

Situation of Indigenous Navigator Philippines Community Partners in the Time of COVID-19



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I. NATIONAL CONTEXT

To coordinate and manage the response to the COVID-19 pandemic, the government set up the national Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF – EID), through “inter-sectoral collaboration to ensure preparedness and adequate response to assess, monitor, contain, control, and prevent the spread of infectious disease epidemics in the country.”¹ Chaired by the Secretary of the Department of Health, the IATF was activated on January 28, 2020 with members including the including the Department of the Interior and Local Government (DILG), Department Foreign Affairs (DFA), Department of Justice (DOJ), Department of Labor and Employment (DOLE), Department of Transportation (DOTr), Department of Information and Communications Technology (DICT), and Department of Tourism (DOT). The membership was later expanded to include many other agencies including the offices under the Office of the President, those related to national security, peace and order, basic services, among others. To respond to local situations, task forces are organized at the regional, provincial and municipal levels. The national IATF sets the parameters of allowed and restricted activities to guide the downline task forces.

The IATF evaluates the situation of the jurisdiction of each local government unit before imposing the level of quarantine protocols, as follows: Community Quarantine (CQ), Modified Enhanced Community Quarantine (MECQ), General Community Quarantine (GCQ), and Modified General Community Quarantine (MGCQ).²

For vaccination, the national IATF issued general guidelines to consider before anybody can be inoculated. To manage the limited supply of vaccines, the IATF classified tiers of priority to be vaccinated based on an assessment of the risks of exposure and physical condition of individuals/ groups according to the standards set by the World Health Organization. Giving priority to medical frontliners and those considered at high-risk, the list is as follows:

- A1** frontline workers in private and public national and local health facilities, health professionals and non-professionals like students, nursing aides, janitors, barangay health workers, etc.
- A2** Senior citizens aged 60 years and above
- A3** Persons with co-morbidities not otherwise included in A1 and A2
- A4** Frontline personnel in essential sectors, including uniformed personnel and those in working sectors identified by the IATF as essential during the expanded community quarantine
- A5** Indigent populations not otherwise included in the preceding categories

¹ https://iatf.doh.gov.ph/?page_id=680

² CQ = restrictions in mobility between quarantined areas; ECQ = strict home quarantine, limited movement, public transportation is suspended, only essential and utility services allowed, heightened presence of uniformed personnel to enforce community quarantine protocols; MECQ = transition phase between ECQ and GCQ, same as ECQ but mobility restrictions are relaxed for work-related activities, government offices operates under a skeleton workforce, manufacturing facilities are allowed to operate with up to 50% of the workforce, transportation services are only allowed for essential goods and services; GCQ = individuals from less susceptible age groups and without health risks are allowed to move within quarantined zones; public transportation operate at reduced vehicle capacity observing physical distancing, government offices may be at full work capacity or under alternative work arrangements; up to 50% of the workforce in industries (except for leisure and amusement) are allowed to work; MGCQ = transition phase between GCQ and the New Normal, all persons are allowed outside their residences, socio-economic activities are allowed with minimum public health standard

- B1** Teachers, social workers
- B2** Other government workers
- B3** Other essential workers
- B4** Socio-demographic groups at significantly higher risk other than senior citizens and indigent persons
- B5** Overseas Filipino workers
- B6** Other remaining workforce
- C** Rest of the Filipino population not otherwise included in the above groups.

National vaccination roll-out officially started on 1 March 2021 with the aim to inoculate 50-70 million Filipinos, or 60% of the population within 2021 to reach herd immunity. As of 17 November 2021, the Philippines has already recorded 70,677,771 COVID-19 doses given, increasing the percentage of fully inoculated individuals to about 32.7%.³ Earlier on Feb. 28th, the government’s vaccine deployment plan was launched with the distribution of 600,000 doses of Sinovac donated by the Peoples Republic of China. Sinovac is the more common vaccine used in this vaccination campaign. Increasingly, however, there are government purchases and external donations of other brands.

