

## **The Ancestral Domain Sustainable Development Protection Plan Implementation in the Mandaya Indigenous Community of Davao Oriental**

by

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### **Abstract**

The study on the effects of the implementation of ADSDPP in Taocanga, Manay, Davao Oriental intended to assess the socio-economic conditions in the indigenous community before and after the ADSDPP was implemented. Furthermore, the study also determines if there is a significant improvement after the implementation of the plan. The descriptive-evaluative method of research was employed. It utilized primary data obtained from the responses of 120 Mandayas to the survey questionnaire used to assess the effects of the implementation. Chi-square and t-test were used to enable to compare observed and expected frequencies objectively and to determine whether there was a significant difference in the socio-economic condition before and after the ADSDPP were implemented. The study integrated quantitative and qualitative techniques in the collection and analysis of data to provide a better understanding of the research problem. Results showed that in terms of annual household income and access to credit, there was a significant difference in the economic status of the IP respondents. There was also a considerable difference in the social state of the IP respondents. In terms of health insurance, savings for future needs and emergencies, and social involvement. Access to roads, crop diseases, and the peace and order situation identified as concerns that could hinder the development of the area. Recreation is not important. Though IP respondents were aware that they need to have savings for use in case of needs and emergencies, they did not consider it essential. Thus, the ADSDPP, in the context of sustainable development, poses challenges in attaining the struggle to a sustainable community, which is a continuous process. Even though results from the process might take a long time achieved, it promises a just and equitable future for all.

**Keywords:** Access to credit, Ancestral Domain, Certificate of Ancestral Domain Title (CADT), economic status, health, health insurance, annual household income, Indigenous Peoples Rights Act, The Mandaya Association of Taocanga Tribal Council, Incorporated (MATTCI), National Commission on Indigenous Peoples (NCIP), recreation, savings, socio-economic condition, social Involvement.

### **Introduction:**

Indigenous peoples are considered as the original conservationists and also the best guardians of the natural world. But their way of living faces the indefinite threat, and they are subject to higher degrees of poverty, particularly in their socio-economic condition. Across the

world, Indigenous Peoples were marginalizing in all areas of social well-being, such as access to water and sanitation, decent livelihoods, or political participation (ADB, 2002).

In the Philippines, IPs generally live in remote and far-flung areas which preclude them from enjoying their access to essential services like education, health, livelihood opportunities, and political participation. This also drives them to a gross condition of health, education, economic, and political deprivation as cited by the Philippine Judicial Academy (Cacal, 2010).

In connection with the above scenario, President Fidel V. Ramos signed into law Republic Act 8371 or the Indigenous Peoples' Rights Act in October 1997. The IPRA law enforces the 1987 Constitution's mandate that the State should craft a policy to recognize and promote the rights of Indigenous Peoples within the framework of national unity and development. To protect the rights of indigenous cultural communities on their ancestral lands to ensure their economic, social, and cultural well-being.

The CADC 109 area geographically lies within  $126^{\circ}17'2.57''$  to  $126^{\circ}25'35.8''$  and latitude  $7^{\circ}7'32.85''$  to  $7^{\circ}17'57''$ . It falls within Barangay Taocanga, Manay, Davao Oriental which is 24 kilometers away from Poblacion, Manay, Davao Oriental. However, adjacent barangays in the municipality, namely Rizal, Old Macopa, San Fermin, Lambog, Capasnan, San Ignacio and Holy Cross filed a Petition for Inclusion. It was then duly accepted by the applicant community through a Resolution of Acceptance. The ancestral domain area of the Certificate of Ancestral Domain Title (CADT) application of the Mandaya Tribe covers a perimeter area of thirty-nine thousand one hundred forty-five and  $.5278/10000$  hectares.

In 2010, the Ancestral Domain Sustainable Development and Protection Plan (ADSDPP) of the Mandaya Community of Manay, Davao Oriental was crafted by the Mandaya Association of Taocanga Tribal Council (MATTCI). The goals for this plan are to implement sustainable development programs with the help of various agencies through the proper use of human and natural resources. It also aims to effectively manage the whole ancestral domain and its natural resources according to their indigenous knowledge systems and practices and traditions, ensure the recognition and protection of the rights of the people to the land and to pursue development.

