



IP HEATH STRATEGIC PLAN

Joint Memorandum Circular No. 2013-01 "Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities/Indigenous Peoples"

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Acronyms

AD	Ancestral Domain
ADIPH	Ancestral Domain Investment Plan for Health
ADSDPP	Ancestral Domain Sustainable Development and Protection Plan
AO	Administrative Order
BCC	Behavioral Change Communication
BHW	Barangay Health Worker
BLHSD	Bureau of Local Health Systems Development
CHT	Community Health Team
CIPH	City-wide Investment Plan for Health
DENR	Department of Environment and Natural Resources
DepEd	Department of Education
DILG	Department of Interior and Local Government
DND	Department of National Defense
DOH	Department of Health
DPWH	Department of Public Work and Highways
DSWD	Department of Social Welfare and Development
EU	European Union
FHO	Family Health Office
FPIC	Free prior and informed consent
GIDA	Geographically Isolated & Disadvantaged Areas
HEMS	Health Emergency Management Staff
HFEP	Health Facilities Enhancement Program
HHRDB	Health Human Resource Development Bureau
HPDPB	Health Policy Development and Planning Bureau
ICC	Indigenous Cultural Communities
IEC	Information, Education and Communication
IKSP	Indigenous Knowledge Systems and Practices
ILHZ	Inter-Local Health Zones
IP	Indigenous People
IP MNCHN	Indigenous Peoples Maternal, Neonatal, Child Health and Nutrition
IPRA	Indigenous Peoples Rights Act
JICA	Japan International Cooperation Agency
JMC	Joint Memorandum Circular
LGU	Local Government Unit
LHB	Local Health Board
MDG	Millennium Development Goals
NCDPC	National Center for Disease Prevention and Control
NCHFD	National Center for Health Facility Development
NCIP	National Commission on Indigenous People
NCPAM	National Center for Pharmaceutical Access and Management
NEC	National Epidemiology Center
NGA	National Government Agency
NHTS-PR	National Household Targeting System for Poverty Reduction
NIAC	National Inter-Agency Committee
ODA	Official Development Assistance
PCHRD	Philippine Council for Health Research and Development
PHIC	Philippine Health Insurance Corporation
PIAC	Provincial Inter-Agency Committee

PIPH	Province-wide Investment Plan for Health
PITAHC	Philippine Institute of Traditional and Alternative Health Care
RA	Republic Act
RHU	Rural Health Unit
RIAC	Regional Inter-Agency Committee
RICT	Regional Implementation and Coordinating Teams
RUM	Rational Use of Medicine
SDN	Service Delivery Network
SLOC	Strengths, Limitations, Opportunities and Challenges
TOT	Training of Trainers
UN	United Nations
USAID	U.S. Agency for International Development

Executive Summary

In 1997, the Indigenous Peoples Rights Act (IPRA) RA 8371 was signed into law. It guarantees the access of indigenous peoples to basic services, including health services. The DOH on the other hand developed a strategic policy on Universal Health Care (AO 2010-0036) seeks to improve, streamline and scale up previous health reform strategies. The delivery of health services at the local level is based on the Local Government Code (RA 7160) that provides the Department of Interior & Local Government (DILG) the task for assisting the LGUs to be an accountable, efficient, and dynamic organizational structure and operating mechanism that will meet the priority needs and service requirements of its communities. It is from the objective of these three policies, that the three government agencies, the NCIP, DOH and DILG pooled its capacities and resources to develop the Joint Memorandum Circular (JMC) No. 2013-01 "Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities/Indigenous Peoples." The Circular aims to set the guidelines that will address access, utilization, coverage, and equity issues in the provision of basic health care services for ICCs/IPs to achieve better health outcomes.

To achieve the JMC's objectives, this IP Health Strategic Plan (2015-2016) was developed. The development was through a series of consultative strategic planning workshops conducted with different stakeholders. The strategies enumerated here are structured in such a way that it is stated in general terms. The details of implementing the strategy will be up to the lead agency. It also specifies the level i.e. national, regional or provincial, at which the strategies and activities will be conducted. This shall serve as a guide for the roles and functions of the inter-agency committees at different levels. Instead of placing a budget for the strategies and the activities to achieve it, the lead agency or its partners will independently determine how the budget will be sourced and allocated. The strategies and activities are linked to the vision, mission and goals of the JMC.

For health governance, the establishment of inter-agency committees will be based on organized committees such as the inter-local health zones (ILHZ), regional implementation and coordinating teams (RICT) and provincial health boards that include IP representatives. IP participation in health service planning and policy making will be facilitated by existing Ancestral Domain Sustainable Development and Protection Plan (ADSDPP) and Ancestral Domain Investment Plan for Health (ADIPH).

For human resources, the DOH-Health Human Resource Development Bureau (HHRDB) has a deployment program that redistributes frontline health care professionals to priority areas. The bureau has in fact recently released a circular that prioritize IP communities as priority for the deployment program. Scholarship programs on health courses and hiring graduates of these courses must also be encouraged and prioritized for IPs.

For health infrastructure and equipment, the DOH health facilities enhancement program (HFEP) is a very good opportunity to address this need. There are other opportunities from different development partners and funding agencies like EU, UN, USAID, JICA, etc. The challenge is the evolving standards for licensing and accreditation being developed by DOH and PhilHealth.

For access to essential medicines, the DOH-Pharmaceutical Division of HPDPB shall strengthen its medicines access program, particularly the DOH Complete Treatment Pack. Likewise, it shall actively

promote Rational Use of Medicine (RUM) to the grassroots level. In addition, the Philippine Institute for Traditional & Alternative Health Care (PITAHC) may also help in strengthening herbal research on alternative medicines and treatment interventions.

For services standards, the different programs of the DOH shall include elements of culture-sensitivity into its program guidelines and standards. At its current format, these programs are already evidence-based and proven to be effective. However there is an opportunity for localization at the LGUs and community level.

For health financing, social health insurance through PhilHealth is foreseen as the main vehicle for the IPs/ICCs. There is always a challenge for sustainability in the end. Thus, local funding capacity and partnership with other local organizations will be necessary and should always be the priority.

For system management, segregated IP health data is important. The presence of DOH-National Epidemiology Center (NEC) can assist in IP specific data gathering and monitoring.