II. THE SITUATION ON THE GROUND

There is no disaggregated data available to quantify the impact of the COVID-19 pandemic on indigenous peoples. What can be provided are stories and experiences shared by individuals and communities. With the dynamic situation all over the country, indigenous communities remain affected as previously reported.

After April 2020, different areas in the country were placed under various levels of quarantine by the national IATF after evaluation with the downline task forces for certain time durations. The situation is very dynamic and the level of quarantine for one area can be extended if the situation so warrants. Based on the restrictions imposed per level of quarantine, the most impacted would be those in urban and urbanized areas. However, mobility and face-to-face meetings have been restricted in all levels. These protocols make it difficult for the indigenous farmers, for instance, who are mostly subsistence farmers and forest-product gatherers to market their products. The mobility restrictions have almost banned transportation, especially public transportation, thereby impacting on the marketing of products.

What may be said of our partners is that there is proof that those that had not been fully integrated into the cash economy, who retained their knowledge of food production and natural resource management, and whose traditional governance institutions are functional, are better at coping with emergencies like this.

For the Erumanen ne Menuvu, their governing body, the Kamal, is very functional. The body meets and communicates regularly, and has organized its own sectoral bodies for women, youth and farmers. When the public health emergency was declared, it sought resources and mobilized the women’s organization, Dayangba, to produce herbal preparations, PPEs and other such materials.

³ <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/philippines/>

Mainly for both personal and organization use, some of these products were sold for additional income. Kamal solicited donations for its relief efforts. It procured seeds and other planting materials for communal gardens and for individual families. It finished furnishing its tribal hall to serve as its the communications hub. For the Timuay Justice and Governance, it mobilized its members and organized procurement of relief goods, undertook distribution of these, coordinated actions for the Internally Displaced Persons (IDPs), documented the situation in the communities and reported these to authorities, among other actions taken. For the Mangyan in Mindoro, they are mainly dependent on the market for their livelihood. Thus, even when they still have subsistence crops, these are minimal and not enough, thus most of the assistance for COVID-19 response came from what the government provided.

The rains of late 2020 extended to 2021 in central Mindanao, further affecting the mobility, food production, and product marketing of indigenous communities. On the other hand, there is a prediction of the occurrence of La Niña in the last quarter of 2021.

The quarantine prevents the movement of people who are encouraged to stay home. For indigenous peoples who are in their communities and farms, this is not a problem. However, for those in town centers and urbanized areas, and are dependent on their livelihood on the market, they face various challenges when they cannot market their produce. This has also, however, allowed the revival of indigenous food production practices like the *sulagad* of the Lambangian and Teduray, or *suragad* of the Erumanen ne Menuvu which, in turn, is synonymously an indigenous mindset of taking only what you need from nature.

The second concern for our indigenous communities, after securing their health, is food security. The initial response to our queries on their situation from our IN partners is that there has not yet been a significant impact especially in communities which are still practising their indigenous food security practices.

According to Titay Cio, a Lambangian traditional leader, as was the case during the rat infestation and prolonged drought in 2015-2016, the people resorted to their *sulagad*. During that time, many indigenous communities were able to survive without experiencing hunger, even if there was a degree of food shortage for certain crops like maize and rice. It is for this reason that the Lambangian and Teduray communities have undertaken a program for the revival and strengthening of the *sulagad* three years ago. Through the *sulagad*, they are confident that they can ride out these quarantine periods without community-wide food shortage. The same practice is also found among the Erumanen ne Menuvu in North Cotabato whose youth group has established their own *suragad* in one of their sacred mountains. The resilience of these two peoples may be high in times of food security crisis because their natural resource management is still intact and their traditional governance institution is functional.

The restrictions on mobility and face-to-face gatherings have had a big impact on indigenous peoples because their culture is replete with practices that are collective in nature: from birth to grave, from seeds to fruits, from celebrations to grief. In the occurrence of death in the community, the observance of wakes is covered by the restrictions on face-to-face activities and social distancing where only a certain number of people can attend wakes, conflicting with the indigenous practice of community mourning. Affected also by these restrictions are the various rituals performed for the agricultural season, for life events, and for community solidarity, among others.

