

## I. General Information

<b>Project Title</b>	Developing the Capacities of Tribal Indigenous Communities Towards Poverty-Reduction Philippines – Phase I
<b>Planned Period</b>	December 2017 - December 2020
<b>Total Project Amount</b>	
<b>Total Amount Requested for Funding</b>	
<b>Name of Proponent Organization</b>	Health and Development for All Foundation, Incorporated
<b>Contact Person</b>	Dr. Ricardo Ramos, MD Board Chair Health and Development for All Foundation, Inc. Sta. Juliana, Capas, Tarlac Email: <a href="mailto:rpcard27@gmail.com">rpcard27@gmail.com</a> Tel. No. +63 9175143383
<b>Bank Details of Health and Development for All Foundation, Incorporated</b>	
• Name of Account	Health and Development for All Foundation
• Account Number	1991-0119-31
• SWIFT Code	BOIPHMM
• Name of Bank and Address	Bank of the Philippine Islands— Kalayaan Branch Kalayaan Avenue, Quezon City, Philippines
<b>Name of International Partner</b>	Camillian Disaster Service International
<b>Contact Person</b>	Fr. Aristelo Miranda, MI Executive Director Piazza della Maddalena, 53 00186 Roma, Italia Tel. No. +39 06 89928174 Mobile No. 380 9023257 E-mail: <a href="mailto:aris.miranda@cadisinternational.org">aris.miranda@cadisinternational.org</a>
<b>Bank Details of Camillian Disaster Service International</b>	
• Name of Account	FONDAZIONE CAMILLIAN DISASTER SERVICE INTERNATIONAL (CADIS)
• IBAN Number	IT63 K033 5901 6001 0000 0144 767
• SWIFT Code	BCITITMX
• Name of Bank and Address	Banca Prossima S.p.A. Piazza della Liberta 13, 00192 Roma

## **II. Requesting Organizations**

The main proponent of this project is Health and Development for All Foundation, Incorporated (HADFAFI). It is a local non-government organization in the Philippines established by lay Catholic health care professionals and development practitioners and whose members of the Board include three priests coming from the Order of the Ministers of the Infirm, Claretian missionaries and the Redemptorists. Health and Development for All Foundation has its offices in Sta. Juliana, Capas, Tarlac.

The Camillian Disaster Service International (CADIS) is the international partner organization of Health and Development for All Foundation. CADIS, previously known as the Camillian Task Force, is a legally registered organization under Italian laws, established by the Order of the Ministers of the Infirm (Camilliani) and whose main Headquarters is at Piazza della Maddalena, 53, 00186 Roma, Italy. CADIS undertakes humanitarian, health and international development interventions in some developing countries in the Asia-Pacific and Africa. It has current interventions for the populations affected by Typhoon Bopha in the provinces of Davao Oriental and Compostela Valley, Philippines on December 4, 2012 and in Jeremie, Haiti by Hurricane Matthew.

## **III. Operational Responsibilities**

This project is a collaborative and joint undertaking between two organizations that have two levels of engagement. On the one hand, Health and Development for All Foundation, Incorporation (HADFAFI), as the national partner organization of CADIS operating locally in the province of Tarlac, is responsible for the implementation of the activities and day to day operations of the project. HADFAFI has the following key responsibilities:

1. Organize and manage the local organizational resources, including human resources, to carry out this project;
2. Fully document financial expenses, activities carried out and outputs produced and submit these to CADIS in Rome;
3. Work closely with CADIS in the periodic monitoring and scheduled evaluations;
4. Provide operating base in Capas, Tarlac and necessary facilities from which this project is going to be carried out;
5. Assist CADIS in the production of knowledge, especially in the area of organizational and social learning towards the participation of grassroots communities and their empowerment in the health and development processes.

On the other hand, CADIS, as the international level organization, is responsible for the following:

1. Fund sourcing with different international funding partners through its Resource Mobilization Team
2. Project Monitoring, Evaluation and Learning
3. Impact Assessments
4. Periodic submission of Narrative and Financial Reports with documentations to the Italian Bishops Conference and regular coordination and reporting with field implementation officers in possible project “mid-course corrections”

Thus, in summary, HADFABI provides local leadership in the operational management of the project while CADIS provides international support in connecting this project to the Italian Bishops Conference for funding support and in project monitoring and impact studies.

## IV. Brief Description of Context

### A. The Aeta Tribal Communities of Capas, Tarlac, Philippines

This project, titled *Developing the Capacities of Tribal Indigenous Communities Towards Poverty-Reduction Philippines – Phase I*, is to be carried out among the *Aeta* indigenous communities in municipality of Capas of the province of Tarlac, Philippines. Capas is a second class municipality that is around three hours and a half land travel north of Metro Manila, the National Capital Region of the Philippines. Majority of the people in the municipality subsists on farming. The area has very few small and household-based cottage industries and micro-enterprises. However, it is located in a fast growing region, near as it is to Subic Bay, which is an international free port and to Clarke International Airport. Subic Bay and Clarke are former US military bases and were the biggest US military installations in the Asian region. Having world class facilities and still with sizeable forest covers, these two are now being developed by the Philippine government into international export processing zones and eco-tourism sites.

