



Partners in Aid

AUSTRALIA

SINANGPAD HEALTHY VILLAGE PROJECT ANNUAL REPORT 2025

Background

The Sinangpad Healthy Village Project (SHVP) began nearly 20 years ago. Several years before, AusAID had phased out a seven-year project carried out in 6 provinces in the Philippines. A key component of that project focussed on community health development in remote rural villages. It achieved some significant outcomes, especially in Kalinga, one of the participating provinces. However, once the project was phased out, Kalinga did not have the funds to continue the community development activities that had been initiated. Much of what had been started during the project 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 and officially registered, with most of the members being health service professionals who had participated in the AusAID project.

Since its establishment, the goal of the Sinangpad Association has been the implementation of the SHVP, with the goal of achieving sustained health improvements in remote Kalingan villages. The underlying principle of the project is to enable the residents **themselves** to identify and resolve local environmental risks to health and well-being, starting with what they consider to be the priority for their community. The process of enabling communities involves training in community health development, facilitation of community organisation, ongoing mentoring, and funding support for the purchase of construction materials to assist residents to remove barriers to behavioral change.

Partners in Aid (PIA) has funded the SHVP in several distinct phases, each phase building on lessons learnt from the previous phase and expanding into additional rural communities in Kalinga. In 2020, Phase III of the project was approved by the PIA Board – only to be followed shortly thereafter by the outbreak of Covid-19. Lockdowns of the villages, the need for a number of the Sinangpad Association members who were health professionals to commit all their time to vaccinations and other Covid-related activities, and some key health workers linked to Sinangpad contracting Covid-19 themselves, made project implementation almost impossible for the first couple of years of Phase III. A number of barriers to implementation continued to arise even after the worst of the Covid impacts faded, including a tribal land dispute that prevented access to some of the communities that had been planning to participate, local elections – which in Kalinga usually involve months of election fever, boundary disputes among adjacent villages in two different provinces (Kalinga and Mountain Province) and a series of typhoons including a category 5 typhoon that wiped out a

significant number of the sanitary toilets that community members had constructed with materials funded by SHVP.

Notwithstanding, the SAI team has found ways to work around the village schedules. 2024-2025 was the final year of Phase III, and throughout this last year, the Sinangpad Association members have been working extremely hard to catch up and achieve all the remaining activities that formed part of the initial Phase III proposal.

Local Context

The Province of Kalinga is a landlocked northern province in Luzon, the main island in the Philippine Archipelago. It consists of 8 municipalities and 163 villages (barangays).

Kalinga is subject to typhoons, floods and the occasional earthquakes. Part of the province is mountainous, with steep slopes, plateaux, and valleys. Many Kalingan villages in the mountainous areas have been settled on ground levelled out on steep mountain slopes: as a result, they are particularly vulnerable to landslides that occur during the typhoon season, often damaging homes and local infrastructure.

Most of the Kalingan population belong to indigenous tribal groups: there are 6 main tribes and over 30 sub-tribes. In former times, the ethnic tribes of Kalinga were fierce warriors and conflict between different tribes was not uncommon. Villages in Kalinga still tend to be homogeneous in terms of the tribal affiliation of their residents. Tribal identity and loyalty are still strongly felt. This can be both an advantage and a disadvantage to the implementation of the SHVP. On one hand, tribal conflicts still occur from time to time. On the other hand, members of a community working together to help each other is still a strongly held value in most of the tribal communities.

Kalinga is in the middle cluster of Filipino provinces with respect to poverty: in 2020, 26.8% of families were living below the poverty threshold; 8.8% below the subsistence threshold (extreme poverty – insufficient income to meet basic food needs). Most of the villages are still overly dependent on their National Internal Revenue Allocation (IRA) for their developmental programs and projects, which is never enough to meet all of their key needs. Added to the financial challenges facing communities is the limited agricultural production since much of the land from which the villagers source their staple food (rice and crops) are under ancestral domain from “Kaingin” slash and burn method. There is also lack of income generation due to lack of opportunities and lack of capital.

The support of the SHVP thus remains important in enabling villagers to improve their health and well-being.

Sinangpad Healthy Village Project Goals

As indicated above; in keeping with PIA’s mission, the overall goal of the Sinangpad Healthy Village Project is to achieve sustained health improvements in remote Kalinga villages by enabling the residents ***themselves to identify and resolve the local environmental risks to health and well-being that they consider to be a priority.*** Members of the Sinangpad Association believe that sustained improvement in health due to a reduction in local environmental risks can best be achieved by bringing about behavioral change and helping to remove any barriers that stand in the way of this change. This overriding goal has been constant across each phase of the project since its inception.

