

POPULATION, HEALTH AND ENVIRONMENT: A POWERFUL YET UNTAPPED CONSERVATION APPROACH

October 27, 2021



AFRICAN WILDLIFE
FOUNDATION

CONSERVATION
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the Jane Goodall Institute

The Nature
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AFRICA BIODIVERSITY COLLABORATIVE GROUP

TASK 4: GLOBAL HEALTH LINKAGES TO BIODIVERSITY CONSERVATION

Sub-task: Population, health
and Environment (PHE)

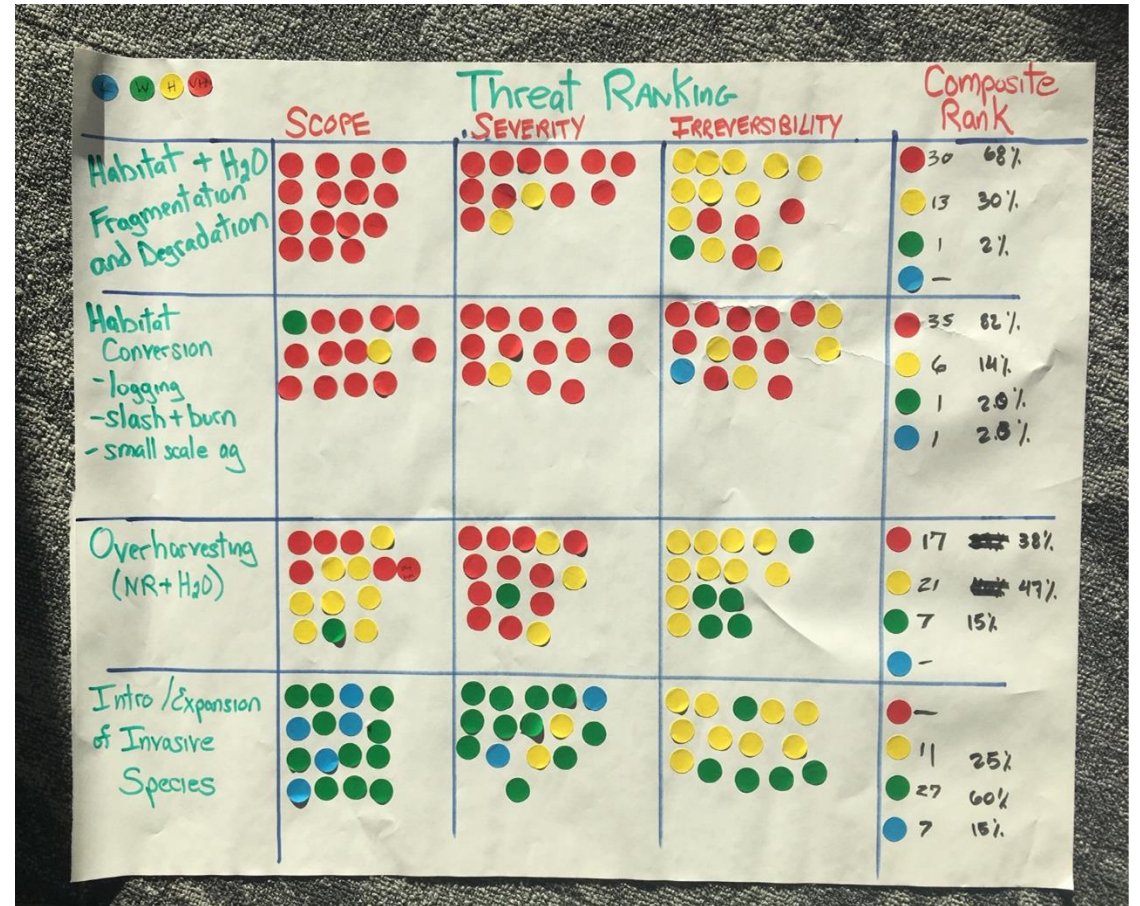
- The Africa Biodiversity Collaborative Group (ABCG) through its thematic working group, Global Health Linkages to Biodiversity Conservation, aims to demonstrate a strategic holistic approach to meeting people's needs for health including family planning and reproductive health and maintaining restoring ecosystem services for greater environmental and social impact at multiple levels.

