

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1339

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Introduced by HONORABLE LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.
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EXPLANATORY NOTE

Primary health care, being one of the top health campaigns of our government, relies heavily on barangay initiatives and community participation. In order to address the basic health necessities given the limited resources, our local government units count on Barangay Health Workers, also known as Barangay Health Volunteers, who are accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health¹.

With the ever increasing growth rate of our population, our Barangay Health Workers are truly indispensable in the delivery and promotion of the basic healthcare services in local communities. They are always in the frontline of providing maternal, newborn and child health care in the neighborhood. They also act as health educators and community organizers in order to effectively promote the health awareness campaigns by the government down to the smallest unit of our society – the family. Undeniably, the nature of their work is full-time.

Despite the indispensability our Barangay Health Workers, they are treated sadly as mere "volunteers" under Republic Act (RA) 7883 entitled, "The Barangay Health Workers' Benefits and Incentives Act of 1995". Each volunteer receives about five weeks of training. Barangay Health Workers live in the communities they serve, and act as change agents in their communities. They provide information, education and motivation services for primary health care, maternal and child health, child rights, family planning and nutrition. They may administer immunizations and regular weighing of children. They often assist midwives in providing birthing services. On average, each volunteer is expected to work with around 20 families in their community. However the scarcity of trained individuals has narrowed down the number of volunteers, especially in some remote areas, where now one or two volunteers service an entire barangay.²

¹ Section 3 of Republic Act 7883.

² Wikipedia, www.wikipedia.com, citing the following studies of the Red Cross Philippines, 8 November 2011; Department of Health: Basic Support for Institutionalizing Child Survival Project Newborn Health in Philippines, 2011


The cause of the ongoing trend on the dearth of Barangay Health Workers catering to local communities is easily traced on the compensation these volunteers receive vis-à-vis the services they provide. Local Government Units (LGUs) vary in the rates and benefits they provide to these community workers. The allowance ranging from Five Hundred Pesos (P500.00) to Six Thousand Pesos (P6,000.00) is typically their only source of living, sans fixed income, benefits and incentives. This rate is hardly enough to make both ends meet for their families. It is high time that Barangay Health Workers receive more support in exchange for all the services they selflessly provide in their local communities. The irregular and measly amount Barangay Health Workers get does not give them the dignity and recognition that they deserve for the important work that they do.

Furthermore, it is also an uncontroverted fact that Barangay Health Workers are at the mercy of local government officials, due to the absence of security of tenure. They can be terminated capriciously at the instance of perceived adverse political leanings. Thus, the present system allows them to be politicized. We must put an end to this unscrupulous practice.

This bill therefore aims to revise the existing law in order to recognize and improve on the realities presently at work: Barangay Health Workers and Barangay Health Services are key towards the attainment of exclusive economic growth through sustainable human development.

This legislation is originally authored by Ang NARS Party-List headed by Representative Leah S. Paquiz with a counterpart policy measure in the Senate filed by Senator Grace Poe.

Thus, the passage of this bill is earnestly sought.



LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.

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HOUSE BILL NO. 1339

Introduced by HONORABLE LUIS RAYMUND “LRAY” F. VILLAFUERTE, JR.

AN ACT TO IMPROVE AND TO PROMOTE QUALITY DELIVERY OF HEALTH SERVICES IN BARANGAYS, ENACTING THE “BARANGAY HEALTH WORKERS AND SERVICES REFORM ACT OF 2016”

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

SECTION 1. Short Title. – This Act shall be known as the “Barangay Health Workers and Services Reform Act of 2016”

SECTION 2. Statement of Policy. – It is hereby declared the policy of the State to promote a just and dynamic social order that will ensure prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all. The State recognizes that quality health care services promote social justice in all phases of national development.

The State further protects and promotes the right to health of the people and provides conditions of health empowerment, where each individual has access to information and services that will bring about health and well-being. Primary Health care is recognized as the major strategy towards health empowerment, emphasizing the need to provide accessible, available and affordable quality health services through community based participatory strategies.

