INDIGENOUS PEOPLES' STRATEGIC PLAN FOR HEALTH 2018-2022

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Abbreviations

AD	Ancestral Domain
ADIPH	Ancestral Domain Investment Plan for Health
AFP	Armed Forces of the Philippines
AIP	Annual Investment Plan
BHW	Barangay Health Worker
BLHSD	Bureau of Local Health Systems Development
CADT	Certificate of Ancestral Domain Title
CHR	Commission on Human Rights
CHO	City Health Officer
CPD	Continuing Professional Development
DepEd	Department of Education
DILG	Department of the Interior and Local Government
DND	Department of National Defense
DOH	Department of Health
DPWH	Department of Public Works and Highways
DSWD	Department of Social Welfare and Development
FHO	Family Health Office
FPIC	Free and Prior Informed Consent
GIDA	Geographically Isolated & Disadvantaged Areas
HFDB	Health facility Development Bureau
HFEP	Health Facilities Enhancement Program
HHRDB	Health Human Resource Development Bureau
HPDPB	Health Policy Development and Planning Bureau
ICC	Indigenous Cultural Communities
IHKPs	Indigenous Health Knowledge and Practices
IKSP	Indigenous Knowledge Systems and Practices
ILHZ	Inter-Local Health Zones
IPMR	Indigenous Peoples Mandatory Representative
IP	Indigenous Peoples
IP MNCHN	Indigenous Peoples Maternal, Neonatal, Child Health and Nutrition
IPRA	Indigenous Peoples Rights Act
JMC	Joint Memorandum Circular
LGU	Local Government Unit
LHB	Local Health Board
LHS	Local Health Systems
LIPH	Local Investment Plan for Health
NCIP	National Commission on Indigenous Peoples
NGO	Non-Government Organization
NIAC	National Inter-Agency Committee
NTC	National Telecommunications Commission
PHIC	Philippine Health Insurance Corporation
PIAC	Provincial Inter-Agency Committee
PNP	Philippine National Police
LIPH	Local Investment Plan for Health
PITAHC	Philippine Institute of Traditional and Alternative Health Care
PHO	Provincial Health Officer
RDC	Regional Development Council
RHMPP	Rural Health Midwives Placement Program
RHU	Rural Health Unit
RIAC	Regional Inter-Agency Committee
RICT	Regional Implementation and Coordinating Teams
SDN	Service Delivery Network
ULAP	Union of Local Authorities of the Philippines
WFP	Work and Financial Plan

Executive Summary

Last 2013, 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 aimed 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 goals, the 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 were structured in such a way that it is stated in general terms. The details of implementing the strategy were up to the identified lead agency. As shown in the figure below, there is still much room for improvement based on the projected goals of the JMC.

Based on the learnings from the previous strategic plan, this revised and updated IP Health Strategic Plan (2018-2022) was developed. The development was also through a series of consultative strategic planning workshops with different stakeholders conducted in two phases. The first phase was the development of a new general framework of goals but still designed to achieve the vision and mission of the JMC. The second phase simplified the goals into three general goals and converted them into measurable strategic goals and objectives with timelines for accomplishment. This simplified grouping was hoped to focus the performance of activities that are achievable and realistic within a given timeframe.

This plan was also presented and affirmed during the National IP Health Summit 2017 which was attended by IP leaders from different Regions who expressed support and commitment to the delivery of health services in ICC/IPs.

Overall Goals

- Established information system of indigenous cultural communities/indigenous peoples (ICCs/IPs) to support culturally sensitive health policy development and service delivery.
- IP health agenda integrated and mainstreamed into all levels of health governance.
- Access to quality, safe and culturally sensitive package of essential health services.

For the Health Governance and Management, the focus will be on the organization and ensuring the functionality of NIAC, RIAC, and PIAC. Once the governance structure has been organized, getting the management mechanisms at the municipal level is the next step. Adopting the JMC via a local resolution is one way to institutionalize the JMC interventions. To incentivize LGUs implementing IP health programs, an IP-friendly Local Health System Award will be developed and implemented.

For the Information system, the plan is to develop a database that will generate IP demography, health services, and practices. The data generated by the system will be utilized to develop reports and recommendations for program implementation and health policy revision.

Health human resource management needs a systematic method to make staffing decisions in ICCs/IPs. This plan emphasizes the need for deployment of at least a midwife in ICCs/IPs. Health workers in ICCs/IPs will also be capacitated to provide culture-sensitive health service.

