

PLAN & CONSERVE

A SOURCE BOOK ON LINKING POPULATION AND ENVIRONMENTAL SERVICES IN COMMUNITIES

By Robert Engelman
Population Action International





ACKNOWLEDGMENTS

ROBERT ENGELMAN DIRECTS the Population and Environment Program at Population Action International. The research presented here benefited greatly from the help of PAI research associates Carolyn Gibb Vogel (who contributed especially to project descriptions and the glossary), Tom Gardner-Outlaw, Richard P. Cincotta and Akia Talbot; former PAI staffers Pamela LeRoy, Missy Felts-Wonders, Karen Seho and Stephanie Koontz; and consultants Keshari Thapa and Amy Weissman. The author wishes to thank current and former World Neighbors staffers Tom Arens, Fatoumata Batta, Gregg Biggs, Denise Caudill, Peter Gubbels, Miriam King-Dagen, Leonard Moneva, Jethro Pettit and Edward Ruddell. At CARE and its affiliates in several countries, thanks are due to Carlos Cardenas, Joan Schubert, Nick Ritchie, Jackson Mutebi and Sixte Zigirumugabe. Among the many others who have contributed to the learning process are Carlos Aramburú, Francis Dennis, John Rowley, Mark Freudenberger, Alan Bornbusch and Wanga Mumba. The short section on the health benefits of family planning was based on a fact sheet written by Shanti Conly of PAI. Finally, heartfelt thanks to the Summit Foundation for ongoing support of this project and patience during the long gestation process of this publication.

Dedicated to the memory of Jennifer Mukolwe, who died on January 17, 1998, while working on reproductive health and community development for CARE in southwestern Uganda.

SUMMARY

DEBATES ON POPULATION and environmental dynamics go back to the 18th century and show no signs of ending. Aspects of the linkage are clear enough, however, to raise the question: How can the connections between population and the environment be applied to improve the lives of individuals and the well-being of communities? One approach to this objective improves local environmental, health and economic conditions in ways that, as a side benefit, may ease the pressure of human population on local natural resources. The linkage often involves two seemingly disparate activities: management of local natural resources critical to community well-being and provision of family planning and other reproductive health services to those who seek them.

In recent years, dozens of environmental and development projects in developing countries in Latin America, Africa and Asia have attempted to integrate or otherwise link community-based activities related both to natural resources and to reproductive health. This publication profiles 42 such projects for which Population Action International (PAI) was able to document both natural resource conservation and reproductive health activities that included improved access to family planning services.

Reasons for Linkage

The experience of nongovernmental organizations (NGOs) linking conservation and reproductive health activities suggests that this approach can help reduce costs associated with family planning delivery in remote areas by taking advantage of personnel and support networks already developed for conservation and development work. The linkage may also encourage community receptivity and improve project outcomes in both reproductive health and natural resource conservation. In several projects sponsored by World Neighbors and CARE, the use of contraception—one indicator of successful reproductive health care delivery—is higher in linked projects than in surrounding areas. A recent evaluation of a cooperative project involving World Neighbors and the family planning organization CEMOPLAF in Guaranda, Ecuador, indicates that contraceptive use has grown more rapidly in a linked-service project area and recently approached twice the prevalence found in a nearby project area that offered only reproductive health services. The involvement of women in education about sustainable agriculture also was higher in the linked-service project areas than in surrounding agriculture-only project areas.

Arguments for the service linkage can vary from the hope of easing local population pressures on ecosystems to meeting immediate human needs more effectively and efficiently. Both motivations are legitimate and compatible. Linked-service projects can lead to the provision of family planning services where they would otherwise not be available, especially to marginalized populations and those in remote and underserved areas. It is true that the number of clients is small and the expense of serving each one is high compared to large-scale and urban-based family planning programs. By international agreement, however, people in all communities should have access to basic reproductive health services. The approach to conservation and reproductive health delivery considered here is most likely to be useful when the question is how to provide family planning and related health services to the hardest-to-reach and most marginalized populations.

On the environmental side the arguments for this linkage are threefold. Women who manage the timing of their childbearing may be better able to manage other critical areas of their lives, including local natural resources and family livelihood. These benefits are immediate, and they multiply and interact at the community level.

Secondly, in some communities the provision of reproductive health services may provide an opening for the introduction of environmental activities that promise only long-term benefits and are thus in less immediate demand. Finally, women's access to family planning services, education and economic opportunities reduces family size, delays the average age at childbirth and extends the time intervals between births. Taken together, these effects combine to slow population growth locally, nationally and globally. While the precise environmental impacts of slower population growth cannot be predicted, the long-term objectives of environmental projects are more likely to be realized in the context of slowly growing or stabilized human populations than in the case of rapidly growing ones.

Why This Publication

The groundwork that hundreds of pioneers have laid on the linkage of natural resource conservation and reproductive health services remains largely unknown beyond the organizations and communities involved. This publication attempts to review this work for the broadest possible audience in the international development, environmental, population and reproductive health fields. The focus on family planning reflects the mission of PAI, a privately funded research-based advocacy organization, to foster the stabilization of world population in part through universal access to this critical service. Such access was a key objective of the *Programme of Action* agreed to by the world's nations at the United Nations International Conference on Population and Development in Cairo in 1994.

The idea of linking natural resource conservation and reproductive health services is drawing increasing attention in the population, development and environmental fields. (The word *services,* as used here, includes activities that build the capacities of communities to manage their natural resources and their reproductive health.) What is now needed is more experimentation, discussion and focused research, aimed at achieving multiple objectives in environment, reproductive health, population and community self-development.

This publication:

- presents the concept of *community-based population and environment* (CBPE) activities, stressing especially the provision of family planning and related services within that concept;
- assembles an inventory of projects in developing countries in which organizations and communities are linking natural resource conservation and family planning activities; and
- distills observations and conclusions garnered by PAI's Population and Environment Program staff in research, project visits, interviews and other exchanges over the past six years.

C. VOGEL

India: *Monitoring construction to improve irrigation and check soil erosion*

Gaining access to the means of managing one's own reproduction is a transforming development in people's lives. The ripple effects to the larger world are already evident in current demographic trends toward lower fertility and slower population growth than was projected even a few years ago. The benefits of more effective family planning and reproductive health care delivery, like those of more effective environmental services delivery, range from the improved well-being of families to the smoother functioning of the biosphere.

People's lives are integrated; it is the institutions trying to help them and the services they need that are not. Every major United Nations conference from the Earth Summit in 1992 to the Habitat II conference on human settlement in 1996 has affirmed that work on population, environment and development should be pursued in holistic ways and centered on the lives and well-being of women. Those community-based population and environment activities that have positive and lasting impacts at least approach this high standard.

Findings

The hope of encouraging slower population growth in ecologically important areas is one reason many funders and NGOs are exploring population-environment linkages. These organizations understand that local population growth is one among several important factors influencing the environment, and that other trends—consumption patterns and government mismanagement, for example—require attention as well. The term *community-based* conveys the principle that linked family planning and environmental services are based on the interests and intentions of the communities themselves, not solely on those of project funders or implementers. Community members need not believe their own population growth contributes to environmental problems to express interest in family planning services. The essential element is that the community express the desire for *both* sets of services and that implementing organizations find ways to deliver such services or help facilitate their delivery.

Among the conclusions that emerge from this review of the CBPE concept and projects:

- An increasing number of CBPE projects have succeeded in improving access to family planning services. Some reports indicate greater participation in natural resource conservation activities that may be associated with access to family planning services.
- A single organization need not provide both sets of services. Partnerships between family planning providers and environmental or development organizations are often preferable. At a minimum, field workers can refer interested clients to qualified providers of reproductive health or environmental services.
- The most serious obstacles to success are agencies' inexperience with either the natural resources or the population fields and the perceptions, often strong in the natural resources field, that provision of family planning services amounts to "population control." Religious and cultural opposition to contraception and low educational and social status of women are also especially strong in the rural areas in which many of these projects are located.
- The single most important component in successful projects appears to be the active engagement of women. When women can state their own needs without fear, a desire to safely space or limit pregnancies often emerges as a high priority. And the capacity to manage their own fertility frees women to better manage and conserve the natural resources their families depend upon.

◆ Other keys to success in this linkage appear to be responsiveness to community expressions of interest; willingness to take a holistic approach to environmental, developmental or population work; and willingness to pursue institutional partnerships outside normal networks. This publication contains contact information that may facilitate expanded networking.

Given the demographic and environmental trends at the close of the 20th century, it is likely that community requests for both family planning and natural resource conservation services increasingly will emerge even in remote rural areas of developing countries. Indeed, reports from the field tell of growing demand for family planning and related health services—regardless of whether agencies have taken on the task of meeting such needs. Success, however defined, will most likely lie in the development of organizational capacity to hear—and to respond.

GLOSSARY OF TERMS AND ACRONYMS

Definitions:

The following terms related to demography, reproductive health and natural resource conservation are used frequently in the text.

Childbearing years—The period of a woman's life when she is physically capable of bearing children. The ages of childbearing are generally taken by demographers to be from 15 to 49 (the U.S. Census Bureau uses 44 as the upper age limit), although pregnancy sometimes occurs outside this range. The term *reproductive years* applies more generally to people of both sexes.

Community-based population and environment—The linkage, within a community or a group of communities, of services that combine aspects of natural resource conservation or similar environmental work with the provision of reproductive health services, always including but not limited to family planning.

Contraceptive prevalence—The proportion of women of reproductive age who are married, or living "in union," who are using (or whose partner is using) a contraceptive method at a particular point in time.[1] Contraceptive prevalence is usually expressed as a percentage known as a *contraceptive prevalence rate,* or CPR.

Demographic transition—The shift from conditions of high birth and death rates to low birth and death rates. According to dominant demographic theory, this transition generally occurs during a process of economic and social development. The decline in mortality usually precedes the decline in fertility, resulting in rapid population growth during the transition period. Passage through demographic transition does not guarantee a stable population, however, as birth and death rates may continue to differ to some degree.

Fertility—In demography, the quantity or number of births experienced by a woman or population. The term thus differs, among English-speaking demographers, from *fecundity,* which is the physiological capacity to produce a live birth, irrespective of the frequency of births. (Among speakers of Romance languages, the demographic meaning of these terms is reversed.)

Integrated conservation and development—A concept and approach to conservation work based on the principle that over the long term the protection of wild ecosystems and biodiversity cannot succeed if the well-being of neighboring human beings is not taken into account and fostered.

Migration—A change in residence across specified geopolitical boundaries. *International migration* refers to this movement when people cross national borders. *Internal migration* refers to that which occurs within countries. Immigration refers to entry into a new

country for resettlement. *Emigration* refers to departure from a country for the purpose of resettlement. *In-migration* refers to internal migration into a specified area within a nation. *Out-migration* refers to internal migration out of a specified area within a nation. A *refugee,* by international agreement, is outside his or her country of origin or nationality because of a well-founded fear of persecution based on ethnicity, creed, political beliefs, or because of pervasive and violent conflict.

Natural increase—Change in population size due to the gap between births and deaths in a given time period. *Net migration,* or immigration minus emigration (in the case of nations), is a separate component of population change. Migration also influences natural increase by contributing to the deaths and births that occur within a country or other area.[2] *Population growth,* positive or negative, is the sum of natural increase and net migration.

Participatory rural appraisal—A group of participatory approaches and methods that emphasize local knowledge and enable local people to make their own appraisal, analysis and plans relating to their conditions and lives.

Population momentum—The tendency of a population to continue to grow after reaching *replacement fertility* of approximately two children per woman. As a result of past population growth, there is a high proportion of young people in such populations who are in or approaching their childbearing years. These young people will produce generations larger than those of the older people moving out of the population through death, until—assuming replacement fertility is sustained—a relatively equal size among all the generations is achieved, and births and deaths roughly cancel each other out.

Replacement fertility—The level of fertility at which couples have on average the number of children needed to replace themselves in the population, given prevailing mortality levels. In most populations, replacement fertility is just over two, but where infant and child mortality is high the number can be higher. Over time, sustained replacement fertility will result in a stabilized population—zero population growth—if net migration equals zero.

Total fertility rate—A measure of the average number of children who would be born alive to a woman during her lifetime if she were to pass through all her childbearing years conforming to the age-specific fertility rates of a given year.

Acronyms:

BSP—Biodiversity Support Program, a consortium of the World Wildlife Fund-U.S., the World Resources Institute and The Nature Conservancy

CARE—Cooperation for Assistance and Relief Everywhere

CPBE—Community-based population and environment

FPA—Family planning associations affiliated with the International Planned Parenthood Federation. There is one such affiliate in most of the world's countries. (See Appendix 2 for a complete listing of FPAs.)

HIV/AIDS—Human immunodeficiency virus/acquired immunodeficiency syndrome

ICDP—Integrated conservation and development projects (note the distinction between this and ICPD, described below)

ICPD—The International Conference on Population and Development, which took place in Cairo in 1994 under UN auspices

IEC—Information, education and communication, a term used in reference to efforts to encourage healthy behavior change. In family planning, IEC includes messages at all levels from individual counseling to mass media efforts.

IPPF—International Planned Parenthood Federation, based in London. Its affiliates in each country are listed in Appendix 2.

IPPF/WHR—International Planned Parenthood Federation, Western Hemisphere Region, based in New York

MCH—Maternal and child health

NGO—Nongovernmental organization

PAI—Population Action International

PRA—Participatory rural appraisal

STD—Sexually transmitted disease

UNFPA—United Nations Population Fund (formerly the UN Fund for Population Activities, for which the acronym stands)

USAID—United States Agency for International Development

WHO—World Health Organization, a UN organization

WN—World Neighbors

WWF—World Wildlife Fund-U.S.

1. Jane T. Bertrand, Robert J. Magnani, and James C. Knowles, *Handbook of Indicators for Family Planning Program Evaluation* (Chapel Hill, NC: The Evaluation Project, undated), 158.

2. Arthur Haupt and Thomas T. Kane, *Population Handbook,* 4th ed. (Washington, DC: Population Reference Bureau, 1997), 46.

R. ENGELMAN

R. ENGELMAN

Introduction:
COMMUNITY-BASED POPULATION AND ENVIRONMENT

AS RECENTLY AS A DECADE AGO, few of those working in environmental conservation and community development in the world's developing countries would have predicted that a demand might arise from the communities in which they worked for help in preventing pregnancies. Many organizations and field workers viewed family planning as a separate—and often controversial—set of interventions linked most closely with efforts by national governments and international donor agencies to "control" rapid population growth. It seemed distant from efforts to conserve wild ecosystems or restore farmers' soils.

Over the past decade or more, however, increasing numbers of those who work in conservation or development report a similar experience: Women step forward, appreciative of efforts to help them with various of their own or their communities' needs, but with a new and additional request—for help in preventing unintended pregnancies. On rare occasions this request may accompany a community belief that the growth of the local population is contributing to reduced availability of essential natural resources such as cropland or fresh water. Much more often, these requests appear to reflect a broad desire by women, and sometimes men, to regulate their own childbearing for reasons related to family health, the education of children and economic well-being.

This phenomenon—impossible to quantify, but reported frequently in the development and conservation fields—is consistent with demographic and health trends that offer tremendous promise for work on conservation and community development. Population growth is slowing significantly worldwide, from more than 2 percent annually around 1970 to less than 1.5 percent annually today. This trend is largely the result of declining birthrates.[1] And that, in turn, reflects the desires of couples and especially women for smaller families and later childbearing than their mothers experienced, the more widespread education of girls, and greater access to family planning and other reproductive health services.[2]

Both the client base for reproductive health and the expanding proportion of women who seek to delay or prevent pregnancy suggest that the need to expand access to family planning services will continue to grow rapidly. The reproductive-age population of women in developing countries now increases by nearly 24 million every year, or 2.1 percent. "Just to keep up present inadequate levels of [reproductive health] services would require substantial growth in absolute terms," notes a recent report by a committee of the National Research Council; "to expand and improve services will require both increased resources and skilled management."[3] The demographic, social and financial trends all but guarantee that conservation and development organizations will increasingly wrestle with the issue of access to family planning and other reproductive health services.

An International Strategy on Population

At the 1994 International Conference on Population and Development (ICPD) in Cairo, the world's governments agreed on an approach to population issues based largely on addressing the growing need for reproductive health services. Representatives of

C. VOGEL

India: *Community meeting center for women and farmers*

almost every state agreed that efforts to address population growth must be grounded in human development and the free choices of individuals and couples. And they reaffirmed the principle that all people must have the information and means to decide for themselves the number and spacing of their children.[4]

Despite this consensus, however, the likelihood of achieving universal access to family planning services by 2015—one of the goals of the ICPD's *Programme of Action*[5]—now appears low. With financial assistance from the United States and some other donor countries shrinking, the world's governments are nowhere close to the spending goals they discussed at Cairo.[6]

A Changing Natural Resource Base

Those who work in the development and environmental conservation fields deal with an equally obvious set of trends: The natural resource base on which communities in low-income countries depend is deteriorating. Cropland, forests, fisheries, fresh water supplies, species diversity, and even farmer-friendly climatic regimes—all are changing rapidly and for the worse in most areas. This deterioration undermines people's long-term health, wealth and well-being even when these communities respond with energy and innovation to the harsh challenges they face.

There has been considerable discussion of how these natural resource trends relate to population dynamics and consumption patterns in both developing and industrialized countries.[7] Clearly population growth is one part of a larger and more complex set of problems, with high consumption in wealthy and emerging economies also contributing to environmental degradation in developing countries. A stabilized population, nonetheless, remains an essential ingredient of environmental sustainability whether the scale is local, national or global. Progress toward that goal through reductions in unintended childbearing is beneficial at many levels.

Declining per capita availability of critical natural resources and greater awareness about natural resource conservation may actually contribute to heightened interest in delaying or preventing pregnancy. Two World Bank assessments of the factors influencing human fertility in sub-Saharan Africa found consistent correlations between available cropland and family size. The largest families are found where cropland is relatively abundant; where it has grown scarce, family size is smaller. The World Bank researchers concluded that "demand for children…will decline over time—even without an active population policy—as population density on cultivated land increases…."[8]

This prediction finds support in stories heard from dozens of women associated with the development and environmental projects in rural communities in Asia, Africa and Latin America. These women speak passionately about the failing health and fatigue that accompany frequent childbearing and express a desire to manage their lives better than in the past. And they speak hopefully about the possibilities that may open up to them if they can prevent or delay pregnancy.

Linking Disparate Services

This brings us to the concept behind this publication: the linking, at the community level and based on desires expressed by community members themselves, of services related both to the conservation of natural resources and to the improvement of reproductive health, especially access to family planning services. We call activities related to this concept *community-based population and environment,* or CBPE. "Environment," of course, embraces more than the state of locally-available natural resources, and "population" embraces more than "family planning" or "reproductive health." Our term applies chiefly to these narrower meanings and relates the linkage between them to communities and the intentions they express.

CBPE activities are projects, programs or component parts of projects and programs that in a single community or group of communities combine aspects of natural resource conservation or management with the provision of reproductive health services, including but not limited to family planning services. A single organization need not provide (or *integrate*) both sets of services, although this frequently is the case. Often two or more organizations collaborate, coordinating their activities to provide services related both to natural resource conservation and family planning. Often, as well, a single organization works in a community, but refers interested community members to organizations not working directly in the community that can provide other services.

Essential to this definition of CBPE activities is the concept that linked service activities respond to needs generated and expressed within the community itself. While expressions of community needs may be stimulated externally, project experience demonstrates that they remain necessary for any successful linkage of disparate services related to reproductive health and natural resource management.

Over the past six years PAI staff have studied the CBPE concept and visited a half dozen projects that link natural resource conservation and reproductive health services. The judgments and conclusions expressed here reflect these learning experiences. In the material that follows, terms that are described or defined in the text or in the glossary are italicized on first reference.

Community-Based…

What and who is "the community"? And how does the community express its will? *Community will* does not imply unanimity or necessarily even majority will within each community. Women, for example, may be seen as a "community within a community," capable of expressing desires that may be at odds with the desires of a mostly male village council or group of elders. And insisting that linked activities arise from "the community" does not imply a passive posture by nongovernmental organizations (NGOs) and other outsiders. These groups may encourage or help build capacity for self-expression, especially among community members who are rarely heard, such as women, the very poor and ethnic minorities. Or they may offer education and information services that influence the desires and requests of community members.

Ideally, nonetheless, agencies impose nothing and insist on nothing beyond respect for core values related to human rights and individual dignity. One such core value may be the principle that women's rights and needs are as important as those of men. NGOs and other outsiders have their own interests and motivations in being in the community in the first place. But they do not ask that their agenda be the community's agenda.

Only some of the many services an NGO or other agency might offer qualify as "population" or "environment" in CBPE activities as defined here. In the case of population, various organizations work in areas that include migration, education about population, or other health-related or gender-related activities that some would associate with the term population. Our interest here is principally with expanding and improving access to family planning services for all who want them, but does not exclude these other activities.

It is important to distinguish *family planning* from the related term, *reproductive health.* Reproductive health means much more than access to comprehensive family planning services. The World Health Organization (WHO) has defined reproductive health as:

> "a condition in which reproduction is accomplished in a state of complete physical, mental, and social well-being, and not merely as the absence of disease or disorders of the reproductive process. This implies that people have the ability to reproduce, that women can go through pregnancy and childbirth safely, and that reproduction is carried to a successful outcome, i.e., infants can survive and grow up healthy. It implies further that people are able to regulate their fertility without risks to their health and that they are safe in having sex."[9]

Population and…

As the WHO definition makes clear, access to family planning services is an essential element of reproductive health care. Unquestionably, individuals need comprehensive and affordable reproductive health services. In the real world, however, the feasibility of combining these comprehensive services varies, and it may sometimes be appropriate for family planning to stand alone. If a man asks for help in securing condoms, for example, he may need little more than what he asks for, along with information about how to use them safely and effectively. Nonetheless, family planning services are not interchangeable with or preferable to reproductive health care. Most who provide family planning services today aspire to the more comprehensive approach endorsed in Cairo.

Where family planning services are available, the ICPD reaffirmed, they must be voluntary, based on informed consent, and free of any form of coercion or incentives. Despite the demographic case for linking population and environmental services, most of those in the reproductive health field oppose mixing demographic with health messages when working with clients. While the ICPD *Programme of Action* affirms that population growth is a legitimate concern of governments in promoting access to family planning services,[10] it also stresses that the objective of family planning personnel must be to satisfy the express family planning needs of clients and safeguard their health and that of their partners and children, not to meet demographic objectives. Services should offer sound information and counseling, a variety of contraceptive options appropriate to users' needs, and genuine concern for the well-being of clients and their families. Such standards obviously apply to linked-service projects as much as any other kind.

There may be services offered in CBPE projects that relate to population but much less directly to reproductive health service delivery. The demographic literature demonstrates a strong correlation between women's educational status, for example, and their desire and capacity to postpone or limit pregnancy. There is also some evidence of a similar correlation between access to economic opportunities and interest in family

planning. Postponing and limiting childbirth tend to slow the growth of population while benefiting women and communities in ways unrelated to demographic dynamics. Accordingly, we consider efforts to improve girls' schooling and women's literacy, and to provide livelihood training, micro-credit and other economic programs, to be "population" activities in the context of CBPE projects,[11] so long as family planning services of acceptable quality are available to all who need and seek them.

One demographic factor of increasing interest to the conservation community, as well as many in community development, is *migration.* Many conservation groups argue that the movement of people for permanent resettlement is a more immediately pressing influence on the protection of wildlife-rich ecosystems and areas than *natural increase,* the growth of population from births alone. Pressures to migrate, of course, have much to do with natural increase that occurs somewhere. Only after access to family planning becomes universal and desired family size approaches the so-called *replacement level* of two children per woman will population stabilize in most areas, helping to relieve pressures to migrate. Moreover, in contrast to interventions that tend to reduce natural increase—access to family planning, education for girls, economic opportunity for women—no clear strategies have emerged for community-based activities that would discourage migration into that community without limiting individual freedom to some degree.

In many of the remote and marginalized areas in which development organizations work, the dominant direction of migration is *away* from communities to cities. This may reflect in part the impact of natural resource scarcity on local economic opportunity, as well as the lure of greater opportunities elsewhere. Future research may consider how migration issues can be included in community-based population and environment initiatives. Our focus here, however, is on population-environment strategies related to birthrates and natural increase.

Environment

On the environmental side, the focus here is on activities relating to capacity-building, education, material assistance and other services contributing to the conservation and management of natural resources that are critical to health and economic well-being at the community level. One set of activities covered by this definition includes improvements in water supply and sanitation for child survival, or other health reasons. Another set includes agroforestry, soil conservation, composting, multiple cropping and household gardening aimed at conserving farm soils, water and a diversity of living species on and near farms. Another set of activities reaches beyond communities to the world around them, and includes research, networking, conflict management and political advocacy.

Other examples of environmental work are aimed at sustainable incomes and livelihoods in that they enhance and improve rather than deplete or degrade locally available natural resources. Not included in this definition is broad environmental education about issues such as air pollution or climate change, on the grounds that these environmental issues are less directly germane to the conservation of the local natural resource base on which communities depend.

The word *services* itself is broadly defined. Many development-oriented NGOs do not see their work as "providing service" but as encouraging or sparking community self-development and capacity-building; for the sake of simplicity we call these activities services as well.

The idea of linking environmental and family planning services often arises in relation to communities surrounding *protected areas.* This term refers to parks, reserves and other areas of land afforded some level of government or private protection. This protection typically includes limitations on certain human activities, generally because

of high ecosystem or other environmental value, including actual or potential tourism. Many projects that qualify as community-based population and environment projects are located near the borders of protected areas. This is not surprising, since many donors and NGOs seek to protect environmentally valuable areas threatened by human activities, and some of these donors and NGOs are willing to experiment with the kind of win-win strategy that CBPE is perceived to represent.

The idea of linking work on population and the environment at the community level may in fact fit well with important concepts in protected-area conservation, such as *integrated conservation and development* and *community-based conservation.* The first of these concepts stresses the importance of enhancing the economic development prospects of those living near protected areas, in part so they will be less likely to put the protected area at risk in advancing their well-being. The second concept, like CBPE, stresses the principle that conservation efforts must be rooted in community values and goals in order to succeed and endure.

The CBPE concept is not, however, limited to areas around parks and other protected areas. World Neighbors and CARE have applied the concept to agricultural and rural development for years. Although it is most needed and easiest to justify economically in remote areas hardest to reach with reproductive health services, it can be applied in urban areas as well. Three urban projects are included in this publication's inventory, and CARE officials report the organization plans to move to more urban-oriented programs in the near future.

While the linkage of services related to natural resource conservation and reproductive health appears to be of increasing interest to NGOs and some donors and government agencies, little research has emerged on the topic. The objective of this publication is to distill and make more accessible the available information, along with conclusions gained from our own field visits and literature reviews in this area. The intended audience is everyone in the development, environmental and reproductive health communities—and beyond them—interested in making endeavors in all these arenas more effective and lasting. The hope is that a better understanding of this linkage will lead to more efforts to test and assess the community-based population and environment concept in practice. Perhaps, through broader experience, the concept will solidify and expand to improve reproductive health, help sustain the environment, and bring closer the universal human well-being sought in all the work described in these pages.

1. United Nations, *World Population Prospects: The 1996 Revision* (New York: United Nations, 1997).

2. Dara Carr and Ann Way, *Women's Lives & Experiences: A Decade of Research Findings from the Demographic and Health Surveys Program* (Calverton, MD: Macro International, Inc., 1994).

3. Amy O. Tsui et al., *Reproductive Health in Developing Countries: Expanding Dimensions, Building Solutions* (Washington, DC: National Academy Press, 1997).

4. In an interview with Catholic News Service while representing the Vatican at a meeting of the UN Commission on Population and Development in February 1996, Bishop James T. McHugh of Camden, New Jersey, expressed the Vatican's acceptance of "the basic right of couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so"—with the provision that the "means" should not violate Catholic moral teaching. "Bishop: Define 'Reproductive Rights'," *National Catholic Register,* 17 March, 1996.

5. "All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to

related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice." International Conference on Population and Development *Programme of Action,* paragraph 7.16, 1994.

6. United Nations Population Fund, "Meeting the Goals of the ICPD: Consequences of Resource Shortfalls to the Year 2000," DP/FPA/1997/CRP.1 (New York: United Nations Population Fund, 5 May, 1997).

7. For a descriptive review of pertinent literature on population and the environment, see Pamela LeRoy, *People, Numbers, Impacts: An Annotated Bibliography of Scientific Literature on Population and the Environment* (Washington, DC: Population Action International, 1995). For information on this and other PAI publications related to population and the environment, contact Population Action International or visit its web site, http://www.populationaction.org.

8. Kevin M. Cleaver and Götz Schreiber, *Reversing the Spiral: The Population, Agriculture, and Environment Nexus in Sub-Saharan Africa* (Washington, DC: The World Bank, 1994).

9. Jitendra Khanna, Paul F.A. Van Look, P. David Griffin, ed., *Reproductive Health: A Key To a Brighter Future: Biennial Report, 1990-1991* (Geneva: World Health Organization, 1992). See also paragraph 7.2. of the ICPD *Programme of Action:* "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."

10. "The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. The success of population education and family-planning programmes in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. The principle of informed free choice is essential to the long-term success of family-planning programmes. Any form of coercion has no part to play. In every society there are many social and economic incentives and disincentives that affect individual decisions about childbearing and family size. Over the past century, many Governments have experimented with such schemes, including specific incentives and disincentives, in order to lower or raise fertility. Most such schemes have had only marginal impact on fertility and in some cases have been counterproductive. Governmental goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients." ICPD *Programme of Action,* paragraph 7.12.

11. Undoubtedly, there are other approaches—more education of boys and men, for example, or more political participation by women, or greater access to mass media—that could also positively influence population trends. The impacts are less well-documented, however. To maintain a focused definition of the CBPE concept, we are not including activities related to these approaches.

A. BORNBUSCH

R. ENGELMAN

I. A PROGRAMMATIC "ODD COUPLE" AND ITS HISTORY

THE IDEA OF *integration*—by the dictionary, making a whole out of disparate parts—has long been a topic in the family planning field. For nearly three decades, United Nations documents have celebrated the "holistic nature" of development and "inextricable linkages" between population and the environment. In reality, however, the integration of family planning with other services—in health, in development and in the environment—has an uneven history, and it has sparked debate that continues to this day.

Prior to the 1974 World Population Conference in Bucharest, some family planning proponents argued that contraceptive services were so private and so controversial by nature that they might meet a better reception if packaged with more obviously welcome health services, such as maternal and child health (MCH) services.[1] In the late 1960s and early 1970s, the United Nations Population Fund (UNFPA) and others funded pilot projects in the Philippines, Indonesia and Nigeria, but these failed to demonstrate much impact from the linkage between family planning and maternal and child health. A second series of studies in Bangladesh, India and Ghana concluded that programmatic integration—in these cases with health education, MCH and general health services—could enhance contraceptive acceptance. An examination of a clinical referral system between child immunization and family planning in Togo concluded that if the populations served and the service delivery systems were similar, referral systems could boost the understanding and use of family planning services.[2] By contrast, a comparison of integrated delivery in Malaysia and South Korea, funded by the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), produced contradictory results—enhanced performance in the first country, negative impacts in the latter.

Studies of integration published in the 1980s suggest that combining family planning with MCH services can help improve the delivery and acceptance of family planning services. The level of success depends, however, on the quality of advance planning, administrative support, the similarity of integrated services and the effort invested in implementation. Questions remain, as well, on whether successful linkages are cost-effective—given the success of many stand-alone family planning service programs—and easily replicated on broader scales. The studies also highlight the importance of distinguishing whether integration occurs administratively, or at the level of service delivery, or both. The key point here is that integration has been used to describe a variety of coordinated strategies from the creation of an umbrella organization at the administrative level to joint activities at the service delivery level. While there is no one consensus definition, the essential idea is that of linking specialized tasks.[3]

After the Bucharest conference the focus of family planning integration shifted to various areas related to development itself. The conference included intense debate about whether it was access to contraception or development that mattered more to fertility decline. It also launched the term *integrated population activities* into the development lexicon—and attached a rhetorical halo to the image. This term referred to government-level planning that considered population dynamics in the context of overall national development.[4] Now the possible multisectoral partners came to include not only MCH and similar health services but agricultural extension, for example, or women-in-development programs. The Japanese Organization for

International Cooperation in Family Planning (JOICEF) reportedly had some success with pilot projects linking family planning to parasite control in several Asian countries in which parasites seriously threatened crop yields.[5]

Some researchers argued, however, that the word *integration* was being used too broadly, often describing an ad hoc combination of different services in a single community. Laurel Files argued in 1982 for a distinction between *integrated* services delivery, in which a sole organization or individual provides both or all services, and *coordinated* delivery, in which different organizations or individuals cooperate with each other to provide their own services with greater efficiency and effectiveness. This distinction remains relevant to the population and environment field linkage today.[6]

Field Experiments, Field Experience

Following the Bucharest conference, the popularity of these sorts of linkages appears to have ebbed and flowed within the family planning field. Within the International Planned Parenthood Federation (IPPF), some country-level family planning associations (FPAs) affiliated with the federation seem to have been drawn to the potential for reaching more people and gaining more acceptance through linked or integrated services. The Indonesian Planned Parenthood Association moved to program development in 1977 when its Planned Parenthood and Women's Development Program initiated a project combining family planning with environmental activities in Indonesia. The association and the Indonesian Women's Association (Perkumpulan Wanita Indonesia, or PERWARI) cooperated to identify projects with interested village women's groups and their leaders. Family planning was a centerpiece activity in all villages. In many of them, interest in the environment led to community campaigns to plant trees, build latrines and educate community members about clean water and sanitation.

