

'22 JUL 27 P4 54

**SENATE**  
**S. B. No. 919**

RECEIVED BY: \_\_\_\_\_

Introduced by SENATOR SONNY ANGARA

**AN ACT**  
**STRENGTHENING AND INSTITUTIONALIZING THE BARANGAY PRIMARY HEALTH CARE PROGRAM, PROVIDING SECURITY OF TENURE, BENEFITS AND INCENTIVES TO BARANGAY HEALTH WORKERS, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7883 ALSO KNOWN AS THE "BARANGAY HEALTH WORKERS' BENEFITS AND INCENTIVES ACT OF 1995" AND FOR OTHER PURPOSES**

**EXPLANATORY NOTE**

Recognizing the heroic role of barangay health workers (BHWs) at the forefront of health care delivery to the communities, Congress enacted Republic Act No. 7883, or the Barangay Health Workers Benefits and Incentives Act of 1995. The enactment of the law paved the way for boosting the local health systems and introduced developmental and support programs for our BHWs. However, the noble provisions of the law have not been realized due to reported ineffective support mechanisms and insufficient funding. In fact, the Department of Health (DOH) issued Department Memorandum No. 2009-0302 reiterating the guidelines and support of the DOH for the development of BHWs in support of our BHWs. Sadly, although more than a decade has passed, our BHWs remain to face the same concerns.

To address these challenges, this bill seeks to institutionalize and strengthen primary health care at the barangay level by establishing the necessary support mechanisms, upgrading the incentives and benefits of our BHWs, providing them security of tenure, and ensuring the necessary funding for its effective implementation.

According to the World Health Organization, for universal health coverage (UHC) to be truly universal, a shift is needed from health systems designed around diseases and institutions towards health systems designed for people, with people – this is where primary health care and our BHWs come in.

As our stalwart partners in delivering primary health care in the grassroots level, investing in our BHWs and ensuring that they receive the appropriate benefits is of paramount importance, hence, the passage of this bill is earnestly sought.



**SONNY ANGARA**

*SA*

NINETEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
First Regular Session )

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*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 "*Barangay*  
2 *Health and Wellness Reform Act of 2021*"

3       **SEC. 2.** Section 2 of Republic Act No. 7883 is hereby amended to read as  
4 follows:

5       "SEC. 2. *Statement of Policy.* — The State shall protect and promote  
6 the right to health of the people and to provide conditions for health  
7 empowerment, where each individual has access to information and  
8 services that will bring about health and well-being. The Primary  
9 Health Care Approach is recognized as the major strategy towards  
10 health empowerment, emphasizing the need to provide accessible and  
11 acceptable health services through participatory strategies such as  
12 health education, training of barangay health workers, community  
13 building and organizing. Towards this end, this Act **SHALL**  
14 **STRENGTHEN AND INSTITUTIONALIZE PRIMARY HEALTH**  
15 **CARE PROGRAMS AT THE BARANGAY LEVEL BY PROVIDING**  
16 **AND UPGRADING VITAL AND ESSENTIAL HEALTH**

1       **FACILITIES, HUMAN RESOURCE DEVELOPMENT AND FISCAL**  
2       **SUPPORT.**

3           The government and all its instrumentalities shall [also]  
4 recognize the rights **AND VITAL ROLE** of barangay health workers  
5 **(BHWS) WHO ARE AT THE FRONTLINE OF PRIMARY HEALTH**  
6 **CARE** to organize themselves, to strengthen and systematize their  
7 services for their community[; and] to make a venue for sharing their  
8 experiences and recommending policies and guidelines for the  
9 promotion, maintenance and advancement of their activities and  
10 services, **TO SECURITY OF TENURE, TO DECENT LIVING**  
11 **ALLOWANCES AND OTHER SUPPORT MECHANISMS TO**  
12 **ENABLE THEM TO PERFORM THEIR DUTIES AND**  
13 **RESPONSIBILITIES EFFECTIVELY AND EFFICIENTLY TO**  
14 **PROMOTE BARANGAY HEALTH AND WELL-BEING."**

