

# HOPELVB TOOLKIT



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## Section 1: Introduction to the HoPE-LVB Resource Toolkit

### 1.1 About This Toolkit

The Health of People and the Environment in the Lake Victoria Basin (HoPE-LVB) project is one of the largest and most scaled up integrated Population, Health and Environment (PHE) programs implemented in the East African region. As such, the HoPE-LVB toolkit has been developed using the lessons learned and best practices from the project in the hope that this PHE approach to sustainable development will be adopted on a wider scale not only in East Africa but in other areas of the world.

### 1.2 Purpose of This Toolkit

The HoPE-LVB toolkit is a unique collection of resources that has been developed to promote “a complete status of well-being” of individuals and families by converging activities related to the three sectors of population, health and environment. Bridging the gap between these three sectors will create more sustainable programming, encourage more cross sectoral policies, and address many of the targets of the Sustainable Development Goals, leading to:

- Healthy empowered people
- Resilient ecosystems
- Economically-secure communities

### 1.3 Who Should Use This Toolkit

This toolkit is for governmental and non-governmental organizations, institutions, and development practitioners who want to design, implement, scale up, and/or advocate for, monitor and evaluate Population, Health and Environment (PHE) initiatives. Training coordinators, curriculum developers, and advocates who are engaged in integrated PHE work will find the toolkit useful in their efforts to *educate, guide, and train* community, local, national, and regional actors on the importance of integrating PHE approaches as tested by the HoPE-LVB project in Uganda and Kenya into strategic development plans and policies.

### 1.4 How to Use the Toolkit

The HoPE-LVB Toolkit is divided into six sections. Each section can be used on its own or in conjunction with the others, depending on one’s objectives. The toolkit is meant to be adapted by users to be made maximally relevant; thus, organizations should adopt and implement the effective practices from HoPE-LVB that are relevant to their goals and objectives.

**The first two sections of the HoPE-LVB resource toolkit** provide further detail of the toolkit’s aims and explain the HoPE-LVB approach to PHE, with the goal of deconstructing the model so one could learn from the model and incorporate it elsewhere into new programming by other development and governmental actors.

**Section 1:** Introduction to the HoPE-LVB Resource Toolkit



**Section 2:** The HoPE-LVB Approach

**Sections 3 to 5** will examine more specific details regarding the design, implementation, and evaluation of a PHE program, along with useful resources for advocating for and scaling up PHE programs at local, national, and regional levels.

**Section 3:** Design, Implement, and Evaluate a PHE Program

**Section 4:** Scaling up HoPE-LVB Interventions

**Section 5:** Tools for PHE Advocacy

**The reference materials section** contains a range of different documents, media, and other resources from the HoPE-LVB project, including action plans and case studies for other organizations, institutions, and actors to design, implement, or scale up PHE programs.

**Section 6:** Resources and Reference Materials

## Section 2: The HoPE-LVB PHE Approach

### 2.1 What is PHE?

Population, health, and environment (PHE) programming is an approach to global development that addresses the complex connections that exist between population dynamics, human health, and environmental conservation. The key objective of PHE programming is to simultaneously improve access to health services while also helping communities manage their natural resources in ways that improve their health and livelihoods and conserve the critical ecosystems that they depend upon. Despite the interdependency of environmental degradation, human health, and food and livelihood security, development efforts have frequently taken a single-sector focus (e.g. focusing on health alone or biodiversity conservation in isolation), while people’s most critical challenges, such as feeding their families and accessing life-saving health care, do not exist in a vacuum. These needs are multi-faceted.



A community health worker educates a mother about family planning.

At minimum, PHE programs deliver **family planning, basic healthcare, and environmental management or conservation information** and services to rural communities **in a coordinated, integrated fashion**. PHE programs share a common understanding that human populations can be one of the major threats to the environment they inhabit, that human health is inextricably linked to the environment, and that it is more effective to work across the human health and environment sectors than to pursue interventions in isolation.



HoPE-LVB project participants harvest fruit from trees they planted.

**Conservation and natural resource management organizations** have also found that they can build stronger rapport with local communities by facilitating the delivery of needed health services. **Health organizations** find they are better able to reach underserved communities in remote areas by partnering with environmental organizations that are already established in those communities. Many projects have also experienced added benefits by integrating across the P, H, and E sectors—including engaging women in natural resources management activities, bringing men in to reproductive/maternal health and family planning decisions, and reaching underserved communities in remote and often biologically diverse areas.

#### 2.1.1. PHE and the Sustainable Development Goals

In September 2015, the international community reached a consensus on 17 Sustainable Development Goals that should guide global health and development programming from 2016 to 2030. These goals are integrated and they include action on climate change, all life below water and on land, gender equality, clean water, poverty, and health and well-being. All these goals resonate

with PHE programming, making PHE an appropriate means of implementation in certain regions and communities to meet the Sustainable Development Goals.



Pathfinder International and DSW, The Integrated PHE Conceptual Framework, 2013

## 2.2 Overview of the HoPE-LVB Project

The Lake Victoria Basin is home to more than 42 million people spread across five countries who depend on the lake and its ecosystem services for their survival. It is also of vital global significance for its network of more than 52 key biodiversity areas and rich fisheries. Over the last half century, a multitude of factors—now also including climate change—have converged to threaten both human and the environment’s health in the Basin. The Health of People and Environment–Lake Victoria Basin (HoPE-LVB) project (2011-2019) aims to address these challenges and foster healthy, engaged communities in lake-adjacent regions of Kenya and Uganda.

From its inception, the project was designed to develop and test a scalable PHE model and set of interventions that could be adopted by Ugandan and Kenyan communities as well as local, national and regional governments. The project was implemented in two phases. In Phase I (2011-2014), the project developed and tested PHE interventions that reduced threats to biodiversity conservation and ecosystem degradation in the LVB while simultaneously increasing access to family planning and maternal, newborn, and child health services in project communities.

Following successful implementation of Phase I, the project began Phase II (2014-2017), which focuses on scale-up of successful interventions. Phase II has focused on expanding the PHE approach to additional communities in Kenya and Uganda and supports the institutionalization of PHE approaches at the national and regional levels in Kenya, Uganda and to a lesser extent the other countries surrounding Lake Victoria that are member nations of the East African Community’s Lake Victoria Basin Commission (Tanzania, Rwanda and Burundi). The major

emphasis in Phase II has been to build the capacity of governmental and non-governmental organizations to implement PHE interventions using the HoPE-LVB project as an example. This toolkit is designed to facilitate the effective expansion of those interventions.

### 2.2.1 HoPE-LVB Partners

A number of partners contributed to HoPE-LVB's implementation. They include:

#### ***Pathfinder International*** [www.pathfinder.org](http://www.pathfinder.org)

Pathfinder International is the managing partner for the HoPE-LVB project. Established in 1957, Pathfinder champions sexual and reproductive health and rights worldwide, mobilizing communities most in need to break through barriers and forge their own path to a healthier future. Pathfinder is known for its technical expertise in areas such as strengthening community and health systems for sexual and reproductive health, advocacy, adolescents, abortion (in countries where it is legal), HIV and AIDS, family planning service delivery, maternal and newborn health, cervical cancer prevention, behavior change and gender. Pathfinder also has 60 years of experience managing large programs with multiple partners and sub-awards. Pathfinder works on a daily basis with national and international level stakeholders and donors and has inhouse technical expertise on PHE.

#### ***Osienala-Friends of Lake Victoria*** [www.osienala.org](http://www.osienala.org)

Osienala was selected as a HoPE-LVB partner in Kisumu for Phase I as it is the key environmental NGO with an exclusive focus on Lake Victoria. They are long-term partners of the Lake Victoria Basin Commission, local government agencies, fisheries organizations, and other regional structures, but also has experiences and knowledge of water, sanitation and hygiene activities, agroforestry, and community mobilization. The Lake Victoria Center for Research and Development hosts OSIENALA's HQ including broadcasting studios for Radio Lake Victoria FM, and several other programs.

#### ***Ecological Christian Organization (ECO)*** [www.ecouganda.org](http://www.ecouganda.org)

ECO was selected as a HoPE-LVB partner in Uganda for field implementation for Phase I and continued into Phase II. ECO's main program areas include natural resources governance, climate change and livelihoods, and integrated water resources management. ECO was chosen for its strategic positioning in the policy arena for climate action in Uganda: it was the coordinator for Population & Climate Change Africa Forum for the Horn of Africa, the Chair of Climate Action Network-Uganda, and a member of Climate Action Network International. Before joining the HoPE-LVB team, ECO implemented projects aimed at promoting resilience of communities to the impacts of climate change, enhancing good governance and management of natural resources and promoted integrated water resources management.

#### ***Conservation Through Public Health (CTPH)*** [www.ctph.org](http://www.ctph.org)

CTPH was selected as a HoPE-LVB partner in Uganda for advocacy activities in Phase I. CTPH has over ten years of health and environment integration experience and has been playing a leadership role advocating for role of integration at country and international levels. CTPH achieves conservation by enabling people, wildlife, and livestock to coexist through improving their public health care in and around protected areas in Africa.



**Nature Kenya** [www.naturekenya.org](http://www.naturekenya.org)

Nature Kenya was selected out of several NGOs who competed for a sub-award for Phase II of HoPE-LVB. Nature Kenya's strength is its familiarity and long history with the Yala swamp ecosystem, which is an important conservation site for HoPE-LVB stakeholders, especially donors. Nature Kenya was also chosen for its long history in Kenya and its strong visibility internationally, with well-established vehicles of communicating project results to a broad audience.

**USAID-supported BALANCED Project** <http://balanced.crc.uri.edu/>

In September 2008, USAID's Office of Population and Reproductive Health awarded a PHE technical leadership project to the Coastal Resources Center (CRC) at the University of Rhode Island (URI), called the Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project. BALANCED was a five-year project and its partners included PATH Foundation Philippines Inc. (PFPI) as well as Conservation International. The BALANCED project was able to contribute a number of activities to HoPE-LVB phase I, including supporting HoPE-LVB team members' participation in a PHE training workshop at the start of the HoPE-LVB project, the cost of evaluation consultants, the ExpandNet activities that laid the groundwork for the scaling up strategies in Phase II, the production of the behavior change strategy, technical assistance by a fisheries expert from the US, HoPE-LVB project director's participation in a month-long course at URI-CRC on coastal management and fisheries, and other ad hoc support provided by BALANCED and PFPI staff in the production of other peer education materials and monitoring trips.

**Population Reference Bureau (PRB)** <http://www.prb.org/Events/2015/IDEA-end-ofproject.aspx>

PRB was a partner for HoPE-LVB in Phase I under the USAID-supported Informing Decision-makers to Act (IDEA) project. PRB has over 30 years of experience translating demographic and other social science data to policymakers. It serves as a bridge between the research and policy communities by helping to ensure that research results are understood and used. PRB has a solid history of engagement in PHE with dedicated staff. It also has a strong track record in champion identification, documentation and dissemination, as well as working with the media on population, sexual and reproductive health, women's empowerment, youth, and environment issues. PRB supported the HoPE-LVB team in a number of ways including guiding the effort to create the HoPE-LVB logo and first project brochure; supporting advocacy activities at the regional, national and local levels; providing technical assistance on strategic communication on multi-media platforms from print to video documentaries; conducting training on advocacy and communications to project partners and PHE champions; creating advocacy strategies, and hosting the annual meeting of the project team with the HoPE-LVB donor group.

**ExpandNet** <http://www.expandnet.net/>

ExpandNet is a global network of public health professionals and scientists seeking to advance the practice and science of scaling up successful health innovations tested in experimental, pilot and demonstration projects. ExpandNet was a designated partner of HoPE-LVB from the start to ensure that the project could achieve scale-up in other communities beyond the pilot phase, and demonstrate localization, institutionalization and sustainability of PHE efforts and the HoPE-LVB model in Uganda and Kenya, and even in other Lake Victoria Basin countries, beyond the life of the project.

**HoPE-LVB Donors**

The project receives funding from the David and Lucile Packard Foundation, the John D. and

Catherine T. MacArthur Foundation, USAID’s Office of Population and Reproductive Health, the Evidence to Action project, the Barr Foundation, and the Winslow Foundation. Additional US-based PHE technical assistance to the project was funded by another private donor.

