

SENATE
S. B. 166

Introduced by Senator Poe

**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”**

Explanatory Note

In the present government set-up, the Barangay Health Volunteer, also known as Barangay Health Worker, is a category of health care providers in the Philippines. They undergo a basic training program under an accredited government or non-government organization, and render primary care services in the community. They provide services for barangays (neighbourhoods) in areas such as maternal, new-born and child health. Barangay Health Workers are accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health, as defined in Section 3 of Republic Act No. 7883. 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.¹

As of the 2011, the Bureau of Local Health Development of the Department of Health estimated that there are 219,433 active Barangay Health Workers (BHWs) in the country. It is an indication that BHWs are indispensable in the delivery and promotion of primary health care programs of our government. Ditto, the BHWs are the ones directly working on the grassroots level for community profiling; thus, dealing with the smallest unit of our society which is the family.

But the present policy considers and treats BHWs as mere volunteers under Republic Act (RA) 7883 entitled, “The Barangay Health Workers’ Benefits and Incentives Act of 1995”. Although RA 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 exploration.

¹ 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

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 One Thousand Pesos (P1,000.00) to Six thousand Pesos (P6,000.00). This allowance is their only source of living, sans fixed income, benefits and incentives.

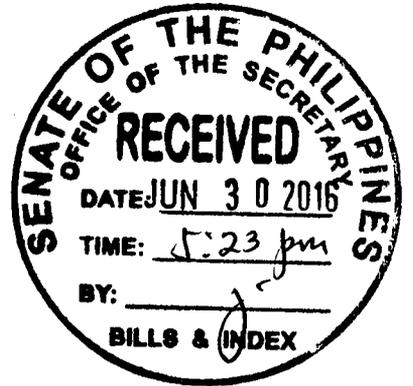
Human exploitation: It is uncontroverted fact that BHWs are the mercy of local government officials, due to the absence of security of tenure. Their continuous work is dependent on the political support they rendered to the incumbent official. BHWs are being terminated whimsically and capriciously by the local officials when their political pledge belongs to another. In a sense thus, the present system allows them to be politicized.

After 23 years of being caged in the shadows of volunteerism, it is now high time to revisit and revise the existing law in order to make the BHW a key player towards the attainment of exclusive economic growth through sustainable human development.

This legislation is a counterpart policy measured authored in the House of Representatives of Ang NARS Party-List headed by Representative Leah S. Paquiz.

Thus, the passage of this bill is earnestly sought.


GRACE POE



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

1 **SECTION 1. Short Title.** – This Act shall be known as the “Barangay Health Workers
2 and Services Reform Act of 2016.”
3

4 **SECTION 2. Statement of Policy.** – It is hereby declared the policy of the State to
5 promote a just and dynamic social order that will ensure prosperity and independence of the nation
6 and free the people from poverty through policies that provide adequate social services, promote
7 full employment, a rising standard of living, and an improved quality of life for all. The State
8 recognizes that quality health care services promote social justice in all phases of national
9 development.
10

11 The State further protects and promotes the right to health of the people and provides
12 conditions of health empowerment, where each individual has access to information and services
13 that will bring about health and well-being. Primary Health care is recognized as the major strategy
14 towards health empowerment, emphasizing the need to provide accessible, available and
15 affordable quality health services through community based participatory strategies.
16

17 To this end, the government and all its instrumentalities recognize the economic and social
18 rights of barangay health workers to just compensation, consistent with the principle of equal pay
19 for equal work and work of equal value.
20

21 **SECTION 3. Definition of terms.-**
22

- 23 a.) Barangay Health Workers (BHW), is a support health workers in the barangay unit, as
24 defined and covered by republic Act (RA) 7305;
25 b.) Magna Carta for Public Health Workers, as used in this Act, shall refer to RA 7305;
26 c.) Primary health Care (PHC), is essential health care made universally accessible to
27 individuals and families in the in the community and country can afford to maintain at