The government has a program to ration food and other basic needs who are locked down but this has not been consistent as local governments do not have enough funds and/or the supply from the national government is delayed.

ARMED CONFLICT AMIDST THE COVID-19

The Timuey Justice and Governance (TJG) or *KĒĒFANANGGUWIT TIMUAY*, the indigenous political structure of the Lambangian and Teduray, and the Lambangian Peoples Organization (LPO), report on the continuing attacks on indigenous communities and the presence of IDPs. These IDPs have not returned home since they evacuated at the start of the pandemic due to the armed invasions on their communities by non-State armed actors.⁴ More than a year after the government declared a public health emergency, the non-Moro indigenous peoples (NMIPs) continue to be at firing line between the government security forces and non-State armed groups. As late as June 19, 2021, the TJG reported⁵ that a series of bombings in Maguindanao by soldiers to flush out armed elements from the Bangsamoro Islamic Freedom Fighters (BIFF) displaced about 400 Teduray families from two villages. A few days after in another village, an improvised bomb killed a pregnant Teduray woman and wounded her two young children. A statement demanding accountability for these incidents and earlier ones was issued by the support group of the NMIPs.⁶

Timuey Justice and Governance (TJG), the Indigenous Political Structure of the Teduray and Lambangian Indigenous peoples has long been seeking the help and intervention of the Bangsamoro Transition Authority (BTA) and the National Government on these armed conflicts and their impacts to the NMIPs. Since last year alone, thousands of families have already been violently displaced within their ancestral domain because of land grabbing by armed Moro groups....

Now, as the military drops more bombs within the ancestral domains of the Teduray and Lambangian people(s) to flush out Moro rebels, the NMIPs are subjected to more sufferings -- deaths, destruction of their homes and farms, and forced evacuation. All these in the time of pandemic.

The BTA has to be made accountable and the National Government has to be made responsible for (those) who were killed... and of other NMIP women and men and the thousands of families displaced.