Less than an hour's land travel from Clarke International Airport and approximately an hour from Subic Bay, the town of Capas—specially in the village of Sta. Juliana—has the largest concentration of *Aeta* tribal and indigenous communities. Per 2015 census, Sta. Juliana has 33 *Aeta* tribal settlements with a total of 6,973 households equivalent to 26,232 individuals. There are other *Aeta* settlements in other municipalities in Tarlac, albeit with lesser populations. *Developing the Capacities of*



The Project Site in Capas, Tarlac

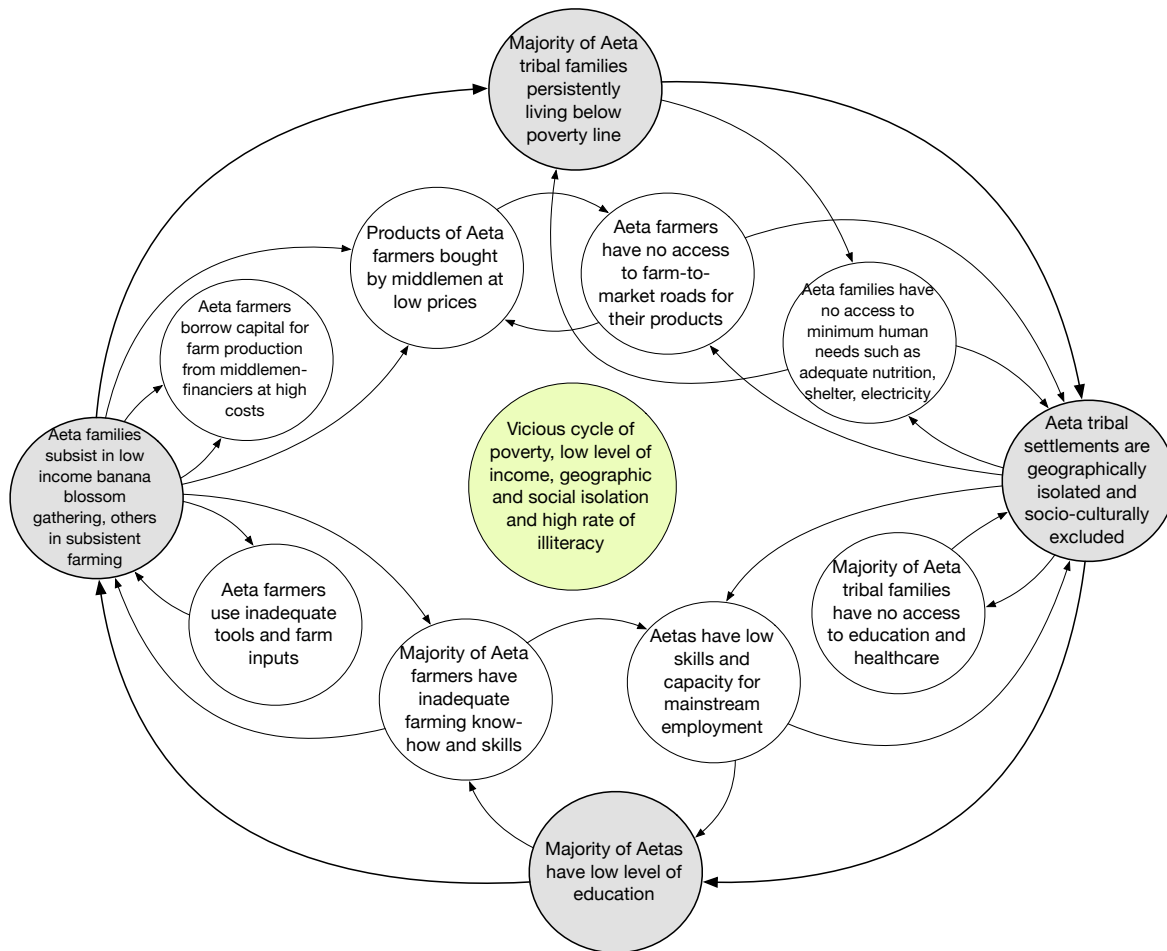
*Tribal Indigenous Communities Towards Poverty-Reduction Philippines – Phase I* shall be carried out in the village of Sta. Juliana.

Table 1  
 Census of Population, 2015  
 Aeta Tribal Communities of Sta. Juliana, Capas, Tarlac

Barangay/Settlements	Families	Individuals	Barangay/Settlements	Families	Individuals
<b>1. Bueno</b>			<b>4. Sta. Juliana</b>		
Bunga	42	133	Alunan	148	711
Manibukyot	73	226	Bulacan	47	136
Hotspring	80	247	Dalig	40	146
Katipunan	55	176	Duray	17	95
Canaan	30	97	Malalabatay	43	181
Bueno Proper	377	1,128	Manalal	17	66
<i>Sub-Total</i>	657	2,007	Patal Bato	91	484
<b>2. Maruglo</b>			Pantol	41	161
Balatang	90	756	Pula	24	81
Bilad	40	200	Pilien	98	446
Flora	46	210	Pisapungan	66	285
Kawayan	40	220	Settler	18	84
Yangka	40	240	Taliktik	43	185
Maruglo Proper	324	1,219	Tambo	15	55
<i>Sub-Total</i>	580	2,635	Tarukan	31	124
<b>3. O'Donnell</b>			Yeyang	131	582
Sapang Kawayan	13	52	Sta. Juliana Proper	718	3,257
Manabayukan	66	330	<i>Sub-Total</i>	1,588	7,079
Binyayan	137	685			
O'Donnell Proper	3,932	13,444	<b>Over-all Total</b>	<b>6,973</b>	<b>26,232</b>
<i>Sub-Total</i>	4,148	14,511			

While the adjacent areas of Capas are socio-economically developing at a faster clip, an indigenous community—namely the *Aeta* tribes—are excluded one way or another the development loop, caught up rather in the vicious cycle of geographical and cultural isolation, landlessness, massive poverty and severe lack of access to and denial of fundamental needs — food and nutrition, safe water supply, health and health care, sanitation and hygiene, housing, clothing and energy and education.