**HoPE-LVB Consultants**

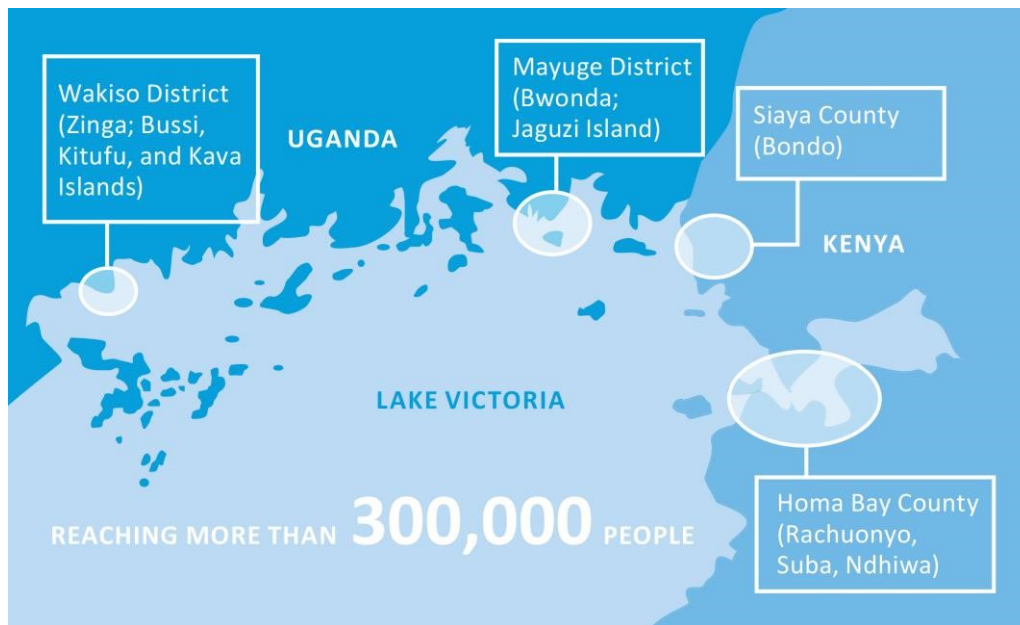
The HoPE-LVB project relied on many external consultants for its baseline survey, mid-term review, GIS mapping and ecological assessments, including those based in the US with global expertise in conservation, reproductive health and PHE, as well as consulting teams in Uganda and Kenya, often made up of a group of ecologists, biologists, fisheries experts and other scientists working together.

**Fellows and Interns**

The HoPE-LVB project also had the privilege of working with fellows and interns. The project had a PHE Fellow for a year during Phase I based in Kampala under USAID support, who worked on project activities, documentation, and supporting efforts to finalize the baseline survey reports. In Phase II, a PhD doctoral student from University of North Carolina spent some time with the project to analyze data from the [baseline survey](#) and document further findings and value added aspects of HoPE-LVB based on the mid-term review results and direct field observations.

**2.2.2 HoPE-LVB Conceptual Framework.**

As the project planning began in late 2011, many of the HoPE-LVB partners listed above asked: how can a project within limited areas of the Lake Victoria Basin (see map below) catalyze progress towards broad-scale actions and policies that bring benefits for both conservation and human wellbeing in 2-3 short years?



HoPE-LVB Project Sites across Phases I and II

Our response to this question was to implement a PHE program as a pilot with an explicit focus on the science of scaling-up from the beginning, to develop careful and well-documented plans with the systematic and well-phased technical assistance of our partner, ExpandNet. The need for an integrated PHE approach was also clear in this region: the connection between human activities

and the natural environment in communities within the Lake Victoria Basin is interrelated and interdependent. The driving forces behind the rapidly changing and degraded basin ecosystem included: exploitative livelihood practices for both subsistence and income generation purposes (e.g. overfishing and use of illegal nets); pollution (e.g. from chemical waste and poor sewage disposal); and poor agricultural practices (e.g. pesticide use and forest clearing), compounded by rapid population growth and inadequate government policies. Only an integrated response could address these challenges. In addition, advocacy for the benefits of such an approach was planned as a key project strategy at multiple levels: local, national and regional, and the recruitment of PHE integration “champions” was a critical element for its success. PHE champions needed to also exist at the household level in “model households,” exhibiting positive behaviors and becoming leading catalysts for community-wide behavior change that promotes critical positive health and conservation practices. Eventually, a critical mass of these model households would result in “model villages” that would support the sustainability of the new behaviors.

### 2.2.3 Long-term Goal, Strategic, and Intermediate Objectives

The long-term goal of the HoPE-LVB Project is to reduce threats to biodiversity conservation and ecosystem degradation in the LVB while simultaneously improving maternal and child health in project communities as interdependent needs. We posit that change in these two goal components will increase equity and resilience of some of the region’s poorest people and will also increase resilience of the lake, wetlands, and forest systems that ensure functioning of the overall basin ecosystem.

The strategic objective of the Phase I of HoPE-LVB was “to develop and demonstrate/test a model for PHE integration in LVB sites that can be adapted and scaled up in communities, as well as by local, national and regional governments.” To truly effect basin-level change for both maternal and child health outcomes and conservation threats, the emphasis on scale was incorporated from the very beginning, and regional inter-governmental bodies such as the Lake Victoria Basin Commission and the East African Community were advocacy targets. (see [Section 5 for Theory of Change](#), and [Section 4 for more details on scaling up](#)).

Two synergistic approaches contribute to the overall project goal. First, increasing access to family planning is known to be a very effective means of achieving improvements in maternal and child outcomes; it also contributes to biodiversity conservation through several indirect pathways including women’s empowerment and reduced family size. Second, increasing the capacity to manage natural resources, thereby improving livelihoods for subsistence and income security, helps to reduce conservation threats while also contributing to improvements in maternal and child health outcomes. Consequently, these approaches form two of the project’s intermediate outcome objectives.



Boys along the river banks of Bussi Island, Uganda.

Change in human behavior requires motivation at the personal and community level. Health, empowerment, income and general well-being all serve as personal motivators. Community involvement/ownership and management of integrated actions, led by local government and governance entities, are required to motivate change at the community level. Thus, a third objective

of the project focuses specifically on increasing this motivation and support for the project at all levels—community and beyond—through well-designed and well-timed advocacy activities.

The HoPE-LVB “minimum package” is the set of interventions that the project team agrees would be required for successful replication of the HoPE approach. Because the HoPE-LVB model is based on an integrated PHE approach, Pathfinder International and its implementing partners had to establish a logical framework that addressed multiple stakeholder interests while ensuring that the three arms of PHE are adequately addressed. Coming to a consensus on what the HoPE-LVB minimum package was challenging. To overcome this challenge, HoPE-LVB team held a series of facilitated meetings led by ExpandNet to agree to a minimum package of interventions that were considered the most impactful interventions for the communities served by the HoPE-LVB project. The HoPE-LVB minimum package incorporates these principles: participatory planning; a rights-based approach; a focus on gender, youth, and the community; and continued improvement and refinement of approaches.

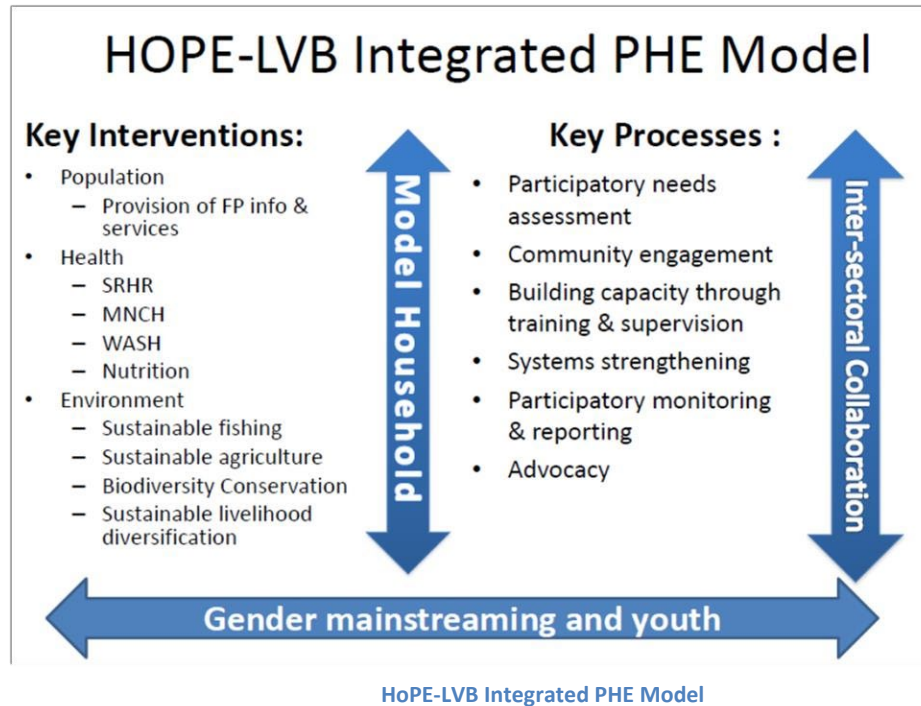
Another key lesson to keep in mind is that a PHE minimum package is not, nor can it be, a prescribed package. It must be flexible to adapt to local situations, and absorptive to ensure that key stakeholders are incorporated into project activities and interventions. Considering this challenge, all implementing partners and donors hoping to replicate the model should come on board with clear expectations and goals about what they want to achieve, after which common ground can be reached. Subsequently, a minimum package for a project model, using ExpandNet’s “Beginning with the End in Mind” framework<sup>1</sup>, can be established. Finally, the key to the success of the HoPE-LVB project has been the inclusion of affected communities. Their engagement in HoPE-LVB programming ensured that the minimum package remains flexible to ensure ownership and sustainability of the positive health and environmental outcomes of the project.

The HoPE-LVB Integrated PHE Model below illustrates the HoPE-LVB model. The HoPE-LVB model is comprised of a set of “core” interventions and processes that were promoted jointly with communities in project sites to help them adopt, own, and apply the PHE concept. The HoPE-LVB approach consists of efforts to implement all the elements related to the areas/sectors of Population, Health, and Environmental conservation together wherever possible (figuratively called the *interventions*), using a set of managerial and organizational *processes* geared to enhancing inter-sectoral collaboration.

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<sup>1</sup> Downloadable at: [http://www.who.int/reproductivehealth/publications/strategic\\_approach/9789241502320/en/](http://www.who.int/reproductivehealth/publications/strategic_approach/9789241502320/en/)





#### 2.2.4 Lessons Learned About Constructing the HoPE-LVB Model

According to the experience of the HoPE-LVB team, packaging the model has been a major challenge, partly due to the following reasons:

- The culture of developing single-sector “pilot projects” is still the norm, even though it is widely recognized that this approach has considerable shortcomings regarding sustaining initial gains and fostering relevant changes in policies and programs.
- The complexity of the integrated PHE model tested by the project was at times difficult to explain in operational terms: it entailed working with a wide range of stakeholders and structures at local, district/county, national and regional levels; each of these levels usually has its own needs and immediate or long term objectives, most of which are difficult to fulfill (e.g. start-up capital for eco-friendly alternative livelihoods and income-generating activities, sub-grants to partner organizations willing to support the adaptation of the model, technical assistance to facilitate the transfer and application of new practices, etc.).
- Despite all the efforts made by the project to simplify the model, it has been difficult to strike the right balance among the three P, H, and E areas that satisfies all the interested parties who want to support or adopt the model. Due to their own biases, they tend to “pick and choose” a single component or intervention area for which they want more emphasis, which might affect the fidelity of the model in the long run and undermine the efforts for maintaining the integration.

Very often the project teams and the project champions have faced skepticism about the value added of the integrated PHE model, especially since the observability of the successes needs to be assessed at many different levels in terms of changes in attitudes, behaviors, and practices, and the effects or outcomes of these changes also take significant time (e.g. increase in birth intervals or contraceptive prevalence rates, increase in staple crop yields, improvement of tree coverage and

tree canopy or biodiversity, etc.). Thus, it is difficult to construct and tell a story that is “convincing” enough for everyone in order to garner wider-scale support to start promoting the model as a whole.