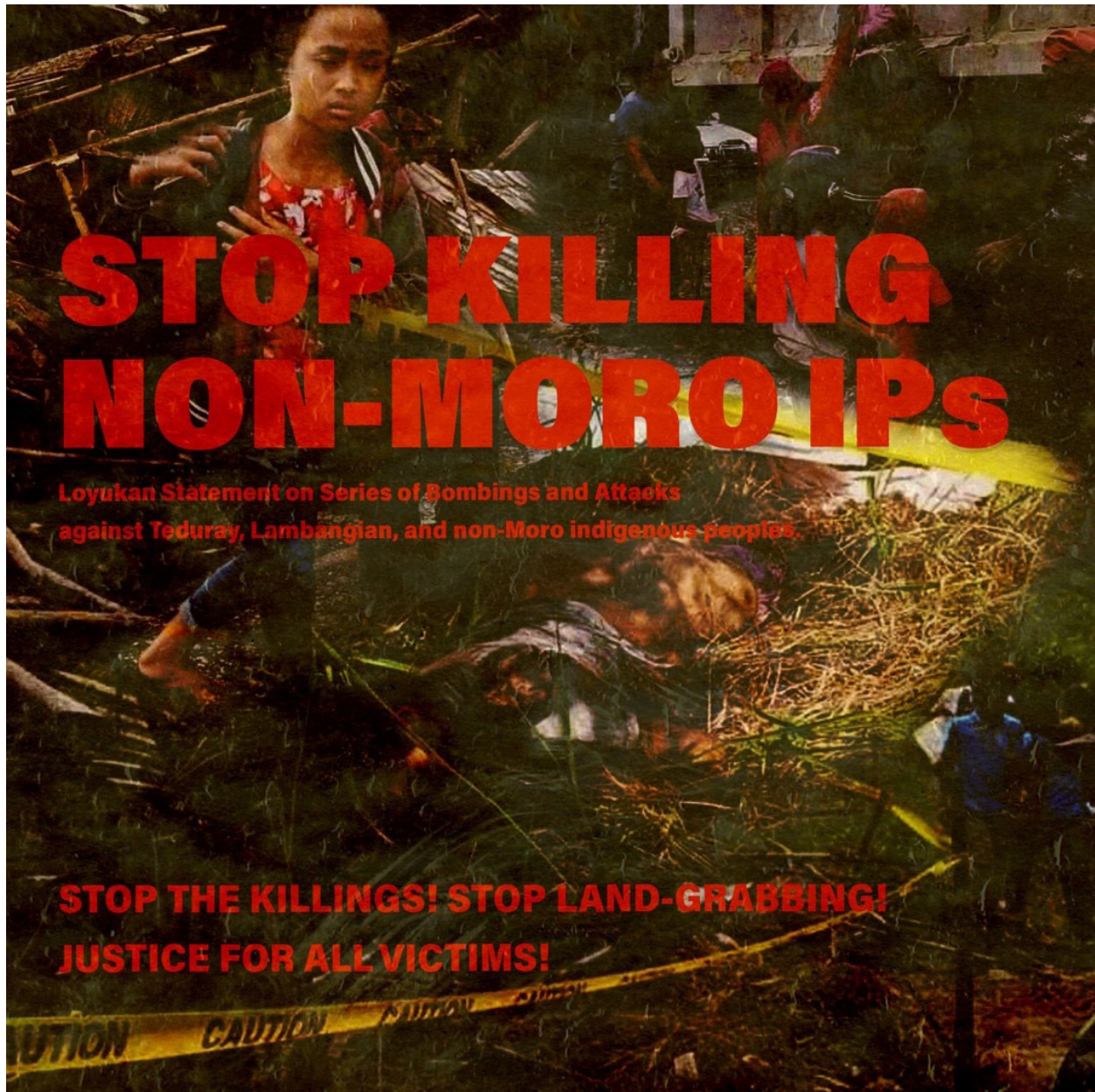
The NMIPs have historically and consistently engaged the National Government and the Moro Islamic Liberation Front (MILF) to assert their rights over their ancestral domain. They supported the peace process, as they pushed for the full inclusion of their rights in the peace talks, and the crafting of the Bangsamoro Organic Law (BOL). There have been commitments, on both sides, that their rights will be respected and recognized.

While the BTA says that there is peaceful transition in the region and that the process remains on track, the lands of the Teduray, Lambangian and Dulangan Manobo people are being stolen. Their lives are being taken.

⁴ <https://bit.ly/3CGqJbB>; <https://bit.ly/3EO1XrN>. Accessed Aug. 21, 2021

⁵ <https://newsinfo.inquirer.net/1453150/military-ops-against-biff-displace-tribal-folk-in-maguindanao#ixzz793wGmYsM>. Accessed June 30, 2021.

⁶ https://www.facebook.com/permalink.php?story_fbid=802629510456180&id=179831876069283. Accessed June 30, 2021.



STOP KILLING NON-MORO IPS

Loyukan Statement on Series of Bombings and Attacks
against Teduray, Lambangian, and non-Moro indigenous peoples.

**STOP THE KILLINGS! STOP LAND-GRABBING!
JUSTICE FOR ALL VICTIMS!**

Earlier, a report⁷ was submitted sometime in September 2020 to the National Commission on Indigenous Peoples (NCIP) by a multisectoral group that conducted a solidarity mission in conflict-impacted areas in three barangays in South Upi, Maguindanao on July 19-23, 2020. The report looked into the situation of the NMIPs amid the ongoing armed conflicts and threats of COVID-19. The report found that the situation of the IDPs severely inadequate to meet the requirements for COVID-19 prevention and mitigation, and that some of the evacuees have been displaced for already more than a year. The situation is dynamic and, although most of the 2020 IDPs have either returned to their homes, relocated, staying with relatives or friends, or still at evacuation sites, the fact is that the conflict is continuing and, thus, IDPs are continually being created. Since there has been no sustainable solution to the conflict, the situation of IDPs before is the same as now. The evacuation