A man in a colorful beaded necklace is pointing at a drawing on a flipchart. The drawing depicts a family with a man, a woman, and a child. The background shows a village with traditional wooden buildings and a dirt path.

Presentation Overview

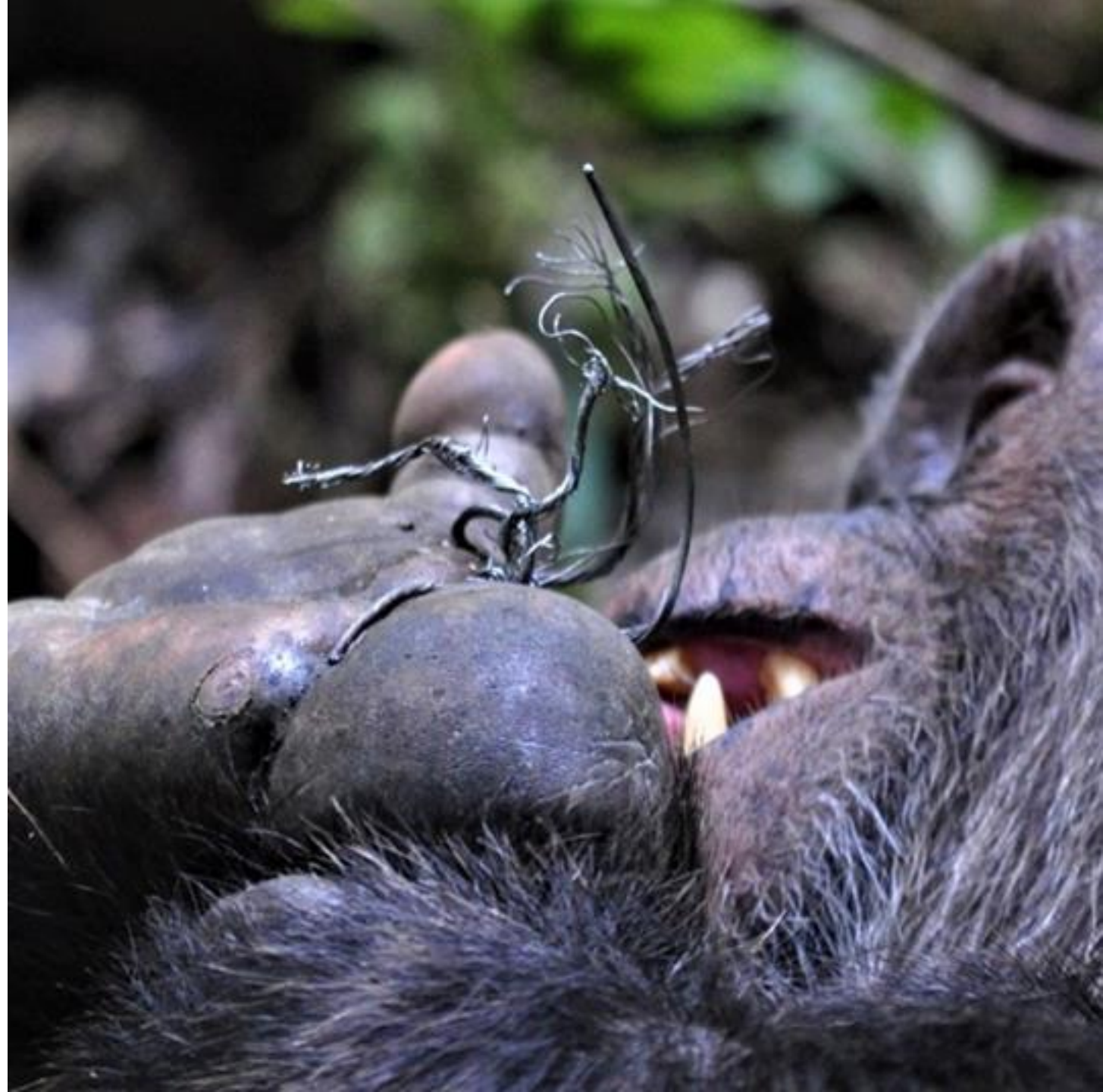
- Romanus Ikfuingei, WWF Cameroon Lobeke National Park
- Paul Cowles, Jane Goodall Institute's USAID funded Landscape Conservation in Western Tanzania (LCWT) project
- Dr. Samwel Kikaro, Pathfinder International in Tanzania with JGI's LCWT project
- Jestina Kimbesa, United States Agency for International Development in Tanzania
- Q&A

