



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

April 18, 2002

ADMINISTRATIVE ORDER  
No. 100-B s., 2002

**SUBJECT: Operational Guidelines for the Implementation of the Rural Health Team Placement Program (RHTPP)**

**I. RATIONALE**

The Rural Health Team Placement Program (RHTPP) stemmed from the Rural Health Practice Program (RHPP), which was an undertaking of the Department of Health. It aimed at augmenting the medical human resource in the rural areas. The RHPP has been in operation since 1974 by virtue of letters of Instruction (LOI) 377 and 948. It started as a pro-requisite to the issuance of medical and nursing license. In 1986, it was changed to a voluntary program focused on community health and development, particularly in areas where there were no medical human resource. The RHPP was modified in 1997 to provide other health professionals the Opportunity to serve rural communities.

The Rural Health Team Placement Program's (RHTPP) vision is "Allied health professionals enable communities to take charge of their health needs and help raise the capability of Local Government units (LGU) to deliver health services". Its mission is "To deploy competent allied health professionals in LGUs for service, technology transfer, and capability-building".

The Program recruits allied health professionals to complement the existing workforce of the Rural Health Unit (RHU), District Health Office (DHO) and Provincial Health Office (PHO) and allows them to work as a team. The Rural Health Team includes dentist, nurse, pharmacist, medical technologist, physical and occupational therapist, nutritionist-dietitian, midwife and sanitary inspector.

The need for specific types of health worker is brought about by the long-time prevalence of Specific health problems or diseases like malaria and other mosquito-borne diseases, tuberculosis, malnutrition, diarrheas, parasitism, orodental diseases, etc. Appropriate allied health professionals are made part of the local health team in these rural areas so as to better serve and facilitate interventions to specific health problems of particular communities.

In 1996, the Program had 25 slots allocated equally to five (5) regions. Throughout the years, funding support gradually increased so that by year 2001, there had been a 280% increase in government budgetary allocation to prime-up the Program response to the Sentrong Sigla initiative

of the LGU. For. year 2001, seventy-five (75) slots were allocated to all Centers for Health Development (CHD) excluding the National Capital Region (NCR).

## II. PROGRAM GOALS AND OBJECTIVES

### Program Goals:

1. To augment the health human resource complement of public health facilities with competent health professionals in areas where they are/most needed;
2. To widen the perspective of health professionals on their roles in community health development.

### Specific Objectives:

1. To strengthen the primary health care program of the community through community participation;
2. To enable the professional volunteers. to define their roles as members of the Rural Health Team in the process of facilitating the community health development process;
3. To strengthen the capability of the Local Health Units in community-based allied health programs/interventions.

## III. PROGRAM AREA COVERAGE

.. Coverage shall consist of PHOs, DHOs, and RHUs needing additional allied health professionals giving preference to depressed, underserved, hard to reach and critical areas.

.. Areas with long-time prevalence of specific health problems or diseases like malaria and other mosquito-borne diseases, tuberculosis, malnutrition, diarrheas, parasitism, orodental diseases.

## IV. STRATEGIES

1. Networking with Local Government Units (LGUs), Non-Government Organizations (NGOs), and other government agencies in the implementation of the program.
2. Strengthening community participation in the promotion of community-based health care programs/services.
3. Mainstream LGU participation in community health work for technology transfer, capability building and sustainability.
4. Community immersion of professional volunteers in areas of assignment.
5. Monitoring and evaluation of program implementation.

## V. GUIDELINES AND PROCEDURES

### A. General Policies

1. The RHTPP positions allocated to the CHD's are the following: dentist, pharmacist, nurse, medical technologist, nutritionist-dietitian, physical or occupational therapist, sanitary inspector and

midwife. CHDs shall allocate any of the positions depending on the need of the LGUs but have to work within the Program budget allocated to them.

2. The RHTPP volunteers shall serve the program for eight (8) months.

3. Priority area for the assignment/deployment of the volunteer shall be at the RHU. However, volunteer shall be assigned at the PHO or DHO as deemed necessary. Volunteers shall be administratively under the direct supervision of the Local Chief Executive (LCE) or Head of Office.

4. At the CHD level, the HRD Unit shall have technical supervision over the volunteer.

5. The Daily Time Record (DTR) shall be signed by the LCE with the initial of the MHO/RHP or by the District Health Officer or Provincial Health Officer if assigned at the DHO or PHO respectively. The DTR shall be noted by the CHD Director with the initial Of the Provincial Health Team Leader (PHTL). A copy of the DTR shall be submitted to the CHD- HRD Unit to support claims for monthly stipend and for filing.

