Locating the Indigenous Peoples (IPs) in Geographically Isolated and Disadvantaged Areas (GIDAs)

Presentation for the "13th National Health Research Forum for Action" 20 November 2012, Manila

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Part of the Project:Technical Assistance to the Project Entitled "An Assessment of the Quality of Health Care Delivery in the Geographically Isolated and Disadvantaged Areas in the Philippines"

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Implementing Agency: Anthropology Watch

Research Period: December 2011-July 2012

Coordinating Agency: Bureau of Local Health Development, Department of Health

With funding support from: PCHRD, DOST

CONTEXT

- As a result of the devolution commencing 1991, partnership of LGUs and the DOH in health services delivery
- DOH updating of its 2004 AO 185, on the "Establishment of the Geographically Isolated and Disadvantaged Areas (GIDA) in Support to Local Health Systems Development"
- Recognition that part of the isolation of IP groups is because the culture of an indigenous group is different from the mainstream society

PROBLEM

- IPs are among the most vulnerable (disadvantaged) sectors and can generally be found in GIDAs
- Part of the isolation of IP groups is because the culture of an indigenous group is different from the mainstream society
- There is a dearth of data on the health situation of IPs which hampers efforts to conceptualise and implement quality health services for them which are culturally appropriate

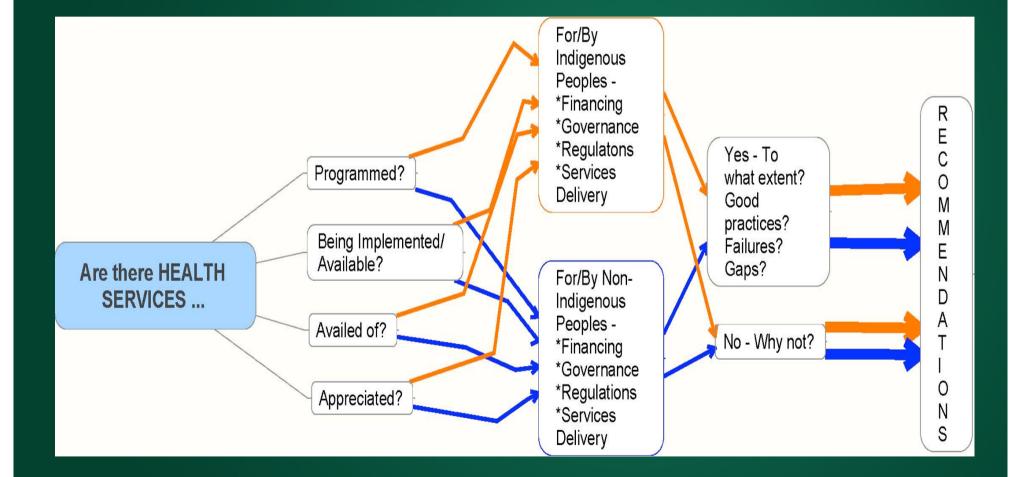
RESEARCH OBJECTIVES

General: To assess the status of health services provided in the Geographically Isolated and Disadvantaged Areas (GIDAs)

Specific:

- To review extent of implementation of DOH programs/projects in GIDAs
- To determine the quality of health services (preventive and curative) provided in the GIDAs
- To identify strategies/best practices and failures in carrying out the health services
- To identify gaps in the implementation of DOH programs/ projects and GIDA strategies
- To recommend policies or program intervention/support packages to institutionalize organizational mechanisms and structures to support the development of a manual of operations