Some FPAs quietly added such environmental projects to their own activities. In South Korea, family planning organizations encouraged the formation of "mother's clubs" around such issues as clean water and litter. When PAI staff discussed environmental service linkages with family planners in Bangladesh and India in 1992, we learned that some FPAs in those countries had been pairing family planning with very modest efforts at environmental education, tree planting and soil conservation since the 1970s. The staff of these organizations were surprised when we spoke of population and environment service linkages as an innovation.

Early Pioneers: World Neighbors

Well before conferees gathered to discuss world population in Bucharest in 1974, a very different mix of services was coming together in a handful of development projects around the world. Far from the debate on family planning integration or the world of UN conferences, one nongovernmental organization had unobtrusively included family planning among its development activities at the community level. Within a decade of its founding in 1951, the development NGO World Neighbors had moved directly into family planning promotion—and, to a lesser extent, service delivery—in connection with its work in agricultural conservation and village self-help.

"Somewhat to our surprise," wrote John Peters, World Neighbors' founder and then-president, in the mid-1970s, "we found that we had laid a good foundation for the promotion of family planning through our work in improved food production, small industries, environmental health and better child care. And so family planning has become for World Neighbors an emphasis of almost equal rank with increased food production."[7]

Bolivia: *Discussion in an agricultural training session*

WORLD NEIGHBORS

This relative comfort with both family planning and broader community work led World Neighbors to form a partnership in 1975 with the Family Planning Association of Nepal, an IPPF affiliate, in a two-year-old project in the Sindhupalchowk district east of Kathmandu. Workers associated with an existing health post and family planning clinic in Bahunipati, a small marketplace associated with the village of Majhigaon, concluded that demand for family planning might rise with improvements in income, health and welfare. The village was home to former fishermen, or *majhis,* who as members of one of the poorest castes in Nepal sometimes suffer the slur “sand-dwellers” for a tendency to sleep along the sandy banks of streams. The *majhis* had turned to farming and animal husbandry after their own depletion of fish in the local Indrawati River left them no other livelihood.

Committed to participatory self-development, World Neighbors introduced methods of community decisionmaking that led eventually to the construction of clean water and sanitation systems. For improved livelihood, women learned to plant the fast-growing, nitrogen-fixing ipil ipil tree *(Leucaena leucocephala)* for animal fodder and firewood. Wherever a villager found MCH and family planning services, she encountered these other activities as well. Women were frequently both the agents and main beneficiaries of change. As the family planning workers had predicted, the project simultaneously improved household income and increased the acceptance of family planning.

Now expanded to 57 villages in the area, the Baudha-Bahunipati Family Welfare Project (BBP) is probably the oldest continually operating community-based population and environment project in the world. While vasectomy and other sterilization methods once dominated the contraceptive mix, today pills and condoms and injectable Depo Provera are common methods of birth spacing for young parents, with associated benefits to the health and survival of mothers and children. Community health volunteers working in the program are local users of contraception likely to remain in the community rather than to migrate. (According to consultant Keshari Thapa, who visited the project in 1995 for PAI, the project is no longer actively recruiting health workers at the village level “since eligible women in project areas are found to be knowledgeable on family planning.”) Self-sustaining—except in the critical area of contraceptives, which IPPF contributes—the BBP has served as a model of natural-resource and reproductive-health service linkages not only elsewhere in Nepal but across Asia, Latin America and Africa. Among the keys to its success is the linkage within communities of services that directly and immediately improve people’s lives.[8] [For more information, see “Project Profiles,” p. 89 and “Project in Focus,” p. 22.]

PROJECT IN FOCUS: Baudha-Bahunipati Family Welfare Project

Majhigaon village, near Chautara, eastern Nepal
August 1992

In the late 1970s, vasectomy was the major contraceptive method made available by the Family Planning Association of Nepal (FPAN) to farming couples in this remote rural area in the Himalayan foothills, about a five-hour drive east of Kathmandu, and a one-hour walk from the small town of Chautara. After initial skepticism, many of the men in the village underwent the simple operation. Vasectomy's early popularity—it has since been supplemented by a wider range of contraceptive choices—owed much to the remoteness of the region, where resupply of spacing contraceptive methods poses a constant challenge.

When a group of three Population Action International staffers arrived in one of the villages in this area, led by World Neighbors employee Hari Thapa, we met a farmer named Cansaman, one of the project and community leaders. Hari informed us that Cansaman was popular among the women in this village in part because he was the first to obtain a vasectomy and the first promoter of this form of contraception. Cansaman demonstrated for us his biogas fermentation system, courtesy of the Baudha-Bahunipati Family Welfare Project, which turned human and pig waste into fertilizer for nearby rice fields. While the waste fermented it produced methane gas, which Cansaman's family collected and used to fuel two gas lights and a cooking burner in their simple earthen home. He also told us the story of how piped drinking water had come to his village.

Some years earlier, project leaders had approached Cansaman about the idea of organizing the men of the village to lay pipe from the headwaters of the neighboring stream to carry drinking water into the village. World Neighbors had offered to provide the piping if the men would supply the labor. The village council, however, was indifferent to the idea. Made up entirely of men, the council saw no problem in the current water delivery system, in which women spent hours a day hauling water up from the stream as it coursed through a steep valley next to the village.

Frustrated by the council's response, Cansaman went to the women of the village and asked them what they thought of the water pipe idea. Their reaction was quite different than that of the council, many of whose members were their husbands. "You tell the village council," the women said, "that we will lay the pipe ourselves." Shamed, the men of the village ultimately cooperated in laying the pipe. And when Cansaman showed us the communal spigot on a hillside above the village, he left it open full-bore while he told us this story. Renewable fresh water had become an abundant and labor-free commodity.

When we returned to Chautara later that afternoon, we were fortunate to find a meeting of project field workers in progress. A few dozen men and a few women were sitting in a circle on a richly worked rug in a small, sunlit room. With FPAN project coordinator Gopal Nakarmi interpreting, we asked one of the women how nonparticipating villages were reacting to the project, especially the family planning component. "At first they had no interest in our work," she said, "but just recently they have been asking if they, too, can participate. The women see that their neighbors [in the project] have more time to tend to their children, their housework and their gardens, because they are not always pregnant and having more children than they can care for." She said there was considerable excitement about the project in the region—but not enough financial or human resources to extend it beyond the participating villages.

When individual agencies and personnel took on multiple tasks, however, some in the family planning field resented the added work and responsibilities integration could imply. It is no easy task to gain expertise in contraception and family planning. To then require some understanding of a mix of other interventions, rarely related to human reproduction, was to some a fatiguing distraction. Added to this problem was the medical orientation of much of family planning delivery. Physicians and other health workers rarely were enthusiastic about the gender-related and development activities that often were paired with family planning. Finally, experience had taught many family planners that when they worked side by side and shared a common budget with other health professionals, financial and other resources were often diverted from family planning to less controversial health services. Clients themselves often were drawn to curative services rather than the more preventive strategies related to family planning and reproductive health services.

By the early 1980s, family planners had established a track record of successful work in many countries without efforts to integrate or coordinate with activities unrelated to reproductive health. The attitudes of developing-country governments about population and family planning had shifted dramatically in the decade after the Bucharest conference. The slogan “development is the best contraceptive” had slipped from use. By the time of the International Conference on Population in Mexico City in 1984, most developing-country governments had institutionalized population policies and welcomed family planning funding from wealthier countries, the United Nations and the World Bank. Discussion of the need for “integrated population activities” faded.

Quietly, however, another element came into play that was destined to bring the idea back. As more development and conservation organizations began working in rural and often remote areas of developing countries, and as public consciousness about environmental issues expanded, the relationship between population growth and degradation of the environment began to emerge as a topic of growing interest and debate. In 1979, the National Audubon Society in the United States launched a population program, a revolutionary step for a mainstream environmental organization. In 1980 the idea of population and environment field linkages came up at an IPPF meeting in Nairobi, although there was little immediate follow-up. Three years later, the World Conservation Union-IUCN and IPPF signed an agreement called “Population and Environment,” as a first step toward developing a joint policy on population and natural resource management. This agreement paved the way for a focus on population in the IUCN’s document *Caring for the Earth,* published in 1991, which detailed strategies for sustainable living.

This approach found affirmation in language that was incorporated into international conferences on the environment in 1992 (the United Nations Conference on Environment and Development, or the Earth Summit) and on population in 1994 (the ICPD). Repeated in subsequent UN conferences, this language called for policy and program strategies that recognized and addressed the interconnections between population, environment and development. Typical of this view as it gained currency in the policy community is this statement from a fact sheet on hunger issued by an intergovernmental organization: “Policymakers on all levels need to shape integrated policies and programs that reflect the relationship between improved lives for poor people and reduced population growth, reduced consumption of nonrenewable resources, and protection of the environment.”[9]

University of Michigan Population-Environment Fellows Program

If policymakers are encouraging or supporting the development of such integrated programs, however, the results are not much in evidence. Some NGOs and at least one intergovernmental organization, by contrast, appear to have taken the goal seriously and have begun, in this decade, experiments aimed at a holistic approach to population, environment and development. So, too, have some in the scholarly population field. In the early 1990s, the University of Michigan's Population Fellows Program launched an environmental initiative involving a group of a dozen or so fellows each year who study and assist NGOs in finding and applying linkages related to population and the environment in developing countries. Each year these University of Michigan Population-Environment Fellows meet to discuss their work, and in late 1997 the program assigned one staff member and one former fellow to assess impacts of the fellows' work in specific projects.

In a sign of growing interest by official population aid donors, the U.S. Agency for International Development's Center for Population, Health and Nutrition is the major funder for this work.[10] Although the fellows program embraces multiple approaches to the population-environment linkage, in at least five countries—Honduras, Uganda, Nepal, Brazil and Mexico—Michigan population and environment fellows have helped facilitate natural resource and family planning service linkages. (Others are involved in conceptual linkages and in those involving migration and the environment, among other areas.) The involvement in linked natural resource and reproductive health services could grow if more organizations begin actively pursuing that strategy.

CARE: Household Livelihood Security

In the late 1980s and early 1990s, field workers for CARE, among the world's largest private development assistance organizations, began reporting an unusual development in the scattered projects for which they worked. Women, increasingly outspoken about their own needs in such projects, were beginning to ask for help in preventing and delaying pregnancy. The reasons for the request varied from lack of financial resources to feed and educate more children, concern about the health risks of pregnancy and childbirth to women and their living children, to concern about increasingly scarce farmland and fresh water.

The requests were novel—and potentially controversial in the development field, which traditionally has distanced itself from population concerns and activities. Some agencies in the field reportedly deal with such requests quietly as best they can, while others turn them aside as inappropriate to the agency's mission and expertise. CARE's response, however, did not fit either pattern. The requests from women for help obtaining access to contraception coincided with a growing concern at many levels of the organization—including among field workers—that population growth was, in fact, to some degree hindering the agency's efforts to reduce poverty, empower communities and make development sustainable. And in a seminal 1991 meeting in New York, top CARE officials committed the organization to a new development activity—delivery of family planning information and services to those who request them.

Today, with the support of the U.S. and British international development assistance agencies, the UN Population Fund (UNFPA), private foundations and local governments, CARE contributes to family planning education and delivery in at least 22 countries. In Peru, Uganda, Mali and some other countries [see "Project Profiles"

and “Project in Focus” on page 51], selected communities benefit from aspects of at least two sets of services, family planning and reproductive health, and agriculture and natural resources. In its development work CARE is refining an organizational approach to such linkages called *household livelihood security* (HLS), which focuses on ensuring that households are able to meet their basic needs. The strategy provides a framework for coordinating the different development sectors of CARE such as health (which includes family planning), food, education, income and the environment. The goal is to combine all these elements for the greatest possible benefit to the target population. Because HLS is an integrated approach, the potential to link different sectors such as family planning and natural resources is increased at all levels.

Only two of CARE’s projects, in Uganda and Honduras, appear to have attempted to integrate family planning with natural resource conservation. The concept nonetheless is attractive to CARE officials. Many village women, for example, are too busy to take much time from their children and farm work to listen to a presentation from CARE workers. To see one on Tuesday about a new variety of maize and another on Wednesday about a new type of contraception is a strain on their time and attention, according to this view. Opinions are divided between those program managers who would like to promote a “renaissance person,” who could in effect do everything in a single visit, and those managers who fear overloading community volunteers with multiple roles. As an alternative, in some communities talks on several topics are provided by different community workers at the same session. Nonetheless, CARE officials believe their focus on the concept of household livelihood security—with the more integrated approach to health and development services that this implies—has increased the potential audience and funding base for such projects. It seems likely that the population-environment-development linkage will continue to evolve within this global organization.

InterAction and Pathfinder International

In the year leading up to the 1992 Earth Summit, InterAction, a U.S. coalition of some 160 nongovernmental and private voluntary organizations, initiated a project designed to bring together environmental, development and family planning organizations for possible field partnerships in Latin America. The aim was to encourage these groups to communicate with each other and consider working together at the country level in a more integrated way. The new project, called Sustainable Development, Environment and Population (SDEP), succeeded in mounting four conferences in 1992 and 1993 that took place in Costa Rica, Mexico, Honduras and Chile. The original project design contemplated applying the concept to Asia and eventually to

A. BORNBUSCH

Madagascar: *Child with water container and charcoal in Antananarivo*

sub-Saharan Africa. Early in this process InterAction involved Carlos Aramburú, representative to Peru and later to Mexico of Pathfinder International, a U.S.-based NGO offering technical assistance in family planning. Aramburú helped establish an intellectual foundation for the linkage of population and environment at the community level. He proposed some of the most detailed ideas up to that time of institutional arrangements that might facilitate successful population-environment field partnerships.

The four conferences displayed an evolution similar to that of community-based population and environment activities as a whole. The first conference, in San José, Costa Rica, shortly before the Earth Summit, was a disappointment, according to many who attended. Relations between the representatives of environment and development organizations and those of family planning organizations were frosty. Some of the former accused the latter of abetting "northern demographic imperialism" against the peoples of Latin America. There seemed no common purpose or frame of reference.

The second meeting, in Oaxaca, Mexico, shortly after the Earth Summit, was a study in contrast. The two sides seemed to understand the importance of each other's work, and there was a sense of excitement about the prospects for synergistic partnerships to advance both the human and environmental health of the organizations' constituencies. Perhaps the attention the just-completed Earth Summit had drawn to interacting factors in the environment contributed to the more positive outcome. Or perhaps a learning process was at work in the region. During the third and fourth conferences, participants made progress in discussing and designing frameworks for identifying potential field partnerships in population and environment activities, and making these partnerships work.

Unfortunately for this effort, after the fourth conference InterAction discontinued the SDEP project and no overarching synthesis captured the lessons learned. Aramburú continued his work on the linkage, however, and both he and Pathfinder continued their involvement in community-based population and environment. Pathfinder now supports two projects in Brazil and recently assisted another in Tibet in which family planning services are linked with natural resources conservation. The organization recently launched a project to consider ways to assess and measure the results of its own efforts in this linkage.

Nepal: *Maintaining community water systems and collecting water at sites maintained by water user groups*

World Wildlife Fund-U.S.: Integrated Conservation and Development

For an organization involved in the conservation of nature, human population presents sensitive issues. While few people involved in conservation are blind to the threats that population growth presents to species and ecosystem survival, few would risk a perception they were arguing that this survival requires literal reductions in human numbers. It would be easy for critics to see population or family planning related activities as “evidence” that a conservation organization is attempting to control human population in the interests of nonhuman species, habitats and ecosystems.

Since the mid-1980s, the World Wildlife Fund-U.S. (WWF) has come to embrace the concept of *integrated conservation and development.* This concept links the survival of wild areas to the sustainable development of the human communities that surround them and embraces the concept of multiple use of natural resources.[11] As these ideas have gained support within WWF, the organization and its supporters and members increasingly have recognized the need for activities that address population growth and distribution. These activities have primarily involved demographic research related both to migration and to natural increase in communities near areas of high biodiversity. Often these are parks, reserves or other protected areas.

WWF has been working with its partner Pronatura Peninsula de Yucatán (PPY), a Mexican NGO, to improve access to quality reproductive health care for communities living around the Calakmul Biosphere Reserve. Toward this end, WWF has promoted partnerships between PPY and population organizations. For instance, PPY and the staff of the Johns Hopkins University Center for Communication Programs are discussing development of an educational radio program on population-environment issues.

WWF continues to expand its efforts in this linkage. A small grants program is designed to increase the organization and its projects’ understanding of the effects of population dynamics, as well as to determine possible and appropriate responses. The program supports selected pilot projects in its field programs and with its partner NGOs to develop and test program activities related to migration and migratory pressures, women’s empowerment, and facilitation of access to reproductive health services. From the first tentative efforts by World Neighbors in the 1960s and 1970s to the final years of the 1990s, the linkage of natural resource conservation and family planning services has slowly evolved to the point where a major organization dedicated to the conservation of wild plants and animals is linking its work on human development with provision of family planning and related health services.

A New Entrant: Conservation International

Smaller and more focused in its conservation activities than WWF, the U.S. organization Conservation International has for some time been monitoring activities of other organizations in community-based population and environment activities. An advocate of integrated conservation and development, Conservation International has moved carefully toward some limited service linkages in both Africa and Latin America. In Africa, a project in Madagascar offers family planning awareness and contraceptive provision as part of a community-based project that also focuses on forest management and sustainable livelihoods near a biological reserve [see “Project Profiles,” p. 84]. A more ambitious project in Guatemala is in the planning stages. Ultimately, this project may result in establishment of a center that would house family planning and other reproductive health services, a population and environment research facility, NGO offices, and a training and meeting center.

28 The World Bank and the African Population Advisory Committee

One early sign that the idea of community-based population and environment linkages is spreading beyond the NGO community is a group of projects supported by the African Population Advisory Committee (APAC) under the umbrella title of the "Agenda for Action to Improve the Implementation of Population Programs in Sub-Saharan Africa" (or, in shorthand, the African Agenda). Founded by African policymakers and opinion leaders, who constituted themselves as APAC in 1989, the projects combine multiple aspects of economic and environmental improvement with reproductive and other health services. In addition to the African Development Bank and the World Bank, funders include UNFPA, IPPF, the World Health Organization, and a number of European and U.S. donors. APAC has endorsed the key principle of offering reproductive health services only where communities specifically request them. In pilot projects in communities in Cameroon and a few other sub-Saharan African countries, access to reproductive health services has improved as a result of the African Agenda.

Expanding the Work

The concepts described in this overview continue to evolve. World Neighbors, CARE, WWF and the other organizations mentioned continue to expand their work and to develop their own understandings of how and where community-based population and environment service linkages work best. The Nature Conservancy, having featured the field linkage of population and the environment at a 1995 conference in Quito, is weighing the possibility of encouraging natural resource management and reproductive health partnerships in Ecuador. In Latin America and Asia, World Neighbors has even involved itself in national policy debates related to reproductive health, successfully educating policymakers on the benefits of injectable contraception.

Some development organizations, as well as several in the relief and health fields, prefer to help improve access to reproductive health services with minimum publicity, perhaps out of fear that donors and other constituencies will misunderstand the activity. Other organizations may operate with little outside support, with the result that few know them outside the geographic areas in which they work. At most, what is presented here is a first-draft history of this odd couple of reproductive health and natural resource services. Much more is likely to unfold, and the need for further and more detailed assessment is likely to grow.

1. Much of the information on early efforts to integrate family planning and other services comes from interviews of Gayl Ness from the University of Michigan by Amy Weissman, and Ruth Simmons and James E. Phillips, “The Integration of Family Planning with Health and Development,” in Robert J. Lapham and George B. Simmons, ed., *Organizing for Effective Family Planning Programs* (Washington, DC: National Academy Press, 1987).

2. Dale Huntington and Aristide Aplogan, “The Integration of Family Planning and Childhood Immunization Services in Togo,” *Studies in Family Planning* 25, no. 3 (May/June 1994).

3. Gayl Ness, as cited in Simmons and Phillips.

4. Laura A. Files, “A Reexamination of Integrated Population Activities,” *Studies in Family Planning* 13, no. 10 (October 1982).

5. Files.

6. The debate about integration in family planning delivery continues to this day. “Family planning providers were justifiably paranoid throughout the Reagan-Bush years about funding and have resisted the concept of integrated services because they fear diluting the already underfunded family planning services.” Marjorie Sable, “The Need for Integrated Government Funding and Services” (letter to the editor), *American Journal of Public Health* 87, no. 4 (April 1997).

7. World Neighbors, *Introducing Family Planning in Your Neighborhood: A Manual for Family Planning Field Workers* (Oklahoma City: World Neighbors, undated but published in 1974).

8. Denise Caudill, “Beyond Cairo: The Integration of Population and Environment in Baudha-Bahunipati, Nepal,” brochure (Oklahoma City: World Neighbors, September 1994). See also Population Reference Bureau, “Nepal: The Boudha-Bahunipati Family Welfare Project,” paper (Washington, DC: Population Reference Bureau, December 1994); and Sydney B. Westley, “Family-Planning Project Turns to Nitrogen-Fixing Trees,” *Nitrogen Fixing Tree News* (Paia, HI: Nitrogen Fixing Tree Association, July-September 1993).

9. Marc J. Cohen and Don Reeves, “Causes of Hunger,” *2020 Brief 4* (Washington, DC: International Food Policy Research Institute, May 1995).

10. Some funds flow indirectly from USAID environmental offices at the country mission level.

11. According to the World Wildlife Fund mission statement: “We seek to practice conservation that is humane in the broadest sense, reconciling the needs of human beings and the needs of others that share the Earth.”

R. ENGELMAN

R. ENGELMAN

II. WHY MAKE THIS MARRIAGE WORK?

FOR THOSE IN THE POPULATION AND REPRODUCTIVE HEALTH FIELDS, the reasons for integrating family planning with other services are fairly clear: to expand the client base, to make service delivery more efficient and effective, to reduce costs, and to offer a more "holistic" approach more in tune with people's needs. Assessing progress toward these financial and quality-of-service objectives in the case of combining natural-resource conservation and family planning services, however, is difficult.

Do family planning services work best and most efficiently—in meeting people's needs or in reducing fertility, or both—when offered alone or as part of a broader package of services? Or can either approach work if implemented appropriately? Reports from CARE and World Neighbors representatives indicate that in some communities efforts to deliver family planning as a single service made little headway until offered with other services related to overall family health and livelihood. Many other cases demonstrate, however, that family planning services have been enthusiastically embraced when delivered on their own. It may be that in the remote areas where development and conservation organizations often work, communities tend to have less exposure to outside ideas such as taking personal control of reproductive health.

In many remote rural areas, in any event, there are no family planning services of any kind, despite the presence of government and nongovernmental agencies hard at work to provide other services related to improving people's lives. From the perspective of family planning provision, linking services can bring closer the goal of universal access to a range of voluntary family planning services, affirmed in 1994 in Cairo.

From the Environmental Side

For those whose primary interest is achieving environmental objectives, the argument for the CBPE linkage is less obvious. Will adding reproductive health to the community-based activities in which environmental organizations engage improve environmental indicators and actually help stabilize or reverse the degradation of the environment? Three lines of reasoning suggest this may be the case, although it would be unwise to expect early or easily measurable results.

The importance of women's involvement in environmental activities is by now well recognized in the integrated conservation and development field. It stands to reason that this involvement is more likely to occur where women enjoy good reproductive health and make their own decisions about childbearing, and observations and reports from the field support this. Similarly, for women interested in family planning and better health for themselves and their children, help in gaining access to reproductive health services may be a tangible "real-world" benefit of an environmental organization's involvement in their community. This may improve the likelihood communities will accept environmental activities that offer more long-term or abstract benefits. (See for example, Jenny Ericson's comments on p. 49 in Chapter IV.)

Finally, use of reproductive health services that include family planning will influence rates of local demographic change and, through this, the local environment. The precise influence will be hard to determine, and its importance will be judged differently

under different circumstances, especially when environmental change is also tightly linked with forces from outside the community. Nonetheless, it is hard to imagine truly sustainable natural environments and use of natural resources surrounding human populations that continue to grow rapidly. Access to reproductive health care that allows people to make choices about child spacing and family size is an essential early step toward population stability and environmental sustainability.

For those who take seriously the commitments forged in the major 1990s UN conferences to bring development, environment and population together to promote sustainability and social justice, there is a further attraction. The relationships that connect these areas are not simply academic artifices; they exist at every level of human experience, from the changing global climate to the water women and children carry from a distant well. People's lives themselves are integrated; it is the institutions serving them that are not. "Communities are integrated in terms of people's lives," notes Miriam E. King-Dagen, formerly of World Neighbors, "and it is hard to separate out what is agriculture and what is health." Most CBPE projects model their operational approach on the integration of activities and needs inherent in individual and community experience.

Making the Case

For many, however, such reasoning may not be enough. The years since the Cairo conference have witnessed funding cutbacks in family planning assistance and increasing skepticism among some policymakers about its benefits. Advocates cannot expect help from donors and policymakers based simply on the argument that reproductive health is essential to human development or environmental conservation. As is illustrated in the case of the IPPF-WHR Isla Puná project in Ecuador [see "Project Profiles," p. 76], success in expanding access to family planning may not be enough to maintain donor support when those served total no more than a few hundred, a number typical of current CBPE projects. The arguments will need to be more persuasive. The following hypotheses about the importance of this linkage require evaluation:

◆ Efficiency of delivery. The total numbers of people served by the 42 projects surveyed in this publication are relatively small, leading some observers to doubt the efficiencies are significant or can be scaled up. Yet the argument for efficiency of delivery remains sound. When environmental or development-oriented organizations work in communities, they establish human and physical service infrastructure that need not be reinvented or otherwise duplicated by those seeking to offer reproductive health services. For populations in remote areas, it is hard to imagine cost-efficient reproductive health service delivery without some connection to other health or nonhealth services. The nature of such efficiencies may be specific to the circumstances, but the potential value in financial and human resources remains a major selling point for the concept of linked services everywhere.

◆ Reaching new audiences—among not only service beneficiaries but also agencies and donors. More cost-effective service delivery opens up the possibility of new clients in previously underserved communities. Beyond this, field evidence suggests that at least in some communities, family planning services find more receptive audiences when offered in a package of other services clearly identifiable as contributing to individual, family and community well-being. The same can be said for potential agency and donor partners, many of which have shied away from involvement in family planning services in the past because of their demographic associations.

◆ Encouraging a diversity of delivery models in a time of uncertainty and change. Related to both of the above points is a kind of "options preservation" approach to

family planning. Those who advocate wider access to family planning services increasingly must demonstrate pragmatic benefits in multiple areas. Funding for experimental approaches to family planning delivery and pilot projects involving service linkages cannot be expected to turn into long-term commitments without demonstrating tangible results. Nonetheless, it makes sense for funders to keep open minds and to encourage innovation in family planning delivery at a time when they face increasing scrutiny and pressure to justify expenditures. Donors also will need to support the rigorous evaluation needed to establish what works and what does not.

◆ Synergies in population and environment service linkages. NGO representatives and project beneficiaries interviewed by PAI have found synergistic relationships between certain environmental project activities and interest in family planning. The idea of synergies in service delivery has a long history, but it appears to have been explored only in the context of related health services—family planning and oral rehydration therapy for children, for example—and the findings were equivocal. The links between reproductive health and such activities as soil conservation or latrine construction may seem remote to outsiders, but within some communities they appear strong.

WORLD NEIGHBORS

C. VOGEL

Bolivia *(left)*: *A nurse and agricultural worker prepare to visit a village on the project motorcycle*

India *(right)*

In one Ecuador project, the service linkage is associated with greater acceptance of both family planning and greater involvement of women in learning activities related to sustainable agriculture. In one Honduras project, women readily understood a natural family planning method when health teams used the metaphor of wet and dry seasons for farming. In Bolivia, Mexico and the Philippines, interest in family planning rose dramatically as women's work in agricultural and other income-producing activities increased, often as a result of men's search for employment in urban areas. Women themselves reported that they wanted to avoid pregnancy to have more time[1] and to maintain good health for the new activities in which they were engaging. If natural resource scarcity and education about natural resource management contribute to increased interest in family planning, service delivery systems that respond to natural resource problems will need to address reproductive health as well.

◆ Access to fertility regulation as an important component in programs aimed at women's empowerment. Efforts to improve the lives of women—through micro-credit, legal reform or the eradication of harmful traditional practices—may benefit from improved access to family planning services. Functional literacy and level of educational attainment, for example, are associated with health and well-being among women and their children.

PROJECT IN FOCUS: Mag-uugmad Foundation Project

Guba Village in Cebu Municipality,
Cebu Island and Province, central Philippines
May 1995

World Neighbors and the Mag-uugmad Foundation—a Filipino NGO that grew out of WN's work in the country—had been working on agricultural conservation in the villages outside of Cebu City for a decade when the Mag-uugmad Foundation launched a primary health care program in response to community requests. Farm husbands and wives appreciated the increased yields they had gained, but they reported that much of the added income was consumed by dealing with a growing burden of health problems. One reason was that higher farm income had apparently contributed to more childbearing and higher infant and child survival. Women reported that frequent pregnancy and pregnancy-related illness were among the greatest obstacles to keeping up with farm and agricultural conservation work. In response to these requests, a family health project began in 1991 and expanded to include reproductive health and family planning in 1993.

On the sloping, one-hectare farm of Timoteo and Delia Llena, dozens of plant and animal species thrived, from chrysanthemums to a fighting cock. "When you raise this many species, and you have to learn about each one's needs, you don't have time for frequent pregnancy," noted Delia. And in fact the couple had only a daughter and a son, the latter a policeman in Cebu City who earns a bit of extra income with the gamecock. And how did it happen that they had no more than two? "World Neighbors taught us about family planning," Timoteo said. But this couple appeared to be well past 60; when could this instruction have happened? "In the 1950s," Timoteo replied with a smile. Obviously, World Neighbors brought family planning into its work a long time before the Mag-uugmad Foundation Project took shape.

Like many of the younger women involved with the project, Cirila (Cirry) Alcantara started out as a farmer instructor. "Women came to me and said, 'We want to learn to farm.'" Her transition to a family health instructor was gradual and natural, a response to working with women farmers who increasingly were filling in for sick husbands in the fields. These women often faced the problem of unintended pregnancy, and some began asking Cirry about contraception.

In a living area modified for health instruction in her modest hillside home, Cirry and a visiting health leader named Bevanancy discussed their Sunday classes in nutrition and sanitation for children and a variety of services and types of instruction focused on women's health concerns.

As Cirry and Bevanancy described the situation in the early 1990s in their communities, a growing desire to avoid frequent pregnancy was straining marital harmony. Frightened of becoming pregnant, some women would refuse sex, and frustrated husbands would throw temper tantrums, get drunk, or worse. This had been less common in the past, Cirry said, both because women were more fatalistic about large families and because they viewed farm work differently. Once, they had seen pregnancy as a necessary sacrifice of time to bring another potential helper to the family. Now, women saw the gains they made through agricultural conservation threatened by pregnancy, nursing and infant care. They saw additional children, in such circumstances, as complications. Ultimately, access to contraception was liberating and maritally beneficial to these women, because the issue in these quarrels was not so much that they sought to avoid sex with their husbands as that they wanted to avoid pregnancy.

At the time of this visit, Cirry and her colleagues were working to familiarize the women in their communities with family planning services offered by provincial and municipal health services. Each *barangay* (a political unit equivalent to a city neighborhood or a group of rural villages) had a health clinic, usually with a midwife and a health worker. But in most barangays people had to walk many miles to obtain oral contraceptives, condoms or other contraceptive supplies. Through the Mag-uugmad Foundation's work, Cirry and Bevanancy were able to maintain their own supplies of condoms for the women in their villages. For pills and IUDs, which many women sought, the health instructors would refer their clients to the appropriate clinics and help arrange transportation. Often, conversations about these issues—and sometimes a surreptitious distribution of condoms—occurred on Sundays in the local Catholic church, Cirry reported.

"All reproductive-age couples in our area use family planning," Cirry said categorically. Asked about requests for assistance in obtaining abortions, which are illegal in the Philippines except to save a woman's life, she responded: "I suggest that they see this child as an opportunity to learn about family planning. I say, 'Be grateful to this child.' But some women really do not want to have the child. They cry a lot."

Unintended pregnancy and the complications it can present are powerful obstacles to school attendance and educational achievement. Organizations working on gender issues increasingly may view family planning access as important to their own goals.

