



Partners in Aid

AUSTRALIA

SINANGPAD HEALTHY VILLAGE PROJECT ANNUAL REPORT, 2022

Introduction

The Sinangpad Healthy Village Project (SHVP) began in Kalinga around 15 years ago. Several years before, in that province, an AusAID project had phased out a seven-year project component that had focussed, *inter alia*, on community health development. This AusAID project achieved some significant outcomes. However, once the project was phased out, the province did not have the funds to continue the community-based activities that the project had initiated. Much of what had been started during the community development component faded away.

A donation to Partners in Aid specifically for work in Kalinga enabled the community health development activities funded by AusAID to be resurrected, taking into account lessons learnt. A new NGO, Sinangpad Association, Inc., was established, with most of the members being health service professionals who had participated in the AusAID project. The donation was significantly less than the money provided by AusAID, and part of the initial objective was to provide a low-cost strategic model for sustaining the outcomes of large bi-lateral programs after their phase out.

The Sinangpad Association project has been funded in several different phases, each phase building on lessons learnt from the previous phase. Phase III was approved by Partners in Aid just before the pandemic began. However, due to lockdowns, workload of health staff members involved in vaccinations and other pandemic activities, and some health workers linked to Sinangpad contracting Covid, the Phase III proposal could not be implemented. A revised version of the proposal was approved by the Board in the second half of November 2022, and the SHVP is back in action again at last.

Local Context

Famous for its rice and coffee, the Province of Kalinga is landlocked, with mountains with steep slopes, plateaux, and valleys in the west, and, in the east, gradual slopes and foothills with wide areas of flat lands and floodplains along the main rivers. It suffers frequent typhoons during the typhoon season. These often cause floods and landslides in the mountainous region.

Administratively, Kalinga consists of 7 municipalities and 1 (small) city. Altogether, there are 153 barangays (villages). The total population in 2020 was 220,329 (census estimate). There are 5 main tribes and a number of sub-tribes indigenous to the province. Most tribal members have a strong sense of tribal identity and there are occasional outbreaks of unrest between tribal groups.

Kalinga is in the middle cluster of Filipino provinces with respect to poverty: 26.8% of families are below the poverty threshold; 8.8% are below the subsistence threshold (extreme poverty – insufficient income to meet basic food needs). The percentage of families in Kalinga below the poverty

threshold has dropped significantly over the last five to ten years. However, a lot of families are still financially challenged.

Based on the Annual Report from each municipality, among the top ten leading causes of morbidity in Kalinga are upper respiratory tract infections, urinary tract infections, wounds and skin diseases, and acute watery diarrhea. Among the under five years old children, acute watery diarrhea is number three of the leading causes of illness, following acute respiratory and upper respiratory illnesses. Skin diseases /infected wounds are number six.

Major risks to health still exist in many Kalinga communities, including:

- unhealthy cultural practices and lack of knowledge regarding health and environmental sanitation,
- lack of sanitary toilets – in some barangays, a hectare of land is set aside for open defecation,
- poor drainage, at times providing breeding grounds for malaria-carrying mosquitoes,
- garbage thrown anywhere, especially over the precipices located at the entrance of the barangays,
- pigs allowed to roam around the barangay, along with dogs and cattle, where children play in the dirt, often bare-footed,
- basic sanitation facilities are not considered a priority due to poverty, and
- some residential lots are not owned by their occupants, so occupants cannot dig the land for any sanitation facilities such as latrines or compost pits.

Goals

The overall goal of the Sinangpad Healthy Village Project (SHVP) is to achieve sustained health improvement in remote Kalinga barangays by enabling the residents **themselves** to identify and resolve the local risks to health and well-being that they consider to be priorities.

The specific goal of Phase III is that at least 9 barangays not yet participating in the SHVP will begin to participate and, with the help of the Sinangpad Association, will make successful improvements to their environmental sanitation and well-being. Of these 9, 3 will be incorporated into the project in this coming year. A second related goal is to help a third municipality be accorded Zero Open Defecation Status by the Provincial Government.

Members of the Sinangpad Association believe that their vision for Kalinga communities can best be achieved by bringing about behavioral change. Accordingly, to achieve the above goals, its members work with participating villages:

- to train residents in Community Health Development, thereby stimulating residents' commitment to adopting healthier behavioural practices, particularly with respect to environmental sanitation, and building their capacity, confidence, and sense of responsibility with respect to reducing local and household risks to their health,
- to help residents in these communities to identify physical barriers to sustained behavioral change with respect to health, and to develop an action plan based on what **they** decide are **their** priorities with respect to removing these barriers,
- to encourage the community to establish a core group to facilitate the implementation of the action plan,
- to then help residents with technical advice and money to purchase construction materials, to enable implementation of their action plan priorities,

- to help barangays achieve zero open defecation, and
- to encourage local government willingness to support and help sustain community health initiatives.

