



## FROM ROADBLOCK TO CHAMPION PHE Advocacy and Local Government Executives

by Enrique Hernandez, PATH Foundation Philippines, Inc.

**I**n many places around the world, local government executives (mayors, chiefs, and governors) have decisionmaking authority that could significantly impact the content and direction of development projects. This case study relates the story of how a development NGO—PATH Foundation Philippines, Inc. (PFPI)—won the support of a mayor who objected to condom distribution and almost derailed an innovative project in her municipality that was working to incorporate reproductive health interventions into coastal resource management plans.

### Background: Palawan and Bohol

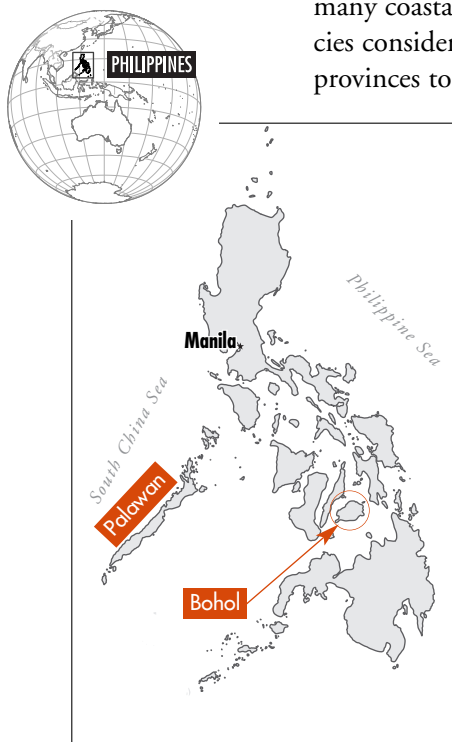
In the Philippine provinces of Palawan and Bohol, fishing is a main source of livelihood and food for many coastal communities. International aid agencies consider several of the coastal areas in these provinces to be key sites for the conservation of marine biodiversity.

With the goal of understanding the relationships between people and coastal resources in these areas, PFPI initiated a series of population and ecology studies in 2001. The studies documented high levels of fertility, malnutrition, and unmet need for family planning services in areas where coastal habitats are degraded and fisheries are collapsing because of overextraction and destructive

practices (including the use of dynamite and cyanide in fishing).

Fully 83 percent of residents surveyed in these communities said their *barangays* (the Filipino term for a village, district, or ward) might soon face a crisis “because there are too many people and not enough fish to go around.” A majority said their community was “helpless in protecting its resources,” indicating a need to empower communities to mobilize their indigenous resources and assume responsibility for protecting their own environments. Other data revealed a paucity of health providers and service points in remote coastal subvillages, underscoring the need and opportunity to build community-based family planning capacity and rural distribution systems for contraceptives.

Using this information, PFPI designed the Integrated Population and Coastal Resource Management (IPOPCORM) Initiative. IPOPCORM seeks to improve both food security and overall quality of life in communities that depend on aquatic resources; it also seeks to maintain the diversity of those marine ecosystems that produce those resources. IPOPCORM’s strategy complements the government’s framework for sustainable use of coastal resources and exploits two opportunities to introduce reproductive health interventions: the integration of family planning into fisheries management to reduce fishing effort, and the inclusion of HIV/AIDS prevention into coastal tourism development to mitigate risk of HIV transmission.



### Part 1: Integrating Population and Coastal Resource Management

As part of its strategy to improve food security and overall quality of life in communities that depend on aquatic resources, PFPI was interested in bringing the IPOPCORM Initiative to the municipality of Candijay, one of the largest coastal municipalities in Bohol. In 2001, PFPI staff began to seek opportunities to reach out to various stakeholders in the municipality.

In order to better understand how reproductive health could be integrated into coastal resource management efforts, PFPI staff attended a Participatory Municipal Coastal Resource Management (CRM) planning workshop organized by the municipality of Candijay in June and July 2001. PFPI's staff wanted to learn more about the CRM planning process and to promote the integration of community-based family planning activities into the municipality's coastal resource management plans as a way to enhance food security and promote long-term conservation gains.

During the workshop, a local stakeholder cited population pressure as a factor in Cogtong Bay's declining fisheries. Leona D'Agnes, PFPI's technical director, used that juncture to advocate the benefits of IPOPCORM's synergistic approach. The intent was to stimulate dialogue on population-environment linkages and build consensus for integration of reproductive-health management strategies into the CRM planning process.

