Exploring the potential for Population, Health and Environment approaches across key conservation landscapes in Africa

Part of the Tondwa and Kaputa Game Management Area, Zambia.
Introduction

Our health impacts our ability to work. Our local environment impacts our health. Our work, and the other activities we engage in, impact our local environment. These are just three of the numerous ways everyone’s health, local environment and income generating activities interact.

Our vision is a future without barriers to family planning, in a climate resilient world with healthy ecosystems. As a global non-governmental organisation embedded in the human health, biodiversity and climate sectors, one of our activities is working in partnership with other environmental conservation and health organisations to develop projects which simultaneously improve sexual and reproductive health services, provide alternative and sustainable livelihoods and support the conservation of biodiversity. This year, we set ourselves the challenge of starting the process of creating new partnerships between health NGOs and Conserve Global. In this report, we set out why we think the Population Health and Environment (PHE) approach could be appropriate for Conserve Global’s mission and the communities it works with and for, and identify two potential new partners to deliver PHE across its focal landscapes.

Human health, environmental health and income generation

Without nature, we have no clean air or freshwater. For many people, the relationship between their health, livelihoods and local ecosystems have additional critical connections. Subsistence farmers, for instance, rely on their local ecosystems as their primary, or only, source of livelihood and food. A failed harvest could mean an entire year’s income and food security is lost. Female subsistence farmers lacking access to high quality sexual and reproductive health advice and services, or experiencing other barriers to choosing freely and for themselves if and when to have children, not only face health challenges, but also further livelihood challenges, if they are unable to healthily time and space their pregnancies.

Population, Health and Environment (PHE)

The Conservation Measures Partnership provides this definition, “PHE is a multisectoral partnership approach to biodiversity conservation, human health, and sustainable livelihoods. PHE approaches are developed inclusively and equitably in response to local situations and the expressed needs of the people most closely linked to biodiversity conservation. PHE is intended to improve human health, particularly reproductive health, while empowering communities to achieve sustainable livelihoods, manage natural resources, conserve biodiversity, and maintain ecosystem services. By integrating actions across multiple sectors, PHE can reach more people linked to biodiversity outcomes, engage more men in reproductive health, and more women in livelihood and natural resource management. PHE can, ultimately, achieve more significant and longer-lasting conservation outcomes than would likely occur without integration. When barriers to family planning are removed and contraceptive needs are met, women and girls can exercise their reproductive rights, leading to healthier timing and spacing of pregnancies, improved health of women and their children, and more time and energy to engage in education, conservation, and livelihood activities.”
Localised anthropogenic pressures, when land is finite, can also impact the health of local ecosystems and therefore the health of local human communities. These pressures can be exacerbated when healthcare provision is poor, as is more likely to be the case in rural areas where subsistence farming takes place.

One approach to development, conservation, poverty alleviation and health, which can be appropriate in some rural settings with relatively weak healthcare systems and barriers to family planning services, is the Population Health and Environment, or PHE model. This approach integrates actions focussed on improving health, particularly reproductive health, livelihood provision and environmental conservation.

PHE is far from new, and yet relatively few conservation or health organisations have created the necessary multi-sector partnerships to implement additional PHE projects. We believe there are four main (and overlapping) challenges impeding the creation of additional PHE partnerships and projects:

1. Relatively few organisations implement PHE, so the approach is less well-known, meaning many potential implementing partners are unaware of PHE and its many benefits;

2. Fewer projects means less impact data, which is important for policy-makers, donors and encouraging additional NGOs to become PHE implementers;

3. Few climate and biodiversity policies recognise the importance of reproductive choice\(^1\), hampering cross-sectoral understanding of PHE; and

4. Generally speaking, donors fund single sector “health”, “environmental” or other projects, so multi-sector PHE projects are rarely eligible for funding.