FRAMEWORK



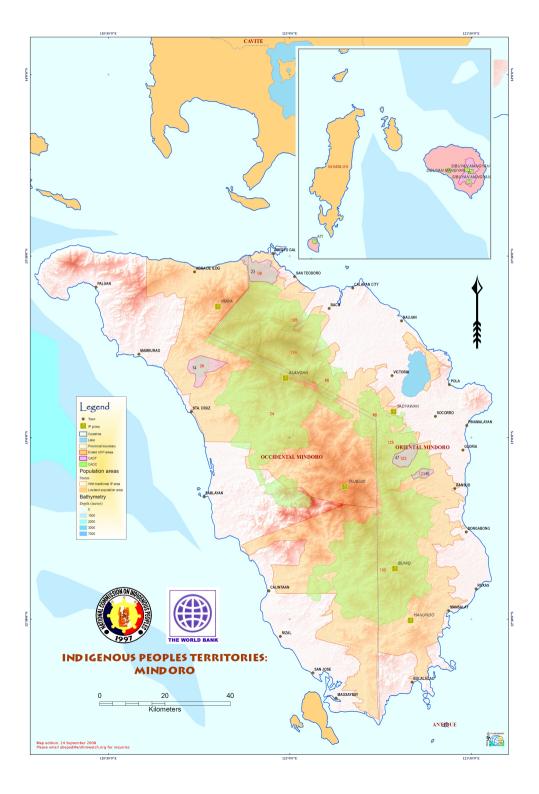
METHODOLOGY

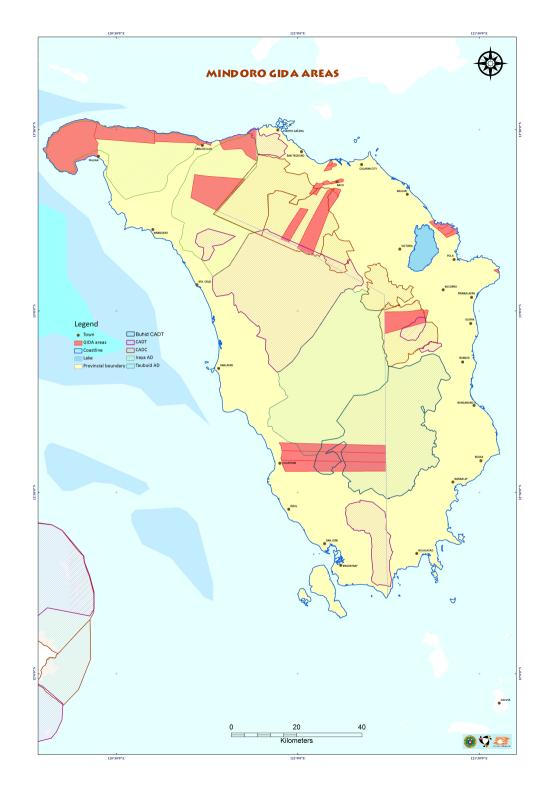
- Participatory, community-based approach: IP communities as partners in the research process
 - Use of community members as researchers
 - Use by the community organisations of the research process for their own interests and needs
- Data-gathering methods: Combination of qualitative and quantitative
 - Survey of both IPs and non-IPs, on their sense of satisfaction regarding health services
 - Interviews with Key Informants from the communities, health centers and LGUs, on the qualitative aspects of health services and on recommendations
 - Group discussions and observations in the communities, to help concretise recommendations
 - GIS and community mapping

