

CREATING LASTING CHANGE: A CASE OF THE HOPE-LVB PROJECT

Communities in and around the Lake Victoria Basin experience a number of interconnected challenges. These challenges include dependence on diminishing natural resources, pervasive poverty, food insecurity, poor sexual and reproductive health outcomes, and inaccessible health services. At the same time, the ecosystem itself faces substantial degradation. To address these intertwined challenges and foster healthy and engaged communities, Pathfinder International has been advancing an integrated population, health and environment (PHE) initiative called Health of People and Environment-Lake Victoria Basin (HoPE-LVB) since 2011. This project partners with several environmental and health sector partners in Uganda, Kenya, and the US. Funded primarily by the David and Lucile Packard Foundation and the John D. and Catherine T. MacArthur Foundation, with technical support from the USAID-funded Evidence to Action (E2A) and the USAID-funded Informing Decision-makers to Act (IDEA) projects, HoPE-LVB is implemented in a combination of island, lakeshore, and inland sites in Uganda and Kenya.



Advocacy and policy communications have been important components of the HoPE-LVB project since its inception. The project applied the ExpandNet/World Health Organization (WHO) systematic scaling-up approach of *Beginning with the End in Mind*¹ to ensure successful institutionalization and expansion of the project. The HoPE-LVB experience is different from other PHE efforts, which have not necessarily had an explicit focus on advocacy and scale-up. HoPE-LVB set out to not only ensure that sustainable capacity would remain in the communities it served, but also to ensure that its advocacy efforts would yield supportive changes all the way up to the national and regional levels in East Africa. PHE scale-up strategies were crucial to setting the stage for sustainability and were elaborated by project stakeholders during the life of the project. These plans recognized that sustainability would be defined, at a minimum, by the degree to which communities and institutions had the capacity, financial resources, policies, budget allocations, plans, and motivation to maintain some essential package of integrated PHE project activities. As the project is now coming to the end of its second phase, this brief reflects on the project’s experience with sustainability, focusing on the institutionalization aspects of scale-up. While the brief touches on the project’s scale-up efforts related to expansion, it is designed to provide lessons to implementers and donors on how institutionalization emerged as a critical pathway to scale-up and sustainability of integrated programming.



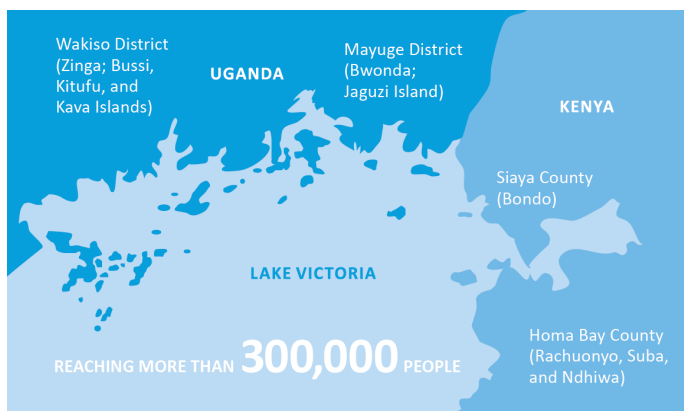
Photo: HoPE-LVB established PHE clubs in schools to involve the next generation and their teachers in educating communities about PHE

Ensuring Lasting Change Among Target Communities

The HoPE-LVB project was initiated with the goal of designing and testing a scalable model for integrating efforts to strengthen community- and facility-based family planning services. This goal would be achieved through maternal and child mortality prevention, environmental conservation, and environmentally sustainable livelihoods for broader economic development.²

From inception, project designers believed that sustainability rested on the idea of strong community understanding of PHE linkages, a core set of PHE champions, and the ability for the community to be able to “see and touch” PHE. The project has nurtured champions to speak about the added value of integration and campaign for PHE adoption as a pillar for sustainable development. One of the central approaches that attracted many community members and created champions is the model household. This model promotes locally sharing behaviors that improve health and natural resource management at the household level by demonstrating the inter-linkages of the resulting benefits. The model household exemplifies the integration of population,

Figure 1. HoPE-LVB Project Sites



health, and the environment by providing a visual conceptualization of PHE on a small scale.

By design, the model household approach promotes a multiplier effect where model household members serve as role models to other community members. Model households learn about health and resource activities like sustainable agriculture, tree farming, construction of energy-saving stoves, conservation-focused animal husbandry, good sanitation and hygiene practices, and family planning benefits and methods. They then pass on the acquired knowledge and skills to their neighbors. Since 2011, 1,583 model households have been established across 64 villages in Kenya and Uganda. In addition to model households, many other resource individuals throughout the communities have been trained as champions, such as community health workers and beach management unit members.