15       **SEC. 3.** Section 3 of Republic Act No. 7883 is hereby amended to read as  
16 follows:

17       "SEC. 3. [Definition]. **BARANGAY HEALTH WORKER** – [The term  
18 "barangay health worker" refers to] a person who [has undergone  
19 training programs under any accredited government and non-  
20 government organization] **IS DULY REGISTERED WITH THE**  
21 **MUNICIPAL OR CITY HEALTH BOARD** and who voluntarily  
22 renders primary health care services in the community [after having  
23 been accredited to function as such by the local health board in  
24 accordance with the guidelines promulgated by the Department of  
25 Health (DOH)]."

26       **SEC. 4.** Section 4 of Republic Act No. 7883 is hereby amended to read as  
27 follows:

28       " SEC. 4. *Registration.* – In order for barangay health worker to be  
29 entitled to benefits and incentives provided under this Act, they shall  
30 register with the local health board **IN THE CITY OR**  
31 **MUNICIPALITY IN WHICH THEY RENDER SERVICE.** ~~through~~  
32 ~~the provincial health boards in the case of municipalities, shall furnish~~

27       **WORKERS IN ACCORDANCE WITH THE GUIDELINES**  
28 **PROMULGATED BY THE DOH. IT SHALL BE THE DUTY OF THE**  
29 **MUNICIPAL OR CITY HEALTH BOARD TO ENSURE THAT ALL**  
30 **REGISTERED BARANGAY HEALTH WORKERS SHALL UNDERGO**  
31 **TRAINING PROGRAMS UNDER ANY ACCREDITED**  
32 **GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS**

1 AND/OR THE DOH: *PROVIDED*, THAT THE DOH SHALL  
2 DEVELOP A BASIC TRAINING COURSE FOR NEWLY  
3 RECRUITED BARANGAY HEALTH WORKERS THAT CAN BE  
4 COMPLETED WITHIN A PERIOD NOT LATER THAN ONE (1)  
5 YEAR UPON THEIR ASSUMPTION OF WORK.

6 TO BE ACCREDITED, A NEWLY RECRUITED BARANGAY  
7 HEALTH WORKER MUST HAVE COMPLETED SATISFACTORILY  
8 THE BASIC TRAINING COURSE WHICH WILL BE CERTIFIED  
9 BY THE MUNICIPAL OR CITY HEALTH OFFICER CONCERNED.  
10 UNLESS THIS REQUIREMENT IS FULFILLED, THE RECRUITED  
11 BARANGAY HEALTH WORKER SHALL BE CONSIDERED AS A  
12 BARANGAY HEALTH TRAINEE.”

13 **SEC. 6.** Section 6 of RA No. 7883 is hereby amended to read as  
14 follows:

15 “**SEC. [6]-7. *Incentives and Benefits.*** – In recognition of their  
16 services, all accredited barangay health workers who are [actively  
17 and] regularly performing their duties shall be entitled to the following  
18 incentives and benefits

19 **A) A MONTHLY HONORARIA OF NOT LESS THAN THREE**  
20 **THOUSAND PESOS (P3,000.00);**

21 a) **B) Hazard Allowance** – [~~Volunteer barangay health workers in~~  
22 ~~rural and urban areas, exposed to situations, conditions, or~~  
23 ~~factors in the work environment or place where foreseeable but~~  
24 ~~unavoidable danger or risks exist which adversely endanger his~~  
25 ~~health or life and/or increase the risk of producing adverse effect~~  
26 ~~on his person in the exercise of his duties, to be validated by the~~  
27 ~~proper authorities, shall be entitled to hazard allowance in an~~  
28 ~~amount to be determined by the local health board and the local~~  
29 ~~peace and order council of the local government unit concerned.]~~

