



## Population, Health, and Environment (PHE) Approaches

Theme Editor: Janet Edmond

Welcome to the first issue of the BALANCED Newsletter! The BALANCED Newsletter is a communication of the U.S. Agency for International Development (USAID)-supported global technical leadership project for Population, Health and Environment (PHE). The BALANCED project seeks to encourage the adoption and promotion of PHE approaches among champions and practitioners in areas of high biodiversity threatened by population pressures. Through this semi-annual Newsletter, we will highlight insights and ideas from ongoing field experience on why PHE is important, delve into what PHE approaches are, and examine best practices in applying PHE concepts on the ground.

The primary target audience for the BALANCED Newsletter is people who are already aware of PHE approaches, who might be interested in incorporating them into their own projects as well as for PHE Champions utilizing PHE messages and methods

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in the field. In this, we aim to support the global community of practice. Our hope is to bring research and field experience together to support initiation, successful implementation and scaling up.

As you will see in this issue, the experiences summarized here are not exclusively projects supported by USAID. We would like to reach out to all types of projects doing PHE and intend for this newsletter to serve as an outlet for sharing experiences, approaches and lessons learned.

### This Issue

The theme for this first issue is “PHE Approaches”. As many PHE practitioners are aware, the term PHE can be somewhat difficult to get a handle on. The multi-sectoral, integrated and overlapping nature of PHE programming does not lend itself well to short and concise sound bites of “What is PHE?” Many of us have spent hours trying to come up with a catchy phrase or slogans, something to inspire donors and policymakers to invest and promote these types of project which often straddle vertical funding streams.

There is no one PHE approach. In the past, conservation organizations have recognized the need to reach out to communities in area of high biodiversity, where communities do not have access to dependable health care services, such as family planning and reproductive health (FP/RH). These approaches come in diverse forms, depending on the implementing organizations and the country or regional context in which they work. For better or worse, the multi-dimensional, complex nature of interventions that combine objectives to improve human health and ecosystem health are not easily communicated or implemented. For this issue of the Newsletter, and for the BALANCED project, we define integrated PHE as projects that promote population, health and environment interventions that are conceptually linked and operationally coordinated in the field.

This Newsletter issue highlights a broad range of approaches to integrate health, development, livelihoods and conservation together in a comprehensive program. We have included a small, illustrative sample of PHE approaches, their strengths and accomplishments, challenges and lessons learned. The World Wildlife Fund (WWF) and Blue Ventures articles describe conservation organizations’ experiences with incorporating FP/RH services into existing marine conservation initiatives. The

IPOPCORM experience lays out the successes and challenges of targeting educational campaigns at youth and disseminating behavior change messages through interactive theater. Finally, we learn from Uganda about approaches to implement FP services into wildlife monitoring and community education.

We hope you learn from this issue and are inspired to comment on its contents and provide feedback on the content. If you have a PHE project to highlight or share, please get in touch with us. We also invite your comments and questions at [Balanced@uri.crc.edu](mailto:Balanced@uri.crc.edu).

Warm regards,

*The BALANCED Project Newsletter team*

### BALANCED is:

Building Actors and Leaders  
for Community Excellence in Development

### About The Newsletter:

The newsletter is published twice per year as a PDF document on the BALANCED website <http://balanced.crc.uri.edu>. Each issue has a theme and we are interested in garnering suggestions for future issue themes.

### Newsletter Team:

Janet Edmond, Bob Bowen, Don Robadue and Lesley Squillante

### PHE Toolkit:

Population, Health, and Environment (PHE) approaches strive to simultaneously improve access to health services and assist communities to manage their natural resources in ways that improve their health and livelihoods and to conserve the critical ecosystems upon which they depend. For more information on a wide range of PHE resources, please visit the USAID-supported PHE toolkit at:

[http://www.k4health.org/phe\\_toolkit](http://www.k4health.org/phe_toolkit)

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## INTEGRATING FAMILY PLANNING WITH MARINE CONSERVATION IMPROVES ACCESS TO HEALTH SERVICES AND ENGAGEMENT IN CONSERVATION FOR REMOTE KENYAN COMMUNITIES

*Sam Weru, Ali Mwachui (WWF-Kenya); Judy Oglethorpe, Cara Honzak, Terri Lukas (WWF-US); and David Carr (UC Santa Barbara)*

### Introduction

Since 2003, World Wildlife Fund's (WWF) population, health and environment (PHE) program has worked in 11 countries to increase access to family planning and basic maternal and child health care in areas where people have poor access to health services and where population growth has serious impacts on natural resources and biodiversity. One WWF PHE project was launched in the Kiunga Marine National Reserve (KMNR) of Kenya, on the coast bordering Somalia. Approximately 19,000 people live in and around the reserve and their health needs were dire. Contraceptive prevalence rates (CPR) were 7% as compared to 39% nationally, and maternal and child mortality, malaria and HIV/AIDS were notably high. Health problems were exacerbated by illiteracy, widely practiced polygamy, and lack of information. Due to security risks, the relatively small size of the population and the challenges of working in this remote area, the Kenyan Ministry of Health (MoH) struggled to provide basic health care for local populations. Except for occasional visits from the Flying Doctors (AMREF), few non-governmental organizations (NGOs) ventured into the area.

WWF had a strategic interest in the population's access to reproductive health services and well-being, and the ecological integrity of the area's resources. The area is a global priority for marine conservation, supporting the richest marine fishery in Kenya and nesting sites for turtles. Increasing population pressure and demand for fish threatened the local population's long term welfare and the integrity of vital marine ecosystems.

In 2003, with support from the United States Agency for International Development (USAID) Office of Population and Reproductive Health and Johnson & Johnson, WWF partnered with the local district MoH, AMREF and later with Family Health International (FHI) to provide family planning and maternal and child health care throughout the KMNR area. PHE work included: training district-level MoH staff and community volunteers on family planning, maternal and child health

education and service delivery; mobilizing communities to increase demand for health services, improving access to family planning services, improving delivery of essential maternal and child health services through local health facilities; supporting mobile clinics to provide integrated services to isolated population groups, improving water supplies and sanitation; and promoting community-based integrated messages about health, family planning and natural resources.

