



Updates from the Field

BEST PRACTICES

No. 4 Series of 2003
http: www.msh.org.ph

COLLABORATING TO INCREASE ACCESS OF INDIGENOUS PEOPLE TO HEALTH SERVICES



Members of a Barangay Council for the Protection of Children formulating the Barangay Investment Plan.

MGP and UNICEF representatives discussing terms of collaboration with LGU health staff.



BHWs undergoing training on family planning.

closely with Dr. Consuelo Aranas, UNICEF's Project Officer for child health and nutrition, and focal officer for the province of Sarangani, the MGP initiated the collaboration in Sarangani, where both projects are present. Sarangani, located in the Central Mindanao region, comprises seven municipalities, all of which are MGP sites.

How the Collaboration Works

Sarangani was chosen because it is one of the more advanced LGUs in terms of CFM implementation. It also has a large number of indigenous people, a group with typically high unmet health needs. Two municipalities in Sarangani were selected as pilot sites: Alabel and Malapatan. Within each municipality, two barangays were chosen to be the focus of assistance: Tokawal and Alegria in Alabel, and Poblacion and Tuyan in Malapatan.

Background

The Matching Grant Program (MGP) of the Department of Health (DOH) currently supports the family planning and selected child survival programs in 414 cities and municipalities through a USAID grant. Within these cities and municipalities, priority is given to *barangays* (villages) with high unmet needs for family planning and child immunization, as identified through a community-based survey.

In UNICEF's Child Friendly Movement (CFM), established in 20 provinces and five cities, local government units (LGUs) work towards achieving 24 goals in health, nutrition, education, protection, and participation of children in socio-cultural and development activities. These are the minimum indicators that determine the extent to which the rights of children to health, nutrition, education, protection, and participation have been ensured.

The MGP, in collaboration with Management Sciences for Health, explored the possibility of forging a partnership with UNICEF in selected project areas, to assess the potential benefits of consolidating efforts and resources. Working

The MGP supports four of the CFM goals: 1) that all children are fully immunized against tuberculosis, diphtheria/pertussis/tetanus, polio, and measles, 2) that all children from one to five years old are given Vitamin A capsules twice a year, 3) that all mothers are fully immunized against tetanus, and 4) that all pregnancies are spaced at least two years apart. These are the same goals that the MGP seeks to achieve in its project.

The proposed strategy was for the MGP to work with the LGUs through the Municipal Council for the Welfare of Children at the municipal level, and the Barangay Council for the Protection of Children at the barangay level, the creation of which was provided for in the Child and Youth Welfare Code.

As MGP enrollees, Alabel and Malapatan were already recipients of an MGP grant. Under this collaboration, further assistance was extended to selected barangays in these municipalities. This assistance consisted of training of Barangay Health Workers and other volunteers about basic family planning concepts and counseling to enable them to



MATCHING GRANT PROGRAM
Department of Health

identify clients for family planning, particularly for no-scalpel vasectomy and voluntary female sterilization. As families of indigenous people tend to be large and lack access to many basic services, managing the number of children among this group to ensure healthy mothers, children, and families, is a priority for both UNICEF and the MGP.

Box 1. Steps in the Collaboration Process

1. The MGP, through MSH, met with UNICEF to discuss aspects of collaboration.
2. MSH and UNICEF representatives held separate meetings with the Provincial Health Officer and the Municipal Health Officers (MHOs) of Alabel and Malapatan to discuss the nature and extent of the collaboration/assistance.
3. UNICEF and MSH, in consultation with the MHOs, selected the barangays to be assisted.
4. MSH met with the barangay captains and *kagawads* (councilmen) to orient them on the proposed collaboration.
5. MSH sponsored and facilitated the planning sessions of the two barangays to formulate the annual plans of their Barangay Councils for the Protection of Children.
6. The municipal health offices and MSH organized the training of Barangay Health Workers on family planning.
7. The municipalities launched the no-scalpel vasectomy initiative and organized service delivery activities for their indigenous people.

The strategy was to deliver an integrated package of maternal/child health, nutrition, and family planning services to indigenous communities on a regular basis, i.e., bringing services to these disadvantaged people to ensure wider access and utilization. Efforts were undertaken to address the geographical, cultural, and religious barriers that affect this group's access to and utilization of health and family planning services.

Implementation

To date, the MGP has helped formulate the investment plans for the Barangay Councils for the Protection of Children in Alegria and Poblacion barangays. It has also agreed to assist the municipalities of Alabel and Malapatan in funding and organizing to orient the communities about the CFM. It has also funded and organized volunteer health workers from Alabel, Malapatan, and other municipalities within the province to deliver family planning services.

On 10 April 2003, the Municipality of Malapatan launched its initial service delivery under this collaboration. The activity focused on Vitamin A supplementation and family planning. During the event, nine men obtained vasectomies, and 32 children were given Vitamin A supplementation. In 2 follow-up activities held, 63 more men had vasectomies.

Alabel's initial activity on 7 May 2003 also had a large turnout. The local officials came in full force, with the Regional Health Director and the Provincial Health Officer in attendance. During that day, 82 children were immunized, 70 children were given Vitamin A supplementation, 39 women were provided with prenatal services, and 13 men had vasectomies. To date, 40 males from Alabel had obtained vasectomies under the MGP.

Future Goals

With its success in Alabel and Malapatan, the initiative will be expanded to other areas in Sarangani, where indigenous communities abound. To facilitate replication, the DOH, through Management Sciences for Health, is coordinating with the National Council for Indigenous Peoples to orient tribal leaders about the MGP. By working through the tribal councils, the DOH hopes to enhance the acceptability of the program among the indigenous peoples and, thus, ensure its success.

The initiative will also be replicated in South Cotabato, Sultan Kudarat, and North Cotabato, three other provinces in Mindanao with many indigenous communities. A Memorandum of Agreement will be drawn up for each of these provinces to formalize the collaboration among the province (representing the municipalities), the DOH, and other donors such as UNICEF and UNFPA, to improve the health status of indigenous people.



Actual provision of health and family planning services to indigenous people in Sarangani.

This publication was made possible through support provided by the U. S. Agency for International Development, under the terms of Contract No. 492-0480-C-00-5093-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S Agency for International Development.

Please address all inquiries to:
Management Sciences for Health
Unit TN No. 4, 10/F Times Plaza Building
U.N. Ave cor Taft Ave, Ermita, Manila, Philippines
Tel. Nos: (632) 525-7145/5258 Fax No.: (632) 525-6088
E-mail: info@msgh.org.ph

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