Health facilities are structures that provide health care services and should be made accessible to ICCs/IPs. It is important to promote and develop culture-sensitive facilities that takes into account the nuances in the cultural beliefs and practices of the different ICCs/IPs.

Lessons in the past suggest that despite the availability of health services (facilities, human resources, supplies etc.) utilization is still not optimized for ICCs/IPs. The main reason is that health service preferences and utilization are affected by cultural orientation. The plan aims to review the service delivery guidelines and standards and develop recommendations that will incorporate the principle of culture sensitivity. Effective, safe and beneficial indigenous knowledge systems and practices on health will be properly documented and appropriate compendium will be developed for the needed IP health database.

For financing and collaboration, ICCs/IPs in Ancestral domains will develop their Investment Plan for Health which in turn will be integrated to the Local Investment Plan for Health (LIPH). The plan is to monitor evidences of investments for IP health programs specifically in the LGU level.

The budget for the implementation of the JMC shall come from the current budget of the responsible government agencies i.e. national and local agencies and local government units. As lead partners for the implementation of JMC 2013-01 and its strategic plan, resource sharing will be done between NCIP, DOH, and DILG for activities within its mandate.

Background

The Indigenous Peoples are among the most disadvantaged of the Philippine populace. They are estimated to comprise around 13% of the entire Philippine population and are considered vulnerable to inequities in health. The magnitude of poor health outcomes among IPs remains to be established since disaggregation of health data by ethnicity is not yet available. Last 2013, 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 aimed 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. It had a noble vision, missions, and goals as stated below:

Vision

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

Missions

- Ensuring equitable, sustainable, and quality health care to all ICCs/IPs using the systems approach.
- Strengthening the capacity of local government units in providing quality health care to all ICCs/IPs through active people participation.
- Protecting the rights of ICCs/IPs towards empowerment, achievement of social justice, and upholding cultural integrity.

Goals

- To establish a mechanism for meaningful participation of ICCs/IPs in policy-making and decision making as a full partner in their own health development.
- To address the shortage in quantity and quality of health human resources in ICCs/IPs.
- To address the shortage in quantity and quality of health facilities and health equipment in ICCs/IPs.
- Provide a 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 ICCs/IPs.
- To identify and allocate all possible sources of funds and resource allocation for ICCs/IPs health services.
- To develop processes and procedures for the management of health systems, health information, referral system and monitoring and evaluation of health service delivery to ICCs/IPs.
- To promote collaboration and partnership among ICCs/IPs, government agencies, the private sector and other stakeholders for alliance building and networking.

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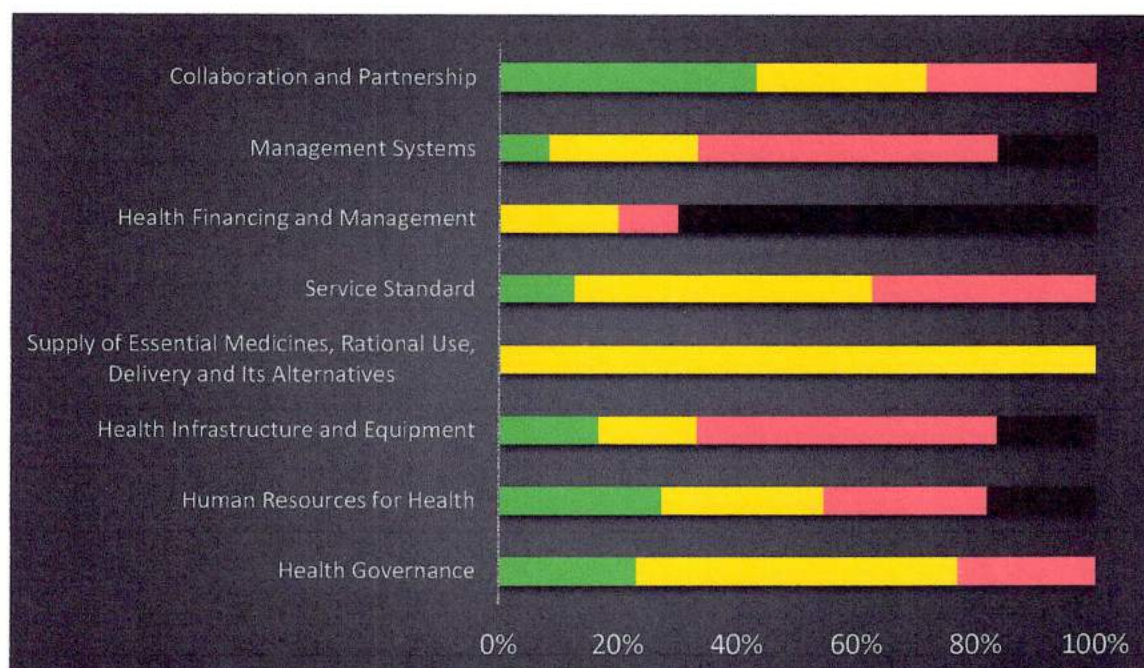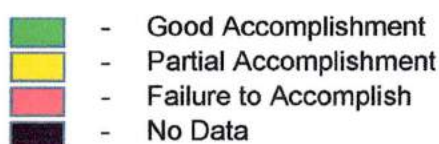
Figure 1   Accomplishments Based on the IP Health Strategic Plan 2015-2016