1 every stage and at a cost that the community and country can afford to maintain at every
2 stage of their development in the spirit of self-reliance and self-determination. It forms
3 an integral part both of the country's health system, of which is the central function and
4 main focus, and of the overall social and economic development of the community,
5 characterized by partnership and empowerment of the people by means acceptable to
6 them, It is the first level of contact of individuals, the family and community with the
7 national health system bringing health care as close as possible to where people live
8 and work, and constitutes the first element of a continuing health care as close as
9 possible to where people live and work, and constitute the first element of continuing
10 health care process¹;

- 11 d.) Public Health Worker (PHW), as used in this Act, shall mean all persons who are
12 engaged in health and health-related work, all persons employed in all hospitals,
13 sanitarium, health infirmaries, health centers, rural health units, barangay health stations,
14 clinics and other health-related establishments owned and operated by the Government
15 or its political subdivisions with original charters and shall include medical, allied
16 health professional, administrative and support personnel employed regardless of their
17 employment status, as pursuant to Sec. 3 of the Magna Carta of Public Health Workers.
18

19 **SECTION 4. Barangay Health Center (BHC).** – There shall be one Barangay Health
20 Center in every barangay unit, with the following basic and essential facilities and provisions:
21

- 22 a.) Adequate lighting and ventilation;
23 b.) Adequate supply of portable water and electricity;
24 c.) Floor Area of at least twenty (20) square meters;
25 d.) Equipments including, but not limited to, blood pressure apparatus, dressing kit, over the
26 counter medicines, weighing scale for infants and adults, thermometers, standard operating
27 procedure manual from the Department of Health (DOH), glucometer, and delivery kit;
28 e.) Examining Area which must be enclosed, with bed, cabinet, foot stool and stool;
29 f.) Toilet with sink and running water; and,
30 g.) Consultation Area with table, cabinet and two chairs.
31

32 **SECTION 5. Functions of the Barangay Health Center.** - Each BHC shall have the
33 following functions:
34

- 35 a.) Delivers basic and primary care services for the community (e.g. immunization, prenatal
36 check-up, check-up of well and ill infants etc.);
37 b.) Coordinates efforts and actions of the different members of health team;
38 c.) Keeps records of health indices, community profile, and other data;
39 d.) Serves as an area of congregation for meetings of the health team;
40 e.) Serves as training of future and present members of the health team: and
41 f.) Assists and coordinates with the respective Local Government Units (LGUs) and
42 appropriate offices on first aid and procedures in disaster risk reduction.
43

44 **SECTION 6. Barangay Health Workers To Man Botika sa Barangay.** When
45 available and offered in the community especially in far-flung areas, the Barangay Health
46 Workers shall man and operate "Botika sa Barangay" project or service. They shall likewise be
47 given appropriate trainings by the Department of Health and Food and Drug Administration in
48 full consultation with the relevant professional organizations and associations.
49

50 **SECTION 7. Referral System.** – The BHC shall observe and follow the referral system
51 framework of Primary Health Care.
52

1 **SECTION 8. Barangay Health Team Placement.** – The BHC shall be composed of Nurse,
2 Midwife, and BHW. The operation and functioning of the BHC shall be headed and supervised by
3 a Nurse.

4
5 Each BHC shall be manned by a health team proportionate with the existing population in the
6 Barangay:

- 7
8 a.) **Nurse** – There shall be at least one nurse for every barangay with a population not
9 exceeding five thousand (5,000);
10 b.) **Midwife** – There shall be at least one midwife for every barangay with a population not
11 exceeding two thousand five hundred (2,500);
12 c.) **BHW** - There shall be at least one BHW for every barangay with a population not
13 exceeding five hundred (500).
14

15 **SECTION 9. BHW Qualifications.** – (a) Any person who has completed the Technical
16 Education and Skills Development Authority (TESDA) BHW program or undergone training
17 specific for BHW by TESDA – accredited institution: Provided, that he or she has passed the
18 training assessment and obtained the equivalent national certification.
19

20 (b) All BHW, regardless of accreditation or registration status, who have served for at least
21 two (2) years from the effectivity of this Act must undergo BHW assessment by TESDA –
22 accredited assessors and pass the equivalent national certification. Only those who has obtained
23 the equivalent national certification shall be eligible for employment.
24