For partnership and collaboration, there is a need to include the Department of Social Welfare and Development (DSWD), the Department of Education (DepEd), Department of Public Works and Highways (DPWH), the Department of National Defence (DND) and the Department of Environment Natural Resources (DENR). The private sector may also be an important partner.

Inter-agency committees shall be responsible for developing and implementing specific strategies and activities at their level, i.e. National Inter-agency Committee (NIAC) for national level activities, Regional Inter-agency Committee (RIAC) for regional level and Provincial Inter-agency Committee (PIAC) for provincial level. Their strategies and activities shall be guided by the strategies laid out in this strategic plan. For purpose of efficiency, existing committees may be expanded to accommodate the inter-agency functions.

The budget for the implementation of the JMC shall come from the current budget of the responsible government agencies i.e. national agencies and local government units. Resource sharing will be done between NCIP, DOH and DILG for activities that are within its mandate.

The monitoring and evaluation for this strategic plan shall be focused on objectively verifiable indicators. Since this is the first policy directed towards IP health, small but significant gains from 2015-2016 are expected.

Background

In 1997, the Indigenous Peoples Rights Act (IPRA) RA 8371 was signed into law. It guarantees the access of indigenous peoples to basic services, including health services. It further states that interventions towards the health development of IPs shall be implemented in a manner that promotes the important rights of IPs to ancestral domain, self-governance and empowerment, social justice & human rights, and cultural integrity. As mandated by the IPRA, the National Commission on Indigenous Peoples (NCIP) intensified efforts to realize these objectives with minimal resources. Assistance from other government agencies and other partners/stakeholders is very much needed.

The Department of Health (DOH) through its strategic policy on Universal Health Care (AO 2010-0036) seeks to improve, streamline and scale up previous health reform strategies. It foresees to address inequities in health outcomes by ensuring that all Filipinos, especially those belonging to the lowest income quintiles, have equitable access to health care. In January 2010, the United Nations Permanent Forum on Indigenous Issues released its' first-ever Report on the State of the World of Indigenous Peoples. It revealed that IPs make up fully one-third of the world's poorest peoples, suffer disproportionately in areas like health, education, and human rights, and regularly face systemic discrimination and exclusion (<http://www.ph.undp.org/>, Feb. 2010)

But in a devolved health care setting, the local government units (LGU) have the primary responsibility to provide the basic and primary health services. Specifically, LGUs exercise powers and discharge functions and responsibilities for appropriate and effective provision of basic services facilities that include health and sanitation. The Local Government Code (RA 7160) provides the Department of Interior & Local Government (DILG) the task for assisting the LGUs to be an accountable, efficient, and dynamic organizational structure and operating mechanism that will meet the priority needs and service requirements of its communities.

It is from the objective of these three policies, the IPRA (RA 8371), the Universal Health Care (DOH AO 2010-0036) and the Local Government Code (RA 7160) that the three government agencies, the NCIP, DOH and DILG pooled its capacities and resources to develop the Joint Memorandum Circular (JMC) No. 2013-01 "Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities/Indigenous Peoples." This guideline apply to all units, levels and attached agencies of the DOH, particularly PHIC and PITAHC, NCIP, DILG, ICCs/IPs, LGUs, IP organizations, Official Development Assistance (ODA) partners, private organizations and other entities that have mandates, stakes and interests on the delivery of health services to ICCs/IPs. The Circular aims to set the guidelines that will address access, utilization, coverage, and equity issues in the provision of basic health care services for ICCs/IPs to achieve better health outcomes. Specifically, the JMC intends to provide directions for:

- Making basic health services available and culture-sensitive,
- Providing equitable distribution of needed health resources,
- Ensuring non-discrimination of ICCs/IPs in the delivery of health services,
- Managing geographical, financial and socio-cultural barriers so that IPs can access basic health services, and
- Strengthening recognition, promotion, and respect of safe and beneficial traditional health practices.

To achieve the JMC's objectives, this IP Health Strategic Plan (2014-2016) and Year 1 Annual Operational Plan was developed. The development was through a series of consultative strategic planning workshops conducted with different stakeholders. The first was a consultation with the Inter-agency IP Health Technical Team composed of NCIP, DOH, DILG, other national government agencies (NGAs), and NGOs. The output was a general action plan for each of the pillars in section VII of the JMC. This was followed by a consultation with selected NCIP and DOH Regional Offices. The strengths, limitations, opportunities and challenges (SLOC) of the involved stakeholders were assessed. Then some details, specifically on local implementation, were added to the general action plan. Individual consultations with selected DOH National Program Managers were also done. This resulted into more detailed activities for implementation by DOH. Then, the IP Health Core Team, composed of the three government agencies, and Anthropology Watch consolidated and organized the outputs of the workshops and finalized this IP Health Strategic Plan for 2014-2016.

Situational Analysis

The indigenous peoples are estimated at 14-17 million which belong to 110 ethno-linguistic groups (<http://www.ph.undp.org/>, Feb. 2010). They are considerably vulnerable to inequities in health. Various consultations with IP stakeholders reveal that there is high incidence of preventable and communicable diseases, malnutrition and infant mortality in indigenous communities¹. The magnitude of poor health outcomes among IPs, however, remains to be established since disaggregation of health data by ethnicity is not available and poses another form of inequity specific on health information. Most ICCs are also inaccessible to health providers². The isolation of IPs contributes to the barriers in their access to health services. This can be attributed to physical segregation and socio-cultural exclusion. The lack and poor distribution of health personnel, services and facilities, and in some areas, the absence of these, are worse in hard-to-reach IP areas. In the health care delivery system, the government as the primary welfare duty-bearer is unable to adequately deliver health services to ICCs with culturally-appropriate strategies³.

A clear indicator of poor service delivery in IP communities can be seen from a baseline assessment conducted by IP MNCHN Project in selected provinces in Mindanao as shown in Table 1 below. At the province level, the performance in service delivery in terms of providing at least 4 pre-natal visits to pregnant women is from 43-84% in three provinces. At the level of municipality where there is a significant IP community, it is from 41-53% (lower than province level). When the same indicators were measured at the IP community level the range is from 21-29% which is much lower from the province or municipal level. The same is true with regards to facility-based delivery. At the province level, the performance ranged from 52-70%. At the municipal level with significant IP community, the performance ranged from 33-88%. But when the statistics for IP communities were segregated, facility-based delivery was much lower and ranged from 0-18%. These figures clearly indicate that service delivery, especially those related to maternal care that has implication to the Millenniums Development Goals (MDG) accomplishment, is very low in IP communities.