Thus, there is a need to assess the effects of the ADSDPP implementation on the socio-economic condition of the Mandaya Indigenous Community in Taocanga, Manay, Davao Oriental.

### **Method:**

The descriptive-evaluative method of research was employed. It utilized primary data obtained from the responses of 120 Mandayas to the survey questionnaire used to assess the effects of the implementation. Chi-square and t-test were used to enable to compare observed and expected frequencies objectively and to determine whether there was a significant difference in the socio-economic condition before and after the ADSDPP were implemented.

### **Results and Discussion:**

This section presents the findings, analysis, and interpretation of data gathered whose main objective is to assess the effects of the ADSDPP implementation.

#### **The Economic Conditions of the Respondents Before ADSDPP:**

This section discusses the economic status of the IPs before ADSDPP implementation. The indicators are income, savings, and access to credit.

### Annual household income:

As shown in Table 1, the average annual household income before ADSDPP was roughly Php 20,000.00 to Php 29,999.00, which covers almost 83.33% of the total population. 12.50% of the total respondents have an income of about Php 30,000.00 to 39,999.00, followed by 3.33% on the salary ranging from Php 40,000.00 to Php 49,999.00. Out of one twenty (120) respondents, only one (1) respondent has an income between Php 50,000.00 to Php 59,999.00.

**Table 1 Annual household income level before ADSDPP**

Annual household income	Frequency	Percent
20,000-29,999	100	83.33%
30,000-39,999	15	12.50%
40,000-49,999	4	3.33%
50,000-59,999	1	0.84%
<b>Total</b>	<b>120</b>	<b>100%</b>

Lasimbang (2008) suggests that any indigenous economic system is part of an economic and social totality that connects and governs the lives of its peoples. On the other hand, the higher poverty rates experienced by indigenous peoples may be the result of an uneven distribution of public assets across households within a particular area.

### Savings:

Out of one twenty (120) respondents, only thirty-nine (39) had acknowledged that they have savings, which covers almost 32.5% of the total population. Before the ADSDPP, majority of the savings of the respondents were under Php 2,000.00 to Php 2,999.00. On the other hand, 12.82% were under the savings range of Php 3,000.00 to Php 3,999.00, followed by 7.69% and 2.56% respectively.

**Table 2 Savings before ADSDPP**

Savings	Frequency	Percent
2,000-2,999	30	76.92%
3,000-3,999	5	12.82%
4,000-4,999	3	7.69%
5,000-5,999	1	2.56%
<b>Total</b>	<b>39</b>	<b>100%</b>

The result affirms the National Survey on Financial Inclusion by the Bangko Sentral ng Pilipinas (BSP) last 2015, which revealed that only 4 out of 10 Filipinos have savings. Out of those 4, only 32 percent put their savings in banks. The survey added that almost all Filipinos do not have money to save and do not fully understand the banking sector.

### Access to credit:

Before ADSDPP the highest credit range was Php8,000.00 and above which covers thirty-nine (39) out of the one twenty (120) respondents, followed by Php2,000.00 to Php2,999.00 range

with the frequency of twenty-five (25) respondents. Almost 18.33% of the total population was under the credit range of Php 5,000.00 to Php 5,999.00, 8.62% had a credit access for the amount of Php 7,000.00 – Php 7,999.00, 7.76% for Php 3,000.00 to Php 3,999.00 credit range followed by 5.17% for Php 6,000.00 to Php 6,999.00. Lastly, only five (5) out of thirty-nine (39) had a credit range of Php.4,000.00 to Php 4,999.00, which covers at least 4.31% of the total population.