Figure 1  
Systems Thinking Analyses on the Structural Conditions of the Aeta Indigenous Communities



## 1. Culture and Way of Life

Until the early 1990s, majority of the *Aetas* held on to their generally nomadic way of life, moving from one place to another to gather food, if not to dig root crops in the Tarlac and Zambales mountain ranges. A few, though, have learned the crude ways of farming and tilling the land beginning in the 1960s. These were the portion of the indigenous population who also embraced slowly the value of sending their children to school. However, this wandering nature has quite a strong and persistently retentive cultural quality among majority of these people until the eruption of Mt. Pinatubo.

## 2. Eruption of Mt. Pinatubo

On June 12, 1991, Mt. Pinatubo—rising on the heartland of the *Aeta* tribal ancestral domain—erupted and subsequently changed forever the patterns of the lives of the Aeta indigenous peoples. The eruption destroyed and practically wiped out the *Aetas*' sources of forest food, sending them scurrying from one place to another. With scarce nature's bounty to simply pick up and gather, many learned and began to settle down and agriculturally produce, gaining skills in crude and swidden farming. The eruption brought along with it diseases and

epidemics while settled life carried with it environmental sanitation concerns. Obligated by an “act of God,” a considerable number of *Aeta* households indeed migrated into settled life from nomadic existence, a cultural shift that many found too painful and disorienting. Yet, some others still continue to cling to their nomadic way of life, unable to adapt to settled subsistence.

In this process of cultural adaptation and development, what becomes highly apparent are the generations of socio-economic gap between the *Aeta* indigenous communities and the surrounding population of lowland Filipinos where the multi-dimensional nature of extreme poverty of these tribal people is visible especially among women and children.

Table 2  
 Average Monthly Income  
 Aeta Indigenous Families, 2016

Settlements	Number of Participants in the Focus Group Discussions	Number of Households Represented	Average Monthly Income in PhP	Average Monthly Income in USD
Duray	7	16	₱1,600.00	US\$34.04
Manalal	4	12	₱1,600.00	US\$34.04
Malalabatay	8	43	₱1350.00	US\$28.72
Pisapungan	8	66	₱2,100.00	US\$44.68
Taliktik	3	46	₱2,500.00	US\$53.19
Pilien	5	98	₱3,300.00	US\$70.21
Bulacan	7	47	₱960.00	US\$20.43
<b>Total</b>	<b>42</b>	<b>281</b>	<b>₱1,915.71</b>	<b>US\$40.76</b>

*Focus Group Discussions, July 22-23, 2016  
 Sta. Juliana, Capas, Tarlac, Philippines*

## B. The Core Development Issues

Extreme poverty is at the heart of the development context in the *Aeta* indigenous communities. In a baseline data gathering on income levels, conducted through a series of focus group discussions (FGD) with 5 separate groups of *Aeta* men and women, sent by their leaders from seven tribal settlements using random sampling, the average (mean) income per month is Php1,915.00 or the equivalent of USD40.75. per month. The total number of the FGD participants is 42, representing a total number of 281 households or around 1,960 individuals.

What are the sources of income of these *Aeta* families? Majority are engaged in farming — planting vegetables, bananas, upland rice and root crops such as cassava, yam and sweet potatoes. They also plant fruits such as papaya and pineapple. Aside from farming, majority of them gather wild banana blossoms from the surrounding areas which, along with root crops and bananas, they sell to middlemen who lend them money at exorbitant and usurious rate of 20%

of capital. Aeta farmers normally borrow money from middlemen during planting season and who buy their produce at low, exploitative price.

Most Aeta communities settle in mountainous and geographically isolated areas where there are no roads, electricity, safe water supply and healthcare services. Of the seventeen Aeta tribal settlements in the village of Sta. Juliana, only three of them have access to public schools. These are the *sitios* (settlements) of Sta. Juliana proper, Alunan and Pilien. Sta. Juliana proper has a complete elementary and high school. *Sitio* Alunan has an elementary school of up to Grade Six level while Pilien has a primary school system of up to Grade Three level. For this reason, most *Aetas* have not gone to school. Aside from poverty and geographic isolation, there is also high rate of illiteracy among the Aeta indigenous communities.



Moreover, all *Aeta* families in Capas, Tarlac have no legal documents to prove their ownership of lands. The Indigenous Peoples Rights Act of 1997 (or IPRA Law of 1997)



recognizes the *communal* rights of all indigenous peoples in the Philippines to their ancestral lands. IPRA Law is the legal framework for the assertion of the indigenous peoples' right to property. For *communal* rights to their ancestral lands to granted and legally documented, indigenous peoples such as the Aeta communities would have to organize themselves, and undertake a long and tedious process of delineating their claims to their ancestral domains. At present, no Certificate of Ancestral Domain Title,

the legal instrument for indigenous property rights, has been granted to to the Aeta tribal communities in Capas, Tarlac.