### 2.2.5 Measures of Success

A small Technical Advisory Group for the project was formed in Phase I to further define some key “measures of success” based on a request from donors. The project identified increased access to family planning (particularly to methods of contraception that the women wanted) and to maternal health services, as two of the “measures of success” for the health area. Success was defined in terms of the following five key elements: Service availability/quality; Adequate knowledge; Social acceptability; Financial Accessibility, and Geographic Accessibility. Other measures of success were: reduced conservation threats as they were designed to be countered by appropriate project responses; and what the project contributed towards gender equality, such as women’s chore burden, women’s participation in various project activities, women’s leadership in championing PHE, men’s participation in FP and maternal health activities, and male involvement also in alternative livelihoods. The Strategic Objective of developing and demonstrating/testing a model for PHE integration that can be adopted and scaled up in the LVB region was also reviewed and documented by the team throughout Phase I<sup>2</sup> and into Phase II.

The success of the HoPE-LVB project was predicated on a number of other important assumptions:

- 1) an integrated PHE approach would be acceptable to communities and governments;
- 2) some level of health system functioning exists in project areas to meet increased demand for health services;
- 3) the absence of major environmental disasters occurring during the project period; and
- 4) the active involvement of local “champions” of PHE integration to advocate in favor of this approach at broader scale.

### 2.2.6 Monitoring and Evaluation

Appropriate monitoring and evaluation (M&E) activities are crucial to understanding whether activities are having the intended impact. For the first phase of the HoPE-LVB project, our approach to baseline data collection included a cross-sectional descriptive study that involved the use of both qualitative and quantitative data collection methods. Other PHE initiatives might opt to take a modified but similar approach. Our study included the following components:

- Population-based household survey
- Health facility assessment
- Health systems analysis (to assess access and quality of services at the local government and health sub-district level)
- Assessment of ecological status
- Participatory community assessment of community resources or “capital” (i.e. natural, built, and social/human capital)
- Policy analysis conducted through an extensive desk review and key informant interviews

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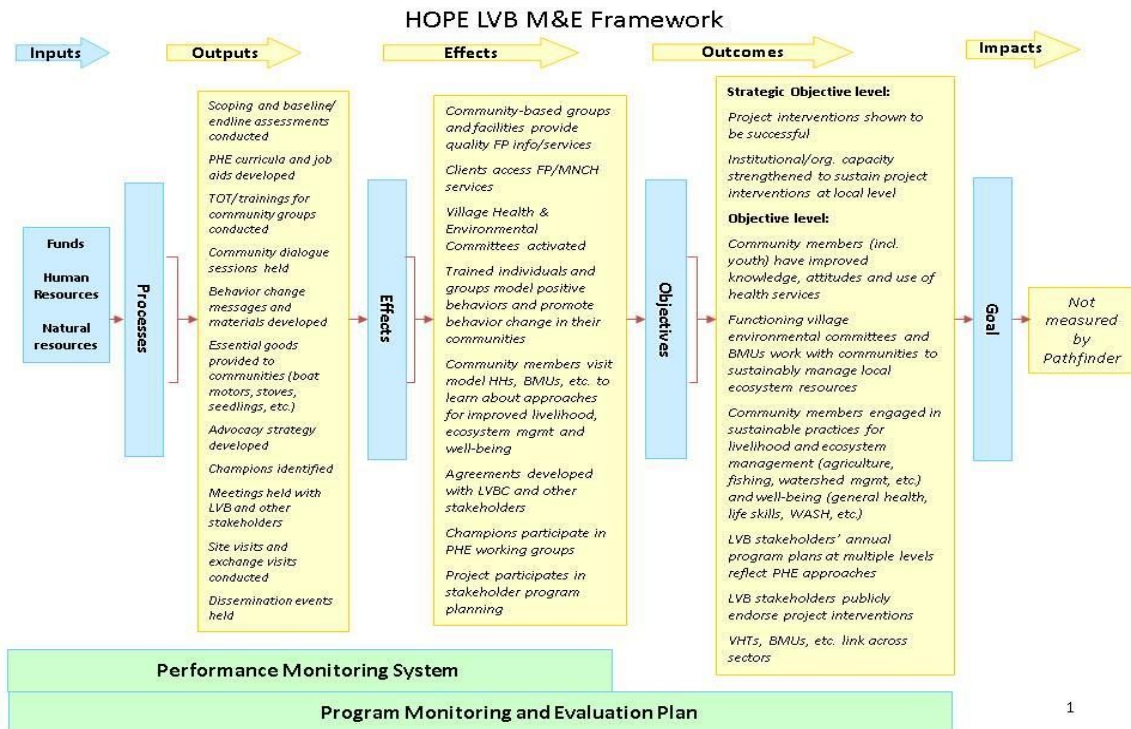
<sup>2</sup> L Ghiron et al. Beginning with sustainable scale up in mind: initial results from a population, health and environment project in East Africa. *Reproductive Health Matters* 2014;22(43):84–92.

For Phase II, we relied **primarily** on existing secondary data to establish the quantitative baseline for sector-specific outcomes and effects in Phase I and Phase II communities.

We complemented this data with a rapid assessment in Phase II sites that included:

- Participatory rapid appraisal to gain full-scale community engagement and enable stakeholder and resource mapping in preparation for identification of model household participants
- Review of health facility data to understand health facility needs and the state of health records to be used for project monitoring
- Key informant interviews to gather community-wide information and verify secondary data
- Review of natural resource management (NRM) group data to understand NRM needs and state of record-keeping
- Focus groups to understand specific groups within the community, such as beach management units and youth groups

HOPE-LVB’s M&E Framework in the image below was created at the start of Phase I. The team had to come to an agreement regarding which indicators to measure for management purposes, which ones to measure that most likely led to desired outcomes, which ones could be considered as reflecting the value added of an integrated design, which ones were important to report to the communities on progress they were making, and which ones were affordable and feasible to measure. This process naturally took multiple efforts and long discussions among M&E staff at HQ and field offices, and indicators did also evolve over time based on lessons learned and additional program staff and donor interests to seek more information on certain outputs.



## Section 3: Design, Implement, and Evaluate a PHE Program

### 3.1 Designing a PHE Project

**Situational Analysis:** As we plan to implement a PHE project, there are several stages during which specific information needs to be gathered from project areas, such as during proposal and/or workplan development, strategy development, activity design, and M&E design phases. If a PHE project is designed in response to a call for proposals, there would be certain criteria and parameters defined by the funding agency within which information would be collected to inform the proposal writing and partner selection. If the PHE project is to be built onto an existing P, H or E standalone project, information about the possible linkages between ongoing project interventions and the potential new PHE interventions, and interaction between local human behaviors and ecosystem health, would be valuable for analyses. A general pre-project scoping exercise is important to assess whether the project sites are suitable for PHE interventions; whether are interested in owning some parts of the project for sustainability; and whether partners and potential champions exist within government as well as among community groups who are likely to embrace and advocate for a PHE approach.

#### 3.1.1 Assessing Ecological Status

A critical first step to identifying the most salient environmental interventions for a PHE program for a particular area is to conduct an ecological assessment and a threats analysis. It is important to collect accurate information often available from published government agency literature and other available online reports and available research papers and tap into the broader knowledge base of what the current driving forces, pressures, state, impact and responses<sup>3</sup> are to the natural environment within the proposed project sites. It is especially also important to understand how the surrounding communities' management and consumption of natural resources could alter the course of some threats that exist, and what could potentially be done to ensure sustainable use of natural resources.

These analyses will allow the project to define the boundaries of the natural environment/ecosystem and the demarcation of administrative units for the project's scope. Both the participating communities and the project's environmental scope may change over time—especially as projects evolve and expand—but clearly defining these two elements up front is important for project design and evaluation purposes.

The HoPE-LVB ecological assessment example can help facilitate your organizations to consider the types of information to collect, that would support the design of activities to achieve impact.

##### 3.1.1.1 Policy Mapping

PHE is often a new concept to a community, and thus a mapping of existing local policies and how to advocate for the embedding of PHE concepts into existing policies and programs becomes a major focus. A key aim of PHE advocacy is to foster establishment of policies enabling integration across sectors to be philosophically accepted and, importantly, operationally implemented. An integrated PHE approach can become sustainable and scalable only if there are strategic and consistent

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<sup>3</sup> This framework, known as the DPSIR framework, was adopted by the European Environment Agency and can be found here: [http://ia2dec.pbe.eea.europa.eu/knowledge\\_base/Frameworks/doc101182](http://ia2dec.pbe.eea.europa.eu/knowledge_base/Frameworks/doc101182)



advocacy efforts in place from the start that complement successful PHE field implementation. During the situational analysis phase, it is useful to conduct a **desk review** of existing sub-national and national government policy documents to see if a PHE approach appears as a recommended strategy in reaching local and national development objectives. Those policy documents (in addition to regional and global ones such as the United Nations' Sustainable Development Goals), are useful when advocating for the inclusion of PHE initiatives in funding envelopes for local health, conservation, and broader sustainable development-oriented programs. As a best practice for advocacy, it is also important to design advocacy messages after refining the target audiences, namely policymakers and important stakeholders who are likely PHE champions or sympathizers, who hold the power to make policy, budgetary, and programmatic decisions.

### 3.1.1.2 Community and Stakeholder Involvement

Stakeholder involvement is an important aspect of any project. For HoPE-LVB, it served as a critical entry point allowing the project to assess expectations, perceptions, and attitudes of existing partners and stakeholders. This process was also important in creating constructive and productive relationships throughout the life of the project.

To foster community and stakeholder involvement, PHE programs should **identify all relevant stakeholders** who may contribute to or affect the project's success. This assessment should capture a diverse group of stakeholders because the integrated nature of a PHE program calls for inclusion of cross-sectoral partners drawn from each of the three PHE sectors. For the HoPE-LVB project, these stakeholders included: national and sub-national ministries of health, environment, forestry, agriculture and fisheries, government administrators, civil society organizations implementing any or all the PHE facets, and community members. Of relevance to HoPE-LVB, the Lake Victoria Basin Commission (LVBC), a regional body of the East African Community that represents regional interests and government agencies, is also involved with PHE interventions. The scale of involvement with stakeholders should extend to all levels to ensure future sustainability and scale up of successful interventions.

Once stakeholders are identified, projects should hold consultations with these groups (first through informal dialogues and later through more formalized channels such as project steering committees or advisory groups) to share the project idea, gauge stakeholders' perception of it, and assess the possibility of buy-in. These for are a valuable source of information for the project, and they can also form the foundation for future collaboration and partnerships.

For community-level consultations, PHE programs should seek individuals who: are knowledgeable of the local context; put forward new, innovative ideas; hold sway in communities and could champion a particular approach or the PHE perspective. The individuals' positions, vested interests, and potential bias should be taken into consideration. Diverse stakeholder consultations should continue throughout the project so that champions are supported and implementation is monitored and mirrored back to implementers from different perspectives. Even at an advanced stage of the project, feedback from stakeholders is valuable and can lead to new insights to be integrated into the project approach. In addition, the project should disseminate results to relevant stakeholders at all stages of the projects. (For more on this, see [Section 4 on sustainability and scale up](#)).

In the process of conducting a situational analysis in the implementation sites and prior to designing data collection, projects should identify strengths and weaknesses of local partners who could potentially support implementation and assess their ongoing activities. These partners could

include community groups such as women's groups, youth groups, health workers, beach management units, in addition to local NGOs and government agencies that relate to any of the three PHE sectors. For HoPE-LVB, Pathfinder International prioritized working with local environmental NGOs to implement the project's interventions, rather than rolling out all the components on its own. Hence, it was crucial to assess the potential partners and their capacity through visits and interviews with the leaders of these organizations. Ideally, community members and others will be brought in to cross-check their perceptions of the potential organization or group as a partner. In an ideal scenario where there is more time and freedom in the design, the sites could be selected with some scalability criteria in mind, in discussion with stakeholders who come from places where scale-up would likely eventually take place.