◆ Community-scale synergies between population dynamics and environmental health. It is important to distinguish between demographic arguments for population-environment service linkages and arguments related to individual and family well-being. Only the latter are needed to justify the linkages. Efforts to fuse family planning with environmental activities based purely on demographic arguments and goals are unlikely to succeed even in the short term, let alone achieve sustainability, because there is no reason to expect them to match the objectives of the people served. Nonetheless, in many areas local population pressures contribute to diminished size of farm plots and environmental degradation, and some communities recognize this explicitly. Agencies, donors and communities may see a win-win strategy in combining natural resource conservation activities with family planning provision and other activities that tend to reduce birthrates.

◆ Replicability beyond the world of NGOs and community-based activities. Community-based population and environment projects tend to be intensely participatory and thus labor intensive. This can lead to high costs per client served and raises questions about their replicability. Nonetheless, interest is growing among bilateral and multilateral donors such as USAID and the World Bank, both of which provide funding in this area. And in at least some countries—Uganda is one example—there appears to be some government interest in linked-service NGO projects. In Nepal, the interest in the population-environment connection is reflected in the creation, after the Cairo conference, of a combined Ministry of Population and the Environment. It is not too early to begin considering whether and how national-level programs might eventually "scale up" community-based population and environment service linkages—and what sorts of research might demonstrate the advisability and feasibility of doing so.

One important trend among many developing country governments—those of Mexico, the Philippines, Ecuador and Uganda are examples—is the concept of *devolution* or decentralization of government authority to provincial or even municipal levels. Development efforts based at the community level are of growing interest to local

governments, newly empowered to take on responsibilities in health and the environment that once were the province of national governments. Some policymakers reportedly see community-based projects as most likely to be both democratic, accountable and relatively free of corruption and red tape in comparison to large-scale projects run out of national capitals. Demonstrating successful linkages between reproductive health and natural resource conservation services at the community level could influence national policymakers and international donors who have taken little prior interest in programs related to reproductive health or environmental sustainability.

These arguments and variations of them are the ones most frequently heard in the field. For field workers, however, the overriding reason to combine services is simply to respond to the requests of the communities in which they work. Among the most common such requests are for help with growing food, with obtaining clean water, and with delaying or preventing pregnancies. For many field workers, no other rationale for linking services is necessary.

1. Lack of time particularly saps the productivity and well-being of the poor, and especially women, often in rough proportion to the number of their children and the closeness in age of those children. See United Nations Development Porgramme, "Is Time an Asset?", *Human Development Report 1997* (New York: Oxford University Press, 1997).

HOW FAMILY PLANNING PROTECTS THE HEALTH OF WOMEN AND CHILDREN

Why introduce family planning to programs and projects that stress development and environmental conservation? One of the best reasons is that family planning is a key health intervention for women and for children that greatly enhances the chances they will contribute to community well-being. Use of contraception helps families delay and space pregnancies, and this dramatically improves the health and chances of survival of both mothers and their children. At the same time, when parents are assured of their children's survival, they may be more likely to plan smaller families. Together, these programs contribute to improved maternal and child health and thus to overall human development.

Too Many Deaths

Maternal and child death rates in developing countries are unacceptably high—and this is especially true in the rural areas in which many development and environmental organizations work. Every minute, a woman dies in pregnancy or childbirth, and more than 20 children die of largely preventable causes. More than 12 million children under age five die each year. The estimated 585,000 deaths of women in pregnancy or childbirth annually account for one-quarter to one-half of deaths to women of childbearing age. In some places, pregnancy is the leading killer of women in this age group.

One out of 7 women in Somalia dies in childbirth; 1 out of 14 in the Ivory Coast, and 1 out of 26 in Bolivia. In contrast, 1 out of 3,500 women in the United States dies in childbirth.

Healthy Mothers = Healthy Children

A mother's health affects the health of her children. To survive the especially vulnerable first few days of life and the early years of childhood, children need a good start in life. Women who are in poor health or poorly nourished are more likely to give birth to unhealthy babies and often cannot provide adequate care, diminishing the chances their children will survive and thrive. Breaking the cycle of weak mothers bearing weak babies gives both mothers and children a better chance.

The death of a mother is devastating for her family. Studies in Bangladesh show that when a mother dies after giving birth, her newborn baby has only a small chance of surviving until its first birthday. Her other young children under age 10, especially girls, are also more likely to die. Children who survive a mother's death are less likely to receive adequate nourishment and health care. Older girls often drop out of school to care for younger siblings and do household chores.

Birth Spacing Improves Child Survival

The timing of births has a powerful impact on a child's chances of survival. Over the past two decades, multiple surveys have shown that children in developing countries born less than two years after the previous birth are twice as likely to die by age one than children born two to four years apart. These children also have a roughly 50 percent greater risk of dying by age five. When births are spaced less than 18 months apart, the risk of death before age five doubles.

Close spacing of births harms the health of mother and baby during pregnancy and forces children to compete for nourishment and maternal care. When a pregnant woman has not had time to fully recover from the previous birth, the new baby often develops too slowly and is born underweight or premature, increasing its chances of dying in infancy. Nursing a previous child during a pregnancy may harm the health of both children; the older child may also suffer if the new pregnancy precipitates early weaning. Children born close together have higher rates of malnutrition, develop more slowly, and are at increased risk of contracting and dying from childhood infectious diseases.

Healthier patterns of childbearing could save the lives of several million children each year. By preventing closely spaced births or those to mothers under age 18, family planning could reduce infant and child mortality by up to 25 percent, or about three million deaths a year. Simply spacing all births at least two years apart could reduce infant and child deaths on average by 15 to 20 percent. Such improved patterns of childbearing require access to effective contraception.

The potential to improve child survival is greater in areas where a high proportion of births are closely spaced. Improved spacing of births could reduce child deaths by a third in Egypt and Brazil. In sub-Saharan Africa, a smaller proportion of births are at risk because lengthy breastfeeding and sexual abstinence after birth help to space births further apart. But family planning is needed to protect child health as these traditional practices are abandoned.

How Family Planning Protects the Health of Women and Children continued

Saving Mothers' Lives

By preventing high risk pregnancies, family planning could prevent at least one-quarter of maternal deaths. Girls under age 18, women over age 35, those who have four or more children, and those who already have health problems are at greatest risk. In one area of Bangladesh, increased use of family planning significantly reduced maternal deaths among women of childbearing age simply by reducing the number of pregnancies.

Family planning can prevent many if not most deaths from unsafe abortion. Unwanted pregnancies result in about 50 million abortions every year, many of them performed under unsafe conditions. Each year, approximately 75,000 women die from unsafe abortions; tens of thousands more suffer serious complications leading to chronic infection, pain and infertility. Studies in several countries show that increased contraceptive use has contributed to dramatic declines in abortion rates, thereby reducing abortion-related deaths as well.

Family planning programs help prevent the spread of HIV/AIDS and other sexually transmitted diseases (STDs) among women. Every year, over one million women contract HIV/AIDS; over 125 million contract other STDs that contribute to stillbirths and infant deaths. Family planning services can help educate women about safer sexual practices and encourage the use of condoms, the primary means of preventing these diseases.

A Better Future

A planned family is the best environment for a child's overall development. Studies show that unwanted children may suffer conscious or unconscious neglect. Parents with fewer children are able to devote more time and money to provide each child adequate food, health care and education. Thus, family planning not only helps children survive, but makes it possible for them to develop their full potential and grow into healthy, educated adults who can contribute to their families, communities and nations.

Family planning is highly cost effective. According to the World Bank, family planning is one of the best ways for a country to improve maternal and child health, at a cost of about $2.00 U.S. per year for each person in a country. Yet family planning receives only a tiny fraction of health budgets and only two percent of all international development assistance. Recognizing that family planning saves lives, strengthens families, curbs population growth and promotes sustainable development, UNICEF has declared that "Family planning could bring more benefits to more people at less cost than any other single 'technology' now available to the human race."

III. OBSTACLES TO SUCCESS

IF PEOPLE SERVED BY DEVELOPMENT and conservation projects need help with planning their families, why aren't reproductive health services more commonly offered with natural resource conservation and similar interventions? Issues of sexuality, reproduction and human population can be especially sensitive for those working either to conserve natural ecosystems or to encourage community development among the poor and marginalized. But this is just one among several obstacles that can block application of the service linkage, even when the motivation to attempt it is strong.

What "Population" Means

The foremost obstacle to success is probably hesitation or opposition based on misperceptions about the activities themselves. This may come from communities, from their opinion leaders, or from agencies and their workers in the field. Service linkages in population and environment are sometimes seen as "population control" in communities that are already marginalized and should not be further manipulated. Where communities themselves—or a majority of their members or leaderships—conclude that an environmental organization chiefly wants to keep human numbers down to save nonhuman animal species, ecosystems or tourism values, it will not be easy to link services related to population.

The concerns of religious leaders often carry special weight, as few environmental and development organizations want to find themselves in opposition to these leaders. Religious organizations may be involved in medical, environmental and development work either directly or as donors, which can cause conflicts when secular actors respond to or encourage community interest in family planning. Where community interest and religious views conflict, the position of environmental and development agencies can become extremely difficult. This is especially true where religious authorities explicitly proscribe the use of modern contraception. Interest in using family planning reportedly declined precipitously in one Latin American community after a visiting priest sermonized on abortion, confusing abortion and contraception in the minds of many listeners. What follows is one NGO account of its challenges dealing with population issues in a group of fishing communities:

"Many, if not most, local woes result from population pressure. Very large families are common (households have a mean of six dependents) and resources are dwindling even as needs grow….The local marine environment is very, very depleted and degraded….Our education programs do touch on the problem of increasing demands but we have stayed off population issues for complex social reasons…(plus, we benefit from Catholic mission logistic assistance). We may have to get more involved in discussing these with villagers. We do know that many women wish to limit their families (in spite of the church) but men are afraid that tubal ligation would somehow weaken their wives. Such views are, of course, encouraged by the church."

Opposition to the use of family planning or other aspects of reproductive health care may come as well from traditional healers, or from a more general honoring of cultural traditions oriented to large families and a view that natural resources remain

WORLD NEIGHBORS

Nepal: *Volunteer health worker signing village application for water system*

abundant and people too few. Discussion with male community members often elicits the general view that more land is waiting to be occupied or new water sources to be tapped, while discussions with women more frequently bring out a sense of reduced availability or access to these essential natural resources. Some development experts suggest that traditional views of resource abundance have not, in effect, caught up with emerging realities of natural-resource constraints.[1] To the extent this lag in awareness persists, family planning is probably more likely to be seen as a demographic threat to the community than as a health or economic benefit.

Missing the Message

Even if communities, or segments within them, feel the need for family planning services, environmental and development agencies literally may not have "ears to hear." Conventional assessment techniques may not detect an existing community interest in or need for family planning services. *Participatory rural appraisal* (PRA), a set of approaches stressing local knowledge and appraisal, is more likely to bring out this interest, but only if a strong gender component is integrated into the work. Planning a family is a private matter that even married couples may avoid discussing. If agencies are predisposed to see family planning chiefly as a demographic intervention, its importance to couples or to women for health or economic reasons may remain hidden.

Mixed groups of men and women, and single and married people, are likely in any culture to focus on commonly accepted and widely discussed needs, such as agricultural equipment, inputs, roads to markets or clean water. Where the views of women and men tend to differ, it can be too much to expect that women's views will emerge, much less prevail, unless women are encouraged to speak without fear.

Women and Powerlessness

The literature of gender in development offers little discussion of the special problems related to differential interest in family planning and other types of reproductive health care between the genders. There is good demographic evidence that in most regions men as well as women are increasingly interested in planning their families. Yet the issue is clearly of special interest to women, who experience pregnancy, bear children and contribute the vast majority of time and energy related to childraising.

Throughout Africa, Latin America and Asia, men continue to control most community decisionmaking, and the staffs of development agencies remain predominantly male. In some CBPE projects, women have expressed their interest in gaining access to family planning services, while mostly male project staff have assigned a lower priority to this need than to others expressed by men in the communities.

To complicate matters further, family planning and women's health organizations tend to employ a higher proportion of women at all levels than do environmental and development groups. Thus at administrative as well as community levels, the challenge is to improve communications between men and women about topics that involve procreation, sexuality and the different reproductive physiologies of females and males. While many projects have witnessed progress in communication between women and men, there is still a long way to go.

Poor Connections

What if the desire of the community for reproductive health services is strong and clearly expressed to agencies offering services related to natural resource conservation? Then the challenge shifts to the provision of diverse services through organizations that may specialize in only one sector. From the academic research documenting population and environment relationships to the field work itself, this linkage cuts across the disciplines of the social and physical sciences. This complicates the work of bringing services together. As Gayl Ness, director of the Population-Environment Dynamics Program at the University of Michigan, has pointed out, the population and family planning fields are dominated by numerical precision and specific contraceptive technologies, while environmental work tends to be broader, less quantitative and less technologically oriented.[2] Field workers may think holistically and be open to the idea of integration, but this is less often true of agency directors, clinic managers and funders.

Few family planning workers are familiar with PRA. Few environmental workers know of the consensus reached on population strategies in Cairo or know that offering small loans to entrepreneurial women may help slow birthrates. Each sector—environment or population—may see the work of the other as mysterious, controversial or not germane to the problems at hand. Quite legitimately, both sectors may question whether a population-environment service linkage will simply saddle them with new problems, more work and a very sharp learning curve—all of it poorly compensated. Historically, some efforts to integrate family planning with other types of service delivery have led to declines in funding for contraceptive supplies.

Deciding Between Integration or Collaboration

If providers of population and environmental services join together at all, the question then becomes: how? Should the goal be integration or merely collaboration? Administrative integration requires conscious planning about how family planning and environmental activities will work together within a single agency, from fundraising to implementation. Service integration demands significant cooperation among agencies and personnel and some knowledge of both areas by single agencies and even single service providers. This is not easily achieved.[3]

Making either type of integration work well is extremely challenging, yet the alternatives—partnerships of specialized organizations or referrals between them—may require community members to learn to deal with many different service providers. Moreover, when disparate groups of employees offer each service, equal or comparable

PROJECT IN FOCUS: Calakmul Integrated Conservation Project

Town of Zoh-Laguna and Nueva Vida Ejido
Southern Campeche, Yucatan Peninsula, Mexico
January 1996

At a meeting of project leaders and staffers organized for a delegation of U.S. visitors, social scientist and consultant Selene Alvarez described her work in planning a reproductive health component for a project that has focused on sustainable agriculture in a group of *ejidos* (communities based on cooperative use of a parcel of agricultural land) near the Calakmul Biosphere Reserve. Part of Selene's work involved informing ejido residents—many of them recent migrants from nearby Mexican states of Veracruz, Tabasco and Chiapas—of family planning services available in the larger towns of this southern Mexican state. During a discussion period, agricultural promoter Aurelio Lopez suggested the need to proceed slowly and "in small steps" in dealing with contraception because of cultural sensitivity on the issue. Selene responded that she had encountered a high demand for family planning services in the communities and that there appeared to be no need to stimulate such demand or risk offending cultural norms. Following this response, Aurelio spoke again as though to clarify his earlier response. He wanted to be clear that the need to act on population growth was urgent, in part because the soil of the region "will be exhausted if it is worked any harder." He also said he was very worried about the spread of AIDS by prostitutes servicing truckers in the area. Through the discussion, both speakers appeared to be approaching a common understanding of the need for linked reproductive health and agricultural conservation services.

Norma Poot, the promoter of women's garden activities in the Calakmul project, noted in her presentation that girls who left the area and received a good education desired fewer children than those who remained on the local ejidos and received little education. Although rural couples often are thought to want more children to provide farm labor and social security, the women working in their own gardens and marketing herbal products frequently expressed the view to Norma that "having many children limits us in our work and holds us back." Although her work does not relate directly to reproductive health or family planning, Norma had gained the confidence of the women of the ejidos and was often asked for advice on these topics. Indeed, she later told a visitor privately that the position was an uncomfortable one for her, as she lacked knowledge and experience in the subject.

Later that day, the U.S. visitors spent a few hours at an ejido, where—after spending time learning about gardening, agroforestry, and natural salves and medicaments made by the women—the visitors listened as women and men spoke about their reproductive needs and desires. The women reported that large families were undesirable, given the prevailing poverty, the expense of education, and the challenges of rearing children in modern times. Having many children, an older woman said, was often the result of pressure from husbands. A number of around two or three children was desirable, the women agreed, noting that pills and condoms were the contraceptives of local choice. Two husbands who appeared to be in their early 20s, speaking with a male visitor, said they hoped to stop at about two children, which was the size of one of the men's families. Yet both men disclaimed any knowledge of how to prevent further pregnancies, and both said they had never used or even seen a condom. Since early 1996, this project has expanded its reproductive health information and referral network in this and other nearby ejidos.

payment and working conditions can become an issue. Projects in Uganda and Nepal became vulnerable to staff resentment when one set of workers received compensation while another worked on a volunteer basis. Similar tensions can arise as a result of pay differentials or different funding sources between employees of international versus indigenous NGOs. No single approach to linking services seems likely to avoid all problems.

Costs vs. Benefits

Money, or the lack of it, is a perpetual challenge in this linkage. At a time when USAID, the World Bank[4] and other major population donors are cutting back assistance to family planning, in some cases sharply, it is germane to ask: Are community-based family planning and natural resource conservation linkages a luxury no one can afford? Will these linkages husband or squander scarce financial resources? Clearly cost savings are realized when family planning services benefit from preexisting environment and development projects—at least when one considers what reaching these communities would cost if no such infrastructure were in place. Still, most of the populations served—the rural, the poor, the uneducated and those living in very remote areas near wilderness lands—are the most expensive to reach with family planning services on a per capita basis. The risk of spreading scarce funds too thinly may be the single greatest fear voiced by those in the family planning community when considering the possibility of partnerships. Comparable fears are found among environmental and development NGOs as well.

A major related problem is the frequent lack of an all-important component of family planning programs: dependable contraceptive commodity supply lines. This problem tends to be especially serious in CBPE projects based in remote or other rural areas where infrastructure for contraceptive commodity supply is inadequate. The manufacture of oral contraceptive pills, condoms, intrauterine devices and other contraceptives requires the highest standards of quality control for safety and effectiveness. Most contraceptives are manufactured in industrialized countries and imported by developing countries. Among the obstacles facing family planning programs is the necessity of effectively moving contraceptives from their points of manufacture and storage to their points of use. Even for family planning organizations, let alone those in development and environmental work, the logistics of contraceptive supply in remote and other rural areas (and even some urban areas) can be daunting or prohibitive.

Indicators in Population and Environment Work

A major obstacle to success with this linkage is the lack of *indicators* of success. We know little about how many communities, couples and individuals CBPE projects actually serve, or how much money they spend doing so. We do know that the numbers in both cases are quite small, which makes it hard to argue that this concept is proving itself as a new approach to environmental, population or development work. Those who focus on the replicability of innovative project ideas are critical of the labor-intensive approaches favored in the community work typical of CBPE projects. How can such approaches make a difference when every year there are 24 million more women of reproductive age in developing countries?[5] Moreover, no one knows quite what "success" would look like. Is it higher contraceptive prevalence rates or lower total fertility rates in communities served by linked projects? Or, given today's less target-oriented views on population work, should success be measured in terms of the proportion of a population with affordable access to some reasonable standard of reproductive health services? Or, on the environmental side, should it be measured in protected hectares added, or species per square kilometer, or soil fertility?

44 Whose Benefits Matter?

Further hobbling progress on the service linkage is confusion over the question of whose success is *success*? Might community, agency and donor goals and indicators be at odds with each other? Is community-based population and environment work a strategy for responding to expressed community needs or to those of protected ecosystems or areas? Can such needs be compatible, or are they inevitably at odds with each other? And what if donors would like to fund linked services and agencies would like to provide them, but the community expresses no interest in the linkage? Concern and suspicion about motivation and who stands to gain are hardly unique to this linkage, but CBPE projects may be especially vulnerable because of the services they attempt to combine.

Even where success is recognized and understood, it may not offer lessons for widespread application. People of different cultures and backgrounds may respond differently to population and environment service linkages. Those living near a protected area they are no longer allowed to tap for their livelihood may feel quite differently about such linkages than do a group of farmers whose water supplies are drying up. Gayl Ness refers to the military practice of "suiting strategy to situation and terrain." This makes sense, but it may not offer much scope for replicating or "scaling up" population-environment initiatives so that similar interventions can work at relatively low cost essentially anywhere.

Amid the differing communities and the varied experiences of distinct human lives, it can be hard to find the general principles that allow for the blending of services as diverse and seemingly unrelated as natural resource conservation and the safe and effective planning of births. Some organizations in the population, development and conservation fields, nonetheless, have identified such principles and are working to apply them.

1. This idea of a "resource awareness lag" was elaborated by Denise Caudill, health programs coordinator for World Neighbors, at a workshop sponsored by WN, PAI and World Wildlife Fund in Washington, DC on 2 May 1996. For a more complete treatment, see Kevin Cleaver and Götz Schreiber, *Reversing the Spiral: The Population, Agriculture and Environment Nexus in Sub-Saharan Africa* (Washington, DC: The World Bank, 1994).

2. Gayl Ness, presentation at PAI roundtable on community-based population and environment partnerships, 19 April 1995.

3. Ruth Simmons and James E. Phillips, "The Integration of Family Planning with Health and Development," in Robert J. Lapham and George B. Simmons, ed., *Organizing for Effective Family Planning Programs* (Washington, DC: National Academy Press. 1987). See also: Laura A. Files, "A Reexamination of Integrated Population Activities, Studies in Family Planning 13, no. 10 (October 1982)."

4. Shanti R. Conly and Joanne E. Epp, *Falling Short: The World Bank's Role in Population and Reproductive Health* (Washington, DC: Population Action International, 1997).

5. Calculation by PAI based on population age and sex data in United Nations, *World Population Prospects: The 1996 Revision.* (New York: United Nations, 1997).

IV. OVERCOMING THE OBSTACLES

PROBABLY NO SINGLE FACTOR would accomplish more to bring natural resources conservation and family planning services together in field projects than better public education about population and reproductive health. Most of the fear of CBPE initiatives as "population control in remote areas" stems from a misunderstanding of the principles and core values behind contemporary population activities.

There is little prospect either for community acceptance of CBPE activities—and thus for any lasting demographic impacts—unless the work directly addresses immediate human needs. The activities linked with natural-resource conservation activities are basic health services that include family planning and often maternal and child health and prevention of sexually transmitted disease. Provision of such services offers environmental benefits not just by influencing local population dynamics but by contributing to healthier human communities more in control of their livelihood and well-being. Much of the challenge for those supporting this linkage lies in communicating this to individuals and groups unfamiliar with population activities.

As the ICPD *Programme of Action* makes clear, it is intellectually and ethically defensible to address population dynamics in environmental and other contexts. It is essential that those who do so acknowledge the complexity of cause and effect in these areas, and that their activities affirm human rights, dignity and freedom. The impact of population growth on environmental resources is at best one of a number of reasons for linking family planning and natural resource conservation services. Yet where family planning services do not meet the needs of users, their provision rarely lasts. Unpopular population-related programs are unlikely to achieve strictly demographic ends, because these ends require long-term and widespread changes in reproductive behavior that rarely occur except as the product of people's own felt needs.

The CBPE linkage is based on personal and family needs. Extending reproductive health services most fundamentally addresses such concerns, yet access to these services also can produce the important side benefit of slowing population growth. This occurs not just through the reduction of family size but through discouraging early and closely spaced births. Later average childbearing age helps slow the growth of population by stretching out in time the succession of generations.[1] What best meets the needs of individuals and families is most likely to have positive demographic impacts, and vice versa.

Addressing Religious Opposition

Obviously, this message will not be easy to convey to all audiences, especially those who for religious reasons oppose modern contraception or even the idea of planning pregnancy and childbirth. Over the years, the family planning sector has made considerable strides in addressing religious opposition, and effective national programs can be found in countries often identified as predominantly Catholic or Muslim. Perhaps because development and conservation groups often work in rural areas with less exposure to family planning programs, concerns about religious opposition nonetheless emerge repeatedly in the CBPE experience. In one area in Honduras, for example, World Neighbors representatives found local opposition to modern contraception to be formida-

ble, so they opted to educate women about natural family planning. In Ecuador, group education on family planning failed to draw an audience, so field workers moved to one-on-one house visits to ensure private discussions of contraception. When visited individually, many of the women in these communities asked about modern contraception.

Religious opposition is not always a solid wall. In one project in a Catholic area, health workers occasionally distributed condoms following Mass. On another continent hospital administrators looked the other way when tubal ligations were performed in a hospital operated by the local Catholic diocese. On yet another continent, representatives of an indigenous women's group have requested help from an international environmental organization in sponsoring a series of dialogues on population and family planning issues with Protestant pastors, among other community opinion leaders.

In these and in all such situations, honesty and flexibility appear to serve agencies best. Often religious or other cultural opposition requires that reproductive health messages be delivered privately and individually. The same applies whenever skeptical questions arise about purpose and motivations behind work in community-based population and environment. The important principles—applicable in all community-based work—are honesty, sincere and responsible action, and continual search for working relationships that benefit all concerned. Some agencies have found as well that they must sometimes simply accept that no working relationship is possible.

A Focus on Women

While an interest in gaining access to family planning services may not emerge first or with the greatest urgency when community groups of women and men gather to express their priorities, field workers who attempt to assess women's needs and concerns often encounter interest in pregnancy prevention early in their work.

In 1993, for example, the Biodiversity Support Program (BSP)—a consortium of WWF, the World Resources Institute and The Nature Conservancy—was working in the highlands of Papua New Guinea on a project that provided grants to villages for alternatives to forest harvesting. The chief activity was the gathering of forest nuts for sale to candy companies. In July, a community meeting was organized in a very isolated area made up of multiple villages known as the Valley. Nut-gathering in the country is a task primarily undertaken by women. Despite this fact, the meeting was hosted and attended almost exclusively by men, with the women waiting outdoors, just outside of the shelter where the meeting was taking place. "They were waiting to learn," in the words of Kathryn Saterson, Executive Director of BSP, "what they were going to be doing."

Accompanied by a young educated local woman and two of the men, Saterson approached the women and engaged them in a discussion about their own needs. Initially the two men attempted to answer the questions on behalf of the women, but she persisted until the women began speaking for themselves. The most critical needs, the women stated, were for schools, medicine for children, family planning services, an end to domestic violence and the preservation of the forest for long-term income. When discussing family planning, the women asked Saterson why she had not brought condoms with her to distribute during the visit.

This story resembles accounts from projects in the Philippines, Mexico, Nepal, Mali and several other countries [see Project Profiles and Projects in Focus]. Unless field workers make a point of directly soliciting the views of women, as did BSP's Saterson, the need for family planning may not arise.

Women are, in the words of World Neighbors' Denise Caudill, a "community within a community." Her organization, like others in the rural development field, has placed a

WORLD NEIGHBORS

A. BORNBUSCH

Nepal

Madagascar

high priority on working directly with women when this is possible. While insistence on meeting with women can backfire in some cultures and circumstances, WN representatives—generally local people from the country or region in which they work—try to move in this direction. Often they encourage the development of women's groups as their work proceeds. This is an essential exercise in honesty about mutual interests. Working on principles like this one, World Neighbors has identified family planning as an expressed priority need in many communities in Asia, Latin America and Africa.

At a 1996 workshop in Washington, Christine Kilalo, Kenya Country Coordinator for World Neighbors, discussed her work on traditional midwifery and reproductive health. She described a three-step participatory rural appraisal process that begins with separate discussions among men and among women. After these discussions, men and women are brought together to communicate with each other about these issues, a rare occurrence in these villages. This, Ms. Kilalo noted, "opens the eyes." Not only are there often different priorities between women and men, but often males and females have difficulty identifying each other's priorities. In particular, there are different views of family needs.

Through discussing decisions about land use, couples are often brought to a discussion of reproductive issues that would not occur otherwise. (Interestingly, Ms. Kilalo reported, women often say men decide about "making babies," while men report that women decide.) Finally, a village gathering is held in which men and women work together to identify problems and the village's resources that might be applied to resolve them. Involvement in such activities often transforms the men and women working in development and environmental organizations as much as the men and women in the community.

The language barriers to communication—between men and women, and even more so between communities and agencies—can be staggering. In Uganda, according to CARE personnel, the phrase "family planning" was sometimes translated in local languages as "stop having babies." Environmental and population issues are by their nature controversial, but all the more so when outsiders are conveying novel messages. Miriam King-Dagen, former Central American representative for World Neighbors, advises first building trust through initiatives in sectors less controversial than reproductive health or environment. One strategy is to stress small pilot projects. The best ones

quickly produce positive results, build community support and require close work with local opinion leaders. Better than exhortations about change from outsiders, she suggests, is for community members to express their doubts and fears to one of their own and hear, in response, "I used to think that myself; now I think this."[2]

Answering Community Questions

Relationships and networks of trust, however, can be surprisingly unpredictable. In one Latin American project, a health worker from within a group of villages reportedly lacked rapport with her neighbors and, despite having received specialized training, rarely received questions on reproduction and family planning. In the same group of villages, a woman associated with an environmental organization based in a distant city began working with village women on community gardening and medicinal herbs. Despite her own lack of experience in reproductive health, this woman's rapport with the village women was remarkable, and she quickly found herself overwhelmed with questions and requests for help on family planning. This anecdote illustrates a maxim used by Miriam King-Dagen, who suggests this linkage is "80 percent practical and 20 percent theoretical." Indeed, as that ratio suggests, a major theme in this linkage is: "If it works, do it."

Trust is an issue when communities fear that family planning programs aim to control people's numbers rather than to expand their options. Many professionals in the family planning field argue that such fears are overstated, and that demand for family planning services is great enough to bring out interested clients in most places where services are available. Counterparts in environment and development, however, insist that in the remote areas in which they work, the fear is common. They describe cases in which communities resisted offers of help with family planning until agencies had stimulated the expression of previously unspoken demand or proven their interest in community well-being by offering other health, environmental and development services. Each of these positions may be accurate in specific localities. Based on project experience, it appears that the CBPE approach may contribute to improved acceptance of family planning in some locations where solitary family planning delivery efforts meet local resistance.

R. ENGELMAN

Mali: *World Neighbors country team reviews strategy for a village presentation*

An Entry Point for Environmental Activities

On occasion, discussion or provision of reproductive health services can even provide an entry point for environmentally related activities. University of Michigan Population-Environment Fellow Jenny Ericson, working in Mexico's Yucatan peninsula with WWF, reported at a meeting of the Michigan fellows in 1997 that family planning discussions "have really helped us with the women in the communities, because health is something people always need help with. Often when a foreigner comes in, the question asked is '*¿Qué nos van a dar?* [What are you going to give us?].' Most of what we're doing is proposing various kinds of long term planning, but reproductive health is a service, something we can offer. It's very popular."[3]

If the relative abundance or scarcity of key natural resources such as cropland can indeed influence desires about childbearing,[4] increasing population pressure on finite natural resources could contribute to the demographic transition already ongoing in most developing countries. The request for family planning services might arise with increasing frequency under such circumstances. The experience of some CBPE projects also suggests that conservation work itself may influence attitudes on reproductive health and childbearing. Involving women in environmental, agricultural and other natural-resource-related activities often stimulates interest in and discussion of reproductive health, especially when the activities generate income. In project after project, it is vegetable gardening or the marketing of medicinal herbs or the complex work of multi-crop farming that seems to prompt women to articulate a need to time or limit pregnancies. In PAI's research in the field, women often described in enthusiastic terms what they were learning about agricultural conservation or other types of income production, but they added that the work itself was time-consuming and sometimes exhausting. They were "too busy" to have a child now, these women commented; they preferred to wait for a better time.

Managing the Connection

Once organizations have established that a need for family planning services exists and the community articulates this need, how do they respond? Three main models cover the diverse approaches that characterize the agencies and projects profiled here, each with advantages and disadvantages:

◆ Integration: A single agency, having established a presence in an area through natural resource conservation and development work, takes it upon itself to identify sources of training, information and contraceptive supply and begins supplementing its work with a family planning or reproductive health program. This may be fully integrated within all communities within a particular project, or the family planning component may become a pilot project in some of the communities served. In some cases, as in CARE's work, the family planning component may involve separate communities and may have minimal overlap with natural resource work elsewhere. Integrated projects typically involve specialized personnel, but in rare cases a single individual may offer services related both to family planning and natural resource conservation. ADVANTAGES: efficiency of delivery and in the use of clients' time. DISADVANTAGES: integration is difficult to achieve and can strain the limited time and knowledge of administrative and field personnel.

◆ Partnership, collaboration or coordination: These terms, which have varying definitions among users, describe the most frequent mode of community-based population and environment work. At least two agencies—one specializing in environmental

or development work, the other in family planning or reproductive health—join forces to offer in a single community or group of communities the services in which each agency specializes. Here, individual workers do not need to become experts in two areas, although each set of workers often gains training and education in the other's expertise. Community clients understand which agency and workers offer each set of services. ADVANTAGES: agencies and their personnel do not need to learn entirely new skills. DISADVANTAGES: the difficulty of successful coordination among organizations with different objectives and cultures, and the requirement that clients must deal with at least two sets of workers.