## V. Analysis of Issues

What is evident in the context of the Aeta tribal communities are the following main development issues:

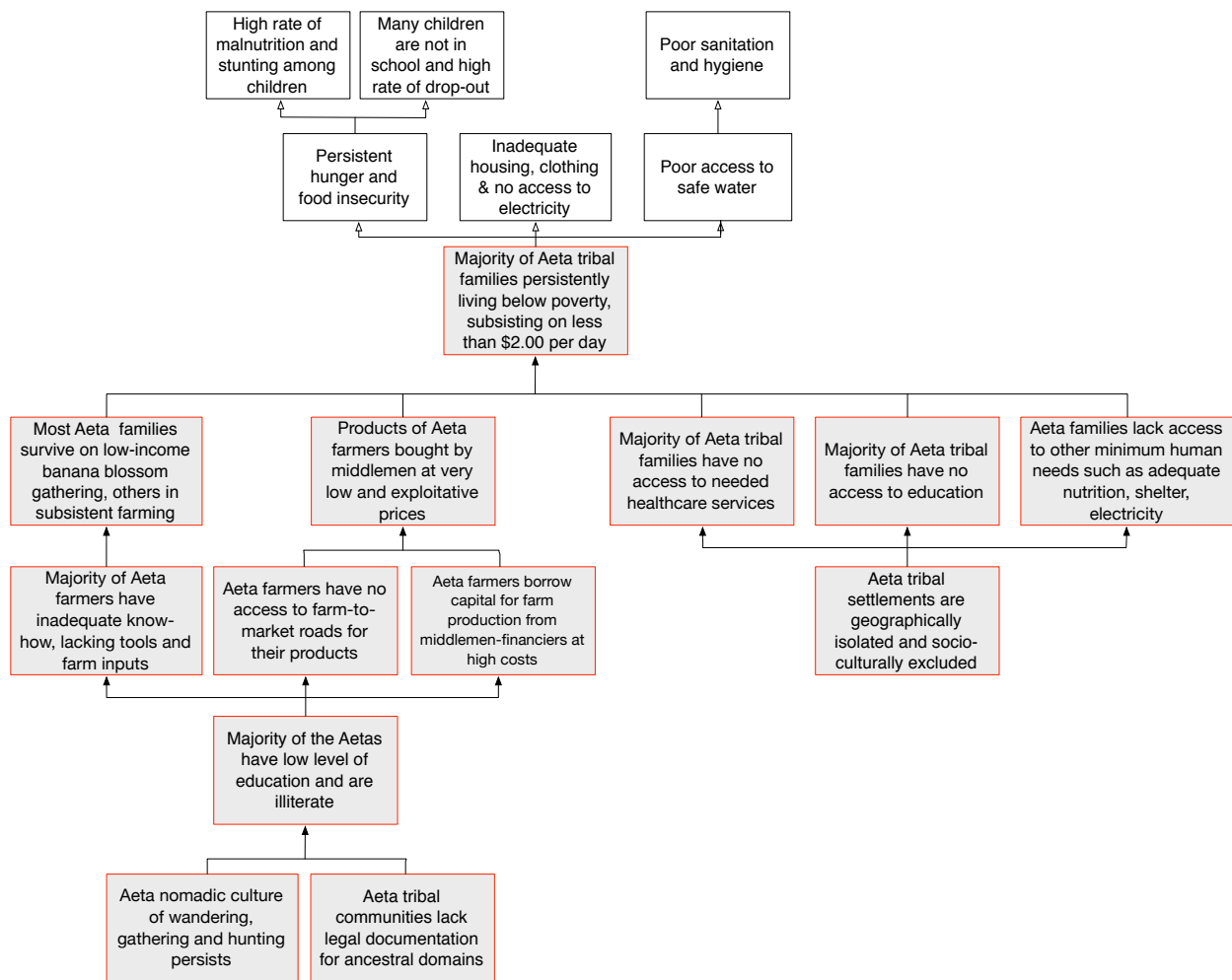
1. Majority of the Aeta indigenous families are living in extreme poverty;

2. Majority of them subsist through banana blossom gathering and in crude, swidden farming;
3. They are geographically isolated in mountainous areas and therefore have no access to roads, electricity, healthcare services and education systems;
4. Majority of the members of the Aeta communities have low level of education and many of the children have no access to education;
5. Lack of legal documentation to their right to their ancestral domain

A. The Problem Tree

What follows below, in Figure 2 (Also confer Appendix A), is a Problem Tree that attempts to illustrate the cause and effect relationships among the core development issues, in gray-filled and red-outlined boxes, faced by the Aeta tribal communities in Capas, Tarlac, Philippines.

Figure 2  
 Problem Tree, Aeta Indigenous Communities





## B. Consequences of the Identified Issues

The pressing consequence of extreme poverty in the Aeta indigenous communities is persistent hunger in the general populace and the high rate of malnutrition and stunting among children that, in turn, affect school attendance for school-going children that have access to schools in the villages of Alunan, Pilien and Sta. Juliana proper. There is food and nutrition insecurity, inadequate housing, clothing and lack of access to electricity, all of which are the other faces of extreme poverty. In addition, majority of the Aeta households get unsafe water from rivers and sanitation and hygiene are a concern.

The above combined conditions give rise to severe lack of access to needed health services, as shown in Figure 1 above.