**Table 3 Access to credit before ADSDPP**

Amount	Frequency	Percent
2,000-2,999	25	21.55%
3,000-3,999	9	7.76%
4,000-4,999	5	4.31%
5,000-5,999	22	18.33%
6,000-6,999	6	5.17%
7,000-7,999	10	8.62%
8,000 and above	39	33.62
<b>Total</b>	<b>116</b>	<b>100%</b>

Moreover, Deiringer (2004) observes that in many developing countries like the Philippines, the lack of land ownership or land tenure prevents a large part of the populace from gaining economic benefits. Investment incentives and credit market access, including non-economic benefits like access to training and technical support services.

#### **The Social Conditions of the Respondents Before ADSDPP:**

This section presents the social status of the respondents in terms of health insurance, savings for future needs and emergencies, provision of a budget for family recreational activities, and gender equality.

#### **Health:**

The table below shows that a small number of people with health insurance before ADSDPP. Only 24 out of 120 respondents or 20% had health insurance. The majority of the respondents or 80% did not have health insurance. It only shows that providing health insurance to family members is not much considered before the implementation of the ADSDPP. With only 2.44 % of the electricity supplied through the main AC lines, this would mean that a lot of people live off-grid. Without much access to power, health facilities are not much attended if any and cannot be established in the area like hospitals or clinics to facilitate health services. With people concentrating and expending much of their resources in purchasing and using a non-electric type of power source, health insurances often neglected.

**Table 4 A household with health insurance before ADSDPP**

Status	Frequency	Percent
With health insurance	24	20%
Without health insurance	96	80%
<b>Total</b>	<b>120</b>	<b>100%</b>

In addition to that, indigenous peoples often find it is difficult to access appropriate mainstream primary health care services. Securing access to primary health care services requires more than just facilities situated within easy reach. Ensuring the accessibility of health care for Indigenous peoples who often faced with a vast array of additional barriers, including experiences of discrimination and racism, can be complicated (Davy et al., 2016).

Savings in case of future needs and emergencies. Before the ADSDPP, only 26 respondents or 21.67% acquired savings in times of need and emergency. The majority at 78.33%, were not able to save. In that case, the allocation of savings in case of emergency was not that substantial before the ADSDPP implementation.

#### **Savings in case of future needs and emergencies:**

Before the ADSDPP, only 26 respondents or 21.67% acquired savings in times of need and emergency. Majority at 78.33%, were not able to save. In that case, the allocation of savings in case of emergency was not that substantial before the ADSDPP implementation.

**Table 5 Savings in case of emergency and future needs before ADSDPP**

Status	Frequency	Percent
With savings	26	21.67%
Without savings	94	78.33%
<b>Total</b>	<b>120</b>	<b>100%</b>

During the focus group discussion, the tribal leaders have mentioned that savings are essential considering the remoteness of the place, demanding access to goods and services and the lack of electricity supply. Savings for future needs and in case of emergency is a must. Everybody must be ready and should allot a budget for savings in case there will be some calamity in the area or in times of accidents.

#### **Recreation:**

In terms of recreation, out of one hundred twenty (120) respondents, only one individual or 0.83% engaged in some recreational activities before ADSDPP. It means that providing the budget for recreational activities is not one of the priorities of the respondents.

**Table 6 Providing a budget for recreational activities before ADSDPP**

Status	Frequency	Percent
With a budget for recreation	1	0.83%
Without a budget for recreation	119	99.17%
<b>Total</b>	<b>120</b>	<b>100%</b>

#### **Social Involvement:**

Almost 53.33% of the respondents had participated during community affairs and activities while fifty-six (56) out of the one hundred twenty (120) respondents were not able to participate during social involvement prior to the ADSDPP implementation.

**Table 7 Social involvement participation before ADSDPP**

Status	Frequency	Percent
With social involvement participation	64	53.33%
Without social involvement participation	56	46.67%
<b>Total</b>	<b>120</b>	<b>100%</b>

Women are more likely to invest additional earnings in the health and nutritional status of the household and children's schooling. Compared to men, women save more and spend a higher proportion of their earnings in their families and communities. Women are better at repaying loans; they are better savers and more willing to form groups to collect savings and decrease the delivery costs of many small loans (IFAD, 2009).

