
Department of Health
Nov 2011 IP Health Plan (WB assistance)

Early 2012 Prep Meetings between DOH & NCIP

26 Sept 2012 IP Health Technical Team

20 Nov 2012 Consultation: DOH Reg Coordinators

5 Feb 2013 Engagement Meeting with DILG

Jan 2013 Consultation: Key DOH offices

12-13 Dec 2012 Consultation: Reg NCIP & IPOs

23 Nov 2012 Presentation to NCIP En banc

20 Feb 2013 Consultation: Local Health Officers & LGU Leagues

6-8 Mar 2013 IP Health Tech Team Meeting; Finalization WS

Mar-Apr 2013 Final inputs: DOH, NCIP, DILG & Legal Review; DILG Letter to LGU Leagues

3 Jun 2013 IP Health Tech Team Mtg; Signing of the JMC (DOH, NCIP, DILG)

Sept 2013-Present Operational & Strategic Planning

Jun-Jul 2013 Orientation / Advocacy to Reg DOH
**IP Health Technical Team**

**Members**
- DOH, NCIP, DILG
- PhilHealth, DSWD, NAPC, AnthroWatch, Health Futures Foundation, UP Manila NIH & NTHC, Official Development Agencies

**CORE**
- DOH, NCIP, DILG
- Anthro Watch

**Functions**
- Draft policy on IP health
- Conduct consultations on the IP Health Policy
- Issue a joint policy
- Coordinate with concerned agencies/offices on the implementation of the IP Health Policy and Plan
Joint Memorandum Circular

FOR

A joint policy declaration & formalization of partnership between DOH, NCIP and DILG

SUBJECT

Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities/Indigenous Peoples

• All DOH, NCIP and DILG Units, Levels and Attached Agencies, Local Government Units, ICCs/IPs, and all concerned public, private sectors and Civil Society Organizations
Rationale

- Achievement of Universal Health Care / Kalusugan Pangkalahatan
- ICCs/IPs compose 13% of the population and are vulnerable to inequities in health
- Isolation attributed to geographical isolation and socio-cultural exclusion of IPs contribute to the barriers in their access to health services
Objectives

- To address access, utilization, coverage, and equity issues in the provision of basic health care services for ICCs/IPs
- To provide directions for:
  1. Making basic health services available and culture-sensitive,
  2. Providing equitable distribution of needed health resources,
  3. Ensuring non-discrimination of ICCs/IPs in the delivery of health services,
  4. Managing geographical, financial and socio-cultural barriers to access,
  5. Strengthening recognition, promotion, and respect of safe and beneficial traditional health practices.
GENERAL GUIDELINES
Guiding Principles

- Equity in health
- Culture-sensitivity in health
- Favorable health outcomes as the primary goal
- Respect for Human Rights, and Gender and Development
Health Service Delivery Framework for IPs

Ancestral Domain/Land

Self-Governance & Self-Determination

Sustainable Development

Self-Governance & Empowerment

UNIVERSAL HEALTH CARE

↑ Health Outcomes
Responsive Health System
Sustained Financing
ICC/IPs

↑ EQUITY:
Access
Quality
Culture-sensitivity

Social Justice & Human Rights

Cultural Integrity

LGU
DOH
DILG
NCIP

Essential health packages (FPIC)

IPRA 8371
# SPECIFIC GUIDELINES

## A. Health Governance
- Health programs/projects in Ancestral Domain (ADSDPP) plans will be incorporated in Municipal, City and Provincial Investment Plans for Health.
- ICCs/IPs representation in Local Health Boards

## B. Human Resource for Health
- Trained and culture-sensitive health work force
- Support for health workers in ICC/IP areas
- Hiring of IP health workers
- Expansion of DOH Human Resource Deployment Program (eg. DTTB, NDP…)

## C. Infrastructure & Equipment
- Adaptation of culture-sensitive design for health facilities
- Construction and/or renovation of birthing facilities, Barangay Health Stations, Health Nutrition Posts
## SPECIFIC GUIDELINES

### D. Essential Medicines
- Allocation of essential medicines and its alternatives
- Recognition of development of, safe, and rational use of beneficial traditional and/or alternative medicines
- Research on effectiveness of herbal medicines, search for more herbal medicines, improving production

### E. Service Standards
- Extension of essential health packages/services to IP areas on a regular basis
- Review of health programs/services for local and cultural adaptation
- Promotion of health programs/services to improve utilization

### F. Financing Sources & Management
- Philhealth enrolment for financially-disadvantaged IPs
- Funds from DOH, NCIP, DILG, LGUs
- Sourcing of funds from other NGAs, ODAs
- Public-private partnerships
- Community-based health financing schemes
## SPECIFIC GUIDELINES

### G. Management Systems
- Health information system
- Referral system
- Health promotion and education
- Health facility organization
- Monitoring and evaluation

### H. Collaboration and Partnerships
- Role of IP health workers and BHWs (community organization/mobilization)
- Collaboration between LCEs, congressional representatives and other government agencies

### Research and Documentation
- IP health and development in research agenda
- Research outputs as inputs to policy development, program design, development and implementation
Implementing Arrangements

Main implementing agencies

• DOH, NCIP, DILG
• Partners: LGUs, LGU Leagues, IP communities/organizations, NGAs, ODAs

Functions

• Develop strategies and action plan
• Allocate funds and logistics
• Oversight function
• M & E
• Capacity building and technical assistance

Inter-agency Committees

• National, regional and province levels
• Oversee planning, implementation & M&E
Year 1 Activities

- Policy advocacy/orientation
- Development of a joint strategic & action plan on JMC implementation
- Organization/expansion of existing Inter-agency committees at national level, regional levels and in selected provinces
- Local adaptation of this JMC
- Design of culture-sensitivity orientation module for health providers

- Listing/ updating/mapping of ICCs/IPs
- Data disaggregation system
- Inclusion in 2014 Province/City-wide Investment Plans for Health/AOPs of extension/ expansion of health service coverage in at least 1 IP area in provinces/cities
- Inventory of CHD and LGU initiatives on alternative health service delivery projects specific for ICCs/IPs
Projects that may be done

1. Localization of the JMC
2. Extension of basic health services in IP areas (regularly & more frequently)
3. Review of programs, services, facilities for injection of IP-sensitivity/friendliness
4. Culture-sensitivity orientation for health staff
5. Designation of IP point person
6. Deployment of health workers in IP areas
7. Building data on IP health
8. Inclusion of IP health programs, projects, activities in CIPH/AOP
9. Allocation of resources for IP population
10. Tie up with NCIP & IP Organizations for activities, projects