (BHWs) and barangay nutrition scholars (BNS).

Barangay Health Workers act as primary health care providers, health educators and community mobilizers. Republic Act 7883 or the Barangay Health Workers' benefits and Incentives Act mandated the institutionalization of remuneration for BHWs but the amounts are outdated. BHWs still receive monthly honorarium depending on the discretion of local leaders.

Barangay Nutrition Scholars were included as part of the primary health care system by virtue of Presidential Decree No. 1569 of 1978 which sought to provide one BNS per barangay. BNS are responsible for monitoring and caring for the malnourished children especially 0-2 year old children in recognition of the First 1,000 Days of life as the crucial window of opportunity. They conduct regular weighing, nutrition counseling services especially on exclusive breastfeeding and appropriate complementary feeding and organizing mothers' classes on community nutrition education among many other roles to promote the nutrition of the community. They are currently entitled to a training stipend, kit and travel allowance of at least One hundred twenty pesos (P 120.00) a year, and in addition to other allowances that the municipality may grant but not exceeding One hundred fifty pesos (P 150.00) a month.

Primary health workers such as BHWs and BNS have the most direct impact on the health and nutrition of community members, particularly pregnant mothers and children 0-2 years old. They are the first point of contact in the health system and are most capable of reaching out to individual community members through various means such as consultations at the health center, home visits and grassroots health promotion activities. They also have a strong stake and concern for the overall welfare of their community because they too are members of the community.

Resolving the problem of malnutrition entails that these health workers are properly compensated, sufficiently capacitated, and effectively protected. Although both BHWs and BNS are categorized as volunteers, the measly and discretionary amounts they receive as allowances and honoraria do not give them the dignity and recognition they deserve for their indispensable work. They also do not receive continuous learning opportunities to enhance the quality of their services aside from the initial training prior to deployment. Furthermore, the security of their tenure is constantly at risk because their stay is determined by local chief executives. The sustainability and efficiency of service delivery could then be hampered due to the constant turnover or appointment of unqualified health workers.

The bill aims to address such gaps by protecting the security of tenure of BHWs and BNS as and providing additional in recognition that they are crucial partners in promoting health and nutrition of mothers and children for the First 1,000 Days program. Strengthening BHWs and BNS into skilled health workers will contribute to the achievement of Sustainable Development Goals on ending hunger and promoting healthy lives. It will also support the State's objective of responding to the growing health needs of local communities, especially those in the poorest and far-flung areas.

The passage of this bill is urgently sought.



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**An Act for Supporting Scaling Up Nutrition during the First 1000 Days of Life
by Strengthening and Protecting Primary Health Care Workers**

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

1 **SECTION 1. Title.** – This Act shall be known as the ***“Strengthening and***
2 ***Protection of Primary Health Workers Act”***.

3
4 **Sec. 2. Declaration of Policy.** – The right to health is a fundamental principle
5 guaranteed by the State. Section 15, Article 2, of the 1987 Constitution emphasizes
6 that “The State shall protect and promote the right to health of the people and instill
7 health consciousness among them.” Further, as party to international human rights
8 agreements such as the Universal Declaration of Human Rights, International
9 Covenant on the Economic, Social and Cultural Rights, the United Nations
10 Convention on the Rights of a Child and to the Scaling Up Nutrition Movement, the
11 State commits to its obligations that guarantee the right to adequate food, care and
12 nutrition to pregnant and lactating mothers and children, specially those from zero to
13 two-years old.

14
15 Title 1, Section 17 of the Local Government Code states the responsibilities of
16 local government units like the barangay to ensure the provision of health and social
17 welfare services which entails the deployment of community health workers or
18 Barangay Health Workers (BHWs). Presidential Decree No. 1569 of 1978 stated the
19 provision of one barangay nutrition scholar to every barangay to address malnutrition
20 with the National Nutrition Council as the lead agency.

21
22 The State shall recognize, respect and protect the rights of ICCs/IPs to
23 preserve and develop their cultures, traditions and institutions. It shall consider these
24 rights in the formulation of national laws and policies

25
26 The State recognizes its obligations to respond to the strong expression of the
27 ICCs/IPs for cultural integrity by assuring maximum ICC/IP participation in the
28 direction of education, health, as well as other services of ICCs/IPs, in order to
29 render such services more responsive to the needs and desires of these
30 communities.

31 Furthermore, the State further commits to the Philippine Development Plan and
32 the Philippine Plan of Action on Nutrition (PPAN) to contribute to the improvement of
33 the quality of human resource in the country, and the reduction of child and maternal
34 mortality.