### Research

From the project's inception, WWF developed a rigorous monitoring and evaluation system for the KMNR, to comprise part of the evidence base for evolving hypotheses about the value added of integrated PHE for conservation. Simultaneously, WWF developed a strategic review to test existing hypotheses. From 2004 to 2008, WWF reviewed 14 projects carried out by conservation organizations that integrated family planning



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A local woman receiving family planning advice and commodities from a family planning adviser during a WWF population-health-environment (PHE) project-sponsored mobile clinic to Mkokoni, Kiunga Marine National Reserve, Kenya.

and health into conservation projects. Two WWF assessments contributed to the findings: 1) a study on the value-added of PHE for conservation that included seven non-WWF projects and a literature review; and 2) an evaluation of seven WWF PHE projects (including the KMNR project).

Both assessments aimed to identify existing evidence of the benefits of PHE linkages in the conservation sector. WWF staff conducted semi-structured interviews with field project managers based on conceptual models from PHE literature. Diagrams were constructed articulating their assumptions about PHE linkages. Based on these diagrams, data was solicited and hypotheses explored. An independent consultant also conducted field visits, interviewed stakeholders and led focus groups.

### Findings/Strengths/Accomplishments

The review documented the state of knowledge about common patterns of assumptions held by conservation practitioners implementing PHE activities. Strong evidence existed to demonstrate that the PHE approach creates an entry point for conservation and increases use of family planning. The review also identified common challenges and lessons learned among PHE projects implemented by the conservation sector.

The KMNR project is highlighted here because it demonstrates the most common patterns found among the review's sample. Use of family planning increased. From 2003 to 2008, the modern CPR increased by 10%, which is a positive outcome for such a remote area. By 2008, men—many of whom were initially uncomfortable discussing family planning—began to consult with nurses about family planning. Project-trained health educators utilized integrated PHE messages on the use trends in fish stocks, livelihoods and desired family sizes to broach the topic of family planning.

The project also achieved important successes in conservation. In the KMNR, WWF had been struggling for years to overcome a history of mistrust among communities about the creation of the Reserve and WWF's perceived close affiliation with law enforcement. Provision of maternal and child health care, including family planning, catalyzed community buy-in to conservation, leading to demarcation of no-take fishing zones for the first time, communities taking ownership of turtle monitoring (with the proportion of nests reported by community members rising from 50% to almost 75%), and to 100% of fishermen exchanging their unsustainable fishing gear for more sustainable nets.

### WWF PHE Approach in Kenya

The main health issues in Lamu District before the PHE project

started were maternal and child health problems, malaria and HIV/AIDS. These were exacerbated by illiteracy, taboos and lack of information.

To improve access to health services and information the project established monthly mobile clinics by boat and vehicle to remote villages on the mainland and islands. Health professionals staff the clinics and WWF provides transport and logistics. The clinic provides general consultation and voluntary counseling on family planning and HIV, operates clinics for children under the age of five, tests for HIV and makes referrals to medical facilities. An example of the clinic's impacts is an increase, from 60% to 80% in immunization coverage for children's vaccinations.

The project is supporting the implementation of Kenya's second National Health Sector Strategic Plan, which at the local level



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Population-health-environment (PHE) projects often accelerate conservation results. In Kiunga, Kenya, the WWF PHE project helped build local fishermen's trust; fishermen then exchanged their illegal nets for new, legal nets to improve fisheries management.

aims to improve health services by establishing community units of twenty households, with a volunteer community health worker (CHW) serving each unit. The CHWs are supported by government-employed Community Health Extension Workers (CHEWs). CHW services include awareness raising, training and support for home caregivers.

In Kiunga, there is a shortage of good drinking water. Ground water is often saline and existing wells and rain water catchment tanks had been poorly managed, resulting in diarrheal infections

especially after heavy rain. The project has improved water supplies by building covers for wells, installing pumps and improving or building new rain water catchment tanks. CHWs were trained to chlorinate water sources and local women trained to treat water for children under five since they are most vulnerable. To date, there has been a 13% decline of waterborne illness in villages that treat their water sources.

Before the project started, a health needs assessment found that in remote villages, women's top priority was better access to family planning. The project established a system of community based distributors (CBDs), volunteers who distribute pills and condoms and provide family planning advice within their communities. Family planning and reproductive health discussion sessions are conducted for men, women and youth to reduce barriers and beliefs that discourage people from seeking relevant health care services. As mentioned previously, integrated messages that discuss trends in fish stocks, livelihoods and desired family size make it easier to broach the subject of family planning among men who have very traditional attitudes in this Muslim society.

WWF also provides capacity building support to the fishermen's beach management units (BMUs) that are actively involved in resource use management and conflict resolution between fishermen from different fishing villages. Health care officials have worked with BMUs to maintain clean and healthy fish landing sites by securing clean watering points for migrant fishermen and controlling waste disposal. At certain times of the year Indian Ocean currents deposit on the shore large amounts of garbage from Asia. It builds up, inconveniencing local communities, creating an eyesore for tourism, and causing a hazard for turtle nestlings. In response, the Kiunga project organizes beach clean ups involving BMUs, schools and other youth groups. A women's project turns trash to cash—turning flip-flops into handicrafts that they then sell—to help with the costs of household and school expenses.

### Challenges

Many of the challenges faced by the Kiunga project were common across the portfolio of projects reviewed by WWF including:

- The main challenge was the central government's inability to provide a continuous supply of family planning commodities. This resulted in frequent stock-outs at dispensing facilities

in villages. Although the project made a strong effort to fill supply gaps, this was not always possible and presents a major challenge to the sustainability of the project's achievements in expanding demand for family planning.

- Low literacy levels made it difficult to engage all members of communities as fully as WWF and partners would have liked to make needed advances on PHE issues.
- Government systems often were unable to meet demands for health and family planning data. It took them a long time to adapt to any changes in data requirements.
- Frequent staff changes within the project and among formal and informal partner agencies – due to transfers and opting out (in part because the area is so remote) – made continuity challenging, and presented obstacles to efficient project implementation.
- Throughout the life of the project, WWF struggled with the communities' misconception that WWF had a "responsibility" to provide for all their humanitarian needs as opposed to its conservation-based orientation. While the community greatly appreciated the health, livelihood, and educational inputs provided by WWF through its various projects, communities continuously expressed that WWF should do more.
- Cultural barriers and religious preferences sometimes posed a challenge to promotion of certain services such as family planning, although WWF worked hard to overcome these boundaries – through improved sensitization, adaptation of messages to specific target audiences, discussion with religious leaders, and use of integrated PHE communications to deliver messages about family planning.