A hybrid approach uses aspects of both integration and partnership, often stressing field workers with some expertise in both areas. These workers may talk with clients about topics ranging from their rice crops to their contraceptive experiences, linking them with service providers in collaborating agricultural and reproductive health organizations.

◆ Referrals and assisted access. In this case, a single agency works in the community, without requiring a direct or co-equal partnership or collaboration with other agencies. Community members with a need for services not provided by the active agency may receive referrals to other agencies operating in the general vicinity, possibly with help in transportation to the clinics or offices of these groups. Often, CBPE service linkages begin this way, with an environmental or development group facing increasing requests for family planning assistance and devising ways to help those who make such requests. (The sequence can work in reverse as well, with reproductive health clients requesting services related to environmental health or natural resource management, but reports of this are less frequent.) The referral relationship may begin informally but often evolves toward either a partnership or an integrated approach, with the family planning or reproductive health entity in an advisory or commodity-supplying role. ADVANTAGE: referral is a step up from no response at all when clients request family planning information or services. DISADVANTAGE: referral is passive and rarely responds adequately to unmet demand for family planning within communities. Moreover, in many communities there are simply no services to which to refer requests.

In practice, some CBPE projects use hybrid approaches that may have characteristics of more than one of these models. In Nepal and Ecuador, for example, World Neighbors works in partnership with family planning organizations, but a single program team, made up of representatives of both agencies with both sets of skills, works in the field. There is no need for senior program staff to master all aspects of linked services, but field workers must have some familiarity with all program activities in order to work in communities.

Each model raises its own operational questions. How should organizational partners deal with pay and benefit differentials among their staffs, for example? Which services on both the natural-resource and the reproductive health side fit best with each other? How much can employees be expected to understand in both issue areas? Addressing such questions will require far more analysis and evaluation of working projects and similar models of service linkage than has occurred to date. The experience of dozens of agencies working with these models of linking services suggests, at least, that the obstacles to making the fit can be overcome.

Costing Less

Under conditions of precarious funding for international population work, the idea that family planning delivery organizations might join forces with environment and development organizations holds out the hope of benefits related to improved efficiency

PROJECT IN FOCUS: Community Reproductive Health Project

Village of Rubuguri,
Kisoro District, southwestern Uganda
November 1996

Interest in linking reproductive health services to pre-existing natural resource conservation activities in southwestern Uganda came from two directions in the early 1990s: CARE's own growing interest in population activities and expressions of interest from this group of communities, through CARE's field staff, in gaining access to family planning services.

The launch of the combined services in 1991, however, was plagued by unfortunate timing. The establishment of a nearby national park, home to highly endangered mountain gorillas, made a resource-rich forest inaccessible to the surrounding human communities. CARE's original plan was to involve the natural resource conservation agents in community-based contraceptive distribution. But the agents soon complained that they weren't up to the task, especially since many villagers charged them with promoting family planning in an effort to save gorillas at the expense of the human population. The staffs of both projects pulled back and in 1993 began their work anew through separate individuals (community-based distributors and conservation agents) with distinct tasks (family planning provision and conservation/development).

Both the family planning and the conservation workers reported satisfaction with their separate but cooperative working approach when PAI visited the project. Each type of worker could promote the activities of the other, they reported, and each could answer at least basic questions regarding the other activity and make referrals. Among the greatest obstacles to a true integration of the two services appeared to be difficulties in coordinating funding, data collection and assessment for the differing needs of each side.

The people most convinced about the value of the linkage were a group of women farmers with whom we talked for about an hour. These women, whose husbands sometimes work with them in planting and harvesting and sometimes work in Kampala (Uganda's capital city), were enthusiastic about both the family planning services and the conservation services. A woman using the injectable contraceptive Depo Provera, who had six children, created a stir by berating the CARE personnel for failing in their commitment to secure a tubal ligation for her. She also was eloquent when asked how she saw the combination of services. "It all relates to children," she said, "whether you can have them, whether you can feed them. It all relates to my *enda,*" a word that in the local dialect means both *stomach* and *womb.* These women also reported that they wanted fewer children than their own mothers had had, relating the need for smaller families mostly to the lack of available land and the pervasive food insecurity. Some of the women were assertive about the importance of family planning: "I don't care who knows I'm using contraception," said one, in response to a question about social attitudes about family planning.

Interviews with both the distributors and a group of village elders—all male—seemed to confirm a general acceptance of family planning. Contraceptive prevalence where CARE is working has tripled in the six years of the project's existence (to 15 percent for modern methods), and the elder men said that times had changed since they had fathered many children with two or more wives each. The soil of their land no longer yielded as good a crop as in the past, and the timing of the rainy season seemed to be shifting—for the worse. It was no longer possible or necessary, the elders said, to follow the biblical injunction to "be fruitful and multiply."

and cost-effectiveness. Moreover, whatever the funding environment, there is a need to reach even remote populations with reproductive health services. If the ICPD goal of universal access to family planning services is to become a reality, then the remote and socially marginalized communities in which environment and development organizations often work will require much more attention than they now receive. It may make sense for those with family planning expertise to hitch rides, in effect, with vehicles already headed for such communities and work with environmental and natural resource experts whom community members already know and trust.

Distribution of contraception in such communities is often prohibitively expensive because of transportation problems, but it does not take much additional gasoline to carry a few boxes of supplies and a nurse or other reproductive health worker once a vehicle is already on the road. Nor should it be an overwhelming challenge to add some family planning training education and referral information to the repertoire of field workers already in communities for other purposes. While many environment and development activities can rely on locally available resources and technology, family planning delivery depends on sound reproductive health expertise and supplies of safe and effective contraceptives. These are often available for community-based work through ministries of health, private organizations or IPPF affiliates, often supported by such international donors as USAID and the UNFPA.

Sometimes effort is required far from the communities where agencies work, even as far as national or foreign capitals. In the Yucatan, Jenny Ericson reported finding herself asked to act as an intermediary between distant family planning service providers and the community with which she works in a mostly research capacity. She noted the need for stronger institutional arrangements to serve this purpose. Negotiating contraceptive delivery to remote communities is nonetheless easier when there are human and infrastructure networks in place for other purposes.

Measuring Success

Despite more than two decades of experience—in just a few dozen projects, however—the CBPE concept remains in an experimentation and confidence-building phase. There is much that can be gained through new, results-oriented evaluation and analytical research in this field—especially if *access to services of acceptable quality* becomes the benchmark of success. And, indeed, there have been some assessments and measurements that provide important indications of successful work:

- In the late 1980s, and again in 1993, studies of the Baudha-Bahunipati Project in Nepal found considerably higher-than-average family planning acceptance rates and lower death, total fertility and birth rates in project communities. Standard of living indicators were higher as well.
- In CARE's Community Reproductive Health Project in southwestern Uganda (which involves several communities in tandem with the organization's Development Through Conservation Project) contraceptive prevalence rates are roughly three times as high as in the surrounding areas, although still only 15 percent for modern methods. In one parish, communities elected to use the revenue they received from tourism in the nearby Bwindi Impenetrable Forest National Park, an enclave for endangered highland gorillas, to build a health clinic that offers family planning services.
- The World Neighbors-CEMOPLAF partnership in Ecuador is yielding data that suggest potential benefits of integrating agricultural and reproductive health. In the Guaranda area where the integrated project is active, rates of contraceptive use in project communities are nearly twice as high as surrounding areas where community-

based distribution of contraceptives occurs in the absence of an agricultural component. And more women were involved in agricultural activities than in areas in which these were not linked with reproductive health. More research is needed, however, to understand why these differences exist.

Why might such disparities emerge from a linked-service project? World Neighbors staffers hypothesize that the project's holistic approach to development and reproductive health has gained the confidence of women and men who might otherwise be skeptical about the sincerity and motivation of service providers. Perhaps agricultural conservation and family planning services complement each other in unexpected ways when the focus of the former is on the involvement and well-being of women. Perhaps, on the other hand, evaluations of other CBPE projects would lead to different findings. Outcomes like those of Guaranda point to the need for results-oriented evaluation. They also provide an early but hopeful indicator for environmental and development success with this linkage, and help make the case that the obstacles CBPE projects face need not stand in the way of progress and positive results.

1. John Bongaarts, "Population Policy Options in the Developing World," *Science* 263 (11 February 1994).

2. From Miriam King-Dagen's presentation at the workshop sponsored by WN, PAI and WWF in Washington, DC on 2 May 1996.

3. Remarks at the annual meeting of the University of Michigan Population-Environment Fellows, 4 March 1997.

4. Kevin M. Cleaver and Götz Schreiber, *Reversing the Spiral: The Population, Agriculture, and Environment Nexus in Sub-Saharan Africa.* (Washington, DC: The World Bank, 1994).

ASSESSMENT MODELS FOR LINKED-SERVICE PROJECTS

While the linkage of natural resource conservation and reproductive health services has rarely been the subject of formal monitoring and evaluation, models for assessment exist in both the conservation and family planning fields. Key concepts are similar in both, although the techniques would need refining to weigh the success of bringing together the two sets of services.

Assessment is a general term that may cover any of the approaches aimed at facilitating judgments about whether specific projects or activities within them can be improved, are worth continuing or deserve replication elsewhere.

Monitoring refers to an ongoing, usually internal process of collecting information related to project activities routinely and regularly. The purpose is not so much to make a final determination about the success or failure of the project as to facilitate the improvement of its operation and activities.

Evaluation may involve partner agencies or outside observers and is a periodic and comprehensive assessment of a project or activity. Frequently evaluations will occur at the mid-point of a project's duration and then again on its completion. Here the end result tends to be a report or other document that judges the results or relative success of the project or specific activities and considers the implications of these results for similar activities elsewhere.

Monitoring and evaluation (or M&E) is used to refer to both of these processes together, or to project assessment generally. It is important to bear in mind, however, that monitoring and evaluation are different processes with different timetables, requirements and functions.

Participatory monitoring and evaluation (or PM&E) conveys the involvement of the community in the design of either monitoring or evaluation or both. Community members may participate in identifying goals and objectives for the project, indicators of its success, techniques for data collection and analysis, and application of the results.

Operations research is a focused effort, by project partners or outside researchers, to test one or more hypotheses related to a project's activities or operations. The objective is not to judge overall project success or failure, but to add to knowledge that may be useful for future projects and other efforts.

In the family planning field monitoring and evaluation usually includes measuring progress of project activities through clinic service statistics, or other reporting formats according to selected indicators. These indicators are often designed to assess volume of clients or volume of contraceptives dispensed, coverage of the population and continuation rates, in addition to quality of care. Quality is usually assessed according to generally accepted standards of good care, including adequate training of providers, good clinic facilities, availability of referral services and client counseling.

Conservation organizations implementing ICDPs stress participatory monitoring and evaluation, focusing on assessment techniques that build the communities' sense of engagement and ownership in project activities. Community members may consider indicators, sources of data and analysis techniques related to the sustainability of the natural resources they use or to the preservation of the resources of a park or preserve. In a draft guidebook on participatory monitoring and evaluation, WWF senior program officer Patricia S. Larson and consultant Dian Seslar Svendsen identify eight steps in this process.[1]

- Plan for PM&E during project's planning phase and integrate it into project activities from the beginning.
- Clarify project or activity objectives and stakeholders.
- Determine information needs and develop M&E questions.
- Develop indicators to help determine whether project or activity objectives are being met.
- Determine information sources and design data collection tools.
- Plan to analyze data and apply results of data analysis.
- Complete and test the PM&E system.
- Conduct annual self-assessment and periodic external evaluations.

From the standpoint of assessing the linkage of natural resource conservation and reproductive health services, the logical next step might be to use such steps to design a monitoring and evaluation process aimed at comparing the impacts of linking services with those achieved by offering each set of services separately.

1. Patricia S. Larson and Dian Seslar Svendsen, *Participatory Monitoring and Evaluation: A Practical Guide for Successful ICDPs* (Washington, DC: World Wildlife Fund-USA, 1996 draft now undergoing field testing).

EIGHT PRINCIPLES FOR COMMUNITY CAPACITY BUILDING

At a 1996 workshop on community-based initiatives on environment and reproductive health sponsored by PAI, World Neighbors and the World Wildlife Fund, World Neighbors' West Africa representative Fatoumata Batta offered the working principles below as cornerstones of community capacity-building in Mali, Togo, Ghana and Burkina Faso. The principles were identified collectively by WN's West African field staff on the basis of practical experience.

Aimed at the development of capacities for self-development, the principles are not unique to the linkage of reproductive health and environmental services. In World Neighbors' experience the approach described here frequently brings community interests in reproductive health care to the surface. The descriptions here are paraphrased from Ms. Batta's presentation.

• Broad-based leadership is needed to build on what is already available, especially indigenous knowledge and village institutions. Leadership must be enlarged so that women have a voice and become active participants, as existing village leaderships and institutions may not pay close attention to women's needs. In the World Neighbors' program area in Mali, men and women do not work together publicly, so separate groups had to be organized. A leader is defined as a person who has a vision and the ability to bring people together.

• Facilitating transparent decisionmaking. The community must not only determine and develop its leadership, but assure that all interested groups work well together and allow open, equitable and inclusive participation in decisionmaking. Special effort to involve women and ethnic minorities is essential.

• Managing the self-development process requires being able to identify problems, set up objectives and establish indicators to measure progress. Village associations must assess what resources are available at the community level and then negotiate with funding partners for additional resources. The process requires budgeting as well as negotiating skills, and the capacity to evaluate activities and learn from mistakes.

• Linking with external resources. Village representatives must have the skills and competence to link with external agencies, government technical services and donors, and to express their needs and negotiate their interest in service delivery, technical support or funding.

• Mobilizing local resources. The process needs to be sustainable. It is essential for village organizations to develop a self-funding strategy. This may take the form of a community chest, common farm or income generation activities as well as village contributions. These local resources can then finance community activities such as digging wells or constructing grain mills.

• Organizing internally. In practice there is often very little community organization. The need is for a formal structure that will address internal and external problems. Communities can accomplish more if they are well organized. It is important to support procedures that enable village association leaders to carry out tasks and take initiatives in the management of their self-help program. This prepares the way for an eventual phasing out of both the technical team and its supporting organization.

• Collaborating within and among villages. There should be sharing of information and networking, with both successes and failures or problems shared, to facilitate learning and intervillage collaboration.

• Innovating. The ability to innovate, to identify and test new ideas in the communities, is critical. Especially when natural and financial resources are scarce, innovation becomes all the more important to success.

C. VOGEL

C. VOGEL

V. ISSUES AND DIRECTIONS

AS THE PROJECTS PROFILED HERE INDICATE, a wealth of experience remains to be chronicled and evaluated, and the potential for applied research is vast. What follows are a few of the key issues and questions, presented more to stimulate thought and possible future work than to imply that answers are already at hand.

Common or Cross Purposes?

Are the motivations of communities and the agencies that work with them at common or cross purposes? This question is especially important when organizations are linking services in natural resource conservation and reproductive health. Development agencies may argue that the well-being of the communities in which they work is their ultimate goal. Environmental organizations working in integrated conservation and development are in a more difficult position, as their missions relate more to the conservation of nature rather than to human well-being directly. In this case the argument for improving human health and encouraging economic development is less direct, resting on the assumption that such efforts make environmental protection and ecosystem preservation more likely.

In general, both development agencies and environmental groups involved in integrated conservation and development hope their interests and those of the communities in which they work will be similar, although obviously this is not always the case. Linda Casey, a former University of Michigan Population-Environment Fellow, tells of a group of remote villages in Honduras that sought to be connected with distant towns and cities by road. Rather than simply help the villages bring this vision to reality, the agency working in the area sponsored discussions that focused on both positive and negative aspects of roads: easier access to large towns and markets, balanced by much greater contact with outsiders and sudden changes in the villagers' way of life. Ultimately, the villagers changed their mind and dropped the request for new roads—but only as a result of a process of community evaluation encouraged by the agency. In an African country, local people asked a major conservation organization for help in discouraging migration to the area through maintenance of preferential access to key natural resources by the long-established residents. This request spurred considerable discussion within the organization. Similar dilemmas arise when communities divide over some members' requests for access to family planning services.

Minimum Standards

What is the minimal level of family planning or reproductive health services that should be provided? The cost of such reproductive health services as treatment of sexually transmitted disease can be substantial. Should family planning services be denied to those who seek them if financial resources are insufficient for a more comprehensive reproductive-health approach that may not be the first priority for the community?

There is general consensus that method choice, counseling and informed consent are essential to family planning delivery. Method choice is required because the needs of individual women and men differ greatly by circumstance. Some people may want to space pregnancies; others to have no more at all. Some may need barrier contraception

India: *Recordkeeper and client records, sorted by village*

to protect against STDs. Ideally, there should be methods available to deal with all these needs. Yet many would argue that those people desperate for one type of method should not be denied access until others can be provided the method their needs require.

Guidance on these questions is available in the literature on reproductive health delivery and population policies, including the Cairo *Programme of Action* itself. This document stresses the need not only for counseling and informed consent and method choice, but for client-centered care that focuses on individual and family needs rather than demographic targets or the objectives of governments or other institutions and groups.

Beyond Contraception

This publication focuses on provision of family planning services, in part because of the synergy it can offer between personal and demographic benefits. Too narrow a focus on contraception, however, may risk slighting the many other aspects of women's health, even beyond reproductive health, even if the client herself is requesting only contraception. In one example in Bangladesh, a representative of the Bangladesh Women's Health Coalition did not stop with a response to the request of an emaciated woman for contraception. Delaying the next pregnancy was not all the woman needed, the health worker suggested. "You must take diet supplements and look after your own health, or you will die."[1] In Cameroon, health teams working on the African Agenda project urged that kits of family planning materials distributed in communities include simple health materials like bandages and antibiotics to address more than just contraceptive needs. Family planning is certainly not the only critical health intervention, although there is no simple list of which other health services should accompany family planning in the field.

The Sequence of Services

What is the best sequence of services that CBPE projects should offer? Obviously, the answer to this question will vary with circumstances. One cannot offer everything at first. Among other dangers is that of overwhelming the community's capacity to absorb innovations. Rarely does family planning emerge as the highest priority for

community work, although it is often among the top 5 or 10. A frequent pattern is that development and environmental organizations, after discussions with community organizations, address needs for food security and sustainable agriculture, and then gradually move into health by way of nutrition or safe water and sanitation. The family health approach then typically grows with education in hygiene, nutrition, prevention and treatment of diarrhea and respiratory illnesses, growth monitoring of children, and, finally, family planning. This gradual approach sometimes yields to an accelerated shift, based on women's early requests for help in planning or preventing pregnancy.

Population Data and Education

Is there a role for demographic analysis or population education in communities? The risk of either is that they may undermine the client-centered focus that family planning service delivery should maintain. Even if there is no particular connection made, clients and providers may see the services connected to demographic concerns, confusing the principle that helping clients achieve their reproductive intentions is the objective of family planning delivery. There is no need, in any event, to justify the delivery of family planning services by documenting that population growth is rapid or otherwise a problem locally. These services justify themselves by responding to people's immediate needs in any demographic environment.

There are arguments, however, for demographic analysis. It may be needed for program monitoring and evaluation. It may help address the critical question of whether improving health services tends to draw immigrants to the peripheries of protected areas, a major concern of groups working in integrated conservation and development. Moreover, such research can help spur community assessment of the impacts of demographic dynamics and play a role in improving population and environment relationships. The relationship of these activities remains a sensitive one, however.

Which Natural Resource Activities?

Which natural resource activities are most compatible with family planning and other reproductive health services? Communities play a lead role in this identification, based on their own needs and experience. Soil conservation and improved agricultural techniques are among the most commonly linked natural resource activities. Others are provision of safe water supply and sanitation and, increasingly, composting food, animal and even human waste for use as a soil conditioner and fertilizer. Agroforestry and the planting of trees to hold soil, fix nitrogen and provide fodder remain among the activities most commonly linked with reproductive health. Research is needed on the most effective and synergistic activities to link, although in practical experience they tend to evolve pragmatically in each project.

Which Benchmarks?

The indicators ultimately used to evaluate success in these projects are likely to relate most to participation of people in the improvement of their own lives. Indicators related to reproductive health may stress *access* to family planning services, including number of contraceptive options and level of information and counseling available, rather than such conventional demographic indicators as contraceptive prevalence rates or "couple years of protection" from the risk of pregnancy. The emphasis is likely to be on the satisfaction of individual needs and preferences, whether for temporary or permanent contraception,

for purposes of birth spacing or family-size limitation.

Research demographers increasingly consider the "intendedness" of specific pregnancies. Did a woman want to be pregnant at this time, or would she have preferred to wait or not become pregnant ever again? This may be more important than the conventional demographic concept of *fertility,* which refers to the number of children a woman ultimately has after completing her reproductive years. New demographic measures may contribute to better descriptions of both women's health and intentions and the future of population growth in the areas served.

Indicators related to natural resource conservation might measure access to new knowledge and materials, as well as support for and participation in conservation-related activities. What proportion of households have access to clean water and sanitation, for example, in comparison with a point in the past or with households in a similar community outside the project area? What is the gender distribution of access to services or participation in activities? Are women more active in natural resource conservation than they were before the project began? Are they more active than similar women outside the project area?

In both reproductive health and natural resource conservation, the most useful "control" communities would be those that have either a reproductive health project, or a natural resource conservation project, but not a linkage of such services in a single community. Research could then document differences between "single-service" and "linked-service" communities, attempting to document and explain different results in each community.

Addressing Migration

Although this publication has not focused on issues related to migration in the population-environment linkage, this topic greatly interests many conservation and development groups. Migration, natural increase and reproductive health all interact with each other at local and national levels. Project sponsors sometimes separate population growth related to immigration from that which they perceive to be related to natural increase. The reality, however, is that these two issues inevitably commingle. How many children do migrant families have when they arrive in a new location, for example, and what is the state of their reproductive health?

Demographically, it is easy to differentiate the influences of immigration and natural increase on population growth. In the first, people move to an area; in the second, they are born there. But where do the newborn children of immigrants fit? Technically, in the category of natural increase, but obviously closely related to the migratory process. Without access to the means to control their fertility and reproductive health, immigrants are less likely to succeed in and contribute to their new communities. This can only hinder local development, add to instability and hamper environmental sustainability.

Migration and reproductive health are linked as well at the level of the nation. Clearly, population pressures play a role in migration dynamics. As land holdings are repeatedly subdivided generation after generation, they become too small to support a family, and young men move to cities in search of nonfarm jobs. Land degradation and water scarcity contribute to this process. Migration tends to reflect imbalances between lack of opportunity in sending locations, to which population-environment interactions contribute, and economic opportunities and social networks in receiving locations.

Improving the reach and quality of family planning services may not influence the flow of internal and international migration in the short run. But migration is more likely to be a manageable process for all when parenting is intentional, childbirths are

R. ENGELMAN

Mali: *Men twine rope while participating at a village meeting*

spaced and families are small. This connection argues for the linkage of population and environment at the level of national policy as well as at the community level.

On the cutting edge of the population-environment frontier, some organizations are wrestling with the question of whether or how to manage local migration streams, many of which exacerbate already substantial population pressures in and around protected areas. As once-remote communities gain population size and density, tensions increasingly characterize relations between new arrivals and those already in place. Paradoxically, efforts to improve natural resource conservation, which tend to raise awareness of the relationship between population dynamics and natural resources, can discourage receptivity to newcomers in a community.

This was evident in the early 1990s in the Communal Areas Management Programme for Indigenous Resources (CAMPFIRE) in Zimbabwe, where in the Guruve district households began receiving a share of revenue gained from lucrative wildlife safari hunting. Previously, these revenues had all returned to the national treasury, and the only local benefits of living in a wildlife-rich area came from illicit hunting and snaring. The people had a negative view of wildlife and their community aspirations were oriented toward obtaining government services. At that time they encouraged new settlers to their area, believing this would boost their clout with the national government. These attitudes reportedly turned around with the advent of shared revenues from safari hunting. According to Simon Metcalfe, a former Save the Children (UK) field director who helped initiate the CAMPFIRE Program, "The community began to ask whether it wanted new settlers, and if so what sort."[2] Where such questions will lead is uncertain, but they are to some extent inevitable when populations are living in close contact with scarce and valuable natural resources. The challenge for development and environmental organizations is to help communities come up with answers that enhance environmental protection and natural resource conservation while remaining true to human rights and the core values of communities and the groups that work with them.

Urban Communities

Three of the community-based population and environment projects profiled here involve urban neighborhoods: the Orangi Pilot Project in Karachi; the Shramik Bharati Family Welfare Project of Kanpur, India; and the Maqattam Garbage Village Project in Cairo. Overwhelmingly, however, the projects are rural and remote from any city or town. Given that half of the world's population is likely to inhabit urban areas early in the next century, is this rural bias a mismatch with demographic and environmental reality?

In part, the bias reflects the historic focus of development organizations on the most marginalized and impoverished—and hence usually rural—communities. Conservation organizations tend to work where nature is available to be conserved. On the natural resource side, people in rural areas are likely to be living in closer contact than urban dwellers with the soils, water sources and other natural resources that sustain them directly. And people in rural areas are much more likely to lack access to good health care services, including family planning and reproductive health. The high cost of bringing health services to rural and remote areas is perhaps the best argument for piggybacking reproductive health with pre-existing natural resource activities and networks. The argument for linking family planning service provision to conservation work is more compelling when access is nonexistent than when it is merely inadequate or substandard.

Nonetheless, several organizations oriented to community development and the urban environment are now working in marginalized city and metropolitan communities. The issues may involve clean water supply, urban gardening, garbage disposal, or innovative approaches to education and income generation. As was the case with the Orangi project, women may step forward in cities as well as in rural villages to request access to family planning services. Even when services are already to some extent available, they may not be readily accessible and natural resource projects can help improve this access.

Indigenous and Other Traditional Peoples

Among the most sensitive issues for reproductive health services provision is access for indigenous and traditional peoples. Few development or environment organizations would risk being perceived as trying to control the population of these groups, who are often the victims of environmental and economic forces beyond their own control. Yet there are demographic factors at work here as well. Sometimes the growth of indigenous populations can threaten the forests, animals and other resources on which they depend. More often, however, these populations are more comparable to protected areas themselves. The growth and intensification of activities among larger surrounding populations—in combination with ethnic discrimination and political and economic control—puts indigenous peoples and the areas they occupy at risk. If demographics matter at all, it may be that the stabilization of nonindigenous populations deserves first priority.

Yet in terms of health, indigenous peoples are often the most likely groups within a national population to lack reproductive health care services, and they often suffer from disproportionately high infant, child and maternal mortality. By shying away from offering family planning services to indigenous peoples for fear their motivations will be misinterpreted, agencies can deny life-saving services to these populations. And despite common assumptions that indigenous women may not wish to plan pregnancy, the experience of some development organizations suggests otherwise. In Latin America, one agency faced the dilemma of receiving requests from a dozen indigenous women for help in obtaining sterilizations. Despite the risks, agency personnel offered assistance in response to this request and later acted on more such requests. The argument for assistance here is much more the health needs of an underserved population than the demographic pressure on biological or other natural resources.

Local NGOs, Active but Less Visible?

In much of the work being done on population and environment linkages, the groups least visible internationally are those with few or no international donors and networks. Local Asian, African and Latin American women's NGOs were active at the

Cairo population and development conference and at the 1995 Fourth World Conference on Women in Beijing. Some followed the letter and spirit of those conferences and launched projects aimed at holistic responses to the many environmental and reproductive concerns of women. But aside from occasional news media recognition or the rare tales of travelers who return from communities where such projects are in operation, information about such NGOs and projects is sparse. PAI welcomes information on such projects and hopes to expand its inventory and reporting in this area.

Engaging Government

Public education and advocacy do not fit the history and culture of many organizations that focus on field operations. But others have found themselves moving in this direction, especially in wrestling with the links among migration and reproductive health, the problems of contraceptive supply, and the desire to widen impact by "scaling up" their activities. The more these groups explore population-environment linkages, the more they realize they cannot be contained in any single geographic or topical area. Each linkage leads to another, and action within communities leads to the need for action in provincial and national capitals. As at the community level, partnerships among diverse organizations with similar objectives in population and the environment may make sense as these groups work to span the gulf between village and capital.

What Communities Want

Having evolved for more than two decades, the linkage of reproductive health with natural resource conservation in communities is unlikely to fade away. The factors that make this concept appealing—its holistic approach to development, the respect for community self-expression and self-determination, increasing concern about environmental change and population growth—continue to grow in importance. The interest of young people in delaying pregnancy and limiting family size is rising significantly, while their numbers continue to grow more rapidly than that of total population in most countries. Demographic literature suggests that the desire to space pregnancies and have a small family is part of what is called an "ideational change" underlying the demographic transition. It is just this sort of change that many agencies seek to catalyze at the community level in encouraging community members to think through and prioritize their needs. Ideational change relative to spacing pregnancies and limiting family size, some authors suggest, may be spreading more quickly today than in former decades.[3]

It is possible that the growing scarcity of critical natural resources and expanded education about resource management accelerates this ideational change, and that it is further stimulated by the kind of participatory needs assessment used in the projects profiled here. If so, NGOs may find that growing populations, increasingly scarce resources, and efforts to respond to these scarcities help spur increased demand for family planning services.

Donor Support

The interest of major donors in the linkage of reproductive health services and natural resource conservation offers evidence of its appeal and utility. Many of the largest donors in the population field—UNFPA, the World Bank, USAID, and the Ford, MacArthur and Turner Foundations—are currently funding at least some activities related to this linkage. A handful of European foundations and development assistance agencies and at least a few private U.S. foundations—including the Summit Foundation, which supports PAI's work in this area—are also active.

PROJECT IN FOCUS: Community Empowerment for Maternal and Reproductive Health

Villages of Djole and Sawu,
Sanando Arrondissement, Mali
November 1996

Her name was Djenaba, and she wasn't sure if she was 16 or 17 years old. While she answered questions in a village in which World Neighbors works, her second child—this one a girl—tugged at her breast. Yes, she said in her native Bambara language, she was happy to have just one year between the births of her children, if Allah so decided. How many children did she want in all? "As many as I can," she replied quietly.

She spoke with obvious melancholy about how her parents had arranged a marriage with a man she had never met, a man who married her after the birth of her first child—a son—when she was 14 or 15. She told of her solitary deliveries despite her mother's pleas that she accept her help or call a traditional birth attendant. Djenaba wanted to show courage, she said, because traditionally a woman must endure childbirth alone. She could not have known that Mali is the world's deadliest country for women in pregnancy and childbirth. As she spoke, and perhaps became less uncomfortable being questioned on these sensitive matters by strangers, her composure began to break down and her story to change.

The truth, she said, was that if she could have chosen, she would have waited to marry and waited to become a mother. She would like to wait now, at least three years, before her next pregnancy. She didn't want many children, she added, because "it's too hard; we don't have any wealth" in her village. And the truth, as well, is that she could become pregnant again at any time, because she was helpless to prevent it.

Djenaba had heard of birth control pills, and she was interested. "You take it, and you don't have children," she said. "You stop taking it, and you have children." If pills were available in her village, "I would take them." But pills and other contraceptives are unavailable in her village, as in many villages throughout Africa, Asia and Latin America.

The internal conflicts evident in her contradictory statements about family planning are characteristic, World Neighbors' Fatoumata Batta believes, of a society where many women are drawn powerfully to a concept that is still essentially taboo within their tradition-oriented society. Such conflicts greatly complicate the task of linking reproductive health to more generally accepted development and health strategies in this area of Mali.

On another day, and in another village, World Neighbors and PAI staff conducted an informal focus group with about 15 women of childbearing age. The full transcript of this conversation follows. With many women speaking simultaneously, exact wording was impossible to transcribe. What follows is best described as a transcription of the translations—from Bambara into French and then into English—provided by WN staffers. At best, these capture the sense of what many women said separately or together. All the comments marked "A" represent the comments—or, in some cases, questions—of the village women.

Q: Do you know anything about birth spacing?

A: We don't know anything.

Q: How do you space births?

A: It's up to Allah.

A: I spaced mine two to three years apart.

A: How?

A: What we want is six years between children. Two to three years isn't enough.

A: What we want to have is our health.

A: Six years, because our work is on the farm. After we're through with the day's work, we come home and find our children are out of control. With six years spacing you have time to get some rest.

A: I don't want to have many children because I'm not the only woman my husband has. We [i.e. women] don't want many children. Someone else [i.e. another of the husband's wives] can have many children.

A: We want to control our children. The men don't help us any more with raising children, educating them, caring for them. We're the only ones who raise and care for and educate them. So we don't want to have more.

A: We don't want to have children front and back. [A reference to carrying a child in pregnancy while carrying another on the back. The remark elicited laughter.]

Q: How many children would you like to have, ideally?

A: Six.

A: Six, if they are healthy.

A: Two.

A: Two, if they are healthy.

A: Four.

A: Four.

A: With four you can have two girls and two boys.

A: Let's not say two; that's too few. Let's say four.

A: We just want to stop.

Q: Are there traditional methods of spacing childbirths you can use?

A: There's the *tafu* [a cord around the waist].

A: There are some tablets some people take [apparently a reference to pills]. I saw some at the market in Fana [a highway town several days' walk away].