These champions have become agents of change and multi-sectoral resource persons. Champion roles are further strengthened through trainings and technical support directly from the HoPE-LVB project and other supporting projects, such as the IDEA project. In many cases, these champions have also been supported by the government, such as in the case of village health teams, who have become PHE champions, and now serve as vehicles for PHE education, dissemination, and implementation. They also train other champions in neighboring communities. This is a cost-effective and empowering strategy for achieving sustainability and scale-up.

Strengthening Community Systems for Sustainability

Improvements in the health care system are more sustainable when they are driven by communities themselves. HoPE-LVB has sought to bring out the “power within” communities to encourage them to demand better services. This process has entailed supporting registration of identified community groups with the government to make them legally recognized entities.

The integrated nature of PHE has widened my scope of involvement in the community. I not only teach health, but also natural resource management. Integrated messaging has made it easy for me to navigate segments of the community that never paid attention to me before - like men and the fisher folk. My community now calls me a doctor of health and environment...and I am very pleased with the change the project has brought in my community.

—Martha Alima, Community Health Volunteer
Rachuonyo, Homa Bay County

Registration has been achieved by conducting group capacity assessments to identify learning needs and conducting trainings based on the gaps identified. The communities are supported to identify their needs and strategies to address them. In Uganda, for example, the Bussi community, with support from HoPE-LVB, advocated for better and more comprehensive health services. These efforts resulted in upgrading the local health facility from Level II to Level III. Level II health facilities only provide basic health services, have few staff members, and operate for a limited time each day. This meant that many expectant mothers on the island had to deliver at home without a skilled attendant because the facility would be closed during the night. The government responded by making improvements to the facility, which upgraded it from Level II to Level III. These improvements included employing more staff, increasing the commodities threshold, and providing the community members better services.

With increased capacity, the community continues to support advocacy for strengthened health systems. For example, since HoPE-LVB’s inception, communities, working with health facilities, have advocated at the district level to improve commodity security—an issue that will continue to require the community’s attention. The project also increases sustainable community capacity by empowering non-health groups to promote good health-seeking behaviors in the community. These



Photo: Community champions developing a workplan for community sensitization in Kenya

groups include beach management units, women, young mothers, and farmer groups. The groups are trained on the health referral system and are linked to health facilities for referrals. Further, the project empowers these groups to organize outreaches and request health services for hard-to-reach populations. This way, more individuals are knowledgeable about the health system and have skills to create change.

Building skills and structures within communities has enhanced prospects for continuity, and has contributed to broader systemic and societal changes necessary to support and sustain gains. Local by-laws created by several communities, whose capacity was built by HoPE-LVB, are examples of systemic change brought about by the project. These by-laws formalize many of the positive health and environment behaviors learned through HoPE-LVB. In the Wambasa and Got-Kaswan villages in Kenya, the community created by-laws with stipulations that require each household to have a raised dish drying rack and a pit latrine. Further, pregnant women must attend four antenatal care visits at the local health facility. The communities' drafting and adoption of these by-laws was a direct result of learning gained through their PHE work.

Sustainability through Institutionalization

Building National and County/District PHE Coalitions

HoPE-LVB has worked toward sustainability by generating broad interest at the county/district and national levels through targeted advocacy work. To publicize the integrated approach, the project sensitized local stakeholders and partners to increase their knowledge about project approaches and the benefits of integration.

Results disseminated to these stakeholders have encouraged other organizations and government, through policies and budgets, to gradually adopt cross-sectoral activities. The National Environment Management Authority (NEMA), in Kenya, for example, adopted an integrated approach and embedded it in the county environmental action plan in 2017 with support from the Homa Bay County PHE steering committee. NEMA seeks to see next year's county budget reflecting these inclusions. Homa Bay's achievements led to rapid PHE scale-up in neighboring Siaya County. Impressed by Homa Bay's work on PHE, Siaya's Governor pledged his support to PHE and appointed a county PHE focal person. Soon thereafter, a county PHE steering committee formed and county plans included PHE deliverables. In Uganda, a PHE association, developed with support from the project in Mayuge District, helped to ensure that the district work plan allocated 7 million shillings for implementation of PHE activities. Further, the Ministry of Health in Uganda embraced the model household approach. The Ministry's commitment to implement the approach is articulated in the recent Community Health Extension Workers Strategy.