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36 The State likewise declares its determination to eliminate hunger and to reduce
37 all forms of malnutrition. The State further maintains that nutrition is both an end-goal
38 and a means to achieve sustained development. It is a multi-faceted issue requiring
39 committed inputs from all sectors. As such, nutrition shall be a priority of the
40 government to be implemented by all its branches in collaboration with non-
41 government organizations and the private sector, in an integrated manner.

42
43 **Sec. 3.Objectives.**—This Act specifically aims to:

- 44
45 (a) Strengthen the the primary health care system especially towards the
46 efficient and culturally-responsive implementation of the First 1,000 Days
47 program
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49 (b) Strengthen policies on health human resources for primary health care such
50 as Barangay Health Workers' Benefits and Incentives Act of 1995 (Republic
51 Act Number 78833) and Presidential Decree 1569 of 1978, the Barangay
52 Nutrition Program
53
54 (c) Protect and support the Barangay Health Workers and Barangay Nutrition
55 Scholars as the primary health care workers mainly tasked to implement the
56 First 1000 Days Act.

57 **Sec. 4. Definition of Terms.** – For the purposes of this Act, the following shall
58 refer to:

- 59 a) Geographically isolated and disadvantaged areas (GIDA) are areas that are
60 isolated due to distance, weather conditions and transportation, unserved
61 and underserved communities and other areas identified to have high
62 incidences of poverty, presence of vulnerable sector, communities in or
63 recovering from situation of crisis or armed conflict and recognized as such
64 by a government body
65
66 b) Indigenous Cultural Communities/Indigenous Peoples — refer to a group of
67 people or homogenous societies identified by self-ascription and ascription
68 by others, who have continuously lived as organized community on
69 communally bounded and defined territory, and who have, under claims of
70 ownership since time immemorial, occupied, possessed and utilized such
71 territories, sharing common bonds of language, customs, traditions and
72 other distinctive cultural traits, or who have, through resistance to political,
73 social and cultural inroads of colonization, non-indigenous religions and
74 cultures, became historically differentiated from the majority of Filipinos.
75 ICCs/IPs shall likewise include peoples who are regarded as indigenous on
76 account of their descent from the populations which inhabited the country, at
77 the time of conquest or colonization, or at the time of inroads of non-

indigenous religions and cultures, or the establishment of present state boundaries, who retain some or all of their own social, economic, cultural and political institutions, but who may have been displaced from their traditional domains or who may have resettled outside their ancestral domains

- c) Barangay Nutrition Scholars as defined by PD No. 1569 of 1978 are responsible for delivering nutrition services and other related activities such as community health, backyard food production, environmental sanitation, culture, mental feeding and family planning to the barangay. Their qualifications include a) being a resident for at least four years; b) possession of leadership potentials; c) willingness to learn and serve barangay for at least a year; d) primary school graduate
- d) Barangay Health Workers as defined by RA 7883 (Barangay Health Workers' Benefits and Incentives Act of 1995) 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 local health board in accordance with the guidelines promulgated by the Department of Health (DOH).

SEC. 5. Provision of Barangay Health Worker and Barangay Nutrition Scholar. There shall be provided one (1) barangay health worker and one (1) Barangay Nutrition scholar in every barangay throughout the country. Such health workers such be under the control and supervision of the Department of Health in close coordination with the Local Government Health Officer and the Local Chief Executive.

SEC. 6. Provision of Culturally-Responsive Health Care. In indigenous cultural communities and Geographically-Isolated and Disadvantaged Areas, the Department of Health will ensure that at least one (1) health worker will be a member of the indigenous cultural communities and they will be allowed to practice indigenous traditions and beliefs as long as these are not contradictory to the policies of the Department of Health.

SEC 7 Qualifications- These include: resident of the barangay for at least 3 years; can speak the dialect; possesses leadership potentials; has the initiative and willingness to serve the barangay for at least three (3) years; willingness to learn, and teach what he/she has learned to the barangay people; at least a high school graduate; physically and mentally fit; and at least eighteen (18) years old but not more than sixty (60) years old.

SEC 8 Benefits - Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNS) receive monthly allowance and benefits equivalent to second grade civil service eligibility and salary grade appropriate, pursuant to Compensation and Position Classification System.

They shall likewise be entitled to the incentives and benefits provided under the Magna Carta for Public Health Workers, and shall be covered by all existing statutory

benefits such as PAG-IBIG, GSIS and Philhealth. In addition, they shall be given burial and disability assistance in case of death or if the BHW is afflicted by illness which results in disability especially if such occurs in the duration of his service. A regular adjustment in monetary and non-monetary incentives shall be made to improve the living conditions of Barangay Health Workers and Barangay Nutrition Scholars

Incentives and benefits for Barangay Health Workers as prescribed by Republic Act 7883 and Barangay Nutrition Scholars as determined by Presidential Decree 1569 of 1978 will be increased upon review and approval of the Department of Health and after considering among others, present Consumer Price Index as published by the National Statistics Office.