THREATS ASSESSMENT AND PRIORITIZATION



ABCG PHE Reference Guide – Rationale

- Population growth identified as driver of biodiversity loss in sub-Saharan Africa
- Theory of Change highlights links with community health, ecosystem health and sustainable outcomes



The need

- Opportunity to test indicators based on field experiences in Cameroon (WWF US) and Tanzania (JGI)
- Leveraging PHE community expertise and resources
- Filling gaps to meet community health, development and conservation needs





RUBAYA HEALTH CENTRE



GET THESE SERVICES HERE

- * FAMILY PLANNING * ANTENATAL CARE
- * AFTER DELIVERY CARE * IMMUNISATIONS
- * HIV COUNSELLING * STD TREATMENT

CMP PHE Learning Initiative update

What has been done and where we are going?

A Conservation Measures Partnership Learning Initiative
Supported by the Gordon and Betty Moore Foundation



Conservation
Measures
Partnership

Photo source: Margaret Pyke Trust

The IUCN Motion



MARGARET
PYKE TRUST

*Importance for the conservation of nature
of
removing barriers
to
rights-based voluntary family planning*



ABCG POPULATION HEALTH & ENVIRONMENT – LESSONS LEARNED CAMEROON

Presented by

Romanus Ikfuingei

**Programme Manager WWF Lobeke National Park
Cameroon**

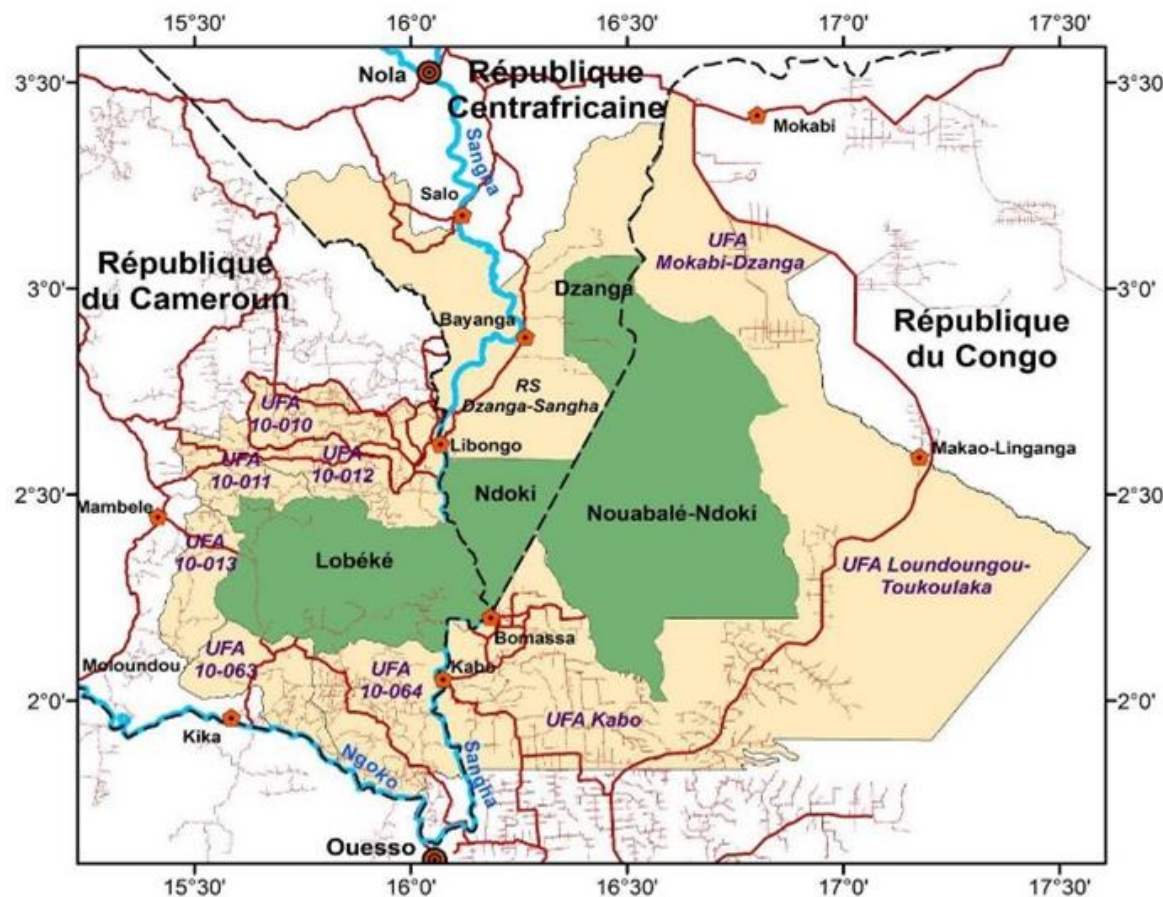
Presentation plan

- Presentation of Lobeke National Park
- Main activities implemented
- Lessons learnt



Introduction

Lobeke National Park

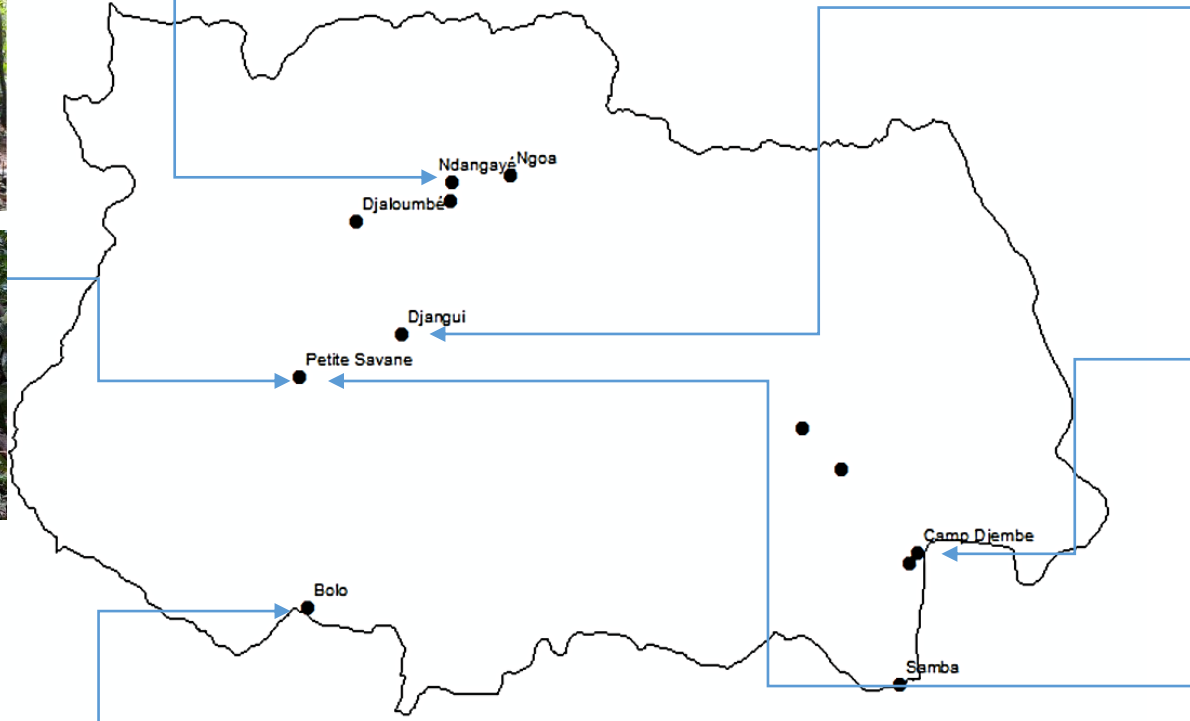


- **Date of creation: 19 March 2001, Creation of Lobeke national park Décret n° 2001/107/CAB/PM**

Lobeke National Park (LNP), Jengi Forest, Southeast Cameroon (**217 854 ha**)

- Part of the Sangha Tri-National Protected Area Network;
- Remote area very rich in biodiversity;
- Under high poaching and logging pressure;
- Buffer zones of LNP include 21 communities with an estimated population of about 23245 of which 26% Baka, 52% Bantou & 22 % immigrants.
- Population lives in high poverty; many lack access to basic health services, safe drinking water & economic opportunities;
- Forest concessions in the area provide some benefits for infrastructure development;
- Along side the conservation program, funding for PHE and WASH initiatives has been present for over a decade.