PFPI continued to participate in the CRM planning workshops, and over time it learned the details of the nine management strategies that are

inherent in a CRM framework. By building knowledge of these CRM strategies, PFPI staff were able to identify possible "entry points" for the integration of family planning and other health interventions (see figure).

#### Coastal Resource Management Strategies: Identifying Possible Entry Points for Reproductive Health/Family Planning



#### Note:

**FP:** Family Planning=Strategic intervention to reduce a community's overall fishing effort, thus mitigating population pressure on fisheries.

**CBD:** Community-Based Distribution=Social marketing and selling of reproductive health (RH) products increases access to cost-effective methods of FP and creates alternative livelihood opportunities, such as for distributors selling the RH products.

**A/S:** AIDS and STD (sexually transmitted disease)=Prevention education helps mitigate the risks of HIV and STD transmission in areas of growing tourism.

After the initial workshop, PFPI's local-partner NGOs (PROCESS Bohol and the First Consolidated Bank Foundation) began targeting members of the Bohol Environmental Management Office and the multisectoral CRM Task Force with additional advocacy efforts to encourage them to adopt reproductive health as a component of CRM.

Through these efforts, the NGO partners observed that local stakeholders unfamiliar with reproductive health concepts were better able to understand and appreciate how reproductive health and family planning can contribute to conservation and food security when they are contextualized within the CRM framework.

Several months later, the Municipality of Candijay sanctioned the integration of family planning into the CRM framework. In doing so, it became the first local government unit in not only the province but also the country to approve a medium-term (five-year) CRM plan that incorporates reproductive health as the 10th management strategy to assure food security and sustainability of coastal resources. The chief executive of Candijay, Mayor Monina Camacho, was known to be a strong advocate and champion of CRM approaches, and many felt that this new CRM plan was the crowning achievement of her two terms as mayor.

By September 2001, the execution of a memorandum of understanding (MOU) between the municipality and local NGO partners ensued for the implementation of community-based reproductive health and coastal conservation activities in Cogtong Bay. Volunteers from target coastal communities were trained to deliver reproductive health information and distribute nonclinical methods of contraception (such as condoms and pills) through a community-based distribution mechanism.

### Discussion Questions

1. Why did PFPI seek to integrate reproductive health issues into coastal resource management plans? In what ways do you think reproductive health relates to food security and sustainability of coastal resources?
2. Identify PFPI's strategy for integrating reproductive health into CRM at the local level. Why do you think it worked?
3. At this point in the project, what difficulties might you anticipate?

## Part 2: Designing an Advocacy Strategy for Local Executives

### The Problem: The Mayor Forcefully Objects

Candijay's mayor, Monina Camacho, was listening to an IPOPCORM training conducted at a *barangay* hall. During the training, a community health outreach worker (CHOW) was discussing population and coastal resource management issues with volunteer couples from the community who motivate other couples to plan their families and protect their coastal resources for better food security. Some of the volunteers also serve as forest wardens to prevent illegal logging of mangroves—a factor in the decline of local fisheries.

The training had progressed to a discussion of various family planning methods, including a condom demonstration by the CHOW. Visibly agitated at the sight of the condom, Mayor Camacho disrupted the training session, saying: "I am not amenable to condom distribution in this municipality, as it shows promiscuity among our constituents." She cautioned that all training modules must be reviewed and approved by her office prior to application, and warned that she would enact an ordinance banning condom distribution in Candijay if the project activity continued.

The mayor's reaction left the CHOW in a quandary as to how to proceed. As the training was breaking up, the participants approached the CHOW and asked her to continue with her discussion of family planning methods and their uses. "It is an opportunity for us to have a better quality of life and better future for the next generation," they said.

Later, the CHOW and its local NGO employer consulted IPOPCORM project director Dr. Joan Castro to solicit assistance in dealing with Mayor Camacho and other local executives in Candijay. Dr. Castro dispatched Dr. Ricky Hernandez, a senior reproductive health consultant, to open a dialogue with the mayor and share scientific information from international sources that dispute the notion that condom promotion increases promiscuity.

"Numerous studies done abroad have shown that the availability of condoms does not result in increased promiscuity," explained Dr. Hernandez, sharing with the mayor various graphs, charts, and articles that supported his points. Nevertheless, the mayor remained convinced that greater access to family planning methods—particularly condoms—would result in irresponsible and promiscuous behavior.