30 **IN AN AMOUNT TO BE DETERMINED BY THE LOCAL**  
31 **HEALTH BOARD OF THE LOCAL GOVERNMENT UNIT**

1           **CONCERNED, BUT IN NO CASE LESS THAN ONE**  
2           **THOUSAND PESOS (P1,000.00) PER MONTH;**

3       b) **C) Subsistence Allowance – Barangay health workers** [~~who render~~  
4           ~~service within the premises of isolated barangay health stations~~  
5           ~~in order to make their services available at any and all times,]~~  
6           shall be entitled to subsistence allowance equivalent to the meals  
7           they take in the course of their duty, which shall **NOT BE LESS**  
8           **THAN ONE HUNDRED PESOS (P100.00) PER DAY, TO** be  
9           computed in accordance with prevailing circumstances as  
10          determined by the local government unit concerned;

11       **D) TRAVEL REIMBURSEMENTS – BARANGAY HEALTH**  
12       **WORKERS SHALL BE ENTITLED TO ACTUAL TRAVELLING**  
13       **REIMBURSEMENTS AS MAY BE AUTHORIZED BY LAW,**  
14       **AND SUBJECT TO THE AVAILABILITY OF FUNDS:**  
15       *PROVIDED, THAT OFFICIAL TRAVELS LIKE SEMINARS,*  
16       **CONFERENCES AND TRANSPORT OF PATIENTS OUTSIDE**  
17       **OF THE BARANGAY, SHALL BE SHOULDERED BY THE**  
18       **BARANGAY CONCERNED AND SHALL NOT BE DEDUCTED**  
19       **FROM THE TRAVEL ALLOWANCE OF THE BARANGAY**  
20       **HEALTH WORKERS.**

21           **BARANGAY HEALTH WORKERS SHALL BE ENTITLED TO**  
22           **TEN PERCENT (10%) DISCOUNT IN TRANSPORTATION**  
23           **FARE DURING THEIR INCUMBENCY;**

24       **E) MEMBERSHIP IN THE GOVERNMENT SERVICE**  
25       **INSURANCE SYSTEM (GSIS) – THE GSIS SHALL**  
26       **ESTABLISH A SOCIAL INSURANCE PROGRAM TO PROVIDE**  
27       **LIFE INSURANCE AND SOCIAL PROTECTION TO BHWS. IT**  
28       **SHALL BE MANDATORY FOR BARANGAY GOVERNMENTS**  
29       **TO PAY THE MONTHLY CONTRIBUTIONS TO LIFE**  
30       **INSURANCE, RETIREMENT, AND SOCIAL PROTECTION**  
31       **COVERAGE OF THEIR RESPECTIVE BHWS. BARANGAY**  
32       **GOVERNMENTS SHALL INCLUDE IN ITS ANNUAL**

1           **APPROPRIATIONS THE AMOUNTS NECESSARY FOR ITS**  
2           **SHARE OF CONTRIBUTIONS;**

3           **F) SICK, VACATION AND MATERNITY OR PATERNITY LEAVE:**  
4           ***PROVIDED* THAT, THE BHWS SHALL CONTINUE TO**  
5           **RECEIVE THEIR MONTHLY HONORARIA, HAZARD, TRAVEL**  
6           **AND SUBSISTENCE ALLOWANCES WHILE ON LEAVE, FOR**  
7           **SUCH PERIOD SIMILAR TO EXISTING LAWS AND**  
8           **PRACTICES.**

9           **G) CASH GIFT – BHWS ARE ENTITLED TO CASH GIFT NOT**  
10           **LESS THAN THE MINIMUM MONTHLY HONORARIA TO BE**  
11           **GIVEN EVERY DECEMBER FROM THE GENERAL FUND OF**  
12           **THE BARANGAY OR FROM SUCH FUNDS APPROPRIATED**  
13           **BY THE NATIONAL GOVERNMENT FOR THE PURPOSE;**

