Designing and Implementing Integrated Approaches to Population, Health and Environment (PHE): Workshop for Planners and Managers

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PARTICIPANT MANUAL

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ACKNOWLEDGEMENTS

The 2007 assessment of USAID’s Population, Health and Environment (PHE) portfolio underscored the need to develop PHE leadership and technical capacity to support an expansion of PHE activities in the field. This recommendation was pursued in 2008 with the preparation and dissemination of an overview of PHE programming entitled “Integrating Population, Health, and Environment (PHE) Projects: A Programming Manual.” The ability to use the manual effectively, however, necessitated a skill-based workshop to impart more in-depth understanding of PHE projects and the unique programming challenges that are needed. As such, the authors endeavored to create a replicable workshop model that will build local sources of PHE expertise to design and implement cross-sectoral and integrated approaches to population, health and environment.

The resultant model epitomizes the collective effort of the authors and two other individuals who contributed invaluable planning, critiquing and technical support throughout the process, namely Fred Rosensweig at TRG and Heather D’Agnes, USAID Population-Environment Technical Advisor.

We are also indebted to our colleagues in Ethiopia who participated in a four-day pilot test of the workshop model and provided constructive feedback that guided refinements to both its PHE content and the training methodology. In particularly, we would like to thank Negash Teknu, Director of CIPHE, for local coordination of the workshop, and Desta Woldeyohannes and Zerihun Woldu of the Network for serving as co-facilitators.

We would also like to thank Sherise Lindsay at TRG and John Gavin at CDM for their support with workshop logistics and contracting. Lastly, we are grateful to John Lipsey at CDM for his professional editing and layout assistance which brings much value to the finished product.

ABOUT THE AUTHORS

Leona D’Agnes is a PHE advisor to CDM International for the Integrating Population and Health into Forest Management Agendas in Nepal Project. She also helped to design the Integrated Population and Coastal Resource Management (IPOPCORM) approach in the Philippines and continues to serves as a technical advisor to PATH Foundation Philippines for IPOPCORM scale-up activities in biodiversity conservation priority areas.

Marsha Slater is a consultant to Training Resources Group in training, facilitation and organizational development. Specializing in participatory workshop design and delivery, she has developed numerous training curricula for USAID-funded technical programs and works regularly with government and NGO implementing partners to strengthen local capacity in project design and management.

DISCLAIMER

The authors’ views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
SESSION 1:
WORKSHOP OPENING

Session Objective:

- Present the workshop goal and objectives
Workshop Purpose and Objectives

**Workshop Purpose**

Build local capacity to design, implement and monitor integrated PHE approaches that are replicable, sustainable and generate impact on both human and ecosystem health.

**Workshop Objectives**

1. Describe various categories of PHE integration and key advantages and disadvantages to each.
2. Formulate a Conceptual Model that graphically depicts the demographic, social, and environmental dynamics at a local site and the relationships among these factors.
3. From the Conceptual Model, identify the opportunities for remediation and formulate specific objectives (short-term outcomes).
4. Formulate and use Results Chains to select appropriate strategies and interventions to address root causal factors.
5. Describe a range of implementation models and PHE integration mechanisms.
6. Apply an existing PHE tool to select appropriate M&E indicator(s) and devise a simple monitoring plan.
7. Draft an integrated PHE project design document and a follow-on plan for the next steps (back-home activities to complete the design and planning processes).
# Project Design in Population, Health and Environment (PHE)

## Workshop Calendar

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<td><strong>9:00</strong>&lt;br&gt;Session 1: Workshop Opening&lt;br&gt;  - Welcome&lt;br&gt;  - Introductions&lt;br&gt;  - Opening Activity&lt;br&gt;  - Goals/Agenda</td>
<td><strong>9:00</strong>&lt;br&gt;Session 4: Setting Project Goals, Objectives, &amp; Strategies&lt;br&gt;  - Interactive presentation/case&lt;br&gt;  - Team task&lt;br&gt;  - Plenary sharing and discussion&lt;br&gt;  - Demo of results chains</td>
<td><strong>9:00</strong>&lt;br&gt;Session 5: Strategic Interventions (continued from Day 2 pm)&lt;br&gt;  - Discussion &amp; Summary</td>
<td><strong>9:00</strong>&lt;br&gt;Session 7: PHE Implementation Models &amp; Mechanisms (continued from Day 3 pm)&lt;br&gt;  - Review selected implementation maps&lt;br&gt;  - Discussion &amp; Summary</td>
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<td><strong>10:45</strong>&lt;br&gt;Session 2: Overview of PHE&lt;br&gt;  - Interactive Presentation&lt;br&gt;  - Team task to assess organizational readiness&lt;br&gt;  - Discussion &amp; Summary</td>
<td><strong>10:30</strong>&lt;br&gt;Session 6: Identifying Indicators&lt;br&gt;  - Demonstration using results chains&lt;br&gt;  - Standard PHE indicators (MEASURES Guide)&lt;br&gt;  - Team task&lt;br&gt;  - Plenary discussion</td>
<td><strong>10:00</strong>&lt;br&gt;Session 8: Monitoring &amp; Evaluation Plan&lt;br&gt;  - Interactive presentation/case&lt;br&gt;  - Team task - monitoring planning&lt;br&gt;  - Discussion &amp; Summary</td>
<td><strong>10:00</strong>&lt;br&gt;Session 8: Monitoring &amp; Evaluation Plan&lt;br&gt;  - Interactive presentation/case&lt;br&gt;  - Team task - monitoring planning&lt;br&gt;  - Discussion &amp; Summary</td>
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<td><strong>1:30</strong>&lt;br&gt;Session 9: Back Home Application&lt;br&gt;  - Summary of workshop outputs/ team products&lt;br&gt;  - Action planning&lt;br&gt;  - Identification of T/TA needs and resources&lt;br&gt;  - Workshop Evaluation</td>
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<td><strong>2:30</strong>&lt;br&gt;Session 5: Strategic Interventions&lt;br&gt;  - Presentation/review of evidence-based interventions&lt;br&gt;  - Team task</td>
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Population-Health-Environment (PHE) Lexicon

Activity: any specific action or event that programs or projects use to produce outputs from inputs and ultimately achieve their objectives. PHE activities should be linked, focused, feasible, and appropriate. A given activity, when frequently repeated, can become an intervention or strategy.

Common Goal: a formal statement of a development improvement that represents the confluence of PHE outcomes, e.g., an end result generated by implementing PHE interventions in a synergistic fashion.

Conceptual Model (or Framework): a graphic illustration of the causal linkages and assumptions between environmental factors and health factors at the project site. A well planned conceptual framework is essential for identifying the factors and opportunities underlying the current situation or condition at the site which the project aims to remediate. A conceptual framework is particularly important for PHE programs as it serves as the basis for how the linked interventions of PHE sectors will lead to the long-term goal of the program.

Evidence-based intervention: an intervention that has been validated through experimental studies or rigorous evaluation designs, e.g., interventions for which there is scientific evidence of effectiveness.

Goal: a broad, long-term improvement or change that a program or project intends to make. A goal is a formal statement of a desired impact on a target; it is wider in scope than an objective (a formal statement of a desired outcome). Goal statements should be brief, visionary, relatively general and measurable.

Impact: the ultimate result (long term-outcome) or improvement that a project or program attempts to achieve. Impact involves processes that are associated with evaluation rather than monitoring e.g., assessment of the extent of change and the relative importance of the change brought about by a PHE project or program.

Indicator: a presentation of measurement. An indicator is a variable that measures one aspect of a program, project, or a specific population, health, or environmental outcome. Indicators should describe a specific behavior, concept, or phenomenon. Indicators should be sensitive, measurable, consistent and precise. To provide effective M&E, a program or project should have enough indicators to measure every important aspect of the project or program.

Input: financial and material resources put into the project e.g., staff time, money and other resources including partnerships, an enabling environment (supportive policy) etc.

Integrated indicator: a variable that attempts to measure a linkage aspect of a PHE approach.

Intermediate Result: a short-term outcome or milestone along the way to the ultimate result (goal).
**Intervention:** a specific set of activities or procedures and associated materials intended to prevent or remediate a particular identified problem or challenge. The defining attribute of an intervention is that it is a specific set of activities rather than a general or conceptual approach (i.e., strategy).

**Linked Intervention:** two or more sectoral interventions that are conceptually linked, operationally coordinated and generate results that go beyond the expected sectoral impacts (synergy).

**Monitoring:** a process used to make sure that a program or project is being implemented in the way that was intended. Monitoring involves routinely gathering and recording information on how a program or project is being implemented.

**Objective:** a formal statement of a desired result (outcome) of a project or program that contributes to the achievement of goals. Objectives should be specific, measurable, attainable, relevant, and time-bound.

**Outcome:** the change(s) to the population, environment, or health-system that result from a program or project. Outcome is measured at the population and the habitat levels, for example, a change in human behavior or a change in habitat status.

**Output:** the desired product of an activity or task e.g. the products, effects or services that projects provide to the community. Normally, outputs are measured at the program level.

**PHE:** a community development model or approach that links population, health, and environment (PHE) factors and supports cross-sectoral collaboration and coordination.

**Process:** course of action, procedure or activities that projects carry out to achieve objectives and results. Process refers to the operational level of measurement in achieving outputs and outcomes.

**Project:** a planned endeavor designed to achieve specific objectives, usually with a defined target group in a particular location and within an explicit time period. Even when part of broader programs, projects are the basic unit of development in terms of design, funding, and management.

**Program:** a collection of related projects that work together to achieve a common program goal. Programs provide a framework to guide project decisions so that projects are not isolated. For example, an agriculture improvement project and a vocational training project may fit within a broader livelihoods program.

**Result:** a generic term used to describe the desired future state of a target or factor. Results include impacts, outcomes, and outputs.

**Results chain:** A diagram that maps out a series of causal statements that link factors in an “if...then” fashion. Results chains look similar to conceptual models, but focus on a single chain in the model. These chains visually depict how people believe their interventions will lead to the desired change. Results chains should be results oriented, causally linked, demonstrate change, reasonably complete and simple.
**Strategy:** a general conceptual approach for preventing or remediating a problem or challenge. The defining attribute of a strategy is that it is a *general or conceptual* approach rather than a specific set of activities or procedures (i.e., interventions). Often organizations will initially identify a strategy that is then formalized as an intervention. For example, expanding *access* to family planning information and services is a strategy to address high rates of population growth due to natural increase. Community-based distribution (CBD) of contraceptives is an intervention.