"The Catholic Church is against the use of condoms, and it's different here than it is in other countries," argued Mayor Camacho. The mayor's persistent negative perception of condoms and community-based distribution threatened the continuity of the project. At this point, Dr. Castro turned to a regional ally for conflict resolution assistance.

### The Innovating Strategy: Designing an 'Exposure Visit'

The Population and Community Development Association (PDA) is an NGO that offers training programs and site visits on family planning, environmental programs, and integrated rural development initiatives in Thailand. It is well known for its "Cabbages and Condoms" restaurants—which have helped to popularize condom use among Thais—and for its dynamic founder and leader, Senator Mechai Viravaidya.

PDA had come to the aid of PFPI in the 1990s, when PFPI had faced similar resistance from national and local policymakers opposed to the promotion of condom use for AIDS prevention. Following a series of technical exchange visits with Thai counterparts, Filipino policymakers enacted a controversial AIDS bill that endorsed, among other prevention measures, use of "prophylactic devices" by individuals at high risk.

Based on the success of that intervention, Dr. Castro believed that a similar attitudinal change could be facilitated by crafting exposure visits for local executives from IPOPCORM project sites, including Mayor Camacho. Working together, PDA and PFPI staff designed a population-environment study program. The purpose



Now a strong advocate of reproductive health and family planning, Mayor Camacho gives presentations on the benefits of integrating reproductive health interventions into coastal resource management plans.

of the program was to build commitment for family planning and reproductive health among Filipino policymakers and local government executives while also enhancing these officials' knowledge of community-based family planning systems and service-delivery mechanisms. Five mayors, including Mayor Camacho, were invited to participate in this study program, along with one prominent NGO leader in each of their municipalities. Ultimately, PFPI hoped that the participants would become champions and leaders of integrated population and natural-resource management programs.

Through conversations with a local NGO leader with whom she had a close relationship, Mayor Camacho was persuaded to attend the study program in Thailand in June 2002. While there, Mayor Camacho discussed her concerns about community-based distribu-

tion with Viravaidya. "Even though Thailand is not a Catholic country, similar anxieties about irresponsible behavior surfaced when PDA first introduced community-based distribution to Thailand in 1980," recounted Viravaidya. He proceeded to elucidate the social, economic, and environmental benefits that ensued from expanded access to family planning. The success of these programs, he said, eventually spurred the Thai government to replicate community-based distribution on a nationwide scale.

In addition to her conversations with Viravaidya, Mayor Camacho had the opportunity to go to the field and observe community-based family planning activities, interact with Thai local counterparts, and engage in discussions with other Filipino mayors participating in the study tour—many of whom were already convinced about the benefits of family planning. As part of the study program, the mayor was encouraged to draft an action plan to be implemented upon her return to the Philippines.

It was clear that this exposure visit made a deep impression on Mayor Camacho. A report evaluating the usefulness of the study program notes: "Mayor Camacho enthused about the way the Thais have fostered greater public acceptance of the use of condoms through, among others, the Cabbages and Condoms restaurant. 'Even the table runner and centerpiece [at the restaurant] were made of condoms to emphasize that there is really nothing wrong with condoms,' she said."

Following the study tour, Mayor Camacho became a strong advocate of reproductive health and family planning programming. She supported partner NGOs' efforts to implement and expand community-based distribution operations, including condom distribution by trained village volunteers in Candijay. In addition, Mayor Camacho has become a champion of integrated programming, taking her story to other communities and promoting the idea of integrating reproductive health into coastal resource management plans.

## Discussion Questions

4. What is the significance of the role of the mayor/local government in this case?
5. Why was scientific information insufficient to convince the mayor? What roles do scientific information and other forms of data play in advocacy efforts?
6. What convinced the mayor to fully support integrated programs? What made the exposure visit effective?
7. Organizing a study tour to another country requires significant time and resources. In what ways could these ideas be replicated on a smaller scale that would be less expensive?
8. What are some of the advantages and disadvantages of targeting advocacy efforts toward chief executives/local government officials?
9. PFPI was fortunate to have a strong ally in PDA and its chairman. What are some examples of allies that you might be able to work with?
10. In this case, PFPI wanted to integrate reproductive health issues into coastal resource management plans. Can you think of other population and environment issues that could be linked? What are the advantages of doing so?
11. Imagine that you're facing a similar problem with a local decisionmaker in your project. How would you design a strategy to engage him/her? What would you do differently?

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