6. The RHTPP volunteer shall be hired on a Job Contract basis.

7. The volunteer shall start his/her community immersion after a valid Contract of Service has been signed.

8. An RHTPP volunteer can be rehired subject to existing Recruitment and Selection policy.

9. Funds for the Program Operation shall be sub-allotted to CHDs.

10. The RHTPP volunteer shall adapt the official time of the LGU where she/he is assigned.

11. Grounds for removal from the Program shall be based on Civil Service Commission (CSC) Rules and Regulations such as, but not limited to:

- a. Voluntary termination of services;
- b. Absence without leave (AWOL);
- c. Falsification of public documents;
- d. Administratively charged by any government entity;
- e. Reporting to duty under the influence of alcohol/prohibited drugs;

## B. Procedures in the Provision of RHTPP Volunteers

### 1. Pre-Recruitment

a. The CHD through its Local Health Assistance Division (LHAD) shall identify the priority areas based on the criteria stated herein not later than January 31.

b. The CHD, through the HRD Unit, shall open the application for the available slots of RHTPP volunteers in the region.

c. A social preparation shall be done with the LGU concerned. This activity shall include but not limited to:

- 1. Orientation of LGU (Mayor, Sangguniang Bayan, RHU) on the Program
- 2. Negotiation for LGU support, e.g. TEV, logistics for potential projects/activities be undertaken
- 3. Forging of the Memorandum of Agreement between the CHD Director and concerned Local Chief Executive (LCE)

### 2. Selection

a.) The Regional Recruitment and Selection Committee shall screen the applicants adapting the Recruitment, Selection and Deployment System established for the DITB Program. Screening of applicants shall be done in March

### 3. Pro-deployment and Deployment

a) The CHD-HRDU shall submit to HHRDB the final list of accepted volunteers with corresponding positions and intended areas of assignment not later than March 31 for the issuance of a Department Order.

b) The Management Support Division shall prepare the Service Contract to be signed by the CHD Director for the deployment of the RHTPP volunteer.

c) A Department Order shall be issued to all CHDs concerned. Sub-allotment of Program funds shall be done in April.

d) The CHD-HRD Unit in coordination with the LHAD Unit shall conduct a pre-deployment orientation of the accepted applicants.

e) A Memorandum of Agreement (MOA) between the CHD Director and the concerned Local Chief Executive (LCE) shall be forged prior to the deployment of the volunteer.

f) Deployment of the new RHTPP volunteers shall start on the 1st working day of May of each year. In the event that the volunteer back-outs from the Program, a report shall be submitted to the HHRDB, Central Office for appropriate action.

### C. Requirements for Admission to the Program

The applicant shall submit the following documents:

1. PRC License (Certified true copy only)
2. Police Clearance
3. Medical Certificate

### D. Benefits of an RHTPP Volunteer

1. An RHTPP volunteer shall receive a monthly stipend as specified for the following health discipline:

1. Dentistry	P 10,000.00
2. Nursing (only as extremely necessary)	P 8,000.00
3. Pharmacy	P 8,000.00
4. Medical Technology	P 6,000.00
5. Physical or Occupational Therapy	P 6,000.00
6. Nutrition Dietetics	P 6,000.00
7. Sanitarian/Midwife	P 5,000.00

2. He/She shall be enrolled in the GSIS General Insurance Fund and accident insurance coverage

for death or injuries while rendering rural service.

3. He/She shall be provided with transportation expenses: from residence to CHD for orientation, to the place of assignment and back to the CHD for evaluation and return to residence after eight (8) months.

4. Volunteers are entitled to ten (10) days (vacation/sick) leave with pay during the eight-month period. There is no payment in cash in lieu of accrued leave credits not taken.

#### E. Request for transfer to other areas

Transfer to the other areas may be requested if there are valid reasons for the said transfer, like threat to life, physical/political/sexual harassment, and violation of the provisions of the MOA. The request for transfer should emanate from the community, LGU or the volunteer, him/herself and said request should be addressed to the CHD. The CHD in turn shall validate / investigate the matter and shall make its recommendation to the HHRDB.

#### F. Removal from the Program

Removal from the program shall be subject to existing CSC rules and regulations.

### VI. IMPLEMENTING MECHANISM

The DOH-CO, CHD, PHO, LGUs and RHTPP shall have the following roles and functions in the implementation of the program.