Expanding PHE

Unconstrained access to family planning is fundamental for a just society. Until every person has the ability to choose if, when and with whom to have children, we cannot attain environmental sustainability, or support women and girls to have equitable adaptive capacity in the face of climate change. PHE is a powerful way of simultaneously strengthening conservation outcomes and responding to barriers to family planning. Evidence from our own PHE project, in the wetlands of south west Uganda, highlights the greater health and conservation outcomes that result from its multi-sectoral and integrated approach. We therefore believe we need to facilitate the establishment of new PHE partnerships, between health and conservation organisations which have not previously implemented the approach, to accelerate the work of the health sector, to ensure everyone who wants contraception can access it, to support livelihoods and to conserve biodiversity.

\(^1\) In this report we often refer to “reproductive choice” part of broader “sexual and reproductive health and rights” or “SRHR”. In writing “reproductive choice” we include broader SRHR but recognise that, when working across sectors, it is important to use language which does not hold back understanding. As SRHR is an almost entirely unknown phrase in the conservation sector we have used reproductive choice in the text.
We approached Conserve Global, as our preliminary research led us to believe that various regions they support, or wish to support, could benefit from a PHE approach responding to the inter-connected development challenges affecting communities.

Why did we choose to look at Conserve Global?

As a relatively young NGO, with ambitious plans to work at scale in Africa, within the next seven years, Conserve Global is in the process of finalising its project delivery model. We believe, therefore, that if Conserve Global implements PHE in its early years, and sees success, replicating PHE across its portfolio, when appropriate, could become standard practice. If Conserve Global were to implement PHE, the impact on the sector could be enormous; it has the ability to implement PHE across nations and landscapes. Conserve Global’s ambition is to have a project portfolio representing 30,000 km² (~7,400,000 acres) of land by 2030. This would equate to an area benefitting from PHE approaches similar in size to Lesotho or Belgium.

It is perhaps Conserve Global’s geographical concentration that is the most relevant factor. The focus of much global conservation action and funding is frequently directed to national parks, where relatively few people live. Conserve Global’s focus, however, is the immense tracts of land surrounding national parks. These areas are critical to the integrity of large biodiverse landscapes, including national parks themselves, but gain a fraction of the attention or donor support. The areas around national parks are also frequently where last mile communities live, a priority of the health sector, as like the land they inhabit, these rural communities are all too frequently overlooked.

One of Conserve Global’s priority conservation landscapes.
Where does Conserve Global plan to work?

Conserve Global has undertaken an exhaustive research process, undertaking due diligence on over 230 concession areas across sub-Saharan Africa. As a result, based on conservation grounds, they have identified thirteen focal landscapes they believe are most suited to their model. These landscapes are located in Botswana, Cameroon, Namibia, Mozambique, Tanzania, Zambia and Zimbabwe. Two sites, in Mozambique and Zambia, are the focus of this paper, and are highlighted below.

Key
- National Parks
- Concessions
- Community Conservancies
- Conserve Global’s 13 sites researched
1. Mwai Community Conservation Area, Mozambique
2. Tondwa and Kaputa Game Management Area, Zambia
Biodiversity policy, health and livelihoods

Our analysis of the National Biodiversity Strategies and Action Plans (NBSAPs) submitted to the Convention on Biological Diversity, by the national governments of the seven countries of preliminary interest to Conserve Global, is revealing. An NBSAP is a national plan setting out the biodiversity challenges and context of a country, together with a plan for the conservation and sustainable use of its biological diversity; all seven NBSAPs highlight that their rural citizens are dependent on natural resources and make clear connections between local ecosystem health, human health, livelihoods and anthropogenic pressures.

The Mozambican NBSAP explains that, “biodiversity is the livelihood of more than 90% of the human population that depends on it, directly or indirectly, for food, health [and other requirements]”.2 In Namibia “around 70 per cent of Namibia’s population is directly dependent on the natural resource base for income; food; medicinal and health needs”.3 By comparison, “About 74% of Tanzania’s population live in rural areas depending on subsistence agriculture, whose harvests are highly unreliable, forcing them to depend on natural resources in order to meet their basic needs”.4 Elsewhere, “about 80 percent of Zambia’s population is directly dependent on natural resources for fuel, food, income, raw materials and medicines”5 whereas “Sixty-eight percent of the population [of Zimbabwe] live in the rural areas and derive their livelihoods from agriculture and biodiversity.”6 If Conserve Global is able to support communities to diversify away from subsistence agriculture, whilst also supporting biodiversity, it will be responding to environmental as well as health and poverty alleviation goals.