### Lessons Learned

Many of the lessons learned by the KMNRR project were also common across the projects included in the review, such as:

- Community dialogue and involvement from the inception of the project is very important to project success. To achieve key conservation goals, a project must seek to address the community's priority needs.
- Health issues are often among communities' highest priority needs. Providing support for health services can produce relatively quick, tangible results. This is in contrast to direct support for conservation, which can take time to produce

visible results. Therefore, producing results in the health sector through a PHE project that is visibly connected to a conservation entity helps build community goodwill towards that entity, its partners in conservation, and conservation objectives.

- Links among and between population, health, and environment are highly appreciated and understood by recipient groups. These linkages can be used to provide examples that effectively help communities relate to prevailing environmental or health circumstances.
- Partnerships achieve the best results when partners are all based on site; this allows for frequent consultation and joint implementation.

## Conclusions

The results of the global review and the Kenya case in particular suggest that family planning packaged together with basic maternal and child health interventions and delivered in partnership with conservation organizations in their priority landscapes can achieve synergistic results for the family planning and conservation sectors.

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## INTEGRATING REPRODUCTIVE HEALTH SERVICES INTO VELONDRIAKE, MADAGASCAR

*Dr Vik Mohan, Medical Advisor, Blue Ventures*

### Introduction

Velondriake, which means “to live with the sea” in Malagasy, is the largest network of community-run coastal and marine protected areas in the Indian Ocean. Velondriake is managed by communities from 24 villages, spread across 50km of coast in the remote southwest of Madagascar, and is supported by Blue Ventures. Blue Ventures (BV) is an award-winning United

Kingdom-based marine conservation organization dedicated to conservation, education and sustainable development organization in tropical coastal communities, with seven years of experience in Madagascar. Blue Ventures and these coastal communities are working together with a common goal: to manage the region’s marine and coastal resources sustainably. This is being achieved by protecting the region’s unique marine environment through community-managed marine reserves, and creating sustainable and alternative livelihoods through managed fisheries, aquaculture and ecotourism.

While implementing conservation activities, BV staff noted that the remote communities surrounding the conservation sites have little access to health care and to reproductive health services in particular. As a result, the birth rate is 6.7 live births per woman (with an approximate population doubling time for the region of 10-15 years), there are anecdotal reports of high levels of sexually transmitted infections (STIs), and an epidemic of HIV is feared. Quite apart from the huge health and social implications of this lack of access to health care, the resulting population growth risks undermining the conservation work Blue Ventures is undertaking. Having identified a huge unmet need for reproductive health care, and at the request of our partner communities, in 2007 Blue Ventures integrated a reproductive health project into our portfolio of conservation interventions.

This project aims to meet communities’ demands for reproductive health care within the Velondriake region, as part of its efforts to facilitate sustainable development of coastal communities, and sustainable resource use.

### The Population, Health, Environment (PHE) approach

The aim of this project is twofold: to enable every sexually active couple in the region to access and use the reproductive health care they need; and to enable members of the community to adopt safer sexual practices. A secondary aim is to enable these coastal communities to see the link between population growth and sustainable resource use, and therefore be able to see the long term community wide benefits of managing their population growth. This was to be achieved through the following objectives:

1. Deliver weekly reproductive health care clinics in different villages in the region, providing family planning services accessible to all of the 24 village communities within the

Velondriake region.

2. Offer a comprehensive range of contraceptive services at these clinics, along with education and counselling, and treatment of STIs.
3. Identify and tackle barriers to the use of contraception, and the barriers to adopting safer sexual practices.
4. Work with local, regional and national stakeholders to ensure the project meets the needs of the population, aligns with the national agenda, and collaborates wherever possible with the work of other agencies.
5. Fully integrate this work into the portfolio of projects run by Blue Ventures Conservation.

### Summary of initial project accomplishments, 2007-2009

Blue Ventures recruited a dedicated project coordinator and clinician to run the project, working alongside the rest of the field conservation team. Weekly clinics have been established at three different villages in the Velondriake region. These villages were selected because of central location, which enabled people from as many of the 24 villages as possible to attend. At these clinics, couples can access high quality education and counselling on family planning methods, three different types of hormonal contraception (the combined oral contraceptive pill, the progestagen only pill, Depo-Provera) and condoms, as well as treatment for the common STIs. In addition to this, Implanon implants, which offer continual contraception for three years, are being made available.

A comprehensive and sophisticated educational/social marketing strategy is being developed to raise awareness about the benefits of family planning, the risks of STIs, and tackle the barriers to behaviour change on family planning. So far this has included the use of theatre, peer-to-peer education, educational workshops, sporting and cultural events, promotional merchandising and branding of the service.

The project has the full support of regional health institutions, and works collaboratively with them. It also enjoys excellent relationships with other key stakeholders in the field of reproductive health, such as local nongovernmental organizations (NGOs) that offer family planning services and STI treatment.

Integrating this project into the rest of the work done by Blue

Ventures Conservation has meant that the project can take advantage of the excellent relationships developed with the community, and all pre-existing infrastructure and support systems. It also means that each member of the team understands and can talk with confidence and enthusiasm about the importance of this work. Every communication with different community groups, regardless of the primary focus of the communication, can now include messages about reproductive health as well as conservation. This has enabled us to reach a



Twenty-three year old woman requesting contraception for the first time, after the birth of her fourth child.

wider audience than we have previously been able to reach, and broadens our options for getting engagement from the different communities with whom we work. It also enables us to start delivering a truly integrated message, relating to food security, sustainable resource use, conservation and population growth. Making regular visits to different villages to hold clinics has also served to strengthen links and communication with these coastal communities.

Perhaps most importantly of all, integrating this work into the Blue Ventures portfolio has enabled a reproductive health service to be implemented at minimal additional cost to the organization. The total additional site costs for running this service come to a mere \$US 13,000 (approximately £8000) per year, including all supplies, staff costs and transportation. Blue Ventures' conservation work costs are largely covered by the expedition costs of paying volunteers, making this a highly cost effective and therefore sustainable model for implementation of this integrated approach.

Results from household and individual surveys conducted

this year show that we are making significant progress. The contraceptive prevalence rate has gone from under 10% to approximately 40% in only two years, with a birth rate of 2.9% compared with the regional average of 3.7%. Approximately 18% of couples report using condoms at least some of the



Checking blood pressure in a clinic.

time, compared to 3% outside the target area, and there are significantly higher levels of awareness about the risks of STIs and HIV.