### 3.1.2 Determine Resource Needs

As activity design starts taking shape, the project team will have to determine what types of resources already exist and what types of resources are needed, in consultation with key local stakeholders. Existing resources should be examined and utilized first. Adjustments can be made to existing resources to the specific context of the activity. An example of resources that could be sourced or created would be a PHE training manual designed for local contexts, specialized data collection tools, where to find resources persons to conduct specialized training (such as for alternative livelihoods), where to source raw materials for project inputs (e.g. locally available materials to construct latrines, to start tree nurseries, etc.), and where to turn to for supplemental supplies if there are chronic shortages at health facilities (e.g. contraceptives, assuming demand is going to be created as access improves).

### 3.1.3 Gathering Data

The next step is to deepen understanding of the socio-economic (including health) and environmental context in which the PHE efforts will be implemented. PHE programs should determine the most appropriate data sources for each of the sectors involved. Depending on resources, projects could collect primary data, using methods considered valid for that sector, or rely on secondary data. Care should be taken to plan to limit the data that will be collected as to avoid collecting data that will not be utilized. Focusing on the information most needed limits the burden on communities and staff.

**The following sections contain guidance and required considerations for data collection in each sector.**

#### 3.1.3.1 Family Planning and Related Sexual and Reproductive Health Services

Specifically, for women's reproductive health in the context of a PHE initiative, minimum standard metrics include: data on provision and use of family planning information, services and methods; current use of a contraceptive methods; quality of services provided. It is important to use existing data as much as possible for any PHE program (service statistics, clinic outreach records, etc.) so that efforts could easily be duplicated in other areas. Also, it should be noted that adding 1-2 questions onto an existing data collection form is much more sustainable than creating an entirely new one in terms of compliance and scalability.

Data collection would involve identifying services provided by and identifying the location of the main health facilities and closest referral facility linked to targeted communities, reviewing clinic logbooks or summary forms such as client records for the previous two years (or at least one full year for reference as a baseline) to extract relevant data. Projects should also interview clinic staff

responsible for sexual and reproductive health service provision to assess clinic operations and the quality of service delivery. Baseline results should be documented in a highly standardized way to enable the project to assess change over time. The same standardized questions should be used in follow-up data collection.

In addition to clinic-based quantitative and qualitative data collection, relevant information related to sexual and reproductive health beliefs and norms should be gathered via **one-on-one and group interviews** with a variety of stakeholders. The latter should include women of reproductive age including adolescents/young adults; community health workers; leaders or active members of community women’s groups; male opinion leaders in the community (e.g. village chief, head of the village planning committee); and program managers and other decision makers at a level(s) higher than the community, such as those responsible for sub-national and national programs.

For projects/programs with sufficient resources that plan to implement programming over a long time period (5-10 years) and with adequate intervention intensity to achieve measurable change at the population level, a **household survey** can be a useful way to secure baseline data and follow-up on knowledge of, attitudes towards, and use of family planning services. The survey must be carefully designed, implemented, and resourced to produce accurate information.

### 3.1.3.2 Health

Remote rural communities dependent on a dwindling or damaged natural resource base often face numerous health challenges. The process of identifying which of these health challenges are most important to the community, cross-referenced with threats to environmental degradation, and related in some way to local gender issues, is another critical step in the PHE analysis process. This choice serves to unify the PHE strategy and inform decisions regarding which health interventions to support.



Keith, a young boy from Bussi Island, washes his hands using a tippy-tap.

The particular health challenge(s) selected can be either acute or chronic, but should be of key concern to the beneficiary population. Many location-specific factors affect which health interventions should be focused upon, which in turn, affects what health data are collected. Another key factor relates to donor support and outcome expectations for that support. In addition to family planning, HoPE-LVB focused particularly on maternal health interventions since this was of special interest to one of the donors, as well as water, hygiene and sanitation (WASH) which was identified by communities and policymakers as critical to public health and environmental conservation. See the [data collection tools](#) HoPE-LVB utilized during the baseline.

Information about health can and should be collected through **reviewing facility logbooks or conducting interviews with staff**. Access to health services and the quality of those services are fairly generic questions that apply, regardless of the targeted health condition(s). Change in prevalence of specific health condition(s) is not easily documented over a short period of time, but **household surveys** may potentially provide a proxy measure, such as respondent perceptions regarding their health and/or use of health services for a specific condition. Change in knowledge, behavior, and practices to prevent certain health conditions can be measured both qualitatively and

quantitatively (e.g. through interviews or through data collection on the establishment of latrines and handwashing facilities, sales of mosquito nets or water purification tablets, and production of fuel-efficient cookstoves).

### 3.1.3.3 Environment

Environmental conservation projects, which are founded on the principle of community involvement and which target community development in conservation efforts, routinely conduct **participatory rural appraisals (PRAs)**<sup>4,5,6</sup> as an integral component of project design. By definition, PRAs incorporate the knowledge and opinions of targeted community members in the planning and management of their projects.



A group discussion on Bussi Island in Uganda.

PRAs can include a number of different data collection methodologies depending on resources and objectives.

**Group discussions** are a common component, and involve a range of community members. These discussions traditionally focus on community development needs, how community members interact with the local natural environment, the extent to which they depend upon local resources, how that resource base may be changing, how the community functions in terms of furthering their own development, and how the community organizes, or wishes to organize, itself and its desires and actions to maintain environmental integrity while simultaneously furthering sustainable development. Interesting findings could include current positive practices that have been or are being adopted by particular individuals or groups (“first adopters”) that may serve as models for learning by others; and sources of knowledge and support that are currently available and accessible to support these positive practices. Gender issues may not always come up during the PRAs, but for PHE-related projects, the way in which all members of the community (women and youth included) affect local conditions, and are affected by them, should be featured.

In addition to group and one-on-one discussions with village leaders, opinion leaders, and members of livelihood-related community groups (such as fishers and farmers), PRAs may also incorporate a number of other data collection methods including:

- 1) **transect walks;**
- 2) **resource mapping;**
- 3) **matrix ranking/scoring exercises;**
- 4) **seasonal calendars;**
- 5) **historical event timelines;** and
- 6) **review of relevant quantitative data/records.** See the photo below for an example of community scoring used during a PRA.

<sup>4</sup> Examples include: [http://www.kstoolkit.org/Participatory+Rural+Appraisal+\(PRA\)](http://www.kstoolkit.org/Participatory+Rural+Appraisal+(PRA))

<sup>5</sup> Robert Chambers. *Whose Reality Counts? Putting the First Last* Intermediate Technology Publications, London, 1997, p. 106.

<sup>6</sup> *Rural Development: Putting the Last First*, Robert Chambers, 1983, Longmans



For HoPE-LVB, these methods were executed in the following ways:

- **Transect walks** - environmental issues of importance to community groups were written down and photographed during transect walks of the community spaces.
- **Resource mapping** - indicated the location and use of local natural resources, social service infrastructures, and human resources.
- **Trend analysis** - elders and long-term residents contributed to establishing trends for a core set of topics: deforestation, food production, fish populations, human population dynamics, and human disease.
- **Guided focus group discussions (FGD)** - provided qualitative baseline measures of select project identified indicators. A checklist helped community members identify their own indicators of project success based on expectations.
- **Scoring** - provided a means to prioritize these indicators and to monitor community perception of progress on these indicators over the life of the project. Where conducted, two scoring exercises were undertaken: one as part of the FGD with the local women's group with which HoPE-LVB is working; one with a community environmental group including men involved in the resource mapping and transect walk. The latter represented the different livelihood options in the area (e.g. fishers, farmers, and/or traders). The priority project expectations that communities chose to score were: improving access to health services, investing in income-generating activities, improving food sources and other sources of income.



Example of Community Scoring during PRA

Conservation-related frameworks differ in orientation from health-related frameworks; thus, data collection should reflect this difference. Specifically, conservation goals relate to the state of the environment itself as well as the more localized goal of reducing human threats to environmental conservation. At a minimum, PRAs should document key threat-related behaviors and data on how those behaviors affect the community and the environment. Projects should establish expectations about what targets are feasibly achievable given what is already being done (by the project, the government, and others) within a relevant timeframe to maximize gains in all three domains and at their intersection.

The state of the local environment may only be measurable at large scale (e.g. local, national, park, or forest level) and/or over a longer time period than what is possible through any one project. For planning purposes, qualitative information from **key informant interviews** should be collected on the perceived state of the local environment, specifically the ecosystems relevant to PHE.

Quantitative **data from fishery, wildlife or other environmental management departments** may be available as an additional resource to assess environment interventions. See also [section above on ecological assessment](#).

If resources allow, consider collecting quantitative data using the tools and techniques considered most valid by the respective disciplines to serve as baseline for future impact evaluations (e.g.

remote sensing analysis, fish catch surveys, wildlife or bird counts). See the [tools](#) HoPE-LVB utilized.

### 3.1.3.4 Gender

Gathering data on gender norms requires thoughtful questioning that should be included as part of the one-on-one and group interviews, as well as any household survey. Projects should specifically target representatives of women’s groups, female school teachers, and female participants in community governance structures to gain a greater understanding of local gender dynamics and gender-related pathways connecting population, health, and environment in the local context. While gender was not an explicit focus of HoPE-LVB objectives, it was a cross-cutting issue that was valued by both implementing partners as well as funders from the start. However, there was insufficient PHE-relevant gender expertise among the project implementing team, and project funds were stretched and did not allow the project team to design interventions and measures that analyzed and documented the gender-specific impacts of HoPE-LVB more fully. The project did develop some measures of success related to increased gender balance as follows: decrease in women’s chore burdens; increase in women’s participation in resource use and governance; men’s participation in family planning and maternal health care; women as PHE champions; women’s participation in decision-making; men’s participation in savings; and women’s livelihood participation. As the HoPE-LVB project was being implemented, agencies such as IFPRI and USAID continued to develop and test tools to measure women’s empowerment as it relates to agriculture<sup>7</sup> as well as other useful manuals<sup>8,9</sup> which are highly relevant to PHE programs and should be referenced for future projects.



Harriet and John Lwegaba in their farm on Bussi Island, Uganda.

### 3.1.4 Design

After all the necessary data has been collected and analyzed to inform project decisions, the project team should meet to further refine the design of project activities. The guidance from ExpandNet’s “Beginning with the End in Mind” is helpful in determining what would make the most sense to design a project package that is relevant, affordable and implementable with available resources including staffing and local capacities. To accommodate this step, there should be reasonable flexibility built in for the project team to be able to adjust what was written into the project proposal and budget. Alternatively, a donor agency could choose to provide a planning grant as the first step to feed into the design for a larger award, or data collection and project design refinement could be clearly spelled out as a planning phase of the project. Iterative dialogue with beneficiaries and local policy makers during scoping trips, data collection and sensitization meetings with local leaders, as well as with various community groups through a variety of communication channels,

<sup>7</sup> The Women’s Empowerment in Agriculture Index developed by International Food Policy Research Institute (IFPRI) in 2012, available at: <http://www.ifpri.org/publication/womens-empowerment-agriculture-index>

<sup>8</sup> USAID’s Guidelines for Integrating Gender into an M&E Framework and System Assessment published in 2016, available at <https://www.measureevaluation.org/resources/publications/tr-16-128-en>. Another useful resource, Gender and Indicators Cutting Edge Pack, from the Gender and Sexuality Cluster at the Institute of Development Studies’ BRIDGE resource center: <https://www.bridge.ids.ac.uk/bridge-publications/cutting-edge-packs/gender-and-indicators>.

<sup>9</sup> L Ghiron et al. [Beginning with sustainable scale up in mind: initial results from a population, health and environment project in East Africa](#). *Reproductive Health Matters* 2014;22(43):84–92.

have all been critical to HoPE-LVB project’s wide appeal, broad acceptance, community ownership, and eventual demonstration of institutionalization. (For further detailed information about how HoPE-LVB went about designing the project with scale up in mind, please refer to this article.<sup>9</sup>)

## 3.2 Implementation

### 3.2.1 Staffing Your Project

First, a project should establish the core project team, who will be responsible for preparing plans, overseeing project implementation and interacting with external partners/consultants and donors. Core staff should have technical expertise in the population, health, or environment domains as well, ideally, as cross-sector/domain interest and expertise, management capacity and the ability to work using the lenses of gender equity, community empowerment, advocacy, a youth focus and also some specialized skills in planning for sustainability and some knowledge of the science of scaling up. So many skills may be hard to find in any one individual, but taking a team approach and using specialized global and local consultants where needed, one can ensure that as many as possible are represented.

