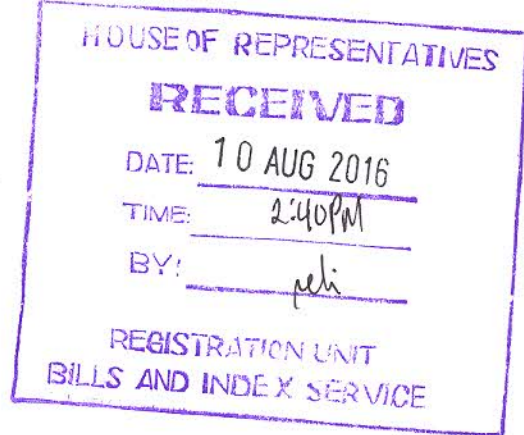


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

House Bill No. **2816**



Introduced by Representatives
Estrellita B. Suansing and Horacio P. Suansing, Jr.

EXPLANATORY NOTE

As of the 2011 data of the Bureau of Local Health Development, Department of Health, there are 219,433 active Barangay Health Workers (BHWs) in the entire archipelago. Given the enormous number of BHWs, it is but a cogent proof that BHWs are indispensable in the delivery and promotion of primary health care programs of our government. It is also rightful to say that BHWs are the ones working on the grassroot level for community profiling thus, directly dealing with the smallest unit of our society, which is the family.

These 219,433 BHWs are working full time in our communities, and yet, they are regarded and treated as mere volunteers under Republic Act No. 7883, entitled "The Barangay Health Workers' Benefits and Incentives Act of 1995". Although R.A. No. 7883 provides for an opportunity for BHWs to obtain second grade eligibility, the process of arriving thereat seems unattainable, if not impossible. Consequently, numerous factors placed BHWs to economic oppression and human exploitation.

Economic oppression: While the government is mindful that BHWs are volunteers, it is unmindful that being a BHW is their bread and butter. Perforce, the nature of their work is full-time. BHWs are receiving an allowance ranging from ₱1,000.00 to ₱6,000.00. This allowance is their only source of living, sans fixed income, benefits and incentives.

Human exploitation: It is an uncontroverted fact that BHWs are at the mercy of local government officials, due to the absence of security of tenure. Their continuous work is dependent on the political support they rendered to the incumbent official. BHWs are being terminated whimsically and capriciously by the local officials when their political pledge belongs to another. Thus, in the case of Albana, et. al. vs. Belo, et. al., G.R. No. 158734, it was held:

" x x x x x x x x x Exhibit J details how the armed Civilian Volunteer Organization (CVO) and Barangay Health Workers (BHW) were effectively used by respondents to enhance their chances of winning."


All the foregoing predicaments facing BHWs are defeating the very mandate enunciated in Section 1, Article III of our Constitution on right to life or right to a good life and right to property or right to a decent work with corresponding decent pay, to wit: "No person

shall be deprived of life, liberty or property without due process of law, nor shall any person be denied the equal protection of the law."

After 23 years of being caged in the shadows of volunteerism, it is now high time to revisit, revise and repeal R.A. No. 7883 of 1995 in order to make the BHW a key player towards the attainment of inclusive economic growth through sustainable human development.

In view of the foregoing, the passage of this bill is earnestly sought.


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AN ACT

INSTITUTING REFORMS TO PROMOTE AND PROTECT THE SOCIO-ECONOMIC, AND POLITICAL RIGHTS AND WELL-BEING OF COMMUNITY HEALTH WORKERS TOWARDS EFFICIENT HEALTH SERVICES DELIVERY, REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 7883, OTHERWISE KNOWN AS THE BARANGAY HEALTH WORKERS' BENEFITS AND INCENTIVES ACT OF 1995, AND APPROPRIATING FUNDS THEREFOR

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

1 **SECTION 1. Short Title.** – This Act shall be known as the “Community Health
2 Workers and Services Reform Act.”

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

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

15 Towards this end, the government and all its instrumentalities recognize the
16 economic and social rights of community health workers to just compensation, consistent
17 with the principle of equal pay

18 **SECTION 3. Definition of Terms.** – As used in this Act, the following terms shall
19 mean:

20 (a) *Community Health Worker (CHW)* refers to a support public health worker as
21 defined and covered by Republic Act No. 7305 entitled “Magna Carta of Public

Health Workers". It includes, but is not limited to, those who render primary health care (PHC) services, nutrition services, population services and environmental health services;

(b) *Primary Health Care (PHC)* is an essential health care made universally accessible to individuals and families in the community through their full participation 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 it 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 process;