### Challenges

The first two years of the project's implementation has focussed on developing capacity within Blue Ventures to integrate reproductive health care into their work, developing links with each of the villages and key stakeholders, developing the infrastructure for implementing a multi site service, and starting to deliver family planning services and reproductive health education.

Many of the initial challenges faced have been as a result of the remoteness of the region, and lack of communications and transportation infrastructure. Obtaining supplies has involved a two day round trip to the city of Tulear, and communication into and out of the region has been restricted to twice weekly email via satellite phone.

The lack of transportation infrastructure has meant relying on the use of pirogues (dug out canoes otherwise used for fishing) to sail between villages to run clinics or educational events. This lack of transport has meant that access to clinics has remained difficult

for members of some of the more remote villages. To tackle this, increased community outreach work is planned.

The biggest ongoing challenge is facilitating sustained behavioural change, towards the adoption of safer reproductive health practices, and to the use of contraception. Barriers to changing behaviour include fear of contraception due to misinformation about its safety and effectiveness and a lack of awareness of the risks of STIs. Both of these are to be tackled in the social marketing strategy that is being developed.

### Lessons Learned

Perhaps the most important lesson learned is that it is indeed possible to integrate a reproductive health service into the work of a conservation organization when this service is being implemented in response to an unmet health care need that is expressed and desired by the community. The barriers to meeting this health care need have not been cultural or religious, as we had originally postulated. Indeed, this has become a hugely valued aspect of our work, particularly by the women in these coastal communities. As we enable couples, and women in particular, to take the same level of control over their fertility that we in the developed world have taken for granted for 50 years, we begin to see the empowering effect it is having on these women.

Integrating a health care project like this requires the full support of the organization, with effective leadership from someone with experience in health care delivery and service development. Linking with key stakeholders (including reproductive health NGOs and health care institutions), has allowed us to enjoy excellent logistic and strategic support in country. This has been vital in enabling us to learn from the experience of others and in implementing our service. That said, the technical expertise that is required to deliver the most basic reproductive care is relatively small, and these skills would be well within the scope of non-health care related NGOs interested in integrating this type of work into their portfolios.

The unmet need for reproductive health care among Madagascar's remote coastal communities remains huge, despite the impressive efforts of the Malagasy government to provide these services. The lessons we have learned in developing our integrated PHE project have enabled us to refine and develop



a model that is now ready for replication in other parts of Madagascar and beyond.

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## IPOPCORM'S YOUTH COMMUNITY THEATER GROUP: AN INNOVATIVE IEC APPROACH ON INTEGRATED POPULATION-HEALTH-ENVIRONMENT

*Ronald Quintana, Jesselle Solivas and Joan Castro, and Leona D'Agnes, PFPI*

### Introduction

In 2003, PATH Foundation Philippines Inc. (PFPI), together with local non-governmental organizations (NGOs) and local government unit (LGU) partners, introduced the Integrated Population and Coastal Resource Management (IPOPCORM) Initiative in the small island of Olango in the Province of Cebu, Philippines. The island of Olango is just one of the sites where IPOPCORM was implemented. This integrated Population, Health and Environment (PHE) program spanned 33 municipalities across the Philippines and was supported by the U.S. Agency for International Development (USAID) and the David and Lucille Packard Foundation.

The island of Olango and its satellite islets are located along the eastern coast of Mactan, in Central Visayas, Philippines. Its total land area of 1,030 hectares is subdivided into 11 barangays or villages. Olango Island is one of Cebu's extensive coral reef areas. Its marine environment is considered a primary resource base. Unfortunately, like the many coastal areas in the Philippines, Olango has been exposed to the threats of dwindling resources, burgeoning population and declining economic and social conditions.

Coastal conservation activities were ongoing in Olango Island long before the IPOPCORM Initiative. This included several single sector programs on coastal resource management such

as the Coastal Resources Management Project (CRMP) funded by USAID, the Department of Environment and Natural Resources (DENR), and the Coastal Conservation and Education Foundation (CCEF). However, it was the IPOPCORM Initiative that introduced the idea of integrating the human dimension into coastal conservation programs through implementation of both reproductive health/family planning (RH/FP) activities and coastal resources management (CRM) activities.

The IPOPCORM Initiative underscores the critical link between population pressures, environmental conservation and sustainable development. As such, it advocates for simultaneous implementation in an integrated fashion of community-based reproductive health strategies, environment-friendly micro-enterprise development (EED) activities, and coastal resources management education and advocacy. Specifically, IPOPCORM seeks to address rapid population growth and migration towards coastal zones - two factors which combined are increasing the pressures



Barangau Sabang, Olango Island

on the coastal environment. The project's basic concerns are for improving people's quality of life, improving families' welfare, and increasing individuals' access to information that will help them make more informed and responsible choices about parenthood.

### The IPOPCORM Approach: Youth as Partner and Beneficiary

In implementing the project in Olango Island, IPOPCORM empowered the community by conducting peer education through trained community members or volunteers called youth, couple and male peer educators and community health outreach workers. These peer educators and outreach workers provide the community with access to family planning commodities through community-based distributors; address specific primary health care concerns such as fresh water supply and affordable medicines for the children; and support community-based EED activities. The trained community health outreach workers (CHOWs) and volunteer peer educators, and community-based distributors provide interpersonal communication and counseling (IPC), conduct integrated PHE information, education and communication (IEC) campaigns, and make family planning services available, accessible and affordable on the island.

IPOPCORM considered youth as both a target beneficiary and as a partner of the project. Adolescents and youth are often uninformed about their sexual health, and they can be vulnerable to the risks of unwanted pregnancies and sexually transmitted infections (STIs). As such, there is a pressing need to educate them on issues related to their sexuality and reproductive health.

PFPI trained in-school and out-of-school youth of Olango Island between the ages 17 to 19 years old to become youth peer educators. Unfortunately, some of them found it too difficult to discuss the sensitive issues of sexuality and reproductive health with their friends, neighbors, classmates, and strangers. Hence, IPOPCORM was faced with finding a more creative way of implementing this important aspect of its work.

