

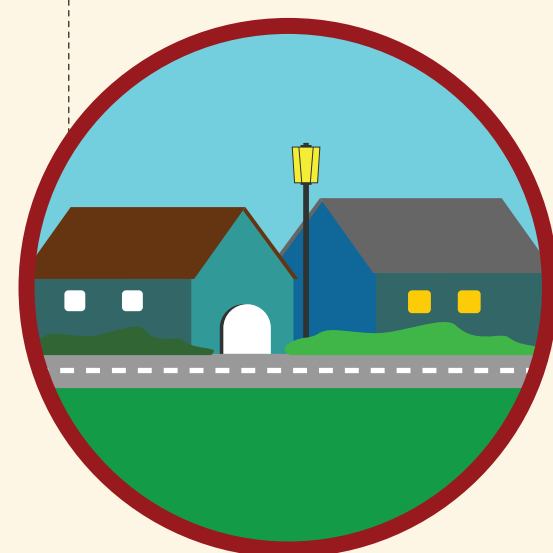
FOLLOWING THE HRH JOURNEY: A Review of the DOH Deployment Program

To fill the need for health workforce in marginalized places, the Philippine Department of Health (DOH) began the health human resource (HRH) deployment programs. These programs help different medical professionals work under contracts at rural health units (RHUs) all over the Philippines. Afterward, the HRH may renew their contracts, or be hired by locally.

While there are some successes, many places are still underserved. **This study evaluates the implementation of the DOH deployment programs.**



RHU staff reported serving the marginalized, but **less than half of the deployment sites were actually considered poor or geographically isolated or disadvantaged areas (GIDA)**. Many sites have mixed populations.



Local officers consistently reported that implementation is most efficient and organized when the guidelines are clear and complete. However, there are still parts like orientation, report submission, and allocation which are done inconsistently between regions.



Deployed HRH and local RHU staff are very satisfied in working together, despite heavy workload. Patients also said they were happy with the services of the deployed HRH.



Deployed HRH were very satisfied because of the fulfilled desire to serve, and the competitive salary. However, they also had concerns on the lack of job security.



HRH are involved in partnerships and programs within the community and with outside organizations.

This means their influence extends beyond the RHU. Some LGUs also provide support in kind to the deployed HRH.



METHODOLOGY

The study used records review and key informant interviews (KIIs) with 19 deployed workforce, 22 local RHU staff, and 29 regional, provincial and municipal officers of the program in nine regions nationwide. Data was analyzed using descriptive statistics and thematic analysis.

The study focused on:

- The prioritization of marginalized clients (such as indigenous people, people in far areas, and people of different faiths)
- Reasons for staying or leaving their assigned rural areas
- How well program guidelines were practiced on the ground
- Access to health services and program sustainability

RECOMMENDATIONS

- **Design non-financial incentives in order to encourage retention** among deployed HRH and tap community and organizational/institutional networks for social support and training opportunities.
- **Strengthen the current system of monitoring and evaluation by formalizing standards in the formats of reports**, as well by enforcing timely

compliance allowing the conduct of easier and routine monitoring.

- **Explore different methods of transitioning the financing for HRH employment**, as well as into the decentralization of accountability in the regional and provincial levels of implementing the HRH deployment system.