



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 25, 2009

DEPARTMENT MEMORANDUM

No. 2009 - 0302

TO: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS, CENTERS FOR HEALTH DEVELOPMENT, SERVICES, ATTACHED AGENCIES AND OTHERS CONCERNED

SUBJECT: Reiteration of Department of Health Support for the Continuing Development of Barangay Health Workers (BHW)

I. RATIONALE AND BACKGROUND

Republic Act 7883 otherwise known as "The Barangay Health Workers Benefits and Incentives Act of 1995" was issued in recognition of the noble role of BHWs as front liners in bringing health care to the grassroots, all the more so because their service is done in the spirit of volunteerism. The Implementing Rules and Regulations (IRR) of this Act were issued in 1996 to provide guidance and measures to the various stake holders so BHWs can access the package of resources and opportunities for improving their personal and professional development.

Relative to this, the Department of Health was tasked to provide direction and guidelines on the effective implementation of R.A.7883 and its IRR. However, the full implementation of the IRR has not been realized for many BHWs across the country. The DOH reiterates the implementation of the Act for the protection of BHWs and their much-deserved benefits as they play a major role in the delivery of health needs of the people.

In line with the attainment of the Millennium Development Goals, the DOH in partnership with the Local Government Units (LGUs) is pursuing the global commitment towards the achievement of the health-related MDGs one of which is the reduction of maternal and newborn deaths by implementing health reforms through the integrated Maternal, Newborn and Child Health and Nutrition (MNCHN) strategy in localities. The Community/Women's Health Team (CWHT) is one of the Service Delivery Teams being organized to facilitate implementation of the MNCHN strategy in LGUs. The DOH recognizes the new role of BHWs as significant team players of the CWHT to ensure timely access of mothers to emergency obstetric and newborn care at the community level.

Cognizant of the evolving roles of BHWs in a reformed and more responsive health care delivery system, it is imperative that the DOH through the Centers for Health Development (CHDs) and its attached agencies namely, Philippine Health Insurance

Corporation (PHIC), National Nutrition Council (NNC) and Population Commission (PopCom) in collaboration with the other concerned national government agencies (NGA), Local Government Units (LGUs) and other stakeholders, strengthen and institutionalize support for the development of accredited BHWs to ensure full implementation of the IRR of R.A. 7883.

II. OBJECTIVES

A. General Objective

To provide the overall direction in the provision of DOH support to the development of BHWs as partners in local health system development (LHSD)

B. Specific Objectives

1. To define the new roles of BHWs in helping attain the health-related Millennium Development Goals (MDGs) through health sector reform in local health system.
2. To establish development and support programs for BHWs to effectively perform their evolving roles in a reformed health system.

III. SCOPE

This Administrative Order shall apply to DOH central offices/ bureaus, all Centers for Health Development and attached agencies.

IV. DEFINITION OF TERMS

- A. Republic Act (R.A.) 7883 otherwise known as The Barangay Health Workers' Benefits and Incentives Act of 1995 – refers to a law enacted by the Senate and House of Representatives of the Philippines on February 20, 1995 granting benefits & incentives to accredited BHWs.
- B. Implementing Rules and Regulations (IRR) of BHWs – refers to the rules and guidelines for sections 2 – 7 of R.A. 7883 which provides guidance and measures in support of BHWs to enable them to effectively participate in health care & development of the nation.
- C. Barangay Health Worker (BHW): refers to a person who has undergone training programs under any accredited government or non-government organization & who voluntarily renders primary health care services in the community after having been accredited to function as such by the Local Health Board (LHB) in accordance with the guidelines promulgated by the DOH.
- D. Evolving roles of BHW – refer to the new roles of BHW in the community or catchment households (HH) to respond to the current thrusts of the Philippine health sector towards the attainment of the MDGs.
- E. Midwifery Scholarship program of the Philippines (MSPP) - The MSPP is the DOH response over the long term to address the inadequate number of rural health midwives in localities. It provides the opportunity and incentive for qualified community volunteer health workers or Barangay Health Workers (BHWs) particularly those from hard-to-reach and marginalized areas to pursue professional development. Graduates of the MSPP are obliged to render four

(4) years of paid service to a priority area upon acquiring the Philippine Regulatory Commission midwife's license.

V. GENERAL GUIDELINES

- A. Recognize the BHWs as volunteer health partners in the community. The DOH recognizes the role of BHWs as front liners in supporting the delivery of primary health care (PHC) services in communities. As such the DOH shall ensure the upholding of the role of BHWs in supporting the delivery of PHC services of all key programs.
- B. Develop the capacity of BHWs to effectively participate in the achievement of the health goals. The DOH and its attached agencies shall continuously develop mechanisms to upgrade and improve capacity of BHWs in the performance of their evolving roles in the health care delivery system. It shall also ensure access of BHWs to mechanisms and resources in support of efforts to improve their services for the communities and to opportunities for their professional advancement.
- C. Support the continuous capacity development for BHWs. The DOH and its attached agencies shall promote the development and support of BHWs from programs, LGUs, NGOs, the private sector and development partners.
- D. Ensure that the BHW role and development is integrated in the Province-wide Investment Plan for Health (PIPH) over the medium term. The DOH shall ensure that the role and development of BHW as a stakeholder in province-wide health system (PWHS) is integrated in the annual implementation of the 5-year Province-wide Investment Plan for Health (PIPH), the main instrument for DOH-LGU partnership in local health development.
- E. Provide support to the implementation of the IRR of R.A. 7883. The DOH and its attached agencies shall vigorously pursue the promotion, support and institutionalization of DOH programs for the development of BHWs and for the implementation of the IRR of R.A. 7883.