To achieve this overriding goal, the Sinangpad Association members have a community health development program with the following objectives:

- to train residents in community health development, thereby stimulating residents' commitment to adopting healthier behavioural practices, particularly with respect to environmental sanitation, and building the capacity, confidence, and sense of responsibility of residents with respect to reducing local and household risks to their health,
- to help residents in these communities to identify physical barriers to sustain behavioral change with respect to health (e.g. lack of sanitary toilets), and to develop an action plan based on what **they** decide are **their** priorities with respect to removing these barriers,
- to encourage each community to establish a monitoring or action core group to monitor progress in resolving the health and sanitation concerns in the community.,
- to help residents with technical advice and money to purchase construction materials, to enable them to implement their action plan priorities,
- to train volunteer barangay (village) sanitary inspectors in each community to help ensure that agreed indicators of a healthy village are being gradually implemented, and
- to help communities monitor and evaluate their achievements by helping them to establish data boards in prominent locations which record their progress with respect to establishing their village as a healthy village,(e.g., construction of sanitary toilets, pig pens, improved drainage, etc.).

Given this approach to working with communities, the goals that different communities seek to achieve as a result of their participation in the SHVP vary from community to community, although the first priority to be raised by communities is invariably the need for sanitary household toilets.

At the same time, in the interests of sustainability, Sinangpad members are constant advocates for the adoption of SHVP initiatives as part of local government unit plans, and their inclusion in the latter's budgets.

Specific Goals for 2024-2025

- The provision of community health development training in six communities not previously participating in the SHVP.
- The provision of grants for the purchase of hardware materials for the construction of simple health-related infrastructure, such as sanitary toilets, improved drainage, pig pens, etc., as proposed by the above 6 villages to help remove barriers to behavioural change.
- Provision of support to Municipal Zero Open Defecation Campaigns by advocacy campaigns and the augmentation of hardware materials to enable the construction of household sanitary toilets.

- Representation of SHVP in local, municipal and provincial government units to promote healthy village initiatives and encourage the inclusion of some of these initiatives into government program budgets
- Development of a strategy for sustaining zero open defecation, once achieved.
- Training of Barangay Sanitary Inspectors, including training to enable them to implement the above strategy effectively
- Conduct of onsite monitoring and evaluation visits and assisting villages to establish community-based monitoring systems.

THE CURRENT SITUATION

Since Covid-19, a lot of activities are currently being funded by government units to provide the indigenous communities with medical and other assistance (e.g. vaccinations). The Universal Health Care Act of 2019 in the Philippines involves a comprehensive effort across all levels of local government units, including the village local government units. The Department of Health has been active in making sure that everyone is informed and involved. However, this process is challenging for some communities requiring them to handle multiple activities simultaneously. At times this can overwhelm their capacity to absorb all the information and participate fully, leading to their sacrificing many priority activities at the grassroots level, including some of those instigated by the SHVP. While very valuable in themselves, government interventions often do not provide support for the basic environmental health and sanitation issues which are critical to the health and well-being of the communities. Sinangpad Association members have been attempting to overcome this by facilitating frequent visits of village people to their office and whenever a Sinangpad member visits a village, trying to get to talk to the people on the ground or scheduling small group sessions in the villages whenever they have the opportunity to do so.

Outputs/Outcomes Against Specific Goals

The provision of community health development training in six communities not previously participating in the SHVP.

Community Health Development training in the targeted 6 barangays was achieved. This involved intense discussions and workshops in-village on the following: (i) community health development in the context of the Philippine national devolution policy; (ii) the community's identification of its current concerns with respect to environmental health-related behaviour; (iii) the community's determination of their priorities with respect to making changes, and (iv) the community's development of realistic action plans. The Community Health Development training also included a gender sensitivity module to elicit the villagers' common practices, perceptions and behaviours in the home and in the community that could impact the implementation of health development.

The training curriculum is an evolving process. The core sessions remain the same, but new approaches of the Dept. of Health and the Province that form part of the primary health care requirements of the relatively new Universal Health Care Act (RA 11223) are incorporated into the training as they become relevant.

In all, a total of 192 men and 321 women attended the trainings.

Each Community Health Development training concluded with facilitating the establishment of a core group among residents to help manage the change process.

The provision of grants for the purchase of hardware materials for the construction of simple health-related infrastructure, such as sanitary toilets, improved drainage, pig pens, etc., as proposed by the above 6 villages to help remove barriers to behavioural change.