Demographic factors are an additional topic which the environmental ministries have considered, when preparing their countries’ NBSAPs. The Zimbabwean Ministry of Environment, Water and Climate, for instance, states in its NBSAP, “The growth of human populations and human affluence has placed increased pressure on biodiversity, threatening human well-being.”7 Whereas Cameroon’s Ministry of Environment, Protection of Nature and Sustainable Development has explained, “Demographic pressure and the associated development in local populations directly affect resource use and drives habitat conversion in biodiversity hotspots with irreversible degradation of ecosystems.”8 Similar references are included in the other NBSAPs. In our judgement, it is not that the environmental ministries are seeking to blame their citizens for biodiversity loss, but rather highlight that in the absence of alternative livelihoods, they have little choice. This represents an important opportunity for the health and conservation sectors to work together to address such interconnected challenges.

Just as conservation and health NGOs are not commonly working together, neither are ministries of health and environment. Zimbabwe’s Ministry of Health has made an FP2030 commitment, for instance, including a statement to ensure the nation has “quality, integrated, affordable contraceptive services for all women irrespective of age, sex, colour, religion, creed, disability and geography. This will lead to an increase in modern contraceptive prevalence rate for all women from 48% in 2021 to 54% in 2030”. That Zimbabwe’s NBSAP references population pressures, whilst neither recognising that the country also has plans to improve reproductive health services, enabling women and girls to choose freely and for themselves if and when to have children, nor that future population projections are neither fixed nor certain means it is similar to the other NBSAPs referred to in this paper.

1 National Strategy and Action Plan of Biological Diversity of Mozambique (2015-2035)
3 National Biodiversity Strategy and Action Plan (NBSAP) 2015-2020, United Republic of Tanzania
4 National Biodiversity Strategy and Action Plan (NBSAP-2) 2015-2025
5 National Biodiversity Strategy and Action Plan 2014, Zimbabwe
6 National Biodiversity Strategy and Action Plan 2014, Republic of Zimbabwe
7 Republic of Cameroon National Biodiversity Strategy and Action Plan Version II
Reproductive health

These seven countries all have health system challenges and barriers to women and girls accessing sexual and reproductive health services. The modern contraceptive prevalence rate varies from as low as 19% in Cameroon, to 64% in Botswana. The unmet need for family planning ranges from 8% in Zimbabwe to 20% in Cameroon. But these are national figures, healthcare services are poorer in rural areas and so the situation in the specific areas of interest to Conserve Global will be worse than these national data. If the needs of women and girls were met, the long-term demographic challenges identified by the environmental ministries in the NBSAPs would be significantly reduced, with improved health and less pressure on natural resources, as additional outcomes beyond the most important outcome: the ability to exercise rights to healthcare.

National plans frequently cite the modern contraceptive prevalence rate and unmet need data. Whilst these have been among the most commonly used metrics to measure the success of family planning programs and policies for some time, these measures fail to incorporate people’s stated needs and preferences for contraception. In the context of PHE, an approach which is rights-based and only appropriate when those living in a potential project area have expressly called for greater provision of sexual and reproductive health services, we believe that new person-centred measures are warranted. To ensure PHE interventions capture rights-based and person-centred health outcomes, preference-aligned fertility management (PFM) is an indicator that Conserve Global is keen to use. PFM is a simple measure that allows users of the measure to capture infringements on contraceptive autonomy and is easily collected through the addition of only a few new items into already lengthy population-based female questionnaires.

Modern contraceptive prevalence rate: The percentage of women aged 15-49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one method of contraception. This can be used as an indicator of health, development and empowerment, as well as a proxy for access to reproductive health services.