- Good Accomplishment
- Partial Accomplishment
- Failure to Accomplish
- No Data

Revised and Updated Strategic Plan

Based on the learnings from the previous strategic plan, this revised and updated IP Strategic Plan for Health (2018-2022) was developed. The development was also through a series of consultative strategic planning workshops with different stakeholders conducted in two phases. The first phase was the development of a new general framework of goals but still designed to achieve the vision and mission of the JMC. The second phase simplified the goals into three general goals and converted them into measurable strategic goals and objectives with timelines for accomplishment. This simplified grouping was hoped to focus the performance of activities that are achievable and realistic within a given timeframe.

This plan was also presented during the National IP Health Summit 2017 which was attended by IP leaders from different Regions to get their approval and commitment to the delivery of health services in ICCs/IPs.

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Strategic Goals and Objectives

- **By the end of 2022, there shall be an established Information System of Indigenous Peoples (IPs) to support culturally sensitive health policy development and service delivery**

Strategic Objectives
By 2020, health data are disaggregated and other basic indicators identified.
By 2022, at least 50% of AD with CADTs/IP-inhabited barangays shall have a baseline data on demography, health, health services, and practices.
By 2022, at least 50% of AD with CADTs/IP-inhabited barangays shall have a functional digital database and system registry on IP Health.
By 2022, the generated data are utilized for policy and health service development.

- **By the end of 2022, IP health agenda integrated and mainstreamed into at least 50% of the levels of health governance**

Strategic Objectives
By the end of 2022, at least 50% of the LGUs (provinces, cities, and municipalities) with ICCs/IPs have passed a local resolution adopting the JMC.
By the end of 2019, at least 50% of regions, LGUs (provinces, cities, and municipalities) with ICCs/IPs have an organized and functional RIAC/PIAC.
By the end of 2019, at least 50% of ICCs/IPs will have developed ADIPHs for integration to LIPH.
By end of 2019, at least 50% of LGUs with IP communities have evidence of investment for IP Health programs and activities.
By the end of 2018, the design of IP-friendly Local Health System Award and other incentives are in place for implementation by 2019.

- **By the end of 2022, ICCs/IPs will have access to quality, safe and culturally sensitive package of essential health services that includes mainstreamed indigenous (traditional and complementary) medicines and practices, provided by culture-sensitive health service providers.**

Strategic Objectives
By the end of 2022, at least 50% of AD with CADTs/IP-inhabited barangays prioritized as GIDA shall have a resident midwife providing health service for most days of the week
By the end of 2019, at least 50% of health workers deployed to AD with CADTs/IP-inhabited barangays shall be providing culturally sensitive essential health services
By the end of 2022, at least 50% of AD with CADTs/IP-inhabited barangays have health facilities equipped to provide culture-sensitive essential health services.
By the end of 2020, health care providers assigned in the AD/IP areas are aware of the use of their Indigenous Health Knowledge and Practices (IHKPs)

Governance and Management

Governance and management refer to the establishment of policies, and continuous monitoring of the proper implementation of the JMC by the members of the different governing agencies. It is essential that the structure, roles, and functions with associated accountabilities be specified. This is the main purpose of establishing functional governing and management committees at national, regional and local levels.