Following the Community Health Development training, all the above 6 communities submitted proposals for grant money for construction materials to enable them to realise their first priority. In each case, the community had agreed that their priority was to eliminate open defecation, and, to this end, requested money for the construction of sanitary toilets for poor households unable to afford the purchase of materials themselves. By July 2025, five of these grants had been approved by the Sinangpad Association. Two communities had completed construction, resulting in 36 new household sanitary toilets. Work is still ongoing in the remaining communities.

In effect that households are unable to construct the toilets themselves, the community organises assistance to the work to be undertaken.

Provision of support to Municipal Zero Open Defecation Campaigns by advocacy campaigns and the augmentation of hardware materials to enable the construction of household sanitary toilets.

Two municipalities (Pasil and Balbalan) were helped to move from Zero Open Defecation Status Level 1 in which some households share a toilet, but with no more than one other household, to Level 2, in which every household has their own toilet.

In Balbalan Municipality, an estimated 90% of households now have their own toilet which is not shared; in Pasil an estimated 75%. Some 44-50 toilets in these two Municipalities have been funded by Sinangpad. Advocacy campaigns by Sinangpad, working in conjunction with the municipalities, have contributed to householders' decision to build, with some funding also provided by the municipalities.

Major natural disasters (typhoons, landslides, etc) in Balbalan and Pasil in early 2024 caused the loss of a significant number of recently built sanitary toilets. Sinangpad provided funds in the 2nd quarter of 2024 to repair/rebuild the structures affected by the typhoon but then in the last quarter of 2024 there were continuous typhoons, one after the other, especially in the month of November, delaying the reconstruction.

Lessons learnt from this loss of the toilets included the need for new design elements (more re-enforcement bars, no onsite septic tanks, use of squat pans rather than pedestals, etc), and the importance of encouraging households not to locate toilets anywhere that might be vulnerable to landslides.

Representation of SHVP in local, municipal and provincial government units to promote healthy village initiatives and encourage the inclusion of some of these initiatives into government program budgets.

Municipal Health Board meetings in Pasil and Balbalan were regularly attended by Sinangpad members throughout 2024-25. Sinangpad members also participated in Provincial and Balbalan and Pasil Municipal Local Government Unit meetings to encourage the adoption of SHVP activities into regular government planning. Some Local Government

Units do now actively integrate some of the healthy village initiatives into the different government mandates.

Development of a Strategy for Sustaining Zero Open Defecation once achieved.

This Strategy expands the role of the barangay sanitary inspectors, from ensuring that there are no leaking septic tanks, checking the regular testing of domestic water sources to ensure there is no evidence of sewage contamination, etc. At the village level, the Strategy covers the barangay sanitary inspectors undertaking regular inspections to determine whether a septic tank is almost full, and ensure action was taken for a new tank to be built in a timely manner, etc. The Strategy also covers issues such as working with local authorities to ensure that if a new house was built, a sanitary toilet has to be built, and supporting households who lose a toilet in a natural disaster etc. Barangay Councils in the above 6 communities have approved and accepted this Strategy, as has the Municipality of Pasil, which has agreed to fully implement it.

More work will be undertaken implementing this Strategy in Phase IV of the SHVP, with the provision of contracts and honorariums being considered in return for regular reporting by the Barangay Sanitary Inspectors.

Training of Barangay Sanitary Inspectors, including training to enable them to implement the above strategy effectively

Volunteer Barangay Sanitary Inspectors training was conducted in 4 municipalities (Pasil, Balbalan, Tanudan and Rizal) in the earlier years of the SHVP implementation. The Environmental Health Team at the Provincial Health Office, along with the Sinangpad Association officers, were keen on conducting refresher course for those trained and training the new ones to sustain the healthy initiatives in the areas. Accordingly, 11 men and 24 women from the Balbalan Municipality were provided with new or refresher Barangay Sanitary Inspectors training. Discussions of the Strategy for Sustaining Zero Open Defecation was part of this training.

Conduct of onsite monitoring and evaluation visits and assisting villages to establish community-based monitoring systems.

Conduct of monitoring and evaluation is done by the Sinangpad Association team through consultative meetings, focus group discussions and onsite visits.

During the consultative meetings, the progress of the project is regularly assessed. Key issues encountered during implementation are discussed, including the roles and responsibilities of each community member that have influenced project delivery.

At the municipal level, the Volunteer Barangay Sanitary Inspectors and other partner organisations conduct regular monitoring of the project's progress. They also ensure that the Community Data Monitoring Boards (CDMBs) are updated every quarter. Feedback is provided during community assemblies to ensure transparency and community engagement.