Q: Is the tafu *effective? Does it space births?*

A: It doesn't work. [Laughter.]

Q: What about after a birth? Don't you have a period of time away from your husband?

A: It used to be 2-3 years at the house of the mother [of the woman]. Now it's just 40 days.

Q: Why so short?

A: You know why! [Laughter.] The men won't let us stay longer!

A: Our mothers had more influence over the men before.

Q: Well, would you like something else in the way of birth spacing, something more than the tafu *and staying with your mothers for 40 days?*

A: Yes, something new.

A: We want modern methods. We're tired of the traditional methods, because they don't work.

A: We've heard about pills and injections on the radio.

Q: Which would be better, pills or injections?

A: Injections.

Q: Why?

A: We might forget to take a pill every day—you come home after working and you are tired, and you forget—but you can get an injection and just forget about it. It suits our needs.

A: There's a health post in Konobougou [another highway town] where you can get injections.

Q: Why not go?

A: The men don't care, since they're not taking care of the children. It's not their need. The men don't support them [children]. Besides, it costs money.

A: If we're sick, they'll get drugs for us, but they will not space.

Q: Do you talk about spacing with your husbands?

A: We talk about spacing births with husbands, but they don't want to listen, so that's the end of the discussion.

Q: If you had pills or injections here in the village, would you use them?

A: Yes, we would use them. [Loud agreement with this statement around the group.]

Q: But if the men don't support you, what then?

A: We will lie.

A: We'll flatter them [i.e., in the translator's alternate words, "use womanly wiles"].

A: If we have the services close to us, we know how to negotiate with the men. And some men agree that it [close spacing] is a problem. We can work it out.

A: The big problem in this village is that children are very closely spaced. The men also are aware of this closeness. Most women have a child before their last child is ready to walk.

Q: Is religion a factor in the use of family planning?

A: It's more important [than following a religious tenet] to save the child that is alive.

Q: Do you know that the village association has identified the lack of access to family planning as a priority need in this area? How do you feel about that?

A: We're happy with this decision of the association.

A: We've been waiting for services to be ready since we first saw the movies [on family planning, brought to the villages two years earlier by World Neighbors and a Malian family planning association].

Q: Why is World Neighbors involved in this issue? Do you see any connection with the work on increasing food security?

A: It all relates to health.

A: The common pot [to feed an extended family] is no longer enough. [If the child doesn't get enough in the common pot—the provision of which is the responsibility of the head of the extended family—then the mother must provide the child between-meal snacks out of the production of the women's fields.]

A: It's our responsibility to farm to feed the child, to buy clothes, to keep the child clean, to prepare the child for ceremonies and feast.

Q: Are there problems with water in this village?

A: The wells don't dry up. There's not a water problem here.

Q: Would you consider tubal ligations if they were available?

A: We're all interested because, really, we are tired.

In each case, however, the activity related to community-based population and environment is limited and exploratory. At a time of increasing scrutiny of all development-related investments, the need for this population-environment linkage to "prove itself"—especially in terms of costs and benefits as population and environmental strategies—grows daily. As Duff Gillespie, deputy assistant administrator for the Center for Population, Health and Nutrition at USAID, expresses it, "You can only do pilot projects for so long before you have to demonstrate results." The goal of pilot projects, in the eyes of most donors, is not only to succeed but to succeed in demonstrating cost-efficient replicability. On the assumption that a single project or group of projects is unlikely to change the world, can a project be "scaled up" by NGOs or government agencies to the point that real change occurs in the lives of large numbers of people? An example often cited as having made "development history" is that of the Grameen Bank, begun on a shoestring in Bangladesh with an emphasis on small loans to cooperatives of women entrepreneurs, and now the inspiration for a multimillion-dollar women-centered lending programs by the World Bank and other donors.

Can the CBPE concept succeed on that level? So far, donor interest has been stronger from the reproductive health and family planning side, weaker from the environmental side. The lack of benchmarks of success further impedes donor support, as does the challenge of integrating population and environmental work within donor organizations. Some donors are uncomfortable with the participatory and community capacity-building emphasis so closely associated with linked-service projects. Can such labor- and cost-intensive techniques be applied to programs that make a difference in cities, provinces and nations, beyond just villages and neighborhoods?

Making a Mark

Answers are most likely to emerge from communities and the clients within them who have direct experience with the linking of disparate development and health services. Ultimately, successful development innovations change the lives of many people, and this is critical where population dynamics are concerned. Certainly, the past five years of discussion of the holistic nature of population-environment connections and development itself offer hope that projects that bring together diverse approaches will indeed lead to large-scale change. In a few countries, there are glimmers of interest in linked-service projects among officials with ministries of health. Many NGO field workers envision that governments and private enterprise will eventually link environmental and health interventions in ways that improve the lives of all.

In the meantime, at least two development NGOs have been much influenced by their experiences with community-based population and environment activities. After decades of work in relief and development, CARE has quietly turned itself into a major family planning service delivery organization. Only some of its work in reproductive health specifically involves community-based linkages with environmental activities, but in CARE's case the entire assembly of services within a single NGO—including work in agriculture, natural resources and household security, as well as family planning—is a testimony to the potential of population and environment-related service integration.

World Neighbors has also made a major commitment over the past two decades to the integration of reproductive health and agricultural programs worldwide. Currently, the organization is mounting a three-year effort to better document and assess its work, in part to serve as a resource to the development community and to major donors such as USAID (from which WN receives no funding).

In late 1996, the United Nations High Commissioner for Refugees and the International Federation of Red Cross and Red Crescent Societies agreed to provide, largely through NGOs, contraception and related reproductive health services to refugees in the Great Lakes region of central Africa.[4] As in the case of many CBPE projects, women in the refugee camps had themselves requested family planning services. Some critics objected, but the policy quickly went into effect. Currently, some 40 agencies are operating about 100 projects with reproductive health components among refugees in 35 countries.[5] While this specific linkage of services may not explicitly involve natural resource conservation, environmental issues are rarely far away in the case of large refugee movements. The experience of CARE, World Neighbors and other groups in joint family planning and natural resource service delivery is occurring in the context of a broader openness to linking reproductive health services with other activities that seem distantly related.

One legacy of the efforts to link natural resource conservation and reproductive health activities may be improvements in the environment—locally, nationally and even globally—that save nature, save lives and improve health on every continent. Another legacy may be the realization of a truly revolutionary promise forged by the international community decades ago and reaffirmed with a timetable in Cairo in 1994: to make family planning and reproductive health services universally available, early in the coming century, even to people in the poorest and most remote areas on earth.

1. Barbara Crossette, "A New Order: The Second Sex in the Third World," *The New York Times,* 10 September 1995.

2. Simon Metcalfe, "The Zimbabwe Communal Areas Management Programme for Indigenous Resources (CAMPFIRE)," in David Western and R. Michael Wright, ed., *Natural Connections, Perspectives in Community-based Conservation* (Washington, DC: Island Press, 1994): 161-192.

3. John Bongaarts and Susan Cotts Watkins, "Social Interactions and Contemporary Fertility Transitions," *Population and Development Review* 22, no. 4 (December 1996): 639-682.

4. United Nations Population Fund, "Emergency Health Care Planned for Central African Refugees," press release (New York: United Nations Population Fund, 15 November 1996).

5. Robert Gardner and Richard Blackburn, "People Who Move: New Reproductive Health Focus," *Population Reports* 24, no. 3 (November 1996).

THE FOLLOWING PROJECTS QUALIFIED for inclusion in this inventory, out of many dozens considered, on the basis of the services they provide. Each project described offers community services oriented toward both the conservation of natural resources and provision of family planning, and related services. In a few cases, projects were either moving steadily toward the goal of a service linkage, or they had recently discontinued the service linkage but hope to reinstate it or continue operational research related to it.

The focus here is most strongly on bringing family planning information and services to fundamentally environmental and development-oriented field projects in developing countries. We have not included in this inventory community-based population and environment projects that stress migration issues, population and environmental education, or policy advocacy. Such activities may be part of a project, but to be included in this inventory the project must in some way improve community members' access to family planning services. Efforts to encourage education for girls or to expand economic opportunities for women are noted as activities related to population because such interventions tend to reduce birthrates as well as improve women's lives.

Information on many of these projects is sketchy and difficult to standardize. Some information may no longer be current. Where the official names of projects are not known, we have used either sponsors' names or geographic terms for identification purposes. In some cases, natural resources and reproductive health activities in various locations may belong to separate projects or subprojects in the eyes of sponsors. For simplicity, where communities are receiving both sets of services from essentially the same providers or partnerships, we have grouped these together as a single project. Where a category of information is not included for a project, no significant information of that type was available. Information on location is intended to be sufficient to identify the

R. ENGELMAN

Mali: *Hearing the results of participatory rural appraisal*

general area of the project on most atlases, although in some cases the needed geographic detail is lacking. We have aimed rigorously for accuracy, but owing to the nature of the information gathered and the dynamism of the projects themselves, we cannot guarantee that either the projects or their linked service activities are still as described here at the time of publication.

Inclusion in this informational inventory in no way implies approval by Population Action International or a judgment that these projects are success stories in CBPE activities. Ideally, standards for such linked-service projects might include a certain level of contraceptive method choice, ancillary health services such as maternal and child health, and a defined level of environmental services. There is no attempt, however, to assess whether the projects described here meet these or any other specific standards.

In selecting from the many family planning-related projects sponsored by CARE and World Neighbors, we have been guided by two principles. One, these organizations historically have been chiefly development agencies, so their entry into family planning delivery in some ways constitutes organizational illustrations of the CBPE linkages that are the focus of this publication. Two, we have tried to select for presentation in this inventory those CARE and WN projects in which specific communities are exposed to both types of intervention: those involving family planning, reproductive health and other population-related activities (such as girls' education or women's credit); and those involving the conservation of agricultural or other natural resources. Contact information is included with all projects where available. With a few exceptions, all listed contacts are fluent in English.

Corrections, updates or further information on these and other projects from readers—especially first-hand accounts of site visits—are welcome.

Profiles in Community-Based Population and Environment Activities: Linking Family Planning and Natural Resource Conservation Services

Projects are grouped alphabetically by country, and alphabetically within country by project name.

NGO SERVICES PROJECT; WOMEN'S DEVELOPMENT PROJECT; CHILD HEALTH INITIATIVES FOR LASTING DEVELOPMENT PROJECT

REGION: Asia
COUNTRY: Bangladesh
LOCATION: Kulna, Rajshahi, and Sylhet districts, which are located in the southwest, northwest and northeast corners of the country, respectively
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The NGO Services Project works with Bangladeshi nongovernmental organizations, enhancing their capacity to deliver community-based family planning services among impoverished populations to reduce infant and maternal mortality. CARE trains service providers in planning, implementation, program monitoring and case referral. The project focuses on technical training, management skills development, and improved provision of family planning information and services. The Women's Development Project, which reaches a portion of the population served by the NGO Services Project, works directly with 28,000 mothers and their families in 112 villages in Rajshahi district, teaching them about hygiene, nutrition, breastfeeding and community-based obstetric care, as well as family planning. The project also helps women organize and manage savings and loan groups to increase family income. The Child Health Initiatives for Lasting Development Project (CHILD-II) includes family planning and three other major interventions (vaccination, diarrhea control and prevention, and vitamin A distribution). Its objective is to improve the health status of more than 340,000 young children and infants and about the same number of reproductive-age women in eight communities in the Sylhet district. Other projects—for example, a road maintenance project in 61 districts across the country—directly employ impoverished or destitute women.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: An integrated horticulture, rice and aquaculture project is scheduled to expand to Khulna district, where the NGO Services Project is active, in 1998. Elsewhere in Bangladesh, CARE is active in farmer training, integrated pest management, and the development of agricultural extension and supply networks oriented toward sustainable agriculture. In Chittagong and Cox's Bazar on the southwest coast, CARE is teaching women the basics of renewable agroforestry. Other activities related to natural resources include training in renewable aquaculture and flood prevention.
ADDITIONAL COMMENTS: Of the three population-oriented projects directed by CARE-Bangladesh, only the NGO Services Project currently has potential to intersect directly with a natural resources conservation project. Nonetheless, CARE's work in improving and expanding family planning information and service delivery qualifies its population-oriented projects for inclusion in this inventory, as CARE-Bangladesh is linking the delivery of both natural resources management and reproductive health within its own organization and may move toward coordination of both services in many communities in the country.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

WORLD NEIGHBORS-BOLIVIA

REGION: Latin America
COUNTRY: Bolivia
LOCATION: North Potosí, south-central part of country on the slopes of the Andes, among some of the poorest rural inhabitants in Bolivia
SPONSOR: World Neighbors, with the support of the Erik and Edith Bergstrom Foundation
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Responding to requests

from the women it serves, World Neighbors manages two small clinics that offer primary medical care, including family planning and other reproductive health services for approximately 40 communities. The clinic and agricultural extension staff work together in this project, so that farmers are regularly exposed to messages related to family planning and health.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Participatory agricultural extension, improved seed and seed storage, nitrogen-fixing crops, soil and water conservation. The project has engaged farmers in agricultural education, and found that, despite their illiteracy, they quickly learn mathematical concepts that allow them to conduct basic statistical analysis of their own on-farm experiments with pilot plots.

CURRENT STATUS: The agricultural component is based on proven successes from earlier work in the region, while the reproductive health work (and thus the integration between the two) is in the early stages. Already, however, dozens of women have begun use of Copper T intrauterine devices through the project.

ADDITIONAL COMMENTS: Edward Ruddell, formerly World Neighbor's Andean regional representative, reports that women have requested family planning services in part out of their own concerns about high maternal mortality. (Bolivia's maternal mortality rate is the highest in Latin America, at 600 maternal deaths per 100,000 births.) To give birth, women in these communities have said, is to "walk through the doors of death." Much of the integration that occurs in the project reflects the deep personal commitment of Ruddell and his wife, Pilar López. "If you're going to work in the poorest areas, make sure there's a link to family planning," Ruddell says. But contraception is only part of World Neighbors' approach to women's health and well-being. "You don't have to talk to people about contraception," Ruddell notes. "You're talking to them about their needs and they gain confidence to talk about what they need. And they know they have needs in this area [family planning]."

CONTACTS: 1) Jethro Pettit
World Neighbors
4127 NW 122 Street
Oklahoma City, OK 73120-8869
Telephone: 405-752-9700
Fax: 405-752-9393
E-mail: jethro@wn.org
Website: http://www.wn.org

2) Humberto Beingolea
Casilla 3183 (*postal address*)
Heroes de Boqueron E1479 (*street address*)
Cochabamba, Bolivia
Telephone and Fax: 591-42-31548

FUNDAÇÃO ESPERANÇA

REGION: Latin America
COUNTRY: Brazil
LOCATION: Santarem, Para State
SPONSOR: Fundação Esperança

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Foundation staff operate a small hospital serving a very poor and marginalized community in the Amazon River basin. To reach its far-flung client base, the foundation uses a small fleet of boats that move up and down the local rivers to deliver basic health, sanitation and family planning information.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: While delivering health information, the foundation staff incorporates lessons about household income generation and sustainable use of forest products.

CONTACT: Richard Columbia
Marcia Brown
Pathfinder International
9 Galen Street, Suite 217
Watertown, MA 02172-4501
Telephone: 617-924-7200
Fax: 617-924-3833
E-mail: rcolumbia@pathfind.org
mbrown@pathfind.org
Website: www.pathfind.org

HEALTH AND THE ENVIRONMENT IN THE REGION OF THE GRANDE SERTÃO NATIONAL PARK OF BRAZIL

REGION: Latin America
COUNTRY: Brazil
LOCATION: Northwestern Minas Gerais state and southern Bahia state in eastern Brazil
SPONSORS: Pathfinder International (through its office in Bahia) and Fundação Pró-Natureza (Funatura), a major Brazilian environmental organization. The Nature Conservancy contributes to environmental activities.

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The project, so far mostly in the planning stage, is intended to assist women

of child-bearing age in family planning, hygiene, breast feeding, nutrition, hydration and other areas affecting women and children. Women and their partners will be provided with information on contraceptive methods and insured access to their method of choice. Five hundred women will receive family planning information, and the project will establish a program to provide a regular forum for discussing women's health and family planning issues through group meetings with local women. The project will unfold in phases:

◆ Initially, the project has focused on training of the Funatura field staff and local leaders on health and family planning issues. A training session was also to be held for local health providers to assure they could meet any increased demand for services and were sensitive to community needs.

◆ In the second phase, Funatura staff were to bring family planning and related health information to communities inside of the national park and in surrounding areas. About 5,000 people live in these communities. The project intends to train 100 local women and 300 students and adolescents in health, hygiene and family planning and the connections between health and the environment.

◆ In a final phase, follow-up training sessions will address remaining areas of concern and coverage of family planning services will extend into the project communities. Both the health secretariat for Minas Gerais and the Bahia state health service are involved and will assist in provision of contraceptives. This project's experience will contribute to development of models for similar activities in other environmental projects in Brazil.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Environmental education and alternative land-use training oriented toward improving livelihoods and long-term protection of the park's rich ecosystems and biodiversity.

ADDITIONAL COMMENTS: Many women involved with environmental activities sponsored by Funatura in this area expressed an interest in learning about and gaining access to family planning methods and reproductive health, according to former University of Michigan Population-Environment Fellow Tom Safford. This led to early steps by Funatura to address these needs. Partly as a result of Safford's work, the Nature Conservancy has expressed interest in assisting with similar community-based interventions in Amazonia.

CONTACT: Richard Columbia
Marcia Brown
Pathfinder International
9 Galen Street, Suite 217
Watertown, MA 02172-4501
Telephone: 617-924-7200
Fax: 617-924-3833
E-mail: rcolumbia@pathfind.org
mbrown@pathfind.org
Website: www.pathfind.org

HEALTH, ENVIRONMENT AND WOMEN'S EMPOWERMENT IN THE REGION OF SOUTHERN BAHIA—BRAZIL

REGION: Latin America

COUNTRY: Brazil

LOCATION: Una Biological Reserve in southern Bahia state in eastern central Brazil, which includes some of the last remnants of Brazil's once vast Atlantic rainforests.

SPONSORS: Pathfinder International (through its office in Bahia) and Jupará, a relatively new Brazilian grass roots organization. World Wildlife Fund also supports some of the project's environmental activities.

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The project is unfolding in three phases:

◆ First, the project has focused on training of the Jupará field staff and local leaders on health and family planning issues. A training session was also to be held for local health providers to assure they could meet any increased demand for services and were sensitive to community needs.

◆ In the second phase, Jupará staff were to bring family planning and related health information to 30 communities inside and around the biological reserve. Community leaders were to be trained to act as permanent resources on health issues. This information was to be presented in community meetings, women's forums and home visits.

◆ In a final phase, follow-up training sessions will address remaining areas of concern and coverage of family planning services will extend into the project communities.

Much of Pathfinder's work in the project involves liaison between Jupará staff—relatively untrained in health and family planning matters—and the resources of the Bahia state health service, which is not active in this remote region.

Ultimately Pathfinder will help establish a community-based distribution system for family planning information and contraceptive dissemination.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Jupará has been involved in environmental education, community mobilization and sustainable agricultural practices in this area, which surrounds a park that is one of the last homes of the golden lion tamarind, a critical endangered primate species. A relatively new activity is water quality management, aimed at improving disease and mortality rates, especially among the young.

ADDITIONAL COMMENTS: Women participating in the environmental activities sponsored by Jupará expressed a strong desire for information related to reproductive health, University of Michigan Population-Environment Fellow Tom Safford reported. In part through Safford's work on this project and the Pathfinder-Funatura project, more such partnerships may emerge in Brazil, probably involving Pathfinder in each case. Support for the linked population and environment activities in eastern Brazil has come in roughly equal parts from both the population and environmental programs within USAID's mission in Brazil. This dual funding source makes these projects unusual, in that the population-environment linkage is carried from the community all the way to the funding level. World Wildlife Fund has expressed interest in assisting in similar community-based interventions in Amazonia.

JIVIT THMEY MOTHER CHILD HEALTH PROJECT

REGION: Asia

COUNTRY: Cambodia

LOCATION: 36 remote villages in Pursat, Banteay, Meanchey and Kampong Chhnang provinces in western Cambodia

SPONSOR: CARE (supported especially by CARE-Australia)

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The project is working to establish a government-supported, community-managed health system to meet basic needs—including for family planning and post-natal care—in the villages. A major task is the training of health ministry physicians, nurses and community-health outreach workers. A credit project focuses on the extension of credit to women in low-income families.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: CARE is active throughout the country in water and sanitation projects and agriculture and animal health extension activities. One project, undertaken in partnership with the Cambodian Ministry of the Environment, develops the technical skills of organizations involved in environmental activities in order to make environmental protection an integral part of government planning.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

AGENDA FOR ACTION TO IMPROVE THE IMPLEMENTATION OF POPULATION PROGRAMS IN SUB-SAHARAN AFRICA IN THE 1990S (OFTEN CALLED THE AFRICAN AGENDA)

REGION: Africa

COUNTRY: Cameroon (as an example of this program, which is operating in several sub-Saharan countries)

LOCATION: Two villages near the capital of Yaounde and two in the more rural Northwestern Province.

SPONSORS: African Population Advisory Committee (APAC), which is funded by a consortium that includes the African Development Bank, the World Bank, IPPF, UNFPA, WHO, USAID, several European aid agencies, and the Rockefeller Foundation. APAC has also received staff and logistical support from Botswana and the host countries in Africa. The World Bank hosts the committee's secretariat in Washington.

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Through a participatory process, community members in all four villages were asked to express their priority needs and to take advantage of limited financial and technical support from APAC. In three of the four villages, improvements in family planning delivery and sex education emerged as priority needs. Residents expressed interest in a diverse range of improvements in family planning delivery, including:

- greater privacy and more respectful treatment by family planning workers;

◆ better information, education and communication (IEC), including on sexually transmitted disease;

◆ more involvement of church and grassroots organizations in family planning;

◆ more mobile family planning delivery groups;

◆ more involvement of traditional birth attendants in family planning;

◆ sex education and family planning services for young people;

◆ better training for family planning workers; and

◆ expansion of basic contraceptive kits to include first aid and treatment for common rural infections.

Village committees formed under the auspices of APAC were then charged with putting these desires into community action.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Most of the other priority needs expressed by the communities were related to natural resource management, including:

◆ Improvement of water supply and sanitation;

◆ Corn mills for women to save labor in grinding corn;

◆ Education to involve men more in farming activities (which in Cameroon, as in much of Africa, are traditionally dominated by women);

◆ Improved roads to market agricultural production.

ADDITIONAL COMMENTS: The African Agenda for Action has tested this participatory approach to assessing community priority needs in 112 communities in six African countries: Cameroon, Kenya, Nigeria, Ghana, Burkina Faso and Senegal. In most if not all these countries, the need for family planning, reproductive health services, and sex education has emerged from the communities, especially from women and from young people. If successful, the model may be expanded to more countries in sub-Saharan Africa. The African Population Advisory Committee was initiated in 1989 at a meeting of African government officials and scholars in Abidjan, Côte d'Ivoire.

CONTACT: Benjamin Gyepi-Garbrah
Human Development (AFTHD)
Africa Region
The World Bank
1818 H Street, NW
Washington, DC 20433
Telephone: 202-473-5569
Fax: 202-477-2900
E-mail: bgyepigarbrah@worldbank.org

NINGXIA FAMILY PLANNING AND WOMEN'S AND CHILD HEALTH PROJECT

REGION: Asia
COUNTRY: China
LOCATION: Ningxia
SPONSOR: CARE Australia
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The core objective is to improve access to family planning services by strengthening the institutions involved in delivery at the regional and county levels. Education in hygiene is another major focus.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: The project works to improve water supply and environmental sanitation with the aim of improving infant and maternal health and survival.

CONTACT: CARE Australia
88 Northbourne Avenue
(street address)
G.P.O. 2014 (postal address)
Canberra, ACT 2601
Australia
Telephone: 61-6-2574022
Fax: 61-6-257-1938

PENDEBA—COMMUNITY BASED WORKERS IN TIBET

REGION: Asia
COUNTRY: China
LOCATION: The Qomolangma Nature Preserve (QNP) in Tibet on the border with Nepal (Qomolangma is the Tibetan name for Mt. Everest). The preserve recently won designation as a national treasure of China, equivalent to the Great Wall or Ming Tombs.
SPONSOR: Future Generations (a U.S.-based nongovernmental organization), with assistance from Pathfinder International (a U.S.-based family planning and reproductive health organization) until 1995, through its office in Dhaka, Bangladesh
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Based on the expressed needs of the community, staff from Future Generations in collaboration with Pathfinder International developed a health training program for community-based workers, called *pendebas* in Tibetan, and administrative personnel working in and around the nature preserve. The pendebas also act as conservation workers and provide services as described below. Training included community-

based contraceptive distribution, small clinic management, and the integration of family planning service provision with sustainable development projects. Pathfinder also assisted staff of the nature preserve with the publication of manuals on maternal and child health and family planning, which Pathfinder reports are the first such publications in the Tibetan language. Over 84 pendebas have subsequently been trained and are now active in QNP with plans for rapid expansion and the establishment of a training center.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Training and other activities relating to sustainable agriculture, environmental protection, eco-tourism and sustainable income generation. The project encourages community responsibility for protected areas and has achieved marked success in reducing deforestation and preserving wildlife. As deforestation is a major problem in the area, health workers encourage community forestry and promote the sale of solar cookers, which are provided by Future Generations.

CURRENT STATUS: The project is ongoing with the support of the administration of the Qomolangma Nature Preserve. Pathfinder's involvement ended in December 1995.

IMPACTS OR OTHER ASSESSMENTS: In 1990, a survey of the communities served by this project found that 77 percent of married women did not know it was possible to stop having babies. Government back-up health services are now available in this region, and new regulations allow Tibetans to have three children rather than one child allowed in most areas in China. Future Generations reports that most women and many men want family planning services, with "difficulties in providing food and care for many children" among the reasons cited for this interest. One health worker reported that women told her that if more children survived, they would seek to have fewer babies than currently. For long-term contraception, most women in these communities accept IUDs, while for childbirth spacing purposes oral contraceptive pills are reportedly the method of choice. A recent evaluation of the training of the health workers concluded that the program was over-ambitious in trying for too comprehensive a set of skills among the workers. The evaluation recommends a simpler basic package of services and increased repetition and reinforcement during training.

CONTACTS: 1) Carl E. Taylor, Daniel Taylor-Ide
Future Generations
P.O. Box 10
Franklin, WV 26807
Telephone: 304-358-2000
Fax: 304-358-3008
E-mail: daniel@future.org
http://www2.dgsys.com/~future

2) Marcia Brown
Pathfinder International
9 Galen Street, Ste. 217
Watertown, MA 02172
Telephone: 617-924-7200
Fax: 617-924-3833
E-mail: mbrown@pathfind.org

EXPANDING AND SUSTAINING REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICES IN SIX COUNTRIES IN LATIN AMERICA (ECUADOR COMPONENT)

REGION: Latin America

COUNTRY: Ecuador

LOCATION: Isla Puná and surrounding islands, near Guayaquil in province of Guayas along southwestern coast

SPONSORS: Asociación Pro-Bienestar de la Familia Ecuatoriana (APROFE), a family planning affiliate of IPPF, with the support of IPPF's Western Hemisphere Region (IPPF/WHR)

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: In 1992, APROFE introduced family planning education and services to this group of impoverished island communities, which previously had had no access to services. A specially equipped boat carries a team consisting of a physician, an educator/psychologist and a nurse's aide to six districts on islands surrounding Isla Puná, and a clinic serves the main island. Health providers offer general medical consultations—with a special emphasis on diabetic clients—as well as family planning. Child immunization also has been a major focus.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: The health team and students from Puná's schools organized a health environmental fair, the island's first, addressing such issues as water contamination, human waste and garbage disposal, animal care and deforestation. The health team educated the students on

these topics prior to the fair. The health team met with community leaders and helped organize committees to conduct and maintain latrines.

IMPACTS OR OTHER ASSESSMENTS: While noting strong suspicions against outsiders promoting family planning, IPPF/WHR reported following one 12-month period that 87 clients had adopted modern contraception (about evenly split between IUDs and pills) and an additional 410 other clients made follow-up family planning and reproductive health visits. The project exceeded its projections for vaccinations (1,390 versus 1,000 projected), and assisted in the construction of more than 100 latrines. In a report on the six-country project, IPPF/WHR staff notes: "The project component in Puná, Ecuador, has had the unintended effect of providing a model for opening up a population notoriously suspicious of outsiders to new ideas concerning general sanitation, primary health and reproductive health care by winning their trust via provision of services that population desperately needs, cultural sensitivity, and use of at least some local staff. Various aspects of the project have also demonstrated the positive connection between sustainability, quality of care and the offering of a broad range of reproductive health services."

ADDITIONAL COMMENTS: A public health committee made up entirely of local women, meeting weekly, has directed garbage collection, the penning of animals, the construction of community bathrooms, the reconstruction of a pier, and the organization of vaccination project. Funding for the overall project from the government of the Netherlands and UNFPA ran out in late 1996, but new funding from other donors has enabled the project to keep operating for the short term. The comparatively small numbers of people served in the project contributes to the challenge of finding new donors, and those clients who recently gained access to family planning services could eventually lose it.

CONTACT: Marcia Townsend
International Planned Parenthood Federation/Western Hemisphere Region, Inc.
902 Broadway, 10th Floor
New York, NY 10010
Telephone: 212-248-6400
Fax: 212-248-4221
E-mail: info@ippfwhr.org
Website: http://www.ippfwhr.org

WORLD NEIGHBORS-ECUADOR

REGION: Latin America

COUNTRY: Ecuador

LOCATION: Guaranda department in the Andean highlands of central Ecuador

SPONSORS: World Neighbors, with support from the Prospect Hill Foundation; CEMOPLAF (Centro Médico de Orientación y Planificación Familiar), a large Ecuadorian family planning NGO with approximately 20 clinics in the country

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: CEMOPLAF is working with World Neighbors to provide family planning services in 12 communities. In half of these, family planning services are delivered through traditional community-based distribution systems. In the other half, the agricultural and family planning services are "integrated"—this is the term World Neighbors uses—with CEMOPLAF personnel accompanying agricultural extensionists in their work. The project includes a three-year operations research program to measure the differences between the two approaches.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Participatory farmer extension services, improved seed and seed storage, use of leguminous (nitrogen-fixing) cover crops such as lupin, other methods of soil enrichment, construction of grass barriers or bunds to prevent soil erosion, vegetable gardening and raising guinea pigs.

IMPACTS OR OTHER ASSESSMENTS: Initial operations research has found that 41 percent of reproductive age women were using family planning at the end of a four-year period, compared to 22 percent in nearby communities served by community-based distributors but not by other aspects of World Neighbors' more integrated program. Family planning acceptance rates at the CEMOPLAF center serving the project nearly tripled over the period, compared to a 35 percent increase in a similar health center serving an adjacent province. One evaluator reported that as a result of the WN project, community perceptions of CEMOPLAF's work were "totally transformed." Moreover, the agriculture work in which WN engages has drawn high participation from women, who constitute 65 percent of participants.

ADDITIONAL COMMENTS: According to former World Neighbors Andean regional representative Edward

Ruddell, CEMOPLAF's leadership was initially reluctant to join with World Neighbors in this project, fearing it would "distract them from their main task" (the broadest and most cost-effective delivery of family planning services). The success of the program has erased these fears, and CEMOPLAF is now an enthusiastic partner, Ruddell reports. The organization is extending the lessons learned from this project throughout its service area.

CONTACTS: 1) Jethro Pettit
World Neighbors
4127 NW 122 Street
Oklahoma City, OK 73120-8869
Telephone: 405-752-9700
Fax: 405-752-9393
E-mail: jethro@wn.org
Website: http://www.wn.org

2) Julio Beingolea
World Neighbors–Ecuador
c/o CEMOPLAF
Cuero y Caicedo 258
Quito, Ecuador
Telephone: 593-2-230519
Fax: 593-2-582435

COMMUNITY RESOURCES MOBILIZATION PROJECT

REGION: Africa
COUNTRY: Egypt
SPONSOR: CARE Egypt
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Family planning, health care and literacy are among the activities of this project. CARE is training community leaders to work with 150 community-based NGOs to identify and undertake nontraditional community development activities using resources solicited from a range of sources.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Environmental activities and the development of clean water and sanitation resources are also among the activities undertaken at the request of communities.
ADDITIONAL COMMENTS: Organizational capacity-building of these NGOs is a major focus of CARE's work. The communities solicit funding for their projects from the government of Egypt, individuals, corporation and international donors. They also provide considerable financial and nonfinancial support for the program.