(c) *Public Health Workers (PHW)* refer to persons who are engaged in health and health-related work, and 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 professionals, administrative and support personnel employed regardless of their employment status, as pursuant to Section 3 of Republic Act No. 7305, otherwise known as the Magna Carta of Public Health Workers;

SECTION 4. *Barangay Health Center (BHC).* – There shall be one (1) Barangay Health Center (BHC) in every barangay unit: *Provided, That* additional BHCs may be constituted on the basis of population, terrain, demographic, geography or need of the community. Each BHC shall have the following basic and essential facilities and provisions:

(a) Adequate lighting and ventilation;

(b) Adequate supply of potable water and electricity;

(c) Floor area of at least twenty-five (25) square meters;

(d) Equipments 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) Consultation area with table, cabinet and two (2) chairs;

(g) Toilet with sink and running water; and

(h) Birthing area with delivery equipment, as may be required and determined by the community.

SECTION 5. *Functions of the Barangay Health Center.* – The BHC shall be primarily responsible for the delivery of public health services in the community level. Each BHC shall have the following functions, in both regular/normal and emergency situations:

- (a) Delivers basic and primary health care services for the community such as, but not limited to the following: immunization, pre- and post-natal check-up, assessment and monitoring of well and ill infants;
- (b) Provides services for uncomplicated deliveries, as may be determined and required by the community;
- (c) Provides nutrition services that include growth monitoring and promotion, infant and young child feeding, counseling, micronutrient supplementation, and supplementary feeding;
- (d) Coordinates efforts and actions of the different members of the health team;
- (e) Keeps records of health indices, community profile and other data;
- (f) Surveys and updates a family health profile through a comprehensive population database;
- (g) Provides support to the population management program of the government specifically family planning, such as modern methods including natural and artificial methods;
- (h) Monitors and maintains the standards of water safety, air pollution, sewerage, solid waste management, ensures environmental health in the community and coordinates, reports and alerts the Rural Sanitary Inspector (RSI) of the same;
- (i) Serves an area of congregation for meetings of the health team;
- (j) Serves as a training ground of future and present members of the health team;
- (k) Assists and coordinates with the respective local government units (LGUs) and appropriate offices on first aid and procedures in disaster risk reduction;
- (l) Advocates for community well-being, in terms of health, nutrition, population and environmental, among others;
- (m) Monitors and reports on community mental health; and
- (n) Performs such functions and duties as may be necessary to carry out the provisions of this Act.

SECTION 6. *Referral System.* – The BHC shall observe and follow the two-tiered referral system framework of Primary Health Care as determined by the DOH.

SECTION 7. *Community Health Team (CHT).* – The BHC shall be composed of Nurse, Midwife, and CHWs. The operation and functioning of the BHC shall be headed and supervised by a Nurse.

Each BHC shall be manned by a CHT duly supervised by the DOH and the local health board proportionate with the existing population in the barangay:

(a) *Nurse* – There shall be at least one (1) nurse for every barangay with a population not exceeding five thousand (5,000);

(b) *Midwife* – There shall be at least one (1) midwife for every barangay with a population not exceeding two thousand five hundred (2,500);

(c) *CHW* – There shall be at least one (1) CHW for every barangay with a population not exceeding five hundred (500): *Provided*, That the CHWs in the barangay shall be composed of at least one (1) worker in each field, to wit: primary health care services, nutrition services, population services, and environmental services.

SECTION 8. Qualifications of CHW. – All CHWs must be a resident of the community where they are assigned: *Provided*, That any of the following requirements, as the case may be, has been complied with:

(a) Any person who has completed the Technical Education and Skills Development Authority (TESDA) CHW program or have undergone training specific for CHW by a TESDA-accredited institution: *Provided*, That he or she has passed the training assessment and obtained the equivalent national certification; or

(b) All existing CHW, regardless of accreditation or registration status, who have served for at least two (2) years upon the effectivity of this Act must undergo CHW assessment by TESDA-accredited assessors and pass the equivalent national certification.

Only those who have obtained the equivalent national certification shall be eligible for employment.

SECTION 9. Hiring of CHW. – The Local Government Selection and Promotion Board, jointly with the Civil Service Commission Regional Office (CSCRO), shall process the hiring of the Community Health Team personnel, pursuant to existing Civil Service rules, regulations, issuances and orders on placement and hiring: *Provided*, That, all existing CHWs, upon the effectivity of this Act, who have met the qualifications under Section 8 (b) of this Act shall be given preference in hiring and priority in placement.

The Civil Service Commission (CSC), Department of Interior and Local Government (DILG), LGUs, DOH, NNC, and other concerned government agencies, as the case may be, with the participation of various health union representatives, shall formulate and provide effective mechanism for the selection and hiring of CHWs.