Because most of the Aeta people are poor, living in absolute poverty and because many of them have low level of education, they do not regularly seek healthcare. Geographic isolation



in mountainous and resource scarce areas, leading to social exclusion, prevent the Aeta tribal people as well to gain access to needed health services. On the other hand, there are no healthcare delivery systems available within the Aeta tribal settlements. The nearest public health facility is the Barangay Health Station (BHS) in Sta. Juliana proper and the Rural Health Unit in the village of Patling. To reach the village proper of Sta. Juliana, Aeta peoples have to walk for three hours

crossing the O'Donnell River that swell during the rainy and monsoon seasons. Secondly, these two health facilities lack equipment and supplies and are undermanned.

Because of severe lack of access to needed health services, majority of the mothers in the Aeta mountain settlements do not receive maternal care and all the children have no vaccinations and have access to child healthcare. On the other hand, the general population in the Aeta settlements receive no services necessary to maintain adequate health and protection from disease. And because there is severe lack of needed healthcare services, most Aeta families rush their sick members to the healthcare centers in Sta. Juliana proper and in village of Patling when they are seriously ill. As consequences, there is high rate of maternal and child morbidity and mortality and prevalence of diseases in the community that are not addressed.

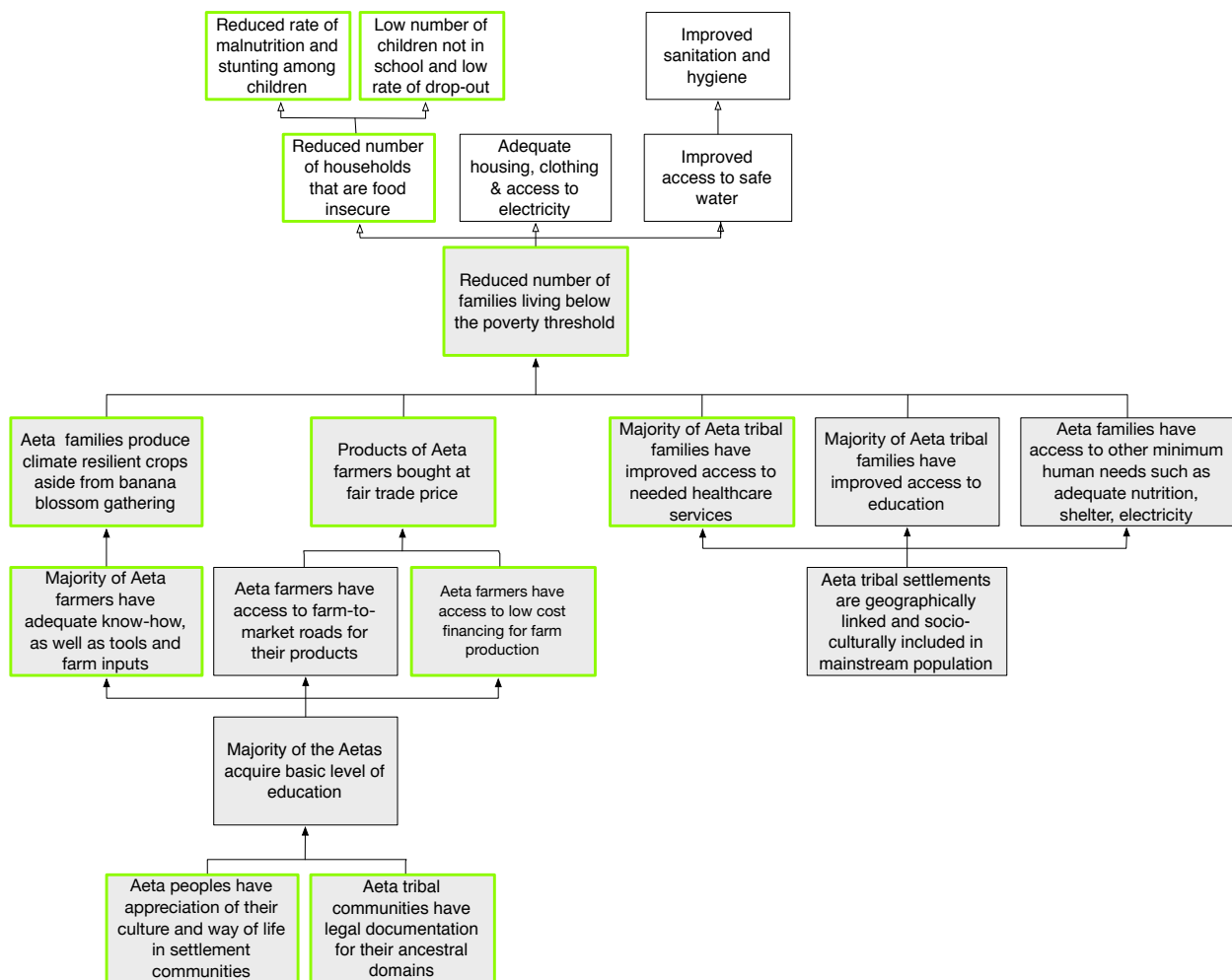
## VI. Analysis of Interventions

Given this above situation, what is urgent and necessary is to address the root causes of persistent poverty, thereby addressing, in effect, its consequences. This pertains to developing the production capacities of the Aeta communities, developing at the same time their ancestral domains towards sustainable, inclusive and total human development for all.