VI. SPECIFIC GUIDELINES

The DOH shall:

- A. **Recognize BHWs as one of the key partners in a reformed local health care delivery system.** The DOH shall support the evolving roles of BHWs in a reformed health system as:
 - 1. **Advocate** – to support, promote and/or champion current health programs, projects, and activities (PPAs) to improve access to and use of quality health services towards the improved health status of the community;
 - 2. **Educator** – to guide, advise, counsel the community on the current DOH and LGU health priorities such as importance of birth plan and facility-based delivery in reducing maternal and infant deaths; newborn screening for the early detection of congenital metabolic disorders which may lead to mental retardation and even death, among others;
 - 3. **Disseminator** – to maintain regular communication with local professional health workers (e.g. MHO, PHN, RHM, DOH Rep, Hospital staff) on health

events and updates and concerns relevant to the community and inform the same to catchment HH/community for appropriate action, if necessary;

4. **Linker** – to facilitate access to or association of the community with a relevant network of or specific health and non-health service providers within or even outside the BHW catchment, for instance: referral of pregnant women to a health facility with basic/ comprehensive emergency obstetric newborn care (BEmONC/CEmONC) capacity; network with the Technical Education and Skills Development Authority (TESDA) for training;
 5. **Record keeper** – to maintain updated lists/records of health data, health activities/events in the community, such as but not limited to data/records on FICs, OPT results, GP, pregnancy tracking, pre-natal and post-natal women; exclusive breastfeeding mothers, blood-letting activities.
- B. Develop the capacity of BHWs for the achievement of health goals in a reformed health system.** The DOH and its attached agencies shall ensure the development and institutionalization of basic training modules on specific public health programs/projects to enhance the capacity of BHWs in the context of a reformed health system.
- C. Promote the development and support of BHWs by stakeholders and other partners.** The DOH including its attached agencies and other stakeholders shall review their own programs/projects/activities and craft relevant policies, guidelines and mechanisms for capacity enhancement including performance-based grants to promote and support the implementation and institutionalization of the continuous development program of BHWs.
- D. Promote development of BHW as a stakeholder in the province-wide health system (PWHS) over the medium term.**
1. The DOH and its attached agencies shall ensure that the annual implementation of the 5-year PIPH, a medium term health development plan of all provinces include annual activities such as but not limited to the following:
 - a. registration and accreditation of BHWs in accordance to IRR of R.A.7883;
 - b. updating and submission of masterlist of all registered and accredited BHWs per barangay to the Provincial Health Officer (PHO) on or before March 31 every year
 - c. relevant trainings of accredited BHWs to enhance their capacity to perform new roles
 2. The DOH shall likewise promote LGU support for BHW development in the annual implementation of the PIPH which may include annual activities such as but not limited to the following:
 - a. budget allocation from the municipality/city/province for the following:
 - 1) provision of benefits and incentives to accredited BHWs in accordance to IRR of R.A. 7883
 - 2) per diems and travelling expenses for trainings/activities outside of the catchment barangay
 - 3) enrollment/re-enrollment of indigent accredited BHWs to the Sponsored Program of the NHIP of the PHIC
 - b. Inclusion of the recognition/awarding of meritorious services/performance of accredited BHWs during important annual local health events.

VII. COMPONENTS OF DOH SUPPORT FOR THE CONTINUING DEVELOPMENT OF BHWs

The DOH shall enhance and institutionalize current DOH support for BHWs. The current DOH support which is focused on the capacity enhancement and development of accredited BHWs nationwide shall be continued and expanded to include the following components:

A. Capacity Development of BHW

1. Job enhancement:

Different Program Coordinators at the Centers for Health Development (CHD) shall conduct the necessary trainings, orientations, participatory training and other enhancement activities on priority public health programs/projects in the region to enhance the capacity of accredited BHWs particularly in the context of a reformed health system. This may be as treatment partner in TB-DOTS, as member of the Community/Women's Health team, as BnB operator or other agreed functions as deemed necessary to improve local health systems.

2. Institutional Capacity Development:

The BHW role is evolving but necessary and their capacity to effectively participate must be sustained with continuous training. Basic training modules shall be institutionalized to equip BHWs with the knowledge regarding the DOH Goal in health reforms and the important role of the BHWs in the attainment of this Goal.