During the initial implementation of the JMC, the national level inter-agency committee was already organized. This current plan focuses on the establishment and functioning of the regional and local committees. However, there were varying strategies and experiences in establishing the inter-agency committees at the regional level. Some regions used the existing inter-agency committees like the DOH's Regional Inter-Agency Coordinating Team (RICT) or the NEDA's Regional Development Council (RDC). Other regions established other mechanisms put in place through MOA or resolution. At the provincial level, there was also a debate on the role of the governor and the PHO. There was no clear consensus on what is the most appropriate approach to the planning. There was, however, an agreement that regardless of how the committee was formed, there was a need to emphasize functionality and accountability.

Once the governance structure has been organized, getting the management mechanisms at the municipal level is the next step. Adopting the JMC via a local resolution is one way to institutionalize the JMC interventions. This strategy was done during the 2015-2016 strategy and was shown to be effective in some pilot areas i.e. San Luis, Agusan del Sur. With the Adoption of the JMC, the LGU has regularly allocated a health budget specific to the IP barangay (Binicalan). This resulted to the improvement of health service utilization as well as health status indicators. Best practices, such as the afore-cited experience, deserve to be recognized and shared for appropriate replication.

Organized and functional NIAC, RIAC and LIAC

Activities	Responsible Group	When	Means of verification
Issuance of a DILG Memorandum Circular defining the structure and functionality of the PIAC	DILG	2ndQ 2018	DILG Memorandum Circular
Creation of the PIAC	DILG, LGU	2019	List of Provinces with PIAC and copy of official document stating the creation
Monitoring of the functionality of the PIAC	RIAC	2019-2022	Annual PIAC accomplishment report

Adopting the JMC at local level

Activities	Responsible Group	When	Means of verification
Identification of provinces, cities, and municipalities with ICCs/IPs	NCIP	2ndQ 2018	List of Municipalities with general

			information on IPs
Development of template resolution	DILG	3rdQ 2018	Template resolution
Advocacy to LGUs for adoption of JMC • Lobbying (RDC, ULAP and different leagues and local stakeholders)	DOH, NCIP, DILG	3rdQ 2019-2022	Conduct of advocacy Meeting
Make it as agenda in LHB for resolution recommending adoption of the JMC • IPMRs shall conduct regular advocacy	DOH, LGU	2019-2022	LHB resolution

Development and Implementation of IP-friendly Local Health System Award

Activities	Responsible Group	When	Means of verification
Development of criteria/indicators for LHS IP friendly awards and other incentives	NIAC	2ndQ 2018	Policy issuance
Allocation of fund in 2019 plan for the implementation of LHS IP friendly awards	NIAC	3rdQ 2018	2019 WFP
Implementation of LHS IP friendly awards	NIAC	2019-2022	Awarding Ceremony

Information System

Disaggregated information on indigenous peoples tends to be inadequate and sometimes non-existent. The importance of data collection and disaggregation for indigenous peoples has been emphasized in the UN Permanent Forum on Indigenous Issues. This "topic of primary importance" is essential in designing programs appropriate to solve their health issues. Attempts directed to collect data at the macro level has been met with challenges resulting in delays with the actual collection.

In the initial stage of development of the JMC, there were available community-level data in the pilot sites of the IP MNCHN project. They were gathered by local surveyors and the data was instrumental in the design of health interventions at the community level. This strategy can be replicated in other IP communities. There is also a need for this data to be stored in a digital network that allows access by health care providers and policymakers. With this data, it is hoped that health services and health policies will be developed in a culture-sensitive manner.

Data on demography, health services and practices

Activities	Responsible Group	When	Means of verification
Identify prime movers for collection, management analysis and utilization of IP	NIAC	2ndQ 2018	Minutes of meeting

health data (IP Health Informatics Working Group)			
Development of easy to use IP survey tool on demography, current health status and services and indigenous knowledge and health practices	NIAC	3rdQ 2018	
Development of survey methods and protocols for data collection, management and analysis	NIAC	1stQ 2019	
Secure FPIC in ICC/IP for data gathering	NCIP, DOH, LGU	2019	
Hiring and training of local field surveyors	RIAC/PIAC	2ndQ 2019	
Data gathering for the situational analysis on the current health status, services and practices	NCIP, DOH, LGU, IP surveyors	2018-2019	
Data management and analysis	NIAC	2020	

Database and systems registry

Activities	Responsible Group	When	Means of verification
Development of database for IP demography, health services and practices • Consultation with IT experts • Review of existing database	NIAC	3rdQ 2018	IP Database
Use of database for pilot sites	NIAC	1stQ 2019	Conduct of Pilot testing
Re-engineer database	NIAC	2ndQ 2019	
Implementation of fully functional database	NIAC	2020	

Data utilization for policy development

Activities	Responsible Group	When	Means of verification
Development of report and recommendations for the revision of health policies utilizing IP health data	NIAC	2020	Technical report

Human Resource for Health

Health human resources, also known as "human resources for health" or "health workforce" are people engaged in actions whose primary intent is to provide health service and enhance health. Health human resource management needs a systematic method to make staffing decisions in ICCs/IPs. This plan emphasizes the need for deployment of at least a midwife in ICCs/IPs.