**Synergistic approach:** an approach that yields outcomes beyond those anticipated for single-sector population, health, or environmental programs. This concept goes hand in hand with the “common goal” notion.

**Value-added indicator:** an indicator that adds value in one sector as a result of work targeted at another sector. For example, a PHE project may introduce an improved fisheries management practice to combat declining rates of reef fish biodiversity. The same practice, however, yields another result that was unintended e.g., improved nutrition status in the community (linked to increased fish catch rates brought about by the new fisheries management practice). Measuring this added impact (for health) under circumstances where the project had programmed funds for another sector (environment) serves to demonstrate the possibility for PHE approaches to go beyond the stated objectives of the project.

**Vision:** the “target condition” that the PHE project will work towards. This goes hand and hand with the “common goal” concept.
SESSION 2:  
OVERVIEW OF PHE

Session Objectives:

- Define the continuum of integrated programming approaches and their relative advantages and disadvantages

- Establish the basic rationale for doing integrated projects (cross-sector vs. single sector projects)

Pre-Session Reading:

- Overview of the Philippines Integrated Population and Coastal Resource Management (IPOPCORM) Approach (hereafter called “IPOPCORM Overview”)

Definition of PHE

- A community development model that links PHE factors and supports cross-sectoral collaboration and coordination, particularly in biodiversity-rich areas (BALANCED)

- Linkage, within a community or group of communities, of natural resource management or similar environmental activities and the improvement of reproductive health, *always including* but not limited to provision of family planning services (Engelman)

  \[ P = \text{Reproductive health} \& \text{family planning} \]

  \[ H = \text{Water, sanitation, malaria, HIV/AIDS, MCH} \]

  \[ E = \text{Natural resource management, biodiversity conservation, fisheries management, eco-agriculture} \]

*Amenable to other sectors*--

  \[ +E = \text{Education (non-formal} \& \text{formal)} \]

  \[
  \begin{align*}
  &\text{Energy (fuel efficient smokeless stoves, biogas)} \\
  &\text{Eco-tourism, sustainable tourism development} \\
  &\text{Enterprise/livelihood development}
  \end{align*}
  \]

Reasons for Integration

- Can address the *integrated needs of over 1.1 billion people worldwide* who live in biodiversity-rich areas
- Can *solve resource and social conflicts* in these hotspots where population growth can be nearly 40 percent greater than global averages
- Since *integrated lives = integrated program approaches*
- Addresses *root causes*
- Enhances *relationships* among groups and individuals
- Addresses *needs of different communities* at the same time
- Achieves *economic efficiencies*
- Builds upon *existing frameworks*
- Encourages *broader community participation*
- Engenders *synergy* from combination in:
  - Social systems & ecosystems are interrelated and linked
  - Whatever effects one system, affects the other
  - Small improvements in either system reinforce each other
  - To turn around both systems from degradation to health
Types of Integration

- **Parallel**
- **Coordinated**
- **Cross-sectoral (Bridge)**
- **Integrated (Symbiotic)**

1. **Parallel**: projects conducted in a single area without coordination among organizations
2. **Coordinated**: projects conducted in the same area with some level of coordination
3. **Cross-sectoral**: projects involving several sectors that are conceptually linked but may not be operationally linked. For example, the Madagascar “Nature, Health, Wealth and Power” framework presents a platform through which USAID is building bridges among sectors and programs that address aspects of Environment (Nature), Health, Livelihood (Wealth) and Governance (Power)
4. **Integrated**: projects involving several sectors that are conceptually and operationally linked e.g., IPOPCORM
Criteria for PHE Project Site Selection

1. **THE NEED OF INTERVENTION**
   PHE is more of a prevention approach than rehabilitation.
   Where is population pressure coming from? Fertility or migration? If it is migration, than a reproductive health project may not be the best approach.

2. **DESIRE OF COMMUNITY TO PARTICIPATE IN PROJECT**
   They need to want to participate and support project and be given the opportunity to make use of their indigenous knowledge and practices regarding conservation and health

3. **BIOLOGICAL VALUE**
   Ecologically significant area where population dynamics pose threats to the flow of ecosystems services/goods vital to human populations
   Uniqueness/richness--Look for areas with high species richness, habitat uniqueness, ecosystem diversity, or endemicity.
   Use--Consider the current and future utility of the genetic, species and ecosystem composition to both natural ecosystem function and to humans.
   Threat--Other resource values, for example water scarcity, stable fisheries, etc.

   *If these first 3 criteria here all look good, then we must look beyond proximity to protected areas to two other criteria:*

4. **SOCIOECONOMIC CRITERIA**
   Level of organization in community – need to have basic committees or build their capacity
   Level of poverty – if too poor, may only be interested in more immediate health needs- may need to try different approach
   Education level in the community – helpful if people have basic literacy and business skills but not essential
   Access to information – this affects their understanding of project. In the Philippines, many of the coastal communities in which IPOPCORM and PESCODEV worked lacked access to basic information related to the environment, health, family planning, policies and laws. Their lack of legal literacy (i.e., knowledge of existing laws and rights) limited their ability to use the legal system, especially those systems that gave substantial authority to local governments.

5. **PHYSICAL CRITERIA**
   Distribution of the community and access to infrastructure services. Areas that warrant conservation efforts - such as those that are high in biodiversity or endemic species - are often fairly remote and lack basic roads and means of communication. In the Philippines, the IPOPCORM project found that some coastal areas were very difficult to reach as there were simply no roads. Those that were on the mainland, versus a small island, were much easier to access. In Madagascar, during the rainy season, many of the roads become impassible, which then limits the ability of project staff to visit and provide technical assistance

   *NOTE: PHE first-timers should not pick seriously degraded ecoregions or the “poorest of the poor” as target areas and groups.*
General steps in creating a PHE project

1. **Pre-Planning**
   - Linking PHE
   - Examine policy context

2. **Select Interventions & Activities**
   - Will there be:
     - Community projects
     - Environmental benefits
     - Social benefits
     - Aesthetic benefits
   - Create conceptual model
     - Set goals
     - Determine SMART objectives
   - Decide on the types of social rewards for project
   - Pick site
   - Revisit conceptual model and adapt project as necessary
   - Collect data and analyze results.
   - Intervention effective?

3. **Generate and Implement PHE Plan**
   - Mobilize resources
   - Form institutional arrangements
   - Decide how to gain technical skills
   - Increase capacity of individuals & organizations
   - Think about sustainability

4. **Evaluate**
   - Evaluate potential private foundations
   - National governments, local governments, partner organizations, and communities as sources of resources

5. **Goal Setting**
   - If hiring to your organization, decide how to create technical teams
   - If decide to make alliance to get skills, decide how to structure it

6. **Implementation**
   - Create opportunities for leadership development
     - Mentors, capacity building

7. **Sustainability**
   - Seek continuous funding
   - Shift focus beyond implementation to catalyzing a broad cross section of stakeholders
   - Support income generation activities
   - Build PHE planning capacity
   - Work on enforcement of laws
   - Create leadership at different levels

8. **Conclusion**
   - Aim to scale up

Ask your organization these questions:
- Is there a need/desire for project in this area?
- What is current state and value of biological resources?
- What is level of organization in community?
- What is level of poverty?
- What is the level of education?
- What type of access to information does community have?
- How is community distributed and what is their access to infrastructure?
- What institutions work in the area?
Team Task: Assessing Your Organizational Capacity

1. Working as a team, review the steps listed in the flow chart, “General steps in creating a PHE project” (previous page) and make a simple assessment of your organization’s current capacity to plan and implement PHE projects.
   - Which steps has your organization met with success? (select 3)
   - Which step(s) posed the most challenge? (select 3)
   - Which step(s) does your organization have very little or no experience (select up to 3)

2. Once you have finished the assessment, use the sticky dots provided by the trainer to show your results. Based on the color-code below, place each of your 9 dots on the wall-chart next to the appropriate step and write your organization’s name/acronym in small print next to it.

Color Code--
- successful steps = green dots (3)
- challenging step = red dots (3)
- little/no experience = yellow dots (3)

Time: 20 minutes
SESSION 3:
CONCEPTUAL MODEL

Session Objectives:

• Prepare a conceptual model that illustrates—
  o the current situational dynamics at play in a selected project site (demographic, social, environment dynamics)
  o the causal linkages and assumptions between the factors.

Pre-Session Reading:
• PHE Programming Manual, pp 21-24
Social and environmental factors linked to food insecurity in coastal Philippines
THE CONCEPTUAL MODEL TOOL

A useful way to gain a greater understanding of the factors at a local site is to create a conceptual model of the dynamics. This is a particularly useful exercise for PHE projects due to the complex nature of these types of projects. It is important to understand how the environment and health components are linked - and how to convey this linkage to the community. For example, you may need to understand how the management of the forest is affecting the quality and quantity of the water supply, which is then affecting the health of the local children.

A conceptual or logic model is a graphic representation of the relationships among these factors. It usually includes three symbols:

- **Target conditions** - this is the situation that you are aiming to influence through your interventions - for example, water quality for several communities in a watershed. The target conditions contribute to the overall goal or vision of the project. [Depicted on the right-hand side using the circle shape.]

- **Factors** - are the conditions, policies, behaviors and norms that affect your target condition - for example, the management of the local forest area, the use of pesticides in their agricultural crops, or the national policies on maintaining forest cover on properties are all factors that are affecting water quality. [Depicted using the rectangle shape and different colors to denote direct threats, indirect threats, and opportunities.]

- **Relationships** - are the links between the target condition and the factors. [Depicted using arrows.]

A good conceptual model:
- Presents a picture of the situation at the project site
- Shows implicit linkages between factors affecting the target condition
- Explains major direct and indirect threats affecting the target condition
- Presents only relevant factors
- Is based on sound data and information
- Results from a team effort

(Margoluis & Salafsky 1998:28)
Conceptual Model for the IPOP CORM Project

Creating Causal Chains
The Conceptual Model is composed of several different causal chains that depict the direct and indirect threats to the target conditions. In this slide, we have teased out one of the chains to illustrate the underlying factors (root causes) that are affecting food insecurity in coastal Philippines. Some of the indirect factors also represent opportunities for remediation, which are represented by the light blue boxes.