#### **The Economic Conditions of the Respondents After ADSDPP:**

This section discusses the economic status of the IPs after the ADSDPP implementation. The indicators are income, savings, and access to credit.

#### **Annual household income:**

The average annual household income after ADSDPP ranged from Php 20,000.00 to Php 29,999.00 for 76.67% of the total population. Only 13.33% of the households earned a yearly income of Php 30,000.00 to Php 39,999.00 after the ADSDPP. On the lighter side, there was an increase of at least 66.67% on the income ranging from Php 40,000.00-Php 49,999.00 and Php 50,000.00 – Php 59,999.00 respectively, after the implementation of ADSDPP. Overall, there was an increase in the frequency or the number of people with a higher income range.

**Table 8 Annual household income level after ADSDPP**

Annual household income	Frequency	Percent
20,000-29,999	92	76.67%
30,000-39,999	13	10.83%
40,000-49,999	12	10%
50,000-59,999	3	2.50%
<b>Total</b>	<b>120</b>	<b>100%</b>

The result conforms to the Philippine Statistics Authority 2016 that the increase in the average annual family income at 2015 prices. Families in the Davao Region had the highest growth of 53 thousand pesos in 2015. The Gini coefficient, which is a measure of income inequality within a population, was estimated at 0.4439 for the year 2015. This figure is slightly lower than the 2012 ration of 0.4605, which may indicate some improvement in the income distribution among families.

**Savings:**

Among the 39 respondents with savings, most had savings of Php 2,000.00-Php 2,999.00. An additional three (3) respondents were added to the seven respondents under the savings range of Php 3,000.00-Php 3,999.00, making it a total of ten (10) after the implementation of ADSDPP. The only difference is that the savings range from the same respondents had increased generally, with one (1) having savings of under PHP 8,000-8,999.

**Table 9 Savings after ADSDPP**

Savings	Frequency	Percent
2,000-2,999	29	74.36%
3,000-3,999	7	17.95%
4,000-4,999	1	2.56%
5,000-5,999	1	2.56%
8,000 and above	1	2.56%
<b>Total</b>	<b>39</b>	<b>100%</b>

**Access to credit:**

After ADSDDP, most of the respondents had a credit range is on Php 2,000.00 to Php 2,999.00. 27.59% (Php 3,000.00 to Php 3, 999.00) and 19.83% (Php 8,000.00 and above). Both credit range of Php 4,000.00 to Php 4,999.00 and Php 5,000.00 to Php 5,999.00) has the same number of respondents with 6.03% of the total population while the credit range under Php 6,000.00 to Php 6,999.00 and Php 7,000.00 to Php 7,999.00 had only 0.86% of the total population.

**Table 10 Access to credit after ADSDPP**

Access to credit	Frequency	Percent
2,000-2,999	45	38.79%
3,000-3,999	32	27.59%
4,000-4,999	7	6.03%
5,000-5,999	7	6.03%
6,000-6,999	1	0.86%
7,000-7,999	1	0.86%
8,000 and above	23	19.83%
<b>Total</b>	<b>116</b>	<b>100%</b>

In Ecuador, among small-scale producers, it has been shown that titling, technical assistance, the availability of credit and agricultural education, have positive impacts on productivity. In Mexico, education, contextual factors, and being indigenous are factors that impact on the marginal welfare value of the land. Being indigenous is an essential negative social asset as the minimal value of land for non-indigenous households is on average twice as high as it is for indigenous families. The structure of land ownership also affects access to complementary assets such as credit. In Guatemala, indigenous peoples are much less likely to hold formal title to

their lands, which along with the isolation and poor quality of the land. It makes land holdings useless as collateral, thus limiting their access to credit and finance. Access to financial assets plays a vital role in determining rural economic opportunity as it complements other assets (Economic Opportunities for Indigenous People in Latin America, 2007).

### **The Social Conditions of the Respondents After ADSDPP:**

This section presents the social status of the respondents after ADSDPP in terms of health insurance, savings for future needs and emergencies, provision of a budget for family recreational activities, and gender equality.