Unmet need: Women with an “unmet need” are fecund and sexually active but not using a method of contraception, whilst also not wanting any more children or wanting to delay the next child.

Preference-aligned fertility management (PFM): A person-centred contraceptive outcome which measures concordance between a woman’s stated desire to currently use contraception and their self-reported current use.

FP2030: The global movement dedicated to advancing the rights of people everywhere to access reproductive health services safely and on their own terms.

FP2030 Commitments: FP2030 commitment makers are countries, NGOs and donors which have pledged to take specific actions to expand access to voluntary, rights-based contraception in their community. As of the date of publication, 32 countries, six donors and over 80 NGOs (including conservation NGOs and PHE implementers) have made FP2030 Commitments.

Additionally, some PHE projects will also support SDG 6 (clean water and sanitation).
Building partnerships
Having considered environmental and health policy in the seven countries and the priorities of Conserve Global, we determined that two sites among Conserve Global’s priority sites across the seven countries were clear priorities. Those sites therefore required a deeper consideration and we needed to secure “in principle” health NGO partners.

Mwai Community Conservation Area, Mozambique

Transfrontier conservation
A transfrontier conservation area is a “large ecological region that straddles the boundaries of two or more countries, encompassing one or more protected areas, as well as multiple resources use areas”. Such areas are an important means of conserving or re-establishing large functional and connected ecosystems. When fully supported and developed, they can also be a means of increasing sustainable livelihood and community-led ecotourism opportunities. By their very nature, transfrontier conservation areas are always rural border regions and so, almost invariably, have relatively poor healthcare provision.

One transfrontier conservation area is the Lubombo Transfrontier Conservation Area which spans parts of eastern Eswatini, northern South Africa including South Africa’s Tembe Elephant Park, and Mozambique’s Maputo National Park in its north.

The place
The southernmost section of Maputo National Park, connects to Tembe Elephant Park, through a magnificent, yet slender, tract of biodiverse land known as the Futi Corridor. Whilst the Futi Corridor might lack substantial breadth, it is brimming with ecological significance. This narrow belt of Mozambique’s low-lying sand plains is home to the largest reed and papyrus system in the subregion. The area is characterised by a unique blend of ecosystems including savannas, forests and lakes. These ecosystems mean the Futi Corridor is critically important for elephants and apex predators, such as wild dogs, to migrate between Tembe Elephant Park and the broader northern bulk of Maputo National Park. Enabling fragmented wildlife populations to mix, and securing seasonal migration pathways, will become even more important as rainfall patterns continue to be impacted by climate change.

Conserve Global and its in-country entity Maputo Conservation Company are supporting six villages along the western edge of the Futi Corridor to organise themselves into a formal community conservation association – the Mwai Community Conservation Association – that will expand the conservation footprint of the Futi Corridor. Such work will support community income generation, reduce human-wildlife conflict, build community and habitat resilience and enable broader development possibilities.

The people
Locally, there are two predominant languages, Changana and Ronga, with both language groups sharing many cultural practices, whilst also having unique customs, beliefs, and traditions. The deep connections with nature include wild dogs being regarded as a good omen and a symbol of prosperity.

Crop production, animal husbandry, and fishing are the main sources of livelihoods, due to fertile soils and relatively easy access to water sources. Whilst changing rainfall patterns increase the need for species to migrate between areas, they also increase the vulnerability of rural communities to natural disasters. Climate-induced droughts and floods destroy crops, further entrenching poverty and inequality. Diversifying income generation opportunities is part of building community climate resilience. Over 62% of Mozambique’s population lives in rural areas, like those adjacent to the Futi Corridor, and lives below the poverty line. It is in areas such as these that human health is most closely associated with ecosystem health; subsistence agriculture directly depends on ecosystem health and eco-tourism jobs depend on the continued presence of iconic biological diversity.

