

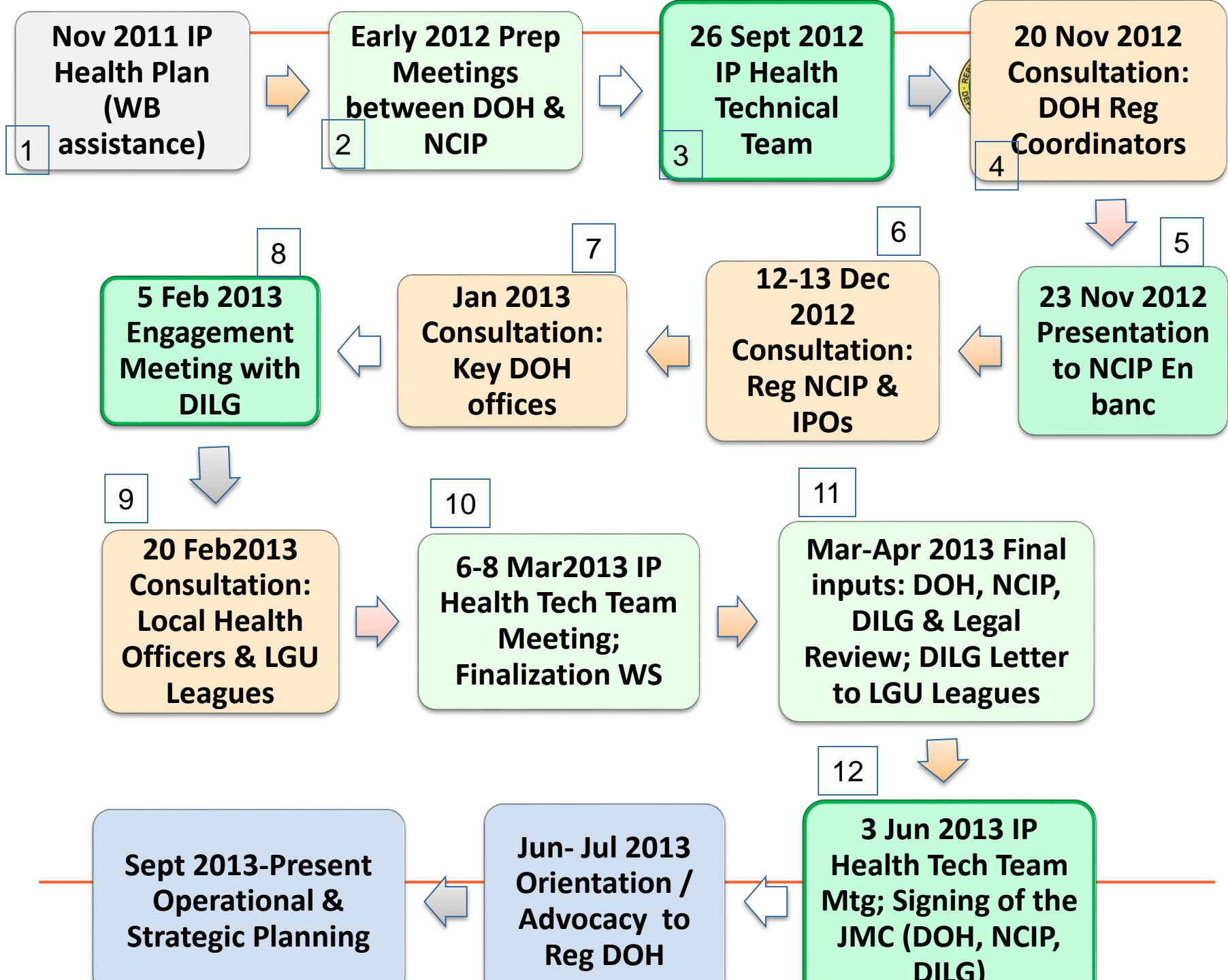


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# **DOH-NCIP-DILG JMC 2013-01: Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities/Indigenous Peoples**

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**Department of Health**



# 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



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

**FOR**

- 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

**SUBJECT**

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

# 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
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# 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

Favorable health outcomes as the primary goal

Culture-sensitivity in health

Respect for Human Rights, and Gender and Development

# Health Service Delivery Framework for IPs



LGU  
DOH  
DILG  
NCIP

Essential health packages  
(**FPIC**)

**Social Justice & Human Rights**

**Self-Governance & Self-Determination**

↓  
**Sustainable Development**

**Self-Governance & Empowerment**

**UNIVERSAL HEALTH CARE**

**EQUITY:**  
Access  
Quality  
Culture-sensitivity

**Cultural Integrity**

↑ Health Outcomes  
Responsive Health System  
Sustained Financing  
**ICCs/IPs**

**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