⁷ Report to the National Commission on Indigenous Peoples: Situation of the Indigenous Peoples in the Bangsamoro Autonomous Region in Muslim Mindanao amid the Ongoing Armed Conflicts and Threats of COVID-19. A Preliminary Report. Submitted by the members of the "Solidarity Mission to Conflict-Affected Tri-people Communities in Lebak, Sultan Kudarat and South Upi, Maguindanao." September 11, 2020.

sites are characterized as “not meant for short-term shelter, more so for long-term sanctuary.” Usually, there are no or not enough beddings to sleep on concrete floors or on the ground; makeshift tents are inadequate to protect the IDPs from the elements; toilets and clean water for washing and bathing, even for drinking, are lacking. Hence, they cannot comply with the mitigation measures of the local authorities to prevent the spread of COVID-19 in this situation. With the loss of jobs, incomes, and other sources of subsistence due to the armed conflict and the pandemic, procuring even the necessities to comply with the health and safety protocols is impossible. All these conditions make the IDPs, especially the children, the elderly, and the weak, susceptible to contracting diseases. This is exacerbated by limited availability of everyday needs—most especially food—which are mostly dependent on provided donations and rations. The report states that the IDPs assert that they need to go back to their homes and farms so that they would not need to depend on the help of outsiders.

INDIGENOUS PEOPLES' ANALYSIS OF THE COVID-19 PANDEMIC

Earlier on June 21, 2020, Alim “Kim” Bandara of the TJG wrote the paper “Overcoming the COVID-19 Pandemic: lessons from the “dulet”.⁸ Bandara recounted a storyteller who shared a story handed down through generations about a time when a highly contagious disease caused death in whole communities. It was believed that this disease was caused by powerful spirits to discipline and punish humanity for “desecrating the sacred relationship between humans, the natural environment and the spirits. The story is very devastating and frightening and therefore deemed improver or remembering or retelling.” The storyteller concluded that the disease then was dulet as they are similar in many ways: a carrier transmits the diseases from person to person through body contact; it is difficult, even with medicine, to cure; and to prevent its spread, forms of lockdown and physical distancing were implemented. “What was different then was that dulet protocols were candidly followed by people even without police or arresting officer on guard as is the practice now.”

“Human activities that disrupt the sacred relationship are considered offenses with corresponding penalties that will come unexpectedly, as with the dulet.... The disease will not stop spreading if one will simply run away from dulet. Along with the practical and necessary responses mentioned, the (Teduray and Lambangian) have a high regard for the spiritual dimension of the response, as well.... In sum, overcoming the dulet is a long process. Ways of preventing the diseases must include setting the distance from the carrier; proper hygiene; nourishing self with fresh food; re-integration with nature; and spiritual and psychological cleansing by installing necessary symbols of respect, humility, in line with the principles and values of the (Teduray and Lambangian) from the individual to the wider societal level.... Finally, the bliyan (shaman), negotiates with the spirit bearer to leave and return to its own place so that infected individuals and communities can recover and eventually take necessary steps to bring the society back to its healthier and more stable state.”

⁸ <https://www.culturalsurvival.org/news/listening-indigenous-worldviews-fight-against-covid-19>. Accessed Aug.21, 2021

EFFECT OF QUARANTINE MEASURES

The quarantine measures brought some positive opportunities according to one of the indigenous leaders.

May magandang naidulot ang lockdowns at quarantine. Dahil napigilan ang bawat isa sa pagkilos, nasuri ng mga katutubo ang totoong kalagayan ng kanilang pamayanan. Nagmuni-muni ang mga namumuno ng mga tribu at ito ang mga aral na napulot nila mula sa mga karanasan sa lockdown/quarantine (There is something good that the lockdowns and quarantine have brought. Due to the limitations on mobility, the indigenous peoples have assessed the true state of their communities. The leaders have reflected on the situation and these are the lessons they derived from the lockdowns and quarantine):