¹ Carlos P. Buasen, *Engaging Indigenous Peoples in Health Concerns Revised 2-16-11*.

² Buasen, 2-16-11

³ Buasen, 2-16-11

- To develop processes and procedures on the management of health systems, health information, referral system and monitoring and evaluation of health service delivery to ICC/IPs.
- To promote collaboration and partnership among ICC/IPs, government agencies, private sector and other stakeholders for alliance building and networking.

Strategic Components, Lead Agencies and Timelines

The strategies enumerated here are structured in such a way that it is stated in general terms. The details of implementing the strategy will be up to the lead agency. It also specifies the level i.e. national, regional or provincial, at which the strategies and activities will be conducted. This shall serve as a guide for the roles and functions of the inter-agency committees at different levels. Instead of placing a budget for the strategies and the activities to achieve it, the lead agency or its partners will independently determine how the budget will be sourced and allocated. A sample detailed planning, budgeting, and the assessment of strengths, limitations, opportunities and challenges for each strategy are attached as annexes.

A. Health Governance

Goal

- To establish a mechanism for meaningful participation of ICC/IPs in policy and decision making as full partner in their own health development.

For the establishment of inter-agency committees, there are organized committees such as the inter-local health zones (ILHZ), regional implementation and coordinating teams (RICT) and provincial health boards that includes IP representatives and may need to be expanded to become an inter-agency committee to facilitate the implementation of the JMC at the local level. For the participation of the IPs in health policy making, there are existing Ancestral Domain Sustainable Development and Protection Plan (ADSDPP) and Ancestral Domain Investment Plan for Health (ADIPH) that can also facilitate the process (see SLOC on Health Governance). Development of guidelines at the national level to guide annual budgeting for IP health is very important for appropriate compliance and action at the local level. Such guidelines should include details that emphasize health service delivery to IP communities. Documenting experiences on IKSP, IP health service governance for future expansion and replication will also be done.

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
1. NIAC, RIAC and PIAC organized based on existing structure, IPOs and interested stakeholders				
a. Joint issuance by NCIP, DOH and DILG for organizational structure	NCIP/DOH (national, regional, provincial)	X		
b. Training on culture-sensitivity				
1. National		X		
2. Regional		X		
3. Provincial		X	X	

Table 1. Benchmarking of Service Delivery Performance in IP Communities (LGU MNCHN Data 2012)

Levels of Indicator Measurement	4 Pre-natal Visits			Facility-based Deliveries		
	North Cotabato	Zamboanga del Sur	Agusan del Sur	North Cotabato	Zamboanga del Sur	Agusan del Sur
Province Level	84.71%	43.80%	56.37%	52.62%	70.26%	63.41%
Municipal Level	41.45%	31.49%	53.38%	88.89%	33.38%	66.63%
IP Community Level	28.45%	29.50%	21.74%	2.63%	18.15%	0%

Health insurance should be an indispensable development intervention but still an elusive dream for many IPs⁴. The basic challenge on their eligibility for enrolment in the PhilHealth Sponsored Program is the currently undetermined data on poor IPs from NHTS-PR due to lack of Marriage Certificates, Birth Certificates and other forms of identification among IPs, which are essential requirements for PHIC enrolment. There are existing strategies developed by PopCom that may be utilized to facilitate fulfilment of these requirements.

Vision, Mission and Goals

Vision

- Empowered and self-reliant ICC/IPs whose fundamental rights to quality health services and attaining optimum health outcomes are respected and provided through excellence in health governance.

Mission

- To achieve this vision, our mission will be focused on:
 - Ensuring equitable, sustainable and quality health care to all ICC/IPs using the systems approach,
 - Strengthening the capacity of local governments through active people participation, and
 - Protecting the rights of ICC/IPs towards empowerment and the achievement of social justice and cultural integrity.

Goals

- To establish a mechanism for meaningful participation of ICC/IPs in policy-making and decision making as full partner in their own health development.
- To address the shortage in quantity and quality of health human resources in ICC/IPs.
- To address the shortage in quantity and quality of health facilities and health equipment in ICC/IPs.
- Provide timely supply of essential medicines and its alternatives.
- To establish quality control mechanism that ensures essential health services to be accessible, adequate and appropriate to ICC/IPs.
- To identify and allocate all possible sources of funds and resource allocation for ICC/IP health services.

⁴ Buasen, 2-16-11

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
c. Strategic planning on JMC implementation 1. National 2. Regional 3. Provincial		X X X		
2. Adoption of JMC at local level a. Policy issuance on IP representation to LHB	DILG (national, provincial, municipal)	X		
3. Guidelines on inclusion of IP health in the 2015 AOP and onwards a. Inclusion of NCIP in review of local investment plans for health b. Inclusion of ADSDPP/ADIPH into the PIPH/CIPH	DOH-BLHD (national, provincial)	X X		
4. Development and pilot implementation of a strategy for inter-LGU cooperation for IP health a. Adoption & Expansion of inter-LGU cooperation to other IP areas	NCIP-IPMNCHN (Mindanao) DOH	X	X	X
5. Development and pilot implementation of a strategy for a community-managed health care a. Adoption & Expansion of community-managed health care to other IP areas	NCIP-IPMNCHN (Mindanao) DOH	X	X	X

B. Human Resource for Health

Goal

- To address the shortage in quantity and quality of health human resources in ICC/IP-

There are many challenges to meet the health human resource demand in IP communities. There is often a mismatch between the skills and the services provided and the needs of the community. Appropriate data in IP communities and on geographically isolated & disadvantaged areas (GIDA) is not enough to guide accurate information on human resource needs. However, there are strengths that can be taken advantage of.

First, the DOH-Health Human Resource Development Bureau (HHRDB) has a deployment program that redistributes frontline health care professionals to priority areas. The bureau has in fact recently released a circular that prioritize IP communities as priority for the deployment program. Second, the DOH-National Nutrition Council (DOH-NNC) has its Barangay Nutrition Scholar (BNS) Program which deploys nutrition workers all over the country including IP communities. These volunteer workers implement and coordinate nutrition programs and activities in the barangay level such as the Operation Timbang (OPT) Plus, Pabasa sa Nutrisyon, micronutrient supplementation and other related health and nutrition interventions together with the barangay health workers. Lastly, there are existing scholarship programs managed by different government agencies that can be used to encourage IPs to take up a course in the health profession.