### 3.2.2 Developing a Workplan

With the team in place, the next step is to develop work plans. These include annual, quarterly, and monthly plans. Anticipated outputs and outcomes should be directly related to the project objectives. These may include: 1) improved sexual and reproductive health outcomes; 2) improved natural resource management practices; 3) increased access to alternative livelihoods; 4) clear documentation and dissemination of the project’s PHE model; 5) adoption and scale-up plans; and 6) plans for institutionalizing the project’s PHE model in existing health and environment systems and structures at community and governmental levels.



A tree nursery at a HoPE-LVB site in Uganda.

Given the expansive nature of PHE work, it is helpful to prioritize and select the technical areas of implementation to ensure all partners are attuned and can build their expertise across the key interventions. As an example, the HoPE-LVB prioritized interventions are:

**Activities HoPE-LVB undertook to advance family planning access:**

1. Provide technical updates on family planning for health center staff
2. Advocate for commodity supplies, fill gaps when necessary
3. Mobilize PHE champions from model households and community-based groups (such as women's groups and beach management units, etc.) to disseminate family planning messages and information
4. Support young mothers to use family planning to space subsequent pregnancies
5. Ensure quality of care for family planning
6. Advocate with government at all levels to provide support to family planning budgetary allocations, PHE-friendly policies and to elevate the status of family planning services as a need and right
7. Focus on educating men about contraception and the importance of male involvement

**Activities HoPE-LVB undertook to improve maternal and newborn health:**

1. Strengthen labor and delivery, antenatal and postnatal health services
2. Encourage institutional deliveries
3. Strengthen water, sanitation and hygiene in communities and schools
4. Improve immunization coverage
5. Strengthen providers on basic and emergency obstetric care as well as care for other emergencies
6. Facilitate emergency transport to health services at the community level
7. Partner with NGO We Care Solar to install Solar Suitcases© in health facilities

**Activities HoPE-LVB worked with communities on to improve natural resource management:**

1. [Institute demarcation and protection of fish breeding grounds with Beach Management Units and Fisheries agencies](#)
2. [Establish tree nurseries, tree planting](#)
3. [Expand access to alternative energy options \(e.g. energy saving stoves\)](#)
4. [Encourage household-level behavior change \(e.g. pit latrines, planting woodlots for fuel wood, not openly defecating\) through model households](#)
5. Adopting sustainable agricultural approaches including composting, using organic and animal manure for farming instead of chemicals, zero grazing, agroforestry)

### 3.3 Monitor and Evaluate Your Project

This section describes how a PHE program might approach monitoring and evaluation (M&E), building on a description of the HoPE-LVB project's M&E plan. Generally, the steps toward developing a robust M&E plan include:

- 1) referring to the theory of change and log frame, which helped develop the project design, to guide the measures of success;
- 2) selecting the measurable and most meaningful project indicators;



- 3) conducting routine monitoring of selected indicators; and
- 4) periodic evaluation of progress and implementation processes not otherwise captured through routine monitoring.

Documentation of implementation is a critical component of all M&E work. Please note that this section assumes availability of resources for investing in M&E, which may not be the case for all groups. Monitoring of programs is feasible even without dedicated funding for this and always plays a vital role in PHE implementation but may look different than what is described below. Those wanting to replicate this M&E approach for their PHE programs may need to adjust their plans depending on available resources. There are also excellent manuals available on best practices for PHE M&E (most notably the MEASURE Evaluation/USAID Guide to Monitoring and Evaluating PHE Programs<sup>10</sup>). Consequently, this toolkit chapter focuses primarily on the approach taken by and learning from HoPE-LVB given the needs of funders, feasibility, and constraints on the ground.

### 3.3.1 Log Frame Development and Indicator Selection

A project log frame shows project outcomes, intermediate outcomes, and outputs with corresponding indicators at each level. The HoPE-LVB Phase I project objectives were largely sectoral, so we added a ‘value-added/cross-sectoral approach’ section to the log frame to capture the potential benefits and value-added of an integrated PHE approach. Other PHE programs should adapt their log frame to align with project objectives.

It is best to use an iterative process to select project indicators for the log frame, attempting to balance the needs/desires of many different stakeholders while keeping the indicator list manageable. For HoPE-LVB, the end goal was to develop a streamlined list of essential indicators that were feasible to measure and could reasonably be expected to show change over the project timeframe. Keep in mind that all stakeholders will have their own perspective on what is important to measure; thus, the process of reaching consensus can be challenging. The project team may need to make hard choices about what is truly essential to measure, is objectively verifiable, and feasible to collect from the community, rather than what is ‘nice to know.’ Another challenge is including indicators that measure gender mainstreaming and youth empowerment, which are essentials to the HoPE model but are easily missed since they do not easily map onto the P, H, or E sectors. For example, the HoPE-LVB team listed project interventions under each objective and identified a set of corresponding indicators. Then, worked with the project team to obtain consensus on a streamlined list that included sectoral indicators for the PHE sectors as well as value-added and integration indicators. A full Performance Monitoring Plan (PMP) table with corresponding indicators, definitions, data sources, and frequency of reporting was set up. The PMP included: output and effect indicators to be tracked routinely (quarterly); outcome indicators to be tracked annually or at baseline/endline; and impact indicators to which the project would ultimately contribute to but not measure directly. In detail, the HoPE-LVB team used the following approach to develop the log frame and select indicators:

- HoPE-LVB began the log frame development by “rolling-up” workplan activities into relevant strategic approaches (determined during an initial project design workshop and scoping exercise). This process aimed to identify the simplest package of “integrated

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<sup>10</sup> See MEASURE Evaluation website: <https://www.measureevaluation.org/resources/tools/population-health-and-environment/population-health-and-environment-training-materials>.

interventions” which supports scalability as described in ExpandNet’s reference publication, “Beginning with the End in Mind<sup>11</sup>”. This process resulted in a separate summary document for each strategic approach which contained a list of activities and relevant outputs, a short set of associated outcomes, and value-added aspects of the approach. Using these documents as references, we identified a list of potential indicators under each strategic approach. We consulted the MEASURE Evaluation/USAID “Guide for Monitoring and Evaluating PHE Programs”<sup>12</sup> closely during this process, which lists several indicators by sector as well as ‘value-added’ indicators (see below for more details).

- To identify a shortlist of essential indicators, we developed the following criteria as the basis for indicator selection: the indicator must: 1) be important/relevant for the project (i.e. contribute to achieving project objectives); 2) reflect achievements that can be reasonably accomplished in 2-3 years; 3) be feasible to measure; and 4) be of interest to donors per proposal guidelines they issued under which the project was funded.

Indicators, by definition, “indicate” or represent a more complex picture. HoPE-LVB aimed to select a subset of indicators that helped paint that picture and that also met these four criteria. To this end, HoPE-LVB went through a systematic process to obtain consensus from all project partners on which indicators met these criteria. The resulting list was included in the log frame. For every indicator suggested, we documented the rationale for selecting or not selecting, per these criteria. Most partners strongly advocated for additional indicators that were ultimately not included in the log frame. The final list was thus already substantially pared-down as a compromise among all partners. To address project partner and donor concerns that not all the indicators they wanted appeared in the final log frame, we agreed that the project could separately track other indicators considered critical for monitoring and evaluating project progress. In the interest of keeping the indicator list short, we purposely chose indicators that addressed a variety of workplan activities (versus just one activity). For example, we chose the indicator ‘% of households engaging in sustainable agricultural practices’ with the understanding that this would cover a variety of agricultural practices being addressed by the project (we asked for specific information pertaining to which of these practices were implemented separately in the baseline/end line studies, but we reported on these practices as one “integrated” indicator).

- We included reference to “impacts” in the log frame to demonstrate the continuum of expected project effects, with the caveat that the project would not measure these as they are 1) very unlikely to change in a two to three-year period and 2) generally not feasible to measure at the village/parish levels at which the project works. If project efforts are sustained, which of course is the hope, such impacts will ideally be realized and measurable through a special data collection effort.
- We also developed a separate framework to identify overarching project “measures of success” (both quantitative and qualitative) with corresponding key indicators to report to donors. The measures of success included: increased access to family planning; increased

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<sup>11</sup> See ExpandNet “Beginning With The End In Mind.” <http://www.expandnet.net/PDFs/ExpandNet-WHO%20-%20Beginning%20with%20the%20end%20in%20mind%20-%202011.pdf>

<sup>12</sup> Access USAID’s Latest PHE Monitoring and Evaluation Guide: <https://www.k4health.org/sites/default/files/ms-18-131.pdf>

access to maternal health services; reduced conservation threats; improved gender equity; and development of a scalable model for PHE integration.

### 3.3.1.1 Baseline Data Analysis

A baseline study measures the outcome indicators that are specified in the log frame, and collects baseline information deemed critical by the project team to inform future project design (including validating project assumptions in the log frame and theory of change). The depth of your baseline survey will depend on resources, but it is a good idea to conduct one in any case, as it will inform project design. For HoPE's baseline study, the team aimed to measure outcome indicators at the population (community) level via a household survey. As described in previous sections, the HoPE-LVB project also conducted a participatory rural appraisal and transect walk with community members to assess ecological threats. This combination of quantitative and qualitative approaches allowed us to obtain information on household practices in agriculture, fishing, etc. as well as to obtain more in-depth information on the reasons behind people's practices (whether positive or negative). Some of the baseline information contributed to specific project indicators; other information complemented these metrics and was summarized in the form of narrative reports. The baseline also yielded information on other indicators we wanted to track, including in the area of natural resource management<sup>13</sup>.

One lesson we learned from HoPE-LVB regarding the household survey is that if resources allow, it is best to use a probability-based (e.g. simple random or cluster) household and respondent sampling methodology or post-selection data weighting approach to increase scientific rigor, allow for statistical analyses, and produce generalizable findings. If resources are insufficient for such a survey, projects might conduct a purposive survey or use another non-probability-based sampling technique to gather information from the community to inform project design. In either scenario, projects should ideally collect data from both male and female participants representing a wide range of ages and if this is going to be undertaken, do so with guidance and support from experts.

After the baseline study, you may want to conduct additional analyses of baseline data. The HoPE-LVB project team, for example, used this data to calculate key survey variables such as unmet need for family planning, and developed a synthesis report of the baseline study to summarize key findings from the various methodologies applied.

### 3.3.1.2 Implementing Routine Monitoring

Routine monitoring is important for PHE programs to understand the ongoing effects of the project. Projects might consider following the HoPE-LVB approach of involving stakeholders at multiple levels (project partners, community group members including beach management unit members, village health teams/community health workers, model households, women's/farmer/youth and young mother's groups) for ongoing monitoring. With this approach, data collection and reporting are not left to M&E officers alone, but instead become the collective responsibility of all M&E and program staff. The M&E team still retains overall responsibility of project monitoring (including oversight and management of data collection, quality checks, analysis and reporting); however, program staff and implementing partners are responsible for data collection and monitoring of indicators relevant to their own activities. To this end, the project might want to:

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<sup>13</sup> The baseline study synthesis report for HoPE-LVB can be found [here](#).