#### A. DOH

1. The DOH-CO, through the HHRDB, shall:

- a. provide the general policies and guidelines in the implementation of the program in consultation with the CHDs, LGUs and other stakeholders;
- b. allot the appropriate number Of RHTPP items to the CHDs based on need and approved criteria;
- c. ensure an objective recruitment and selection process of RHTPP at all levels;
- d. allot the Program Funds to the CHDs for the implementation of the program;
- e. strengthen the CHD capability for RHTP Program management;
- f. establish monitoring and evaluation system;
- g. undertake annual program planning and review;
- h. develop partnerships with various stakeholders to strengthen the Program;

2. DOH - CHD (HRDU, LHAD, Management Support)

a. Through the HRDU, it shall:

- 1) provide technical supervision over the Program.
- 2) integrate RHTPP activities in annual planning and budgeting.
- 3) be a responsible team member in the recruitment, hiring and deployment of RHTPP volunteers based on program guidelines.
- 4) be responsible for the regional orientation of the RHTPP volunteers.
- 5) facilitate the signing of the Memorandum of Agreement between the CHD Director, the Local Chief Executive and the RHTPP volunteer concerned.
- 6) Coordinate with LHAD in the validation of areas
- 7) monitor and evaluate the implementation of the program annually.
- 8) submit annual accomplishment report of RHTPP volunteers assigned in the region to the DOH - CO.

b. Through the LHAD. it shall:

- 1) Identify areas for allied health professionals based on needed in coordination with the PHO.
- 2) conduct social preparation activities at the LGU level to include:
  - orientation of the LGU officials, SB and RHU Staff on their roles/ responsibilities and expectations regarding the RHTPP volunteers, and
  - MOA signing between the CHD Director, the LCE and the RHT PP volunteer before the deployment
- 3) provide assistance in local health systems development
- 4) conduct the RHTPP volunteer to his/her area of assignment upon deployment, to include courtesy calls to the PHO and the Municipal Mayor and to ensure the proper accommodation of the volunteer.

c. Through the Management Support Services, it shall:

- 1) Facilitate the prompt processing of:
  - Job Contracts
  - DTRs, (signed by Mayor, noted by CHD Director, initialed by the PHTL)
  - Leaves (Approval by Mayor, signed by CHD Director, initialed by PHTL)
  - Vouchers (Box A - HRDU Head, B - Finance, C - CHD Director)
  - Travel Orders

However, travel order within the province shall be issued by the Local Chief Executive. Travel order within the region shall be issued by the CHD and travel order outside the region shall be issued by the DOH - Central Office.

In case the LGU decides to send the RHTPP volunteer on official business outside the province, travel expense, per diems and other allowances will be chargeable to the LGU. The sending agency

will be accountable for any risk incurred by the RHTPP during any such travel.

## B. LGU

### 1. PHO

- a. The PHO shall provide technical assistance to the RHTPP volunteers through coaching, regular monitoring and supervision.
- b. It may provide logistic support to the volunteers based on their regular resource allocation.
- c. It shall provide regular feedback on problems encountered and recommendations to improve the program implementation.

### 2. Municipal

- a. Fully comply with the provisions stipulated in the MOA.
- b. Provide administrative and logistical support to the RHTPP volunteers.
- c. Responsible for the day-to-day monitoring and supervision of the activities of the volunteer including the whole RHU.
- d. Fully support the capability building activities intended for the RHTPP volunteers.
- e. Fully support the approved action plan of the volunteers;

## C. RHTPP Volunteer

### 1. The Volunteer's technical responsibilities:

- a. Render appropriate health services as needed by the communities.
- b. Facilitate community participation in the identification of community-based projects, implementation and monitoring.
- c. Assist the communities in developing mechanisms to sustain the implementation of community projects.
- d. Facilitate technology transfer to the RHU personnel.
- e. Be a team player.

### 2. The Volunteer's administrative responsibilities:

- a. Prepare monthly itinerary of travel and schedule of activities based on the Action Plan
- b. Submit monthly Daily Time record (DTR) duly signed by the LCE to the CHD-HRD Unit through the PHTL.
- c. Submit annual Performance Contract and Performance Evaluation duly approved by the LCE to the CHD-HRD Unit through PHTL.
- d. Submit a monthly report to the LCE and annual accomplishment or end report to the CHD-HRD Unit through PHTL, copy furnished DOH-CO, HHRDB.

## VII. MONITORING AND EVALUATION

OFFICE	FREQUENCY	
	MONITORING	EVALUATION
1. LCE	Daily	Semi-annual
2. CHD HRD	Quarterly	Semi-annual
3. CHD PHT	Monthly	Semi-annual
4. DOH-CO	Semi-annual	Annual

#### REPORTING

FROM	TO	FREQUENCY
1. RHTPP	LGU	Monthly
2. RHTPP	PHT	Monthly
3. PHT	CHD	Quarterly
4. CHD	DOH-CO	Semi-annual

#### VIII. EFFECTIVITY

This Order shall take effect immediately.

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