A large family size is not necessarily a threat to food security but in the case of rural coastal Philippines where couples have, on average, 5-6 children to support, this is a major contributing factor to income and food insecurity at the household level. Available information showing higher than average rates of fertility among women living in rural fishing communities explains, in part, why family size is larger than average in rural Philippines. Other data showing improvements in child survival rates in rural areas suggest another reason for the larger than average size of families. Among some couples, there is a distinct desire for more children which are considered “a blessing from God” and such preferences are another driver of high fertility. Lack of access to family planning (FP) methods and services is another driver and underlying factor influencing fertility and the number of children ever-born to women of reproductive age. These last two factors e.g., Lack of FP access and Traditions and Preferences constitute the Opportunities which the IPOPCORM team believed they could influence through the implementation of appropriate Information, Education and Communication (IEC) strategies and activities and through improved family planning service delivery.

Creating Causal Chains

Food Insecurity

Lack of Alternative Livelihood

Reliance on Resource Extraction → Need to Generate Income

Decline in Fish Production and Availability

Overfishing And Destructive Fishing

Ecosystem Degraded

Weak Enforcement

Here is another causal chain from the IPOPCORM Conceptual Model that shows the direct and indirect factors that are influencing ecosystem health and food-fish availability in coastal Philippines and the relationships among these factors (depicted by the arrows).
The proximate determinants (direct factors) relate to the fishing-dependent nature of the local economy and fisher folk’s need to generate income for subsistence and livelihood. These are the main drivers of the over-fishing conditions prevalent in coastal areas of the country.

As fish stock decline (due to overfishing), people resort to more efficient methods of extracting fish (with dynamite, cyanide and fine nets) which further deplete the stock and inflict damage to coral reefs resulting in a decline in the services and products (food-fish) that these ecosystems provide for human populations. The end result is a decline in fish availability at the community and household level and increasing food insecurity which reinforces the vicious cycle of over-extraction and environmental degradation.

Two of the root causes (indirect factors) of overfishing/destructive fishing include (1) Lack of Alternative Livelihood opportunities and access to credit in coastal areas and (2) Weak Enforcement of environmental protection codes by the Local Government. These factors also represent opportunities for intervention which the IPOPCORM team flagged as something that was doable with the resources they had at hand.
The vision of the project is “Healthy Forests and Healthy Communities” reflected by the three target conditions which the project hopes to influence, e.g., (1) Income Security at the household level, (2) Human Health and (3) Stable Forest Ecosystems. [In fact, the project has a slogan which says “without health there is no wealth”.]

The direct threats to forest and human health include:
- large family size
- Risk of HIV/AIDS
- Prevalence of Acute Respiratory Infections (ARI)
- Degraded forest ecosystems and declining Ecosystem Services (ES)

The Indirect Threats include:
- High fertility due to lack of FP access and traditions and preferences for many children
- To meet their income needs, the father of the family often seeks seasonal work in India but lacks HIV prevention knowledge and is at increased risk of STIs and other sexually transmitted infections including HIV/AIDS. Not only does this pose risk for human health but also impacts income security as infected family
members require additional household expenditure on medicines and can no longer work to make $$ for the family.

- Indoor air pollution created from traditional unventilated cooking stoves that burn firewood inefficiently and generate particulate matter that causes pneumonia and other ARIs. Women and children are at greatest risk as they spent more time in the kitchen compared to men.

- Loss of forest cover and species due mainly to over-harvesting of trees and over-grazing of small livestock in forest areas. As biodiversity declines, the services that forest ecosystems provide to human populations also decline (e.g., traditional medicine, fodder for animals, retention of rainwater, wood for cooking/heating/lighting). It becomes a vicious system because as ecosystem services decline, forest people use more destructive methods to harvest the last remaining trees further degrading the very ecosystems they depend upon for survival.

The Opportunities for Intervention are shown in the Light Blue boxes:

- Lack of knowledge and access to FP products and services
- Traditions and practices that favour large family size and use of traditional stoves
- Lack of HIV prevention knowledge
- Over-harvesting of trees

The Strategies used in the Nepal PHE Project

- Ecosystem services approach to conservation
- Capacity-building for user groups (governance and forest management)
- Community-based family planning
- HIV/AIDS prevention education
- Promotion of fuel-efficient and smokeless cooking stoves
- Non-Formal Education for women and girls
These two causal chains derived from the Nepal conceptual model show the conditions in forest-dependent communities and the factors – and inter-relationships among them – that pose threats to human and ecosystem health and the sustainable flow of goods and services from forest ecosystems upon which people rely for fuel wood, food, medicine, shelter and livelihood.
Team Task: Creating a Conceptual Model

1. Create a conceptual model of the situation your current project addresses and include the problem/issue you want your expanded project to address:

   - First, determine the overall vision for your expanded project and your overarching targets, then
   - Identify opportunities and threats. Map them to show causal relationships. Use arrows to show the linkages.
   - Use packet of cards and dots to map your model on flipchart.

2. Make a list of the data gaps you need to fill in for a better understanding of your project situation.

3. Be prepared to interpret your conceptual model with your colleagues during the Gallery Walk.

Time: 60 minutes

Note: In 15 minutes, the trainers will check your Vision-Target part of the model.
SESSION 4: SETTING PROJECT GOALS, OBJECTIVES AND STRATEGIES

Session Objectives:

- From a conceptual model, identify—
  - the opportunities for remediation
  - the common goal of the proposed PHE approach,
  - specific objectives (short-term outcomes)
  - strategies that could address the population, health and environment dynamics [at the proposed PHE project site]
  - Visual depictions of assumptions about linkages between P-H-E (Results Chains)

Pre-Session Reading:
- PHE Programming Manual, pp 24-27
Setting Goals for PHE Projects

Goal Setting: The PHE Philosophy

- The 3 sectors (P, H and E) are *interdependent*
- Thus, we need linked interventions (= integrated approach) to address the interdependencies and
- A goal that reflects improved development *outcomes*
  - For each sector
  - For the intersection of the 3 sectors (e.g., a common goal)
  - For the community/target population at large

Goal Statement

- Reflects the “common goal” that the three sectors contribute to
- Visionary - inspirational and farsighted
- Broadly defined
- Brief (simple) and concise
- Measurable - in terms of the desired changes in the factors you are trying to influence

Examples of Common Goals for PHE Projects

- Food security
- Poverty alleviation (or income security)
- Balanced and sustainable development
- Environmentally sustainable development
- Ecologically sustainable society
- Sustainable livelihood development

Examples of Goal Statements from PHE “Gold Standard” Projects

IPOPCORM
“Improve food security and quality of life in coastal communities while maintaining the biodiversity and productivity of life-sustaining marine ecosystems”

Nepal PHE Project - Integrating Population and Health into Forest Management Agendas
“Improve the quality of life of communities living in forest corridors and ecosystems while ensuring sustainable management of Nepal’s natural resources.”
Objectives for PHE Projects

- Describes the “outcome” or result that you anticipate for each sector
- Defines what you want to accomplish rather than the means you will use to achieve that objective
- Sometimes referred to as the “intermediate result”
- Having a small number of specific objectives moving you towards your overall aim will provide targets or milestones to encourage you and to provide a measure of your success
- Should be SMART –

  **Specific** - clearly defined
  **Measurable** – in relation to some standard scale (numbers, percentages)
  **Appropriate** – relevant to the factors in your conceptual model that you are trying to affect
  **Realistic** – practical and achievable
  **Time limited** – achievable within a specific period of time

IPOPCORM Project: 2001-2007

**Goal** *(long term outcome)*

By 2010,
- Improve food security and quality of life in coastal communities while maintaining the biodiversity and productivity of life-sustaining marine ecosystems

**Objectives** *(short term outcomes)*

- By 2004, improve RH outcomes among people living in coastal areas
- By 2006, build community capacity to implemented coastal resource management including alternative livelihood schemes
- By 2007, increase public and policymakers’ awareness and support for integrated PHE approaches

Are the objectives SMART? Specific, Measurable, Appropriate, Realistic and Time Limited?
Developing Strategies for PHE Projects

- Describes the means you will use to achieve the stated objectives
- Defines how you will channel all your resources/energy to accomplish your goal
- Leads you into determining what specific steps and tactics you will take to achieve the desired results (target conditions) which become the activities and events of the project

Causal chains can be very helpful to the process of identifying and developing appropriate strategies to mitigate the threats to target conditions and take advantage of the opportunities presented by some of the indirect factors.

In this slide we use a Hexagon shape to depict the strategy that the IPOPCORM team selected to address the direct threat of high fertility and the indirect threat/opportunity posed by the Lack of Access to FP methods and services at the project site.

The strategy in this case is “capacity building for community based family planning”
Strategy #2

Micro-Credit and Environmental-Friendly Enterprise Development
- e.g., seaweed cultivation

Lack of Alternative Livelihood

Need to Generate Income

Over fishing And Destructive Fishing

Food Security

Fish Availability

Stable Ecosystem

This is a second example from the IPOPCORM case that describes the means (strategy) the project used to achieve the target conditions and redress the root cause of over-fishing and destructive fishing practices e.g., lack of alternative livelihood opportunities and credit in fishing villages.

Altogether, the IPOPCORM team selected four basic strategies to achieve the vision and target conditions set forth in its Conceptual Model.

- Community-based Family Planning
- Community-based Coastal Resource Management (CRM)
- Policy Advocacy & Community IEC
- Economic Development (environmentally-friendly)

The strategies were implemented simultaneously. Each strategy contributed to a sector-specific objectives as well as the common goal of the project.
Project Team Task: Goal-Objectives-Strategies

1. Draft a common goal statement that reflects the higher-order outcome that your PHE project will contribute to in the long term.

2. Develop at least one objective that contributes to the common goal for each of the core P-H-E pillars that your project will undertake. (Note: Existing project objectives may also be strengthened in lieu of creating a new objective/s). Make your objectives as SMART as possible.

   **PHE Pillars**
   
   P = Population/family planning (birth-spacing, limiting births, emergency contraception, adolescent sexual and RH)

   H = Health e.g., HIV/AIDS, ARI prevention, water and sanitation, malaria prevention, primary health care, child survival

   E = Environmental conservation, natural resource management (NRM), fisheries management, forest management and governance, conservation of endangered species etc.

3. For each of the objectives, identify the strategy (i.e., the means) that you will use to achieve that objective.

4. Use the format shown on the next page to draft and display your work on the flipchart. Leave your work posted for easy reference during the plenary discussion.