- Establish a project-based Monitoring and Evaluation Working Group, including project officers, M&E officers, and project managers from all implementing partners; country representatives; external consultants; and HQ staff. The HoPE-LVB project's M&E Working Group meets quarterly to discuss progress, M&E challenges, and identify solutions.
- Conduct integrated monitoring in accordance with “value-added” of PHE, avoiding developing and adding sector-specific tools where they already existed. (e.g. the governmental family planning registers, maternity register, child registers and antenatal care/postnatal care registers) for indicators at the facility level in order to minimize duplication of effort.
- Where no instruments exist, develop simple integrated community data collection/reporting tools to be used by the community-based group members implementing PHE. Examples from HoPE included a village health team/community health worker reporting form, community group (i.e. youth/women/young mother's/beach management unit tools) reporting forms, model households assessment forms, cluster leader's forms, model household visitors forms, referral forms, and beach management unit fishery forms. Examples of these tools are available in [Section 6 of this Toolkit](#). The HoPE-LVB data collection tools were developed to be simple. They included illustrations to match the literacy levels of the target communities and were also translated into local languages. The final tools were printed after pre-testing and after soliciting feedback from the community.
- Develop comprehensive reporting forms for PHE field officers at each project site. This requires that PHE officers report on all the sectors in an integrated form per project site.
- Use an integrated reporting template for reporting/highlighting project achievements to donors in all relevant sectors. Using an integrated template serves to merge activities implemented by all partners on the project.
- If your program involves the model household approach, continuous monitoring enables you to implement a cluster model system for model households and community groups. For HoPE-LVB, model households were divided into small groups/clusters from 5 – 10 householders with a cluster leader responsible for monitoring and follow-up of all the cluster members as well as collecting their reports. Leaders were trained to build the capacity of other members to practice the positive PHE behaviors and to invite their neighbors as visitors to observe these activities.
- Situate program and M&E functions jointly in one field officer (field PHE/Conservation Officer) and empower this officer to use data. In the HoPE-LVB example, the PHE/Conservation Officer compiles monthly comprehensive reports per project site and submits this data to the M&E specialist who then inputs the data in the dashboard. The collective responsibility for project monitoring led to improved teamwork in implementation, as all project officers were responsible for reviewing their own data each month to assess progress, and make adjustments as needed.
- Develop data dashboards (i.e. user-friendly Excel spreadsheets with built-in formulas) to improve efficiency of data collection, ensure quality of data, and engage program staff in utilizing data to inform programmatic decisions. Again, in the HoPE-LVB example, the



dashboards helped each reproductive health officer track the project performance at their level and make informed decisions using data. The dashboards also helped the M&E manager aggregate, analyze, and report data. Project staff use the dashboards to summarize monthly data collected by community groups on activities in family planning and environment/conservation, commodities distributed, and referrals made. Not only have project officers improved their skills in data collection and reporting, but they are also using their data for program reflection and improvement.

- Conduct training in data collection, tracking, and reporting for all community groups. The HoPE-LVB team trained village health team members, community health workers, beach management unit members, young mothers' groups, youth groups, farmers groups, and model households to track and collect data in ways that are easily understood.
- Leverage community resource persons/champions as PHE advocates to reach out to other community members to help with data collection as well as routine community monitoring.
- Solicit regular feedback from community members through monthly group meetings, community dialogue meetings, and dissemination members at sub-county and district level.

PHE programs might also consider using a mixed-methods approach for measuring project outputs and outcomes. Quantitative methods provide a standard means for comparing indicator values over time, whereas the qualitative methods provide important insights into project dynamics, which are less easily measured but intrinsic to how integrated PHE efforts “add value.”

PHE program monitoring can quickly become confusing and excessive, given the range of stakeholders and community groups involved. To avoid confusion, projects might consider developing a detailed M&E plan explaining team roles and responsibilities, and standard operating procedures for M&E including data collection and flow (see figure below as an example from HoPE-LVB), processing, quality assurance, reporting, feedback, and utilization.

PHE programs should also remain open to revising indicators during implementation when needed (if they prove to be infeasible to measure), while recognizing that some continuity of indicators is important to measure trends. The HoPE-LVB team aimed to strike a balance between revising indicators when necessary versus ensuring indicators remained consistent enough to establish trend data over time.

### 3.3.1.3 Midterm Review

When implementing PHE programs, it is useful to conduct a midterm review to obtain in-depth information on progress towards project outcomes and the effectiveness of project interventions – depending on the timeframe and resources of the program. It may be possible that strong monitoring information which can be used for learning is sufficient. Following two years of implementing the HoPE-LVB project, [Pathfinder conducted a midterm review](#). We used qualitative methodologies including key informant interviews with policy makers, policy implementers, and funders, and focus group discussions with community resource groups participating in the project in order to capture the richness of how and why the project was bringing about change. We also synthesized quantitative monitoring data to show trends over time for key indicators like use of family planning services, facility-based deliveries, and referrals for services made by community group members.



Hearing from Model Household heads about progress

A midterm review should assess:

- 1) the effectiveness of project activities and processes in meeting project objectives and beneficiaries' expectations;
- 2) stakeholder's perceptions about and preparedness to scale up or replicate project interventions; and
- 3) lessons learned in integrating population, health, and environment interventions. Sustainability planning should be considered across all assessment areas.

If possible, projects should consider conducting additional analyses as part of the midterm review. The HoPE-LVB project, for example, also [conducted an ecological assessment of local ecological measures that are affected by human behaviors/practices](#)<sup>14</sup> (both conservation threats and sustainable practices) during its midterm review. The purpose of the ecological assessment was to obtain quality baseline data on a select set of ecological state indicators relevant to the project that could be used to assess the effectiveness of various HoPE-LVB interventions in maintaining biodiversity and ecosystem health. We collected data in sentinel sites (one per country) where integrated project activities had particularly taken root. We chose indicators that were likely to measurably change as a result of integrated project interventions within 6-10 years but for which some change (based on the project's theory of change) could also be measured within the next 2-3 years.

### 3.3.1.4 Rapid Assessments

If the PHE program is divided into two phases and the second phase includes new project sites where scaling up is taking place, it is important to conduct a rapid assessment at the start of phase II. The HoPE-LVB project, for example, conducted a rapid assessment to inform the second phase of program activities and to provide baseline data for evaluating program implementation in the new and continuing sites. The rapid assessment examined: the needs, perceptions, and interests of project beneficiaries and community groups; the health, livelihood, ecological situation,

<sup>14</sup> Read the full ecological assessment report [here](#).

opportunities, and threats to resources in the target communities; reproductive, maternal, and child health services; population, health and environmental resources in the target communities; and challenges and gaps in the integration of PHE initiatives.

The rapid assessment methodologies included key informant interviews with key stakeholders, focus group discussions with community groups, transect walks, resource mapping, health facility assessments, and an ecological assessment.

## Section 4: Scaling up a PHE Program

Many PHE initiatives fail to expand to new areas because they were not designed and implemented with this goal. The HoPE-LVB project was unique in this regard. Using guidance developed ExpandNet/WHO<sup>15</sup> that lays out key principles for working with this so-called scaling up focus led to a different kind of approach and one that has yielded substantial influence on how PHE integration is viewed in the East Africa region as a result. This chapter lays out key aspects of this experience, in an effort to provide guidance to newcomers to PHE implementation to select, implement and strategically manage your PHE initiative in similar way. Much more about the HoPE experience applying the [“beginning with the end in mind”](#) guidance is laid out in a [peer-reviewed article published in Reproductive Health Matters](#).

In addition, this chapter touches on the experience of HoPE applying a multi-stakeholder scaling up strategy development process using ExpandNet/WHO guidance entitled *Nine Steps for Developing a Scaling Up Strategy*. The Nine Step Guide is built around the ExpandNet/WHO framework, which is laid out briefly below. The chapter ends with some indications of what has evolved since the scaling up strategy development workshops with the scaling-up process.

### 4.1 Scaling Up Defined

The following ExpandNet/WHO definition of scale up helped to guide HoPE-LVB throughout:

*“Deliberate efforts to increase the impact of successfully tested pilot, demonstration or experimental projects to benefit more people and to foster policy and programme development on a lasting basis.” (ExpandNet/WHO 2010)*

The definition stresses that for scaling up to succeed it must be guided, since leaving the process to chance has not had the desired impact. The definition also stresses that interventions that one wishes to scale up must be based on strong evidence of effectiveness and feasibility. Finally, in order for interventions to have lasting, sustainable impact, they must focus both on expansion to benefit more people and on becoming institutionalized in policies and programs. The former—namely **expansion** (to benefit more people)—is one type of scaling up; whereas the latter—**institutionalization**—seeks to embed the interventions in systems, policies, laws, budgets, curricula, etc. These are the two most important types of scale up.

### 4.2 ExpandNet/WHO Framework for Scaling Up

The decades of experience and learning ExpandNet has assembled on what makes scale up succeed has been packaged into several guidance tools and resources to support implementers, policy makers, program managers, researchers and technical assistance personnel. ExpandNet learned that it is never too soon to think about scaling up. Therefore, projects that have hopes for large-scale, sustainable impact should use the scale-up learning that exists and use it to design and implement the approach being tested. The tools mentioned build on ExpandNet’s scaling-up

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<sup>15</sup> Key ExpandNet/WHO tools used by HoPE-LVB included 1) [Beginning with the end in mind](#); 2) [Practical guidance for scaling up health service innovations](#); and 3) [Nine steps for developing a scaling-up strategy](#)



framework that helps to analyze all the elements that must be understood and the choices that must be made in order for scaling up to be successful.

ExpandNet suggests that the entire system in which scale up is taking place must be taken into consideration when designing, implementing and scaling up PHE interventions. As illustrated in the below figure, the system is comprised of not just 1) the key pieces in the package of PHE interventions (called “the innovation” in the language of the framework); but also 2) the “user organizations” who would eventually adopt and implement the innovation on a larger scale; 3) the “resource team” who seeks to support the process of scale up; and 4) the larger socio-cultural, economic, political and bureaucratic environment in which scale up will take place. It is the “scaling up strategy” that ensures the innovation is scaled up into wider use within the user organizations, with the strong support of the resource team.

Keeping this framework in mind, the HoPE team set to work towards achieving their strategic objective to “Develop and demonstrate/test **a model** for PHE integration in LVB sites that can be **adapted and scaled up** in communities, as well as by local, national and regional governments.” This meant taking action towards as many as possible of the 12 recommendations put forth by ExpandNet/WHO to *begin with the end of scaling up in mind*. A table that illustrates key actions taken by HoPE is below:

Recommendations for “beginning with the end in mind”	Examples of Actions taken by HoPE-LVB
1. Engage in a participatory process involving key stakeholders	<ul style="list-style-type: none"> <li>• Conducted ongoing group and individual meetings/interviews with a variety of community-based groups, district/county officials, national line ministry representatives and regional East African leaders to gain input on implementation and prospects for sustainability and scaling up</li> <li>• Established Uganda national and Kenyan county-based PHE steering committees</li> <li>• Organize site visit opportunities with academic institutions, advocates, donors and other key stakeholders related to the P, H and E sectors</li> <li>• Establish and support a network of PHE champion/advocates at local, subcounty, district/county, national and regional levels</li> </ul>
2. Ensure the relevance of the innovation (HoPE-LVB package of interventions) to local and national contexts	<ul style="list-style-type: none"> <li>• Conducted rapid assessments with community members in project areas to select and determine how best to implement HoPE-LVB interventions</li> <li>• Analyze the initially proposed interventions in light of stakeholder input and the determinants of scaling-up success</li> <li>• Carry out extensive community advocacy and resource mobilization</li> <li>• Create focused activities specifically on integration</li> <li>• Implement interventions according to national guidelines</li> </ul>

