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## **Integrated Development in Population, Health, and Environment: Updates from Ethiopia and the Philippines**

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Woodrow Wilson International Center for Scholars

*Edited Transcript – Joan Castro*

Thank you. Good afternoon to everyone. Thank you Geoff again for this opportunity to be able to share with you experiences in the Philippines particularly on the project which was integrated after the integrated population enforcer resource management. It's also funded by Packard Foundation, and it's good to see all of the presentations earlier which had similar funding as Geoff mentioned. The goal of the project is -- or was to alleviate poverty and improve food security in high growth hot spots of the Philippines areas to improve capacity of the local governments to implement integrated approaches to reproductive health management and natural resources management.

The population poverty environment project, otherwise known as PPE project, actually implemented the best approaches that we have learned into projects that preceded this project. So, the very first PPE project that was implemented by Packard Foundation Philippines was the IPOPCORM, or the Integrated Population and Coastal Resource Management. It was a six year project which was also supported by Packard Foundation. The project developed and designed the private sector PHE model.

So, we worked with nongovernment organizations, we worked with cooperatives, we worked with small entrepreneurs to implement the bulk of the service delivery of the project, and we worked with the municipal, or the local governments to provide sustainability and peripheral system of the project. So, that was one of the strategic approach that we used in the PPE project, so we used IPOPCORM's best practices in PHE service delivery for use by the local government units.

So, it was -- the PPE project was a shorter project and it was also a means for us to scale up the lessons learned that we've learned from our six years experience with the IPOPCORM. In terms of the community based systems involved like what we did in IPOPCORM community volunteers, both adults and youth as PHE peer educators to create a demand for family planning methods. And then, we worked with a small in country nurse and community based distribution of family planning products to provide a



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supply, and then we worked with the local government for the referral system, so we created a linkage between peer educators, the community based distributors and with a government system to develop a functional referral system from being educated and increase awareness to get in the supplies. And for other, a family planning reproductive health needs, being able to get that from the government health service systems.

There was also another project which we called Alternative Advocacy Project. It was a scale up, we worked with policy makers to be able to scale up PHE in terms of advocacy, so we worked with decision makers at the local government and we look at frameworks at the national level to be able to look for entry points for PHE integration can come in, and we promoted our management as an integral component of coastal resource management for food security which means that it is reproductive health is essential and is connected to natural resource management.

We enhanced and ultimately we promoted reproductive health management as one that enhances and ultimately improves conservation objectives, and while addressing also a root cause of resource degradation and human poverty. So, these were the entry points that we were able to promote reproductive health component, both at the national and sub national levels. So, with the Alternative Advocacy Project we were able to out in PHE into an ecosystem based management of natural resources, also at the national level we work with the National Anti-poverty Commission to be able to identify what were the priority areas for hunger litigation and consider the poorest of the poor provinces in the Philippines.

So, both of these approaches in terms of identifying the areas where we work in and also implementing the community base approach were the same strategic approach that we used for the population for the PPE project. The duration of the project was from 2008 to 2010, the public-private partnership which we established, we're actually working with 22 local government units located in high-diversity areas and also in the poorest of the poor provinces in the Philippines. To be able to scale up this project, we work with the league principalities of the Philippines, this is an association of all elected municipal mayors which is composed of close to 2000 municipal mayors in the Philippines, and we signed a memorandum of agreement with them for them to be able to piggy back so that we can piggy back PHE into an IEC campaign which we entitled "for less means progress," so that was their family planning campaign.

So, that was the entry point for the integration and we were able to work very closely with a different mayor, so it was actually enabling process to be able to scale up the local government, the public sector PHE model that we've been under this project, and



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particularly working in areas that were identified by the national government as the poorest of the poor. So, what they did was they ramp -- the municipalities and provinces that were high priority and then a second priority and then a third priority. So, most of the areas that we were with were considered fifth or six class municipalities, so these were located in very remote areas that were also in high volume diversity areas and high population growth rates.

We did work with the private sector for the contraceptive supplies because we also worked to increase awareness, and then PATH Foundation was the one that's a nongovernment organizations to be able to provide an umbrella for all the initiatives on the ground at a national level.

These are the sites that we were in, there were 22 remote and also considered the priority seeking provinces in these areas. They're located in three key bio regions, so this is also the first time for PATH foundation to be able to work in watershed areas. So, -- this one, this is the very first initiative that we have had for the watershed areas implementing the same approach and the same activities that we did in the coastal communities. We continued to work in another key bio region, which is the Denahumbah who boast of 19 municipalities in four provinces that were over a million people dependant on the Nahum Bay. It's one of the important eco systems because it's one of the only two double barrier reefs in Asia and the pacific.

And then, the other bio region that we were in was in the Verde Island which is being considered the center of the center for species bio-diversity, or a speciation, that's how they call it. So, it's bounded by four provinces, and we work in at least two provinces that were fronting one of the key areas, the Verde region, Verde Island, where we implemented the population poverty environment lease.

The project worked towards achieving the short term outcomes and eventually achieving the goal of the project, one was to work towards political commitment and support generated integrated approaches to poverty integration that incorporates reproductive health strategies. This was not too different from what we did in the IPOPCORM, but we were able to look at the framework of poverty elevation, which was the main mission of most of the municipalities we work in, alleviate poverty in their areas.