Early exposure to IP health issues to future health workers in the current health education curriculum will also be worked on with partner agencies.

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
1. Incorporation of IP areas as priority in policies for the national deployment of health care professionals	DOH-HHRDB, NCIP (provincial, municipal)	X		
2. Incorporation of IPs as programs priority recipients in policies for national scholarship	DOH-HHRDB, NCIP (national)	X		
3. Integration of IKSP into the curriculum of health related courses in line with DepEd's Mother Tongue policy	NCIP (national) with CHED, DepEd	X	X	X
4. Development of training module on culture-sensitivity, including ethno-linguistics adapted to different levels of health workforce and other stakeholders.	DOH/NCIP/PopCom	X		

C. Health Infrastructure and Equipment

Goal

- To address the shortage in quantity and quality of health facilities and health equipment in ICC/IPs.

Health facility infrastructure and equipment upgrading is very much needed in IP communities. The existing facilities like RHUs are usually located in town-proper areas, whereas IP communities are located in far flung areas that entail long hours of walk, horseback and/or motorcycle ride or other means (eg. "habal-habal", bancas). When transportation is available, it will also entail cost that is prohibitive to IPs. The equitable solution to this access problem is to bring the health facilities nearer to them. The DOH health facilities enhancement program (HFEP) is a very good opportunity to address this need. There are other opportunities from different development partners and funding agencies like EU, UN, USAID, JICA, etc. The challenge however is the evolving standards for licensing and accreditation being developed by DOH and PhilHealth.

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
1. Hospitals, RHUs, birthing facilities and other health facilities serving IPs improved to be culture-sensitive	NCIP/DOH (national to municipal)			
a. Development and pilot implementation of model culture-sensitive health facilities	NCIP-IPMNCHN (Mindanao)	X		
b. Adoption of culture-sensitive health facilities	DOH - NCHFD	X	X	X

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
2. Construction of culture-sensitive BHS/birthing facilities with breastfeeding rooms or corners equipped to meet IP needs and according to DOH/PHIC standards	DOH-NCHFD/NNC (provincial, municipal)	X	X	X
3. Development of health infrastructure plan/design for ICCs vulnerable to health emergencies and disasters c/o DOH-HEMS	Only for DOH-NCHFD		X	
4. Upgrading of infrastructure for environment and sanitation	LGU	X	X	X
a. Provision of electricity and water system, installation of toilets and waste disposal system	(provincial, municipal)	X	X	X
5. Enhancement of mobile health services designed for IP health	LGU (provincial, municipal)	X	X	X

D. Supply of Essential Medicines

Goal

- Provide timely and adequate supply of essential medicines and its alternatives.

Access and rational use of medicines are important challenges in IP communities. To address this, the DOH-Pharmaceutical Division of HPDPB shall strengthen its medicines access program, particularly the DOH Complete Treatment Pack, until such time that PHIC has established its Primary Care Benefit Package. Likewise, it shall actively promote Rational Use of Medicine (RUM) to the grassroots level. In addition, the Philippine Institute for Traditional & Alternative Health Care (PITAHC) may also help in strengthening herbal research on alternative medicines and treatment interventions to complement the essential medicines being distributed by NCPAM. FPIC process and documentation guidelines will be observed in these processes.

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
1. Availability of essential medicines in RHUs in IP areas	DOH-HPDPB/NNC			
a. Identification of essential medicines needed by ICC/IP, including those for health and nutrition during emergencies and disasters.	LGUs/NCIP Field Offices w/ DOH-HEMS	X	X	
b. Procurement and distribution of essential medicines		X		
c. Monitoring of medicines management	DOH ROs/NCIP Field Offices	X	X	

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
2. Availability of IEC materials on rational use of medicines in RHU and BHS in IP areas a. Development of IEC/BCC materials b. Designing of training programs and drafting of training modules c. Training of ICC/IP lecturers (TOT) d. Printing and distribution of IEC/BCC materials e. Evaluation of trainings (c/o NCPAM) f. Conduct of seminars among ICC/IP areas	DOH-HPDPB and NCPAM LGUs/NCIP Field Offices	X X	X X X X X	
3. Strengthened research on traditional health practices and production capacity for herbal medicines a. Documentation of traditional health practices on health among IPs (IKSP) b. Design of training programs on proper identification, preparation, benefits and effectiveness of medicinal plants c. Development of proper collection and cultivation of medicinal plants & trees used among IPs d. Establishment of medicinal plant garden & medicinal forests used among IPs e. Development and implementation of IEC and BCC strategies on rational use of beneficial and safe herbal medicines/preparations, and also IP traditional massage.	DOH-PITAHC (national, regional)	X X X X X X	X X X X X X	X X X X X X
4. Strengthened research and production capacity for other sources of traditional medicines and traditional healing practices	DOH-PITAHC, PCHRD (national, regional)		X	

E. Service Standards

Goal

- To establish quality control mechanisms that will ensure essential health services to be accessible, adequate and appropriate to ICC/IPs-

Most health programs of the DOH being implemented at the LGU level are already following evidence-based standards for quality care. However, its acceptability to IP communities varies because of differences in cultural and traditional perceptions and practices. Culture-sensitivity is one aspect of health service that can promote its utilization. There is, therefore, a big challenge for the different programs of the DOH in partnership with the LGUs to include elements of culture-sensitivity into its program guidelines and standards. At its current format, these programs are

F. Health Financing and Management

Goal

- To identify and allocate all possible financing and resources for ICC/IP health services, especially their enrolment to PhilHealth.

State financing of social health insurance through PhilHealth is foreseen to increase the IPs/ICCs voice and power to demand and access health services. This is of paramount importance as with strengthening the supply of health human resources and facilities.

The presence of development partners like EU, UN, USAID, JICA, etc. is often considered as strength in terms of funding projects that address the needs of special populations. However, their assistance in some cases might be limited to technical assistance and within a certain period of time. There is always a challenge for sustainability in the end. Thus, local funding capacity and partnership with other local organizations will be necessary and should always be the priority. It is also recommended that LGUs include culture-sensitive and safe health service for IPs in their Comprehensive Development Plan, Local Development Investment Program, Annual Investment and Barangay development Plans.