(1) Kabuluhan ng mga tradisyunal na ritwal: Nasabi na ng mga baylan na magtagpo sa gitna ang silangan at kanluran at ang pagkilos ng tao ay malimitahan kaya kailangan magtanim at pahalagahan ang kalikasan dahil lahat ang tumutubo sa lupa ay may gamit sa tao. Mahalaga ang ligtas na pagkain na galing sa katutubong pag-aalaga. (Significance of indigenous rituals: Our spiritual leaders have predicted that the east and west shall meet in the centre and people's mobility shall be constrained, thus, the need to produce food and nurture the environment because all that thrives on earth is valuable to human needs.)

(2) Komunal o sariling taniman sa karatig-bahay: May saya sa pagtatanim at sa amin, ito ay pinangungunahan ng mga kabataan sa pamamagitan ng kanilang komunal na suragad. Ang pagka-inip ay hindi dapat problema at dapat igugol ang panahon sa pagtatanim. Kung abala ang isang tao sa pagtatanim, hindi lang bulaklak pero pagkain ang aanihin. (Communal farms or backyard gardens: There is joy in planting, and for us, the youth are taking initiative with their communal suragad. Boredom should not be a problem and the time can be spent in farming. If a person is occupied with farming, not only flowers can be harvested, but also food.)

(3) Kung masusunod itong dalawa, ay laging may pagkain sa bahay. (If the above two are practised, there is always food available in the home (FAITH).)

(3) Kinikilala ang mga pribadong lugar sa loob ng lupaing ninuno, at ito ay maaring gamitin sa mga pangangailangan ng mga pamilya, lalo na para sa pagtatanim ng makakain. (Private ownership of lands inside the ancestral domain is recognised, and this can be used for the needs of the family, especially for planting to produce food)

(4) Dahil may lupaing ninuno, WALANG NAMATAY SA GUTOM (Because we have our ancestral domain, NOBODY DIED OF HUNGER.)

(5) Isa sa mga kailangan ng mga kabahayan kontra COVID-19 ay ang malinis na tubig. Maraming tubig sa lupaing ninuno na maaring pagkunan nito, subalit salat ang rekurso para iparating ito sa mga bahay.

(One of the requisites to combat the spread of COVID-19 is clean water. We have substantial supply of potable water in our ancestral domain, but we have limited resources to tap these sources and bring the water to the households.)

(6) Nabalikan at napalakas din ng mga katutubong pamayanan ang kanilang mga katutubong gamot at pamamaraan ng paggamot, kagaya ng mga galing sa halaman. (We have revived and rejuvenated our indigenous health remedies and practices, like those coming from herbs.)

-- Timuey Ronaldo Ambangan, Secretary-General of the Erumanen Menuvu Kamal

This situation of indigenous peoples in the country was also reflected by the report of the NCIP Chair to the 13th Session of the UN Expert Mechanism on the Rights of Indigenous Peoples on November 6, 2020.⁹ The report mentioned that “In many ancestral domains, just like the effects of lockdowns, social distancing and quarantines, the cultural life of ICCs/IPs¹⁰ were affected. The conduct of IP rituals was either suspended and/or disallowed during those times.” To most indigenous peoples, honouring the dead with rituals to celebrate the deceased’s life, and to facilitate his or her journey to the afterlife is a sacred duty of the living. This is also an occasion to deliver assistance to and express solidarity with the bereaved family. This dimension of the culture has been impacted by the imposition of health and safety protocols. Indigenous peoples are slowly understanding the rationale behind these measures and, at the same time, are innovating on how to honour their dead, including accepting cremation of those who died from COVID-19 whenever this said service is available and required.

III. VACCINATION

Although there is general acceptance of vaccination as a means to increase protection against the devastating and often fatal effect of COVID-19, there is some resistance in some indigenous communities due to some past painful experiences in previous vaccinations, disinformation/limited/lack of information on vaccine and the vaccines themselves, and belief in the stronger efficacy of traditional health remedies.