### A. Solutions Tree

The interventions that are proposed to be carried out are summarized in Figure 3 in gray-colored and green-outlined boxes below (Also confer Appendix B), showing the possible ends and means relationship among them, thereby affecting the intended development outcome of poverty reduction and its consequent impact of food security, access to water, reduction in malnutrition and school drop-out rates and amelioration in sanitation and hygiene practices.

Figure 3  
 Proposed Solutions Tree, Aeta Indigenous Communities



From the above Solutions Tree, we come up with the following six planned outputs:

1. The Aeta tribal communities in target communities have legal documentation for their ancestral domain claims;
2. The Aeta peoples in target communities have appreciation of their culture and way of life in settlement communities;
3. Majority of the Aeta farmers in target communities have adequate farming know-how as well as tools and farm inputs;
4. Aeta farmers in target communities have access to low cost financing for farm production;
5. Aeta farming families in target communities produce climate resilient crops aside from banana blossom gathering;
6. Produce of Aeta farmers in target communities are bought at fair trade prices;
7. Majority of the Aeta tribal families in target communities have improved access to needed healthcare services.

Assuming that all the above outputs are carried out by this project in three years, the expected outcome shall be reduced number of Aeta tribal families, in target communities, live below poverty threshold

Finally, the impact of this three years project are the following:

1. Reduced number of households that are food insecure;
2. Reduced rate of malnutrition among Aeta children;
3. Low number of children that are not in school;
4. Low school drop-outs

These above solutions are sewn together into a coherent Theory of Change, arrayed in a Results-Based Management Framework (RBM) in Section VII: Proposed Project Design.

This is Phase I of this project and the main stakeholders — or the partner families — are the Aeta households in the tribal settlements within the four villages of Sta. Juliana, Bueno, Maruglo and O'Donnell in the municipality of Capas, Tarlac. They shall be selected according to a Criteria of Inclusion prepared by the project management.

#### B. Project Implementation Process

Project participants are chosen according to this Criteria of Inclusion as prepared by Project Management. The first year of implementation is mainly a *project piloting phase* where the first cohort of selected participants becomes an experimental group carefully studied for lesson gathering, with a view towards improving the prospects of achieving the intended impact of the project. Lessons learned, then, from this *project pilot phase* shall be applied towards improving the design of the project, including improving the theory of change.

#### C. Stakeholder Analysis

To further analyze the groups of actors that may positively or negatively affect the outputs, outcome and impact of this Project Table 3 below shows the Stakeholder Analysis Matrix that identifies these potential players. This project anticipates the emergence of actors

during the implementation phase and the stakeholder analysis will then be updated and reflected in the periodic monitoring and evaluation.

Table 3  
 Analysis of Project Stakeholders

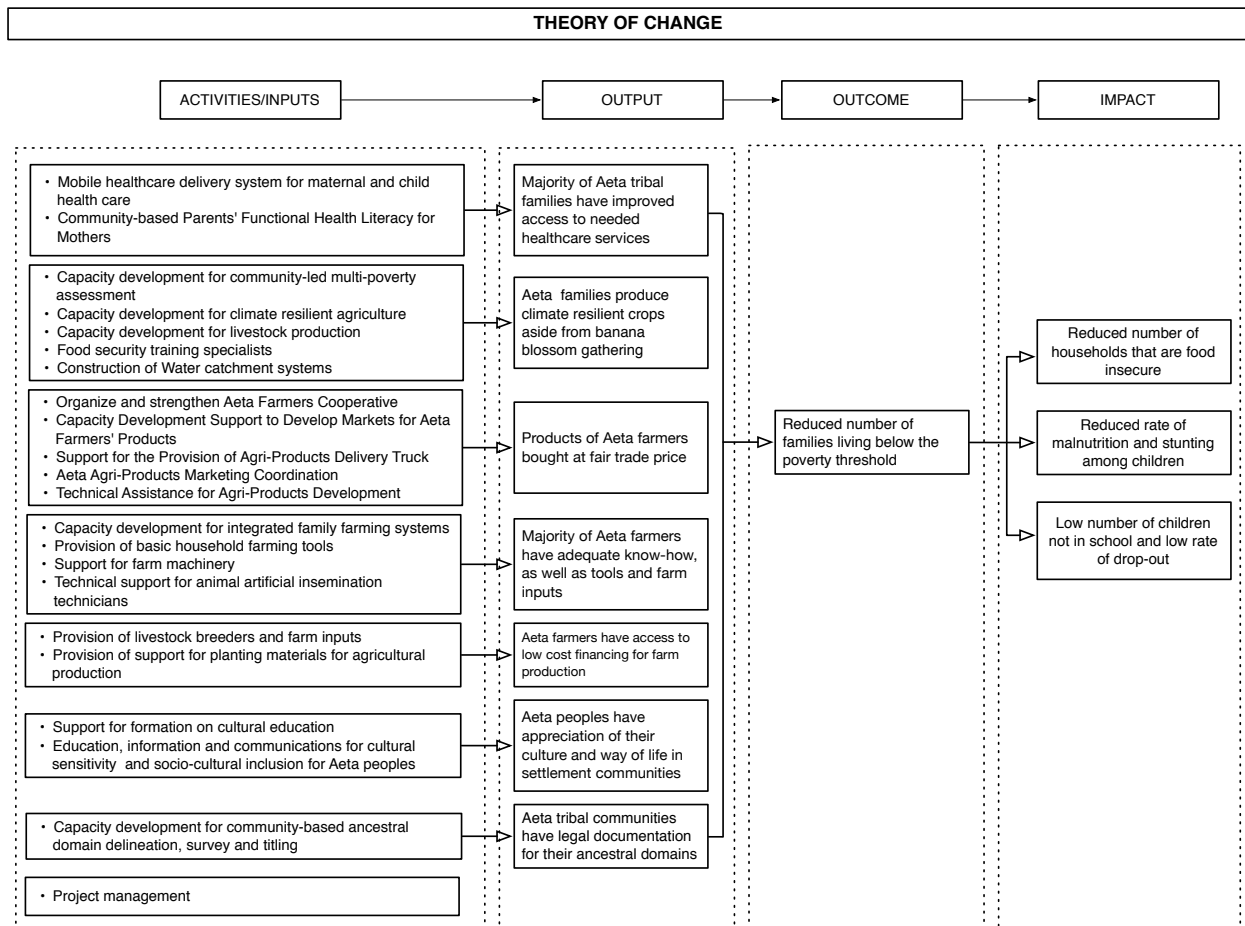
Stakeholders	Interest	Potential Role in the Project	Influence	Importance
Aeta Households in Villages Covered by the Project	Improved development outcomes for members of the families covered by the Project	Main beneficiaries and project partners whose cooperation is key to project success	Low	High
The Local Government of Capas	Development needs of its constituencies are met by non-government organizations catering to fundamental human needs and rights	Network and related support in logistics and security for project implementors and target households	High	High
The Local Health Authorities	The huge gaps in the health service delivery of the government is indirectly affected by this project	Support especially in supplies and human resources occasionally provided	Medium	High
Local Military Authorities in the military reservation where the Aeta tribal settlements are situated	Protection of the boundaries of the military reservation within which some of the Aeta settlements are located	May hinder the implementation of the activities of this project due to restriction of movements of the project implementation team	Medium	High
The Local Church	Care for the poor and the marginalized	Moral support	Low	Low
Local Non-Government Organizations operating in the Area	Protection of their own turf, areas and beneficiaries as well as implementation of their own programs	Competition and Cooperation (Coopetition)	Medium	Medium