Over time, as Olango Island increasingly embraced the IPOPCORM work, the youth showed special enthusiasm and interest. In September 2003, during the International Coastal Clean-up Day, a large number of the Island's youth showed up as clean-up volunteers in barangay Sta. Rosa. IPOPCORM youth peer educators, along with other youth, attended the coastal clean up drive, and each was encouraged to bring along a friend, neighbor or classmate. The result was more than 30 youth filling the shores of Sta. Rosa. The event provided an opportunity for the youth to try out some new ideas and explore hidden talents. One such idea involved using community theater to make IPOPCORM's outreach education more interesting and

entertaining while not losing its effectiveness. From this idea was born IPOPCORM's youth community theater group called Teatro Paglaum (Theater of Hope).

Twenty-four youth joined IPOPCORM's youth peer educators and theater group. All attended the weekend workshops held in November 2003 in barangay Sta. Rosa. The workshop's dynamic activities tapped the youth's creativity and helped them hone their leadership skills. After three workshops, 15 talented youth were chosen to be the core group of Teatro Paglaum. In retrospect, what makes Teatro Paglaum especially noteworthy is the fact that it was conceived, founded, and successfully implemented by the youths themselves.



Youth Peer Educators Meeting in Barangay Sta. Rosa.

On November 28, 2003, IPOPCORM in Olango Island held its first Peer Educator's Assembly that gathered close to 200 community volunteers. The activity was a symbol of a lot of pioneering efforts for the project and the community. This included the first ever public presentation of Teatro Paglaum, in which they presented the play "Salamat sa Damgo" (Cebuano term meaning "Thanks to a Dream"), an adaptation of the comics developed by PFPI about the common aspirations, struggles and temptations faced by a teenage couple forced into early marriage because of an unexpected pregnancy. The story outlines how the couple had to stop their schooling and the husband must turn to fishing for their livelihood. Unaware of the concepts of family planning, the young couple conceived more children than they could handle and afford. This drove the husband to illegal fishing in order to meet his family's needs. This situation faced by this couple, in fact personified the situation of the whole fishing village. The result was a drastic decline in fish catch in the area. With more mouths to feed and less resources to draw upon, the couple faced their greatest dilemma. Then, the girl in the play

wakes up and realizes this was all just a dream! The plot was simple, the costumes modest, and the acting raw, however, Teatro Paglaum conveyed a powerful message about the importance of planning the family and taking care of the coastal resources for a better future.

Positive feedback from their first presentation led the youth to steadily embrace the concept of community theater as an effective way to advance the IPOPCORM message. In December 2003, Teatro Paglaum presented another short play before the *misa de gallo* or Christmas dawn mass. Written by the youth themselves, the play was about the positive results that come from responsible parenthood in the context of integrated reproductive health (RH) and coastal resources management (CRM), and portrayed common social problems found in island villages like gambling, drinking, physical abuse and their consequences. In January 2004, around 90 community members gathered around barangay Baring's community stage to listen to the results of the community survey that set-up the community profile for barangay Baring. As a program highlight, the Teatro Paglaum performed their skit before the community. Before the night ended, the Teatro Paglaum had their schedules full—with performances planned for community fiestas (feasts), school celebrations, and for visitors from other organizations both in and outside of Olango Island. Teatro Paglaum also made a presentation during the PHE field visit in Olango Island as part of the activities of the Second National PHE Conference held in 2006 in the province of Cebu.

As a development project, IPOPCORM aims to change attitudes and behaviors and to remedy bad practices and misconceptions related to PHE. While change and concurrence occur only gradually, especially in a rural and conservative community, within its first three years of implementation, the project was already achieving milestones. Members of Teatro Paglaum had gained confidence and earned community respect. The youth peer educators had few reservations about discussing adolescent and youth sexuality and reproductive health-related issues and were well versed in explaining the links between reproductive health/family planning and coastal resources management and the role that both play in the process of sustainable development. The project had also established a strong partnership with the community's youth organization, Sangguniang Kabataan (SK) or Youth Council of Olango. Perhaps the most important impact was the decrease in teenage pregnancies on Olango Island, as



Teatro Paglaum Workshop.

observed by the rural health workers in the area.

### Challenges

For the most part, Teatro Paglaum's increased visibility in and acceptance by the community had positive effects. However, there were a few challenges as well. The costs of transportation to/from and costumes for the increasing number of performances placed a burden on poor families' budgets. Another was the fear that time spent with Teatro Paglaum meant less time for schoolwork or for activities such as fishing—on which the family depends for food and/or income. Sensitive to these and other concerns, community health outreach workers met with the group members' parents. These meetings also gave the Ate (big sisters) and Kuya (big brothers) of Teatro Paglaum an opportunity to explain to the parents more about the group's purpose and about the ways in which the group was helping the community. Parents were assured that Teatro Paglaum would not interfere with the member's academics or family obligations and the members' safe return from late night performances would be assured.

### Lessons Learned

IPOPCORM garnered several valuable lessons during project implementation, including:

- Youth play a critical role in promoting and advocating for support for integrated RH/FP-CRM programs and activities,

especially in educating and promoting behavior change among the youth.

- Integrating sexuality and reproductive health-related topics with environmental topics made the youth more comfortable in talking about those sensitive issues.
- Improving youth's communication skills builds their confidence and motivation to deliver integrated messages to their peers and the larger community.
- Results-oriented activities are a good way to generate and sustain youth's enthusiasm for PHE. Examples of these types of activities include: forming a community youth theater group; conducting youth camps; and holding coastal clean-up drives and educational cross-site visits. When they are engaged in those activities demonstrating immediate impacts, youth are more likely to sustain their enthusiasm. In addition, it is more likely that youth enthusiasm for PHE-related activities will be sustained when they believe that the activities in which they are engaged benefit the community as well as the other youth, and also themselves in terms of enhancing their skills and building their confidence in the delivery of integrated PHE information and messages.
- Using trained community health outreach workers (CHOWs) as mentors is a good way to effectively facilitate youth activities, and to tap their artistic skills and talents. Most CHOWs were relatively young professionals and could easily relate with the youths' interests.
- Building youth's confidence and tapping their creativity requires a strong support system, such as the CHOWs who can provide them continuous guidance, motivation and training. Family and community support particularly on their involvement in worthwhile community activities is also necessary to build their confidence.