#### **Health:**

Table 11 shows a remarkable increase in the number of respondents that acquired health insurance after the implementation of ADSDPP with 97.5% of the total population. Only 2.5% were not able to obtain health insurance.

**Table 11 A Household with health insurance after ADSDPP**

Status	Frequency	Percent
With a health insurance	117	97.5%
Without health insurance	3	2.5
<b>Total</b>	<b>120</b>	<b>100%</b>

Health insurance appears to have a powerful impact on hospital use among the indigenous population. Providing insurance coverage to an aboriginal person raises the odds of hospitalization by about 63.1 percent (Vicente Paqueo, Christian Y. Gonzalez (2003), Economic Analysis of Health Care Utilization and Perceived Illness).

#### **Savings in case of needs and emergency:**

After ADSDPP, out of one hundred twenty (120) respondents, there were only seven (7) or 5.83% who did not save. On the other hand, 94.17% of the respondents had savings in case of an emergency.

**Table 12 Savings in case of needs and emergency after ADSDPP**

Status	Frequency	Percent
With savings	113	94.17%
Without savings	7	5.83%
<b>Total</b>	<b>120</b>	<b>100%</b>

The result affirms the results of the Central bank's Consumer Expectation Survey (CES) results for the first quarter of 2015. The number of local Filipino households with savings rose to a record high of 31.6% from 25.7% in the fourth quarter of 2014. Interestingly, survey respondents cited five main reasons for saving money. They keep a portion of their income so they can spend for: a.) emergencies; b.) education of children; c.) health and hospitalization; d.) retirement; and e.) investment and business capital.

### Recreation:

In terms of recreation, there was only a minimal number of people engaged in recreational activities. Out of 120 respondents, only five individuals engaged in some recreational activities — a small increase from 1 individual to 5. Before ADSDDP only .8% of the respondents have engaged in some recreational activities. After ADSDDP, it increased to 4.1%. The small number of people participating in recreational activities can be explained by the remoteness of the place and limited access to technology and an electrical power source.

**Table 13 Providing a budget for recreational activities before ADSDPP**

Status	Frequency	Percent
With recreation	5	4.17%
Without recreation	115	95.83%
<b>Total</b>	<b>120</b>	<b>100%</b>

For recreation, Taocanga has five basketball courts located in the barangay proper and volleyball courts found in the puroks. In terms of technology, television provides leisure and recreation. However, television sets are not standard in the area. The existing power supplier, Davao Oriental Electric Cooperative (DORECO), supplied electricity to only two out of fourteen puroks and these are Purok Langka and Centro. There is a tourist attraction located in Sitio Matabang (Diomaboc Lake and Mt. Kampalili) and Sitio Limentuog (Tagdalid Falls). However, these are not explored. Given the limitation of Electricity services and distance from the mainline due to the remoteness of the place. With the financial constraints of LGU and the limited financial resources of the residents. Recreational activities in the form of Digital Technology like the internet and television are not that significant, given that Electricity only supplied in 2.44% or only 15 households.

### Social Involvement:

In terms of social involvement, 95.83% of the respondents participate during participation in community affairs and activities while there was only five (5) or 4.17% who did not participate.

**Table 14 Social involvement participation**

Status	Frequency	Percent
With social involvement participation	115	95.83%
Without social involvement participation	5	4.17%
<b>Total</b>	<b>120</b>	<b>100%</b>

In terms of social involvement, men make the most challenging task and decision making, while household duties reserved for women. According to BDP 2011 of Taocanga, most men are officers of community organization and are members of groups that require their services. On the other hand, women are usually tasked to attend meetings because men regularly attend to farm activities. Men occupy most of the posts in the barangay local government units while women are active in barangay and community assemblies in terms of food preparation. Before the ADSDPP, only 64 correspondents agreed that men and women have equal rights and participation in the

management of cooperative and community affairs. However, there are no economic and business cooperatives in the area. Developing opportunities, extending assistance during community affairs, and facilitating empowerment for both men and women are essential to strengthen social involvement.

