Environmental Change and Security Program

then thirdly is the L.G. capacity created to establish and maintain family based family planning systems. So, in the IPOPCORM form, what we did was train NGOs as trainers, this time we trained the local government who are already paid for by the national government to be able to deliver the capacity building and activities, and identify the peer educators and the youth spear educators and the community based systems in their own areas and be able to monitor them via the project line. So, that is essentially how we implemented differently IPOPCORM and the PPE in terms of community based systems.

Some of the project inputs, the key project inputs we provided orientation and action planning workshops for local government personnel, which included both sectors from the environment, from the culture and from the health sectors. We mentored the local chief executives by the PHE champions, the LGU leaders from the previous IPOPCORM projects who are also the ones who are encouraging to the new champions to adopt the PHE approach.

Partnership and franchising arrangements were facilitated between the local government and private sector suppliers for family planning products. So, before we worked with the nongovernment organizations to be able to get the franchising arrangements or group app foundation, it was now an investment by the local governments to be able to have access to the franchising arrangement and work closely with the private sector to be able to provide family planning commodities to those who can't afford, and also those who would like to have family planning and have little money to be able to get that. So, in terms of the market it was wider because the government would have some family planning commodities to those who cannot really afford, but with the social marketing arrangement, then we were able to get more people who can ward by the commodities of the community based distribution at the cost.

And then, we also built capacity for local government and our issues established a community based family planning systems. I think this is one of the most important achievement that we see in a project input that it's very necessary and I'm reminded of the recommendation earlier that they become part of the preplanning activities. And,

being able to do the PHE integration was able to help create, within the community and promote their equity resale development as something that has been contributed by the years of experience and years of working on the PHE integration project. Some local governments have actually allocated funds for livelihood relocation for the poorest of the poor and as I've mentioned earlier it's because the framework we put in the investment plan PPE activities is because it was on the framework of poverty innovation which is division of the new government.

What did we learn from the project? LGU centered model reached more women with unmet family planning needs in a shorter time period than an NGO centered PHE model. So, we had a six year program where we learned a lot of things and we scaled it up in a short amount of time in reaching significant number of areas and we were able to reach more women with unmet need. Further monitoring is needed to determine which model is more sustainable.