**Time:** 60 minutes
Common Goal Statement

- Format for presenting the hierarchy of your PHE project goal, objectives and strategic approaches:

![Diagram of goal hierarchy]

Objective 1
- Strategic Approach
- Means to achieve Objective 1

Objective 2
- Strategic Approach
- Means to achieve Objective 2

Objective 3
- Strategic Approach
- Means to achieve Objective 3

Example: PHE Project in Nepal

Improve the quality of life of people living in forest corridors and ecosystems while ensuring sustainable management of Nepal’s natural resources

- Health outcomes of forest-dependent communities improved by 2008
- Enhance capacity of user groups to promote human and ecosystem health by 2007
- Increase support in forest user groups for PHE by 2008
- Promote Family Planning as a Sustainable Livelihood Approach (SLA) using Traditional Media (street Drama)
- Develop community-based distribution system for FP products
- Disseminate FP HIV/AIDS & PHE Information Through Non-formal Education channels
- Promote the use of Improved Cooking Stoves Create livelihood opportunities that are eco-friendly, i.e.-briquette making from invasive plant species
- Empower Community Forest User Groups (CFUGs) to manage Forest assets and integrate P&H interventions into their 5-year operational plans
Results Chains

- Focus on a single chain in the model
- Series of causal statements that link factors in an “if...then” fashion

Results Chain Examples--

Result Chain 1:
FP intervention to achieve a conservation outcome

Intervention: Community based distribution (CBD) of contraceptives in which community residents are trained and equipped to promote and distribute contraceptives using social marketing approaches
Result Chain 2:
PHC intervention to achieve a conservation outcome

Intervention: Can the group name one Primary Health Care (PHC) intervention that could reduce emergencies in the village?

Results Chain # 3:
Literacy intervention to achieve conservation & health outcome

Intervention: NFE classes for women and girls that incorporate information about community forest management/governance, family planning and PHE
Results Chain #4: Clean energy intervention to achieve a conservation outcome (directly and via an intermediate health outcome)

- Increase access to smoke-less fuel-efficient stove
- Reduce Indoor Air pollution
- Decrease demand for fuel wood
- Reduce Incidence of ARI among children
- Reduce Health expenses
- Decrease Poaching of trees

**Intervention:** Increase access to improved cooking stoves (ICS) that are smokeless and fuel efficient

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**Criteria for Good Results Chains**

- **Results Oriented:** Boxes should be results you want to see happen (e.g., fertility reduced), not operational steps or activities (e.g., conduct peer education).

- **Causally Linked:** Should be clear “if-then” linkages between neighboring boxes.

- **Reasonably Complete:** Enough boxes to make logical links but not so many that the chain becomes overly complete or unwieldy.

- **Simple:** Only one result per box.

- **Demonstrate Change:** Boxes should describe how you expect the relevant factor to increase, decrease, or otherwise change.
Project Team Task: Creating Results Chains

1. Select one of the objective sets (goal-objective-strategy) from your project design to address.

2. Using your conceptual model and the objectives you have established, identify 1-2 potential interventions and then create a results chain to test each one for how it would affect the desired outcome (Hint: you are looking for synergy and multiple impacts)

3. Select the intervention you think is “best” and write that results chain on flipchart using the cards provided.

NOTE: Try to develop 2 chains

- Chain 1: A population intervention to achieve a conservation outcome (or vice-versa)
- Chain 2: A health intervention to achieve a conservation outcome OR a conservation intervention to achieve a livelihood outcome

Time: 45 minutes

Format for Building Results Chain

- **Intervention** → **Outcome** → **Impact**
- **Set of Activities or Procedures** → **Change in human Behavior or Habitat Status** → **Ultimate Result (long-term outcome)**
SESSION 5: SELECTING PHE INTERVENTIONS

Session Objectives:

- From a conceptual model
  - Identify the intervention(s) that addresses the interdependencies between population, health and environment factors at a local site.

Pre-Session Reading:
- Evidence-Based Interventions for PHE Projects (in this tab section)
Intervention Type

There are three main categories of PHE interventions and most projects use a combination or mix of the three:

1. **Single Sector**
   An intervention that impacts a sectoral objective
   
   *Example:* *Measles vaccination that impacts child survival*

2. **Value Added**
   An intervention that adds value in one sector as a result of work targeted at another sector.
   
   *Example:* *Improved cooking stove (ICS) to conserve trees also yields social benefits (time-saving), economic benefits (fuel-saving) and human health benefits (ARI-prevention) for the same user*

3. **Linked**
   Also called “synergistic” interventions. These are two or more sectoral interventions that are conceptually linked and operationally coordinated and generate results that go beyond the expected sectoral impacts.
   
   *Example:* *Environmental hygiene intervention (organic waste management) linked to an agricultural intervention (composting) that impacts sanitation in the homestead (expected) and crop production (expected) and nutrition status of children in the homestead (unexpected).*

To the extent possible, you should select interventions that generate added value and synergy.
Levels of Intervention

Interventions work at different levels - this is why it is important for you to identify the target audience (s) or target group for which the intervention is intended.

- **Individual-level interventions** are delivered to one person at a time and usually seek to modify knowledge, attitudes, beliefs, and self-efficacy.

- **Group-level interventions** are designed to influence individual behavior by changing knowledge, attitudes, beliefs, and self-efficacy in a small group setting. These interventions promote individual behavior change in situations where information and activities delivered by a trained facilitator can be reinforced by peer pressure and support from other group members.

- **Community-level interventions** seek to change attitudes, norms, and values of an entire community/target population as well as social and environmental context of behaviors of the target population/community.

- **Structural interventions** aim at modifying the social, economic, and political structures and systems in which we live. These may affect legislation, media, and the market place. Structural interventions directly alter the physical environments in which people live, work, play etc.
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Individual</th>
<th>Group</th>
<th>Community</th>
<th>Structural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy advocacy</td>
<td></td>
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<tr>
<td>Peer education about FP/RH</td>
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<tr>
<td>CBD of contraceptives</td>
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<tr>
<td>Youth ecology camp</td>
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<tr>
<td>Participatory coastal resource assessment &amp; mapping</td>
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<tr>
<td>Establish fish sanctuary</td>
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<tr>
<td>Passage of local ordinance banning use of cyanide in fishing</td>
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</tr>
</tbody>
</table>
Evidence-Based Interventions – What & Why?

• Set of activities or procedures that has been validated through experimental studies or rigorous evaluation
• Enhances the effectiveness of your PHE project and chance of success
• Enables members of the leadership team to build on the experience of others

Please refer to the table of Evidence-based interventions on the following pages.
## Evidence-based interventions for population, health and environment projects

<table>
<thead>
<tr>
<th>Issue/Threat/Opportunity</th>
<th>Specific Objective</th>
<th>Intervention/Strategy</th>
<th>Activity</th>
<th>Outcome Desired change in behavior and/or social norm or target status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Health related</strong></td>
<td></td>
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</tr>
<tr>
<td>Child mortality associated with the transmission of diarrheal disease pathogens in the home</td>
<td>Health outcomes among under-five children improved</td>
<td>Personal hygiene</td>
<td>Promote hand washing with soap</td>
<td>Proper hand-washing at critical times, preferably with soap</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safe water Management</td>
<td>Introduce and promote low-cost household water filtration devices and/or water purification products</td>
<td>Households adopt and use water filters or low-cost water treatment product such as “Sur-Eau”</td>
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<tr>
<td></td>
<td></td>
<td>Sanitation</td>
<td>Public education and social mobilization to relocate latrines to safe distance from wells</td>
<td>Locate groundwater source (protected well) at least 10 meters from latrine</td>
</tr>
<tr>
<td>Common infectious diseases among children</td>
<td>Vaccination</td>
<td>Establish an outreach mechanism to expand access to vaccines in remote areas</td>
<td>Parents bring children to outreach post for vaccination</td>
<td></td>
</tr>
<tr>
<td>Preventable causes of blindness in children</td>
<td>Nutritional supplementation</td>
<td>Piggy-back delivery of high-dose vitamin A capsules with vaccination service</td>
<td>Fully immunized child by 24 months of age</td>
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</tr>
<tr>
<td></td>
<td>Home gardening of vegetables and fruits rich in beta-carotene</td>
<td>Demonstration garden; seed distribution</td>
<td>Parents bring children to outreach post for vaccination and Vitamin A</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feeding children beta-carotene rich fruits and vegetables grown in the home</td>
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</tr>
<tr>
<td>Issue/Threat/Opportunity</td>
<td>Specific Objective</td>
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<td>Activity</td>
<td>Outcome</td>
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<tr>
<td>Stunting, wasting and other types of malnutrition in children under five years</td>
<td>Nutrition outcomes among under-five children improved</td>
<td>Breastfeeding and nutrition education (targeted to pregnant women, mothers and caregivers of under-five children)</td>
<td>Non-formal Education (NFE) classes that use instructional materials which incorporate information on breastfeeding, nutrition, weaning, etc.</td>
<td>Pregnant women, mothers of under-fives and adolescent girls regularly attend NFE classes</td>
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<tr>
<td>Growth monitoring (of children under-five years of age)</td>
<td></td>
<td>Train community volunteers to weight children, record weight on a growth monitoring chart, and counsel the parent on better feeding practice</td>
<td></td>
<td>Parents bring children to village-based growth monitoring post on a monthly basis</td>
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<tr>
<td>Parasite control</td>
<td></td>
<td>Stool collection &amp; testing for helminthes; De-worming for all household members: Hardwashing promotion</td>
<td></td>
<td>All members of the household comply with periodic treatment and adopt improved hygiene practices i.e., hand-washing at critical times</td>
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<tr>
<td>Children mortality associated with malaria infections</td>
<td>Child survival improved</td>
<td>Malaria prevention</td>
<td>Promote insecticide-impregnated bed nets; Social mobilization for source reduction (elimination of mosquito breeding places i.e., old tires, cans and other vesicles that collect rainwater)</td>
<td>Mothers and children regularly sleep under bed nets; Communities periodically conduct clean-up campaign to eliminate containers (old tires, bottles) where water collects and mosquitoes breed</td>
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<tr>
<td>Issue/Threat/Opportunity</td>
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</tr>
<tr>
<td>Child mortality associated with Acute Respiratory Infections (ARI)</td>
<td>Early ARI detection and case management</td>
<td>Train village health volunteers to use timer to screen children with ARI signs/symptoms, and refer complications to higher level</td>
<td>Women of under-five children seek appropriate care from health workers trained to screen and manage ARI cases</td>
<td></td>
</tr>
<tr>
<td>Indoor air pollution control</td>
<td>Introduce and promote improved cooking stoves (ICS) that are smokeless and fuel-efficient</td>
<td>Households adopt and regularly use ICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARI prevention education</td>
<td>Behavior change communication delivered by trained peer educators</td>
<td>Mother relocates child to a room other than the kitchen during cooking times</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Population /RH - related

