

PRESCRIPTIONS

POLICY BRIEF

The HRH Journey through Uneven Roads

A Review of the DOH Deployment Program in Nine Regions

POLICY LESSONS

Non-financial incentives and arrangements should be included in further policy that address HRH's decision to stay. These factors include flexible work arrangements, assistance in finding favorable accommodation, and social support in adjusting to the local community. Rich community networks may be a resource in designing non-financial incentives, and may include local civic groups, LGUs, NGOs, and private companies both local and national. Access to social support may encourage a suitable environment for those who already have an inclination to settle. Such resources may be included in orientations, in order to encourage LGUs to develop such programs and to inform deployed HRH of resources available.

Prioritize applicants from rural backgrounds, and consider late-career HRH. Having a rural background "appears to be the single factor most strongly associated with rural practice", according to a Cochrane systematic review (Grobler et al. 2015), and is consistent with studies in both developed and developing countries. Updated guidelines should prioritize applicants from rural backgrounds and place more effort in reaching priority groups. This may apply both to recent graduates, and to HRH later in their careers, who may want to return to work in their hometowns and wish to work in a more relaxed environment, or be closer to family.

Educational networks may be tapped to design on-site training opportunities at the rural area. Since training opportunities are also seen to be an important factor for deployed HRH to consider, networks among educational institutions or professional societies may also be tapped in order to design training opportunities to entice HRH to stay in the area, continuously update their skills and/or, aid in career progression for employment at the rural area. Such training opportunities are not limited to certificate courses, but may include Masteral programs (for different types of medical professionals), priority in and access to residency opportunities, sponsorship to scientific conferences, and access to journals.

INTRODUCTION

In order to address gaps in health workforce in marginalized areas, the Philippine Department of Health (DOH) initiated health human resource (HRH) deployment programs. While there are some successes, many areas remain underserved. Studies are needed to evaluate the implementation of the DOH deployment programs and provide direction and recommendations for the further refinement of the programs. This study aimed to be a rapid assessment program review of the DOH deployment programs for four types of deployed personnel (doctors, nurses, medical technologists and midwives) in nine selected service-delivery networks located in nine regions.

The review's objectives focused on the following areas: the prioritization of marginalized clients, the distribution and retention of deployed workforce, training, change in access to health services and program sustainability.

METHODS

The study employed a mixed methods study design, using both records review and key informant interviews (KIIs) with deployed workforce, organic staff, and local implementers of the program. Quantitative analysis included both descriptive, while qualitative analysis employed thematic analysis. A total of 19 deployed HRH, 22 organic staff, and 29 local implementers from nine regions were interviewed.

RESULTS

Less than half of the sites were considered poor or geographically isolated or disadvantaged areas (GIDA) as per government classification; however organic staff and deployed HRH stated in interviews that they catered to marginalized patients within their regions. Deployed HRH showed high job satisfaction mainly due to their fulfilled desire to serve and competitive salary, however, the need for job security and other practical arrangements factored into their decision to leave their area of assignment. Regarding implementation fidelity, local implementers consistently stated that implementation is most efficient and organized when the guidelines are clear and well understood; however, there are still parts of implementation such as orientation, report submission, and allocation which are inconsistent between regions. HRH and organic staff reported high satisfaction in working with each other, and in working in the community, with their colleagues, facilities assigned, and patients; thus it can be said that there was high cultural acceptability between HRH and their assigned area. HRH are also generally accessible to their patients despite their workday being full. Finally, HRH are involved in partnerships and programs in the community, and though sparse, there were environmental and organizational support from LGUs for HRH activities.

CONCLUSION

While the Deployment Program is currently satisfactory to HRH and serves many marginalized, the delivery of service is uneven and could still be improved. Administrative and social constraints still keep HRH from staying despite a strong desire to serve. Deployment programs guidelines are comprehensive, but need more standards in reporting for better monitoring and further improvement.

RECOMMENDATIONS

Policy Recommendations

- Designing non-financial incentives in order to encourage retention among deployed HRH and, to address the longer-term factors of employment and environment that they consider in their decision to remain in their areas.
- Rich community networks and organizational/institutional networks may be tapped for social support and training opportunities.
- Recruitment should include prioritizing applicants from rural backgrounds.
- Arrangements for applicants that are in the later stages of their career should also be considered

Research Recommendations

- Conduct studies into different methods of transitioning the financing for HRH employment
- Investigate the potential effects of the decentralization of accountability in the Regional and Provincial levels of implementing the HRH deployment system.

Action Recommendations

- Strengthen the current system of monitoring and evaluation by formalizing standards in the formats of reports, as well by enforcing timely compliance. This may help LGUs implement HHRDB guidelines more uniformly and clearly. This would also allow HHRDB to conduct monitoring easier and at a more routine basis.

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