Thus, as livelihood strategies change over time, indigenous peoples may wish to benefit from support for formalizing their livelihood and income-generating activities. Cooperative enterprises have shown to be a viable form of indigenous peoples' economic development. Organizing as collaborative and linking to the alternative trade movement. Indigenous communities have been able to bring their products into global value chains (Thematic Paper on Indigenous Peoples' Access to Decent Work and Social Protection, 2014).

### **Test of Difference in the Status of the IPs Before and After ADSDPP:**

This section presents the test of difference in the status of the IP respondents before and after ADSDPP in terms of economic and social indicators.

#### **Economic:**

##### **Annual household income:**

Table 15 shows the computed t-values before and after the implementation of ADSDPP. The table further indicates that the calculated t-value is 2.646, which is higher than the tabular value of 1.98 with 119 as the degree of freedom. The result suggests that it is significant at 5% level of significance. Hence, the null hypothesis is rejected. It means that there is a significant difference in the annual household income level before and after the ADSDPP implementation.

**Table 15 T-test computation of the annual household income level**

Household Income	Mean	t-value	Sig.
Before	27,166.17	2.646*	0.009
After	28,832.83		

This only shows that the generation of productive employment and the promotion of rural livelihood have increased the income of the people in the community. This also brings a significant effect on improving the economy towards a stable and enduring growth path.

#### **Savings:**

Table 16 shows the computed t-values, the savings of the respondents before and after the ADSDPP implementation. The table further indicates that the calculated t-value is 0.158 and it is lower than the tabular value of 2.021 with 41 as the degree of freedom suggests that it is not significant at a 5% level of significance. Hence, the null hypothesis is accepted. This means that there is no significant difference in the savings of the IP respondent before and after the ADSDPP was implemented.

**Table 16 T-test computation of the savings**

Savings	Mean	t-value	Sig.
Before	2,928.07	0.158*	0.875
After	2,951.88		

Based on the focus group discussion, with the given condition in their area in terms of access to roads and the peace and order situation and crop diseases might be the possible reason why estimate target income of every household could not attain. Thus, this hinders them from savings.

### **Access to credit:**

Table 17 shows the computed t-values before and after the ADSDPP w. The table further indicates that the calculated t-value is 8.339, which is higher than the tabular value of 1.980 with 115 as the degree of freedom suggests that it is significant at a 5% level of significance. Hence, the null hypothesis  $H_0$  is rejected. This means that there is a significant difference in the access to credit of the IP respondents before and after the ADSDPP implementation.

**Table 17 T-test computation of the access to credit**

<b>Access to credit</b>	<b>Mean</b>	<b>t-value</b>	<b>Sig.</b>
Before	5,887.43	8.339*	.000
After	4,344.33		

This result affirms that lately, credit access is not that hard to find. Several microfinance enterprises have mushroomed today offering lower rates. In 2011, 234 households in Barangay Taocanga had availed of credit facilities to private lending institutions. The repayment scheme involves daily payment (arawan), weekly and monthly at a rate ranging from a 3.5% to 10% per month (PRA Census, 2011).

Access to credit plays an important role in determining rural economic opportunity as it complements other assets, for instance, by helping increase the productivity of land or reducing the volatility of agricultural incomes (Orden et al. 2004; World Bank 2004). Due to the increased access to information and the presence of microfinance enterprises, more IPs are now engaged from seeking a loan despite high-interest rates.

### **Social:**

#### **Providing health insurance to family members:**

Providing health insurance to family members. From 24 respondents before the ADSDPP to 117, it is notable that there is an increase in offering health insurance to family members after the ADSDPP. The tabular value of  $x^2$  is 3.841, which is less than the computed t-value of 148.704 with one as the degree of freedom indicates that it is significant at a 5% level. The null hypothesis is rejected. The result means that there is a significant difference in the social status of the respondents in terms of providing health insurance to family members before and after the ADSDPP was implemented.