This above analysis of the stakeholders shows that though there are local institutions in the public sector that have stake in this project, the implementation of this project's activities shall be carried out purposively and mainly by the proponent, with their support. What shall be critical is the continuous partnership-building and networking with these public institutions for this project to succeed. The local government unit of Capas, Tarlac (LGU-Capas, Tarlac) is crucial for the attainment of several initiatives. For this reason, close coordination between the project management and LGU-Capas, Tarlac shall be ensured at all times within the timeline of this intervention.

## V. Proposed Project Design

Based from the Solutions Tree in Figure 3 above, the Phase I of this Project has the following *theory of change* below, in Table 4. The table shows the input, output, outcome and impact chain of results that this project would like to see happen among the target Aeta tribal communities.

Table 4



### A. The Indicative Activities or Inputs

Given the above results chain, the following are the indicative activities:

- Mobile healthcare delivery system for maternal and child health
- Community-based parents' functional health literacy for mothers
- Capacity development for community-led multi-poverty assessment
- Capacity development for climate resilient agriculture
- Capacity development for livestock production
- Food security training specialists
- Construction of water catchment systems

- Organize and strengthen Aeta Farmers Cooperative
- Capacity development support to develop markets for Aeta farmers' products
- Support for the provision of Agri-products delivery truck
- Aeta agri-products marketing coordination
- Technical assistance for agri-products development
- Capacity development for integrated family farming systems
- Provision of basic household farming tools
- Support for farm machinery
- Technical support for animal artificial insemination (technicians)
- Provision of livestock breeders and farm inputs
- Provision of support for planting materials and certified seeds for agricultural production
- Support for formation on cultural education
- Education, information and communication for cultural sensitivity and social inclusion for Aeta indigenous peoples
- Capacity development for community-based ancestral domain delineation, area survey and titling of the indigenous ancestral land claims
- Project management

#### B. Community-based Approach

Poverty is not only poverty of income; it is rather multi-faceted. Along with Amartya Sen (Development as Freedom, 1999), this project takes the view that poverty is often about poverty of capability. To lift families and communities mired in extreme poverty is to build their capabilities inherent in them. This Project therefore takes to heart the principle of people-centered development. As such, participation of the local stakeholders is important right from project research and design, implementation, monitoring and evaluation.

## **VI. Monitoring, Evaluation and Learning**

How shall this project be monitored and evaluated, in order to learn lessons from its implementation?

#### A. People-Centered Intervention

Because this project is committed to involve the participation of the Aeta tribal communities—from conceptualization and inception to the evaluation at the project's close. Indicators at the level of outputs, outcomes and impact, though already identified here in this project proposal, shall be discussed, clarified and, if necessary, corrected with the active participation of Aeta men and women leaders.

Definitely, this project's interventions are anchored on community organizing, which is forming and strengthening the Aeta Farmers' Cooperative linked to markets. The project supports the Aeta farmers to develop the markets for their produce and ensure for fair trade prices for these products.

#### B. Empowerment

People-centered intervention takes to heart the empowerment of peoples as core principle in health and development work such as this project. Empowerment is both a process and as consequence of releasing and enhancing the powers, capacity and gifts inherent in peoples. Empowerment is about ownership of issues and challenges, when communities themselves are aware of them and are aided in addressing them in the development process, part of which is the achievement of equitable health, human development and total well-being.