CONTACT: Dr. Magdy El Sanady
Project Manager
Community Resource
Mobilization Project
CARE Egypt
18, Hoda Sharawi St.
Bab El Louk
Cairo
Egypt
Telephone: 20-2-393-5262,
393-2756, 392-0653
Fax: 20-2-393-5650
E-mail: careegp@starnet.com.eg

MAQATTAM GARBAGE VILLAGE PROJECT

REGION: Africa
COUNTRY: Egypt
LOCATION: Manshiet Nasser, a rapidly growing neighborhood of more than 17,000 people in Cairo
SPONSOR: Association for the Protection of the Environment (APE)
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Health education activities include weekly workshops on family planning, literacy and issues related to female genital mutilation. "One of the most important functions of the training center" where these activities occur, according to APE, "is to empower women to make important decisions affecting their lives and their productive activity…."
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: The 13-year-old association teaches sound environmental and health practices and trades to "zabbaleen" women (the word means "trash"), focusing especially on rag recycling and rug weaving. Among the training topics are water quality and sanitation, and composting food and pig waste for garden use and sale to nearby farmers.
IMPACTS OR OTHER ASSESSMENTS: APE claims that the compost made through its project is "judged to be one of the best quality composts in the nation." In 1994, a survey of married women participating in the project indicated that 64 percent were practicing family planning, "using a variety of methods." This survey was reported by APE board member Laila R. Iskander Kamel in a paper prepared for the NGO Forum of the International Conference on Population and Development in Cairo. "Evidence suggests that addressing the real causes which lead

people to opt for large families demonstrated a fair measure of success," Ms. Kamel wrote. "The interventions—income generation, immunization, family planning information, literacy …, community mobilization and organization—had combined to produce a health dynamic which had positive effects on lowering fertility and family size…. Control of the expenditure of … income by women was crucial in demonstrating to the women that they could exercise control over their bodies and their fertility just as they did over their income…. Relieving the *corvée* [drudgery] of agricultural work and garbage recycling by using a home-grown technology stands a big chance of success in the area of family planning. It would demonstrate to families that…children's work can now be done by simple, low-cost machines."

CONTACT: Laila R. Iskander Kamel
Association for the Protection
of the Environment
31 Montaza Street
Heliopolis, Cairo
Maqattam
Egypt
Telephone: 20-2-510-5723
Fax: 20-2-417-2923

FAMILY PLANNING AND HIV/AIDS PROJECT; GARAMULETA REHABILITATION AND DEVELOPMENT PROJECT; WEST HARARGHE COMMUNITY-BASED DEVELOPMENT PROJECT; ZEGE RURAL INTEGRATED DEVELOPMENT PROJECT

REGION: Africa
COUNTRY: Ethiopia
LOCATIONS: Habro district (West Hararghe project), Eastern Hararghe region (Garamuleta project), Zege Peninsula of Lake Tana (Zege project), and various project areas for the family planning and HIV/AIDS project
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: In the case of West Hararghe, both family planning and a women's credit scheme are included in a project that aims at improving farmers' land-use practices to ensure greater household food security. In Garamuleta, family planning and HIV/AIDS activities are supplementing a project aimed toward emergency response, food distribution, food for work and prevention of environmental degradation among very poor farmers. Family planning and HIV/AIDS prevention are also components of a program introducing diversified agricultural techniques to 10,000 farmers in the Zege Peninsula. All these activities link back to the family planning and HIV/AIDS project, which aims at raising awareness of family planning and AIDS prevention methods in multiple CARE-Ethiopia projects.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: See above for activities and linkages within specific projects. CARE is broadly active in various efforts to make the use of agricultural natural resources more sustainable and to improve household food security in Ethiopia. These efforts increasingly are linked to family planning service education and delivery and HIV/AIDS prevention.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

REPRODUCTIVE HEALTH PROJECT; RURAL GIRLS' EDUCATION PROJECT; WOMEN'S VILLAGE BANKING PROGRAM

REGION: Latin America
COUNTRY: Guatemala
LOCATION: Alta Verapaz and Baja Verapaz departments in east-central region, other areas
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The Reproductive Health Project aims to increase the availability of high-quality family planning and reproductive health services through working with 22 government health centers that serve 1,150 predominantly Mayan Indian couples. CARE provides equipment, supplies and training, not only to health personnel but to community health monitors who educate community members on family planning and distribute contraceptives. The project also works with local NGOs to develop their capacity to promote reproductive health in Mayan communities. The Women's Village Banking Program aims to improve

women's economic status, while the Rural Girls' Education Project promotes girls' school attendance, education and self-esteem.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Some beneficiaries of the activities related to reproductive health may also benefit from projects related to reforestation and soil conservation, sustainable agriculture, watershed management and sanitation improvement.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

MATERNAL AND CHILD HEALTH/FAMILY PLANNING, AND PLUS/GRAND-ANSE

REGION: Caribbean
COUNTRY: Haiti
LOCATION: Artibonite (central Haiti), Grand-Anse (southwest Haiti) and Northwest departments.
SPONSOR: CARE

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The maternal and child health and family planning project offers training, technical assistance and financial support to a group of 10 local NGOs to build their capacity for providing maternal health and family planning services through clinics and community-based programs. One initiative is aimed at the reproductive needs of adolescents.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: The Plus/Grand-Anse project works directly with farmers to increase productivity and earnings while conserving their natural resources. The project specifically targets participants of the maternal health/family planning project, as well as other communities.

CONTACT: Maurice Middleburg
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

INTEGRATED REPRODUCTIVE HEALTH AND CONSERVATION PROJECT

REGION: Latin America
COUNTRY: Honduras
LOCATION: Approximately 165 communities in Yuscaran and Francisco Morazan departments, in the central and southeastern parts of the country, including communities near the Rio Platano Biosphere Reserve
SPONSORS: World Neighbors, with World Wildlife Fund collaborating on aspects of the project implemented near the biosphere reserve. Pathfinder International provided technical assistance for a time, while ASHONPLAFA (Asociación Hondureña de Planificación Familiar) provides reproductive health services.

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Instruction was originally offered only in "family health," including natural family planning, in part because of vocal religious opposition to modern contraception. Today, agricultural extension workers receive training in family planning, including some modern methods, and make referrals for services when requested. Women who express interest in sterilization or other modern contraceptive methods are referred (and sometimes receive transportation) to ASHONPLAFA, the local family planning association, or to government clinics or hospitals. A number of small-scale agricultural activities use PRA and other participatory techniques designed to help women prioritize and act on their needs. Basic child services stress vaccinations, nutrition and cleanliness. Midwives have received training on reproductive health risks and modern contraception.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Sustainable agriculture, improved seed selection and storage, soil enrichment and water conservation.

IMPACTS OR OTHER ASSESSMENTS: World Neighbors and its former Honduras director, Miriam King-Dagen, have written and spoken extensively on the project. In one training session, more than 600 women and 200 men received training in reproductive health risks, while 130 women and 40 men received training in family planning. At least 76 couples adopted a contraceptive method after this exercise. In 1996, University of Michigan Population-Environment Fellow Linda Casey and the International Center for Research on Women

published results of research conducted in project villages, relating soil fertility and other aspects of women's environment to their work patterns, income and family size.

CONTACTS: 1) Jethro Pettit
World Neighbors
4127 NW 122 Street
Oklahoma City, OK 73120-8869
Telephone: 405-752-9700
Fax: 405-752-9393
E-mail: jethro@wn.org
Website: http://www.wn.org

2) Steve Brescia
Vecinos Mundiales
Apartado 3385
Tegucigalpa, Honduras
Telephone: 504-30-2003
Fax: 504-30-2004
E-mail: brescia@gbm.hn

PROYECTO AGROFORESTERIA COMUNITARIA (PACO); PROYECTO DIVERSIFICACIÓN Y PRIVATIZACIÓN DEL PROYECTO AGROFORESTAL COMUNITARIO (DIPPAC)

REGION: Latin America
COUNTRY: Honduras
LOCATION: Yoro (north-central part of Honduras) and north Lempira (western part of Honduras, bordering El Salvador) departments
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: PACO's reproductive health program, which was initiated in 1994 with the support of the USAID INOPAL II project, brought family planning services and information to men in 83 communities through the agroforestry project. Initially scheduled to end in mid 1996, the project was extended in 1996 with Dutch government funding and renamed DIPPAC. The reproductive health component of DIPPAC trained agricultural extension agents who worked with community volunteers to provide reproductive health education to farmers and cooperative members. Interventions included an interactive booklet, *The Family Management Plan.* A "farm management plan," developed as a tool for families to better manage natural resources, inspired the parallel family plan to help rural couples reflect on the size of their family and on the timing and spacing of their children in relation to their available resources.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Agroforestry activities, agricultural productivity, farm cooperative and credit activities in the context of improving agricultural sustainability.
CURRENT STATUS: The reproductive health program ended in June 1997, but DIPPAC reportedly hopes to continue providing some reproductive health services in target communities.
IMPACTS OR OTHER ASSESSMENTS: In collaboration with the Population Council, an operations research study was conducted to test the effectiveness of three different strategies to provide reproductive health education to men in the agroforestry project. In one group extension agents and community volunteers engaged farmers in participatory activities during meetings to stimulate discussion about reproductive health, while another group of farmers were given an interactive booklet on family size, family resources and child spacing. Project staff in these groups also coordinated with existing family planning agencies to ensure accessibility to services. Trained extension agents in a third group were available to respond to reproductive health questions and concerns. No intervention took place in the last group. Preliminary results indicate that although extension agents had little time available to devote to reproductive health, community volunteers were enthusiastic and willing to dedicate their time.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

INTEGRATED ECOLOGICAL DEVELOPMENT PROGRAM AROUND THE RANTHAMBHORE NATIONAL PARK

REGION: Asia
COUNTRY: India
LOCATION: Sixteen villages on the perimeter of Ranthambhore National Park, an area of 392 square kilometers in the Sawai Madhopur district in the southeastern part of the state of Rajasthan.

SPONSOR: The Ranthambhore Foundation, an Indian NGO.

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The foundation describes its objectives as "first, the maintenance of the essential ecological balance necessary for man to live in harmony with nature—in the Sawai Madhopur district of Rajasthan, and in rural and forest communities in other parts of India; and second, to undertake every possible measure necessary to ensure wildlife and forest conservation, especially protection of the tiger and its habitats all over India and in other tiger range countries." From 1989 to 1994, Parivar Seva Sanstha (PSS), the Marie Stopes affiliate in India, worked with the foundation, providing a mobile clinic for preventive health care that focused on immunization and provided family planning services. The project was called the Ranthambhore Sevika Project. Today, the Prakratik Society implements the activities described as follows: "A mobile health care and family planning program has been in operation since 1988. Under this program, a mobile medical unit comprising a doctor and other medical staff regularly visit some 15 villages every week. A team of health workers working in different villages also facilitates family planning and other services with the help of the mobile unit. Approximately 50,000 people benefit from the program." Activities also include income generation for women and men and a research program on the interaction of forest health and human population.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: The foundation works with local farmers to create and manage alternative fuel and grazing resources outside this famous tiger reserve. Activities also include recycled paper making, dairy cooperatives, stall-feeding of cattle (to reduce grazing pressures) and tree-planting to improve fuelwood and water supply. "A mother nursery of 65,000 saplings is being maintained to supply the villages," according to the foundation's Web site. "Every year after the rainy season, tree planting campaigns are organized. A seed bank is also maintained to collect and preserve seeds for sapling germination. Several green satellites in different villages have already been created. A complete record of tree planting and growth rate by species is being documented and maintained."

CONTACT: Valmik Thapar, Sunny Philip
Ranthambhore Foundation
19 Kautilya Mark
Chanakyapuri, New Delhi 11021
India
Telephone: 91-11-301-6261
Fax: 91-11-301-9457
E-mail: tiger.linking@axcess.net.in
Website:
http://www.5tigers.org/rantham.htm

SHRAMIK BHARATI FAMILY WELFARE PROJECT

REGION: Asia

COUNTRY: India

LOCATION: Low-income neighborhoods of Kanpur City and one outlying rural area in the state of Uttar Pradesh

SPONSOR: Shramik Bharati, a local NGO

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: With funding through the USAID Innovations in Family Planning Services Project, Shramik Bharati is implementing a family welfare project that covers about 350,000 people and includes community-based delivery of family planning services (nonclinical methods and clinic referrals); IEC activities that include meetings of women's groups, puppet shows and door-to-door information delivery and counseling; education for mothers about nutrition and treatment of diarrhea; and assistance with immunization programs. Family welfare activities are linked with other projects that include savings and credit groups (most of them made up exclusively of women), microenterprise development, and promotion of girl children.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Shramik Bharati's broad program of community development includes mobilizing communities to use community funds to improve environmental conditions. Activities include improvements in water and sanitation such as the installation of hand pumps for wells, and installation of brick pavements in alleys.

ADDITIONAL COMMENTS: Prior to this project, Shramik Bharati had an active history of community development in Kanpur slums. Its decision to add family welfare activities, according to Shramik Bharati staff, was inspired by observing a pilot project in Gujarat and by expression of interest in family planning and related services in the low-income

communities the organization serves. This project followed a smaller-scale pilot project in Kanpur City. A recent assessment of that project found that community-based delivery significantly increased the use of spacing methods in the community. Community-based workers became important sources of information about family planning, immunization campaigns, and employment opportunities for women. Some of these community-based workers are men.

CONTACT: Mr. Ganesh Pandey
Shramik Bharati
392 Vikas Nagar
Lakhanpor, Kanpur, Uttar Pradesh
India
Telephone: 91-0512-580-823

COMPREHENSIVE RURAL HEALTH PROJECT

REGION: Asia
COUNTRY: India
LOCATION: The project is located in the Ahmednagar district of Maharashtra State, on the edge of the town of Jamkhed.
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The Comprehensive Rural Health Project (CRHP, often referred to simply as Jamkhed) was initiated in 1971 by physicians Mabelle and Rajanikant Arole. Based on principles of community participation, the project uses an integrated approach and emphasizes the use of local resources. Reaching a rural population of 250,000, most of them landless farmers, the project's activities include contraceptive services and information, prenatal care and safe birth practices. Village health workers provide family planning information and services in collaboration with village women's groups and government service agencies and refer to a project hospital for clinical methods. Project teams include health and family planning workers, agriculture and watershed development staff as well as social workers and village representatives. These teams work together with communities to design and implement activities appropriate to community needs and resources.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Farmers clubs organized in participating villages help coordinate soil and water conservation activities such as management of fallow (land left uncultivated for one or more seasons to regain its productive potential for future cultivation) and construction of dams, wells and latrines. Other activities include biogas projects and fruit tree planting.
CURRENT STATUS: The project has served as a model for an integrated participatory approach to health and development not only in India, but throughout the world. Since its establishment over 20 years ago, the target villages have seen improvements in many development indicators. Infant mortality has dropped from 180 per thousand in 1971 to 19 per thousand in 1993. Contraceptive prevalence has increased from 1 percent to 60 percent during the same time period. Over 4 million trees have been planted and 492 irrigation wells dug. The project has established the Institute for Training and Research in Family Planning and Community Based Health and Development, through which participants from 92 countries have been trained in integrated health and development. Expansion of the project activities has occurred by the establishment of subcenters throughout the region and through pilot activities in other countries.

CONTACT: Drs. Mabelle and Rajanikant Arole
Comprehensive Rural Health Project
Jamkhed District
Ahmednagar, India 413 201
Telephone: 91-02416-21034
Fax: 91-02416-21034

POPULATION, CHILD SURVIVAL, AGRICULTURAL EXTENSION; WATER AND SANITATION PROJECTS IN KENYA

REGION: Africa
COUNTRY: Kenya
LOCATION: Kisumu, Siaya, Nthiwa and Homa Bay districts of Nyanza province
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The Strengthening Population Programming in Nyanza project is designed to expand family planning service access in rural Kisumu communities through a network of 120 community based distribution agents within the existing CARE projects. Access to reproductive information and services has been expanded to 50,000 people. National and local family planning agencies, such as the District Population

Office and the District Population and Family Planning Committee, gain CARE support to improve coordination and strategic planning among district agencies. The Community Initiatives for Child Survival in Siaya project promotes family planning in the context of reducing infant and child disease and mortality in 23 sublocations in Siaya district. CARE supports 406 community health workers in addition to community health committees and women's groups, which it has trained to educate mothers on infant, child and maternal health. The project plans to begin distribution of condoms and oral contraceptives through the community health workers.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: In the Siaya, Nthiwa and Homa Bay districts of Nyanza, among others, CARE is working with farming communities to increase productivity and decrease environmental degradation as part of an agricultural extension project. A major focus is training in agroforestry through community-based organizations in the region. The Health Education, Water and Sanitation projects of Siaya and Nthiwa focus on community-based hygiene promotion and construction of low-cost water and sanitation systems.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

SUPPORT TO THE SOCIAL DEVELOPMENT DEPARTMENT

REGION: Africa
COUNTRY: Madagascar
SPONSOR: CARE

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Family planning, savings and credit activities and small economic activities are among a range of services provided to 733 women and 807 members of a local association of rural residents. One purpose of the project is to identify economic activities that will permit rural women to improve their socio-economic situation.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Natural resource management and the introduction of improved crop varieties are among the services offered.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

APPROPOP SUBPROJECTS IN PROTECTED AREA BUFFER ZONES

REGION: Africa
COUNTRY: Madagascar
LOCATION: Zahamena Integral Reserve, Ranomafana National Park and Andohahela National Park
SPONSORS: Conservation International; Institute for the Conservation of Tropical Environments, State University of New York (Stony Brook); and World Wildlife Fund, with the support of the government of Madagascar and APPROPOP (Appui au Programmes de Population, or Population Support Project), a project supported by USAID.

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Three APPROPOP subgrants to conservation organizations implementing integrated conservation and development projects support provision of family planning and reproductive health information and services in buffer zones around protected areas. Approaches used vary according to local conditions and community needs. They include community-based delivery of nonclinical family planning information and services; mobile health units providing clinical spacing methods and general health care; training of public health post staff and provision of supplies; and awareness-raising by health workers, some of whom are also agriculture extension agents.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: The APPROPOP-supported activities occur as part of larger programs of community development around protected areas. The mix of activities implemented in other sectors varies according to location. They include promotion of intensive rice production methods, community gardening, construction of community granaries, forest management, improved water management and aquaculture, basic and environmental education, beekeeping, ecotourism, and park management and monitoring.

CURRENT STATUS: The APPROPOP projects have been active since 1995; funding is scheduled to end in 1998.

CONTACTS: 1) *For Zahamena:* Lee Hannah
Conservation International
2501 M Street, NW, Suite 200
Washington, D.C. 20037
Telephone: 202-429-5660
Fax: 202-887-0192
Website: http://www.conservation.org

2) *For Ranomafana:* Institute for the Conservation of Tropical Environments, Stony Brook
P.O. Box 3715
Tsimbazaza - Antananarivo
Madagascar
Telephone: 261-2-321-23

3) *For Andohahela:* Jean-Paul Paddack
World Wildlife Fund Madagascar Programme Office
B.P. 738
Anatananarivo
Madagascar
Telephone: 261-2-348-85, 261-2-786-51
Fax: 261-2-348-88
E-mail: wwwfrep@dts.mg

COMMUNITY EMPOWERMENT FOR MATERNAL AND REPRODUCTIVE HEALTH

REGION: Africa
COUNTRY: Mali
LOCATION: Sanando Arrondissement in south-central Mali
SPONSOR: World Neighbors
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: This is an "action research" project that focuses on increasing women's capacity to improve their own well-being through improved maternal and reproductive health, including gaining access to family planning. (The project involves communities in Burkina Faso as well as Mali, but the project has advanced much farther in Mali.) In eight villages in a rural agricultural area of south-central Mali—where measures of reproductive health are as low as anywhere in the world—World Neighbors staff have conducted participatory rural appraisal and focus-group research to ascertain women's needs for improved pre- and post-natal and delivery care as well as family planning for birth spacing and limitation. Traditional birth attendants are learning new hygienic skills, and WN has teamed up with the Family Planning Association of Mali to provide films and other educational materials about the health benefits of family planning.

A women's intervillage association was founded in 1996 to give a greater community voice to women's health and other interests. A functional literacy program seeks female as well as male students, but so far few women in the arrondissement have actually completed the program, probably a reflection not so much of gender bias as of women's time commitments to childcare, household and agricultural activities. In recent months, however, the intervillage association has organized one-month literacy sessions for women only. To date, two groups of 20 women leaders each have already participated in this program. Currently, there is no family planning service delivery associated with this project, but WN staff hope eventually to facilitate access to such services.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Through a participatory and capacity-building approach, farmers have gained access to improved seed strains that have increased yields and food security, the use of livestock corrals to concentrate manure for composting, and improved soil and water management techniques.
CURRENT STATUS: With the expansion of the roles of WN's Malian team and the village and intervillage associations, this project appears to be moving toward eventual sustainability independent of World Neighbors. Among its greatest challenges will be to develop and maintain a supply and distribution network for contraceptives.
IMPACTS OR OTHER ASSESSMENTS: The recent WN survey of women in eight villages indicates that approximately one third would like to prevent or delay pregnancy, despite a nearly complete absence of modern contraceptive use. Another 40 percent say decisions about their next pregnancy rest "with Allah," revealing a high level of fatalism about reproductive matters. In the four villages that have associated for some time with WN's program, the proportion of women expressing the desire not to become pregnant was significantly higher, while the proportion considering the matter in God's hands was significantly lower.
ADDITIONAL COMMENTS: Based on a 1996 PAI site visit to this project, it appears that the WN-Mali team's significant capacity in mobilizing community self development at the village level is not yet

matched by a capacity to work with government agencies and other NGOs. This is what will be required to respond to village women's strongly expressed desire for modern contraceptives accessible at the village level. Both the intervillage associations (men's and women's) and the WN-Mali team have committed themselves to improve family planning access in the project area through village-level distribution.

CONTACTS: 1) Jethro Pettit
World Neighbors
4127 NW 122 Street
Oklahoma City, OK 73120-8869
Telephone: 405-752-9700
Fax: 405-752-9393
E-mail: jethro@wn.org
Website: http://www.wn.org

2) Fatoumata Batta
Voisins Mondiaux
01 B.P. 1315
Ouagadougou 01, Burkina Faso
Telephone: 226-303146
Fax: 226-312514
E-mail: batta@fasonet.bf

MACINA CHILD HEALTH PROJECT; AGRICULTURAL DEVELOPMENT IN DROUGHT ZONES

REGION: Africa
COUNTRY: Mali
LOCATION: Macina, in central part of country
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: This project has promoted primary health care delivery under the control of local village health committees, members of which receive training to manage community health centers and improve health delivery. Services include community-based distribution of contraceptives by locally based distributors in 62 villages, along with basic maternal and child health. This occurs in the context of broader health activities, including immunizations and malaria prophylaxis. About 100,000 people benefit.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: A range of agriculture, food and household security and income enhancing activities are part of the drought-related project, which seeks to improve food security in 60 villages in Macina Circle. Improved gardening techniques, nursery operations, and vegetable, fruit, seed and field tree regeneration are the focus, along with village cereal banks and credit funds.
CURRENT STATUS: Recently added its family planning component. The agricultural project is scheduled to end in December 1998.
IMPACTS OR OTHER ASSESSMENTS: A mid-term evaluation that included a review of the reproductive health component found that a major problem was the difficulty in keeping up with contraceptive demand.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

THE CEDPA/ASDAP INTEGRATED FAMILY HEALTH PROJECT

REGION: Africa
COUNTRY: Mali
LOCATION: Katibougou, Bamako and Bla areas, south-central Mali
SPONSORS: Centre for Population and Development Activities (CEDPA), Association de Soutien aux Activités de Population (ASDAP)
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The project, managed by women, was originally an expansion of CEDPA-supported family planning projects in this part of Mali. The area of operation is now the villages in the districts of Katibougou, Bamako (the national capital) and Bla, with a total potential population served of 350,000. At each project site, family planning information and services are available through community-based health teams. Each team consists of a rural midwife, community-based distribution agent and traditional birth attendant.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: A literacy officer and income generation officer are developing training courses for health team workers on environmental protection, to be included in their educational work with women and couples in home visits. In early 1997, these courses were planned to focus on envi-

ronmental sanitation, fuel-efficient stoves, tree planting and the prevention of soil erosion. Tree-planting, garbage management and composting projects were to be instituted in five villages. Villagers trained in composting were to be supplied with tools and expected to generate income from marketing compost. An annual "cleanest village" contest was planned to stimulate interest in the programs.

IMPACTS OR OTHER ASSESSMENTS: A 1992 CEDPA evaluation of an earlier phase of the environmental activities linked to the family planning project noted a total of 94 community-based distribution agents, 23 literacy agents, 35 environmental agents and nine village management committees. Each village had seven environmental agents and had designated a one-hectare area for such environmental activities as composting and gardening. The project involved a total of 286 fuel-efficient wood stoves, 22 composters and five hectares prepared for planting. The evaluation showed a contraceptive prevalence of nearly 58 percent in the Katibougou area, compared to a national contraceptive rate estimated at little more than 1 percent (for modern or "supply" methods) by a recent Demographic and Health Survey.

CONTACTS: 1) Patricia Sears
Centre for Population and Development Activities (CEDPA)
1717 Massachusetts Avenue, NW
Ste. 202
Washington, D.C. 20036
Telephone: 202-667-1142
Fax: 202-332-4496
E-mail: tsears@cedpa.org
Website: www.cedpa.org

2) Fatoumata Traoré
Association de Soutien aux Activités de Population (ASDAP)
P.O. Box 951
Bamako, Mali
Telephone and Fax: 223-22-2769

CALAKMUL INTEGRATED CONSERVATION PROJECT

REGION: Latin America
COUNTRY: Mexico
LOCATION: Near the perimeter of Calakmul Biosphere Reserve, Campeche State in southern Yucatan peninsula
SPONSORS: World Wildlife Fund (WWF); Pronatura Peninsula de Yucatán (PPY), a Mexican NGO
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Preliminary work focused in 1995 and 1996 on health and population education and radio public service announcements. By early 1997, PPY personnel were helping to educate women about family planning services available through the federal and state governments' health programs. There is a strong component of women's capacity development, and this has led to more open discussion of family planning needs.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Agroforestry, soil conservation, composting, apiculture (beekeeping) and related sustainable agriculture activities
CURRENT STATUS: Growing and evolving, as Pronatura and World Wildlife Fund staff wrestle with difficult questions not only about reproductive health but about the important influence of internal migration on the demographics and environment of the area.
IMPACTS OR OTHER ASSESSMENTS: Former WWF staffer Dounia Loudiyi and current University of Michigan Population-Environment Fellow Jennifer Ericson have conducted small-scale demographic analyses in the area, concluding tentatively that some villages are growing explosively, mostly as a result of migration to the Yucatan from the nearby states of Veracruz, Oaxaca and Chiapas.

CONTACT: Mark S. Freudenberger
World Wildlife Fund
1250 24th Street, NW
Washington, DC 20037-1175
Telephone: 202-861-8376
E-mail: Mark.Freudenberger@wwfus.org
Website: http://www.panda.org

CENTRO PARA LOS ADOLESCENTES DE SAN MIGUEL DE ALLENDE (CASA)

REGION: Latin America
COUNTRY: Mexico
LOCATION: San Miguel de Allende, Guanajuato State, central Mexico
SPONSORS: Centro para los Adolescentes de San Miguel de Allende, with some assistance from the Washington, D.C.-based Centre for Development and Population Activities (CEDPA) and the Audubon Society of San Miguel

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: CASA is a multiservice women's health NGO that operates a maternity hospital, offers dental and laboratory services, provides daycare for at-risk children, and offers family planning and sexuality education through a network of adolescent "peer counselors." This program, which works to reduce adolescent pregnancy, employs 50 promoters who provide reproductive health care counseling and distribute contraceptives.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: With a grant from CEDPA, CASA integrated environmental education into its peer counseling program in four rural communities. Administered by an ecological team (peer counselors who focus on environmental issues), activities include construction of fuel-efficient stoves and latrines, preparation of medicinal herbs and reforestation.

CURRENT STATUS: The two sets of activities related to population and environment are currently separate, but CASA hopes eventually to integrate them, working with the Audubon Society. CASA recently joined with the Audubon Society and a children's advocacy organization, Fundación de Apoyo Infantil, to develop a river restoration project. Trained by U.S.-based forestry experts, CASA staff are reforesting the banks of a local river and building a rock dam to help the river regain its natural bank and to discourage flooding. The organization plans to complete construction in 1998 of an educational and vocational training center, which is to include a program for training reproductive health and environmental science promoters.

ADDITIONAL COMMENTS: CASA reports that some local environmental groups refuse to work with the organization because of the controversial nature of its work on family planning and reproductive health.

CONTACTS: 1) Nadine Goodman
Centro para los Adolescentes de
San Miguel de Allende
Umaran No. 62
San Miguel de Allende
Guanajuato, Mexico 3770
Telephone: 52-465-22688

2) Patricia Sears
Centre for Population and
Development Activities (CEDPA)
1717 Massachusetts Avenue, NW
Ste. 202
Washington, D.C. 20036
Telephone: 202-667-1142
Fax: 202-332-4496
E-mail: tsears@cedpa.org
Website: www.cedpa.org

IMSS (INSTITUTO MEXICANO DEL SEGURO SOCIAL)-SOLIDARIDAD (SOLIDARITY)

REGION: Latin America
COUNTRY: Mexico
LOCATION: Seventeen states in Mexico
SPONSOR: Instituto Mexicano del Seguro Social, a Mexican government health system in the process of moving from federal to state control.

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: A major focus of this program is health, nutrition and the environment. IMSS-Solidaridad health clinics offer comprehensive health services, including family planning education and contraceptive provision, including IUD insertion. There is also a transportation network to take clients to distant clinics that can provide appropriate services for individual needs.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: On the grounds of all IMSS-Solidaridad clinics, volunteers and clinic staff set up demonstrations of herb and vegetable gardens, fuel-efficient wood stoves, composting toilets and similar environmental technologies. Clinic visitors thus learn about active measures they can take to improve the health of the environment and their own environmental health in a setting intimately linked to other aspects of their personal and reproductive health.

ADDITIONAL COMMENTS: Visited by attendees at the 1997 annual meeting of the University of Michigan Population-Environment Fellows. On the whole, the visitors were impressed with the cleanliness of the clinics and the range of services offered, and the obvious pride with which clinic staff presented the gardens, stoves and composting toilets. A major strength of the program appears to be community outreach. The strong community involvement impressed the visitors, who learned about activities from health committee members, rural assistants, community promoters and even

school children. It was difficult to assess, however, to what degree the communities had actually adopted the environmental practices and technologies demonstrated at the clinic. Moreover, administration of the IMSS-Solidaridad program is being decentralized among state ministries of health, each of which has the option of discontinuing the entire program. Nonetheless, this was an unconventional and potentially exciting combination of environmental and population-related services in the field, with a strong and clear linkage between reproductive and environmental health.

CONTACT: Dr. Javier Cabral Soto
Coordinator, IMSS-Solidaridad Program
Toledo #39, 2nd floor
Col. Juarez
Mexico, D.F. 06600
Mexico
Telephone: 525-727-2800
Fax: 525-727-2803

JOCOTEPEC DEVELOPMENT CENTER

REGION: Latin America
COUNTRY: Mexico
LOCATION: Jalisco State, western Mexico
SPONSORS: Jocotepec Development Center (JDC), with technical and financial support from CEDPA.
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Since the early 1980s, a small health care clinic has specialized in women's health and family planning services not provided elsewhere. Since 1988 a program supported by CEDPA, the Better Life Options Program for Girls and Young Women, has worked to provide clinical services for adolescents (girls and boys) and to reduce currently high adolescent pregnancy rates. A second reproductive health center associated with this program offers education and training programs for local schools and communities. The JDC also provides parenting education, trains midwives, and has established an income generation project for rural women.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: In 1992 JDC's Better Life Options Program began supplementing its activities with education and training on environmental awareness and community activism. The JDC coordinates a project to clean and preserve Lake Chapala, Mexico's largest freshwater lake. Through this project, inhabitants of five lakeside towns have planted an estimated 1.1 million trees and removed damaging water lilies from the lake surface. The project also maintains a community park and nursery.
ADDITIONAL COMMENTS: Sylvia Flores, a nurse and social worker who founded the Jocotepec Development Center, argues that "health, ecology and education cannot be separated," a conviction that underlies her organization's approach to community development.

CONTACTS: 1) Sylvia Flores
Director
Vicente Guerrero
Ouente No. 173
CP 45800 Jocotepec, Jalisco
Mexico
Telephone and Fax: 52-376-30470

2) Patricia Sears
Centre for Population and Development Activities (CEDPA)
1717 Massachusetts Avenue, NW
Ste. 202
Washington, D.C. 20036
Telephone: 202-667-1142
Fax: 202-332-4496
E-mail: tsears@cedpa.org
Website: www.cedpa.org

BAUDHA-BAHUNIPATI FAMILY WELFARE PROJECT (BBP)

REGION: Asia
COUNTRY: Nepal
LOCATION: In Sindhupalchowk and five other districts in east-central Nepal, 57 village committees serve a total population of 242,000, with 34,000 direct participants in the project.
SPONSORS: The National Family Planning Association of Nepal (FPAN) and World Neighbors (WN). Early support and funding also came from Oxfam-UK and the International Planned Parenthood Federation, and today the Ford Foundation is actively involved. A coalition of local nongovernmental organizations is replicating the results of this project elsewhere in Nepal, with support from WN and FPAN.
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Several permanent and

reversible contraceptive methods are offered to village residents, including pills, condoms, injectable Depo Provera and vasectomies, as well as family planning counseling. Thirty "Depo work points" provide services (no longer limited to provision of Depo Provera injectable contraception) to remote communities outside clinics.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Fodder trees are used to anchor erosion-prone soil. Community members have constructed pit latrines and constructed and maintained 63 community water systems to provide safe drinking water to their communities. Partly as a product of the evolution of water-use groups, self-managed credit and savings groups have emerged in most villages. Pig- and goat-breeding programs and fruit trees have been introduced.