Expenditure

As most of the SHVP activities could not be implemented last year, or for most of this year, the usual amount of the Partners in Aid (PIA) budget allocated for the SHVP has been kept in Australia pending the project being able to resume its usual activities. A donation of AUD750 was sent to enable some NGO administrative work required by DFAT to be undertaken while travel was impossible. Another AUD4,000 has just been sent, partly to enable a part-time staff member to be employed for 6 months to help catch up on work now the pandemic is no longer restricting activities, and partly to fund activities being resumed.

Intended and Achieved Actions

The original proposal for 2020-2022 included several key activities, namely:

- involvement each year of 3 barangays not already participating in the Sinangpad community enabling process, and revisiting some barangays requiring revitalisation so far as their action plans were concerned,
- completion of an evaluation of the project outputs and outcomes since its initiation,
- achievement of Zero Open Defecation in 1 municipality, and
- attendance at Municipal and Provincial Health Board meetings to advocate for the institutionalization of the SHVP strategies into government policies and plans.

Although Sinangpad's activities were heavily curtailed during the pandemic, not all activities ceased. Members were able to attend several Health Board meetings. This was important to maintain the momentum toward the goal of institutionalizing community health development and other trainings as part of the Municipal and Provincial Health Boards' regular activities.

Attempts were also made to continue the monitoring and evaluating, started before lockdown, of outputs and outcomes that Sinangpad has achieved since its inception in 2007. It has been possible to assemble much of this data despite the pandemic, but key health outcome data, such as the incidence of diarrhea and skin diseases, is still in the process of being gathered and collated. It is hoped that a full report will be available by the middle of 2023.

A number of household toilets, always high on the list when communities determine their priorities, were also constructed during the pandemic, using funds allocated by Sinangpad prior to the pandemic to purchase materials. Sinangpad Association provides money for the construction materials, and households themselves construct water-pour toilets with septic tanks with some technical supervision.

However, in 2022, the most exciting development, from Sinangpad's perspective, was the Provincial Government's awarding of Zero Open Defecation Status, Level 1, to two of Kalinga's seven municipalities, Pasil and Balbalan. Level 1 is awarded when each household either has their own sanitary toilet or shares a toilet with no more than one other household. There are currently 2024 households in Pasil and 2538 in Balbalan. These are two municipalities in which Sinangpad has put a lot of effort, both advocating for the construction of household toilets, and funding cement and reinforcement bars to enable householders to construct their own household toilets. (The Rural

Health Units have, up to now, funded the toilet pans.) Before Sinangpad began working in these municipalities, less than 50% of these households had sanitary toilets, the rest using the hectare of land set aside by the barangay for this purpose, or, in the case of children, relieving themselves under houses on stilts or other locations within the village. In 2021-2022, despite the pandemic, Pasil residents managed to build 90 toilets and Balbalan residents, 58, thus contributing to the zero open defecation status. These two municipalities are now striving towards Stage 2 Zero Open Defecation, achieved when every household has its own sanitary toilet.

It was decided that while the achievement of Zero Open Defecation was to be celebrated, it was important to check that the toilets constructed are effective and that the zero open defecation status could be sustained. I recently joined Sinangpad members in barangay visits to check on the toilets built with the assistance of Sinangpad and PIA.

Sustainability

No toilets in either municipality had become full or overflowed. We were still, however, concerned to ensure that there had been no septic tank leaks which could have contaminated the domestic water supply in the barangays. The domestic water supply in Balbalan and Pasil comes from spring developments with water piped from the spring development to tap stands and some houses. Water tests are carried out regularly by the Rural Health Units in every barangay in these two municipalities, water for testing being sampled from both the spring development itself and from one tap stand. The Water Certificates for each barangay were collected by Sinangpad Association members to see if there was any evidence of contamination which might be due to leakages from septic tanks. In Pasil, one test showed the water to be contaminated. However, this test had been carried out immediately after the last typhoon and it was believed the contamination came from water surging down the mountain where there is a lack of watershed management. In Balbalan, the latest testing carried out could not be used as an indicator of possible septic tank leakage, as a typhoon immediately before the scheduled testing caused damage to the pipes by landslides and fallen trees. It has emerged that some of these pipes are worn out. There was no concern prior to the typhoon that there had been any leaks from septic tanks.

Residents were also asked about the destruction of any toilets. In Pasil, two had been lost in landslides, and two as a result of soil erosion linked to landslides. However, in Balbalan, the situation was much worse: 30 households lost their septic tanks in 2021-2022 due to erosion and landslides caused by continuous heavy rain throughout the wet season and recent typhoons. These are to be rebuilt, but in the interim, what are essentially pit latrines have been constructed for temporary use. Sinangpad is now working with the community to encourage them to be more careful in selecting locations less likely to be affected by landslides.