To this end, the government and all its instrumentalities recognize the economic and social rights of barangay health workers to just compensation, consistent with the principle of equal pay for equal work and work of equal value.

SECTION 3. Definition of terms.-

- a.) Barangay Health Workers (BHW), is a support health workers in the barangay unit, as defined and covered by republic Act (RA) 7305;
- b.) Magna Carta for Public Health Workers, as used in this Act, shall refer to RA 7305;
- c.) Primary health Care (PHC), is essential health care made universally accessible to individuals and families in the community and country can afford to maintain at every stage and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which is the central function and main focus, and of the overall social and economic development of the community, characterized by partnership and empowerment of the people by means acceptable to them, It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care as close as possible to where people live and work, and constitute the first element of continuing health care process¹;
- d.) Public Health Worker (PHW), as used in this Act, shall mean all persons who are engaged in health and health-related work, all persons employed in all hospitals, sanatoria, health infirmaries, health centers, rural health units, barangay health stations, clinics and other health-related establishments owned and operated by the Government or its political subdivisions with original charters and shall include medical, allied health professional, administrative and support personnel employed regardless of their employment status, as pursuant to Sec. 3 of the Magna Carta of Public Health Workers.

SECTION 4. Barangay Health Center (BHC). – There shall be one Barangay Health Center in every barangay unit, with the following basic and essential facilities and provisions:

- a.) Adequate lighting and ventilation;
- b.) Adequate supply of portable water and electricity;
- c.) Floor Area of at least twenty (20) square meters;
- d.) Equipment including, but not limited to, blood pressure apparatus, dressing kit, over the counter medicines, weighing scale for infants and adults, thermometers, standard operating procedure manual from the Department of Health (DOH), glucometer, and delivery kit;
- e.) Examining Area which must be enclosed, with bed, cabinet, foot stool and stool;
- f.) Toilet with sink and running water; and,
- g.) Consultation Area with table, cabinet and two chairs.

SECTION 5. Functions of the Barangay Health Center. - Each BHC shall have the following functions:

- a.) Delivers basic and primary care services for the community to include, but not limited to, immunization, prenatal check-up, check-up of well and ill infants;
- b.) Coordinates efforts and actions of the different members of health team;
- c.) Keeps records of health indices, community profile, and other data;
- d.) Serves as an area of congregation for meetings of the health team;
- e.) Serves as training of future and present members of the health team: and
- f.) Assists and coordinates with the respective Local Government Units (LGUs) and appropriate offices on first aid and procedures in disaster risk reduction.

SECTION 6. Barangay Health Workers To Man Botika sa Barangay.

When available and offered in the community especially in far-flung areas, the Barangay Health Workers shall man and operate " Botika sa Barangay " project or service. They shall likewise be given appropriate trainings by the Department of Health and Food and Drug Administration in full consultation with the relevant professional organizations and associations.

SECTION 7. Referral System. – The BHC shall observe and follow the referral system framework of Primary Health Care.

SECTION 8. Barangay Health Team Placement. – The BHC shall be composed of a nurse, a midwife, and a BHW. The operation and functioning of the BHC shall be headed and supervised by a nurse.

Each BHC shall be manned by a health team proportionate with the existing population in the Barangay:

- a.) **Nurse** – There shall be at least one nurse for every barangay with a population not exceeding five thousand (5,000);
- b.) **Midwife** – There shall be at least one midwife for every barangay with a population not exceeding two thousand five hundred (2,500);
- c.) **BHW** - There shall be at least one BHW for every barangay with a population not exceeding five hundred (500).

SECTION 9. BHW Qualifications. – (a) Any person who has completed the Technical Education and Skills Development Authority (TESDA) BHW program or undergone training specific for BHW by TESDA – accredited institution: Provided, that he or she has passed the training assessment and obtained the equivalent national certification.