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
1. Dissemination of PHIC issuance on waiver of documentary requirements (Birth, Marriage Cert) for PhilHealth enrolment	PHIC, DOH, NCIP	X		
2. Automatic enrolment to PhilHealth of all poor IPs (if passed into law, all senior citizens to be automatically included, poor or non-poor) a. Generate list of poor IPs from NHTS	PHIC	X X	X	X
3. Guideline on inclusion of IP health in the 2015 AOP and onwards (As in Health Governance Section) a. Inclusion of NCIP in review of local investment plans for health b. Inclusion of ADSDPP/ADIPH into the PIPH/CIPH	DOH-BLHSD (provincial, municipal)	X X	X X	X X
4. Develop and implement a strategy for resource mobilization and funding allocation by LGUs for IP health services a. Pilot implementation & documentation of strategy for funding of facilities and health service upgrading in ICC/IP areas b. Adoption of implementation of strategy for funding IP health services	NCIP-IPMNCHN (Mindanao) DOH/LGU (provincial, municipal)	X	X	X
5. Development and implementation of strategy that enhance funding of IP health through PHIC reimbursement and other programs a. Development and pilot implementation of strategy to facilitate enrolment of IPs to PHIC	DOH/PHIC (national) NCIP-IPMNCHN (Mindanao)	X		

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
b. Development and pilot implementation of strategy to enhance funding of IP health through PHIC reimbursement and other programs	NCIP-IPMNCHN (Mindanao)	X		
c. Adoption of a strategy that enhance funding of IP health through PHIC reimbursement and other programs	DOH/PHIC (provincial, municipal)	X	X	X
6. Development and implementation of a strategy to sustain funding for IP health services	NCIP/DOH/DILG/LGUs (nat'l, reg'l, prov'l)	X	X	X

G. Management Systems

Goal

- To develop processes and procedures on the management of health systems, health information, referral, and monitoring & evaluation of health service delivery to ICC/IP.

Localized health information is necessary for adequate program development and planning for service delivery. However, managing health information, referral system and monitoring are difficult tasks in IP communities and GIDAs. There are some existing structures that can be considered as strengths when implementing this strategy. The presence of DOH-National Epidemiology Center (NEC) can assist in IP specific data gathering and monitoring. The IP midwives and health volunteers can assist in this endeavour. The existing inter-local health zone (ILHZ) or service delivery network (SDN) can be the backbone of an IP referral system.

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
1. Development and implementation of culture-sensitive strategy to promote good health practices in ICC/IP areas	NCIP/DOH-NCDPC (national, regional, provincial)	X		
a. Development, dissemination and implementation of culture sensitive IEC and BCC strategy	NCIP-IPMNCHN (Mindanao)	X		
b. Implementation of culture-sensitive strategy to promote good health practices in ICC/IP areas	DOH-NCPDC (national, provincial, municipal)	X	X	X
2. Establishment of a point person to assist IP clients in government agencies involved in health and social services	DILG/NCIP/DOH (provincial)	X	X	X

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
3. Database on IP health a. Mapping of ICC/IP & ancestral domain (AD) areas b. Database on IP Health Workers; Inventory of existing BHWs/ CHTs or c. Database on Health initiatives d. Database on IKSP and learning resource center on IP health	NCIP/DOH/ DILG (national, regional, provincial)	X X X X	 X	
4. Disaggregated IP health data utilized for planning of health service delivery a. Development and implementation of a strategy for IP health data disaggregation b. Implementation of IP health data disaggregation c. Development of IP patient profile database	DOH-NEC (national) NCIP- IPMNCHN (Mindanao) DOH-NEC (provincial, municipal) DOH- NCPAM DOH-BLHD & NCDPC	X X X	 X X	 X
5. Development and pilot implementation of a model for referral system in ICC/IP areas a. Adoption of referral system in ICC/IP areas	NCIP- IPMNCHN Mindanao DOH/LGU	X	 X	 X
6. Development and implementation of monitoring and evaluation system a. JMC implementation b. IP health	NCIP/DOH/ DILG (national, regional, provincial)	X X	X X	X X

H. Collaboration and Partnership

Goal

- To promote collaboration and partnership among ICC/IPs, government agencies, private sector and other stakeholders for alliance building and networking.

Addressing IP health is an important social equity issue that a lot of partners will participate. Thus, we should also include the Department of Social Welfare and Development (DSWD), the Department of Education (DepEd), Department of Public Works and Highways (DPWH), the Department of National Defence (DND) and the Department of Environment Natural Resources (DENR). The private sector may also be an important partner. Private sector may include businesses, foundations and other NGOs whose interests are in line with the protection of IP culture and interests.

Strategies/Activities	Lead Agency	2015	2016	Beyond 2016
1. Engagement of IPs (especially the traditional healers) as BHWs/CHTs for IP/ICC areas	DOH-FHO/LGUs	X		
2. Mobilization/capacity building of BHWs/CHTs, BNSs on health and nutrition service delivery for IPs/ICCs	DOH-FHO/NNC/PopCom LGUs	X	X	X
3. Policy issuance on the provision of 1 CHT for every 10-20 IP/ICC households in GIDA	DOH-BLHSD	X		
4. Development and implementation of PPP models for the delivery of health services to ICC/IP areas	NCIP-IPMNCH (Mindanao) DOH/LGU	X		
a. Adoption of PPP models for the delivery of health services to ICC/IP areas			X	X
5. Engagement of other government agencies, ODAs, and other stakeholders on IP Health	NCIP, DOH, DILG			
a. Orientation of other government agencies on culture-sensitivity			X	X
b. Social marketing and advocacy to other government agencies		X		
c. Engagement of other government agencies			X	X

Implementing Arrangement

Some details of the implementing arrangement are already laid out in the JMC. It specifies the functions of the DOH, NCIP and DILG. To coordinate the performance of the individual agency's functions and efficient implementation of activities, an inter-agency committee shall be organized at different levels i.e. national, regional and provincial. Such inter-agency committee shall be responsible for developing and implementing specific strategies and activities at their level, i.e. National Inter-agency Committee (NIAC) for national level activities, Regional Inter-agency Committee (RIAC) for regional level and Provincial Inter-agency Committee (PIAC) for provincial level. Their strategies and activities shall be guided by the strategies laid out in this strategic plan. For purpose of efficiency, existing committees may be expanded to accommodate the inter-agency functions.