SECTION 10. Duties and Responsibilities of the CHW. – The Community Health Workers shall, independent of each other, perform the following duties and responsibilities:

(a) Primary Health Care Services Worker:

(1) Height and weight monitoring and reporting the same to the BHC;

(2) Monitoring and following-up on defaulters, 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 data about the health of the community, filing, encoding and reporting the same to the BHC;
- (6) Administering first aid;
- (7) Conducting health visits; and
- (8) Responding in natural calamities and disasters.

(b) Community Nutrition Worker:

- (1) Growth monitoring and promotion;
- (2) Infant and young child feeding program;
- (3) Nutrition counseling;
- (4) Micronutrient supplementation; and
- (5) Supplementary feeding.

(c) Community Population Worker:

- (1) Family health profiling through a comprehensive population database; and
- (2) Support the population management program of the government specifically family planning, such as modern methods including natural and artificial methods.

(d) Environmental Health Worker:

- (1) Standards of water safety monitoring and maintenance;
- (2) Air pollution monitoring;
- (3) Sewerage preservation;
- (4) Solid waste management;
- (5) Ensure environmental health in the community; and
- (6) Coordination with the Rural Sanitary Inspector (RSI).

The CHW shall perform the following duties and responsibilities assistive to the Community Health Team:

- (a) Sputum collection;
- (b) Identifying people with disease and sickness;

(c) Health community profiling;

(d) Psychosocial debriefing for stress and post-calamity initiatives; and

(e) Strengthening the health programs of the government.

SECTION 11. *Compensation of the CHW.* – The entry pay level of a CHW shall be equivalent to Salary Grade One (SG 1) under Republic Act No. 6758, otherwise known as the Compensation and Positions Classification Act.

SECTION 12. *Incentives and Benefits for CHW.* – All members of the Community Health Team shall be entitled to the same incentives and benefits provided under the Magna Carta for Public Health Workers. They shall also be covered by other benefits granted to government employees under existing laws, such as GSIS, PhilHealth, Pag-IBIG, 13th Month Pay, and other allowances.

SECTION 13. *Right to Self-Organization.* – The right of a CHW to self-organization shall not be abridged.

SECTION 14. *Penalty.* – Any person who violates any provision of this Act, either through malfeasance, misfeasance, and nonfeasance, shall be liable to a fine of not less than Three hundred thousand pesos (P300,000.00) nor more than Five hundred thousand pesos (P500,000.00) and/or imprisonment of not less than one (1) year nor more than six (6) years upon discretion of the court and without prejudice to any administrative liability.

SECTION 15. *Training Programs.* – Within one (1) year from the effectivity of this Act, the DOH, National Nutrition Council (NNC), and other concerned government agencies, in coordination with TESDA and LGU representatives, with the participation of various health union representatives, shall formulate, finalize, and launch the CHW training program, assessment, and national certification program.

SECTION 16. *Transitory Provisions.* – Within one (1) year from the effectivity of this Act, the TESDA, DOH, NNC, DILG, and LGUs shall allocate funds from their annual appropriations to immediately implement Sections 8 (b) and 9 of this Act.

SECTION 17. *Appropriations.* – The Department of Budget and Management (DBM), LGUs, DOH, NNC, and other concerned government agencies, as the case may be, and other appropriate government agencies, shall allocate necessary funds for compensation, incentives and benefits of the community health team from the national and local funds, as the case may be: *Provided, That the PhilHealth income and Sin Tax revenue must be taken into account.*

SECTION 18. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the CSC, TESDA, DOH, NNC, DILG, LGUs, and other concerned government agencies, in coordination with various health union representatives, shall promulgate the necessary rules and regulations to implement the provisions of this Act.

SECTION 19. *Separability Clause.* – If, for any reason, any part or provision of this Act is declared unconstitutional or invalid, other parts or provisions not affected thereby shall continue to be in full force and effect.

1 **SECTION 20. *Repealing Clause.*** – Republic Act No. 7883, otherwise known as the
2 Barangay Health Workers Benefits and Incentives Act of 1995, and Presidential Decree No.
3 1569, entitled “Strengthening the Barangay Nutrition Program by Providing for a Barangay
4 Nutrition Scholar in Every Barangay, Providing Funds Therefor, and for Other Purposes” are
5 hereby repealed.

6 All other laws, decrees, orders, circulars, issuances, rules and regulations and parts
7 thereof which are inconsistent with this Act are hereby repealed, amended or modified
8 accordingly.

9 **SECTION 21. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
10 publication in the *Official Gazette* or in a newspaper of general circulation.

11 Approved,