14           [e] **H) Training, Education and Career Enrichment Programs. – The**  
15           **DOH, in accordance with the Department of Education, ~~Culture~~**  
16           **~~and Sports~~ (DEPED), THE COMMISSION ON HIGHER**  
17           **EDUCATION (CHED) TECHNICAL EDUCATION AND**  
18           **SKILLS DEVELOPMENT AUTHORITY (TESDA), and other**  
19           **concerned government agencies and non-governmental**  
20           **organizations, shall provide opportunities [~~for the following:~~]**  
21           **FOR TRAINING, EDUCATION AND CAREER ENRICHMENT**  
22           **PROGRAMS, SUCH AS:**

- 23           1) educational programs which shall recognize years of  
24           primary health care service as credits to higher education in  
25           institutions with stepladder curricular that will entitle  
26           barangay health workers to upgrade their skills and  
27           knowledge for community work or to pursue further  
28           training as midwives, pharmacists, nurses or doctors;
- 29           2) continuing education, study and exposure tours, training,  
30           grants, field immersion, scholarships, etc.;
- 31           3) scholarship benefits in the form of tuition fees in state  
32           colleges, to be granted to one child of every barangay

1 health worker who will not be able to take advantage of the  
2 above programs; and

3 4) special training programs such as those on traditional  
4 medicine, disaster preparedness and other programs that  
5 address emergent community health problems and issues.

6 ~~{d.}~~ **I) CIVIL SERVICE ELIGIBILITY** – A ~~[second]~~ **FIRST** grade  
7 Civil Service Eligibility which shall be granted to BHWs who have  
8 rendered five (5) years of service. Provided, that should the  
9 barangay health worker become a regular employee of the  
10 government, the total number of years served as barangay  
11 health worker shall be credited to his or her service in computing  
12 retirement benefits.

13 ~~{e.}~~ **J) Free Legal Services.** – **LEGAL** representation and consultation  
14 services ~~[for barangay health workers]~~ shall be immediately  
15 provided by the Public Attorneys Office in cases of coercion,  
16 interference, and in other civil and criminal cases filed by or  
17 against barangay health workers arising out of or in connection  
18 with the performance of their duties ~~[as such]~~.

19 ~~{f.}~~ **K) Preferential Access to Loans.** – The DOH in coordination with  
20 other concerned government agencies shall provide, within one  
21 hundred eighty (180) days after the effectivity of this Act, a  
22 mechanism for access to loan services by organized barangay  
23 health workers. The agencies providing loan services will set  
24 aside one percent (1%) of their loanable funds for organized  
25 barangay health worker groups that have community based  
26 income generating projects in support of health programs or  
27 activities.

28 **SEC.7.** A new Section 8 of R.A. No. 7883 is hereby inserted and shall read as  
29 follows:

30 **"SEC. 8. SECURITY OF TENURE. – THE SERVICES OF**  
31 **ACCREDITED BARANGAY HEALTH WORKERS SHALL NOT BE**  
32 **TERMINATED EVEN AFTER THE TERM OF THE PUNONG**



1        **BARANGAY AND SANGGUNIANG BARANGAY MEMBERS,**  
2        **EXCEPT FOR CAUSE AS PROVIDED BY LAW AND AFTER DUE**  
3        **PROCESS. PROVIDED, THAT IF A BHW, UPON APPEAL, IS**  
4        **FOUND BY THE CIVIL SERVICE COMMISSION (CSC) TO BE**  
5        **UNJUSTLY DISMISSED FROM SERVICE, HE OR SHE SHALL BE**  
6        **ENTITLED TO REINSTATEMENT WITHOUT LOSS OF BENEFITS**  
7        **AND INCENTIVES FROM THE TIME OF HIS OR HER**  
8        **TERMINATION UP TO THE TIME OF HIS OR HER**  
9        **REINSTATEMENT. THE CSC SHALL RESOLVE TERMINATION**  
10       **CASES AGAINST BHWS JUDICIOUSLY NOT LATER THAT**  
11       **NINETY (90) DAYS FROM THE RECEIPT OF A COMPLAINT."**

12       **SEC.8.** A new Section 9 of R.A. No. 7883 is hereby inserted and shall read as  
13 follows:

14       **"SEC. 9. *DISCRIMINATION PROHIBITED.* – A BARANGAY**  
15       **HEALTH WORKER SHALL NOT BE DISCRIMINATED AGAINST**  
16       **WITH REGARD TO GENDER, CIVIL STATUS, CREED,**  
17       **RELIGIOUS OR POLITICAL BELIEFS AND ETHNIC GROUPINGS**  
18       **IN THE EXERCISE OF THEIR FUNCTIONS."**

19       **SEC.9.** A new Section 10 of R.A. No. 7883 is hereby inserted and shall read  
20 as follows:

21       **"SEC. 10. *RIGHT TO SELF-ORGANIZATION.* – BARANGAY**  
22       **HEALTH WORKERS HAVE THE RIGHT TO FREELY FORM, JOIN**  
23       **OR ASSIST ORGANIZATIONS TO OBTAIN REDRESS OF THEIR**  
24       **GRIEVANCES THROUGH PEACEFUL CONCERTED ACTIVITIES**  
25       **FOR PURPOSES NOT CONTRARY TO LAW, AND WITH UTMOST**  
26       **REGARD TO SERVICE TO PATIENTS AND THE CONTINUOUS**  
27       **OPERATION OF BARANGAY HEALTH SERVICES IN THE**  
28       **INTEREST OF PUBLIC HEALTH, SAFETY OR SURVIVAL OF**  
29       **PATIENTS."**

30       **SEC.10.** A new Section 11 of R.A. No. 7883 is hereby inserted and shall read  
31 as follows:

1 **"SEC. 11. ROLE OF BARANGAY HEALTH WORKERS –AS ONE**  
2 **OF THE KEY PARTNERS IN A REFORMED LOCAL HEALTH CARE**  
3 **DELIVERY SYSTEM, THE DOH AND LGUS SHALL SUPPORT THE**  
4 **EVOLVING ROLES OF BHWS IN A REFORMED HEALTH SYSTEM**  
5 **AS:**

6 1. **ADVOCATE – TO SUPPORT, PROMOTE AND/OR**  
7 **CHAMPION CURRENT HEALTH PROGRAMS, PROJECT,**  
8 **AND ACTIVITIES (PPAS) TO IMPROVE ACCESS TO AND**  
9 **QUALITY HEALTH SERVICES TOWARDS THE IMPROVED**  
10 **HEALTH STATUS OF THE COMMUNITY;**

11 2. **EDUCATOR – TO GUIDE, ADVISE, COUNSEL THE**  
12 **COMMUNITY ON THE CURRENT DOH AND LGU HEALTH**  
13 **PRIORITIES AS IMPORTANCE OF BIRTH PLAN AND**  
14 **FACILITY-BASED DELIVERY IN REDUCING MATERNAL**  
15 **AND INFANT DEATHS; NEWBORN SCREENING FOR THE**  
16 **EARLY DETECTION OF CONGENITAL METABOLIC**  
17 **DISORDERS WHICH MAY LEADS TO MENTAL**  
18 **RETARDATION AND EVEN DEATH, AMONG OTHERS;**

19 3. **DISSEMINATOR – TO REMAIN REGULAR**  
20 **COMMUNICATION WITH LOCAL PROFESSIONAL**  
21 **HEALTH WORKERS (E.G. MHO, PHN, RHM, DOH REP,**  
22 **HOSPITAL STAFF) ON HEALTH EVENTS AND UPDATES**  
23 **AND CONCERNS RELEVANT TO THE COMMUNITY AND**  
24 **INFORM THE SAME TO CATCHMENT HH/COMMUNITY**  
25 **FOR APPROPRIATE ACTION, IF NECESSARY;**