At the national level, a National Inter-agency Committee (NIAC) shall be organized. The NIAC shall be a reconstitution of the IP Health Technical Team, which was organized to develop the JMC and this strategic plan. NIAC will be composed of representatives from the NCIP, DOH and DILG, other key NGAs, NGOs, LGU Leagues, and other relevant organizations. The committee shall oversee the overall implementation of the JMC. The main role and function of the NIAC, is to plan, coordinate, ensure and monitor the implementation of the strategies and activities at the national level as laid out in this strategic plan. It shall receive and evaluate information on the JMC implementation from the regional (RIAC) and provincial inter-agency committees (PIAC) that shall be organized, as well. The IP Health Core Team will assist the NIAC in its functions.

At the regional level, the DOH Regional Offices, assisted by NCIP and DILG regional offices may take the lead in organizing the Regional Inter-agency Committee (RIAC). The main role and function of the RIAC is to plan, coordinate, implement and monitor the strategies and activities at the regional level as laid out in this strategic plan. Existing Regional Implementation and Coordination Teams (RICTs) can be expanded and tapped as a RIAC for the JMC.

At the province level, the DILG assisted by the NCIP and DOH may take the lead in organizing the Provincial Inter-agency Committee (PIAC). The main role and function of the PIAC is to plan, coordinate and implement the strategies and activities at the provincial level as laid out in this strategic plan. The Provincial Health Board may also be expanded and tapped as a PIAC for the JMC.

Funding Arrangement

The budget for the implementation of the JMC shall come from the current budget of the responsible government agencies i.e. national agencies and local government units. Resource sharing will be done between NCIP, DOH and DILG for activities that are within their mandate. This should be done for activities that need to be conducted at the national and regional level. For provincial level, LGU budgets may be tapped. These may cover information dissemination, orientation, training, infrastructure, equipment and supplies support and capacity building. NCIP, DOH and DILG shall also advocate for the LGU to fund JMC implementation activities at the province, municipal and community level. Community counterpart or private sector involvement may also be tapped.

An investment/financing plan shall be developed for this strategic plan considering institutionalization and sustainability of health services for IPs. A social marketing strategy shall be designed, as well to advocate this strategic plan to strengthen policy, financing and implementation support from stakeholders and LGUs.

Monitoring and Evaluation

The monitoring and evaluation for this strategic plan shall be focused on objectively verifiable indicators. Since this is the first policy directed towards IP health, small but significant gains from 2015-2016 are expected. Thus, the monitoring and evaluation will focus on process indicators. Outcome indicators may be measured after 2016. The process indicators will be focused on the timely performance of strategies and activities elaborated previously as shown in the Gantt chart below. The chart may be modified at different levels of implementation i.e. national, regional, provincial and municipal. A green color or check mark may be used to indicate performance or completion of the strategies/activities. To facilitate the process of monitoring, adequate documentation of performed strategies and activities at national, regional, province and municipal level shall be encouraged. The responsibility of documentation and reporting will be by the concerned inter-agency committee.

Baseline data on the process indicators for monitoring shall be established in the 1st year of implementation. Monitoring will be conducted semi-annually. A mid- and end-term evaluation will be conducted to primarily revisit the direction of the strategic plan. Inter-agency monitoring and evaluation, and program implementation reviews may be conducted for these purposes.


PREPARED BY:

IP HEALTH TECHNICAL TEAM

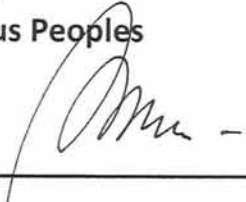
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Annex 1: Gantt Chart for Monitoring Performance of Strategies and Activities

Please give your comments and validated commitments/support in terms of the following:

1. Implementation and/or development of specific strategies, plans, programs, activities for ICCs/IPs;
2. Review of policies, guidelines, plans for incorporation of culture considerations (please specify policies, guidelines, plans);
3. Specific logistics and technical assistance provision

Strategic Component A. HEALTH GOVERNANCE	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
1. NIAC, RIAC and PIAC organized a. Joint issuance by NCIP, DOH and DILG for organizational structure b. Training on culture-sensitivity c. Strategic planning on JMC implementation at the local level	NCIP/DOH (national, regional, provincial)	X X X			
2. Adoption of JMC at local level a. Policy issuance on IP representation to LHB	DILG (national, provincial, municipal)	X			
3. Guidelines on inclusion of IP health in the 2015 AOP and onwards a. Inclusion of NCIP in review of local investment plans for health b. Inclusion of ADSDPP/ADIPH into the PIPH/CIPH	DOH-BLHD (national, provincial)	X X			
4. Development and pilot implementation of a strategy for inter-LGU cooperation for IP health c. Adoption & expansion of inter-LGU cooperation to other IP areas	NCIP-IPMNCHN (Mindanao) DOH	X	X	X	
5. Development and pilot implementation of a strategy for a community-managed health care a. Adoption & expansion of community-managed health care to other IP areas	NCIP-IPMNCHN (Mindanao) DOH	X	X	X	

Strategic Component B. HUMAN RESOURCE FOR HEALTH	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
1. Development of health human resource plan for IP health a. Training needs & competency assessment and capacity building to address job requirement-skills mismatch	DOH-HHRDB (national)	X X	X		
2. Increase number/deployment of health workforce in IP communities a. Assessment of gaps in health workforce in IP communities b. Deployment of health workforce in IP communities c. Enhance support/incentive for health workforce in IP communities and GIDA areas	DOH-HHRDB (provincial, municipal)	X X X	X X X	X X	
3. Development of training module on culture-sensitivity, including ethno-linguistics adapted to different levels of health workforce and other stakeholders a. Culture-sensitivity orientation and training to NIAC, RIAC and PIAC b. Culture-sensitivity orientation and training to health workers, LCE and other partners and stakeholders c. Training of Trainers	NCIP/DOH (national) DOH (national, regional) DOH/NCIP (provincial)	X X X X	X		
4. Increase number of IP health workers deployed in ICC/IP areas a. Scholarship grant for IPs to take up health profession b. Policy issuance on, and hiring of IP health professionals for ICC/IP areas c. Deployment and special training for TBAs, hilots and IP health volunteers	NCIP/DOH (provincial, municipal) NCIP/DOH DOH/LGU DOH	X X X	X X X	X X X	
5. Integration of IKSP into the curriculum of health related courses in line with DepEd's Mother Tongue Policy	NCIP (national)	X	X	X	