Rich Biodiversity of Lobeke National Park



Purpose of PHE in Lobeke

- Use integrated approaches to inform organizations seeking to improve ecosystem health and conservation outcomes along with improved human well-being, living in and around areas of key biodiversity.
- Recognize and respect local knowledge of both women and men and most marginalized groups, including the Baka Indigenous People, who depend the most on natural resources for their survival.



Main activities

- Training of Health and Environment Scouts (HES) and School Clubs, local NGOs and government partners on PHE messages and best practices
- Train women focal points to facilitate mothers' groups on nutrition, food prep. demonstrations, supported by health staff; Train Baka traditional birth attendants, male and female youths on reproductive health issues to educate peers
- Collaborative work with local partners (CSOs/LNGOs, government - Health, Agriculture, Education and Forest/Wildlife Ministries)
- HES conduct mass campaigns and small group demonstration on integrated PHE messaging and best practices; technical assistance for household latrines; promoting WASH concepts
- Provide technical support to communities (including women's groups) in the various PHE cross-sectors



Challenges

- Low participation of women and youth
- Unmet need for health care and contraception
- Lack of economic opportunity
- Food insecurity



Solutions

- Recognize and respect local knowledge of both women and men and most marginalized groups who depend the most on natural resources for their survival.
- Assess the context at the local level to design appropriate activities that address local priorities, including food resources, seasonality of food production, access to productive resources, market opportunities, etc.

Lessons learnt

- Engagement and commitment of local authorities, village chiefs, government partners is necessary for community participation
- It's essential to conduct assessments on the knowledge, attitude, beliefs of communities relating to PHE sectors, to target activities
- The fight against malnutrition and food insecurity engages community conservation discourses – efficient tool for positive actions against poaching
- More in-depth research into the **cultural beliefs and taboos of IPs on family planning practices** is necessary to target awareness raising and behavior change to address high rates of teenage pregnancies



Lessons learnt

- Strengthening the capacities of traditional midwives and traditional healers in sexual and reproductive health and linking them to the chain of healthcare makes them feel valued and quickly refer cases of pregnancy complications to the nearest health centers.



- Engage and train male and female youths in issues relating to family planning/reproductive health to become peer-to-peer educators and more effectively reach out to teenage peers to raise awareness on these issues.



Lessons learnt

- The cultural food taboos among the IPs are challenging to address; practical demonstrations help in getting them to adopt best practices
- Involvement of household heads – most often men – is essential for a successful nutrition and food security program, for lasting solutions



Opportunities for future PHE interventions

- Facilitate dialogue across gender and age groups on the importance of reproductive health to people and their environment
- Present conservation messages alongside health and livelihood information across multiple channels
- Health systems strengthening
- Introducing sustainable alternative livelihood practices
- Introduce integrated outreach activities in Baka communities