To date:

- 14 barangays in Balbalan have established Community Data Monitoring Boards and maintained these throughout 2024-2025.

- 3 barangays in Pasil and Tinglayan have ongoing efforts to set up their boards.
- 8 additional boards are planned for establishment in newly covered areas.

Gender

Women from indigenous are usually involved in handling money in the home and making important family decisions. However, many still adhere to the traditional roles of wife, mother and homemaker. The Community Health Development training include a gender sensitivity module to elicit the villagers' common practices, perceptions and behaviours in the home and in the community that could impact the implementation of health development. This seems to have brought about some changes in women's roles in some of the communities in which it has been conducted. At a recent focus group discussion, women indicated that since the implementation of the SHVP, there had been a decrease in domestic violence, and that men were being more helpful with respect to roles normally allocated o women.

Future Specific Goals

A new SHVP proposal has been submitted to PIA for activities to be implemented in 2026-2028 and is currently under consideration. Although helping the achievement and sustaining of zero open defecation will continue to be an important part of Sinangpad's ongoing annual action plans, with implementation challenges receding, members will also be undertaking more of the broader range of activities that make up the community health development program, thereby helping to enable communities to improve their health status through both their own actions, and through networking with government agencies and other organisations. A new initiative will be tree planting to protect water sources in the mountainous areas.

Sinangpad will also continue seeking to institutionalise into government departments locally based community health development strategies.

Expenditure

The balance of money brought forward by Sinangpad Association in July 2024 was PhP266,828.84 (approximately, AUD6987.00). In anticipation of the activities for 2024-25, PhP 596,092.00 (approximately AUD15,607.00) was transferred to the Sinangpad Association by Partners in Aid. Expenditure in 2024-25 came to PhP654,968.49 (approximately AUD17,150.00), leaving them with a balance in hand on June 30 2025 of PhP208,462.87 (approximately AUD5,459.00).

(Conversion from the Philippine Peso to AUD was carried out at the exchange way on 20 October 2024. Therefore, there may be some minor inconsistencies due to exchange rate fluctuations.)

Current and Anticipated Risks and Action to Mitigate Risks

<i>Identified Risk</i>	<i>Likelihood (Low/ Medium/ High)</i>	<i>Impact (Strong/ Moderate/ Weak)</i>	<i>Action taken to Mitigate Risk</i>
Lack of time available to Sinangpad volunteers	Medium	Strong	<ul style="list-style-type: none"> * Now that the pandemic impact is fading, health professionals volunteering for SHVP anticipate having more time for SHVP activities * SA is also currently mobilised more human resources, particularly from among recently retired health workers.
Increases in prices of necessary building materials and petrol prices for transshipment to isolated rural communities	Medium	Moderate	<ul style="list-style-type: none"> * Reduce funding of construction materials and community visits
Local elections can lead to a change in the Village Captain, sometimes resulting in the new Captain rejecting whatever the previous one supported. This requires more time on the part of SHVP to ensure the new Village Captain is fully committed to the implementation of the SHVP	High	Strong	<ul style="list-style-type: none"> * Meet with new Captain and try and motivate him/her to fully support the changes that were taking place as part of the SHVP
If grants or meetings are held by SHVP during the lead up to elections, they can be mistakenly perceived or presented by candidates as being in support of whoever among the candidates joins the consultation, SHVP thus being seen as being politically aligned to a particular group.	Medium	Mod	<ul style="list-style-type: none"> * No site visits or undertaken or funding provided in lead up to the elections to avoid false perceptions or distribution of misleading information to the effect that the SHVP supports some village officials
Landslides and destruction of bridges resulting from seasonal typhoons, and tribal land disputes can cause problems transporting construction materials into villages	Low	Mod	<ul style="list-style-type: none"> *. 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 village center.
With the hiatus in close involvement of Sinangpad members with communities during the pandemic, some communities now require re-energising or remotivate to address sanitation issues basic to health	High	High	
Money intended for community facilities is diverted for personal use by Village Captain or another individual	Low	Strong	<ul style="list-style-type: none"> * 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	<ul style="list-style-type: none"> *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
Volunteer Barangay Sanitary Inspectors may not be willing to carry out their new role efficiently	Mod	Strong	* Implementation of contracts, regular reporting and honorariums for those performing well
Building codes requiring the construction of a sanitary toilet whenever a new house is built that contain enforceable penalties may not be passed and/or implemented	Mod	Strong	*Ongoing advocacy with local government units to ensure codes passed and enforced
Currency exchange rate fluctuations	Mod	Mod	*Consideration is being given to requesting all proposals include a contingency fee to cover this.

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