Whilst the people of Mwai face climate and livelihood challenges, they also face relatively poor healthcare provision. The total unmet need for family planning is 22.2% in urban areas and 28.6% in rural areas like Mwai. Mozambique’s modern contraceptive prevalence rate remains low at 25.4%, and only 13.6% among 15–19-year-olds.\textsuperscript{10}

“The people of Mwai face significant barriers to accessing the family planning services they want, from distance to health facilities, to wait times, stock outs, overburdened healthcare professionals, poor equipment, inadequate training and many other reasons besides. It might surprise those outside the health sector to know that, if funding were available, we can easily respond to all these challenges and provide the healthcare services which are everyone’s fundamental human right.”

Dr. Pascoa Wate, PSI.

\textsuperscript{10} Mozambique Demographic and Health Survey (DHS), 2011. Per the DHS, this total includes unmet need for spacing and unmet need for limiting.
The people, wildlife and economic opportunity connections
Healthy wildlife populations are important for functioning ecosystems and for tourism. As in the case of wild dogs, nature is also often a source of cultural pride and connection. There are substantial recognised connections between poor healthcare provision and poverty at the national level, and the people of living adjacent to the Futi Corridor are no exception to the national situation. Estimates show that a reduction of one child in Mozambique’s mean fertility rate by 2050 can lead to a 31% increase in real GDP per capita and a 3.3 percentage point decrease in the poverty headcount ratio\(^1\). We believe that these, and other connections, make Mwai Community Conservation Area an appropriate site for PHE.

The policy context
Mozambique’s NBSAP identifies human population growth and climate change as major threats to biodiversity and ecosystem services.\(^2\) As many people have written before, demography is not destiny, and future population size is neither fixed nor certain. Mozambique also has a national plan promoting reduction in unmet family planning need, including a target of achieving a modern contraceptive prevalence rate of 43.4% by 2030, representing an increase from 34.3% in 2020.\(^3\) Consequently, responding to unmet need will also support the implementation of the NBSAP, which also includes specific actions to conserve and restore priority ecosystems, including riverine forests and woodlands, and highlights the need to strengthen governance and management of transboundary ecosystems.

Mozambique’s Nationally Determined Contribution to the United Nations Framework Convention on Climate Change for the period 2020-2025 (NDC) acknowledges the impacts of climate change on human health, food security, and water resources and recognises the importance of ecosystem-based approaches to climate change adaptation. The NDC also emphasises the need to protect and restore ecosystem services, to enhance the resilience of both ecosystems and human communities. A multi-sectoral approach to responding to interrelated issues and challenges faced in the communities adjacent to the Futi Corridor would therefore simultaneously respond to biodiversity, climate and health plans, whilst also potentially stimulating further integration of topics within sectoral policies.

“Genuine community engagement is fundamental to our approach, and that means listening to health needs. Quality health services enabling women to choose freely if and when to have children is an essential enabling factor to support them to retain livelihoods; livelihood generation is part of our focus with the people of Mwai.”

Lotus Khoza, Project Manager, Futi Corridor, Conserve Global.

A PSI-trained health promoter in Mozambique provides an easy-to-use injectable hormonal contraceptive, which is effective for three months.

\(^{11}\) Mozambique Primary Health Care Strengthening Program, The World Bank
\(^{12}\) National Strategy and Action Plan of Biological Diversity of Mozambique (2015-2035)
\(^{13}\) Mozambique’s Family Planning 2030 (FP2020) Commitment
The proposed partner

Population Services International, or PSI, is a global NGO encouraging healthy behaviours and delivering affordable healthcare for individuals to live healthier lives and plan the families they desire. PSI brings innovation to scale through its presence in 50 countries, its vast network of clinics, and community-based healthcare delivery. One such country is Mozambique, where PSI has worked since 1994. With a business approach to saving lives, PSI designs effective, scalable, and sustainable solutions to the world’s biggest healthcare challenges. PSI’s work in Mozambique includes family planning, adolescent sexual and reproductive health, HIV testing and counselling, malaria perennial chemoprevention and sanitation, all whilst supporting systems-level interventions facilitating expanded provision of family planning, reproductive health, maternal and new-born and child health. PSI recognizes climate change as a threat multiplier which amplifies and compounds existing vulnerabilities, social inequalities and weaknesses in the health system. As an organisation, PSI is committed to supporting communities to be prepared, adaptable and resilient when facing the impacts of climate change. PSI has previously been involved with PHE implementation in Madagascar, in partnership with Blue Ventures, but has not previously implemented PHE in Mozambique.