26 4. **LINKER – TO FACILITATE ACCESS TO OR**  
27 **ASSOCIATION OF THE COMMUNITY WITH A RELEVANT**  
28 **NETWORK OF OR SPECIFIC HEALTH AND NON-HEALTH**  
29 **SERVICE PROVIDERS WITHIN OR EVEN OUTSIDE THE**  
30 **BHE CATCHMENT, FOR INSTANCE: REFERRAL OF**  
31 **PREGNANT WOMEN TO A HEALTH FACILITY WHICH**  
32 **BASIC/ COMPREHENSIVE EMERGENCY OBSTETRIC**

1 NEWBORN CARE (BEMMONC/CEMONC) CAPACITY;  
2 NETWORK WITH TESDA FOR TRAINING;

3 5. RECORD KEEPER – TO MAINTAIN UPDATED  
4 LISTS/RECORDS OF HEALTH DATA, HEALTH  
5 ACTIVITIES/EVENTS IN THE COMMUNITY, SUCH AS  
6 BUY NOT LIMITED TO DATA/RECORDS ON FULLY  
7 IMMUNIZED CHILD (FIC), OPERATION TIMBANG (OPT)  
8 RESULT, GARANTISADONG PAMBATA (GP) ,  
9 PREGNANCY TRACKING, PRE-NATAL AND POST-NATAL  
10 WOMEN ; EXCLUSIVE BREASTFEEDING MOTHERS,  
11 BLOOD-LETTING ACTIVITIES.

12 NO BHW SHALL BE UTILIZED OR SUBJECTED TO ANY  
13 PARTISAN POLITICAL ACTIVITY.

14 **SEC.11.** A new Section 12 of R.A. No. 7883 is hereby inserted and shall read  
15 as follows:

16 **"SEC. 12. REPRESENTATION IN THE LOCAL HEALTH BOARD**  
17 **AND HEALTH CARE PROVIDER NETWORK. – THE PRESIDENT**  
18 **OF THE MUNICIPAL OR CITY ASSOCIATION OF BHWS SHALL**  
19 **BE A MEMBER OF THE MUNICIPAL OR CITY LOCAL HEALTH**  
20 **BOARD. THE PRESIDENTS OF EACH COMPONENT CITY AND**  
21 **MUNICIPALITY OF A PROVINCE SHALL ELECT AMONG**  
22 **THEMSELVES THE BHW REPRESENTATIVE TO THE**  
23 **PROVINCIAL HEALTH BOARD.**

24 THE BHWS SHALL ALSO FORM PART OF THE HEALTH  
25 CARE PROVIDER NETWORK AS MAY BE DETERMINED BY THE  
26 DOH AND LGUS CONCERNED IN THE IMPLEMENTATION OF  
27 PRIMARY HEALTH CARE PROGRAMS AND SERVICES. "

28 **SEC. 12.** Section 19 of RA No. 7883 is hereby amended to read as  
29 follows:

30 **"SEC. 19. Rules and Regulation. - The DEPARTMENT OF**  
31 **BUDGET AND MANAGEMENT,** Department of Health, in  
32 **CONSULTATION** [cooperation] with the Department of Education,

1        [~~Culture and Sports~~], **CHED, TESDA**, the Department of the Interior  
2        and Local Government, the Department of Justice, the Civil Service  
3        Commission, **GOVERNMENT SERVICE INSURANCE SYSTEM,**  
4        **LIGA NG MGA BARANGAY** and other concerned government  
5        agencies and non-governmental organizations, shall formulate, not  
6        later than one hundred eighty days (180) from the effectivity of this  
7        Act, the rules and regulations necessary for its effective  
8        implementation.”

9        **SEC. 13. *Separability Clause.*** - If any provision of this Act is declared  
10       invalid, the remainder of any provision hereof not affected thereby shall remain in  
11       force and effect.

12       **SEC. 14. *Repealing Clause.*** - All laws, decrees, executive orders, and  
13       other presidential issuances which are inconsistent with this Act are hereby repealed,  
14       amended or modified accordingly.

15       **SEC. 15. *Effectivity.*** - This Act shall take effect fifteen days (15) after its  
16       publication in the Official Gazette or at least in two (2) national newspapers of  
17       general circulation.

*Approved,*