



Woodrow Wilson
International
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Environmental Change and Security Program

Field Trips: Population-Health-Environment Projects in Kenya, DRC, and Madagascar

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Edited Transcript – Janet Edmond

I want to thank the Wilson Center, Environmental Change and Security Projects for having me back. I am here a lot. I feel like this is -- it's kind of the PHE living room in a way. It's a place to come and see old friends and meet new friends and it's definitely an opportunity to get away from the daily, you know, details and sit back and reflect on what we've done and where we're going and it's always a good opportunity. I always find myself days after a session remembering something, thinking about it and I think it's very, very helpful to have these opportunities. So I'm glad you were all able to come.

And I want to also thank my co-presenters. I'm very excited, and I feel like our presentations are going to have a lot of synergies and I hope we'll have a good discussion afterwards. I've been the CI Population-Environment director since January 2004 and I'm here presenting, as Geoff said, the work of our Cambodia program, Philippines and Madagascar. And the results you're going to see are really the results of the work of a lot of people on the ground, and I really give all the credit to the people, our partners, our CI field staff, all of our collaborating organizations, governments, and so I'm just merely the conduit for that information.

So as many of you know, CI has had a population environment program going back to 2002. We have been very happy to receive support from the Office of Population and Reproductive Health. We have called our program "Healthy Families, Healthy Forests." And this is the cover of a publication which is coming out very soon -- be in your mailbox soon, which demonstrates our results. And right now most of the results I'm going to talk about are 2005 to 2008 because that's the agreement that we're talking about right now. So, and as you can see, like I said, Cambodia, Madagascar and the Philippines.

So as many of you also already know, CI's mission is to conserve global biodiversity. And we try to demonstrate that we can do this in harmony with human societies. So, and this is a



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challenge, as many of us already know. And we're constantly trying to push the envelope on this and make sure that we are doing what we say we want to do.

Any CI presentation has to have the hotspots framework in it. These are areas of high endemism so there are species, flora, fauna found in those hotspots which are found in nowhere else, and they're under -- there are 34 of them around the world and they're under immense threat. There's already 70 percent of plants lost in those areas so the need to conserve is critical.

So I won't spend a lot of time talking about kind of the PHE approach. I think Dario has already done a great job of doing that. I'll just summarize and say that our main objectives are to reduce population pressure on natural resources and the environment. And we do that by increasing access to family planning, reproductive health services. We also expand that a bit to include maternal child health services and some of the other things that people need in communities and rural areas. And at the same time, we work with communities to improve their ability to conserve and to improve their natural resource management use.

So, and obviously, the first thing that we recognize is that the people in the forefront need to be healthy in order to be able to do that. So we have put investments in making sure they have access to services; they are healthy; they have the tools to be able to accomplish conservation. And I won't spend a lot of time talking about threats to biodiversity. I think Dario has already mentioned quite a few of those. And also, just say that we're always trying to improve and be able to prove that the links between health and conservation are there.

Let me move into the areas where we're working. This is Madagascar. So we're in the eastern corridor of Madagascar. This is Cambodia. And many of you may have already seen some of my colleagues present on this at previous Wilson Center events. We're in the southwestern part of Cambodia in the Cardamom Mountains. And then this is a map of the Philippines in the north on the island of Luzon on the Sierra Madre Biodiversity Corridor, which is the green areas there. So overall, all three areas, we're targeting about 45,000 people. So significantly less than what Dario just presented on, so the scale is very interesting.

And I have to say, one of the lessons learned that I have is I was a Peace Corps volunteer in Morocco in the mountains and the desert down in the south, and I thought that was remote. But then I went to Cambodia, and that is really remote. And I also fell in with the leeches





there but that's a whole other story. But so this project has really shown me that it really is very difficult and very expensive to get out to those rural areas and to reach those people who need the services. I mean, I thought I knew what that was like but, you know, my mind was opened.

So anyway, so let me just jump in and talk about our accomplishments. So we partnered with a variety of health development NGOs. We have different models for doing this. We have learned a lot in terms of developing partnerships and operating partnerships, obviously, and in the Philippines we have worked with NGO, excuse me, but we have also worked with local Barangai health workers, which are kind of the lower level district, people on the front lines. And the LGU is the local government unit in the Philippines, which is a very decentralized system of getting, you know, power basically, decision-making authority down to the local level.