Strategic Component C. HEALTH INFRASTRUCTURE AND EQUIPMENT	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
1. Hospitals, RHUs, birthing facilities and other health facilities serving IPs improved to be culture-sensitive a. Development and pilot implementation of model culture-sensitive health facilities b. Adoption of culture-sensitive health facilities	NCIP/DOH (nat'l, reg'l, prov'l, mun'l) NCIP-IPMNCHN (Mindanao) DOH	X X	 X	 X	
2. Construction of culture-sensitive BHS/birthing facilities/nutrition posts equipped to meet IP needs and according to DOH/PHIC standards	DOH-NCHFD (provincial, municipal)	X	X	X	
3. Development of health infrastructure plan/design for ICCs vulnerable to health emergencies and disasters	DOH-HEMS w/DOH-NCHFD		X		
4. Upgrading of infrastructure for environment and sanitation a. Provision of electricity and water system, installation of toilets and waste disposal system	LGU (provincial, municipal)	X X	X X	X X	
5. Enhancement of mobile health services designed for health	LGU (prov'l, mun'l)	X	X	X	
Strategic Component D. SUPPLY OF ESSENTIAL MEDICINES	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
1. Availability of essential medicines in every RHU a. Identification of essential medicines needed by ICC/IP, including those for health emergencies and disasters b. Procurement and distribution of essential medicines c. Monitoring of medicines management	DOH-NCPAM w/ DOH-HEMS	X X	X 		
2. Availability of IEC materials on rational use of medicines in every RHU and BHS a. Development of IEC/BEC materials b. Designing of training programs and drafting of training modules c. Training of ICC lecturers d. Conduct of seminars among ICC e. Printing and distribution of IEC/BCC materials f. Evaluation of trainings	DOH-NCPAM	X X	 X X X X	 X	

Strategic Component D. SUPPLY OF ESSENTIAL MEDICINES	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
3. Strengthened research on traditional health practices and production capacity for herbal medicines <ul style="list-style-type: none"> a. Documentation of traditional health practices on health among IPs b. Design of training programs on proper identification, preparation, benefits and effectiveness of medicinal plants c. Development of proper collection and cultivation of medicinal plants used among IPs d. Establishment of medicinal plant garden of medicinal plants used among IPs e. Development and implementation of IEC and BCC strategies on rational use of beneficial and safe herbal medicines/preparations & IP traditional massage 	DOH-PITAHC (national, regional)	X	X	X	
4. Strengthened research and production capacity for other sources of traditional medicines and traditional healing practices	DOH-PITAHC (national, regional)		X		
Strategic Component E. SERVICE STANDARDS	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
1. Culture-sensitivity elements incorporated in LGU and DOH health programs, services, policies and guidelines <ul style="list-style-type: none"> a. Revisit of DOH and LGU health programs and services b. Incorporation and pilot implementation of culture-sensitivity elements into the DOH and LGU health programs and services c. Adoption & expansion of implementation of culture-sensitive LGU and DOH health programs, services, policies and guidelines 	DOH	X	X	X	

Strategic Component E. SERVICE STANDARDS	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
2. Development and implementation of a strategy that ensure the delivery of DOH and LGU health programs and services in a regular basis a. Development and pilot implementation of strategy to provide the DOH and LGU health programs and services b. Expanded adoption of a strategy to provide the DOH and LGU health programs and services	DOH/DILG (regional, provincial, municipal) NCIP-IPMNCHN (Mindanao) LGU (regional, provincial, municipal)	X	X	X	
3. Development of essential health emergency service package for ICCs/IPs	DOH-HEMS	X			
4. Development and implementation of strategy on strengthening environmental health and sanitation services in relation to climate change	DOH-NCPDC (national, provincial, municipal)	X	X	X	
5. Development and implementation of strategy to promote utilization of DOH and LGU health programs and services	DOH-NCHP (national, provincial, municipal)	X	X	X	
Strategic Component F. HEALTH FINANCING AND MANAGEMENT	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
1. Dissemination of PHIC issuance on waiver of documentary requirements (Birth, Marriage Cert.) for PhilHealth enrolment	PHIC, DOH, NCIP	X			
2. Automatic enrolment to PhilHealth of all poor IPs a. Generate list of poor IPs from NHTS	DOH/PHIC	X X	X	X	
3. Guideline on inclusion of IP health in the 2015 AOP and onwards a. Inclusion of NCIP in review of local investment plans for health b. Inclusion of ADSDPP/ADIPH into the PIPH/CIPH	DOH-BLHD (provincial, municipal)	X X	X X	X X	

Strategic Component F. HEALTH FINANCING AND MANAGEMENT	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
4. Develop and implement a strategy for resource and funding allocation by LGUs for IP health services a. Pilot implementation of strategy for funding of facilities and health service upgrading in ICC/IP areas b. Expanded implementation of strategy for funding IP health services	DOH (national, provincial) NCIP- IPMNCHN (Mindanao) DOH/LGU (provincial, municipal)	X	X	X	
5. Development and implementation of strategy that enhance funding of IP health through PHIC reimbursement and other programs a. Development and pilot implementation of strategy to facilitate registration of IPs to PHIC b. Development and pilot implementation of strategy to enhance funding of IP health through PHIC reimbursement and other programs c. Expanded adoption of a strategy that enhance funding of IP health through PHIC reimbursement and other programs	DOH/PHIC (national) NCIP- IPMNCHN (Mindanao) NCIP- IPMNCHN (Mindanao) DOH/PHIC (provincial, municipal)	X	X	X	
6. Development and implementation of a strategy to sustain funding for IP health services	NCIP/DOH/ DILG (national)	X	X	X	
Strategic Component G. MANAGEMENT SYSTEMS	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
1. Development and implementation of culture-sensitive strategy to promote good health practices in ICC/IP areas a. Development, dissemination and implementation of culture sensitive IEC and BCC strategy b. Expanded implementation of culture-sensitive strategy to promote good health practices in ICC/IP areas	DOH- NCPDC (national) NCIP- IPMNCHN (Mindanao) DOH- NCPDC (national, provincial, municipal)	X	X	X	