CURRENT STATUS: The project is now functioning as a training center for spinoff replication efforts by newly formed village-based and indigenous NGOs.

IMPACTS OR OTHER ASSESSMENTS: In the late 1980s, an independent study of the program financed by the Ford Foundation confirmed the effectiveness of the integrated approach to family planning. The analysts noted that the program had resulted in a family planning acceptance rate of 36 percent, twice the national average at that time, as well as considerable improvement in the community's standard of living. A similar study in 1993 found crude death rates, crude birth rates and total fertility rates were all well below national averages in communities served.

Other indicators of success included family planning acceptance, fertile couple protection, number of patients receiving curative health services, construction of latrines and drinking water systems, nurseries planted, livestock breeding programs established, and the addition of local NGOs to the implementation of program activities. The project has demonstrated to many observers the value of an integrated approach in remote areas where other development services are lacking, and the synergistic effect of such action in motivating rural marginalized people to reduce births. In 1995 PAI consultant Keshari Thapa visited the communities and concluded that the satisfaction level of community members was quite high.

ADDITIONAL COMMENTS: This project appears to be not only the first but by far the best documented community-based population and environment project linking family planning and environmental services. Launched as a family planning project in 1973, with World Neighbors introducing agricultural conservation services two years later, the Baudha-Bahunipati Project was profiled by Don Hinrichsen in a 1994 article in *Amicus,* the journal of the Natural Resources Defense Council. Leaders of the BBP communities also have been featured in other articles in development, environment and population-related magazines. The Ford Foundation is supporting efforts to add broader reproductive health services in this project, based on a 1996 assessment of needs in the area. The Summit Foundation is supporting research by World Neighbors and the Population Council beginning in 1998 to measure and document results associated with the project.

CONTACTS: 1) Tom Arens
Representative for South Asia
World Neighbors-Nepal
P.O. Box 916
Kathmandu, Nepal
Telephone: 977-1-412009
E-mail: sasia@neighbors.mos.com.np

2) Ghanshyam Shrestha
Family Planning Association of Nepal
P.O. Box 486
Kathmandu, Nepal
Telephone: 977-1-524440, 524675, 524670, 520092
Fax: 977-1-524211

3) Jethro Pettit
World Neighbors
4127 NW 122 Street
Oklahoma City, OK 73120-8869
Telephone: 405-752-9700
Fax: 405-752-9393
E-mail: jethro@wn.org
Website: http://www.wn.org

RAMECHHAP DEVELOPMENT PROGRAM

REGION: Asia
COUNTRY: Nepal
LOCATION: Ramechhap district
SPONSORS: Tamakoshi Sewa Samiti (TSS), with the assistance of World Neighbors. TSS is an independent grassroots voluntary association registered in 1983 as a nonprofit organization in Ramechhap district. TSS implements the Ramechhap

Development Program in about 25 villages with a total population of over 100,000 people in the southern Himalayan mountains.

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Provides counseling and spacing contraception, including injectable Depo Provera. Refers those seeking IUD insertion or sterilization to clinics that offer these services. The project's approach in reproductive health was modeled on that of the Baudha-Bahunipati Family Welfare Project (see above).

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Helps communities construct drinking water systems and improve sanitation. Promotes income generation through saving and credit plans, vegetable cultivation, microenterprise, fodder promotion and improved livestock. The project has helped villagers install hundreds of piped-water systems.

CURRENT STATUS: Expanding.

ADDITIONAL COMMENTS: World Neighbors staff assess this project and its leader, Jagdish Ghimire, very positively. TSS has helped to establish about 60 women's savings and credit groups, the formal organizing unit for the project. The savings groups grew out of the water users groups which formed around the construction of water systems. As in the case of BBP, above, the Ford Foundation is supporting efforts to add broader reproductive health services in this project, based on a 1996 assessment of needs in the area. And the Summit Foundation is supporting research by World Neighbors and the Population Council beginning in 1998 to measure and document results associated with the project.

CONTACTS: 1) Jagdish Ghimire
Tamakoshi Sewa Samiti
Manthali, Ramechhap
P.O. Box 3274
Kathmandu, Nepal
Telephone: 977-1-330222,
977-1-330333
Fax: 977-1-330494
E-mail: jghimire@vishnu.ccsl.com.np

2) Jethro Pettit
World Neighbors
4127 NW 122 Street
Oklahoma City, OK 73120-8869
Telephone: 405-752-9700
Fax: 405-752-9393
E-mail: jethro@wn.org
Website: http://www.wn.org

REMOTE AREA BASIC NEEDS PROJECT

REGION: Asia

COUNTRY: Nepal

LOCATION: Solukhumbu district, and Bajura district in western part of country

SPONSOR: CARE

FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: In 1994, CARE added some reproductive health services to an existing project—launched in 1990 as an integrated development project focusing on agricultural and natural resource conservation—in eight communities in the Solukhumbu district. The new health services expanded contraceptive availability for 20,000 impoverished villagers from sterilization, the only methods previously available, to birth spacing methods. Since 1990 the project has encouraged education for women and girls. The project in Bajura is similar in scope and size.

NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Interventions in rural infrastructure (biogas, drinking water systems, irrigation, and erosion management), agroforestry and natural resource management. Home gardens, private nurseries and basic drinking water systems are promoted to improve food security and health.

IMPACTS OR OTHER ASSESSMENTS: University of Michigan Population-Environment Fellow Jake O'Sullivan profiled the Solukhumbu project for Fellows program publications. CARE reports that the project "has made extensive use of participatory methods to prioritize and plan activities at the local level."

ADDITIONAL COMMENTS: "CARE operates in selected, often very remote, areas where program integration is necessary for efficacy and efficiency. The most serious problems have been supply and service delivery because the terrain is hilly and the areas are isolated with few roads or bridges. The local people seem to have an understanding of and appreciation for family planning; thus, the program is addressing a genuine community need." Excerpt from Matt Wunder, "Population-Environment Fellows Hold 1994 Workshop in Ann Arbor," *Population-Environment Fellow News,* University of Michigan, March 1995.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

ORANGI PILOT PROJECT

REGION: Asia
REGION: Pakistan
LOCATION: The largest squatter settlement in Karachi
SPONSOR: The project is itself a nonprofit organization, founded in 1980 and directed by Akhtar Hameed Khan, a pioneer in the cooperative movement in the former East Pakistan (now Bangladesh). In 1989, IUCN-World Conservation Union produced a case study and contributed plans for a scientifically planned tree planting program. In the mid-1990s, Khan was seeking support from the World Bank.
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The project has included a family planning services component during most of its history, going back at least to 1989, as well as women's welfare and education activities.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: The initial focus of the project was on the provision of sanitation services to households long ignored by Karachi's municipal government. Of 95,000 households in the settlement, 72,000 were connected to covered sewers in 1994, at a reported average price of $34 per house, or one eighth as much as the usual cost to the municipal government. The project also engages in tree planting and the promotion of kitchen gardens, tended largely by women.
IMPACTS OR OTHER ASSESSMENTS: According to a 1994 article in *The Economist,* the project was largely responsible for reducing infant mortality rates in the Orangi settlement from 130 per 1,000 in 1982 to 37 per thousand in 1991, compared to a national average of 95 per 1,000 in the latter year. For the IUCN case study, a Karachi government official and two other Pakistani nationals surveyed project participants and found them "in favor of a combined environment and population approach to development." Education for women was identified specifically as one strategy that could "slow down population growth, and at the same time will increase awareness of…natural resources and their use/management."
ADDITIONAL COMMENTS: *The Economist* favorably profiled the project (see "Orangi slum transformed by street committees and small loans" in the 13 April 1994 edition, or go to Internet site http://www.worldtrans.org/GIB/BI/BI-263.html). The project was described as working on the basis of "community-based approval and implementation of projects determined (to be) cost effective."

CONTACT: The Orangi Pilot Project Research and Training Institute
1-D, 26 Daulat House
Orangi Town
Karachi, Pakistan
Telephone: 92-2-665-2297
Fax: 92-2-143-5704
For further information, see this Website (not sponsored by the Orangi Pilot Project): http://www.hsd.ait.ac.th/bestprac/orangi.htm

PALESTINIAN REPRODUCTIVE HEALTH PROJECT, AMONG OTHERS

REGION: Middle East
COUNTRY: Palestinian Territories
LOCATION: West Bank and Gaza Strip
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The Palestinian Reproductive Health Project aims to improve reproductive health services for an estimated 30,000 married couples, especially strengthening community-based information systems in 40 communities. Another project targets girls and young women in Jenin district in the northern West Bank through informal education focused on human and legal rights, conflict mitigation, communication skills, violence and abuse, and early marriage. A third project supports entrepreneurship—stressing savings and credit availability through community-based institutions—among low-income women in refugee camps, villages and towns in the West Bank.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: The primary goal of the environmentally focused project in Gaza (serving some of the same population as the reproductive health project) is to promote the sustainability of marine resources use in the coastal region through development of a Palestinian fisheries administration and improved access to credit for fishermen.

ADDITIONAL COMMENTS: In its work on reproductive health, CARE is coordinating with several partners, including the Palestinian Family Planning Center and the Union of Palestinian Medical Relief Committees.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

MULTI-SECTORAL POPULATION PROJECT

REGION: Latin America
COUNTRY: Peru
LOCATION: Andean highlands of central Peru
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Building on existing projects in non-population areas, CARE trains health extension and agricultural extension workers to provide basic contraceptive education and to refer potential clients to local family planning clinics. This is part of a larger project, in which CARE assists the National Reproductive Health Services Program to reach nearly 1.5 million women and men throughout the country.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: CARE supports seven projects, most associated with the population project, that focus on improving farm productivity and income, sustainable natural resource management, and clean water and sanitation.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

MAG-UUGMAD FOUNDATION PROJECT

REGION: Asia
COUNTRY: Philippines
LOCATION: Guba and several surrounding villages in rural outlying areas of Cebu City, Cebu province and island, central Philippines
SPONSOR: Mag-uugmad Foundation *(mag-uugmad* is "farmer" in the Cebuano language), with some technical assistance and financial support from World Neighbors. The Mag-uugmad Foundation was originally the operational arm of WN in the Philippines; it is now a Filipino NGO.
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The project served about 1,200 farmers in this area when visited in May 1995. Family health instructors (some of whom also instructed on farm-related issues) advised women and men about family planning, and extended supply lines of pills and condoms from provincial and municipal health clinics to remote villages. They assisted women in reaching clinics for IUD insertions. Gender issue awareness and family health education contributed to a rising demand for family planning.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Improved water supply, sanitation and sustainable agriculture, through an extremely diverse mix of food, ornamental, nitrogen-fixing and soil-anchoring crops. The project also works on livestock improvement, improved livelihood and land tenure, an ongoing issue in the Philippines.
CURRENT STATUS: The foundation has turned over much of its agricultural work to a people's organization. The departure of a key individual working on reproductive health issues reportedly set back the integration of agriculture and reproductive health—a frequent problem in these projects—but the Ford Foundation recently supported further activities in both reproductive health and agroforestry management. The foundation has been expanding its activities throughout the Philippines, but reproductive health appears not to be a regular component in its activities.
IMPACTS OR OTHER ASSESSMENTS: No formal assessments have been conducted. Project staffers interviewed by PAI in 1995 appeared confident that family planning acceptance had increased significantly as a result of the project's work. One family health instructor reported that almost every woman of reproductive age with whom she worked was using some form of family planning.
ADDITIONAL COMMENTS: This project developed a family planning and reproductive health capacity in direct response to the requests of women in the communities served. Agricultural conservation activities began in 1981, and World Neighbors and the Ford Foundation supported the launch of a family

planning component in response to community requests in 1991. A reproductive health and gender awareness component, focusing on maternal and child health and improving marital communications, began in 1993.

CONTACTS: 1) Jethro Pettit
World Neighbors
4127 NW 122 Street
Oklahoma City, OK 73120-8869
Telephone: 405-752-9700
Fax: 405-752-9393
E-mail: jethro@wn.org
Website: http://www.wn.org

2) Leonard Moneva
Mag-uugmad Foundation, Inc.
784-H San Roque Ext.
Mambaling, Cebu City
P.O. Box No. 286
6000 Cebu City
The Philippines
Telephone: 63-32-97617
Fax: 63-32-220197

BARA MATERNAL AND CHILD HEALTH PROJECT; BARA WATER REHABILITATION PROJECT

REGION: Africa
COUNTRY: Sudan
LOCATION: Western Bara province
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Local health staff receive training in family planning, maternal health, preventive education on HIV/AIDS and other sexually transmitted disease, and infant and child health. CARE works with local partners to implement this work among 30,000 reproductive-age women and 27,000 children under five.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: In many of the same communities, CARE is working to improve household livelihood security by improving access to renewable fresh water, in part by promoting community management of village open wells and surface water catchment areas.

CONTACT: Catharine McKaig
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

IMPROVING ACCESS TO FAMILY PLANNING IN KIGOMA REGION, TANZANIA; LAKE TANGANYIKA CATCHMENT REFORESTATION AND EDUCATION (TACARE)

REGION: Africa
COUNTRY: Tanzania
LOCATION: Communities surrounding Gombe Stream National Park (the home to about 150 chimpanzees, a community of these threatened primates made famous by the work of Jane Goodall) and along the shore of Lake Tanganyika, in Kigoma province, western Tanzania
SPONSOR: The Jane Goodall Institute (UK)
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: Health workers and family planning promoters with supplies of contraceptives accompany TACARE staff working on tree planting, sustainable land use and conservation education in Kigoma and on their visits by boat and by road to the 22 project villages. Health workers conduct education seminars on family planning, reproductive health and HIV/AIDS prevention. In an area where women previously had almost no access to contraceptive information or supplies, the health workers distribute condoms and oral contraceptives, which are supplied by the government, and make referrals for intrauterine device (IUD) insertion and sterilizations. The project is also hoping to encourage the social marketing of condoms by a U.S.-based population NGO.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Tree planting, soil conservation, wildlife education and similar conservation activities are promoted in the villages surrounding Gombe National Park in an effort to develop sustainable livelihoods within these communities and reduce human pressures on the park and the endangered chimpanzees who inhabit it.

CONTACT: Dilys Vass
Executive Director
The Jane Goodall Institute (UK)
15 Clarendon Park
Lymington
Hants SO41 8AX
Telephone: 44-1590-671188
Fax: 44-1590-670887

TOGO FAMILY PLANNING PROJECT (PROJET PLANNING FAMILIAL AU TOGO, OR PPFT); PROTECT; AGROFORESTRY TRAINING AND DEMONSTRATIONS IN NORTHERN TOGO

REGION: Africa
COUNTRY: Togo
LOCATION: Plateaux regions of central Togo, Kara and Savanes regions
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: In the case of the family planning project, CARE works with Togo's Ministry of Social Affairs in the Plateaux region, training and supervising 100 male volunteers. These men lead educational sessions, offer couples home counseling and sell contraceptives at modest prices to interested clients in villages. CARE has also helped the Ministry of Health establish 50 rural family planning clinics. In the Protect project, CARE trains nurses and midwives in 35 clinics, many of which offer family planning services.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: Teaching innovative approaches to tree and compost production as well as alley cropping and contour plowing, the agroforestry project helps 100,000 farmers increase agricultural productivity.

CONTACT: Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

COMMUNITY REPRODUCTIVE HEALTH PROJECT AND DEVELOPMENT THROUGH CONSERVATION PROJECT

REGION: Africa
COUNTRY: Uganda
LOCATION: For the reproductive health project, three densely populated rural districts—Kabale, Kisoro and Rukungiri—near the borders with Rwanda and Zaire in southwestern Uganda. For the conservation project, areas of these districts that lie directly on the perimeters of two national parks, Bwindi Impenetrable National Park and Mgahinga Gorilla National Park. (These two parks are home to more than half of the world's highly endangered mountain gorillas.)
SPONSOR: CARE
FAMILY PLANNING AND RELATED REPRODUCTIVE HEALTH OR POPULATION ACTIVITIES: The reproductive health project has expanded the formerly thin network of midwives and family planning workers serving nearly 770,000 women and men in this region. A network of hundreds of community-based distributors, who live and work in the project villages, provide condoms and pills. Referrals for injectable contraceptives and sterilizations are made to local clinics and hospitals.
NATURAL RESOURCE CONSERVATION AND RELATED ENVIRONMENTAL ACTIVITIES: The conservation project focuses on improving the economic security of nearly 10,000 farm families while helping to protect the species-rich ecosystems of the two national parks. The primary activities are agroforestry, sustainable agriculture, soil and water conservation, improved and nitrogen-fixing crops, and sustainable extraction of forest products. Extension agents promote fuel efficient stoves, on-farm tree planting, improved beekeeping methods, basket-making and improved hygiene for traditional herbalists. One major component is a gravity water scheme that will lay 45 kilometers of piping and establish tap stands that will supply each of the 21,000 people in Kisoro district with 15 liters of water a day. This plan is designed to relieve the pressure on water supplies within Mgahinga Park. Twelve percent of park profits is allotted to bordering parishes around Bwindi, and a democratically chosen committee determines how to spend this money. In one village visited by PAI, the money helped fund the construction of a new maternal health and family planning clinic.

CURRENT STATUS: Future funding for both projects may need to be found among other donors, as continued support from the U.S. Agency for International Development is in doubt as a result of recent budget cuts.

IMPACTS OR OTHER ASSESSMENTS: Contraceptive prevalence rates in the areas the reproductive project serves are about three times as high as in the surrounding areas, although the resulting contraceptive prevalence is still only 15 percent for modern methods. During a PAI site visit to the project in 1996, community-based distributors, village elders and women farmers all expressed favorable reactions to the work of both projects, and some spoke eloquently of the importance of linking their activities. The motivation to practice both agricultural conservation and family planning appears to be high. Kim Lindblade was an early University of Michigan Population-Environment Fellow who chronicled and assisted in developing the linked conservation and family planning approach in this area of Uganda. Current Fellow Polly Dolan is working to encourage a similar linkage under different circumstances in fishing villages on Lakes George and Edward within Queen Elizabeth National Park.

ADDITIONAL COMMENTS: When the reproductive health project component was introduced in this area in 1992, Development Through Conservation (DTC) extension agents were scheduled to become community-based distribution agents for family planning services. Around the same time extractive use of the nearby mountain forest was prohibited to villages bordering Bwindi Impenetrable Forest because it had been formally declared a national park. This coincidence seemed to have doomed the integration of Development Through Conservation and community-based contraceptive distribution, as many clients reportedly saw the family planning service component as an outgrowth of the desire to protect mountain gorillas. Rather than give up on the service linkage between the two programs, however, CARE-Uganda established a network of non-DTC community-based distributors, and the project appears to have fared well and enjoyed popular acceptance.

Both the DTC agents and the community-based distributors take training in the basic elements of each others' expertise, and referrals between the two groups are reportedly frequent. There have been some tensions; the DTC agents are paid, for example, while the community-based distributors are essentially volunteers who receive only token profits from the sale of contraceptives. During the PAI site visit, however, both DTC agents and community-based distributors expressed general satisfaction with this arrangement. In recent months the project has secured a five-year funding commitment from DANIDA, the Danish government international assistance agency, through CARE-Denmark.

CONTACTS: 1) Carlos Cardenas
CARE
151 Ellis Street, NE
Atlanta, GA 30303-2439
Telephone: 404-681-2552
Fax: 404-577-5977
Website: http://www.care.org

2) CARE-Uganda
Kabale Sub-Office
P.O. Box 702
Kabale, Uganda
Telephone: 256-486-23517/8
Fax: 256-486-22307
E-mail: carekba@imul.com

Appendix 1:
FOR FURTHER READING

THE LITERATURE ON THE LINKAGE of population and environmental or natural resource services in development projects is more journalistic than scholarly. In a few cases sponsoring organizations have produced or received written evaluations of specific projects, but few of these are widely distributed. The short list that follows includes subjective descriptions of a few publications—some only indirectly related to the field linkage of population and environment activities—that are easily available to researchers and field workers. A few selections are included because they are basic texts on either integrated conservation and development or family planning delivery.

1. Richard P. Cincotta, "Linking Community Programs in Environment to Programs in Population: Towards Sustainable Communities that Sustain Sanctuaries," *The George Wright Forum* 11, no. 3 (1994). This paper reviews the history of a handful of important population-environment field projects (Baudha-Bahunipati in Nepal and Ranthambhore National Park in India, for example). Cincotta (then a science fellow at USAID, now a senior research associate with PAI) discusses the potential of population-environment linkages in promoting not only the integrity of protected areas but "sustainable communities" generally. Other articles in this special issue of the Forum are also germane to community-based population and environment activities.

2. Carlos E. Aramburú, *Population and Environment: Issues Toward Education* (Watertown, MA: Pathfinder International, 1 August 1994). The study reviews the overall debate of population-environment connections, with special attention to such natural resources as agricultural land, forests and fresh water. The author then moves from large-scale to small-scale connections, focusing on population-environment linkages at the community level, and suggests a "framework for an integrated strategy." In a section on developing a future agenda, Aramburú suggests 1) more dialogue among donor agencies, 2) creation of "institutional maps" of organizations involved in population and environmental activities to aid in considering joint program opportunities, 3) national and regional dialogues among these groups on the issue of integration, and 4) development of integrated initiatives.

3. Barbara Barnett, "Family Planning and Development," *Network* 15, no. 1 (Family Health International, August 1994). This article describes community-based population and environment work that directly links natural resource conservation and reproductive health services. Quoting women's health and family planning workers in Nigeria, Brazil, Sierra Leone, Gambia, Peru and Thailand, the article explains some of the thinking and history behind the concept and addresses the obstacles to its success. "We had people working

the field, saying, 'What you've done is very good, but can you help us with family planning,' " Reed Thorndahl, project manager of CARE's Multi-Sectoral Population Project in Peru (see profile in Section VIII), told the author. "Family planning was a natural extension, particularly of health services, but of just about any area we work in."

4. Lily Kak, Partha Roychoudhury, and Don Weeden, "Expanding Contraceptive Choice and Access: A Dairy Cooperative Project in Bihar, India," *Working Paper,* no. 4 (Washington, DC: Centre for Population and Development Activities, 1994). While not directly related to environmental activities, this paper discusses some aspects of introducing family planning services in a project aimed at improving women's livelihoods.

5. Kevin Cleaver and Götz Schreiber, *Reversing the Spiral: The Population, Agriculture and Environment Nexus in Sub-Saharan Africa* (Washington, DC: The World Bank, 1994). This book offers an unusually careful and detailed effort to separate out the factors responsible for environmental degradation in one region of the world. A major contribution is the authors' analysis of how increasing population density has affected traditional land-management systems such as the fallow and the harvesting of fuelwood. The authors also consider evidence that the availability of such critical natural resources as cropland influences family-size desires and interest in traditional and modern approaches to the regulation of childbearing. They conclude with a call for new approaches to development that reflect the close connections between population and environmental dynamics.

6. "Next Steps for Population-Environment Interventions," proceedings of a meeting organized by The Population-Environment Fellows Program of the the University of Michigan and held at the Rosslyn, Virginia, offices of the U.S. Agency for International Development on 29 January 1997. *(Available from The Population-Environment Fellows Program, Ann Arbor, MI 48108-2029.)* Each meeting held on this topic seems to have come closer to the core issues involved in field linkages. This meeting focused on reports of activities and progress, indicators of success and failure, and the practical and fiscal benefits of linking population and environmental activities at the community level. The document includes reports from representatives of World Neighbors, Pathfinder, CARE, World Wildlife Fund, the World Bank, IUCN-World Conservation Union, Population Action International and others.

7. Proceedings of Population-Environment Fellows Workshops, 1994-1997. *(Available from The Population-Environment Fellows Program, Ann Arbor, MI 48108-2029.)* These are published annually following the annual meetings of Population-Environment Fellows Program and include reports by many of the fellows. The fellows receive funding for two years to build linkages between the two fields, usually working directly with nongovernmental organizations in

either or both fields in developing countries in Latin America, Africa and Asia. Several of these fellowships have directly involved community-based population and environment programs as defined in this publication, and the assembled reports of the fellows make for a varied and rich narrative of the challenges of linking the two fields at multiple levels working with NGOs.

8. David Western and R. Michael Wright, ed., *Natural Connections: Perspectives in Community-Based Conservation.* (Washington, DC: Island Press, 1994). The literature on community-based conservation (CBC)—and such related concepts as integrated development and conservation, and people-centered conservation—is more extensive than that on the linkage of conservation with population. This book, with its considerable notes and bibliographies, is a useful introduction to this literature and to the concepts themselves. One chapter, "Ecological Limits and Opportunities for Community-Based Conservation," notes that most case studies examined "explicitly mentioned human population pressures as one of the critical factors motivating and affecting their CBC programs." Only one such study, however, discussed the potential inclusion of family planning services in a conservation-oriented project.

9. Don Hinrichsen, "Moving Mountains in Nepal," *The Amicus Journal* (Winter 1995). In this short article, the writer focuses on Shanti Basnet, a veteran health promoter in the Baudha-Bahunipati Project who helped pioneer family planning in the area. "We cannot preach family planning and health care outside the context of village development," she told Hinrichsen. "Only then do we win the confidence of the people."

10. Population Information Program, "Family Planning Methods: New Guidance," *Population Reports* XXIV, no. 2 (Baltimore: Johns Hopkins University, October 1996). This report presents the comprehensive recommendations of two expert groups that worked collaboratively on biomedical issues and medical eligibility criteria for 11 categories of contraception, from combined injectables to natural family planning. Using a question-and-answer format accessible to laypersons, the report responds to concerns about each category of contraceptives, offering not only recommendations but explaining the rationale for them in each case.

11. Population Information Program, *The Essentials of Contraceptive Technology: A Handbook for Clinic Staff* (Baltimore: Johns Hopkins University, October 1996). A longer, more technical supplement to "Family Planning Methods: New Guidance," described above. While the intended audience is family planning specialists, the presentation is accessible to others wanting more detail on contraception.

12. Paul D. Blumenthal and Noel McIntosh, *PocketGuide for Family Planning Service Providers* (Baltimore: JHPIEGO, 1996). A second edition of a popular handbook covering a range of issues related to family planning services, with an emphasis on how they work at local levels. This guide, like the two described above, includes details on specific contraceptive technologies. It also addresses such issues as counseling, client assessment, infection prevention and the relationship of sexually transmitted diseases to family planning services.

13. Barbara Shane, *Family Planning Saves Lives* (Washington: Population Reference Bureau, 1997). The third edition of a brief and highly readable compendium of the role of family planning in the survival and health of mothers, infants and children.

Appendix 2:
ORGANIZATIONS AND CONTACTS

Organizations Sponsoring Community-Based Population and Environment Projects in Developing Countries

Association for the Protection of the Environment

Laila R. Iskander Kamel
31 Montaza Street
Heliopolis, Cairo
Maqattam
Egypt

Tel.: 20-2-510-5723
Fax: 20-2-417-2923

CARE

Carlos Cardenas
151 Ellis Street, NE
Atlanta, GA 30303-2439 USA
Tel.: 404-681-2552
Fax: 404-577-1205
World Wide Web:
http://www.care.org

CARE-Uganda

Kabale Sub-Office
P.O. Box 702
Kabale, Uganda
Tel.: 256-486-23517/8
Fax: 256-486-22307
E-mail: carekba@imul.com

Centro para los Adolescentes de San Miguel de Allende (CASA)

Nadine Goodman
Umaran No. 62
San Miguel de Allende
Guanajuato, Mexico 3770
Tel.: 52-465-22688

Centro Médico de Orientación y Planificación Familiar (CEMOPLAF)

Teresa de Vargas
Cuero y Caicedo 258
Quito, Ecuador

Tel.: 593-2-230519
Fax: 593-2-582435

Centre for Population and Development Activities (CEDPA)

Patricia Sears
1717 Massachusetts Avenue, NW, Ste. 202
Washington, D.C. 20036
Tel.: 202-667-1142
Fax: 202-332-4496
E-mail: tsears@cedpa.org
World Wide Web:
http://www.cepda.org

Jane Goodall Institute (JGI)

JGI-USA

P.O. Box 114890
Silver Spring, MD 20911-4890
USA
Tel.: 301-565-0086
Fax: 301-565-3188
E-mail: jgi@gsn.org
World Wide Web:
http://www.gsn.org/project/jgi/index.html

JGI-UK

Dilys Vass
15 Clarendon Park
Lymington
Hants SO41 8AX
United Kingdom
Tel.: 44-1590-671188
Fax: 44-1590-670887

Mag-uugmad Foundation

Leonard Moneva
784-H San Roque Ext.
Mambaling, Cebu City
P.O. Box No. 286
6000 Cebu City
The Philippines
Tel.: 63-32-97617
Fax.: 63-32-220197

Pathfinder International

Richard Columbia
9 Galen Street, Ste. 217
Watertown, MA 02172
Tel.: 617-924-7200
Fax: 617-924-3833
E-mail: rcolumbia@pathfind.org
World Wide Web:
www.pathfind.org

Ranthambhore Foundation

Valmik Thapar, Sunny Philip
19 Kautilya Mark
Chanakyapuri, New Delhi 11021
India
Tel: 91-11-301-6261
Fax: 91-11-301-9457
E-mail: tiger.linking@axcess.net.in
World Wide Web:
http://www.5tigers.org/rantham.htm

Tamakoshi Sewa Samiti

Jagdish Ghimire
Manthali Ramechhap
P.O. Box 3274
Kathmandu, Nepal
Tel.: 977-1-227623
Fax: 977-1-524430

World Neighbors, Inc.

Jethro Pettit
World Neighbors
4127 NW 122 Street
Oklahoma City, OK 73120-8869
USA
Tel.: 405-752-9700
Fax: 405-752-9393
E-mail: jethro@wn.org
World Wide Web:
http://www.wn.org

World Neighbors–Bolivia

Humberto Beingolea
Casilla 3183 (postal address)
Heroes de Boqueron E1479
(street address)
Cochabamba, Bolivia
Tel. and Fax: 591-42-31548

World Neighbors–Ecuador

Julio Beingolea
c/o CEMOPLAF
Quito, Ecuador
Tel. and Fax: 593-2-582435

World Neighbors–Nepal

Tom Arens
Mona Home, On the Main Road
Near Bhat Bhateni Intersection
and Temple
Kathmandu, Nepal
Tel.: 977-1-412009
E-mail:
sasia@neighbors.mos.com.np

World Wildlife Fund

Mark S. Freudenberger
1250 24th Street, NW
Washington, DC 20037-1175
USA
Tel.: 202-861-8376
Fax: 202-293-9211
E-mail:
Mark.Freudenberger@wwfus.org
World Wide Web:
http://www.panda.org

Organizations With Expertise and Contacts on Family Planning and Reproductive Health in Developing Countries

Alan Guttmacher Institute (AGI)

Jeannie Rosoff
President
120 Wall Street
New York, NY 10005 USA
Tel.: 212-248-1111
Fax: 212-248-1951

International Planned Parenthood Federation

Jane Gizbert
Senior Communications Office
Regent's College
Inner Circle, Regent's Park
London NW1 4NS
United Kingdom
Tel: 44-171-487-7900
Fax: 44-171-487-7950
E-mail: jgizbert@ippf.org

Planned Parenthood Federation of America

Katherine D. McCormick
810 7th Avenue
New York, NY 10019 USA
Tel.: 212-541-7800
Fax: 212-247-6269
E-mail: communications@ppfa.org
World Wide Web:
http://www.igc.apc.org/ppfa

Population Action International

Robert Engelman
1120 19th Street, NW, Ste. 550
Washington, DC 20036 USA
Tel.: 202-659-1833
Fax: 202-293-1795
E-mail: re@popact.org
World Wide Web:
http://www.populationaction.org

Population Council

Judith Bruce
Director, Gender, Family and
Development Program
Population Council
One Dag Hammarskjold Plaza
New York, NY 10017 USA
Tel.: (212) 339-0500
Fax: (212) 755-6052
E-mail: jbruce@popcouncil.org

Population Reference Bureau

Roger-Mark De Souza
Population and Environment
Coordinator
Population Reference Bureau
1875 Connecticut Ave., NW
Suite 520
Washington, DC 20009-5728
USA
Tel.: (202) 483-1100
fax: (202) 328-3937
E-mail: rdesouza@prb.org

United Nations Population Fund (UNPFA)

Nafis Sadik
Executive Director
220 East 42nd Street
New York, NY 10017 USA
Tel.: 212-297-5111
Fax: 212-297-4907

Organizations Studying Population-Environment Linkages or Considering Linking Services at the Community Level

University of Michigan Population-Environment Fellows Program

Room 4533, School of Public
Health II
University of Michigan
Ann Arbor, MI 48109-2029
USA
Tel.: 313-647-0222
Fax: 313-647-4947

IUCN—The World Conservation Union

Alex de Sherbinin
IUCN Social Policy Group
rue Mauverney 28
1196 Gland, Switzerland
Tel.: 4122-999-0280
Fax: 4122-999-0025
E-mail: amd@hq.iucn.org
World Wide Web:
http://iucn.org/themes/spg/

Conservation International

Lee Hannah
Director, Africa and
Madagascar Programs
2501 M Street, NW Suite 200
Washington, DC 20037 USA
Tel.: (202) 429-5660
Fax: (202) 887-0192
E-mail:
l.hannah@conservation.org

The Nature Conservancy

Alexander F. Watson
1815 North Lynn Street
Arlington, VA 22209 USA
Tel.: 703-841-4861
Fax: 703-841-8796
World Wide Web:
http://www.tnc.org

IPPF Affiliates

Often the single best private source of information on reproductive health and family planning service delivery in any country is a family planning association affiliated with the International Planned Parenthood Federation. Included here is contact information for those affiliates in developing countries. This information can also be found on the World Wide Web at http://www.ippf.org/regions/index.htm. Ministries of health and local government health agencies should also be able to provide information on reproductive health delivery in each country.

