



#### HEALTHY COMMUNITIES : HEALTHY ECOSYSTEM

A case study from Terai Arc Landscape Nepal

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# **Evolution of Conservation in Nepal**

2000

Era

#### Approach



Landscape level conservation for maintaining ecological integrity

#### Focus

Ecological and ecosystem integrity and sustainable livelihood

#### 80s and 90s



Integrated Conservation and Development through declaration of BZs and CAs



People participation

60s – 80s



Establishment and management of PAs for in-situ conservation



Large mammalian species



#### Terai Arc Landscape





# Significance

Biodiversity	Economy	Livelihoods
412 rhinos 340-350 tigers	"Rice bowl"	6.7 Million People
120 elephants	\$3.2 M timber revenue	4.5 Million Cattle
3 Ramsar sites	\$1.4 M ecotourism	60% owns <1 ha
2 World Heritage sites	Trade backbone	80% forest dependent









Root Causes and Threats to Environmental Degradation and Biodiversity Loss

#### DIRECT GAUSES

Forest Conversion Overgrazing Forest Fires Excessive Extraction of Timber Excessive Extraction of Fuel wood Poaching and Human Wildlife Conflict Degradation of Churia Watershed











Root Causes and Threats to Environmental Degradation and Biodiversity Loss

#### **Biological Threats**

Invasive species Use of Agro- chemicals Loss or Decline in Wildlife Population Imbalance in Prey Predator Population Flash Floods and Soil Erosion Habitat Management









Root Causes and Threats to Environmental Degradation and Biodiversity Loss





#### SUCCESSFUL COMMUNITIES

- The four Noble Truths
  - Community Health and Education
  - Economic Empowerment
  - Natural Resource Management
  - Local Governance and Social Sustainability



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#### Terai Arc Landscape





#### Baseline

- Villages resource poor; average family less than 1/2 hectare of land
- Population -18,300; average per capita annual income \$48
- 3 hours walk to nearest clinic; access to family planning limited
- Dysentery, eye infections, pneumonia, typhoid, and diarrhea common
- Risk of HIV/AIDS due to male household members work in India much of yr.
- In home cooking leaves women and children vulnerable to respiratory infections



#### Threats and Opportunities





# Improved basic health care facilities and services



• **729** patients received specialist health care

- **2851** patients received general health check ups
- **28** community members trained in first aid, provided with first aid kits and 15 stretchers

- Permanent community managed health clinic with basic clinical tools established in Khata
- An Auxiliary Nurse Midwife (ANM) employed on a full-time basis





# Reproductive health and family planning



- 32 Female Community Health Volunteers trained as advisors in family planning
- 15 youth peer educator groups, each with 20 members, trained in various forms of outreach

Couples using family planning (temporary and permanent) increased from 4,053 in 2006 to 4,405 in 2008, and the Contraceptive Prevalence Rate increased from 43% in 2006 to 73% in 2008.





## Improved sanitation and safe drinking water



 172 locally made 'Kanchan' arsenic filters distributed in areas with high level of arsenic

 44 safe drinking water hand pumps installed in 14 Community Forest User Groups





 791 Inexpensive latrines were constructed to improve sanitation in the area



#### Improved conservation awareness



 More than 4,000 people reached through campaigns and cultural programs on issues of population, health and environment

Extension material produced and distributed to **375** participants.





#### **Conservation management**



- 136 biogas plants w/toilet attached and 100 Improved cooking stoves reduced vulnerability of women and children to acute respiratory infections
- 712 Metric Tons of fuelwood saved annually reducing pressure on the adjoining forests
- 3 Hrs/day of women's time and work saved leaving more time for child care and natural resource management

 Stall Feeding and intro of Improved cattle breed, increased household income and improved child nutrition





# **IMPACTS – Population and Health**



- Affordable and reliable health services for 18,300 people in remote villages
- Significant increase in contraceptive use and family planning methods
- Improved water, sanitation = reduction of disease
- 20% of the population has access to arsenic free clean drinking water



## **IMPACTS - Environment**



 Increased forest cover and quality

 Reduction of Human Wildlife Conflict



 Conservation supportive communities



#### Lessons Learned

- Integrated PHE programs can have far reaching impacts on the well being of both people and environment
- Building the project on existing community institutions and human resources is cost effective and produces quick impacts
- Multi-stakeholder coordination is a must for sustaining the PHE initiative
- Establishing an endowment fund or formalizing PHE in community forest operation plans will help ensure financial sustainability of the project
- Institutional linkages between the government health program / institutions and PHE initiatives increases program buy-in and sustainability
- A well defined monitoring plan is crucial to measuring impact



- Support from USAID and Johnson and Johnson helped in establishing a foundation for the multi-year Population, Health and Environment Alliance and has provided an opportunity to scale up successes and best practices
- WWF recently partnered with USAID's Office of Population and Reproductive Health and Johnson & Johnson in a \$3m, 3 year Global Development Alliance which is supporting scaling up of Population Health and Environment in Nepal, Kenya and Democratic Republic of Congo
- In Nepal, the project is taking results from the Khata corridor, and lessons from other WWF PHE projects in other countries, and is scaling up PHE to the Lamahi bottleneck and Basanta corridor





# THANK YOU

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