In the previous plan, the DOH has already prioritized deployment of RHMPP to ICCs/IPs and other GIDA. In some cases, there were no applicants because of the difficult situation and

difference in socio-cultural perspective. Culture-sensitivity training for health workers was already designed and conducted. In terms of the geographic issues, additional incentives such as higher salary and/or more travel allowance were tried with some success. A long-term solution was support for licensure examination or midwifery scholarship with a return to community service agreement. This has also been successful in the IP MNCHN project.

Resident midwife in IP communities providing health services for at least four days in a week

Activities	Responsible Group	When	Means of verification
Identification of AD/IP barangays that qualify for GIDA criteria • Mapping of health needs and services	NCIP, DOH	4thQ 2019	GIDA List with IP
Hiring and deployment of midwife to these AD/IP barangays that qualify for GIDA criteria • Regular employment status of midwife in LGU	LGU, DOH PIAC	1stQ 2022	List of midwives assigned to GIDA barangays
Enhancement of RHMPP hiring, deployment and incentive mechanisms (Prioritization of GIDA/IP Areas)	DOH	1stQ 2018	Policy issuance
Training of midwives on culture-sensitivity	DOH, NCIP	1stQ 2019	Conduct of Training
Monitoring and evaluation of deployed midwives	LGU, DOH PIAC	2019	Monitoring report
Scholarships for IPs to take midwifery and other health courses	DOH, NCIP, Other partners	1stQ 2018	Policy issuance

Health workers providing culture-sensitive health service

Activities	Responsible Group	When	Means of verification
Review and enhancement of training modules on Culture sensitive counselling on MNCHN plus FP	NIAC/RIAC	2ndQ 2018	Revised training module
Review of CS Training of Trainers module	NIAC	4th Q 2018	Conduct of Workshop
Culture-sensitivity training (general) Training of Trainers	NIAC	2019	Conduct of Activity
Culture-sensitivity training • Training of trainers • Roll out of training	NIAC/RIAC	3rdQ 2018	Conduct of Training
Patient experience and satisfaction survey	NIAC/RIAC/LGU	1stQ 2019	Technical report
Application to PRC for CPD accreditation of culture-sensitivity training	DOH	2ndQ 2018	CPD accreditation

Facilities, Equipment, Medicines and Supplies

Health facilities are structures that provide health care services. They include hospitals and outpatient care or birthing facilities. They provide health services from primary to tertiary level and for the rural health units, public health care. These should be made accessible to ICCs/IPs.

In the previous strategic plan, the construction of health facilities in ICCs/IPs were already prioritized with the task being contracted by the DPWH. However, the implementation was slow because there was no construction company willing to construct in GIDA. The cost of hauling of materials, labor, and other conditions made the project very expensive and the allotted budget is not enough. For this current plan, DOH-HFDB and DPWH may need to revise its costing and allow an increase in the cost of building the facility in GIDA. In ICCs/IPs, a culture-sensitive design may still be needed but without jeopardizing the licensing requirement for a birthing facility.

Culture-sensitive facilities

Activities	Responsible Group	When	Means of verification
Development of protocols and service standards on how to provide culturally sensitive health service delivery Checklist/Compilation of Culture-Sensitive Health Facilities Design	NIAC	2ndQ 2018	Protocol Culture-sensitive health facility design
Development of strategies and activities designed to ensure availability of medicines and supplies in AD/IP-inhabited barangays	DOH (PD)	2ndQ 2019	Technical Report

Service Standards and Delivery

Service delivery is an output of resources put into the health system, such as health facilities, workforce, and supplies. Ensuring availability and access to these services is one of the main functions of a health system. Such health services should meet a minimum quality standard. Lessons in the past suggest that despite the availability of health services (facilities, human resources, supplies etc.), utilization is still not optimized for ICCs/IPs. The main reason is that health service preferences and utilization are affected by cultural orientation. If health service is expected to be utilized by ICCs/IPs, there is a need for culture-sensitivity orientation. While this is easy to do in terms of human resources and facilities, it is a challenge when developing standards in service delivery. In this current plan, it is proposed to revisit and redesign these standards to be more culture-sensitive.