The second short term outcome is we provided capacity building of the provincial and municipal level of governments. So, what we did in IPOPCORM was we worked in hotspots, so we work in selected villages. In the PPE project, we work at the municipal level to provide more coverage, both in the coastal villages and the upland villages. And



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then thirdly is the L.G. capacity created to establish and maintain family based family planning systems. So, in the IPOPCORM form, what we did was train NGOs as trainers, this time we trained the local government who are already paid for by the national government to be able to deliver the capacity building and activities, and identify the peer educators and the youth spear educators and the community based systems in their own areas and be able to monitor them via the project line. So, that is essentially how we implemented differently IPOPCORM and the PPE in terms of community based systems.

Some of the project inputs, the key project inputs we provided orientation and action planning workshops for local government personnel, which included both sectors from the environment, from the culture and from the health sectors. We mentored the local chief executives by the PHE champions, the LGU leaders from the previous IPOPCORM projects who are also the ones who are encouraging to the new champions to adopt the PHE approach.

Partnership and franchising arrangements were facilitated between the local government and private sector suppliers for family planning products. So, before we worked with the nongovernment organizations to be able to get the franchising arrangements or group app foundation, it was now an investment by the local governments to be able to have access to the franchising arrangement and work closely with the private sector to be able to provide family planning commodities to those who can't afford, and also those who would like to have family planning and have little money to be able to get that. So, in terms of the market it was wider because the government would have some family planning commodities to those who cannot really afford, but with the social marketing arrangement, then we were able to get more people who can ward by the commodities of the community based distribution at the cost.

And then, we also built capacity for local government and our issues established a community based family planning systems. I think this is one of the most important achievement that we see in a project input that it's very necessary and I'm reminded of the recommendation earlier that they become part of the preplanning activities. And, making them know that the project is only for a limited time, so whatever initiatives that you provide assuring the project is actually an investment and a partnership that we can take advantage of so that they're able to sustain the gains that were provided during the duration of the project even beyond the project line. So, most -- while we ended IPOPCORM and the PPE project, we still continue to have partnerships with them, they have maintained most of the initiatives that we have provided, and they remain to be learning sites for PHE integration in country and the international community.



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For two years, here are the project outlooks. We have worked with 22 municipalities, we actually have 27 annual investments plans, so in the departments of the local governments in the Philippines you have development plans and out of these plans they provide a location for activities that have been agreed upon for PHE activities and this is where you'll be able to see that they've allocated funds whether it's small or big the government is now able to provide funding to support some integrated activities at the provincial and the municipal level. But again, this was all in the framework of poverty alleviation.

We were able to mobilize \$70,000 from local partners for implementations of integrated activities and we established community based systems in all the 22 municipalities. Coming up with a network, or training a network of close to 400 community based systems, which is now established and now sustained by the LGU partners. And, for same duration of time that we worked with IPOPCORM, although we had more, we were able to fast track and we were able to meet some family planning unmet needs in this area and they got their commodities in their community based distribution points that was established by this project.

Some of the other resource that we had for the project is that while we lacked the resources to assess the influx of poverty indicators, some of the feedback from the local government barterers indicates that the improvements, as I mentioned earlier, their income classification has moved up from classified -- from number six classification of the local government to some reaching at least a number two, which means that there's more money's coming in, there's more income generated by their constituencies within the local government.

While we cannot say for sure that it's really attributed by the PHE project, the local partners have indicated that the project has somehow created an environment and created some activities that supported and helped them improve in terms of their income classification as a municipality. What this means for them is that if you have a higher classification in the local government, you're able to get higher revenue from the national government. So, I mostly from our experience, those are the lowest classification are usually from the most removed areas, so it was also a good outcome and something good that we -- although, anecdotally we heard from our partners in the field.

They actually also indicated improvement in the potential for equity recent development in L.G. supported environmentally friendly enterprise development for the poor. Most of the areas were really had very nice biodiversity areas, whereas most of the activities that they did for the income generating activities was to promote equity resale in the project



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being able to do the PHE integration was able to help create, within the community and promote their equity resale development as something that has been contributed by the years of experience and years of working on the PHE integration project. Some local governments have actually allocated funds for livelihood relocation for the poorest of the poor and as I've mentioned earlier it's because the framework we put in the investment plan PPE activities is because it was on the framework of poverty innovation which is division of the new government.

What did we learn from the project? LGU centered model reached more women with unmet family planning needs in a shorter time period than an NGO centered PHE model. So, we had a six year program where we learned a lot of things and we scaled it up in a short amount of time in reaching significant number of areas and we were able to reach more women with unmet need. Further monitoring is needed to determine which model is more sustainable.

The PPE just ended in 2010, so I think it's worthwhile to look in terms of sustainability because in the IPOPCORM we have a significant number, but with the change of leadership every three years we have an election, the sustainability is also in questions. But, putting it in a framework that is understandable and would be shared by even incoming leaders is something to really think of in terms of trying to get into the agenda of the incoming government and being able to sustain gains by the project.

IPOPCORM demonstrated a significant reduction in income poverty within six years, so just in time frame required ... and poverty alleviation outside of this room you see the paper that was recently published by the Environmental Conservation Journal and you can have copies of that outside, it's actually the results of the operations research that we did under the IPOPCORM project which actually have a value added information about the positive results on poverty alleviation and looking at income particularly in adults, in youth population I mean, and so that's the IPOPCORM article just outside, and there's the link that we have, but hard copies are outside. I would have wanted to show you this, but I don't think we have time and it seemed to be not working when I tried it, it's actually video showing of what the government talks about PHE in their own areas and trying to sell the PHE among their peers like municipal development officer talking to the local government to be able to integrate PHE in their own areas.

OK, well thank you very much, I think that ends my presentation.



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