25 **SECTION 10. BHW: Hiring.** – (a) The Local Government Selection and Promotion
26 Board shall process the hiring of the Barangay Health Team personnel, pursuant to existing Civil
27 Service rules, regulations, issuances and orders on placement and hiring.
28

29 (b) All existing BHWs who has met the qualifications under Section 8 0 subparagraph (b)
30 of this Act shall be given preference in hiring and priority in placement.
31

32 **SECTION 11. BHW: Duties and Responsibilities.-**
33

34 a.) The BHW performs the following duties and responsibilities independently:

- 35 1. Height and weight monitoring, and reporting the same to the BHC;
36 2. Monitoring and follow-up defaulters, and reporting the same to the BHC;
37 3. Reporting to the BHC any incidence of disease or any health cases in the community;
38 4. Communicating and coordinating with the community to participate in BHC activities;
39 5. Gathering data about the health of the community, filing, encoding, and reporting the
40 same to the BHC;
41 6. Administering first aid;
42 7. Conducting health visits; and
43 8. Responding in natural calamities and disasters.
44

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

- 47
48 1. Sputum collection;
49 2. Identifying people with disease and sickness;
50 3. Health community profiling;
51 4. Psychosocial debriefing for stress and post – calamity initiatives; and
52 5. Strengthening the health programs of the government.
53

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

3
4 **SECTION 13. BHW: Incentives and Benefits.** – A BHW shall be entitled to the same
5 incentives and benefits provided under the Magna Carta for Public Health workers. Further, they
6 shall be covered by the existing statutory benefits such as GSIS, Philhealth, and Pag-ibig.
7 Provided, that in addition, they shall be given burial and disability assistance in case of death or
8 if the BHW is afflicted by illness which results to disability especially if it occurs in the duration
9 of his service. Provided, further, that a regular adjustment in monetary and other non-monetary
10 incentives shall be made to help improve the living condition of Barangay Health Workers.
11

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

15 **SECTION 15. Implementing Agencies.** – Within one (1) year from the effectivity of this
16 act, the TESDA and DOH, with the participation of various health union representatives shall
17 formulate, finalize and launch the BHW training program, assessment, and national certification
18 program.
19

20 The Department of Interior and Local Government (DILG), LGUs, and other appropriate
21 government agencies, with the participation of various health union representatives, shall
22 formulate and provide effective mechanism for the selection and hiring of BHWs.
23

24 The Department of Budget and Management (DBM), LGUs, and other appropriate
25 government agencies, shall allocate necessary funds for compensation of the barangay health team.
26

27 **SECTION 16. Transitory Provision.** – Within one (1) year from effectivity of this act,
28 the TESDA, DOH, DILG, and other concerned LGUs, shall allocate funds from their annual
29 appropriations to immediately implement section 8 – subparagraph (b) and section 9 of this Act.
30

31 **SECTION 17. Implementing Rules and Regulations.** – Within ninety (90) days from the
32 effectivity of this act, the TESDA, DOH, DILG, LGUs, in coordination and participation of various
33 health union representatives, shall provide the Implementing Rules and Regulations necessary to
34 carry out the provisions of this Act.
35

36 The Implementing Rules and Regulations shall be published in the Official Gazette or in a
37 newspaper of general circulation.
38

39 **SECTION 18. Separability Clause.** – Should any provision of this Act be declared
40 unconstitutional, the remaining parts not affected thereby shall remain valid and operational.
41

42 **SECTION 19. Repealing Clause.** – Republic Act No. 7883. Otherwise known as the
43 “Barangay Health Workers Benefits and Incentives Act of 1995”, is hereby repealed. All other
44 laws, decrees, orders, circulars, issuances, rules and regulations and parts thereof which are
45 inconsistent with this act are hereby repealed, amended or modified accordingly.
46

47 **SECTION 20. Effectivity.** – This act shall take effect fifteen (15) days after its publication
48 in the Official Gazette or in any two (2) newspaper of general circulation in the Philippines.
49

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51 Approved,
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