HoPE-LVB has also worked to support national PHE networks in Uganda and Kenya, along with four steering committees at the county/district levels that consist of governments and civil society organizations. The PHE networks were established in 2007 with support from

the USAID-funded Bringing Information to Decision makers for Global Effectiveness (BRIDGE) project. The networks promote the integrated PHE approach as a mechanism for sustainable development to all stakeholders. They also serve as fora for knowledge exchange and strengthened cross-sectoral relationships by facilitating the ability of different departments within the government to work together. The networks are hosted by government departments, including the National Council for Population and Development in Kenya and the National Population Council in Uganda.³ The networks contribute to institutional leadership in PHE. They are cross-sectoral government conveners, giving longevity and continuity to the PHE approach in both countries.

Institutionalization through Education

HoPE-LVB also contributed to sustainability of activities through the involvement of the education sector, specifically in Kenya through the Ministry of Education and the National Council of Curriculum Development Centre. The project has worked with these institutions to include PHE in schools' programs, curricula, and extra-curricular activities. Incorporating PHE in the school system not only disseminates PHE knowledge to youth, but also encourages dissemination of PHE information from youth to their families. The project has also enhanced teachers' capacities to replicate PHE programming and ensure its continuation. Additionally, HoPE-LVB has supported and encouraged the integration of PHE into courses at institutions of higher learning, such as universities, with the help of steering committees and the PHE Learning Lab Initiative of Pathfinder International. These efforts contribute to the long-term and systematic sharing of PHE knowledge with future generations.

Working with the East African Community (EAC) to Promote PHE

One of the most important steps toward sustainability for the HoPE-LVB project was to build a strong

multi-year collaboration with the EAC's Lake Victoria Basin Commission (LVBC). This collaboration helped incorporate integrated PHE programming into the more verticalized approaches they had been implementing. The LVBC is a specialized institution of the EAC that is responsible for coordinating the sustainable development agenda of the Lake Victoria Basin.⁴ In partnership with the LVBC, HoPE-LVB helped situate PHE, family planning, and sexual and reproductive health within the broader health and development agenda in the Basin. Today, the LVBC directly supports PHE activities across the Basin and continues to promote PHE uptake among EAC partner states, using lessons and evidence generated from the HoPE-LVB project. In addition, the LVBC continues to organize opportunities in EAC Partner States, through new and existing platforms, to encourage dissemination of PHE information to its members. The LVBC consistently highlights integrated PHE in relevant regional and national advisory and technical committee meetings.

Pathfinder International contributed to the collaboration with the EAC and other organizations to help create a PHE strategic plan (2016-2021). Several key organizations working on PHE, including the Population Reference Bureau (PRB), also supported development of the strategic plan. The plan is a blueprint to guide the EAC Partner States, EAC organs and institutions, the private sector, civil society organizations, and development partners in their efforts to integrate and coordinate the implementation of PHE interventions. Pathfinder worked with the USAID Mission in Kenya to support these LVBC efforts. Pathfinder also continues to play a key role in the PHE networks in both countries. In Kenya, Pathfinder is the co-chair, co-convenor, and voice of civil society organizations implementing PHE.

Scaling up Sustainability

To have the greatest impact, HoPE-LVB not only aimed to achieve sustainability through institutionalization, but also by promoting replication of project activities. From the outset, the HoPE-LVB project followed the

recommendations outlined in the ExpandNet/WHO guide on scale-up, *Beginning with the End in Mind*, which explains necessary steps to ensure success with replication and institutionalization of project interventions.

The HoPE-LVB approach to scale-up ensures stakeholder buy-in, local leadership, and adequate capacity of systems to increase likelihood of sustainability. To achieve this, project partners worked with community-based organizations interested in replicating the integrated approach. Twenty-five organizations that were formally implementing either population, health, or environment programs, were strengthened by adding missing components in order to create PHE projects. With continuous mentorship, these organizations started raising funds to implement the integrated PHE approach on their own.

The project has worked on linking these organizations with the project-supported communities through exchange visits. During these visits, the organizations can learn from the community and strengthen the areas that they identify as needing support. The large cadre of PHE champions trained by the project serve as resource persons for these visits, meaning that project staff are no longer required to ensure success. Organizations invite the champions to their activities, where PHE project experiences inspire others to action.