<table>
<thead>
<tr>
<th>High rate of fertility among women of reproductive age (15-45 years)</th>
<th>Reproductive health outcomes improved in target community</th>
<th>Family planning and birth spacing</th>
<th>Establish community-based distribution (CBD) system for contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning and birth spacing</td>
<td>Establish community-based distribution (CBD) system for contraceptives</td>
<td>Couples seek FP information and services from CBD agents and consistently use contraceptives in a correct manner to space or limit the number of births</td>
<td></td>
</tr>
<tr>
<td>Issue/Threat/Opportunity</td>
<td>Specific Objective</td>
<td>Intervention/Strategy</td>
<td>Activity</td>
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</tr>
<tr>
<td>Promotion of exclusive breastfeeding</td>
<td>Establish breastfeeding support group in community</td>
<td>Exclusive breastfeeding for the first six months of life</td>
<td></td>
</tr>
<tr>
<td>Access to post-partum contraception information and services</td>
<td>Outreach education targeting women in their third trimester of pregnancy</td>
<td>New mothers using a safe and effective method of contraception within three months of delivery</td>
<td></td>
</tr>
<tr>
<td>Prevalence of HIV and other sexually transmitted infections (STI) in adult and youth populations</td>
<td>Rapid increase in HIV/AIDS prevented</td>
<td>HIV and STI prevention education</td>
<td>Vulnerable individuals modify risky behaviors particularly concurrent multi-partnering, unprotected penetrative sex, sharing of needles/syringes, and commercial sex</td>
</tr>
<tr>
<td></td>
<td>Community outreach peer education aimed at the most vulnerable groups</td>
<td>Condom access and use</td>
<td>Correct and consistent use of condom with all sexual partners</td>
</tr>
<tr>
<td></td>
<td>Community-based distribution of condom</td>
<td>Voluntary testing and counseling (VTC)</td>
<td>Vulnerable individuals access laboratory testing services for HIV and other STIs, attend follow-up counseling session and comply with treatment protocol and risk reduction advice.</td>
</tr>
<tr>
<td></td>
<td>Establish VTC service center and train volunteers to deliver counseling and risk reduction education</td>
<td>Syndromic management of sexually transmitted infections</td>
<td>Individuals that engage in STI-risk behaviors (i.e., unprotected sex with multiple concurrent partners) seek appropriate care from trained health workers at the first sign or symptom of an STI and comply with course of therapy including condom use</td>
</tr>
<tr>
<td></td>
<td>Train health workers to use algorithms and risk assessment tools to screen and manage individuals with STI signs/symptoms</td>
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</tr>
<tr>
<td>Issue/Threat/Opportunity</td>
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<td>Intervention/Strategy</td>
<td>Activity</td>
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<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>C. Environment/Resource</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slash and burn agriculture</td>
<td>Sustainable livelihood</td>
<td>Protected area management</td>
<td>Organize and train user groups (UG) to protect the areas of highest biodiversity before clearing</td>
</tr>
<tr>
<td>Collapse of near-shore fishery</td>
<td>Improved food security from the sea</td>
<td>Alternative income generation</td>
<td>Introduce sea-weed cultivation and assist with marketing development</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Coastal/fisheries resource management</td>
</tr>
<tr>
<td>Soil degradation</td>
<td>Sustainable livelihood</td>
<td>Composting linked to organic waste management</td>
<td>Train household members to recycle organize waste into compost</td>
</tr>
<tr>
<td></td>
<td>Soil conservation</td>
<td>Land mapping and zoning</td>
<td>Limit grazing of animals such as cattle to certain areas and replenish other areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agro-forestry intervention to improve soil condition and</td>
<td>Alley-cropping with Moringa trees</td>
</tr>
<tr>
<td>Issue/Threat/Opportunity</td>
<td>Specific Objective</td>
<td>Intervention/Strategy</td>
<td>Activity</td>
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<td>------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Traffic in threatened species</td>
<td>Conservation of endangered species of plants and animals</td>
<td>Protected area, ban on extraction of exotic species</td>
<td>Policy advocacy for enactment of law or code banning the capture, transport and selling of endangered species</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enforcement</td>
<td>Train and deputize community members to assist the government with enforcement (anti poaching teams)</td>
</tr>
<tr>
<td>Deforestation</td>
<td>Habitat Rehabilitation</td>
<td>Community-based forest management</td>
<td>Organize, train and support forest users to plan and implemented protected area management scheme</td>
</tr>
<tr>
<td>Loss of forest biodiversity</td>
<td>Biodiversity conservation</td>
<td>Sustainable management of forest assets</td>
<td>Train community to establish a tree nursery to diversify species used in reforestation</td>
</tr>
</tbody>
</table>

- **Outcome** Desired change in behavior and/or social norm or target status.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Wetland degradation</td>
<td>Integrated water-watershed management</td>
<td>Agricultural land husbandry</td>
<td>Biophysical soil and water conservation on upslope agricultural land using soil conservation structures reinforced by Vetiver grass and other multipurpose tree and fodder grasses</td>
<td>Farmers and their people’s organizations adopt improved methods of land husbandry resulting in decreased pressure on wetland drainage for agricultural expansion, improved water filtration, reduced soil erosion and improved agricultural productivity.</td>
</tr>
<tr>
<td>D. Economic-related</td>
<td></td>
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</tr>
<tr>
<td>Poverty among resource-dependent people and communities</td>
<td>Sustainable livelihood development</td>
<td>Promote PHE integration as a sustainable livelihood approach</td>
<td>Policy advocacy targeting policymakers with facts about PHE issues and linkages and rationale for</td>
<td>Policymakers endorse and support the integration of population and health perspectives into environment management policies and agendas resulting in increased</td>
</tr>
<tr>
<td>Issue/Threat/Opportunity</td>
<td>Specific Objective</td>
<td>Intervention/Strategy</td>
<td>Activity</td>
<td>Outcome</td>
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<tr>
<td></td>
<td></td>
<td>integration</td>
<td>resources for implementation of PHE approaches</td>
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<tr>
<td></td>
<td></td>
<td>Information campaigns about PHE issues and solutions targeted to resource-dependent communities using traditional and modern media channels and pre-tested messages in the local dialect</td>
<td>Members of communities that depend on natural resources for subsistence and livelihood gain better understanding of PHE linkages and the rationale for limiting family size and protecting the environment in order to assure the sustainability of natural resources and ecosystem services for future generations</td>
<td></td>
</tr>
<tr>
<td>Improved family management</td>
<td>Integrated learning tools such as family budgeting exercises</td>
<td>This is an exercise for couples that begins with a review of the family’s minimal nutritional requirements; and moves progressively through determining food consumption needs, the costs of providing/purchasing food, and the additional costs of feeding (and educating) a new family member</td>
<td>Couple gains better understanding of the link between family size and workload resulting in a change in attitude towards family planning and adoption of FP practice</td>
<td></td>
</tr>
<tr>
<td>Issue/Threat/Opportunity</td>
<td>Specific Objective</td>
<td>Intervention/Strategy</td>
<td>Activity</td>
<td>Outcome</td>
</tr>
<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td>Livelihood diversification</td>
<td>Environment-friendly enterprise development (EED) and access to micro-credit and markets</td>
<td>Create EED and alternative livelihood opportunities e.g., apiculture (bee-keeping), seaweed cultivation, natural hog raising, alley cropping with Moringa trees, and other agro-forestry schemes (coffee and fruit production)</td>
<td>Resource-dependent families implement alternative livelihood schemes aligned with global and local market opportunities resulting in increased income for the household and reduced pressure on the environment</td>
<td></td>
</tr>
</tbody>
</table>
Project Team Task: Selecting Interventions

1. Using the worksheet on the following page, please do the following steps to select suitable interventions for your project: (use a different worksheet for each objective)

   - Review your Conceptual Model, Results Chains, and hierarchy of Objectives; identify the most critical desired outcomes for each sector. Enter the outcomes on the worksheet.

   - Using the list of Evidence-Based Interventions, select those that match your desired outcomes—create your own, if necessary. Enter these on the worksheet (Note: 1 Worksheet for each Objective; 1 Value-Added Intervention per Objective)

   - For each intervention, identify the Level and Type; enter this information in the appropriate columns.

2. Share your work with the other project team/s at your table and solicit their feedback and suggestions, including alternative interventions they think may work as well or better.

   Time: 50 minutes
## Intervention Selection Worksheet (1)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>Results Chain Factor (Desired Outcome)</th>
<th>Intervention</th>
<th>Level of Intervention</th>
<th>Type of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### Intervention Selection Worksheet (2)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>Results Chain Factor (Desired Outcome)</th>
<th>Intervention</th>
<th>Level of Intervention</th>
<th>Type of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
### Intervention Selection Worksheet (3)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>Results Chain Factor (Desired Outcome)</th>
<th>Intervention</th>
<th>Level of Intervention</th>
<th>Type of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
### Intervention Selection Worksheet

**Examples**

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>Result Chain Factor</th>
<th>INTERVENTION</th>
<th>Level of Intervention</th>
<th>Type of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH outcomes improved</td>
<td>Access to family planning information and products increased</td>
<td>CBD system and social marketing scheme for contraceptives</td>
<td>Structural</td>
<td>Value added (FP, Livelihood)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Referral mechanism for clients who want sterilization</td>
<td>Individual</td>
<td>Single sector</td>
</tr>
<tr>
<td>Acceptance and use of FP improved</td>
<td>Peer education for married women of reproductive age</td>
<td>Street drama encouraging people to plan their families and to protect their coastal resources to improve food security from the sea</td>
<td>Community</td>
<td>Linked (RH-CRM = food security)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unintended pregnancy among youth reduced</td>
<td>Individual</td>
<td>Value added (FP, Health)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interactive board game with IEC messages encouraging youth to become stewards of their sexuality and the environment</td>
<td>Group</td>
<td>Value added (RH, Environment)</td>
</tr>
<tr>
<td>OBJECTIVE</td>
<td>Result Chain Factor</td>
<td>INTERVENTION</td>
<td>Level</td>
<td>Type</td>
</tr>
<tr>
<td>-----------</td>
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</tr>
<tr>
<td>CB-CRM capacity developed</td>
<td>Critical habitats protected by community</td>
<td>Participatory coastal resource assessment (PCRA)</td>
<td>Group</td>
<td>Value Added (CRM, Governance)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marine tenurial agreement</td>
<td>Structural</td>
<td>Single sector</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MPA management Committee and Plan</td>
<td>Group</td>
<td>Value Added (CRM, Governance)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establishment of MPA (i.e., fish sanctuary, mangrove reserve)</td>
<td>Community</td>
<td>Single sector</td>
</tr>
<tr>
<td>Illegal fishing stopped with community involvement</td>
<td>Surveillance (patrolling) of MPA</td>
<td>Community</td>
<td>Single sector</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enforcement effort by deputized fish wardens</td>
<td>Group</td>
<td>Single sector</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behavior change communication targeted to illegal fishers</td>
<td>Individual</td>
<td>Single sector</td>
</tr>
<tr>
<td>Fishing effort reduced</td>
<td>Environment-friendly enterprise development (EED)</td>
<td>Group</td>
<td>Value Added (CRM, Economic)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Micro-credit facility for EED</td>
<td>Individual</td>
<td>Value Added (CRM, Economic)</td>
</tr>
<tr>
<td>CRM gains sustained</td>
<td>Integrate FP into CRM agendas and village development plans</td>
<td>Structural</td>
<td>Linked (CRM-RH-EED)</td>
<td></td>
</tr>
</tbody>
</table>
SESSION 6: IDENTIFYING INDICATORS

Session Objectives:
- Apply an existing PHE tool to select standardized M&E indicator(s) for a proposed PHE project
- Formulate local, project-specific indicators.