B. Career path development of BHW

Current health reforms seek to improve the quality of health service delivery through professional accreditation and private sector networks to support career path development of BHWs. The DOH Midwifery Scholarship Program of the Philippines (MSPP) implemented through its Health Human Resource Development Bureau (HHRDB) shall pursue inclusion of qualified BHWs as priority applicants.

C. Fund and logistic support for institutionalizing regional BHW development activities

The DOH through its Centers for Health Development (CHD) shall regularly provide for the following:

1. Logistic support for commodities such as blood pressure apparatus, thermometers, weighing scales, vaccine carriers and IEC materials on different public health programs, when necessary;
2. Funds to support relevant annual regional BHW activities such as health fora, conventions, recognition and to defray costs of venue, meals, accommodation, and traveling expenses.

D. Assessment and Recognition of BHW Performance and Contributions

The DOH shall promote among LGUs and other stakeholders the assessment of performance and recognition of outstanding contributions made by accredited BHWs in the community they serve:

1. Regular performance assessment/recognition activities shall be encouraged:
 - a. At least every 2 years by the DOH-Centers for Health Development
 - b. Every year by the provincial/city/municipal LGUs

This shall be integrated in regular national, regional, PWHS events and conferences or in documentation of exemplary practices (EPs).

2. Performance-based Incentives for BHWs

The DOH shall provide fund allocation to CHDs for an annual performance-based incentive for BHWs. The purpose of this incentive is to recognize the contributions made by the BHWs in the achievement of health system goals and the health-related MDG goals. Incentive schemes may include awarding by the DOH-CHD to the Provincial BHW Federation of the highest performing Province in the Region relative to the previous year's achievement of specific LGU scorecard indicators like FIC, facility-based deliveries, etc. Specific guidelines for the awarding of incentives shall be issued annually.

VIII. ROLE OF STAKEHOLDERS

A. FIMO shall:

1. maintain an updated national registry of accredited BHWs
2. monitor CHD implementation of the IRR of R.A. 7883.

B. HHRDB shall:

1. develop/design training programs/courses for the personal and professional development of accredited BHWs
2. prioritize accredited BHWs for enrollment to the Midwifery Scholarship Program of the Philippines (MSPP)
3. provide/facilitate scholarships to accredited BHWs for undergraduate studies/degree programs;
4. provide to the CHDs information and opportunities for training, education, and career enrichment programs (TECEPS) in collaboration with the Technical Education and Skills Development Authority (TESDA), Commission on Higher Education (CHED), Department of Education (DEPED), Civil Service Commission (CSC) including LGUs as well as NGOs, POs, private agencies and institutions;
5. coordinate and monitor BHW training courses at the CHDs

C. BLHD shall:

1. institutionalize DOH and LGU support for BHWs by ensuring that all Province/City-wide Investment Plans for Health (PIPHs/CIPHs) and Annual Operational Plans (AOPs) contain strategies and activities and fund allocation for support to BHWs;
2. develop systems/mechanisms to support CHDs in regional BHW-related activities

D. CHD shall:

1. keep and maintain an updated list of registered and accredited BHWs, submit this to the FIMO on or before the end of June of each year a consolidated registry of the updated list of accredited BHWs and issue national IDs to these BHWs in their region;

2. conduct training and development needs assessment (TDNA) for BHWs every 3 years & conduct continuous training programs for the personal and professional development of BHWs;
3. conduct continuous advocacy and information dissemination on policies and guidelines of RA 7883 & act as liaison between BHWs, LGUs and other agencies;
4. encourage reactivation of and monitor functionality of Local Health Boards (LHB) through the DOH Representatives (DOH Rep) including Barangay Health Committee to serve as venue for BHW fora;
5. allocate fund support for the institutionalization of the development program of BHWs (i.e. to include, but not limited to the following: for printing and distribution of national IDs of BHWs, training, CHD monitoring, conduct of regional BHW convention, other logistic support as BHW kits)

E. LGUs in accordance with the stipulations of the IRR of R.A. 7883 shall continue to:

1. provide assistance to accredited BHWs through its Local Health Board (LHB) or its designated committee to facilitate processing and availment of BHW honorarium/allowance;
2. provide hazard and /or subsistence allowances to accredited BHWs.

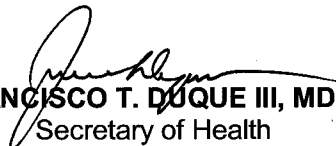
F. Other National Government Agencies (TESDA, CHED, DEPED, CSC) in accordance with the stipulations of the IRR of R.A. 7883 shall continue to provide information and opportunities to BHWs for training, education, and career enrichment programs (TECEPS) in collaboration with the DOH-HHRDB including LGUs as well as NGOs, POs, private agencies and institutions.

IX. REPEALING CLAUSE

All administrative issuances or parts thereof inconsistent with the provisions of these guidelines are hereby repealed or amended accordingly.

X. EFFECTIVITY

This memorandum shall take effect immediately upon approval and shall be enforced for three (3) years upon which an evaluation of its effect shall be conducted. This memorandum shall be amended or repealed at any time, notwithstanding, when necessary.


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Secretary of Health