The strengthening of these organizations increases the likelihood for continuity of project interventions. For instance, Bwogi Mak Bwogi, which was formerly a conservation-only organization, has now recruited community health volunteers (CHVs) to their membership. The CHVs have introduced health talks and occasionally invite health facilities to provide services alongside the organization's conservation activities. The organization also trained the CHVs on natural resource management, such as sustainable agriculture and tree planting techniques, so that they could be cross-sectoral resource persons in the community. Enhanced integration within the project provided incentives for the CHVs to be involved.

These local organizations implementing integrated approaches have been supported in the development of proposals to request funds, although they have faced challenges in securing funding. Many donors are more inclined to support single-sector implementation. However, a few avenues and mechanisms of funding have been successful. These include funding by local governments, cost sharing, partnerships, and consortiums for health and environment organizations.

Local Environmental Organization Integrates Health Interventions

The Central Young Christian Organization decided to take up the HoPE-LVB model. The group's focus was originally on environmental conservation, specifically in regards to sustainable agriculture and tree planting. After trainings on the integrated approach, however, the organization sought partnership with a nearby health facility to support health interventions.

The group aimed to ensure integrated activity implementation in areas where health services are provided alongside the promotion of sound environmental conservation practices. With continued follow-up and technical assistance from the HoPE-LVB team, the group now effectively implements an integrated package.

To enhance continuity, the project supported the group in developing a proposal for funding that was submitted to three sub counties. The group has received an approval for funding of Ksh 3,500,000 from the Suba Constituency Development Fund for a population, health, and environment project. This is anticipated to ease the financial constraints of implementing the integrated approach.



Challenges, Opportunities, and Next Steps

Engaging and building capacity at the community level is key to sustainability. The communities in project sites first learned about the linkages between family planning, maternal and child health, and natural resource management through HoPE-LVB activities. The project then supported community members to become more actively involved in their health systems and decisions. This empowered individuals to become champions and actively exercise their rights for what they need to live healthy lives. Doing so further builds on Pathfinder's work to strengthen community health systems. This is crucial for sustainable improvements in health care. To ensure sustainability of this work in the future, it will be important that these communities feel they have the capacity to continue to train additional champions. Projects must link other institutions and organizations with communities to create relationships that offer further support, even at a minimal level.

This, in part, is why institutionalization has also proven to be central to sustainability. Pathfinder's work with the stakeholder groups, within both the government and civil society, aims to build institutional capacity to work on PHE and insert PHE programming into development planning at each level. The challenge will be continuing to find ways to fund these integrated efforts. It is still too early to firmly declare that the communities and institutions of the Lake Victoria Basin have sufficient capacity to sustain and financially support HoPE-LVB project activities across the Basin without some level of external support. However, it is clear that powerful momentum to incorporate family planning and PHE thinking into future planning has been established, both in civil society and within multiple levels of government, as well as across several countries in the Lake Victoria Basin.

Equally as important, the global community must plan in an integrated way. In 2015, 193 world leaders committed to achieve 17 Global Sustainable Development Goals (SDGs). Lessons from past approaches demonstrate that the most effective way to achieve these integrated goals will be through integrated planning and development. PHE can directly address 11 of the 17 SDGs. Family planning remains central to achieving each of these goals and should be viewed as one of the key components in an integrated approach. For the global community to successfully achieve these ambitious goals, each organization will need to break out of the historical pattern of single-sector development, and create a new pattern of integrated solutions to integrated challenges.

Support to HoPE-LVB

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Evidence to Action Project

The Evidence to Action Project is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services. Awarded in September 2011, this project will continue for eight years, until September 2019. The project is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

Pathfinder International

Pathfinder International is driven by the conviction that all people, regardless of where they live, have the right to decide whether and when to have children, to exist free from fear and stigma, and to lead the lives they choose. Since 1957, we have partnered with local governments, communities, and health systems in developing countries to remove barriers to critical sexual and reproductive health services. Together, we expand access to contraception, promote healthy pregnancies, save women's lives, and stop the spread of new HIV infections, wherever the need is most urgent. Our work ensures millions of women, men, and young people are able to choose their own paths forward.

Endnotes

- ¹ Expandnet and World Health Organization, *Beginning with the End in Mind. Planning Pilot Projects and Other Programmatic Research for Successful Scaling Up* (World Health Organization, 2011).
- ² Ghiron, L., et al., "Beginning with Sustainable Scale-Up in Mind: Initial Results from a Population, Health and Environment Project in East Africa," *Reproductive Health Matters* 22, No. 43 (2014): 84-92.
- ³ These departments have received support over the years from the Population Reference Bureau to support PHE.
- ⁴ The East African Community is an intergovernmental organization composed of six countries in the African Great Lakes region in eastern Africa: Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda.

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