Pre-Session Reading:
- PHE Programming Manual, pp 48-49
- A Guide for Monitoring and Evaluating PHE Programs (MEASURE), pp 7-9 and 14-21
Identifying Good Indicators

Characteristics of a good indicator:
- PRECISE e.g., defined the same way by all people
- SENSITIVE e.g., Changes proportionately in response to actual changes in the condition being measured
- CONSISTENT e.g., Not changing over time so that it always measures the same thing
- MEASURABLE e.g., able to be recorded and analyzed in quantitative and qualitative terms.

Key considerations in selecting Indicators:
- The intervention itself
- The target (that is, the anticipated result in quantifiable terms)
- The result chain factor (the “if-then” linkage in your project design e.g., the assumption you made about the consequence or the effect that the intervention will generate.)

Results Chain: CRM intervention to achieve a food security outcome

<table>
<thead>
<tr>
<th>Action / Intervention</th>
<th>Establishment and management of MPA by the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result Chain Factor</td>
<td>Coastal habitats protected</td>
</tr>
<tr>
<td>Additional Factors</td>
<td>Coral and fish regenerated, improved flow of ecological goods and services to the community</td>
</tr>
</tbody>
</table>
## Pathway through Which Projects Achieve Results

<table>
<thead>
<tr>
<th>INPUT</th>
<th>PROCESS</th>
<th>OUTPUT</th>
<th>OUTCOME</th>
<th>IMPACT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human, financial, and material resources</td>
<td>Actions, procedures or activities being taken by the</td>
<td>Products, effects or services that a project</td>
<td>Changes to the population, environment or health system (created by the</td>
<td>Ultimate result or long-term outcome</td>
</tr>
<tr>
<td>including partner-ships and an enabling</td>
<td>project to achieve objectives</td>
<td>provides to the community (result of activities)</td>
<td>outputs)</td>
<td>Example: Reduction in fertility among women of reproductive age (15-49 yrs)</td>
</tr>
<tr>
<td>environment</td>
<td>Example: CBD services established at the grassroots</td>
<td>Example: Expanded access to FP information and</td>
<td>Example: Use of modern FP methods increased among eligible couples</td>
<td></td>
</tr>
<tr>
<td>population or environment policies</td>
<td>level</td>
<td>methods</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* impact associated with evaluation rather than monitoring
Program-based indicators are usually used to measure processes—that is, inputs, activities and outputs. Program-based information is very important for understanding program performance. This type of information is available from project records and services statistics such as records of the number of training sessions delivered or the number of trees planted.

Population-based or habitat-based measures are used to measure the “results” of a project/program—e.g., outcomes and impacts. Population-based measures reflect the effects on the general population. This term can also refer to a smaller geographic region (e.g., the target area for the specific project), provided that the data are drawn from a representative sample. Similarly, habitat-based measures represent outcomes on the entire habitat (e.g., forest regenerated, area under improved management, species abundance) rather than program-based measures (e.g., trees planted, enforcement officers trained, etc.).
## Data Collection Methods

<table>
<thead>
<tr>
<th>Level of Measurement</th>
<th>Methods</th>
<th>Data Sources</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inputs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program-based</td>
<td>1. Trend analysis</td>
<td>1. Service statistics records</td>
<td>Progress within six months of project start and routinely collected every</td>
</tr>
<tr>
<td>Measures</td>
<td>2. Project records</td>
<td>2. Project records</td>
<td>one to three months throughout project cycle</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Process</strong></td>
<td>1. Trend analysis</td>
<td>1. Focus group</td>
<td>First six months to one year of program implementation</td>
</tr>
<tr>
<td>Program-based</td>
<td>2. Rapid appraisal (qualitative)</td>
<td>2. Key informant interviews</td>
<td></td>
</tr>
<tr>
<td>measures</td>
<td>3. Facility surveys</td>
<td>3.</td>
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<tr>
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</tr>
<tr>
<td><strong>Outputs</strong></td>
<td>1. Trend analysis</td>
<td>1. Service statistics records</td>
<td>One to two years</td>
</tr>
<tr>
<td>Program-based</td>
<td>2. Transect survey</td>
<td>2. Project records</td>
<td></td>
</tr>
<tr>
<td>Measures</td>
<td>3. Direct observation</td>
<td>3.</td>
<td></td>
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</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>1. Population-based surveys</td>
<td>1. Questionnaires</td>
<td>Two to three years for short-term and three to five years or longer for</td>
</tr>
<tr>
<td>(short-term or long-</td>
<td>2. Transect survey</td>
<td>2. Survey forms</td>
<td>long-term</td>
</tr>
<tr>
<td>Population-based or</td>
<td></td>
<td>4. Legal records</td>
<td></td>
</tr>
<tr>
<td>habitat-based measures</td>
<td></td>
<td>5. Log books</td>
<td></td>
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</tr>
</tbody>
</table>
## IPOP-CORM Indicators

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention</th>
<th>Result Chain Factor</th>
<th>Potential Indicator (By level of measurement)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Process (program-based)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Output (program-based)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcome (population- or habit-based)</td>
</tr>
<tr>
<td>Improved RH outcomes among people living in coastal areas by 2004</td>
<td>Community Based Distribution (CBD) of contraceptives</td>
<td>Increase FP access and practice</td>
<td># of CBD agents trained</td>
</tr>
<tr>
<td>Community capacitated to implement coastal resource management (CRM) by 2006</td>
<td>Marine protected area (MPA) established and managed with community involvement</td>
<td>Habitats protected</td>
<td>Number of community members trained in enforcement procedures (pg 81)</td>
</tr>
</tbody>
</table>
### Integrated Indicators

(Measures a linkage aspect of a PHE approach or intervention)

<table>
<thead>
<tr>
<th>Process / Outputs (Program-Based)</th>
<th>Outcomes / Impacts (Population-Based)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of linked messages/materials created</td>
<td>1. Percent of households knowledgeable about or aware of a specific PHE issue</td>
</tr>
<tr>
<td>2. Number and frequency of PHE educational sessions provided in the target community</td>
<td>2. Percent of communities in target/project area receiving all three PHE elements</td>
</tr>
<tr>
<td>3. Number of new PHE partnerships created that make linkages among organizations or institutions from different sectors</td>
<td>3. Number of enabling local policies supporting PHE</td>
</tr>
</tbody>
</table>
## Value Added Indicators

(Measures value added in one sector as a result of work targeted in another sector)

<table>
<thead>
<tr>
<th><strong>Process / Outputs (Program-Based)</strong></th>
<th><strong>Outcomes / Impacts (Population-Based)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Percent of leadership positions held by women on community-based natural resource management committees</td>
<td>1. Percentage of households that earn income from the sale of cooking oil processed from moringa seeds</td>
</tr>
<tr>
<td>2. Net dollar value of FP products socially marketed by CBD agents</td>
<td>2. Incidence of acute respiratory infections (ARI) among children under age five</td>
</tr>
<tr>
<td>3. Amount of money saved each month (firewood expenditure) among households that install and use improved cooking stoves (ICS)</td>
<td>3. Percent of young (15-24 yr) ecologist who report use of condom during last sexual intercourse</td>
</tr>
</tbody>
</table>
Project Team Task: Identifying Indicators

1. Using the MEASURE guide and the worksheet provided, select indicators for each of the sector objectives in your proposed PHE project framework.
   
a. Enter name of sector (if you also decide to work on an Integrated Indicator or a Value-Added Indicator, insert that name in the space).
   
b. Enter the Objective statement you formulated in Session 4.
   
c. Enter one or more interventions and related Results Chain Factors (RCF) in the corresponding spaces (using the materials you drafted in Sessions 4 and 5)
   
d. Select at least one standard indicator from the MEASURE Guide for each Intervention/RCF. If you can not locate a suitable indicator, then formulate one that you think would be appropriate (keeping in mind that indicators should be sensitive, measurable, consistent and precise)

2. If time permits, then please work on a second Intervention for one or more of your Sectoral Objectives. Alternatively you could work on an Integrated Indicator or one Value-Added Indicator. If you decide to pursue the latter, then please insert either Integrated or Value-Added in the space designated for “sector”.