**Table 18 Chi-square computation of the health insurance provided to family members**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	148.704*	1	.000
N of Valid Cases	240		

\*Significant at  $\alpha = 0.05$   
 Significant = reject Ho

Indigenous families spend less than non-indigenous families on private health care, except for hospitalization. This lower spending may be due to the availability of social health fund facilities in the isolated rural and indigenous areas. Although the health insurance coverage rate is low throughout the country, indigenous peoples have less public health insurance and far less private health insurance than non-indigenous people in Bolivia. Despite the creation of individual health insurance, ill-health and the morbidity rate remain worse for indigenous than for non-indigenous people (Hall & Patrinos, 2002), Indigenous Peoples Poverty and Human Development in Latin America).

The significant increase in the number of IPs that provide health insurance to their family members indicates that ensured access to primary health care is widely accepted as key to improving health outcomes.

**Savings in case of needs and emergencies:**

Before the ADSDPP, there were only 26 respondents who had savings in case of needs. However, there was a notable increase to 113 respondents after the ADSDPP. Table 19 shows the computed tabular value of  $\chi^2$  is 3.841, which is less than the calculated value of 129.394 with one as the degree of freedom indicates that it is significant at a 5% level. The null hypothesis is rejected. This means that there is a significant difference in the social status of the respondents in terms of savings for future needs and emergencies before and after the ADSDPP was implemented.

**Table 19 Chi-square computation of the savings in case of needs and emergency**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	129.394*	1	.000
N of Valid Cases	240		

\*Significant at  $\alpha = 0.05$   
 Significant = reject Ho

**Table 20 Chi-square computation on providing a budget for recreation**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.735	1	.098
N of Valid Cases	240		

Not Significant = accept Ho

The results affirm the idea that savings are essential considering the remoteness of the place, demanding access to goods and services, and the lack of electricity supply. Savings for future needs and in case of emergency is a must. They said that everybody must be ready and should allot a budget for savings in case there will be some calamity in the area or in times of accidents.

The result also affirms the Central Bank's Consumer Expectation Survey (CES) results for the first quarter of 2015, that the number of local Filipino households with savings rose to a record high of 31.6% from 25.7% in the fourth quarter of 2014. Interestingly, survey respondents cited five main reasons for saving money. They keep a portion of their income so they can spend for 1.) emergencies; 2.) education of children; 3) health and hospitalization; 4) retirement; and 5) investment and business capital.

#### **Recreation:**

It was found that recreation and leisure are not much given importance. There is no significant difference in the social status of the respondents in terms of their recreation before and after ADSDPP was implemented.

Recreation and leisure provide opportunities for positive relationships and partnership building. Increased activity levels across a person's life span improve quality of life, enhances mental health (Barrett, 2016). Considering the land classification in Barangay Taocanga, the place is suitable for wildlife and outdoor recreation since the barangay has been identified as a tourist attraction because of the Diomaboc Lake and Mt. Kampalili in Sitio Matabang and Tagdalid Falls in Sitio Limentuog.

**Table 21 Chi-square computation on providing budget for recreation**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.735	1	.098
N of Valid Cases	240		

Not Significant = accept Ho

#### **Social Involvement:**

There were 64 respondents agreed that there was social involvement in participation in the management of the cooperative and community affairs, but after ADSDPP it turns out as 115, this

only suggests that there is a difference before and after ADSDPP. The tabular value of  $\chi^2$  is 3.841, which is less than 57.170 computed value with one as the degree of freedom indicates that it is significant at a 5% level. The null hypothesis is rejected. This means that there is a significant difference in the social status of the respondents in terms of their social involvement before and after the ADSDPP was implemented.

**Table 22 Chi-square computation on social involvement participation**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	57.170*	1	.000
N of Valid Cases	240		

\*Significant at  $\alpha = 0.05$ .  
 Significant = reject  $H_0$

This result linked to recent developments in Taocanga, where associations and other social activities are being organized and have been participating in the community. Among the organized groups mentioned during the FGD were the following: Barangay Taocanga Association of Senior Citizen, Women Organization Taocanga Chapter, Day Care Teachers, Barangay Health Workers, and Barangay Nutrition Scholars. However, there is no cooperative/association in the barangay.

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