Culture-sensitive Health Service Delivery Guidelines and Standards

Activities	Responsible Group	When	Means of verification
Review of service delivery guidelines and standards	NIAC	2018	Reports and Recommendations
Presentation and lobbying for the Adoption of the recommendations by concerned agencies/program	NIAC	2019	Response of the concerned agencies/program

Compendium of Good Practices

Activities	Responsible Group	When	Means of verification
Identification and documentation of good practices on health programs and services in ICCs/IPs	DOH, NCIP, LGU	2018-2022	Compendium of Good Practices
Sharing of good practices during national summit or conferences	DOH, NCIP, LGU	2020-2022	National Summit/Conferences

Use of indigenous knowledge and practices on health

Activities	Responsible Group	When	Means of verification
Documentation and compilation of safe indigenous knowledge and practices on health	NIAC/RIAC/ PIAC	2019-2022	Compilation of IKHP on health
Advocacy on the use of the safe indigenous knowledge and practices on health (e.g. Patnubay sa Paggamit ng Halamang Gamot)	NIAC	1stQ 2019	Documentation

Financing and Collaboration

Health financing refers to the "function of a health system concerned with the mobilization, accumulation, and allocation of money to cover the health needs of the people, individually and collectively, in the health system" (WHO). Resources do not necessarily come from government agencies. They may also come from the non-government organizations, donors/foundations and the private sector including out-of-pocket payments.

In terms of mobilizing government resources, the current plan emphasizes the development of the ADIPH by the ICCs/IPs and getting them integrated into the Annual Investment Program (AIP) for funding by the LGU or the local investment plan for health for funding by the DOH. Development of the ADIPH by the ICCs/IPs require assistance from NCIP and DOH and other agencies whose mandates might be expressed as priority need of the AD. In some cases, having the ADIPH integrated into the AIP or LIPH does not guarantee funding. There must be a way of monitoring the evidence that resource mobilization did actually happen.

Government resources may not be enough. In some cases, a partnership with the private sector may be needed. However, an explicit protocol must be developed on how the private sector should be tapped. This is necessary to further safeguard the ICCs/IPs since they are already considered a vulnerable sector.

Development of ADIPHs for integration to AOP and LIPH

Activities	Responsible Group	When	Means of verification
Identification of Ancestral Domain (AD) for 2020-2022 ADIPH development	NCIP	3qtr 2018	AD List
Policy on the Integration of the ADIPH into LIPH Process	DOH, NCIP	Q4 2018	Policy Issuance
Development of 2020-2022 ADIPH	PIAC, RIAC LGU	2018-2019	ADIPH
Integration of the ADIPHs into AIP of LGU and LIPH	PIAC, RIAC LGU	2019-2022	Validation report

Evidence of LGU investment for IP Health Programs

Activities	Responsible Group	When	Means of verification
Training of IP leaders to be advocates for IP health service	NCIP	3Q 2018	Conduct of training
Monitor advocacy activities of IP leaders to local chief executives	NCIP, DOH, PIAC	2ndQ 2019	Monitoring report
Monitoring of health investment and expenditure for IP health services	NCIP, DOH, PIAC	3rdQ 2019-2022	Monitoring report

Public-private Partnership

Activities	Responsible Group	When	Means of verification
Mapping of private stakeholders willing to be engaged in ICCs/IPs	RIAC	2ndQ 2019	Stakeholder analysis report
Meeting with private stakeholders • Identify projects that can be funded in public-private partnership arrangement	RIAC	3rdQ 2019-2022	Conduct of meeting, Minutes

Implementing Mechanisms

The roles and function of the DOH, NCIP, and DILG are already specified in the JMC. During the initial implementation, inter-agency committees have been formed at different levels i.e. national, regional and provincial. Such inter-agency committee was responsible for developing and implementing specific strategies and activities at national, regional and provincial levels. At the national level, a National Inter-Agency Committee (NIAC) was organized with NCIP as the chair. At the regional level, the DOH Regional Offices formed the Regional Inter-Agency Committee (RIAC). However, not all regions with ICCs/IPs have organized the Regional Inter-Agency Committee. There were also varying strategies for organizing the committee. At the province level, there were small accomplishments and the strategy was challenging.