Time: 45 minutes
### Indicator Selection Worksheet (1)

**Sector:** _______________

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention</th>
<th>Result Chain Factor</th>
<th>Potential Indicator (By level of measurement)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Process (program-based)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Output (program-based)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcome (population- or habit-based)</td>
</tr>
</tbody>
</table>
## Indicator Selection Worksheet (2)

Sector: ________________

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention</th>
<th>Result Chain Factor</th>
<th>Potential Indicator (By level of measurement)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Process (program-based)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Output (program-based)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcome (population- or habit-based)</td>
</tr>
</tbody>
</table>

- **Outcome** (population- or habit-based)
## Example: Value Added Intervention

**Sector:** Environment

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention</th>
<th>Result Chain Factor</th>
<th>Potential Indicator (By level of measurement)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community capacitated to manage forest resources in sustainable fashion</strong></td>
<td>Installation of Improved Cooking Stove (ICS)</td>
<td># of households that install and use ICS on a regular basis</td>
<td>Process (program-based)</td>
</tr>
<tr>
<td></td>
<td>Reduce consumption of firewood</td>
<td>Amount of firewood saved each month from use of ICS</td>
<td>Output (program-based)</td>
</tr>
<tr>
<td></td>
<td>Reduce indoor air pollution</td>
<td>% of children &lt;5 yrs that were treated for ARI in the past six months</td>
<td>Outcome (population- or habit-based)</td>
</tr>
<tr>
<td></td>
<td>Reduce vulnerability to violence</td>
<td>Incidence of ARI among children in the project area by source of household energy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average number of hours spent collecting firewood (women and girls)</td>
<td>Incidence of violence among women and girls who gather firewood</td>
<td></td>
</tr>
</tbody>
</table>
SESSION 7:
PHE IMPLEMENTATION MODELS AND MECHANISMS

Session Objectives:
• Describe a range of implementation models and integration mechanisms available to PHE projects and make informed decisions about which of the models and strategies are most appropriate for a given project

• Identify additional information needed to select the best models/strategies (team structure, partnership arrangements, resource identification etc).

Pre-Session Reading:
• PHE Programming Manual, pp 10: 31-40; pp. 54-64
Purpose of Integration

Optimize synergies in Pop/Health and Environment resulting in outcomes that are superior to implementing either in isolation

Two levels of integration
Primary integration - policy and management level
Secondary integration - operational level (training, services, IEC, M&E)

Primary integration

- Seeks to integrate P and H perspectives into environment agendas (and vice-versa) in order to assure balanced and sustainable development
- Align your PHE concept with a policy/agenda that has cross-sectoral elements
  - Poverty Reduction Policy
  - Climate Change Agenda
  - Food Security Policy
  - Productive Safety Net Agenda
  - Post-conflict Building and Democracy Agenda

Benefits of Primary Integration:

- Leverage more resources
- Enhances the sustainability of PHE approach
- Sets the stage for replication and scale-up
- Contributes to a larger cause

How to Make Primary Integration Happen –

- First need to demonstrate the feasibility of PHE by working with and through “champions” at local levels
- Organize a convergence meeting or multi-sectoral joint planning/budgeting exercise to encourage the process
- Involve representatives from:
  - Government agencies: Environment, health, agriculture
  - NGOs and CBOs (health, environment, rural development)
  - Resource user groups, women/youth clubs etc.

Examples:
- Philippines - IPOPCORM linked with an existing municipal coastal resource management policy to integrate population and RH strategies
- Nepal - worked with an existing district forest management agenda to integrate RH and clean energy perspectives
- Madagascar - integrated RH and agro-ecology interventions into commune development agendas
Secondary Integration - Operational

- **Training** - integrated to incorporate both Pop/H and E learning objectives and the linkages among them and their relationships to other concerns (poverty, food insecurity, etc.)

- **Services** - integrated so that Pop/H services and information are available at community focal points for conservation and NRM

- **IEC** - focusing on the common goal or central organizing theme of the project (food security, sustainable livelihood development) with target groups actively involved in the design and dissemination of key messages and IEC materials

- **M & E** - incorporate value added and integrated indicators and, to the extent possible, coordinate the means of data collection
Field Implementation Models

**COMMUNITY MANAGEMENT**

Such as the Community Management model which builds on an existing conservation mechanism such as CB-CRM or CB-NRM and adds a family planning and livelihood component and works with and through existing management committee and institution to achieve integration. This model works best when a project staff member, such as a Community (Social) Organizer, is based at the project site on a full or part-time basis to assist the community based organization with good governance and other institutional strengthening as well as PHE integration.

**SOCIAL MOBILIZATION MODELS**

Appreciate Community Mobilization (ACM), Champion Community (community target setting, monitoring, celebration), and the Champion Commune or Kaominina Mendrika (KM) approach. These models focus on community leaders to motivate and facilitate the planning, implementation and monitoring of “small, doable actions” that can improve family wellbeing. The communities receives stars according to achievements in different sectors.

**COMMUNITY OUTREACH PEER EDUCATION (COPE) MODEL**

Uses paid extension workers to develop the PHE service delivery system and to train, support and mentor volunteers in the community who deliver FP and conservation education to their peers and the community at large.

**FARMER-TO-FARMER MODELS**

In this model, farmers deliver agricultural technical advice to other farmers but also messages of health and the environment.
Achieving Integration through Community Involvement

PHE is a true partnership with the community and having the community understand the integration is crucial to the success of the project. It is therefore important to use community based approaches (bottom-up development). One way that PHE projects engage communities is by creating benefits including:

- **Social benefits** such as better social organization, prestige (certificates for volunteer peer educators) and higher self-esteem (recognizing each family that has fully vaccinated children)

- **Community projects** funded by the enterprise (health post that provides emergency first aid)

- **Environmental benefits** (erosion control or watershed protection)

- **Aesthetic benefits** (preservation of spiritually important places i.e., sacred Himalaya mountains)
## PHE Partnerships

### Potential Advantages | Potential Disadvantages
--- | ---
**Multidisciplinary teams within one organization**
- Ease of communication and coordination
- Field activities more integrated
- Staff capacity building in other sectors

**Sector-specific teams within one organization**
- Integration at field level still feasible as one organization ensures teams work together and link their sets of activities
- Less likely to transfer integration in field
- Need more resources for communication, learning across sectors and planning
- Doesn’t build staff capacity in other sectors

**Technical expertise from partnership**
- One organization is not responsible for all skills
- Gain access to networks and relationships through partners
- Greater access to different environmental skills
- No perceived mission drift within organizations
- Greater chance for miscommunication and problems in coordination - greater resources needed to avoid this
- Less coordination in planning and implementation
- Less likely to transfer integration in field
- Doesn’t build staff capacity in other sectors
- Adaptive management more difficult

---

### Partnership Benefits-
- Increase scale of effort
- Combine complementary skills
- Pool financial resources
- Minimize overlapping activities
- Build on existing programs & social capital
- Gain credibility
- Fill in service gaps
- Build capacity
- Increase sustainability
- Put the project in larger context
Mobilizing Resources

Existing resources in the Community – Within the community itself, there may be existing institutions that you can build upon to implement a PHE approach. For example, small convenience stores (sari-sari) are the only institutions operating in remote coastal areas in the Philippines and the IPOP-CORM project used these outlets and trained their owners to distribute FP information and products.

Provincial and local governments have services and funds that you can help communities tap into by assisting them with applications and other requirements (ie annual plans/budgets).

Community Based Organizations with ongoing projects that might serve as an entry point for integrating P, H or E interventions. In Nepal, for example, the PHE project worked with and through community based forest user groups (CFUGs) to integrate family planning and clean energy technologies into their forest conservation activities and plans. Later, when the CFUGs recognized the benefits, they used their own community development funds to sustain and expand the PHE activities.

Service Clubs and Membership Associations that provide small grants i.e. Lion’s Club, Rotary Club. These groups often have funds for youth activities and your PHE project should incorporate special activities for youth - particularly teens - who often lack access to RH info and services.

Local Independent Foundations and Trusts – These could be trusts set up by private companies. In Thailand, for example, NGOs have been able to secure grants from foundations established by national Banks that support environment activities.

International Sources of Funds and Technical Assistance include, among others:
- United Nations Agencies i.e. UNFPA
- The Clinton Foundation (HIV/AIDS and climate change)
- The Packard Foundation (FP, RH, PHE)
- Engender Health (FP, RH)
- USAID/Global Health (PRB, MEASURE Evaluation & BALANCED)
Project Team Task: ‘Map the Gap’ Exercise

1. Draw a map showing the following:
   - Relevant government units and services available in your focal areas (Pop/H and E) and the level to which they penetrate
   - Where the gaps in services exist e.g., do they reach the grassroots or community level?
   - Institutions and informal groups that already exist in the community which could possibly serve as implementing partners

2. Brainstorm with your table colleagues about how those gaps could be bridged in order to bring services closer to the people

3. Make a list of the key steps and actions required to bridge the gap, i.e. forge linkages between informal existing groups at the village/hamlet level and government organizations at the next higher level.

   **Time:** 70 minutes
This map shows that most of the people living in coastal areas reside at the hamlet or sub-village level whereas the government health system reaches only to the level of the Village and even then, there is only one government health worker for every 5-6 villages. That individual is usually a lay-person trained by the government in Primary Health Care. In interviews with several of these village health workers (most are female) we learned that they often shun family planning work because of their personal religious convictions (most are Catholic) or because they held misconceptions about contraceptives and were afraid to promote them. Because of their heavy workload, the health workers rarely traveled to the hamlets but rather expected the people to travel to their health post to access services (static health system). For many people, the distance between their homes and the village health post is far and they could not afford the transport cost or the time away from their jobs to obtain FP and health services. As a result, the rates of fertility, malnutrition and communicable disease are very high in coastal hamlets.

The service gap was even greater when it comes to natural resource management as most municipal governments do not have an Environment Unit or environmental officers on staff. However, several have an agricultural officer and an engineer that are based in the Municipal Planning and Development Office (town level). Some of these officers occasionally do extension work to nearby villages but most lack knowledge and skills in coastal resource management.

As such, the communities had little knowledge of the value of their fisheries and other coastal resources and how to protect and conserve them. Because of overpopulation and lack of other livelihood opportunities, the people have over-harvested the near-shore...
fisheries and destroyed much of the coral and mangrove stands in their effort to maintain their income levels.

The only institutions that exist at the hamlet-level are private shop keepers (sari-sari) with small kiosks (selling matches, soap and other daily items) and Peoples Organizations, i.e., fisherfolk associations, women’s clubs and youth groups. Most are not well organized and have rudimentary governance structures.

Nevertheless, these institutions presented opportunities for building bridges between the community and existing services at the village and town level. As such, the project devised its implementation plan to build the capacity of Sari-Sari and Peoples Organization to link with - and complement - services provided by the government.