IPPF Western Hemisphere Region

Bolivia Field Office
Avenida 20 de Octubre,
No 2164
Sopacachi
La Paz , Bolivia
Tel: 59-12-416054
Fax: 59-12-416047
E-mail
ippf.bolivia@bisnet.tfnet.org

Mexico Field Office
Avenida San Fernando No. 96
Colonia Torielo Guerra
Delegación Tlapan
14050 México DF
Mexico
Tel.: 52-5-666-7067, 6997
Fax: 52-5-666-6872
E-mail ippftpmo@laneta.apc.org

Member and affiliate family planning associations

Anguilla

Anguilla Family Planning
Association (AFPA)
PO Box l68
The Valley
Anguilla, W1
Tel.: 26-4-497-2702
Fax: 26-4-497-2050

Antigua and Barbuda

Antigua Planned Parenthood
Association (APPA)
PO Box 419
St John's
Tel.: 26-8-462-1187, 462-0947
Fax: c/o C&W 26-8-462-0947

Argentina

Asociación Argentina de
Protección Familiar (AAPF)
Aguero 1355/59
Buenos Aires, 1425 Argentina
Tel.: 54-1-826-8216, 824-8419,
826-8416
Fax: 54-1- 824- 8416
E-mail: aapf@aapf.infonet.com
or asargpf@interactive.com.ar

Aruba

Foundation for the Promotion of
Responsible Parenthood (FPRP)
PO Box 2256
San Nicolas, Aruba
Tel.: 297-8-48833 x219, 220, 225
Fax: 297-8-41107

Bahamas

Bahamas Planned Parenthood
Association (BahFPA)
PO Box N-9071
Nassau, Bahamas
Tel.: 24-2-325-1663, 323-6338
Fax: 24-2-325-4886

Barbados

The Barbados Family Planning
Association (BFPA)
Bay Street
Bridgetown, Barbados
Tel.: 246-426-2226, 426 2027,
426-2332, 426 3366
Fax: 246-427-6611

Belize

Belize Family Life
Association (BFLA)
PO Box 529
Belize City, Belize
Tel.: 501-2-44399, 31018
Fax: 501-2-32667
E-mail: bfla@btl.net

BERMUDA

Teen Services, YHED (YHED)
PO Box HM 1324
Hamilton, HM FX Bermuda
Tel.: 441-292-4598
Fax: 441-295-7164

BOLIVIA

Centro de Investigación, Educación y Servicios (CIES)
Casilla 9935
La Paz, Bolivia
Tel.: 591-2-410011, 416 062, 361 609
Fax: 591-2-361614
E-mail: cies1@ciesbol.infonet.com

BRAZIL

Sociedad Civil Bem-Estar Familiar no Brasil (BEMFAM)
Avenida República do Chile No 230-17 Andar, Brazil
Centro Rio de Janeiro, CEP 20031-170, RJ
Tel.: 55-21-210-2448, 262-3933
Fax: 55-21-220-4057
E-mail: info@bemfam.org.br

CARIBBEAN

Caribbean Family Planning Affiliation Ltd (CFPA)
PO Box 419
St John's, Antigua
Tel.: 268-462-4170
Fax: 268-462-4171
E-mail: cfpa@server1.candw.ag

CHILE

Asociación Chilena de Protección de la Familia (APROFA)
Casilla 16504, Correo 9
Santiago, Chile
Tel.: 56-2-223-365, 204-7762, 204-7975
Fax: 56-2-225-3111
E-mail: aprofa@ippfwhr.ippflati.infonet.com

COLOMBIA

Asociación Pro-Bienestar de la Familia Colombianq (PROFAMILIA)
Calle 34 No. 14-52
Santafé de Bogotá
Bogotá, Colombia
Tel.: 57-1-232-9017, 232-8648, 285-6967, 287-2100
Fax: 57-1-287 5530, 232-8609
E-mail: profamil@colomsat.net.co

COSTA RICA

Asociación Demográfica Costarricense (ASDECO)
Apartado Postal 10203-1000
San José, Costa Rica
Tel.: 506-231-4425, 231-4211
Fax: 506-231-4430

CURAÇAO

Foundation for the Promotion of Responsible Parenthood
P.O.Box #308
Curaçao
Tel.: 599-9-461-1323, 461-1487
Fax: 599-9-461-1024

DOMINICA

Dominica Planned Parenthood Association (DPPA)
PO Box 247
Roseau, Dominica
Tel.: 809-448-4043
Fax: 809-448-0991

DOMINICAN REPUBLIC

Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
Apartado Post 1053
Santo Domingo, Dominican Republic
Tel.: 809-688-3566, 688-1203
Fax: 809-686-8276
E-mail: profamilia@codetel.net.do

ECUADOR

Asociación-Pro Bienestar de la Familia Ecuatoriana (APROFE)
Apartado Postal 5954
Guayaquil, Ecuador
Tel.: 593-4-402991, 400386, 400888, 400267
Fax: 593 (4) 419 667
E-mail: aprofe@ippfwhr.ippflati.infonet.com

EL SALVADOR

Asociación Demográfica Salvadoreña (ADS)
A.Post. 1338
San Salvador, El SalvadorTel.: 503-225-0047, 225-0737, 225-0435, 225-0864
Fax: 503-225-0879, 0506
E-mail: ads_dire@gbm.net

GRENADA

Grenada Planned Parenthood Association (GPPA)
PO Box 127
St.George's, Grenada
Tel.: 809-440-2636, 440-3341
Fax: 809-440-8071

GUADELOUPE

Association Guadeloupéenne pour le Planning Familial (AGPF)
BP 134
Point à Pitre, Gradeloupe
Tel.: 590-822978, 821712
Fax: 590-915988

GUATEMALA

Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM)
Apt. Postal 1004
Guatemala, 01001, Guatemala
Tel.: 502-2-305488, 305490
Fax: 502-2-514017
E-mail: aprofam@ns.guate.net

GUYANA

Guyana Responsible Parenthood Association (GRPA)
70 Quamina Street
South Cummingsburg
Georgetown, Guyana
Tel.: 592-2-57583, 53278, 53286
Fax: 592-2-52144

HAITI

1) IPPF-WHR Port-au-Prince Field Office
16 rue Faubert
Petionville
Port-au-Prince , Haiti
Tel.: 509-2-71103, 52312
Fax: 509-2-5095-73680

2) Association pour la Promotion de la Famille Haïtienne (PROFAMIL)
Boîte Postale 1493
Port-au-Prince, Haiti
Tel.: 509-2-490149
Fax: 509-2-39147

3) IPPF/Western Hemisphere Region Port-au-Prince Field Office
c/o Lynx Air
(IPPF/WHR/PAPFO/)
PO Box 407139
Ft Lauderdale, 33340, Florida
USA

HONDURAS

Asociación Hondureña de Planificación de la Familia (ASHONPLAFA)
Apt.Post.625
Tegucigalpa, Honduras
Tel.: 504-322178, 323225
Fax: 504-325140
E-mail: nieto@ns.gbm.hn

JAMAICA

Jamaica Family Planning Association (JFPA)
P.O.Box 92
St. Ann's Bay, Jamaica
Tel.: 8O9-972-2515
Fax: 809-972-2224

MARTINIQUE

Association Martiniquaise pour l'Information et l'Orientation Familiales (AMIOF)
125-127 rue Moreau de Joanes
Fort-De-France, Martinique
Tel.: 596-596-714601
Fax: 596-596-715682

MEXICO

Fundación Mexicana para la Planeación Familiar (MEXFAM)
Calle Juarez #208
Colnia Tlalpan
Mexico City DF, 14000 Mexico
Tel.: 52-5-573-7070, 573-7100
Fax: 52-5-573-2318, 655-1265
E-mail: info@mexfam.org.mx
World Wide Web:
http://www.mexfam.org.mx

MONTSERRAT

Family Life Services (FLS)
PO Box 118
Plymouth, Montserrat
Tel.: 664-491-2736, 491-7550
Fax: 664-491-8750

NEVIS

Nevis Family Planning Association (NFPA)
PO Box 458
Charlestown, Nevis
Tel.: 869-469-5521, 469-5455
Fax: 869-469-5521

NICARAGUA

Asociación Pro Bienestar de la Familia Nicaragüense (PROFA-MILIA)
Apartado Postal No.4220
Managua, Nicaragua
Tel.: 505-2-78841, 670263, 785629
Fax: 505-2-770802
E-mail: profamil@ns.tmx.com.ni

PANAMA

Asociación Panameña para el Planeamiento de la Familia (APLAFA)
Apartado Postal 4637
Panamá 5
Tel.: 507-2-7685, 60 7005, 67 0151, 67 0181
Fax: 507-2-63297
E-mail: aplafa@ippfwhr.ippflati.infonet.com

PARAGUAY

Centro Paraguayo de Estudios de Poblacíon (CEPEP)
Edificio 'El Dorado' 8vo Piso
Juan e O'Leary y Manduvirá
Asuncíon, Paraguay
Tel.: 595-21-491627, 490162, 497503
Fax: 595-21-444842

PERU

Instituto Peruano de Paternidad Responsable (INPPARES)
Casilla Post. 2191
Lima 11 Peru
Tel.: 51-14-635528, 635-5114, 635778, 635528
Fax: 51-14-635965
E-mail: postmast@inppar.org.pe

PUERTO RICO

Asociación Puertorriqueña Pro-Bienestar de la Familia (PROFAMILIA)
Apartado Postal 192221
San Juan, 00919-2221 Puerto Rico
Tel.: 787-767-6960, 765-7373
Fax: 787-766-6920
E-mail: n_batista@uprl.upr.clu.edu

ST. KITTS-NEVIS

St.Kitts Nevis Family Planning Association
PO Box 358
Basseterre, St. Kitts-Nevis
Tel.: 869-465-2918
Fax: 869-465-7657

ST. LUCIA

St. Lucia Planned Parenthood Association (SLPPA)
83 Chaussée Road
New Dock Lane, Vieux Fort
Castries, St. Lucia
Tel.: 758-453-7284, 452-4335
Fax: 758-453-7284

ST. MAARTEN

Foundation for the Promotion of Responsible Parenthood
PO Box 322
Philipsburg, St. Maarten
Tel.: 599-5-83488
Fax: 599-5-25274

ST. VINCENT

St. Vincent Planned Parenthood Association (SVPPA)
PO Box 99
Kingstown, St. Vincent
Tel.: 809-456-1793
Fax: 809-457-2738

SURINAM

Stichting LOBI
Postbus 9267
Paramaribo, Surinam
Tel.: 597-400444, 400974
Fax: 597-400960
E-mail: lobi@sr.net

TRINIDAD AND TOBAGO

Family Planning Association of Trinidad & Tobago (FPATT)
79 Oxford Street
Port of Spain, Trinidad
Tel.: 809-625-6533, 623-4764
Fax: 809-625-2256
E-mail: fpatt@ippfwhr.ippflati.infonet.com *or* fpattrep@wow.net

URUGUAY

Asociación Uruguaya de Planificación Familiar (AUPF)
Casilla de Correos 10.634
Montevideo, Uruguay
Tel.: 598-2-777479, 777481, 777480, 777483
Fax: 598-2-777482
E-mail: aup@ippfwhr.ippflati.infonet.com *or* aupfiec@netgate.comintur.con.uy

VENEZUELA

Apartado Postal 69592
Las Mercedes
Caracas, 1063A, D.F. Venezuela
Tel.: 58-2-672-1702, 693-1472, 672-2702, 672-3702
Fax: 58-2-694-1472
E-mail: info@plafam.uunet.ve

VIRGIN ISLANDS (BRITISH)

British Virgin Islands Family Life Association (BVIFLA)
PO Box 1064
Tortola, British Virgin Islands
Tel.: 809-494-3497
Fax: 809-494-6179

VIRGIN ISLANDS (USA)

Virgin Islands Family Planning Association (VIFPA)
PO Box 1764
St.Thomas, 00801 Virgin Islands
Tel.: 809-776-8011, 776-8311
Fax: 809-776-0610

IPPF Africa Region
Member and Affiliate Family Planning Associations

ANGOLA

C/O WHO Representative,
Ministry of Health (MOH)
P.O. Box 3243
Luanda, Angola
Tel: 244-2-332314
Fax: 244-2-332314

BENIN

Association Béninoise pour la Promotion de la Famille (ABPF)
Carré No. 791
Immeuble Affogbolo,
Quartier Sikecodji
BP 1486
Cotonou, Benin
Tel: 229-320049
Fax: 229-323234

BOTSWANA

Botswana Family Welfare Association (BOFWA)
Private Bag 00100
Gabarone, PL2739 Botswana
Tel: 267-300489
Fax: 267-301222
E-mail: bofwa@info.bw

BURKINA FASO

Association Burkinabé pour le Bien-Etre Familial (ABBEF)
BP 535 Ouagadougou,
Burkina Faso
Tel: 226-310598, 317510
Fax: 226-317511

BURUNDI

Association Burundaise pour le Bien-Etre Familial (ABUBEF)
Bujumbura, BP 707 Burundi
Tel: 257-2-32936
Fax: 257-2-33435

CAMEROON

Cameroon National Association for Family Welfare (CAM-NAFAW)
BP 11994
Yaoundé, Cameroon
Tel: 237-221473
Fax: 237-237984

CAPE VERDE ISLANDS

Associação Caboverdiana para a Protecção da Familia (VerdeFam)
CP 503
Praia, Cape Verde Islands
Tel: 238-612063
Fax: 238-612042
E-mail: verdefam@mail.cvtele-com.cv

CENTRAL AFRICAN REPUBLIC

Association Centrafricaine pour le Bien-Etre Familial (ACABEF)
BP 1366
Bangui, Central African Republic
Tel: 236-61-5435
Fax: 236-61-6700

CHAD

Association Tchadienne pour le Bien-Etre Familial (ASTBEF)
BP 4064
N'Djaména, Tchad
Tel.: 235-51-4337, 514548
Fax: 235-51-4183

COMOROS

Association Comorienne pour le Bien-Etre de la Famille (ASCOBEF)
BP 524
Moroni, Comoros
Tel: 269-735301
Fax: 269-735301

CONGO

Association Congolaise pour le Bien-Etre Familial (ACBEF)
BP 945
Brazzaville, Congo
Tel.: 242-826331
Fax: 242-837866

CONGO, DEM. REP. OF (ZAIRE)

Association pour le Bien-Etre Familial (ABEF)
BP 15313
Kinshasa, Democratic Republic of the Congo
Tel.: 243-12-44598
Fax: 243-88-43675

COTE D' IVOIRE

Association Ivoirienne pour le Bien-Etre Familial (AIBEF)
01 BP 5315
Abidjan, Côte D'Ivoire
Tel.: 225-251811, 251812, 251870
Fax: 225-251868

ERITREA

Planned Parenthood Association of Eritrea (PPAE)
PO Box 226
Asmara, Eritrea
Tel.: 291-1-127333
Fax: 291-1-120194

ETHIOPIA

Family Guidance Association of Ethiopia (FGAE)
PO Box 5716
Addis Ababa, Ethiopia
Tel.: 251-1-518909, 514111
Fax: 251-1-512192

GAMBIA

The Gambia Family Planning Association (GFPA)
PO Box 325
Kanifing
Banjul, Gambia
Tel.: 220-39-1473, 39-1945
Fax: 220-39-2463

GHANA

Planned Parenthood Association of Ghana (PPAG)
PO Box 5756
Accra-Ghana
Tel.: 233-27-554150
Fax: 233-21-777971

GUINEA BISSAU

Associação Guineense para o Bem-Estar Familiar (AGUIBEF)
Bissau Codex, 1041 Guinea Bissau
Tel.: 245-222494
Fax: 245-222494

GUINEA CONAKRY

Association Guinéenne pour le Bien-Etre Familial (AGBEF)
BP 1471
Conakry, Guinea Conakry
Tel.: 224-442363
Fax: 224-414321

KENYA

Family Planning Association of Kenya (FPAK)
PO Box 30581
Nairobi, Kenya
Tel.: 254-221-5676
Fax: 254-221-3757
E-mail: fpak@ken.healthnet.org

LESOTHO

Lesotho Planned Parenthood Assocation
PO Box 340
Masru, 100 Lesotho
Tel.: 266-313645
Fax: 266-310328

LIBERIA

Family Planning Association of Liberia (FPAL)
PO Box 938
Monrovia, Liberia
Tel.: 231-224649, 227117
Fax: 231-227838

MADAGASCAR

Fianakaviana Sambatra (FISA)
BP 703
Antananarivo, 101 Madagascar
Tel.: 261-2-40347
Fax: 261-2-40561

MALAWI

National Family Welfare
Council of Malawi
Private Bag 308
Capital City
Lilongwe 3 Malawi
Tel.: 265-780826
Fax: 265-744187

MALI

Association Malienne pour la
Promotion et la Protection de la
Famille (AMPPF)
BP 105
Bamako, Mali
Tel.: 223-224494
Fax: 223-237755, 222618
E-mail: amppf@mal.healthnet.org

MAURITIUS

Mauritius Family Planning
Association (MFPA)
30 SSR/Jummah Mosque Streets
Port Louis, Mauritius
Tel.: 230-211-4101, 211-4105
Fax: 230-208-2397
E-mail: mfpa@intnet.mu

MOZAMBIQUE

Associação Moçambicana para
Desenvolvimento da Família
(AMODEFA)
CP 1535
Maputo, Mozambique
Tel.: 258-1-493864
Fax: 258-1-491236

NAMIBIA

Namibia Planned Parenthood
Association(NAPPA)
PO Box 41
Windhoek, Namibia
Tel.: 264-61-217621
Fax: 264-61-262786, 215590

NIGER

Association Nigérienne pour le
Bien-Etre Familial (ANBEF)
BP 13174
Niamey, Niger
Tel.: 227-722680
Fax: 227-722790

NIGERIA

Planned Parenthood Federation
of Nigeria (PPFN)
P. M. B. 12657
Lagos, Nigeria
Tel.: 234-1-820945, 820526
Fax: 234-1-820526
E-mail: PPFN@rcl.dircon.co.uk

REUNION

Association Orientation
Familale du Département de la
Réunion (AROF)
BP 93
St. Denis, 97400 Reunion

RWANDA

Association Rwandaise pour le
Bien-Etre Familial (ARBEF)
BP 1580
Kigali, Rwanda
Tel.: 250-76127
Fax: 250-72828

SENEGAL

Association Sénégalaise pour le
Bien-Etre Familial (ASBEF)
BP 6084
Dakar, Senegal
Tel.: 221-8-245261, 245262
Fax: 221-8-245272
E-mail: asbef@sen.healthnet.org/
asbef@sonatel.senet.net

SEYCHELLES

Ministry of Health
PO Box 52
Victoria
Mahé , Seychelles
Tel.: 248-22-4400
Fax: 248-22-2792

SIERRA LEONE

Planned Parenthood Association
of Sierra Leone (PPASL)
PO Box 1094
Freetown, Sierra Leone
Tel.: 232-22-2227 74
Fax: 232-22-2244 39

SOUTH AFRICA

Planned Parenthood Association
of South Africa (PPASA)
P O Box 1008
Melville, 2109 South Africa
Tel.: 27-11-482-4601, 482-4661
Fax: 27-11-482-4602, 331-3412
E-mail: ppasa@wn.apc.org

SWAZILAND

Family Life Association of
Swaziland (FLAS)
PO Box 1051
Manzini, Swaziland
Tel.: 268-53-586, 082, 088, 852
Fax: 268-53-191

TANZANIA

Uzazi no Malezi Bora Tanzania
(UMATI)
PO Box 1372
Dar-es-Salaam, Tanzania
Tel.: 255-51-28424, 23932
Fax: 255-51-807297, 25491
E-mail: umati@wilken-dsm.com

TOGO

Association Togolaise pour le
Bien-Etre Familial (ATBEF)
BP 4056
Lomé, Togo
Tel.: 228-21-4193
Fax: 228-22-0266

UGANDA

Family Planning Association of Uganda (FPAU)
PO Box 10746
Kampala, Uganda
Tel.: 256-41-540658, 540665
Fax: 256-41-540657

ZAMBIA

Planned Parenthood Association of Zambia (PPAZ)
PO Box 32221
Lusaka, Zambia
Tel.: 260-1-228180, 220170, 228108
Fax: 260-1-226772

ZIMBABWE

Zimbabwe National Family Planning Council (ZNFPC)
Southerton
PO Box 220
Harare, Zimbabwe
Tel.: 263-4-67656
Fax: 263-4-68678

IPPF Arab Region

Member and affiliate family planning associations:

AFGHANISTAN

Afghan Family Planning Association (AFGA)
PO Box 545
Kabul, Afghanistan
Tel.: 93-22659

ALGERIA

Association Algérienne pour la Planification Familiale (AAPF)
49 rue des Jardins Hydra
Alger, Algeria
Tel.: 213-2-603168
Fax: 213-2-604975

BAHRAIN

Bahrain Family Planning Association (BFPA)
PO Box 20326
Manama, Bahrain
Tel.: 973-232233, 256622
Fax: 973-276408, 244671

DJIBOUTI

Association Djiboutienne pour l'equilibre et la promotion de la famille
BP 4440
Djibouti
Tel.: 253-354667
Fax: 253-353991
E-mail: adepf@bow.intnet.dj

EGYPT

Egyptian Family Planning Association (EFPA)
3 Abo Dawoud El Dahri Street
Off Makram Ebid Street,
Nacer City
Cairo, Egypt
Tel.: 20-2-270-6374, 270-7250, 270-7251
Fax: 20-2-270-6372
E-Mail: efpa@idsc.gov.eg

IRAQ

Iraq Family Planning Association (IFPA)
PO Box 6028
Baghdad, Iraq
Tel.: 964-1-422-9202
Fax: 964-1-422-9859

JORDAN

Jordan Association for Family Planning and Protection (JAFPP)
PO Box 212302 or 8066
Amman, Jordan
Tel.: 962-6-678083, 660482
Fax: 962-6-674534
E-mail: jafpp@go.com.jo

LEBANON

Lebanon Family Planning Association (LFPA)
PO Box 118240
Beirut, Lebanon
Tel.: 961-1-311978
Fax: 961-1-318575
E-mail: lfpa@cyberia.net.lb

MAURITANIA

Association Mauritanienne pour la Promotion de la Famille (AMPF)
BP 3127
Nouakchott, Mauritania
Tel.: 222-2-56078

MOROCCO

Association Marocaine de Planification Familiale (AMPF)
PO Box 1217
Rabat RP Morocco
Tel.: 212-7-20362, 21224
Fax: 212-7-20362

PALESTINE

Palestinian Family Planning and Protection Association (PFPA)
PO Box 19999
Jerusalem
Tel.: 972-2-581-6210
Fax: 972-2-581-2708

SOMALIA

Somali Family Health Care Association (SFHCA)
PO Box 3783
Mogadishu, Somalia
Tel.: 252-1-22438

SUDAN

Sudan Family Planning Association (SFPA)
PO Box 170
Khartoum, Sudan
Tel.: 249-11-471095
Fax: 249-11-471095

SYRIA

Syrian Family Planning Association (SFPA)
PO Box 2282
Damascus Halbouny, Syria
Tel.: 963-11-223-0871
Fax: 963-11-222-0676

TUNISIA

Association Tunisienne du Planning Familial (ATPF)
9 Rue Essayouti
El Menzah I
Tunis, 1004 Tunisia
Tel.: 216-1-232419
Fax: 216-1-767263

YEMEN

Yemen Family Care Association (YFCA)
PO Box 795
Sana'a, Yemen
Tel.: 967-1-780744
Fax: 967-1-270948

IPPF South Asia Region
Member family planning associations

BANGLADESH

Family Planning Association of Bangladesh (FPAB)
2 Naya Paltan
Dhaka 2 Bangladesh
Tel.: 880-2-416134, 416135, 416136
Fax: 880-2-833008
Email: fpab1@citecho.net *or* fpab2@citecho.net

INDIA

Family Planning Association of India (FPAI)
Bajaj Bhavan
Nariman Point
Mumbai, 400 021 India
Tel.: 91-22-202-9080, 202-5174
Fax: 91-22-202-9038, 204-8513
E-mail: fpai@giasbm01.vsnl.net.in
World Wide Web: www.allindia.com/fpai/default.htm

IRAN

Family Planning Association of Iran
PO Box 19395-3518
Tehran, 19119 Iran
Tel.: 98-21-222-3944
Fax: 98-21-225-7746

MALDIVES

Society for Health Education (SHE)
G. Helegeli
Lily Magu
Malé, 20-04 Maldives
Tel.: 960-327117, 315042
Fax: 960-322221, 313247
E-mail: she8804@dhivehinet.net.mv

NEPAL

Family Planning Association of Nepal (FPAN)
PO Box No. 486
Kathmandu, Nepal
Tel.: 977-1-524648, 524440, 524670, 524675
Fax: 977-1-524211
E-mail: fpan@npl.healthnet.org

PAKISTAN

Family Planning Association of Pakistan (FPAP)
3-A Temple Road
Lahore, 54000 Pakistan
Tel.: 92-42-631-4621, 631-4625
Fax: 92-42-636-8692
E-mail: fpapak@brain.net.pk

SRI LANKA

Family Planning Association of Sri Lanka (FPASL)
PO Box 365
Colombo 7 Sri Lanka
Tel.: 94-1-584153, 584157, 584203, 588588
Fax: 94-1-580915
E-mail: dayafpas@slt.lk

East and South East Asia and Oceania Region

Kuala Lumpur Field Office:
246 Jalan Ampang
50450 Kuala Lumpur
Malaysia
Tel.: 603-456-6122
Fax: 603-456-6386

Fiji Field Office:
5th Floor, FBD Building
PO Box 16772
201 Victoria Parade
Suva, FIJI
Tel.: 679-312517
Fax: 679-312278

Member and affiliate family planning associations

AMERICAN SAMOA

American Samoa Planned Parenthood Association (ASPPA)
PO BOX 1043
Pago Pago, American Somoa

BRUNEI

Head of Obstetrics & Gynaecology
Hospital Panaga
Seria, Brunei

CAMBODIA

Reproductive Health Association of Cambodia (RHAC)
House #6, Road 150, Sangvat Veal Vong
Khan 7 Makara
Phnom Penh, Cambodia
Tel.: 855-23-366295
Fax: 855-23-366194
E-mail: RHAC@uni.fi

CHINA

China Family Planning Association (CFPA)
No 1 Shenggu Beili,
Yinghuayuan Xijie
Beijing, 100029 China
Tel.: 86-10-644-17612
Fax: 86-10-644-27612

COOK ISLANDS

Cook Islands Family Welfare Association (CIFWA)
PO Box 109
Rarotonga, Cook Islands
Tel.: 682-23420
Fax: 682-23421

EQUATORIAL GUINEA

c/o UNFPA
Apartado 399
Malabo, Equatorial Guinea

FIJI

Reproductive & Family Health Association of Fiji (RFHAF)
12 Pier St. 2nd Floor
Rooms 3-5, GB Hari Building
Suva, Fiji
Tel.: 679-306178
Fax: 679-306178

INDONESIA

The Indonesian Planned Parenthood Association (IPPA)
P.O.Box 6017
Jakarta Selatan, 12060 Indonesia
Tel.: 62-21-720-7372, 739-4123, 724-5905
Fax: 62-21-739-4088
E-mail: pkbinet@idola.net.id

KIRIBATI

Kiribati Family Health Association
PO Box 509
Tarawa, Kiribati
Tel.: 686-26444
Fax: 686-26507

KOREA, NORTH

Family Planning & MCH Association of the Democratic People's Republic of Korea
Puksong-2-Dong
Pyonchon District
Pyongyang City, Democratic People's Republic of Korea
Tel.: 850-2-422-3450
Fax: 850-2-381-4660

KOREA, SOUTH

Planned Parenthood Federation of Korea (PPFK)
PO Box 330
Seoul, 150-650 Republic of Korea
Tel.: 82-2-634-8212
Fax: 82-2-671-8212
E-mail: ppfk@unitel.co.kr

MALAYSIA

Federation of Family Planning Associations of Malaysia (FFPAM)
8I-B Jalan SS 15/5A
Subang Jaya
Petaling Jaya, 47500, Selangor, Malaysia
Tel.: 60-3-733-7516, 733-7528, 733-7514
Fax: 60-3-734-6638
E-mail: ffpam@ffpam.po.my

MONGOLIA

Mongolian Family Welfare Association (MFWA)
PO Box 24/1021
Ulaanbataar, 210524 Mongolia
Tel.: 976-1-364699
Fax: 976-1-364699
E-mail: monpf@magicnet.mn

MYANMAR

Myanmar Maternal and Child Welfare Association
341 Banyadala Road
Tamwe Township
Yangon, Myanmar
Tel.: 951-290843
Fax: 951-294641

PACIFIC ISLANDS

Pacific Islands Planned
ParenthoodAffiliation (PIPPA)
c/o IPPF Fiji Field Office
PO Box 16772
Suva, Fiji
Tel.: 679-312517, 312360
Fax: 679-312278

PHILIPPINES

Family Planning Organization
of the Philippines (FPOP)
PO Box 1279
Manila CPO
Manila, 1052 Philippines
Tel.: 63-2-721-7302, 721-7101,
722-6466
Fax: 63-2-721-4067

SINGAPORE

The Singapore Planned
Parenthood Association (SPPA)
#03-04 Pek Chuan Building
116 Lavender Street
Singapore, 338730
Tel.: 65-294-2691, 295-2693
Fax: 65-293-8719
E-mail: sppassn@singnet.com.sg

SOLOMON ISLANDS

Solomon Islands Planned
Parenthood Association (SIPPA)
PO Box 554
Lombi Cress
Honiara, Solomon Islands
Tel.: 677-22991, 23727
Fax: 677-23653

TAHITI

Comité pour le Planning
Familial de la Polynésie
c/o Service d'Hygiene Territorial
de la Polynésie Français
Papeete

TAIWAN

Family Planning Association
No 1 Lane, 16O Fu Hsin
South Road, Sec 2
Taipei, Taiwan

THAILAND

Planned Parenthood Association
of Thailand (PPAT)
8 Soi Vibhavadi-Rangsit 44
Ladyao, Chatuchak
Bangkok, 10900 Thailand
Tel.: 66-2-941-2320
Fax: 66-2-941-2338
E-mail: ppat@samart.co.th

TONGA

Tonga Family Planning
Association (TFPA)
PO Box 1142
Nuku'Alofa, Tonga
Tel.: 676-22770
Fax: 676-23766

TUVALU

Tuvalu Family Health
Association (TUFHA)
PO Box 92
Funafuti, Tuvalu
Tel.: 688-20869
Fax: 688-20410

VANUATU

Vanuatu Family Health
Association (VFHA)
Private Mail Bag 0065
Port Vila, Vanuau
Tel.: 678-22140

VIETNAM

Vietnam Family Planning
Association (VINAFPA)
138A Giang Vo St.
Hanoi, Vietnam
Tel.: 84-4-846-1142, 846-1143
Fax: 84-4-844-7232

WESTERN SAMOA

Western Samoa Family Health
Association (WSFHA)
PO Box 3029
Apia, Western Somoaa
Tel.: 685-26929, 20885
Fax: 685-24560

IPPF European Network
Member and affiliate family
planning associations:

CYPRUS

Family Planning Association of
Cyprus (FPAC)
Boumboulina Str. No. 25
Nicosia, Cyprus
Tel.: 357-2-442093
Fax: 357-2-367495

TURKEY

Türkiye Aile Planlamasi
Dernegi (FPAT)
Ataç Sokak 73/3
06420 Kocatepe
Ankara, Turkey
Tel.: 90-312-431-1878, 431-8355
Fax: 90-312-434-2946
E-mail: tapd@ada.net.tr
World Wide Web:
http://www.ada.net.tr/TAPD