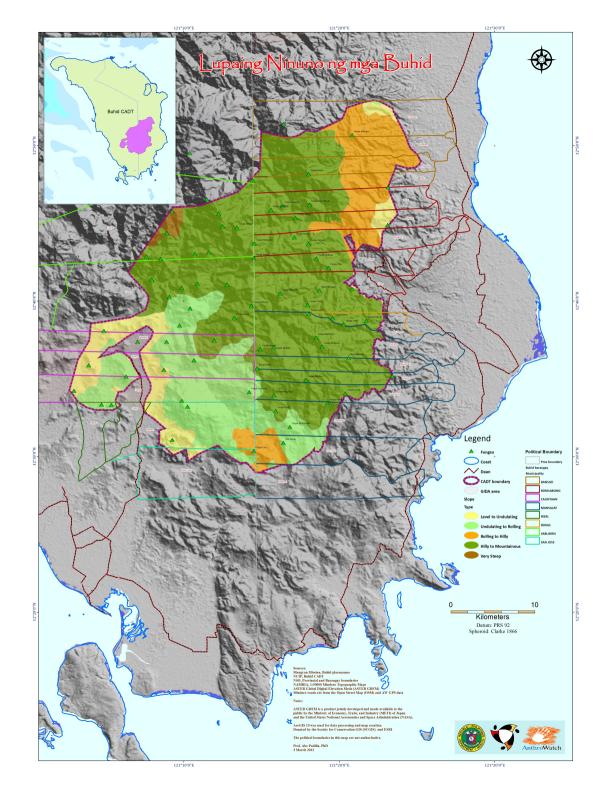
RESEARCH SITES AND RESPONDENTS

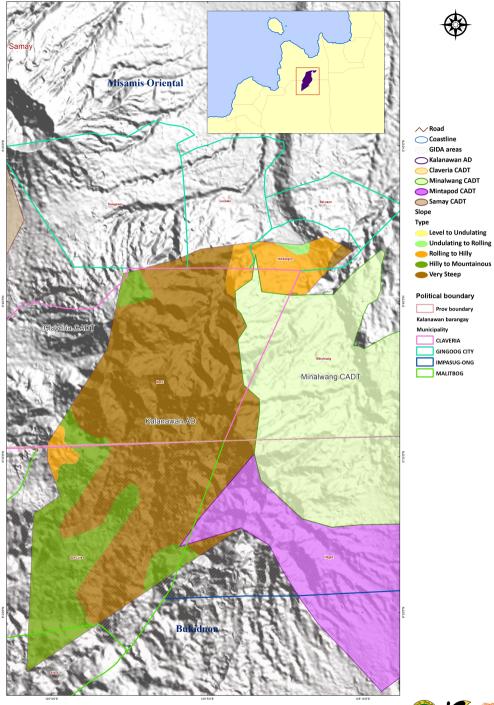
- The ancestral domain of the Buhid of Oriental Mindoro
- 6 barangays in 4 municipalities in 1 province
- For the survey 245 IPs, 185 non-IPs

- The ancestral domain of the Higaunon of the Kalanawan Tribal Council
- 27 sitios in 6 barangays in 3 municipalities/ city in 2 provinces
- For the survey 150 IPs, 150 non-IPs









LUPAING NINUNO NG MGA KALANAWAN HIGAUNON



IP AREAS -> GIDAS

- IP groups reside in traditionally bounded territories called ancestral domains – looking at their areas not as hectarage but as an integrated whole in which their traditional culture is rooted
- Traditional IP boundaries do not necessarily follow the government's administrative boundaries
- The original GIDA coverage has inadequate reach to IP communities
- The standard identification of an LGU is anchored to the traditional center (barangay, municipal or city center), which may not reflect the isolation of the IP communities within that LGU
- Areas contested by neighbouring LGUs are not provided health services

IP AREAS -> GIDAS

- Subsistence economies of isolated IP communities hinders access to health services which require cash outlay to be able to avail of these (e.g. for medicines, transportation)
- Geographical isolation discourages the delivery (by duty bearers) and availing (by rights holders) of health services
- IPs may be conflicted by the dichotomy of customisation/ cultural integrity on one hand versus standardisation/ mainstreaming/"modernisation" on the other hand
- Duty bearers refuse to recognise that there are differences between the situation and needs of IPs and those of non-IPs, or even worse, refuse to recognise IPs

RECOMMENDATIONS - ACTION

- Provide support for increased mobility of health personnel to the GIDA
- Respect the customs and traditions of IP communities, e.g. rituals as expressions of understanding and processes of healing
- Conduct capacity-building on culture-sensitivity for health personnel (e.g., AnthroWatch will customise a module for piloting with BLHD in January 2013)
- Respect the integrity of ancestral domains even if these do not always reflect the administrative boundaries
- When customising health services for IPs, take care that such customisation is not an expression of discriminatory segregation

RECOMMENDATIONS - POLICY

- The DOH is to present an IP health policy framework (as part of the GIDA AO to be revised) to the National Commission of Indigenous Peoples in November 2012
- Identify GIDAs not just based on the accessibility of an area's (built up or urbanised) center
 - Overlay maps of IP areas, population density, topography and political boundaries
- Revise the definition of GIDA to more strongly reflect isolation due to discrimination
- Consider that traditional IP communities almost always fit the GIDA descriptionContinue dialogues with IP representatives in relation to maternal and reproductive health issues
- Build capacities of IPs themselves for health service delivery - e.g. IPs as BHWs, IP scholarships in health sciences with incentives to return to IP communities

RECOMMENDATIONS - RESEARCH

- Particpatory action research to conceptualise and pilot appropriate health services delivery systems of LGUs – partnership of DOH, LGU, NCIP and IP communities
 - Take into account as well the diversity of IP groups
 - There are already some good practices e.g. in Compostela Valley
 - Tackle the issue of balancing between mainstreaming and customising for cultural integrity