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## COMMUNICATING THE PHE MESSAGE TO PROMOTE GORILLA CONSERVATION

*Dr. Gladys Kalema-Zikusoka, Founder and CEO, Conservation Through Public Health PH*

### Introduction

The Year of the Gorilla—2009--brought attention to the delicate plight of gorillas in the context of wildlife conservation. Uganda is home to one of the subspecies of gorillas, the Mountain Gorilla, *Gorilla beringei beringei*. On top of habitat encroachment, human/wildlife conflict, armed conflict and commercial trade, one of the important threats to survival of the gorillas worldwide is disease, a major contributing factor to keeping them on the critically endangered World Conservation Union (IUCN) list. This includes the Western lowland gorilla found in central and west Africa, which still has a big population of over 130,000, but is faced with the threat of Ebola that has killed over 5000 gorillas since the 1990s. This article focuses on how the threat of disease to gorillas is being addressed through a Population, Health and Environment (PHE) approach in Uganda.

Bwindi Impenetrable National Park, a UNESCO World Heritage Site, is home to approximately half of the world's estimated population of 760 critically endangered mountain gorillas. Bwindi is also surrounded by some of the poorest people in Africa, who have very high population densities of 200 to 300 people per square kilometer and have limited access to modern health services. One of the greatest threats to the survival of the mountain gorillas is human/wildlife conflict due to a high population density and threat of zoonotic disease. Gorillas often leave the park boundaries to eat peoples' crops, and put themselves at great risk from getting preventable infectious diseases from people, such as tuberculosis (TB), scabies and dysentery. This undermines wildlife conservation, public health, ecotourism and sustainable livelihoods in a country where gorilla tourism contributes more than 50% of tourism revenue for the country. Some of these revenues are shared with the local communities, either directly through employment and revenue sharing programs or indirectly through local businesses providing low-budget accommodation, food and crafts for tourists.

Two scabies skin disease outbreaks in two Bwindi mountain gorilla groups in 1996 and 2000/2001 resulted in the death of an infant and sickness in the rest of the group. The outbreaks were

eventually traced to surrounding communities, possibly through contact with scabies mite infested clothing when gorillas left the park to forage on community land. Subsequent community health education workshops revealed that communities benefiting from tourism saw the advantages of improving their health and hygiene to protect a sustainable source of income from gorilla ecotourism. Research on the risks of TB disease transmission at the human/wildlife/livestock interface further emphasized the need for action. As a result of increased awareness, Conservation Through Public Health (CTPH), a registered Ugandan NGO and US non-profit, was formed in 2003, focusing on the interdependence of wildlife health and human health in and around Africa's protected areas. As well as preventing disease transmission, connecting the improvement of human health to wildlife conservation is a key to securing long-term commitment from local people who will protect wildlife for future generations.



Children bordering Bwindi Impenetrable National Park.

### Population, Health and Environment (PHE) Approach

The public's health status has been recognized as one of the most important indicators of poverty in Africa. The goals and objectives of CTPH are centered around an innovative integrated conservation and development approach that focuses on improving the public's health to support wildlife conservation. CTPH is using a PHE approach to prevent and control disease transmission between people, gorillas and livestock, while cultivating a winning attitude to conservation and public health in local communities through integrated conservation and community public health interventions.

CTPH uses three integrated strategies to address these issues:

- **Wildlife Health Monitoring:** Weekly mountain gorilla fecal samples are collected by park trackers and rangers and community volunteers from the Human and Gorilla Conflict Resolution (HUGO) team when gorillas forage in community land. These samples are analyzed for pathogens at a CTPH Gorilla Research Clinic in Bwindi. CTPH has established an early warning system for disease outbreaks, where results are shared with local health clinics.
- **Human Public Health:** A PHE approach is being used to reduce threats to mountain gorillas and other wildlife, by consolidating community-based health care to promote family planning (FP) and prevent and control TB, scabies, HIV/AIDS and dysentery. This has helped build strong links between the community and local health centres (hospitals). Leadership is being diversified through community volunteer networks whose work is linked to existing government local health centers and Uganda Wildlife Authority and facilitating the formation of institutions such as PHE Community Volunteer Community Based Organizations (CBOs) to spearhead this approach in their communities, whose efforts are being sustained through income-generating livestock livelihood projects.
- **Community education** focuses on the linkages between good health and hygiene habits, gorilla health, ecotourism and sustainable livelihoods and environments. CTPH works with local stakeholder to implement several educational activities including: i) theatre through local drama groups; ii) distribution of brochures and newsletters; iii) erecting health message sign posts in key areas; iv) targeted village health talks and home visits by CTPH-facilitated community volunteers using visual aids such as flip charts incorporating the "gorilla conservation through public health" message.

Part of the community education strategy focuses on Information, Education, Communication (IEC) and Technology through community telecenters. These telecenters address the problems of poverty, isolation, poor health practices, lack of knowledge on sustainable environments, and limited access to education and job training in and around Bwindi Impenetrable National Park. Community members primarily youth learn computer skills, as well as accessing the internet and community websites in the local languages.

A similar model is being replicated to address wildlife and livestock disease issues in a savannah habitat in Queen Elizabeth National Park, a UNESCO Man and Biosphere Reserve, which are sites that innovate and demonstrate approaches to conservation and sustainable development.

This innovative approach led to CTPH Founder and CEO being awarded an Ashoka Fellowship for leading social entrepreneurs, for merging Uganda's wildlife management and rural public health programs to create common benefits for both people and animals.

In 2007, CTPH initiated a community-focused family planning (FP) program with generous funding from the U.S. Agency for International Development (USAID) Office of Population and Reproductive Health. Integrating the FP program component strengthens and complements the three existing integrated programs of wildlife (gorilla) health monitoring, human public health (Community Based Direct Observation of Treatments Short Course Therapy – CBDOTS) and IEC (community telecentres). We chose to work in the same parishes where we had established CBDOTS, the two high human and gorilla conflict parishes, Bujengwe and Mukono parishes in Kanungu District, with a population of approximately 5900 people per parish.

Through meetings with 54 community leader representatives from each of the 22 villages in the two parishes, four community reproductive health workers and 22 (11 male and 11 female) couple peer educators were chosen. Later three more couple peer educators were chosen because three of the villages were too large for one volunteer to adequately reach all homes. The PHE community volunteers were trained to collect information on the number of homes visited, the number of homes that saw gorillas, the number of village health talks they gave, the number of FP acceptors through their efforts as well as the number of FP commodities and IEC materials distributed. An additional 20 community health volunteers chosen by their neighbors to watch them taking TB treatments, were trained to give health talks on family planning, scabies and HIV during the TB CBDOTS home visits.