The other issue considered during the toilet evaluation is how sustainability can be maintained. There are a number of issues which could affect the long-term sustainability of the zero open defecation achieved, and the Sinangpad Association members are currently seeking to assess the likelihood and possible extent of these issues, and strategies for combating them, should they eventuate. These are:

- *What will happen when the current septic tanks become full:* There are no desludging facilities in any of the Kalingan rural barangays. The septic tanks are estimated to last a family for 5-10 years. So far, no-one in Pasil or Balbalan has reported tanks overflowing or showing other signs of being full. According to householders spoken to, their plan is that when their tank

does become full, a second tank will be dug next to the full one, and the pipes diverted into the new tank. When the second tank is full, the first will be dug out, repaired if necessary and re-used. Some poorer families may again need to be subsidized to build a new tank.

- *Some families do not have enough land space to construct a second tank, or do not own the land on which the house they occupy is built, and their landlord will not agree to a second tank being built on their land.* One possibility is that those households with no land space or landlords who refuse permission share a septic tank with a neighbor, both households having pipes to their own toilet. This, however, may require careful and not always successful negotiation with a neighbor. Another possibility is the construction of a large septic tank to which a number of households connect. Communal toilets have been dismissed as a possibility because of the problems associated with their operations and maintenance.
- *Many of the barangays are constantly growing: will all new households construct a toilet when constructing a new house?* Barangay Councils are being encouraged to pass ordinances to require this to happen. So far as can be ascertained, no such ordinances have yet been passed. However, some Barangay Councils have restricted certain benefits that households can receive from the local government if they do not have a toilet.

All these issues will continue to be followed up in other municipalities where Sinangpad Association has supported toilet development.

Outcomes of Toilet Construction

The most obvious desired outcome of improved sanitation is a reduction in the incidence of diseases such as diarrheal diseases and parasitism. Data is currently being sought to enable the Sinangpad Association to build timelines of the incidences of these diseases, and to compare these timelines with those of the decrease in the percentage of households without sanitary toilets. While no conclusive evidence is available at this stage, it would be very surprising if improved sanitation had not had some positive impact on health.

However, it is clear that construction of toilets has had other outcomes associated with residents' quality of life. First and foremost, so far as residents are concerned, is the improved smell of the community and the household living area. Important also is the convenience of not having to venture out into the designated hectare, often pursued by pigs before Sinangpad was able to persuade residents to pen them, that had to be fought off with sticks. Venturing out into the field at night can be extra difficult, and some women felt a little dangerous. You could also come back home with leaches on your legs. Another outcome valued by some was the fact that when you had visitors from the city who wanted to go to the toilet, you no longer had the embarrassment of having to direct them to an open field.

The combination of these factors has led to another important outcome: householders have become accustomed to the convenience of having a household toilet, and don't want to go back to foregoing this in the future. This will have important implications for sustainability.

Encouraging, supporting, and sustaining zero open defecation will continue to be an important part of Sinangpad's action plan for the next three years. However, with pandemic constraints lifting, members will also return to undertaking the broader range of activities listed above, intended to help to enable communities to improve their health status through both their own actions, and

through networking with government agencies and other organizations, and to seek to institutionalize into government departments community health development strategies.

Risks and Management Action

<i>Identified Risk</i>	<i>Likelihood (Low/ Medium/ High)</i>	<i>Impact (Strong/ Moderate/ Weak)</i>	<i>Action taken to Mitigate Risk</i>
Shortage of necessary building materials	Mod	Mod	* Delay construction
Problems transporting construction materials into barangays	Mod	Mod	* This is usually a result of floods or landslides - neither being uncommon in Kalinga. The only solution is to wait until the road is clear. * Some villages still do not have complete vehicular access. In these cases, men will haul goods manually from the final point on the road to the barangay center.
Elections lead to change in previously supportive Barangay Captain	High	Strong	* Meet with new Captain and try and motivate him/her to fully support the changes that were taking place as part of the SHVP
Money intended for community facilities is diverted for personal use by Barangay Captain or other official	Low	Strong	* Ensure collective decision of the community * Monitoring and supporting community to help ensure that their decision * Withholding funding if problem persist
Inflated prices paid for construction materials purchased, or lower quality goods provided than paid for	Low	Strong	*Sinangpad representative accompanies the community representative when purchasing materials *Three quotes to be sought if expenditure more than ₱30000.
Allocation of money in community for activities other than those for which it was intended	Low	Strong	* Ongoing monitoring during the implementation phase
Destruction by landslides / erosion of septic tanks constructed in vulnerable locations.	High	Strong	Work with residents to encourage them to be careful in where toilets are located

Note: Probability = how likely is it to happen (low, moderate, high)?

Severity = how bad would the results be if it did happen (low, moderate, high)?

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