Our next steps

We believe greater benefits can accrue for the people living along the Futi Corridor if Conserve Global and PSI were to work together. In October 2023 we gained the “in principle” agreement of Conserve Global and PSI to consider the PHE approach in Mwai.

In early 2024, and subject to funding, we will:

- Hold introductory sessions on PHE with Conserve Global and PSI;
- Support the process of further stakeholder analysis, such as ensuring support from the Ministry of Health;
- Continue community engagement, as part of baseline research, to establish whether better health services, including sexual and reproductive health services, are indeed wanted;
- Advise on what integration of conservation and health action could look like in reality (potentially developing a work plan); and
- Consider feasibility and financing, and other potential partners and investors.

Opportunities

In July 2023 the International Union for Conservation of Nature announced a “Second Call for Concept Notes for the Southern African Development Community (SADC) Transfrontier Conservation Areas (TFCA) Financing Facility”. This funding is aimed at “addressing the critical needs for conservation by integrating the three dimensions of “species”, “habitat” and “people”, and aligning with the overall socio-economic development and regional integration goals.” PSI would never be eligible for such a funding opportunity, without a TFCA partner. Having a health partnership could potentially strengthen Conserve Global’s approach with similar donors considering people, their health and other socio-economic goals.
Tondwa and Kaputa Game Management Area, Zambia

Zambia's conservation estate
Zambia boasts 20 National Parks, with Kafue National Park and South Luangwa National Park perhaps the two most well-known. However, National Parks are only part of Zambia's network of protected areas, there are also 490 Forest Reserves, 59 botanical reserves, 36 Game Management Areas and eight Ramsar sites. As is the case elsewhere in the world, National Parks alone are only one component of a country’s conservation estate, with other protected areas also being critical elements in a nation’s ability to conserve threatened species, ecosystems and the ecosystem services on which we all depend. In Zambia, Game Management Areas have a particular significance, as areas which are also crucial to support the communities living within and communally owning them. Two such areas are the Tondwa and Kaputa Game Management Areas that lie adjacent to Nsumbu National Park.

The place
Tondwa and Kaputa Game Management Areas are part of a vast ecosystem in the far north east of Zambia. They are nestled between Nsumbu National Park, on the shores of Lake Tanganyika, to their east, and the Mweru Wantipa and Lusenga Plains National Parks to the west. Tondwa retains a series of large wetlands surrounded by miombo woodland and is bounded by a steeply rising escarpment in the south-east. Kaputa is more transformed, and contains patches of intact forest and wetland systems interspersed with land that has been settled by people.

Game Management Areas
Game Management Areas (GMAs) are both protected areas and communally owned land. If adequately supported, they can both act as buffer zones to the National Parks they border and be a source of income and livelihood for the communities who own and live within them. Zambia’s GMAs have a diversity of different land uses, from wildlife conservation, to hunting, agriculture, and forestry. Being situated in rural areas, those living in and depending on a GMA are unlikely to have access to a multitude of livelihood opportunities. Given Zambia’s 20 National Parks have a total area of around 6.4 million hectares, and its GMAs cover around 6.6 million hectares, it is clear that GMAs are a vital component within Zambia’s biodiversity plans, but neither the GMAs, nor the people living in them, are being adequately supported.
Tondwa once boasted large herds of antelope, such as roan, sable, eland and hartebeest. It was also known for its elephant, lion, leopard, buffalo and zebra. However, pressure from long-term poaching and a lack of investment from prior hunting operators, despite long leases, led to under-resourced and under-capacitated management and therefore, poor or non-existent law enforcement. The absence of meaningful or adequate engagement with local communities was a particular failure of past decades.