Three monthly interval Depo-Provera injections were shown to be the most popular method of contraception so in 2008, CTPH started community-based Depo-Provera through training of 13

people (9 female and 4 male) of which one was a CTPH nurse aide from the community.

### Communicating the PHE Message

Though there are many illustrative and comprehensive educational materials on public health messages developed through funding from USAID to development partners in Africa, we found very few if any on the PHE message and none on the specific issues we are addressing in Bwindi. We started on the daunting and very exciting task of developing these materials. We contacted Mango Tree Enterprises, founded by an Ashoka Fellow, Craig Esbeck, who greatly helped us in developing these materials. Mango Tree Enterprises designs and produces low cost educational material primarily to encourage communication on public health issues including family planning, HIV/AIDS, TB, sanitation and hygiene among others. The materials are uniquely made out of locally available sisal, which is relatively waterproof and lightweight. Once we had developed the message with self explanatory diagrams, each flip chart was delicately hand painted with the PHE message, which the CTPH team developed in close consultation with our PHE community volunteers in Bwindi. The final product was amazing.

### An Illustrative PHE Lesson

#### “The Bad Family”

It started off with a bad family where a couple had 11 children and one was on the way, while the youngest was less than one year old. The children were putting on torn clothing and half of them were walking to school with bare feet. When they needed food, they went with their father to hunt animals and collect forest products, which is illegal. When the gorillas came into their garden, the mother and remaining children who did not go to school would try and chase them away with a hoe, often provoking them and potentially putting themselves at risk of getting harmed. The father was disconnected from his family and would not hear of his wife wanting to take contraceptives. He often went to the bar and came back drunk threatening to chase his wife away from home causing further anguish for an already anxious family. It ends up with three of the children dying at an early age, the eldest son having two young wives, and leaving them at his parents homestead because he had given up on meeting his responsibilities.

### “The Good Family”

This was followed by the good family, which when they were young, as they were getting married, decided that they would have four children spaced apart. They had two boys and two girls, who were going to school in smart and clean uniform. They helped out their parents in the household chores, and the father was very involved with his family and also helped out with the household duties. When gorillas came into their garden, they contacted the Human and Gorilla Conflict resolution (HUGO) team of local community volunteers who had been trained by Uganda Wildlife Authority to chase the gorillas away in a safe



PHE Monthly Meeting with equipment handover.

and non violent manner for both the people and the gorillas. In other words this family understood the benefits from the park to the community. Not surprisingly, the children got good jobs; the eldest son later became a community conservation ranger working for Bwindi Impenetrable National Park. The story ended up with the graduation day of the eldest daughter who was going to work at the local Bwindi Community Hospital, built with revenue from gorilla ecotourism.

At the end of both stories, the PHE volunteers then asked their community which family they would rather be and why. This lead the way for open discussions on balancing the family budget to support themselves and protect a sustainable source of ecotourism income from mountain gorillas.

The volunteers were trained to use this learning tool with an instructional manual, which has suggested questions to guide the discussions. The flip chart has been used to give village health

talks of an average of 10 people per seating, and to couples in their homes. Over the past three years of PHE, we are very proud of what we have achieved through education, which has resulted in the desired behavior change of increased contraceptive uptake, better health seeking behavior, and more positive attitude toward gorilla conservation.

### Accomplishments

The volunteers have been giving on average 160 health talks per year reaching more than 3,000 people, and most of them have visited all homes in their villages. In the first 12 months there was a 490% increase in new FP users (30 expected compared to 147 achieved), which continued into the second year. There was a 1,200% increase in referral of TB suspects (40 from the community compared to 480 by PHE volunteers). In addition, there were significant increases in new targeted health visits to homes bordering the park with people who see gorillas with potential to improve Integrated Conservation and Development interventions. The project also saw women opting for new longer term methods such as implants.



CTPH community volunteer home visits and village health talk.

So far PHE volunteers report that most homes in the 22 villages have been visited, they are currently visiting the homes again to continue to get more FP acceptors, assess improvement of hygiene through funding from a Whitley Gold Award supported by World Wildlife Fund-UK; and continue identifying TB suspects as well as give further village health talks.

With support from Family Health International (FHI), CTPH has started a Community-Based Depo-Provera program and trained 12 of our volunteers to give the three monthly interval contraceptive injections. Currently the CBDepo PHE volunteers provide over 75% of all injections compared to 21% by Kayonza Government Health Center III. The CBDs in Mukono Parish registered relatively fewer client numbers, 25% of all injections, than observed in Bujengwe in part, because of the central location, capacity and service availability at Bwindi Community Hospital. The CTPH community-based family planning model has been replicated by the Bwindi Community Hospital in four other parishes where CTPH is not working. CTPH plans to refine this model and scale it up to other parishes with human and gorilla conflict in another district across the forest.

### Lessons Learned

CTPH has garnered the following lessons learned in the past several years of implementing PHE initiatives:

- Hygiene and sanitation in the community has improved due to repeated home visits by CPES and CRHWS, but needs to be quantified.
- Burden on health centres is being reduced and client demand is increasingly being met through the CBDs.
- Integration strengthened both the Community focused Family Planning and TB programs ensuring sharing of resources
- Integration of the PHE message using the newly created innovative flip charts appears to have increased acceptance of Family planning in the community, but needs to be measured.
- Targeted home visits through community volunteer network ensure that communities bordering the park get PHE benefits.

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## PHE CHAMPIONS: MR. GEZAHEGH

### Farmers Leading Growing Effort to Address Population-Environment Connections in Southwestern Ethiopia

In the southwestern area of Ethiopia, the Wichi watershed contains several endemic species of flora and fauna and provides water for this area. Threatened by rapid human-induced environmental and ecosystem threats, this once wet, evergreen montane forest has lost most of its vegetation. Home to almost 14,000 people, this critical watershed ecosystem has suffered significant biodiversity loss, soil erosion and degraded water quality and availability in recent years.