(b) All BHW, regardless of accreditation or registration status, who have served for at least two (2) years from the effectivity of this Act must undergo BHW assessment by TESDA – accredited assessors and pass the equivalent national certification. Only those who obtained the equivalent national certification shall be eligible for employment.

SECTION 10. BHW: Hiring. – (a) The Local Government Selection and Promotion Board shall process the hiring of the Barangay Health Team personnel, pursuant to existing Civil Service rules, regulations, issuances and orders on placement and hiring.

(b) All existing BHWs who met the qualifications under Section 8 subparagraph (b) of this Act shall be given preference in hiring and priority in placement.

SECTION 11. BHW: Duties and Responsibilities.-

a.) The BHW shall perform the following duties and responsibilities:

1. Height and weight monitoring, and reporting the same to the BHC;
2. Monitoring and follow-up defaulters in cases of immunization, family planning, tuberculosis compliance to treatment and others, and reporting the same to the BHC;
3. Reporting to the BHC any incidence of disease or any health cases in the community;
4. Communicating and coordinating with the community to participate in BHC activities;
5. Gathering of data about the overall status of health of the community,;
6. Administering first aid;
7. Conducting health visits;
8. Conducting of Birth Planning for Pregnant Women;
9. Conducting Health Education;
10. Strengthening referral systems.

b.) The BHW performs the following duties and responsibilities assistive to the Barangay Health Team:

1. Sputum collection;
2. Identifying people with disease and sickness;
3. Health community profiling;
4. Psychosocial debriefing for stress and post – calamity initiatives;
5. Strengthening the health programs of the government;
6. Responding in natural calamities and disasters.

SECTION 12. BHW: Compensation. – The entry pay level of a BHW shall be the prevailing rate equivalent to Salary Grade One “SG 1”.

SECTION 13. BHW: Incentives and Benefits. – A BHW shall be entitled to the same incentives and benefits provided under the Magna Carta for Public Health workers. Further, they shall be covered by the existing statutory benefits such as GSIS, Philhealth, and Pag-ibig. Provided, that 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. Provided, further, that a regular adjustment in monetary and other non-monetary incentives shall be made to help improve the living condition of Barangay Health Workers.

SECTION 14. Penal Provision. – Any person who violates the provisions of this act shall be criminally, civilly, and administratively liable.

SECTION 15. Implementing Agencies. – Within one (1) year from the effectivity of this act, the TESDA and DOH, with the participation of various health union representatives shall formulate, finalize and launch the BHW training program, assessment, and national certification program.

The Department of the Interior and Local Government (DILG), the Department of Health, the Civil Service Commission, the different local government leagues, and other appropriate government agencies, with the participation of various health union representatives, shall formulate and provide an effective mechanism for the selection and hiring of BHWs.

The Department of Budget and Management (DBM), local government units, and other appropriate government agencies, shall allocate the necessary funds for compensation of the barangay health team.

SECTION 16. Transitory Provision. – Within one (1) year from effectivity of this act, the TESDA, DOH, DILG, and local government units, shall allocate funds from their annual appropriations to immediately implement section 8 – subparagraph (b) and section 9 of this Act.

SECTION 17. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this act, the TESDA, DOH, DILG, CSC, DBM, the local government leagues, in coordination and participation of various health union representatives, shall provide the Implementing Rules and Regulations necessary to carry out the provisions of this Act.

The Implementing Rules and Regulations shall be published in the Official Gazette or in a newspaper of general circulation.

SECTION 18. Separability Clause. – Should any provision of this Act be declared unconstitutional, the remaining parts not affected thereby shall remain valid and operational.

SECTION 19. Repealing Clause. – Republic Act No. 7883. Otherwise known as the “Barangay Health Workers Benefits and Incentives Act of 1995”, is hereby repealed. All other laws, decrees, orders, circulars, issuances, rules and regulations and parts thereof which are inconsistent with this act are hereby repealed, amended or modified accordingly.

SECTION 20. Effectivity. – This act shall take effect fifteen (15) days after its publication in the Official Gazette or in any two (2) newspaper of general circulation in the Philippines.

Approved,