



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

June 9, 1999

ADMINISTRATIVE ORDER
No. 37 s., 1999

**SUBJECT: REVISED OPERATIONAL GUIDELINES FOR THE IMPLEMENTATION OF
THE DOCTORS TO THE BARRIOS (DTTB) PROGRAM**

I. RATIONALE

Given the reality where there is varying pace of development and inequitable distribution of scarce resources, 271 municipalities were identified in 1992 to be doctorless and lacking in the capability to provide adequate health services resulting in high mentality and morbidity rates in these areas.

The Doctors to the Barrios (DTTB) Program was created by the DOH in May 1993 to address this need. The Program trained and fielded competent, compassionate and community-oriented doctors as an assistance package in the identified doctorless local government units (LGUs) nationwide, mostly depressed, marginalized, remote and 5th and 6th class municipalities. To date, a total of 249 doctors have been deployed to 27 96 and as 56% of the identified 5th and 6th class municipalities, respectively. These doctors have served 198 municipalities (some municipalities were served more than once due to exigency of service), or 73% of the targetted doctorless LGUs.

As a more recent development, several provinces are likewise suffering from inadequacy of medical/surgical care. District hospitals are undermanned by professional health workers, especially doctors, and many low—income class provinces can not find the doctors to fill up empty posts.

In this regard, the DTTB Program is being expanded to include deployment of doctors in District Hospitals (DHs). The expansion would ensure a more comprehensive approach to the improvement of the health care delivery system, to cover both the preventive and curative aspects of health care. This innovation also forms part of the upgrading of district hospitals under the District Health System Development which is a major thrust of the current DOH management.

II. OBJECTIVE

To ensure quality health care services in depressed, marginalized and unserved/underserved areas through the deployment of competent and community-oriented doctors

III. COVERAGE

1. Depressed and marginalized municipalities without doctors for at least two (2) years
2. District hospitals in dire need of additional doctors
3. RHUs/DHs with RHPs/MHOs/MOs on study leave

IV. STRATEGIES

1. Partnership with the Local Government Units (LGUs) in the deployment of DTTBs
2. Strengthening community support for local health care delivery system through the District Health System (DHS)
3. Strengthening the leadership and management capabilities of the DTTB

V. IMPLEMENTING POLICIES AND GUIDELINES

1. A DTTB shall serve under the program for up to two (2) years
2. Accepted DTTBs must reside in their areas of assignment
3. The program shall advocate for the absorption of the DTTBs by the LGUs served after a satisfactory service under the program
4. 20% of the total DTTB items shall be reserved for relievers of doctors on study leave

B. GUIDELINES AND PROCEDURES FOR THE PROVISION OF DTTBs

1. The Regional Field Office (RFO), through the LGAMS Unit, shall submit to the DOH-Central Office (DOH-CO) a list of areas and district hospitals qualified to be recipients of a DTTB together with the written requests from the concerned LGUs no later than the first week of September of every year.
2. In case the requests from RFOs exceed the total number of available DTTB items, prioritization shall be done by the DOH-CO to give preference to depressed, marginalized and unserved areas, prioritizing further municipalities or DHs with the longest periods of doctorless or underservice (only one doctor in the hospital).
3. The DOH-CO shall provide each RFO the number of approved DTTB slots not later than the end of September of each year together with the sub-allotment of the corresponding funds for personal services and MOOE which shall be released on a quarterly basis.
4. The RFO, through the LGAMS Unit, shall open the application for the available DTTB slots in the region for the whole month of October
5. By November of each year, the Regional LGAMS Unit shall have finished the screening of the applicants
6. In case there are no or not enough applicants for the allotted slots in the region, the DOH-CO may be requested to recruit for the region. Request for assistance shall be forwarded to the DOH-CO on the first weeks of November of each year

7. By the end of December of each year, orientation of the accepted applicants (from both Regional and Central Office screening) shall have been conducted by the Regional LGAMS Unit in coordination with the Regional Training Office. Appointment papers of said DTTBs and Memoranda of Agreement (MOA) between the RFOs and the concerned LGUs shall have been processed. Both the appointment and MOA shall be required prior to deployment
8. Deployment of the new DTTBs shall start on the first working day of January of each year. In the event that only the appointment paper has been signed, the DTTB shall be assigned at the RFO until such time that the area shall have been perfected

C. CRITERIA FOR THE SELECTION OF DTTBs

1. Should be a licensed Doctor of Medicine
2. Should be a bonafide Filipino citizen
3. Should be physically and mentally fit
4. Should be of good moral character
5. Should be willing to work in remote, depressed and marginalized areas
6. Should not be more than 45 years old
7. For those to be assigned in DHs, should at least be a graduate of a Residency Training in any any of the priority disciplines (Surgery, Medicine, OB-Gyne and Pediatrics)

D. BENEFITS OF A DTTB

1. DTTB shall receive a salary equivalent to Salary Grade 24 (SG 24)
2. He/she shall receive all benefits as provided for in the Magna Carta of Public Health Workers, including an automatic enrolment in a life insurance
3. He/she shall be entitled to attend the regular CME trainings conducted by DOH and other related trainings, both foreign and local
4. He/she shall be provided with regular supply of Medical and other related Journals
5. He/she shall be given due recognition after finishing his/her two years of service
6. He/she performs very satisfactorily as DTTB, he/she shall be highly recommended list any position in DOH commensurate to his/her qualifications or acceptance in a Residency Training or Masteral Degree

E. REQUEST FOR TRANSFER TO OTHER AREAS

Transfer to other areas may be requested if there are valid reasons for the said transfer, like threats to life, physical/political/sexual harassment and absence of support from the LGU. The request for transfer should emanate from the community, LGU or the DTTB him/herself and said request should be addressed to the RFO. The RFO in turn shall validate/investigate the matter and shall make its recommendation to the DOH-CO.

