



Updates From the Field

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RESPONDING TO THE HEALTH NEEDS OF AETAS IN LUPANG PANGAKO

Background

With the eruption of Mt. Pinatubo in June 1991, the Aetas, an ethnic group in Zambales, a province in Central Luzon, found themselves displaced and homeless. They were temporarily relocated in overcrowded “tent cities,” where living conditions were extremely harsh.

In 1995, World Vision bought a 235-hectare piece of land on which to resettle the displaced Aetas. Now known as Lupang Pangako (Promised Land), it is located in the mountains of Barangay Amungan in the municipality of Iba, Zambales. Lupang Pangako is not easily accessible, since the one road leading to it is rough and muddy, particularly during the wet season. To date, 105 Aeta families, comprising 436 people, inhabit 18 hectares of the total area.

In 1997, the Main Health Center of Iba began outreach activities in Lupang Pangako to provide essential health and nutrition services. These activities were conducted at most once a month in partnership with World Vision, which provided a vehicle. The Aetas of Lupang Pangako had no other health services available to them, other than the Main Health Center, 14 kilometers away, or the nearest Barangay Health Station, about 7 kilometers away.

The Birth of a Health Center in Lupang Pangako

Realizing the importance of having a health center that would cater to the basic health needs of the Aetas and be consistent with the Matching Grant Program’s focus on the poor and underserved, the Municipal Health Office of Iba made the construction of a health center in Lupang Pangako a priority. The Municipality of Iba is among the 67 recipients of a grant under the Matching Grant Program, a Department of Health initiative with support from USAID to expand health service delivery and improve quality of health services in municipalities and component cities.

The health center was built using Matching Grant Program funds equaling PhP70,000 (US\$1,400). Since the Aetas provided the

labor, the funds were used primarily to buy construction materials. In addition, the Department of Health Center for Health Development in Central Luzon donated drugs and medicines, an examination table, a medicine cabinet, filing cabinet, scale, and other medical supplies and instruments. To staff the health center, the local government of Iba hired a midwife.



The former First Lady, the Provincial Governor, Municipal Mayor, and representatives from USAID, Management Sciences for Health (MSH), and government and nongovernment agencies attended the health center’s formal inauguration on April 27, 2000. The Municipal Health Office organized the activity with technical assistance from MSH. The former First Lady donated PhP100,000 (US\$2,000) to buy drugs for the facility and defray clients’ emergency medical and transportation expenses.

The health center is open Tuesday through Friday, from 8:00 a.m. to 5:00 p.m. On Mondays, the midwife attends regular meetings at the Main Health Center. Since she lives in the community, the Aetas have access to her services at any time. A contingent from the Main Health Center, composed of the Municipal Health Officer, Public Health Nurse, Rural Health Midwife, and Sanitary Inspector, visits the area monthly to



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provide medical consultations and related services and to conduct community meetings. Four Barangay Health Workers serve as traditional birth attendants. Two of them receive an allowance of PhP250 (US\$5) per month from Barangay Amungan.

The Health Status of Aetas in Lupang Pangako

The most common ailments among Aetas in Lupang Pangako are cough, skin problems, and malaria. Malaria is not endemic to the area; residents of Lupang Pangako usually contract it in Botolan (the site from which they were resettled) when visiting their friends and relatives there. Water and sanitation remain major concerns, since the area's one river is the only water source.

As of April 2001, 3 of the 22 infants aged 0-11 months were already fully immunized, while 15 infants less than nine months old were on track with their immunization schedule (see Table 1). The municipal health staff and the midwife educate the Aetas on the benefits of having their children immunized by stressing susceptibility to infection, malnutrition-related diseases, and other health problems suffered by nonimmunized Aeta children. The chieftain of the Aetas and the indigenous Barangay Health Workers also work to convince mothers to use immunization services both for themselves and for their children. To highlight the value of immunization, the former First Lady handed out certificates to the community's first 3 fully immunized infants during the inauguration of the health center. This encouraged the other mothers to seek full immunization for their children.

Five of the six pregnant women in Lupang Pangako had received at least two tetanus toxoid shots as of April 2001. Less encouragingly, only 25 of the 68 married women of reproductive age practicing family planning are using modern methods: DMPA (6), lactational amenorrhea method (15), bilateral tubal ligation (1), pills (1), and IUDs (2). The rest use traditional methods and/or herbal concoctions, which they believe can avert pregnancies. This may be attributable in part to the fact that the midwife only started giving family planning lectures in January 2001. In addition, it is difficult to promote family planning among these women, because Aeta men tend to be the decision-makers about family planning. To address this problem, the Municipal Health Office has stepped up its health education campaign in the area. Birth spacing has been emphasized during family planning lectures. The health staff conveys important family planning messages by comparing the financial burden of the families who use contraceptives with that of those who do not, and showing how this affects their health and access to food, education, and decent housing. Contraceptive users among the Aetas have also been tapped as program advocates.

Outside the health center, a board shows information about child immunization, prenatal care, family planning, nutritional

Table 1. Selected Program Indicators, Lupang Pangako

INDICATORS	BASELINE SURVEY, 2000 (No.)	April 2001 (No.)
Immunization Status		
>9 mos., with incomplete or no vaccination	0	0
<9 mos., recommended schedule followed	5	15
<9 mos., recommended schedule not followed	6	4
Number of fully immunized children (FICs)	0	3
Total Number of Children 0-11 months old	11	22
Tetanus Toxoid Vaccination Status		
Pregnant women with no TT or with TT1 only	6	1
Pregnant women with TT2+	8	5
Total Number of Pregnant Women	14	6
Family Planning (Current Users, by Method Used)		
Pills	0	1
Intrauterine device (IUD)	1	2
DMPA/injectable	0	6
Bilateral tubal ligation (BTL)	1	1
Lactational amenorrhea method (LAM)	10	15
Traditional/others	48	43
Total Number of Current Users	60	68

status of children aged 0-83 months, tetanus toxoid immunization of pregnant women, sanitation, breastfeeding, and other health indicators in the community.

Looking toward the Future

The Municipal Health Officer, Dr. Raul Echipare, realizes that much remains to be done to improve the health status of the Aetas in Lupang Pangako. Critical issues at the health center include inadequate supplies and equipment and the continuing status of the midwife as an informal employee. In addition, Lupang Pangako still has no potable water supply, and the area remains hard to reach, although the construction of a farm-to-market road, a high priority, will enable the Aetas to easily transport their products to market. Finally, educational opportunities are limited, making health education difficult.

The Municipal Health Office is working to integrate the midwife into its staff as a regular Local Government Unit employee, to ensure the continued availability of health personnel in the area. The Office also realizes the importance of intensifying collaboration with other government and nongovernment agencies for more sustained provision of basic social services in the area. Further, it envisions the expansion of the health center to include a birthing unit where deliveries can be safer and more private. It is hoped that the Matching Grant Program will help fund this expansion.

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