Strategic Component G. MANAGEMENT SYSTEMS	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
2. Establishment of a point person to assist IP clients in government agencies involved in health and social services	DILG (provincial)	X	X	X	
3. Database of CHD, LGU and other stakeholders initiative on IP health a. Mapping of ICC/IP & ancestral domain (AD) areas b. Database on IKSP and learning resource center on IP health	NCIP (national, regional, provincial)	X X	X		
4. Disaggregated IP health data utilized for planning of health service delivery a. Development and implementation of a strategy for IP health data disaggregation b. Expanded implementation of IP health data disaggregation c. Development of IP patient profile database d. Inventory of existing BHWs/ CHTs or volunteers in AD/IP areas	DOH-NEC (national) NCIP-IPMNCHN (Mindanao) DOH-NEC (prov'l, mun'l) DOH-NCPAM DOH-BLHD & NCDPC	X X X X	X X	X	
5. Development and pilot implementation of a model for referral system in ICC/IP areas a. Expanded implementation of referral system in ICC/IP areas	NCIP-IPMNCHN (Mindanao) DOH/LGU	X	X	X	
6. Development and implementation of monitoring and evaluation system for IP health a. JMC implementation b. IP health	NCIP/DOH/ DILG (national, regional, provincial)	X	X	X	
Strategic Component H. COLLABORATION AND PARTNERSHIP	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
1. Engagement of IPs (especially the traditional healers) as BHWs/CHTs for IP/ICC areas	DOH-NCDPC/ LGUs	X			
2. Mobilization/capacity building of BHWs/CHTs on health service delivery for IPs/ICCs	DOH-NCDPC/ LGUs	X	X	X	
3. Policy issuance on the provision of 1 BHW for every 20 IP/ICC households	DOH-BLHD	X			

Strategic Component H. COLLABORATION AND PARTNERSHIP	Lead Agency	2015	2016	Beyond 2016	COMMENTS/ SPECIFIC COMMITMENTS (Please include TIMELINE)
4. Development and implementation of PPP models for the delivery of health services to ICC/IP area a. Expanded implementation of PPP models for the delivery of health services to ICC/IP areas	NCIP-IPMNCH (Mindanao) DOH/LGU (provincial, municipal)	X	X	X	
5. Engagement of other government agencies for the delivery of health services to ICC/IP area a. Orientation of other government agencies on culture-sensitivity b. Social marketing and advocacy to other government agencies	NCIP-IPMNCH (Mindanao) NCIP (provincial, municipal)	X	X X	X X	

Annex 2: Strengths, Limitations, Opportunities and Challenges

STRENGTHS	LIMITATIONS	COMMENTS
<ul style="list-style-type: none"> • PHIC • LGU • IPRA • Potential funding sources • IP as priority of ODA • LGU/community support • CADT/ADSDPP • Local Dev't Plans, LIPH • Existing laws. E.g. IPRA section 34- to recognize traditional health practitioners and increase IP workforce • Current KSP on herbal meds • ILHZs • NTSP • IP Professionals and BHWS • Current IEC materials • Existing desks • Sufficient number of health professionals especially nurses 	<ul style="list-style-type: none"> • Philhealth requirements • Limited LGU funds • Lack of data base on IPs • Limited human resource • Pilot based assistance • Limited health in ADSPP and lack of inter-facing • Engagement of IPOs • Unclear PPP guidelines • No data on number of IPs working health and IKSP • Outdated database on ADs IP Population • No data on DOH IP health workers • Shortage of health professionals • Need for Culture Sensitivity training module • Conflict within policies e.g. MNCHN Manual, Role of TBA, local ordinances • Distribution problems of meds • IP acceptance of contemporary meds • Limited PITAHC capacity • Weak enforcement of DILG MC 2010-119 • Mainstreaming of ADSPP, not all have ADSPP • Identification/recognition of IP Leadership • Functionality of LHBs/ILHZ, • CHD-NCIP partnerships • JMC advocacy at all levels • Funding issues 	

OPPORTUNITIES	CHALLENGES	COMMENTS
<ul style="list-style-type: none"> • UHC • BuB/PIPH/CIPH • DOH funding/Sin Tax funds • UNDRIP/ILO169, ICERD • JMC, IPRA and FPIC process • LGU special events • CHT mechanism • Traditional political structure • GOs, CSOs • Information of IKSP • Local health systems 	<ul style="list-style-type: none"> • Ancestral domains do not follow political units • IPs have facility –preferences-discriminated in other facilities) • Unavailability of transportation • IPs not informed • No consciousness on civil registration • Contradiction of JMC provision with DOH policies • Different languages within ethnic groups • Literacy level vs. IEC materials 	

OPPORTUNITIES	CHALLENGES	COMMENTS
<p>program of DOH</p> <ul style="list-style-type: none"> • Existing models of culture sensitive facilities • NCPAM • Derive ethnicity data from NSO, long term opportunity from PRC-student ID system • TKDLP/UP Manila • Existing documentation of herbal meds • PITAHC/PHCRD support on herbal research • Organized IP women • ILHZ manual • Previous database on LGUs with mandatory IP representation • NTSP data gathering tool • Existence in registry record forms of ethnic affiliation • ICT • AD recognition book • Existing desks to be tapped as IP desk • IP inclusion in CHTs • JMC provides for policy conflicts to be reviewed • Possibility for exchange student programs • Possibilities for health worker migration exchange to employment scholarships and other service programs • Possible tie up with DepEd, CHED, TESDA • Documented IKSPs which could be integrated in health curriculum (e.g. community immersions) 	<ul style="list-style-type: none"> • Inaccurate data on IPs • No IP disaggregated data • Transforming HIS paper forms to electronic form • Establishment of IP health system and its maintenance • Limited LGU support to ADSDPP/IPs • ICCs/IPs not prioritized in many LGUs • Limited health activities in ADSPP • DOH facilities standards • Considering sitio needs (from brgy.) in HFEP projects • IEC on rational use of drugs • Dissemination of health studies and documentation • PITAHC funding for herbal research • Strengthening of PITACH • Inclusive implementation LGU BuB processes • Sustainability of good practices developed with ODA support • Recognition of IKSP • Capacity building at all levels • Prerequisites of PPP partnerships • Making health a community priority • IPO capacity to engage with LGU (e.g. BuB) • Data base for local and national level (list for different types, specific purpose of work on health service • Matching of skills to job description • Integration of information form different agencies in the data base • Ensuring data used are in accordance to FPIC and IKSP guidelines • Unifying of differing interpretations • Effective implementation • Proper translation of policies from national guidelines to local IP specific actions • Advocacy and lobbying to key officials for IP promotive bills and executive orders 	