Thank You

Landscape Conservation in Western Tanzania



Population Health and Environment

PHE

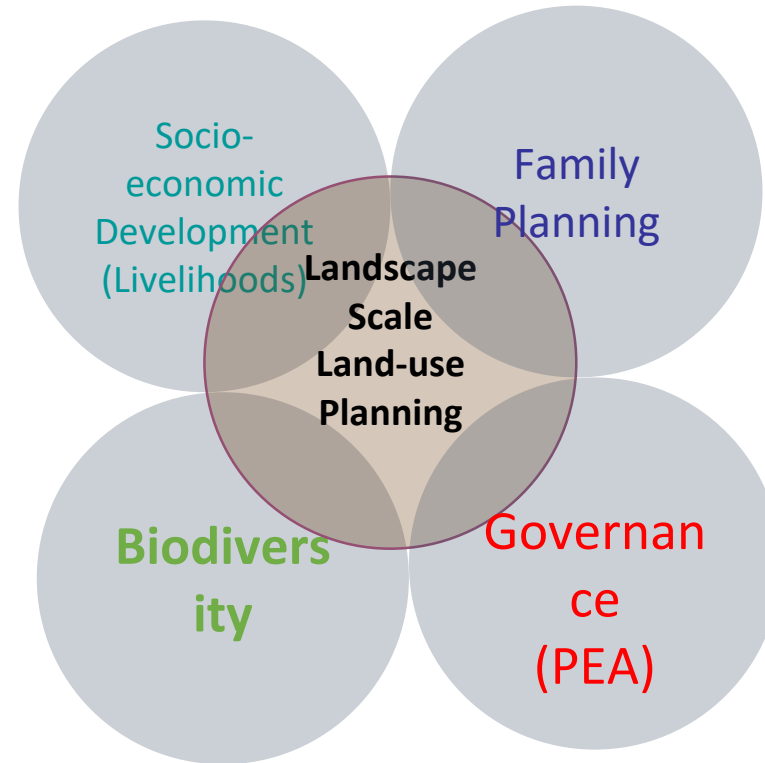
Landscape



LCWT -- Integration

Building on TACARE with a special emphasis on working at a landscape scale to forward village Land Use Planning and Family Planning.

Using USAID Family Planning Funds.



Population Distribution and Average Annual Intercensal Growth Rate by Region, Tanzania

Region	Population (number)			Annual Growth Rate (projected)
	2000 Census	2012 Census	2019 Projections*	
Tanzania	34,443,603	44,928,923	55,890,747	3.1
Tanzania Mainland	33,461,849	43,625,354	54,265,158	3.1
Dodoma	1,692,025	2,083,588	2,568,514	3.0
Arusha	1,288,088	1,694,310	2,051,852	2.6
Kilimanjaro	1,376,702	1,640,087	1,906,978	2.3
Tanga	1,636,280	2,045,205	2,391,791	2.3
Morogoro	1,753,362	2,218,492	2,862,488	2.5
Pwani	885,017	1,098,668	1,295,267	2.3
Dar es Salaam	2,487,288	4,364,541	5,275,315	2.5
Lindi	787,624	864,652	1,004,439	2.1
Mtwara	1,124,481	1,270,854	1,451,078	1.9
Ruvuma	1,113,715	1,376,891	1,616,991	2.3
Iringa	840,404	941,238	1,122,131	2.4
Mbeya	1,339,848	1,708,548	2,136,614	3.1
Singida	1,086,748	1,370,637	1,658,086	2.8
Tabora	1,710,465	2,291,623	2,974,427	3.6
Rukwa	729,060	1,004,539	1,231,959	3.0
Kigoma	1,674,047	2,127,930	2,706,831	3.4
Shinyanga	1,249,226	1,534,808	1,933,768	3.1
Kagera	1,791,451	2,458,023	3,127,908	3.4
Mwanza	2,058,866	2,772,509	3,676,300	4.0
Mara	1,363,397	1,743,830	2,298,317	4.0
Manyara	1,037,605	1,425,131	1,810,929	3.4
Njombe	648,464	702,097	820,355	2.1
Katavi	408,609	564,604	771,287	4.4
Simiyu	1,317,879	1,584,157	2,196,449	4.7
Geita	1,337,718	1,739,530	2,335,134	4.2
Songwe	723,480	998,862	1,239,970	3.1
Tanzania Zanzibar	981,754	1,303,569	1,625,589	2.9
Kaskazini Unguja	136,639	187,455	227,317	2.3
Kusini Unguja	94,244	115,588	136,235	1.8
Mjini Magharibi	390,074	593,678	717,488	2.4
Kaskazini Pemba	185,326	211,732	282,716	4.0
Kusini Pemba	175,471	195,116	261,853	4.0

* Projected figures based on 2012 Population and Housing Census
Source: National Bureau of Statistics; Population and Housing Censuses 2002 and 2012