### C. Learning

Such development process begins, therefore, “from below,” from the people themselves. They are the masters in their own development, aided by the organizations that implement with them this project — the Camillian Disaster Service International and Health and Development for All Foundation. And “development from below” is a process of mutual learning. The proponents of this project maintains a learning attitude towards and about the indigenous knowledge, systems and practices of the Aeta peoples on health caring and in community development, in an ever-widening understanding of their culture and resilience. To build up on the resilience of this people is to recognize the life-giving aspects of their culture.

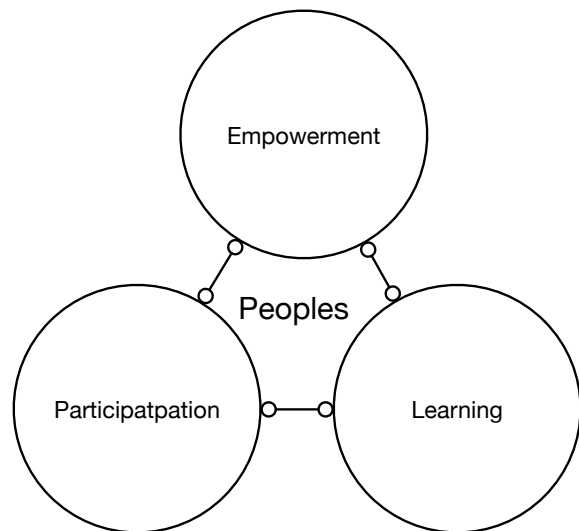
### D. Participation and Ownership

An empowering and learning development process cannot but be highly participatory. To support peoples in their empowerment is to build on their participation in the development process. Learning becomes *social* when peoples participate in it; health and development interventions become empowering when learning is participatory. Thus, the three elements of “empowerment,” “social learning” and “participation” are intrinsically linked to each other in this project.

This project, anchored on people-centered development, looks at and takes action from the lense of empowerment, participation and learning. In most situations, addressing poverty and its many dimensions, helping people to help themselves is most appropriate in many respects. The framework utilized in this project is, in essence, Participatory Monitoring, Evaluation and Learning (PMEL).

Table 5 below lists the tools this Project shall utilize to enable participatory learning of the community being affected in this intervention at different stages of the implementation process which include, among others, situational analysis, community planning, implementation, monitoring and evaluation.

Figure 4  
 Participatory Monitoring, Evaluation and Learning Framework



**Table 5**  
**Tools to Enable Participatory Learning at Different Stages of this Project**

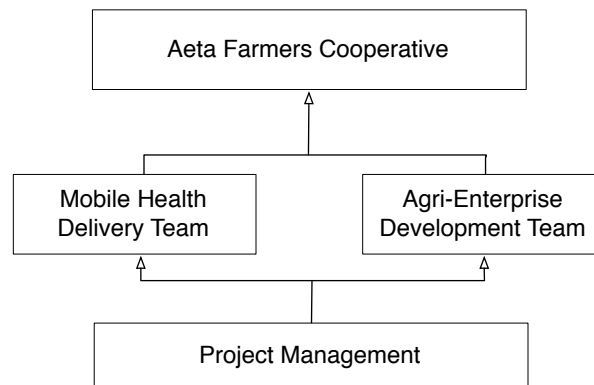
<b>Tools for Participation</b>	<b>Situational Analysis</b>	<b>Community Planning</b>	<b>Implementation</b>	<b>Monitoring</b>	<b>Evaluation</b>
Secondary Data Analysis	✓	✓			
Social and resource mapping	✓	✓		✓	✓
Seasonality charts	✓	✓		✓	✓
Historical timeline	✓				
Daily activity charts	✓			✓	✓
Wealth and well-being ranking	✓			✓	✓
Livelihood profiles	✓				✓
Matrix ranking/paired ranking	✓				
Venn diagramming	✓			✓	✓
Semi-structured interviews	✓	✓			
Problem analysis	✓	✓			✓
Objectives analysis		✓			
Alternatives analysis/options assessment		✓			✓
Project planning matrix		✓	✓	✓	
Gantt/flowchart		✓	✓	✓	
Stakeholders workshop	✓	✓			✓
Strengths, weaknesses, opportunities and threats (SWOT) analysis		✓		✓	✓
Group discussion	✓	✓	✓	✓	✓
Joint field visits	✓	✓	✓	✓	✓
Brainstorming	✓	✓	✓	✓	✓



## VII. Project Management

This project shall have a lean organization composed of only six people. The project management team has two officers in it composed of the Project Manager and Accounting Officer. The Mobile Healthcare Delivery Team is composed of a community doctor, community nurse and a driver/utility staff. Finally, the Agri-Enterprise Development Team is composed of two development practitioners closely working with the families that are participants in this project.

Figure 5  
Project Management Structure



## VIII. Conclusion

Rural poverty as multi-dimensional, especially among the indigenous populations, is a complex development challenge that requires integrated intervention. This project intends to approach this situation from health and agri-enterprise development as jump-off point towards addressing long-term the other structural causes of poverty and marginalization among the Aeta indigenous communities. The Camillian Disaster Service International and Health and Development for All, Foundation both hold the vision of *fullness of life in resilient communities* for these people.