F. GROUNDS FOR REMOVAL FROM THE PROGRAM

1. Voluntary termination of services

2. Absence without leave (AWOL) / out of post for more than one (1) week without prior notice to the LGU or RFO concerned
3. Conduct unbecoming of a doctor as stated in the Civil Service and Magna Carta laws
4. Deliberate withholding of true information or falsification of public documents
5. Selling of government properties (ex. medicines)
6. Validated unsatisfactory performance for two (2) consecutive rating periods
7. Pending administrative charges

VI. IMPLEMENTING AND COORDINATING MECHANISMS

The DOH-CO, RFO, PHO, LGUs and DTTBs shall have the following roles and functions in the implementation of the program:

A. DOH-CO

1. The DOH-CO, through the CHS/LGAMS, shall provide the general policies and guidelines in the implementation of the program
2. It shall allot appropriate number of DTTB items in the RFOs based on need and approved criteria
3. It shall assist the RFOs in the recruitment of DTTBs as the need arises
4. It shall sub-allot the needed funds to the RFOs for the implementation of the program
5. It shall facilitate the conduct of Continuing Medical Education (CME) training for the DTTBs
6. It shall conduct semi-annual Consultative Workshops for Regional DTTB Coordinators and the DTTBs
7. It shall monitor and evaluate program implementation semi-annually and annually, respectively

B. RFOs

1. The RFO, through the LGAMS Unit, shall have the technical and administrative supervision over the DTTB Program
2. It shall provide logistical support to the DTTBs (ex. medicines, laboratory reagents, supplies, etc.)
3. It shall annually provide the DDT-CO the updated list of areas/district hospitals needing doctors
4. It shall be responsible for the recruitment, screening and hiring of DTTBs in their region
5. It shall be responsible for the orientation and deployment of the newly— accepted DTTBs
6. It shall facilitate the signing of MOA between the Regional Health Director and the Local Chief Executive concerned for the deployment of the DTTB
7. It shall conduct semi— annual Consultative Workshops/Meetings (1st and 3rd quarters) for the the DTTBs assigned in the Region
8. It shall facilitate the attendance of the DTTBs in the CME trainings and Consultative Workshops for the program
9. It shall monitor and evaluate the implementation of the program quarterly and annually, respectively
10. It shall submit semi-annual accomplishment report of DTTBs assigned in the region to the DOH

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C. PHOs

1. In the exercise of its technical supervision over health programs, the PHO shall monitor and evaluate the implementation of the program monthly and quarterly, respectively
2. It shall submit quarterly report of accomplishment of the DTTBs assigned in the province to the RFO

D. LGUs

1. The LGUs shall provide administrative and logistical support to the DTTBs
2. They shall be responsible for the day to day monitoring and supervision of the activities of the DTTB including the whole RHU
3. They shall fully support the capability building activities intended for the DTTBs

E. DTTB

1. With the consent of the LDC concerned, the DTTB shall serve as the RHP/MHO in the RHU with the following functions:
 - a. He/she shall conduct regular medical consultation and referral of serious cases in appropriate health facility
 - b. He/she shall supervise activities/performance of the RHU staff
 - c. He/she shall ensure effective implementation of national and local health programs
 - d. He/she shall conduct capability building activities for the RHU staff and BHWs on health programs
 - e. He/she shall facilitate the conduct of IEC in his/her area of assignment
 - f. He/she shall conduct epidemiological investigations, whenever necessary
 - g. He/she shall perform medico-legal services
 - h. He/she shall conduct Barangay Medical Outreach programs, whenever necessary
2. He/she shall conduct community diagnosis of his/her or area of assignment
3. He/she shall prepare and submit Annual Area-based Health Plan in the LGU and the RFO through the PHT
4. He/she shall prepare monthly itinerary of travel and schedule of activities
5. He/she shall implement at least one (1) community—based project in the area of assignment during his/her term as DTTB, preferably on BnB, IPIIP, DHS, etc.
6. He/she shall attend the capability building activities for DTTBs
7. He/she shall submit monthly Daily Time Record (DTR) duly signed by the LGE to the RFO through the PHT
8. He/she shall submit a monthly report of accomplishment to the LGE and quarterly to the RFO through the PHT
9. He/she shall submit semestral Performance Contract and Performance Evaluation duly approved by the LGE

10. Alternately, the DTTB assigned in the District Hospital shall perform the following with the consent of the PHO and Governor:

- a. Act as the Chief of Hospital (COH) in case there is no other physician
- b. Support the development of DHS in the area of assignment in accordance with DOH standards
- c. As much as possible, ensure technology transfer for the specialty represented through preceptorship and support for residency training
- d. Perform other tasks as assigned by the PHO or COH

VII. MONITORING AND EVALUATION



VIII. REPORTING



This Order supersedes Administrative Order No. 22-B s., 1997 and shall take effect immediately.

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Secretary of Health