Source: Tanzania figures 2019 – NBS Tanzania

	mCPR (DHS 2015/16)	Starting mCPR (adjusted to 2019)	Goal mCPR (2023)
Tanzania	27.1%	30.2%	40.1%
By region			
Dodoma	35.4%	38.5%	47.2%
Arusha	28.1%	29.1%	39.0%
Kilimanjaro	33.8%	36.9%	40.8%
Tanga	21.8%	24.8%	30.8%
Morogoro	40.5%	43.6%	50.0%
Pwani	33.9%	37.0%	45.8%
Dar Es Salaam	28.8%	31.8%	39.5%
Lindi	47.9%	51.0%	54.2%
Mtwara	47.1%	50.1%	54.8%
Ruvuma	46.2%	49.3%	54.9%
Iringa	27.0%	30.1%	39.5%
Mbeya	37.2%	40.3%	44.9%
Singida	31.2%	34.3%	43.0%
Tabora	20.2%	23.3%	41.2%
Rukwa	27.2%	30.4%	42.8%
Kigoma	13.7%	16.7%	32.8%
Shinyanga	20.0%	23.0%	35.9%
Kagera	30.9%	34.0%	42.5%
Mwanza	18.1%	19.1%	31.8%
Mara	28.0%	29.1%	44.5%
Manyara	22.7%	25.7%	38.0%
Njombe	34.5%	37.5%	46.8%
Katavi	18.9%	20.0%	38.2%
Simiyu	15.4%	18.5%	36.8%
Geita	18.7%	13.7%	31.8%

Source: Tanzania NFPCIP 2019-2023

Overview of FP and Reproductive health in LCWT

- In the heart of LCWT project, is the integration of Reproductive health / Family Planning into Conservation efforts to achieve conservation outcomes.
- The reproductive health (RH)/family planning (FP) under intermediate result (IR) 4 which covers both community and health facility-based FP interventions.
- The community-based interventions are mainly done by community health workers (CHW) who provides family planning education, counselling, services, and referrals.
- The facility-based interventions involves activities led by health care workers (HCWs) who provide comprehensive FP services including both Short-Acting methods (SA) and Long-Acting Reversible Contraceptives (LARCs).

Overview of RH/FP interventions

- Other facility-based interventions are
 - Supportive supervision,
 - On the job mentorship.
- The LCWT project supports mobile outreach events, in collaboration with local government authorities, deploys teams of qualified service providers to provide quality comprehensive voluntary family planning services in remote health facilities and villages to improve access to family planning services for women, men, and young people who would otherwise not have access to these services.

FP acceptors by intervention in the LCWT project

	Intervention	Q1	Q2	Q3	Q4	TOTAL
FY1	CHW	0	0	8,513	997	9,510
	Outreach	0	0	3188	875	4,063
	HF's	0	0	3787	4,083	7,870
						21,443
FY2	CHW	3,791	4,971	4,711	2,900	16,373
	Outreach	1,339	1,490	553	1,619	5,001
	HF's	4,213	3,659	8929	8,633	25,434
						46,808
FY3	CHW	850	4,450	2,681	7514	15,495
	Outreach	1,507	2,377	2,778	3287	9,949
	HF's	5,843	4,979	6,260	8224	25,306
		8200	11,806	11,719	19,025	50,750
TOTAL						119,001

Challenges

1. Resistance to FP services due to
 - Social norms
 - Misunderstandings.
 - Religious reasons
 - Education levels
2. FP commodities
 - Interruptions in the supply of FP commodities example Male condoms
3. Staffing issues –Frequent reallocation of FP trained providers
4. Poor infrastructure of health facilities

What is working well

1. Integrated activities
2. Optimizing integrated BCC interventions for environmental education and sensitization for FP uptake.
3. Integrated NRM and FP/RH interventions during outreach events
4. Contraceptive security – With exception of condoms whose supply is often interrupted.
5. Support and collaboration with the GoT in delivering SR/FP services



Thank you

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PHE Reference Sheet - Indicators and Best Practices

• Assist program planners design projects that improve human health and biodiversity conservation outcomes with:

- Family Planning indicators
- Biodiversity loss
- Impact of Integration



Questions?



THANK YOU!!