As wildlife populations have steadily declined, so too have opportunities for ecotourism and other livelihood opportunities. But Tondwa’s stunning landscapes remain, lying in wait for the potential return of its rich biodiversity, which for now remains possible, based on the residual populations of the species that still remain extant. Populations of most species are beginning to recover thanks to threat-alleviating efforts of the Nsumbu-Tanganyika Conservation Project focused on the adjacent Nsumbu National Park over the last five years, although most if not all species still occur at population densities well below historical levels.

Conserve Global has established an in-country entity, Tondwa Conservation Limited, and its involvement in Tondwa has been formally endorsed by the traditional authority and acknowledged and welcomed by the Zambian Department of National Parks and Wildlife. Negotiations are still underway about expanding this attention into the larger, adjacent Kaputa Game Management Area.

The people

Tondwa Game Management Area is within Zambia’s Nsama District, part of the nation’s Northern Province. The majority of people in the Tondwa GMA are Tabwa and the GMA falls under the jurisdiction of the Nsama Community Resources Board and Paramount Chief Nsama.

Livelihoods are centred on fishing in the lakes (Tanganyika and Mweru Wantipa) and wetlands (such as Tondwa Swamp), and the practice of a shifting slash and burn agriculture system known as “chitemene” in which crops such as cassava, maize, and groundnuts are cultivated. Sugarcane and bananas are grown on lower elevations close to the lake shores. Farming is characterised by small-scale, family-based agriculture, where households cultivate small plots of land using traditional methods. Livestock husbandry is minimal and restricted to a small number of goats and poultry.
Zambia faces “a huge burden of disease, mainly characterized by: high prevalence and impact of communicable diseases, particularly, malaria, HIV and AIDS, Sexually Transmitted Infections and Tuberculosis; and high maternal, neonatal and child morbidity and mortality.” We have been unable to source health data specific to Tondwa itself, but given the paucity of health centres serving its community, we can only assume that all these health challenges will be significantly magnified in this rural and remote area. Additionally, Zambia’s rural areas face much higher rates of adolescent pregnancies, compared to urban areas, likely a contributing factor to why, in Zambia’s urban areas, the average number of children per woman is 3.4, whereas in rural areas, like Tondwa, it is 5.8.

Research commissioned by the Wildlife Producers Association of Zambia highlighted that, “Overall, communities living in GMAs remain 30% poorer than the national rural average and 70% poorer than the urban average, and the literature suggests that they typically live further away from main roads and are less educated on average.” We suspect this quotation could be accurately amended to also highlight that people in GMAs typically live further from health centres, too.

The people, wildlife and economic opportunity connections
When income generating activities and food security depend directly on the health of local ecosystems, conservation action is part of health action. Tondwa includes wetland ecosystems which, as is stated in Zambia’s National Biodiversity Strategy & Action Plan, “are a source of livelihood for the majority of rural populations in Zambia. […] Wetlands are used for grazing animals in the dry season when upland vegetation is dry and with little nutritive value. They are also important for fishing, livestock-watering, hunting of small animals, collection of thatching grass, and most importantly, for dry season vegetable growing.” The communities of Tondwa know this well.

The policy context
Zambia’s National Development Plan highlights that poverty in rural areas remains significantly higher than in urban areas, in part due to stagnating incomes among those dependent on agriculture. In Tondwa, as elsewhere in Zambia, the diversifying of rural incomes to facilitate genuine development is a priority.

“Tondwa has the potential to provide income generating opportunities for its communities which are far more substantial than subsistence farming, and could provide additional and alternative options, based on the iconic wildlife which has, historically, been plentiful. By incorporating improved health service provision as part of a package of environmental and livelihood actions we strongly believe we further strengthen project outcomes.”

Dr. Harriet Davies-Mostert, Conserve Global.