<p>3. Reach consensus on expectations for scale up</p>	<ul style="list-style-type: none"> <li>• Project team meets and clarifies objectives, modalities and expectations of scaling up</li> <li>• Identify future stakeholders/project holders in advance and begin advocacy to get their buy-in early on</li> </ul>
<p>4. Tailor the innovation in the variety of socio-cultural and institutional settings where it will be scaled up</p>	<ul style="list-style-type: none"> <li>• Participate in district health management team meetings and national level working groups</li> <li>• Work with teachers to implement PHE programming as school activities</li> </ul>
<p>5. Keep the innovation as simple as possible</p>	<ul style="list-style-type: none"> <li>• Pare down the number of interventions and reduce each to its most essential components as simple innovations are easier to scale up</li> </ul>
<p>6. Test the innovation in the variety of sociocultural and institutional settings where it will be scaled up</p>	<ul style="list-style-type: none"> <li>• The HoPE-LVB project started in two countries, Kenya and Uganda and operated in island and mainland communities around the Lake Victoria Basin, which allowed for different strategies to develop locally and be adapted through cross-learning.</li> </ul>
<p>7. Test the innovation under the routine operating conditions and existing resource constraints of the system</p>	<ul style="list-style-type: none"> <li>• Instead of training new hires, train government representatives as “training of trainers” whose task is to implement similar initiatives</li> </ul>
<p>8. Develop plans to assess and document the process of implementation</p>	<ul style="list-style-type: none"> <li>• Develop a simplified tool to document the implementation process (the how) that is not captured in monitoring and evaluation (the what).</li> <li>• Track what is being learned about working towards sustainability and scaling up so others may successfully replicate project interventions in the future.</li> </ul>
<p>9. Advocate with donors and other sources of funding for financial support beyond the pilot stage</p>	<ul style="list-style-type: none"> <li>• Dedicate project funding from the outset for strategic advocacy</li> <li>• Invite visitors to project sites to stimulate interest</li> <li>• Signed MOU with the Lake Victoria Basin Commission with joint fundraising as one of the potential activities</li> <li>• Country level fundraising</li> <li>• Generate positive media coverage</li> <li>• Register local community groups as NGOs so they could be eligible for competing for government grants and funds</li> </ul>
<p>10. Advocate for necessary changes in policies, regulations, and other systems components to create enabling environment for future scale up</p>	<ul style="list-style-type: none"> <li>• Identify and train PHE champions in the community to</li> <li>• advocate for PHE and HoPE-LVB approaches</li> <li>• Conduct policy reviews at baseline</li> <li>• Continue to learn about existing policies, plans, regulations, operational guidelines on P, H and E</li> <li>• Link national advocacy to global advocacy topics and events</li> <li>• Work to strengthen health systems that has lasting impact</li> </ul>

	<ul style="list-style-type: none"> <li>• Participate in meetings of sub-county councils, district health management teams, national level health working groups, and more</li> <li>• Work with local policymakers and village communities on by-laws to codify some of the useful health and conservation practices</li> </ul>
<p>11. Promote learning and disseminate information about HoPE-LVB</p>	<ul style="list-style-type: none"> <li>• According to workplans, and also on an ad hoc basis, make presentations at global, regional and national conferences</li> <li>• Publish information about HoPE-LVB and release to the public on website to reach wide audiences</li> <li>• Participate actively in the PHE network to share information</li> <li>• Use social media, such as blogs and tweets, to further publicize the existence of HoPE-LVB documentation</li> <li>• Disseminate HoPE-LVB approaches and preliminary findings via district, national and international meetings and conferences where targeted decision-makers are in attendance</li> <li>• Orient media personnel on PHE in general so they are able to disseminate project experience and PHE approaches in general</li> </ul>
<p>12. Gather required evidence on the implementation process for scale-up</p>	<ul style="list-style-type: none"> <li>• Conduct mid-term review, make course corrections Continue to review whether HoPE-LVB interventions are feasible, acceptable, effective and efficient; whether they improve outcomes under routine conditions in a large-scale program</li> <li>• Simplify HoPE-LVB even further and identify a minimum package</li> <li>• Careful documentation and creation of a ‘toolkit’ to share lessons</li> </ul>

The fact that HoPE worked to address as many of the above recommendations as possible helped position the project well for undertaking a planning process for scaling up with a wider range of stakeholders at the beginning of Phase II, which was focused squarely on supporting scale up to new areas and to institutionalize HoPE interventions. In February 2015, the team organized scaling up strategy development workshops in Kenya and Uganda based on the ExpandNet/WHO guidance “*Nine steps for developing a scaling up strategy.*” During these meetings, a wide range of stakeholders in both countries provided their key recommendations for actions that would help ensure that the innovation would reach more people and ideally be sustained over time. The strategies coming out of the workshops in both countries are available in the appendix.

Subsequently managing the scaling up process during phase II yielded many critical insights about both the successes as well as the complexities of implementing HoPE approaches more widely. This experience is being described in a forthcoming journal article that will be available on the Pathfinder International<sup>16</sup> website.

<sup>16</sup> <http://www.pathfinder.org>

## Section 5: Tools for PHE Advocacy

Advocacy is an integral part of ensuring the PHE approach is successfully implemented and scaled up to new areas and populations as well as institutionalized in policies, programs, budgets, and more. The HoPE-LVB project invested heavily in advocating for the PHE approach at multiple levels. Section 5 is written for development professionals and field practitioners engaged in PHE work who are interested in similarly positioning integrated PHE programs as a useful approach for achieving broader global health and sustainable development goals.

The HoPE-LVB project had two main advocacy-related objectives:

- *For Phase I, 2011-2014:* Increase public and policymakers' support for implementation of integrated PHE strategies in the LVB, including in project sites.
- *For Phase II, 2015-2018:* Advocate for and support the process of institutionalizing the HoPE-LVB model in regional, national, and local government systems and NGOs around the LVB.

HoPE-LVB used a variety of advocacy strategies locally, nationally, regionally and globally to support its activities. Successes were achieved at all of these levels and momentum was built entering into and throughout Phase II, but with one challenge: the advocacy work kept multiplying with heavy demands on staff time/level of effort. This is a concern that PHE programs should keep in mind.

The efforts of HoPE-LVB champions complemented those of the project team. They lent their voices and credibility to support the project's efforts. For example, the Lake Victoria Basin Commission, which began as an important policy target for HoPE interventions as a critical regional intergovernmental body working on sustainable development basin, became a strong and vocal partner and champion. This transition was key to elevating the visibility of PHE at the East Africa regional level.

**The following sections offer tools for successful PHE advocacy modeled on HoPE's experience.**

### 5.1 The HoPE-LVB Local, National, and Regional Advocacy Strategy

Projects aiming to advocate for PHE should carefully document their implementation design and activity planning process. From the early design phase, this should be done in close partnership with multiple stakeholders—communities, local and national governments, and regional groups, among others—that share common concerns, are working in the relevant sectors, and/or are able to influence relevant policy, program, and budgetary decisions now and in the future. Additionally, in order for the results of your early pilot test to influence stakeholders in supporting action at scale, the results must convincingly demonstrate that the model is feasible, that it makes sense in the local and general contexts, and that it confers meaningful benefits to the targeted beneficiaries. The information you choose to share about the model must be relevant to stakeholders, and must be communicated within a timeframe that allows for sustained and scaled actions to avoid a loss of momentum. You may have one key message to convey to various stakeholders but will frame it differently for each of them depending on their interest, background and priorities.



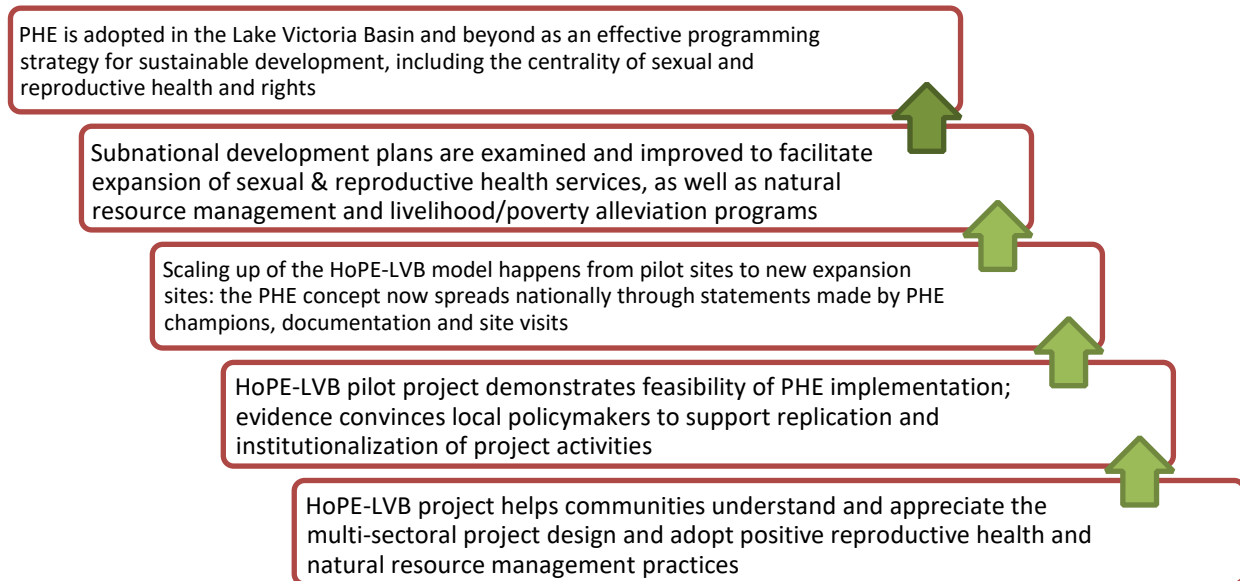
Additionally, the rationale for model interventions that are integrated across sectors needs to be communicated in ways that facilitate understanding and which clearly identify “next steps” for sustaining and scaling integrated actions to multiple stakeholders and beneficiaries.

### 5.2 The HoPE-LVB Advocacy Strategy: Theory of Change

The diagram below shows how we envisioned the HoPE-LVB advocacy work to benefit local communities through the implementation and scaling up of direct service delivery and capacity building, but also to maintain a strong focus on policy advocacy that creates long-lasting change from local, sub-national, national, regional and global change towards the fulfillment of Sustainable Development Goals.

### 5.3 “Beginning with the End in Mind:” Advocacy for the Scaling-Up

A key HoPE-LVB partner, ExpandNet, supported our project in engaging in advocacy for scaling up. Other PHE programs might consider adopting some of these steps in their scale up advocacy. For HoPE-LVB, a core team for the project was developed with the key project and technical partners. This core team then mapped out who the key focal points were from the larger external user organizations (entities that could adopt and scale-up the project in the future) nationally from ministries and other government agencies, and then the external stakeholders including regional and global players such as the Lake Victoria Basin Commission, the Lake Victoria Fisheries Organization, UN agencies, and donors.



A very intensive process of community engagement took place especially in the start-up phase, but also continuing through the project as new community members became involved. A network of PHE champions drawn from community leaders, fisher folk affiliated with beach management units, local women’s groups, government policy makers, NGOs, young people in and out of school etc., were trained and maintained as critical advocates and messengers for the project interventions and related educational messages. Results were presented during various opportunities, from

community meetings to higher-level briefings involving District Councilors, County Governors, and Members of Parliament to report on progress and project achievements. Potential donors were also actively contacted with attractive and professionally developed communication materials.

Momentum was built surrounding the excitement of the PHE integrated approaches—at the local level, the project made the right conceptual linkages that captured the imagination of local leaders and community members and motivated them into taking concrete and voluntary actions. Even as the project was in its initial phase, there was always the scaling up “end in mind” with an eye towards community ownership and the idea of embedding the project activities into various ongoing and existing initiatives. Communities were made aware that the project would eventually leave them with the knowledge and the capacity, but not continued funding or new donors. Some of the community members began looking for sources of funds that could be tapped, such as community development funds and seedlings for their agricultural activities in model households.

Furthermore, working on policy changes, however local, was important to the concept of sustainability and institutionalization of the project. The project team uncovered some possible quick wins and were able to affect some local ordinances and service delivery guidelines that would help communities achieve better outcomes in health and environmental conservation. The communities were also connected to larger global movements and events, such as Earth Day, World AIDS Day, World Population Day, etc. to understand their local challenges in a more global context. A critical step in the journey towards scaling up was to reach consensus on the expectations for scale up. Different stakeholders have different—often sectoral—perspectives and expectations for future targets for scaling up. This requires much discussion and clarification, first within the core team members, and then within the Steering Committees and then involving the larger group of stakeholders. This process is often overwhelming and consensus building is challenging given that hundreds of good ideas and possible paths are raised, discussed and prioritized, while the project implementation is still ongoing, and staff are tasked with present pressing duties as well as laying the groundwork for the future. Consider implementing one or more of the HoPE-LVB approaches for scale up advocacy, as is relevant to and feasible for your project.