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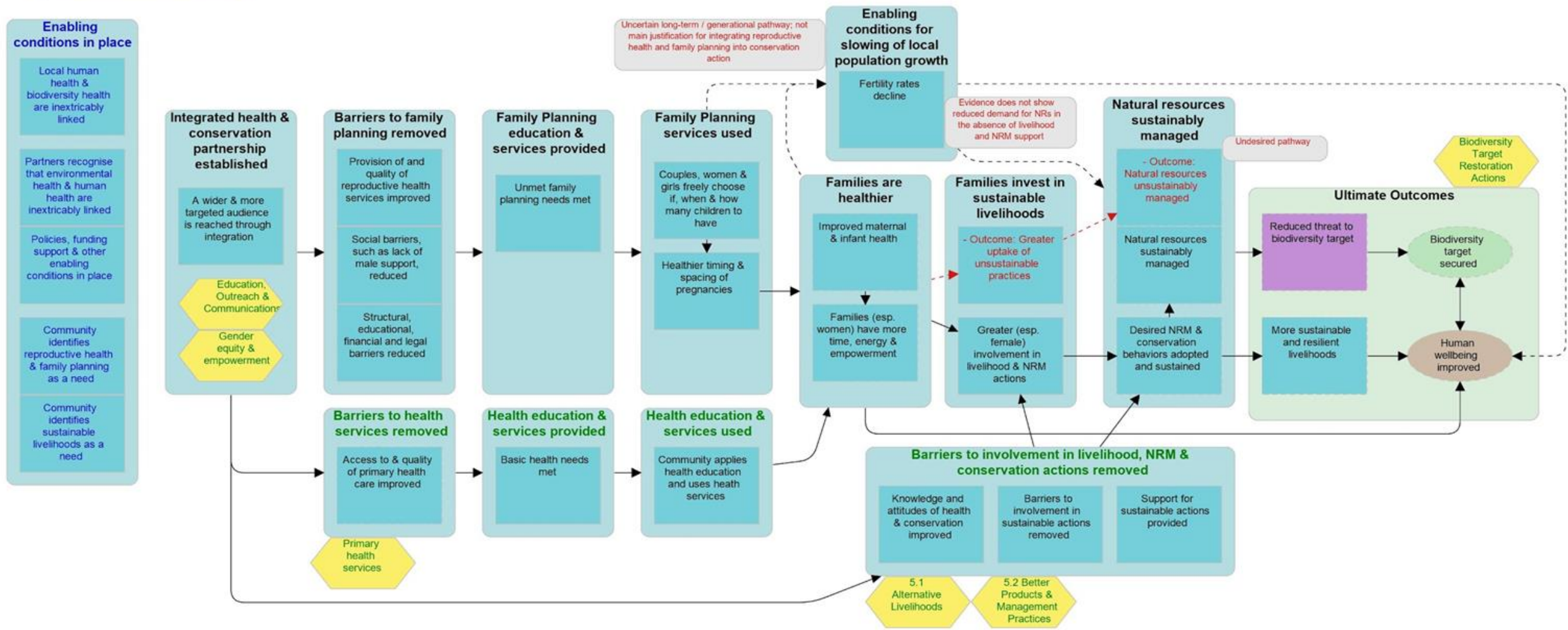
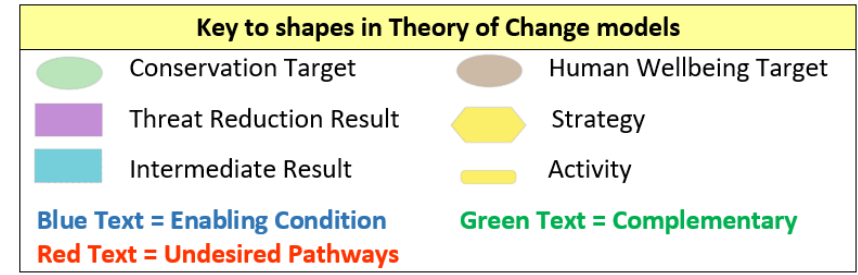
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Integrating Reproductive Health & Family Planning into Conservation Action

5.5 Integrating reproductive health & family planning into conservation action



PHE Learning Initiative: Next steps

A core group of experts from the 2020 learning are leading the 2021 learning.

Key actions:

- Identify & document **case studies**
- Revise & add case examples to CAML
- Draft **paper**
- Identify & collect information about **partners**
- Share learning through several upcoming **online forums**
- Develop longer-term **outreach plan**