Among the Tagbanua in Puerto Princesa, there has been some resistance to vaccination due to misinformation obtained via social media. For instance, news of death after vaccination was rumoured to be the result of the vaccine itself, although in most cases, the co-morbidities of individuals were the underlying causes. Also, there was the persistent rumour that vaccinated individuals would die after two years. These kinds of misinformation are deemed to reach communities faster than the information from and education campaign of the government and civil society authorities. This is the same as the earlier situation where information on what the virus is, how to take precautions, and the like were not easily available, creating much fear and anxiety among the uninformed individuals and communities. The Teduray and Lambangian Women’s Organization in Maguindanao conducted a text brigade at the start of the pandemic by translating information from the health department into local languages and sending them to their contacts in the villages. The Indigenous Navigator Initiative shared this system with the Buhid Hanunuo Mangyan Pinagbuklod in Mindoro Oriental, which adopted the same, because the leaders and members of the organization and their communities did not have enough information on the pandemic. The messages contained details including what the virus is, its manifestations, what to do to avoid being infected, what to do when symptoms appear, who to contact, and such other important information.

The availability of vaccines is a national issue. At the start, these vaccines were available in urban and urbanized centers but not in more remote areas; and even in these central areas, the limited availability of vaccines tempered the pace of the vaccination campaign.

9 Check the report here: https://www.ohchr.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Documents/Issues/IPeoples/EMRIP/Session13/submissions/AP/2020-12-01-statement-philippines-ncip.docx&action=default&DefaultItemOpen=1

10 Indigenous Cultural Communities/Indigenous Peoples

In Aroman, Carmen, North Cotabato where the Erumanen ne Menuvu Kamal is based, it is reported that there are rolling schedules for vaccination at the health centre but, again, priority sectors are served first. In Sitio Benuan, Kuya, South Upi, Maguindanao, about 2% of the population have been fully vaccinated. These people were notified to go to the municipal centre in Timanan to have their shots, crossing the Benuan River twice, which takes about 45 minutes by horse, before reaching the highway which is about 10 kilometres to the town centre. It is understandable that, given this situation, there is a very low vaccination rate, even among the priority sectors, e.g., senior citizens. Those who were required to be inoculated were government officials and frontline workers.

The above situation is true for other places, as well. In Mindoro Oriental, it is reported that there is a general attitude among the Mangyan that they do not want to be vaccinated because, first, they do not know the vaccine (as compared to that which they know for children, e.g., DPT) and, second, they have their own remedies. It is claimed that it is not only the Mangyan who do not want to be vaccinated but even those among the general population. For those who accept vaccination, however, some assent to it because it is a requirement in their jobs and it is accessible. A Tagbanua leader in Palawan province reports that almost all the Tagbanua villagers in his constituency are afraid to be vaccinated for the same reasons and also because of the rumours on the vaccine's possible ill effects on their health.

Apart from the structural limitations and rumour-mongering, most villagers believe that they have enough immunity, their well-being practices, including their indigenous spiritual beliefs, and lifestyle are enough to keep the virus away. Given these and the spacious environment in the communities, these may be relevant factors in keeping the COVID-19-case low in many of the villages where the Indigenous Navigator (IN) partners are located. Interestingly, several of the leaders of these organizations and structures have not been vaccinated themselves due to their strong belief in their own indigenous health care systems.

For those who want to be vaccinated, it is a matter of them waiting for the vaccines and seeing which category they fall under. In many places, the sectors being served are A1 to A4 as of yet. Generally, vaccinees have to go to a designated site, usually the health centre, on their designated schedules.

Many indigenous communities have not yet been reached by vaccines nor information on the vaccine drive. It is surmised that there are not yet enough vaccines to cover everyone. Also, hospitals are full or almost full especially when the presence of the Delta variant was detected. Laboratories are also not enough such that swab tests can be released soonest so as to decongest health facilities. In Mindoro Oriental, it is reported that one laboratory was stopped from doing swab tests due to issues on the compliance of requirements for its operations. The lack of oxygen supply is also being reported such that some local governments are rushing to set-up their own oxygen plants.¹¹

Nowadays, one fear that stops indigenous peoples from going to the hospital when they feel sick, is the possibility of testing positive for the COVID-19 virus which will, then, require undergoing isolation and subsequent distancing from their families for a lengthy amount of time. This feared scenario is even compounded by the strict protocol of immediately burying or cremating dead COVID-19 patients without having any wake provided which is, thus, akin to sacrilege for many indigenous peoples.