The Homa Bay County PHE Steering Committee

In Kenya, a PHE Steering Committee was established as shown in the photo above. The County leadership decided it was to be founded not as a project-specific entity, but rather as institutionalized from the outset in the county government system. This was a big advocacy win for HoPE in ensuring its continuity.

## 5.4 Some Illustrative Advocacy Successes of HoPE-LVB

The sections below highlight HoPE-LVB advocacy successes in relevant PHE domains to provide some examples.

### 5.4.1 Reproductive Health Area

1. Through the training on PHE and sensitization on the importance of reproductive health services, health workers and other community groups have recognized the need for more training and commodities in reproductive healthcare. In response, the project team supported several health facilities in both countries to advocate at higher levels of the health system for more health staff and in one site in Uganda, have secured the housing needed to retain them.
2. One of the project’s key donors, the MacArthur Foundation, connected us to the agency We Care Solar based in the U.S. This organization was impressed with the HoPE-LVB project team and agreed to install “Solar Suitcases®” in the HoPE-LVB project site health facilities in both Uganda and Kenya, which greatly increased the motivation of the staff, and saved the lives of pregnant mothers because they could deliver at health facilities that had access to electricity for the first time.
3. Service delivery of long-acting methods of contraception increased based on increased community demand. Deliveries in health facilities, especially among young mothers—a previously underserved and neglected group—increased. Young mothers became advocates who actively educated community members on healthy reproductive health practices.
4. A Beach Management Unit in Uganda rallied to collect funds from community members to pay for boat transport costs for at-risk pregnant women.



Solar Suitcases® support deliveries at night.

### 5.4.2. Environment Area

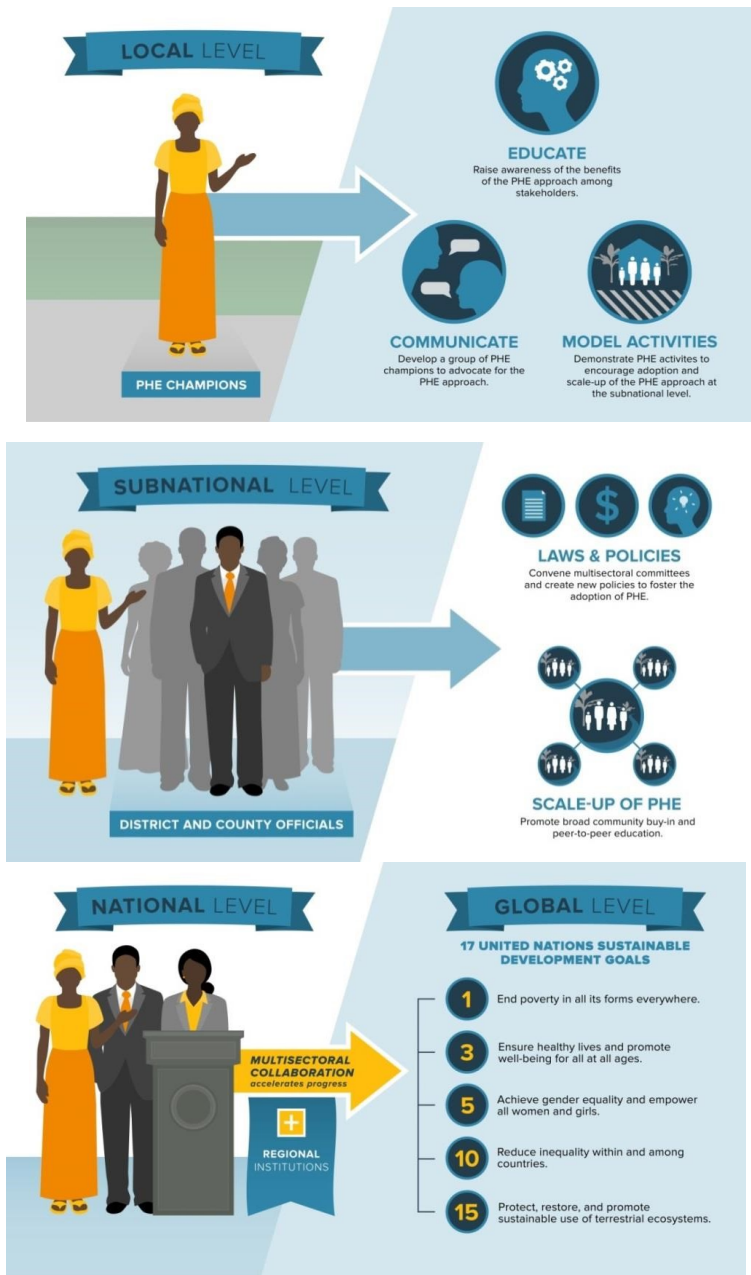
1. In 2012, authorities in Uganda’s Wakiso District worked with HoPE-LVB to draft local ordinances to curb forest degradation.
2. The project has identified and demarcated several fish nurseries and has suggested feasible strategies for community members to monitor them.
3. The project has worked with various village environmental committees to establish or strengthen by-laws that support national laws and policies related to environmental conservation. We also worked with Beach Management Units to help them enforce existing laws, which is their established role. Beach Management Units have made arrests of illegal fishers.

### 5.4.3 PHE Integration Area

1. During the project's first phase, we facilitated media study tours for journalists to visit project sites. Our advocacy activities led to interviews of PHE champions, project staff, and other community members, resulting in a TV station and four radio stations in Uganda, and one TV station and five radio stations in Kenya airing stories about HoPE-LVB in their primetime or evening news during Phase I.
2. Even at the start of the project, there were many “paper policies” in the various government ministries recognizing the interplay between poverty, population, health, and environmental factors. HoPE-LVB was able to provide successful examples to serve as implementation models, by showing how dedicated staff and budgets for integration could facilitate work across sectors. The Homa Bay County government incorporated PHE into their County Development Plan, and Siaya County government—which was an expansion site—incorporated PHE in theirs during a midterm review in late 2015.
3. In September 2015, the Lake Victoria Basin Commission organized and convened a regional PHE conference in Kisumu, Kenya to advocate for scale up and adoption of the PHE approach in five East African Community countries (Kenya, Uganda, Tanzania, Rwanda and Burundi), as well as Ethiopia and Madagascar as a means of attaining sustainable development. The conference participants agreed and recommended for action by governments, development partners, civil society, private sector, and the East African Community to adopt 16 resolutions. A critical first step was the resolution to “mainstream PHE programming into national and institutional plans and set aside funds for PHE integration and implementation of the East African Community PHE strategic plan (2015-2020) by leveraging on internal resources in development programming in the region.”
4. The project produced two Advocacy Briefs to document the latest successes for the project in [Kenya](#) and [Uganda](#), and the briefs can be accessed in [Section 6 of the Toolkit](#).

## 5.5 Describing and Disseminating the HoPE-LVB Advocacy Work

Population Reference Bureau, a technical partner for the project, worked with HoPE-LVB staff in 2015 to create infographics (see below) to explain the steps taken to achieve outcomes from local, sub-national, national, regional, and global advocacy. These infographics were used for presentations to global and regional audiences, and in the HoPE-LVB Advocacy documentary produced by DevCom consultants in 2015. Other PHE programs should adopt these infographics if they are relevant to their projects.



Produced by Population Reference Bureau®, 2015, with inputs from HoPE-LVB team. See HoPE-LVB advocacy video for a narrated presentation of these slides: <https://youtu.be/oRcPIF9kUjU>.

### 5.6 Some Guidance on Advocacy from HoPE-LVB’s Experiences

Among the many lessons that were learned during the implementation of HoPE-LVB Phase I, some that relate to the advocacy work are shared below.

1. While the project Steering Committee invited key stakeholders to participate in learning about the project and improving the project design and implementation from the start, more formal and concrete agreements with relevant government agencies (connected to



health, fisheries—e.g. Lake Victoria Fisheries Organization, forestry, livelihoods, as well as agriculture) perhaps two years into project demonstration, could have fostered more ownership by these key stakeholders in embedding the project into their ongoing programs. The aim would have been to solicit their support to serve as strong partners in data collection, monitoring and supervision, and data verification as the project expands and grows.

2. Advocacy takes time and is labor-intensive, especially for project managers, as it requires high-level engagement. The heavy demands of project implementation compete with the need to conduct advocacy and follow-up meetings. Proper staffing of the advocacy component needs to be well thought out, and roles and responsibilities should be clearly stated, while still remaining flexible and team-oriented.
3. The project raises expectations as advocacy work raises the project's profile and visibility, and the governments make commitments stating that the policy environment is ready for replication. However, implementation is complex and capacity building, as well as fundraising for scaling-up, takes time.
4. Fundraising for project implementation, including the advocacy component, must be done early and often to keep up the momentum, especially during the scaling-up phase.
5. Site visits for advocacy purposes are effective but very time-consuming for all staff, and sometimes requests for high-level visits happen with short notice but are too important to refuse. Budgets should have some flexibility to accommodate these unexpected requests.
6. In decentralized settings such as Uganda and Kenya, working with district and county level officials to influence budgets, procurements, and other sectoral processes was essential as implementation of national policies are determined at this level and systems capacity needs support/strengthening. Understanding how these systems work in each setting is vital. That multiplies the number of advocacy meetings to be conducted.
7. Researchers contracted for M&E should receive detailed orientation to the project's advocacy objectives, strategies and activities, in order to fully capture outcomes and impacts.
8. Advocacy to help shift social opinion regarding gender roles, such as identifying ways to positively engage community males in decisions related to family size, healthy timing and spacing of pregnancy, and contraceptive use, needs to be emphasized from the start especially to take advantage of the special ability of PHE programs to achieve this outcome.
9. High-level advocacy for cross-boundary projects such as HoPE-LVB requires sensitivity to local customs and norms, and understanding of public sector processes and diplomacy, to yield positive outcomes. The signing of the Memorandum of Understanding between Pathfinder International and the East African Community LVBC on June 30, 2015 took a three-year effort and was a testament of the skills, perseverance, and professionalism of all field staff who were involved in that process.

## 5.7 Conclusion

Advocacy is an important component of PHE programs. Other projects should apply the lessons learned by the HoPE-LVB project to the extent helpful to advance their work and PHE as a movement to address the Sustainable Development Goals. The HoPE-LVB project believed that the support and capacity required for key stakeholders to adopt integrated PHE interventions in the LVB at meaningful scale would be achieved through: 1) implementing a pilot project in two LVB countries—Uganda and Kenya; 2) advocating for the benefits of such an approach at multiple levels throughout the life of the project, including with regard to regional influencers such as the LVB Commission; and 3) carefully documenting the process and results achieved, in order to support both advocacy and adaptive project management. According to plan, the cross-sectoral implementation teams were able to implement, advocate, and document processes successfully enough to achieve the required support and capacity to implement this model at a broader scale in the Lake Victoria Basin and beyond.

## Section 6: Resources and Reference Materials

Below is a list of data collection instruments used by HoPE-LVB. Several were created for the specific needs of the project monitoring plan while others are those already in use by the Ministry of Health as indicated below.

### 6.1 HoPE-LVB Project Data Collection/Reporting Tools

At the community level:

1. [Village Health Team/Community Health Worker reporting form](#)
2. [Community group reporting form \(e.g for Beach Management Units, farmers, Young Mothers groups, Womens and Youth group\)](#)
3. [Model household assessment forms](#)
4. [Model household visitors log](#)
5. [Cluster leader's form](#)
6. [Crop yield form](#)
7. [Beach Management Unit Fisheries log \(for landing site fish length and catch weight\)](#)
8. [HoPE tree nursery documentation](#)
9. [Integrated outreaches and Campfires](#)
10. [Community Dialogue Meetings](#)

At the health facility level:

1. [Health facility supervision checklist](#)

At the project level:

1. [HoPE-LVB dashboard](#)

### 6.2 HoPE-LVB Training Materials

1. [Community Worker Training in PHE](#)

### 6.3 Beyond HoPE-LVB – PHE Reference Materials

1. [Uganda Scale-Up Strategy](#)
2. [Kenya Scale-Up Strategy](#)
3. [PHE program site selection criteria](#)
4. [Job aids](#)
5. [Videos and Documentaries](#)
6. [Links to websites with useful information on PHE](#)