Effects of flooding in Kalomo District, Southern Province, Zambia.
Zambia’s Integrated Family Planning Costed Implementation Plan makes numerous references to the importance of improving reproductive healthcare in rural areas and positions family planning not only as a health issue, but also as a factor in national development. The plan points out the direct links between sexual and reproductive health and rights and addressing poverty, and hunger and states how the promotion of family planning would “also substantially contribute to the empowerment of women, achievement of universal primary schooling, and long-term environmental sustainability.” The plan also references the need to train health professionals to meet current health service delivery levels and improve health infrastructure.

To the extent that is possible, with desk based research, we believe that both the people, landscapes and nature of Tondwa could benefit from a Population, Health and Environment approach. We therefore needed to find an “in principle” health partner for Conserve Global.

**The proposed partner**

**Ipas** has worked in Zambia since 2006, working in partnership with government agencies, the Ministry of Health and others to improve women’s and girls’ access to safe abortion and contraceptive services, to train providers and pharmacists, to equip health-care facilities, and to mobilize youth and community partners to raise awareness about reproductive health and rights. The work of Ipas in Zambia builds on their extensive previous work, since they were founded in 1973, focussed on the provision of life-saving reproductive health technology for health systems around the world.

In partnering with Conserve Global, Ipas would want to focus on three areas of work, strengthening the local health system (including strengthening provider competence, conducting whole-site orientation to align everyone in the facility to sexual and reproductive health and rights), supporting commodity procurement and tracking, data management and monitoring quality of care on an ongoing basis through client exit interviews.

**Our next steps**

In early 2024, and subject to securing funding, we will:

- Hold introductory sessions on PHE with Conserve Global and Ipas;
- Consider undertaking an audit of the current state of health services available in the area (and broader stakeholder analysis). Whilst we know the Ministry of Health has a Health Post in the settlement of Chishela, to the north of Tondwa, there may be other private, not for profit health centres in the region that could also be supported to improve health services for the people of Tondwa;
- Continue community engagement, as part of baseline research, to establish whether better health services, including sexual and reproductive health services, are indeed wanted;
- Advise on what integration of conservation and health action could look like in reality (potentially developing a work plan); and
- Consider feasibility and financing, and other potential partners and investors.

“Ipas sees opportunities with the PHE approach in this, and other, regions of Zambia. Working in partnership with organisations focussed on conservation and livelihoods is a way to help facilitate community engagement, such as engaging men (all too frequently they are one of the barriers to female partners and family members from accessing sexual and reproductive health services) and addressing stigma and dismantling socio-cultural barriers to taking up sexual and reproductive health services. Furthermore, we believe this could help enable policy engagement with local decision makers on the legal aspects of sexual and reproductive health services. Health myths and misconceptions are ubiquitous across Zambia and, generally speaking, supply chain issues are far more substantial in rural areas like Tondwa. A multi-sectoral approach to responding to these issues would be a holistic approach to improving health, livelihood and community resilience.”

Dr. Angela Akol, Ipas Africa Alliance
Looking ahead to next steps

Population, Health and Environment programmes can be a particularly impactful and relevant approach to improving health, conservation, livelihood and gender outcomes in areas facing a constellation of poverty, health and environmental challenges. In the years ahead, we will work in partnership with Conserve Global, Ipas, PSI, and others, to ensure progressively more PHE projects are implemented. Our strategy requires us to not only increase the number of PHE projects in which we are active implementing partners, but also increase the number of organisations we support to implement projects where we have no long term implementing involvement; Tondwa and Mwai could be two such sites. Towards the end of the process of drafting this brief, a new Conserve Global site, in Kenya, was also determined to be likely to be a suitable potential PHE site too. We will further explore this possibility in early 2024.

Building the movement of conservation and climate organisations supporting reproductive choice means we will also continue to support conservation organisations to make FP2030 Commitments and work with partners seeking changes to the NBSAPs (and other biodiversity and climate policies) to recognise that until everyone, everywhere, has the ability to choose freely and for themselves if, when, and with whom to have children, we cannot attain environmental sustainability, or support women and girls to have equitable adaptive capacity in the face of climate change.

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The sun sets over the Tondwa and Kaputa Game Management Area, Zambia.