In response to these health and livelihood threats, there is a growing movement of farmers, community organizations and leaders who are implementing on-the-ground solutions to improve watershed management and local health conditions. For example, Mr. Gezahegh Guedta Shana is a 47 year old farmer who has been working his family's land since 1985 when his father passed away. In 2005, he trained with the Ethio-Wetlands and Natural Resource Association (EWNRA), a local NGO dedicated to restoring the Wichi watershed, to introduce sustainable agricultural practices, including the cultivation of vetiver grasses. Using vetiver grasses helps improve soil fertility and productivity, minimizes soil erosion and enhances infiltration. This helps maintain damaged lands and recover land to be productive. As a result of his efforts, he increased yields of maize on his lands from 1 ton in 2004 to 6 tons in 2009 per hectare, representing three times the average 2 tons yield per hectare in the region. Since adopting these improved practices, he has significantly increased his income and improved the well-being of his family.

In recognition of his achievements, EWRNA awarded Mr. Gezahegh a Development Hero Farmer award in 2006 and 2007. Further Mr. Gezahegh was awarded a medal from the national level by the Federal Government of Ethiopia in 2008 as a "Development Hero." He has also won a number of prizes from District, Province/Zonal and Regional Administrative Authorities for his exemplary and outstanding achievements in 2008 and 2009. In 2009, he was recognized by the District Government as outstanding development, natural resources conservation and vetiver promoter farmer.

He credits EWNRA, the Sustainable Land Use Forum (SLUF)



and local agricultural experts for providing him and other farmers with responsive, targeted training on soil practices, composting and other improved watershed management techniques. A known leader in the Wichi area, Mr. Gezahegh currently serves as a member of the Tulube Watershed Management Committee and the chairperson for the Tulube farmers' cooperative, which is working to improve the health and well-being of its members.

Farmers like Gudeta are serving as role models for other farmers in Mettu, as well as other regions of Ethiopia. Under the auspices of the nation-wide umbrella PHE group PHE Ethiopia (Population, Health and Environment in Ethiopia), these farmers are spreading the approach about how to reduce population pressures on critical natural resources can led to improved water resource management and healthier communities. He has shown others in his village that improved natural resource practices can improve human health and well-being.

BALANCED is working with EWNRA to integrate family planning and reproductive health services and education in the Wichi watershed area.

## PHE CHAMPIONS – RAMADHANI ZUBERI

### Promoting Improved Coastal Conservation and Human Well-being in Southeastern Tanzania

Implementing integrated health and conservation projects on the ground involves developing creative and innovative approaches to engaging local stakeholders. Since 2005, Ramadhani Zuberi has worked for the Tanzania Coastal Management Partnership (TCMP) promoting integrated coastal management and development along the southeastern shore of Tanzania, around Saadani National Park (SANAPA). SANAPA is the country's only terrestrial park with a marine protected area and an important ecosystem for marine life upon which Tanzania's economy depends.

In partnership with the University of Rhode Island's Coastal Resources Center (URI CRC), Zuberi has coordinated the Pangani District Integrated Coastal Management (ICM) activities as part of the USAID-funded Sustainable Coastal Communities and Ecosystems (SUCCESS) project since 2005. As the facilitator in northeastern Tanzania, Zuberi has worked tirelessly to coordinate with other NGOs and government partners in the district, including the National Environment Management Council, to implement the national ICM strategy and ensure district ICM action plans are successful. His experience and training began as an agricultural extension officer, and his scope of responsibilities have expanded. Zuberi now also provides technical assistance to activities related to coastal biodiversity conservation, livelihood development, climate change adaptation, and HIV/AIDS and gender mainstreaming.

For the past year, Zuberi has also worked to integrate family planning in our environmental program in the district, in coordination with the USAID-funded BALANCED Project, also implemented by URI CRC. He has participated in developing IEC materials on PHE, including field testing them in target communities. To date, the Project has trained 30 community-based distributors (CBDs), two CBD supervisors, and 55 PHE providers on integration of population, health, and environmental issues. Additionally, the community has helped develop IEC materials with integrated PHE messages into livelihood activities such as beekeeping, community led savings and credit cooperatives, baking, fishing and constructing energy-efficient stoves. Zuberi and colleagues also helped the district health



office to integrate environmental messages in family planning and health promotion activities.

Under a new USAID/Tanzania funded project awarded in December 2009, Zuberi continues to promote ICM as well as integrated PHE efforts, as part of the new PWANI Project: Conservation of Coastal Eco-Systems in Tanzania. This ecosystem-based management initiative targets an area stretching from Bagamoyo to Pangani town, focusing on SANAPA and the Wami River estuary. An additional area of focus is the Menai Bay Conservation Area on Zanzibar.

## BALANCED NEWSLETTER ACRONYMS

### February 2010 Newsletter

- AMREF: Flying Doctors (Kenya)
- BMU: Beach Management Unit (Kenya)
- BV: Blue Ventures
- CBD: Community-Based Distributors (of contraceptives)
- CBDOTS: Community-Based Direct Observation of Treatments Short Course Therapy for TB
- CCEF: Coastal Conservation and Education Foundation
- CEO: Chief Executive Officer
- CHEW: Community Health Extension Worker
- CHOW: Community Health Outreach Worker
- CHW: Community Health Worker
- CIPHE: Consortium for the Integration of Population, Health and Environment (Ethiopia)
- CPR: Contraceptive Prevalence Rate
- CRMP: Coastal Resource Management
- CRMP: Coastal Resource Management Project (Philippines)
- CTPH: Conservation Through Public Health (Uganda)
- DENR: Department of Environment and Natural Resources
- DMPA: Depo Provera
- ECSP: Environmental Change and Security Program (Woodrow Wilson Center)
- EED: Environmentally-friendly Microenterprise Development (Philippines)
- EWNRA: Ethio-Wetlands and Natural Resource Association (Ethiopia)
- FHI: Family Health International
- FP/RH: Family Planning/Reproductive Health
- HUGO: Human and Gorilla Conflict Resolution (Uganda)
- IEC: Information, Education and Communication
- IPC: Interpersonal Communication and Counseling
- IPOPCORM: Integrated Population and Coastal Resource Management Initiative
- IUCN: World Conservation Union
- KMNR: Kiunga Marine National Reserve (Kenya)
- MCH: Maternal and child health
- MOH: Ministry of Health
- NGOs: Non-governmental organizations
- PFPI: PATH Foundation Philippines Inc.
- PHE: Population, Health and Environment
- SLUF: Sustainable Land Use Forum (Ethiopia)
- STI: Sexually Transmitted Infections
- TB: Tuberculosis
- UNESCO: United Nations Economic and Social Committee
- USAID: U.S. Agency for International Development
- WWF: World Wildlife Fund



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