This plan includes a guide to give more guidance in organizing the regional and provincial inter-agency committees. A circular by the DILG need to be developed for the PIAC.

National Inter-Agency Committee

Chair:	National Commission on Indigenous Peoples (NCIP)
Vice-Chairperson:	Department of Health (DOH)
Members:	Department of the Interior and Local Government (DILG)
	Department of Social Welfare and Development (DSWD)
	Department of Education (DepEd)
	National Anti-Poverty Commission (NAPC)
	Philippine Health Insurance Corporation (PHIC)
	Philippine Institute for Traditional Alternative Health Care (PITAHC)
	Commission on Higher Education (CHED)
	Department of Budget and Management (DBM)
	National Economic and Development Authority (NEDA)

Regional Inter-Agency Committees

Chair:	Regional Director, DOH
Co-chair:	Regional Director, NCIP
Members:	Regional Director, DILG
	Regional Director, DSWD
	Regional Director, DepEd
	Area or Regional Vice President, PHIC
	Regional Director, DBM
	Regional Director, NEDA

Additional Members as necessary:

PSA	PopCom	DENR	DA
AFP	TESDA	DPWH	PNP
PHO	CHO	NTC	PITAHC
CHR	Other stakeholders		

Roles and Functions

- Prepare and disseminate regional issuance on the composition of the RIAC;
- Serve as the technical coordinating and monitoring arm in the implementation of the JMC and its strategic plan at the regional level;
- Coordinate all technical concerns and requirements with various concerned government agencies and non-government sectors to facilitate and ensure effective implementation of the JMC at the regional level and ensure complementation and synchronization of commitments;
- Provide technical assistance to regional and local counterparts;
- Advocate to other stakeholders;
- Monitor the implementation of all plans, programs, and projects at the regional level;
- Provide regular feedback or status report on the progress of the implementation, and policy recommendations to the NIAC;
- Conduct integrated monitoring activities;
- Ensure that all decisions and agreements are concurred by the regular members; and

- Act on issues and concerns raised by the PIAC.

Operational Tasks

- Call a meeting once every semester or as may be determined by the committee;
- Determine and assign tasks for the conduct of meetings ;
- Enlist additional members as needed;
- RIAC TWG to document minutes of meetings and proceedings of related activities; and
- RIAC TWG may occasionally conduct integrated monitoring.

Evidence Monitoring

- Minutes and Reports
- Resolutions
- Agreements
- Conduct of regional level activities

Provincial Inter-Agency Committees

Chair: Provincial Governor

Co-chair: Provincial Health Officer

Vice Chair: Provincial Director, DILG

Secretariat: Staff from the PHO shall serve as the Secretariat.

Members: Provincial Officer or Community Service Center for those without Provincial Office, NCIP

               Representative, DOH

               Provincial Social Welfare and Development Officer

               Division Superintendent, DepEd

               Representative, PHIC

               Representatives from component cities and municipalities with IP Communities

The committee may call upon or invite representatives from any department, bureau, office, agency or instrumentality of the government, and request the local government units, the private sectors and non-government organizations for assistance as the circumstances may require.

Roles and Functions

- Serve as the technical coordinating and monitoring arm in the implementation of the JMC and its strategic plan at the local levels;

- Coordinate all technical concerns and requirements with various concerned government agencies and non-government sectors to facilitate and ensure effective implementation of the JMC at the province, component city and municipal levels, and ensure complementation and synchronization of commitments;
- Provide technical assistance and capacity-building to local counterparts;
- Mobilize and link local stakeholders for functional networking and advocacy;
- Ensure formulation and recommend approval and implementation of ADSDPP/ADIPH;
- Conduct periodic monitoring and evaluation of the implementation of IP health plans, programs, projects at the provincial, component city and municipal levels;
- Provide regular feedback and status reports on the progress of the implementation that will serve as the primary source of information of the Management Information System and Open Portal; and
- Recommend policies to promote IP Health to LGU, line agencies and other concerned offices.

Operational Tasks

- Conduct regular meetings with documented minutes as well as related activities with proper proceedings;
- Submit regular status reports every semester to RIAC;
- Prepare Annual Provincial Inter-Agency Committee Plan to operationalize its roles and functions; and
- Ensure submission of Provincial IP Health Plan and its integration to the LIPH.

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