SEC 9. Mandatory Continuing Community-based Health Education – The Department of Health in cooperation with TESDA shall formulate a program for Mandatory Continuing Community-based Health Education (MCCHE). Each accredited BHW and BNS will be required to undergo an MCCHE at least every three (3) years of active service or as warranted by the DOH.

SEC 10. Security of Tenure – The services of BHW and BNS who have served for at least three (3) years shall not be terminated except for cause provided by law and after due process: Provided, that the barangay health worker or barangay nutrition scholar is found by the Civil Service Commission to be unjustly dismissed from work, he/she shall be entitled to reinstatement without loss of seniority rights and to his/her back allowances with twelve percent (12%) interest computed from the time his/her compensation was withheld from him/her up to the time of reinstatement.

SEC 11. Discrimination Prohibited – The barangay health worker and barangay nutrition scholar shall not be discriminated against with regard to gender, civil status, creed, religious, or political beliefs and ethnic groupings in the exercise of his/her profession

SEC. 12 Duties and Obligations

In fulfillment of the First 1,000 Days program, the respective roles of the Barangay Nutrition Scholars and Barangay Health Workers are rationalized as not to overlap and duplicate and are stated as follows:

Barangay Nutrition Scholar

1. Care for the malnourished through a community survey. This survey involves weighing all preschoolers and interviewing mothers to determine how the child is cared for, and the resources available in the family for their participation in nutrition and related interventions
2. Community mobilization and linkage-building
3. Identification of nutritionally-at-risk pregnant women
4. Social welfare support for access to nutritious and healthy food products and commodities for nutritionally-at-risk pregnant women belonging to poorest of the poor families;
5. Provision of micronutrient supplements with ferrous sulfate-folic acid

6. Nutrition counseling services to pregnant women and their family, especially on their nutrition needs and preparation for early initiation of breastfeeding and support services on age-appropriate, safe and adequate complementary food to mothers and caregivers;
7. Management of community-based feeding programs under the supervision of a nutritionist-dietitian;
8. Organization of community-based mother support groups and/or peer counselors for breastfeeding in cooperation with other health and nutrition workers
9. Distribution of seeds, seedlings, and small animals from the local agriculture office and other government organizations and nongovernment organizations to promote home or community food gardens

Barangay Health Workers

1. Monitoring and tracking of any incidence of disease or health cases
2. Communication and coordination with the community to participate in center-based and community-based health promotion activities
3. Conduct of health visits at the community
4. Health community profiling
5. Assistance to the Municipal Health Officer, Midwife and/or Community Health Nurse in the provision of the following services
 - Pregnancy tracking and enrollment to prenatal care services
 - Regular follow up to complete minimum of four (4) prenatal care visits and follow-up visits to the health facilities of the mother with her new born
 - Ensuring mother-friendly practices during labor and delivery in compliance with the Mother-Baby-Friendly Health Facility Initiative (MBFHFII) and current "Unang Yakap" protocols of the DOH
 - Home visits for women in difficult to reach communities
 - management of childhood illnesses including acute malnutrition and severe acute malnutrition using national protocols and special feeding during illness at facility and community level
 - immunization, growth and development monitoring and promotion;
 - provision of oral health services including application of fluoride varnish to prevent dental caries;
 - provision of deworming tablets for children at 1-2 years of age

Sec. 13. Implementing Rules and Regulations – Within ninety (90) days from the effectivity of this Act, the Secretary of the DOH shall, in coordination with the Secretaries of the DILG, the DSWD and the Executive Director of the NNC, in consultation with stakeholders in the public and private sectors, promulgate rules and regulations necessary for the effective implementation of this Act.

Sec. 14. Appropriation. –The amount necessary to carry out the provisions of this Act shall be included in the General Appropriations Act of the year of its enactment into law. Thereafter, the expenses for its continued implementation shall be included in the subsequent General Appropriations Act.

223 **Sec. 15. *Repealing Clause.*** – All laws, decrees, executive orders,
224 administrative orders or parts thereof inconsistent with the provisions of this Act are
225 hereby repealed, amended or modified accordingly.
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227 **Sec. 16. *Effectivity.*** This Act shall take affect fifteen (15) days after its
228 publication in the *Official Gazette* or in a newspaper of general circulation.
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230 Approved,