In Madagascar we have two NGOs. One is ASOS, which is the national NGO, delivers health services across Madagascar. And then MATEZA, which I won't even try to pronounce the Malagasy name for that, which is a very small NGO which is working in the very, very northeastern part around the Zahamena protected area. So, and they have a real challenge because to get out to some of their sites it's a two-day walk over -- through rivers and stuff like that. So they get definitely a lot of credit.

And then in Cambodia we've worked with CARE, which has an office in Cambodia and which has, you know, got a little bit more capacity, a little more resources behind it, a lot more experience. So we have some lessons learned across those experiences. So, and this is a horrible picture that I put together, which you can't really see, but the Cambodia Health Center is something we did with CARE. It was the first time health services were delivered to that area. So 3,000 people who basically would have had to go eight hours to get to any kind of health service now can just go an hour walk to our walk next door to get services.

The picture on the bottom with the women with the certificates are in Madagascar. They are community agents. And then the other picture is the Philippines. And Miriam, who is a midwife there who really has run our program for a long time, she is a dynamic educator and really a PHE success story, definitely.

This just shows you some of the accomplishments we have had in family planning, reproductive health users. We have increased our number of users significantly over the last





couple of years in all countries. This is contraceptive prevalence rate, which has gone up in Madagascar and the Philippines. We measure it differently in Cambodia, which is why it's not up there, but we also have seen significant successes there. We measure as couple year protection and it's gone from 34 in 2005 to 134 in 2008 so that's pretty significant.

And this is just an example I'll put up there of diseases that are definitely related, health and environment. Diarrhea, as we all know, is caused a lot of times by poor water, lack of quality of water. And the acute respiratory infection, which is also caused sometimes by the burning of the wood, the charcoal like Dario talked about. And so this is visits for children at the health center in Cambodia. And we saw a spike 2006, and now we have seen a decrease. We can't attribute it directly to anything that we're doing but it is interesting to note.

And then we want to say that we can't underestimate the ability of people to be able to plan and manage their own resources, so we built a lot of capacity of local groups, people, community, natural resource management, committees, that kind of thing. This is a picture of a process in Cambodia which is called PLUP, which some of you may have heard of, participatory land use planning. And it's a national initiative in Cambodia, and our team in Cambodia has worked a lot with locals to be able to develop maps for areas that should be conserved, should be developed, rice fields, and it's been a long process but it's definitely getting us to the point where we can implement initiatives that help us achieve conservation outcomes but also help the community meet their needs.

So, planning always sounds kind of boring but this is just a slide I stole from one of the Madagascar presentations which gives you an idea of how much they love to organize. They love to have groups. They've got a women's group that focused around nutrition. So they're looking at basically getting their kids more fruits, more vegetables and by doing that, they're doing projects which help conservation. They're doing vegetable gardens, replanting trees, et cetera. And they have a ton of, like, village volunteers and they all have different names and so I just want to throw that.

And then finally we have hit conservation targets that we wanted to hit and we have done this by helping people do environmentally friendly livelihoods like agro forestry, improved rice production, and those are just two that I'll mention but there are a lot of, a lot of others. This is -- we have increased significantly the number of trees we replanted, which is helping to restore habitat. And then this one is Hectares preserve of improved rice production. So, so all our indicators are going in the right way.





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So, and then the last thing, I just want to mirror something that Dario had said is that we really think that our legacy is that we have really built the capacity in the communities, in the people to be basically our agents of change. They're the ones who are integrated. Now they know how to do the family planning, the health, the conservation. It's all rolled into one, and that's really our legacy. So going forward, we do have some challenges in terms of funding and how we measure effectiveness and that kind of thing but we're really, really excited that these guys are there, they're ready and really it's just a question of moving forward.

So this is from Madagascar, one of the village theater. They love the village theatre. We have also reached out to students. We've got the young, we've got the old. This is Mar, our coordinator in the Philippines out there. You'll notice that there are men and women involved in the health activity so we have tried to be very gender-focused.

This is my, this is my one more lesson learned. And it's about always being very diplomatic and never burning any bridges because you never know when a graduate student you invite to come to a workshop, years later is going to turn out to be your main point of contact at USAID, so that's Heather in the Philippines back in 2004.



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