11 <https://www.baguiheraldexpressonline.com/baguijo-cdrmo-says-more-people-borrowing-oxygen-tanks-from-city/>

In Maguindanao, apart from rising infection rates, many do not want to be vaccinated, and those who feel sick do not go to the health facilities for fear of being declared a COVID-19 case. An example is given by Letecio Datuwata of the TJG, that during the monitoring of barangay health workers of those who have ailments, the sick hide from these monitors and stay away from their homes, going somewhere where they cannot be seen. This is due to some isolated experience where an individual was wrongfully declared positive and isolated. The people also fear that there is no proper medication in the health facilities because, in their experience, there were not even over-the-counter drugs available in these health stations or health centres during regular, pre-pandemic times.

SUMMARY AND RECOMMENDATIONS

There are no statistics available to show the level of COVID-19 vaccination and infection among indigenous peoples. However, reports from most IN partners show low incidences of infection in the indigenous villages. It is also reported that vaccination is not generally acceptable in these communities for various reasons and that, for the most part, it reflects the fear of the unknown, the side effects as observed among children who get inoculated with the mandated vaccines for under-six years old, and the strong adherence to indigenous health resources—herbs, food, spiritual healing. Meanwhile, in these communities, people go on with their lives, strengthening their own food production systems and observing their own health and safety protocols, which include their own quarantine practices and spiritual healing.

To address the concerns and needs of indigenous peoples, the following recommendations are made:

1. On information on indigenous peoples

Appropriate response to the situation of indigenous peoples during emergencies, including this COVID-19 pandemic, needs the availability of adequate disaggregated data on indigenous peoples. Local governments and the various line agencies must generate disaggregated data on indigenous identity to locate indigenous communities, monitor if COVID-19 response measures are reaching indigenous peoples, if these protocols are appropriate to the situation of indigenous communities, and if there are gaps that need to be addressed.

2. On information on COVID-19

With due respect to the health practices of indigenous peoples, there is still a need to enhance the knowledge of indigenous communities on COVID-19 for them to strengthen their informed decisions without fear of the unknown through culturally-appropriate means in their own language, in various forms and media. Materials produced by indigenous communities on this concern must be mainstreamed and supported, letting indigenous peoples generate their own materials with the appropriate advice from health authorities.

3. On mechanisms and structures in response to COVID-19

The government must provide appropriate mechanisms and structures for the protection of indigenous peoples against the spread of COVID-19, including immediate, culturally appropriate, and accessible amelioration programs and basic services, and ensure the participation of indigenous peoples in such mechanisms and structures. In line with this, the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF - EID) must be re-organized to include the heads of the NCIP offices, and representatives of indigenous peoples organizations and political structures at all levels.

4. On health services

Concerned government agencies should collaborate with indigenous communities/organizations/political structures, with IP-sensitive professionals, to study the impact of COVID-19 on the overall health condition, including mental health, of indigenous individuals, community response mechanisms and practices, formulating and supporting appropriate health services for such communities. This includes supporting the community human resources that render such kind of services.

5. On education

The education department must support the production of community-generated resources on health education, mainstreaming these knowledges in the curriculum where there is IP Education program. In the BARMM, the government must ensure the conflict-affected youth's access to education.

6. On livelihood and food security

Concerned government agencies should support the revival, strengthening, and promotion of traditional livelihoods and food production systems to further achieve the sustainable development of the communities and strengthen their resilience. This includes supporting the propagation of subsistence crops, marketing of traditional crops and products of indigenous communities under fair trade conditions, training indigenous producers on post-harvest technology, and adding value to their products.