**List of Options for Closing the Gap—IPOPCORM CASE**

- Use a human-rights approach to pressure the government to expand its services (too idealistic as local government resources are already over-stretched)
- Go it alone - ignore the government and develop a parallel system to deliver Pop/H and E services directly to the community (too expensive and not sustainable)
- Forge a partnership with the government and barter for counter-part contributions i.e., training and commodities support (good option but would require a written MOU to assure all parties live up to their commitments)

Note: In the case of IPOPCORM, the local NGO partners reported their new FP acceptors to the health post which in turn reported it to the municipal health office as part of their achievement for the quarter. This worked in the favor of some NGOs who were able to ‘barter’ with government for more services and products in exchange for recognition and prestige
This map shows the approaches that the project actually used to bridge the gaps. The key actions include:

1) **Build relationship with the RHU and P&D Units and facilitate discussions and joint planning among them and the project to bridge the gaps.**

2) **Draft an MOU with the RHU and P&D staff spelling out the roles and responsibilities (including financial) of each party and ask the Mayor to endorse it.**

3) **Build the capacity of Sari-Sari store owners to distribute FP information and products at the hamlet level and to link with the Village Health Worker for supplies and with the RHU for referral services (i.e., STI treatment, sterilization services). The project also provided training on FP/RH and PHE integration to the RHU staff and Village Health workers so they could deliver the referral services and reinforce PHE message dissemination. In exchange, the RHU staff helped to train the Sari-sari owners and volunteers from the community who serve as Peer Educators (PE) and behavior change agents for responsible RH and fishing practices. Some of the PEs came from the Peoples Organizations (POs) and others were indigenous leaders of youth groups identified through informant interviews.**
4) Work with the P&D Unit staff to build the capacity of existing Peoples Organizations to co-manage marine protected areas in conjunction with the Village Development Council. Ask the Municipal Government to provide counterpart resources for the establishment of the MPA and for training volunteer fish wardens in the community.

5) Built the capacity of the PO to administer a Micro-Credit Facility so as to provide credit and livelihood opportunities to fishers who otherwise were being displaced from their traditional fishing groups due to the establishment of the MPA.

It required 3 years to develop these capacities within the community but after the linkages mechanisms were put in place and the systems for community management of FP activities and the MPA were established, the communities were able to continue on their own with minimum oversight and support from the local government.

By mapping out the gaps, IPOPCORM was able to identify and facilitate linkages between the community and government resources at higher levels in the system.
In the Nepal Project case, there are protected forest areas managed by Community Forest User Groups (CFUG) which receive technical support from the District Forest Office (Green boxes).

The white boxes indicate the existing government health system and services which extend to the level of the Village or VDC as it is called in Nepal. Staff at the Sub Health Post, which is the lowest service point in the formal health system, are suppose to organize monthly Out Reach Clinics (ORC) in the wards (hamlets) to deliver immunization, FP and safe motherhood services to the community. However, during the 10 year period of the Maoist insurgency --- the ORCs stopped functioning and even though the conflict has been settled, the government health workers have not made the effort to reactive ORC services. Instead, they just stay at the Health Post and Sub Health Post waiting for people to come to them for service.

The DOH has also trained a number of women in the community to deliver Primary Health Care interventions and these are called Female Community Health Volunteers (FCHV). These volunteers are supposed to promote FP and distribute contraceptives but many do not because they have too many other tasks to attend to.

The PHE project set out to bridge the gap in availability of ORC services (Blue boxes) by educating the CFUGs about the DOH policies and their rights to access to ORC services. Once they became aware of the importance of health and their rights under the law, the CFUGs started to lobby with the DHO for re-instatement of ORC service delivery. The project also developed the capacity of CFUG members to promote FP, distribute contraceptives, install ICS and disseminate PHE messages using traditional media. These Peer Educators served as a “helping hand” to the FCHV and the Sub Health Post and they now are the ones that organize and manage the ORC (with technical backstopping from the Sub Health Post staff).
SESSION 8: MONITORING AND EVALUATION PLAN

Session Objective:
- Devise a simple monitoring plan for a PHE activity or project

Pre-Session Reading:
- PHE Programming Manual, pp. 54-64
- “Guide for Monitoring and Evaluating PHE Programs” (MEASURE) pp. 23-39
## Comparison between Monitoring & Evaluation

<table>
<thead>
<tr>
<th>Item</th>
<th>Monitoring</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td>Regular, ongoing</td>
<td>Episodic</td>
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<tr>
<td><strong>Main Action</strong></td>
<td>Keeping track/oversight</td>
<td>Assessment</td>
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<td><strong>Basic Purpose</strong></td>
<td>Improving efficiency</td>
<td>Improve effectiveness, impact, future programming</td>
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<td>Adjusting work plan</td>
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<tr>
<td><strong>Focus</strong></td>
<td>Inputs/outputs, process outcomes,</td>
<td>Effectiveness, relevance, efficiency, impact, sustainability</td>
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<td></td>
<td>work plans</td>
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<tr>
<td><strong>Information</strong></td>
<td>Routine systems, field visits,</td>
<td>Same plus</td>
</tr>
<tr>
<td><strong>sources</strong></td>
<td>stakeholder meetings, output reports, rapid assessments</td>
<td>Surveys (pre-post project) Special studies</td>
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<td><strong>Undertaken by</strong></td>
<td>Project/program managers</td>
<td>External evaluators</td>
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<td></td>
<td>Community workers</td>
<td>Community (beneficiaries)</td>
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<td>Supervisors</td>
<td>Project/program managers</td>
</tr>
<tr>
<td></td>
<td>Community (beneficiaries)</td>
<td>Supervisors</td>
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<td>Funders</td>
<td>Funders</td>
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<td>Other Stakeholders</td>
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</table>

Planning a Monitoring System

1. What should be monitored?
   - Keep information requirements to a bare minimum
   - Collect info that will be most helpful to those who will use it

2. How?
   - Select methods to track indicators/report on progress
     - Observations, interviews, routine reporting, sentinel sites
     - Piggyback on existing data collection systems
     - Both formal/informal and quantitative/qualitative methods
     - Decide how information will be recorded systematically and reported clearly
     - Consider the time and skills of those who will collect the data
     - Pretest new monitoring instruments

3. Who should be involved when?
   - Clearly identifying who will collect information on indicators, when (frequency) and who will receive it
   - The monitoring plan should also identify who will be involved in reviewing progress and providing feedback

4. What resources are needed and available?
   - The human and financial cost of gathering, reporting and reviewing data should be identified
   - Needed funding and time should be set aside for this work

5. Consultation and Training
   - Discuss the monitoring program with a representative group from each level before it is put into effect
   - Provide training to those who will be using the monitoring systems

6. Prepare a workplan
   - for each year, listing the main activities to be carried out, their output, timing and parties involved
Table 1. Plan to monitor achievement of IPOPCORM outputs (immediate results of project activities)

<table>
<thead>
<tr>
<th>Component Output</th>
<th>Monitoring Indicator</th>
<th>Means of Collection (HOW)</th>
<th>Frequency (WHEN)</th>
<th>Responsible Agency/Person (WHO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>1. No. of Municipal CRM Plan with RH strategies approved by local governments</td>
<td>Municipal Planning and Development Offices</td>
<td>Annual</td>
<td>LGU partner</td>
</tr>
<tr>
<td></td>
<td>1. % of barangays with functioning MPA management committees</td>
<td>Barangay council record + NGO Output report</td>
<td>Quarterly</td>
<td>NGO Supervisor</td>
</tr>
<tr>
<td>Training</td>
<td>1. No. of NGO personnel trained in PHE integration/outreach service delivery</td>
<td>Training Reports</td>
<td>Semi-annually</td>
<td>PATH Foundation Trainer</td>
</tr>
<tr>
<td></td>
<td>2. Change in knowledge on PHE and RH/FP and CRM among trained NGO personnel</td>
<td>Pre-post training test scores/Training Reports</td>
<td>Semi-annually</td>
<td>PATH Foundation Trainer</td>
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<td>3. No. education sessions delivered to fisherfolk on alternative livelihood</td>
<td>NGO output report</td>
<td>Quarterly</td>
<td>NGO Supervisor</td>
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<tr>
<td>Services</td>
<td>1. No. of people’s organizations with CBD outlet</td>
<td>NGO output report</td>
<td>Quarterly</td>
<td>NGO Outreach Worker (for all indicators)</td>
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<td></td>
<td>2. No. FP clients served by CBDS, by method</td>
<td>CBD service statistics</td>
<td>Monthly</td>
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<td>3. Net Peso value of socially marketed products</td>
<td>CBD service statistics</td>
<td>Monthly</td>
<td></td>
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<tr>
<td>Integrated IEC</td>
<td>1. No. of linked RH-CRM messages and materials created</td>
<td>NGO output report and portfolio of IEC materials</td>
<td>Quarterly</td>
<td>NGO Outreach Worker</td>
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<td>2. No. of PHE campaign events delivered in the community during fiesta periods</td>
<td>NGO output reports</td>
<td>Quarterly</td>
<td>NGO Outreach Worker</td>
</tr>
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<td></td>
<td>3. Audience reaction to PHE campaigns and linked RH-CRM messages</td>
<td>FGD</td>
<td>Annually</td>
<td>NGO Supervisor</td>
</tr>
</tbody>
</table>
Table 2. Plan to monitor progress toward IPOP CORM objectives and desired outcomes

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicator</th>
<th>Means of Collection</th>
<th>Frequency</th>
<th>Responsible Agency/Person</th>
</tr>
</thead>
</table>
| **Objective 1: Improve reproductive health outcomes among people living in coastal communities** | 1. Contraceptive prevalence among WRA  
2. Correct knowledge about emergency contraception (EC) among WRA  
3. % of youth who used any method of contraception during first sex | Behavior Monitoring Survey (BMS)  
FGD  
BMS | Every 24 mo.  
Every 24 mo.  
Every 24 mo. | NGO Supervisor  
Outreach Workers (OW)  
NGO Supervisor |
| **Objective 2: Enhance management of marine and coastal resources at the community level** | Biophysical Indicators:  
1. percent live coral coverage  
2. hectares of mangrove coverage  
3. No. and size (km²) of Marine Protected Areas (MPA) under improved management  
4. No. of MPA management committees (MMC) established and active  
5. No. of fish wardens deputized/active in surveillance and enforcement work  
6. No. of validated infractions reported | MPA monitoring survey (for both biophysical and Management Indicators)  
Municipal Coastal Database (MCD)  
NGO output report  
MMC logbook  
MMC logbook | Annually  
Annually  
Quarterly  
Quarterly | Peoples Organization (MPA management unit)  
LGU partner  
NGO Outreach Worker  
NGO Outreach Worker |
| **Objective 3: Increase public and policymakers’ awareness and support for PHE** | 1. Number of policymakers knowledgeable about the inter-relationships between Population and Environment and Food security  
2. Total value of resources leveraged from local governments and communities for implementation of PHE activities | Policy makers' survey  
Audit of NGO's financial records and statements | Annual  
Every 24 mo. | NGO Project Director  
PATH Foundation Philippines auditor |
**Project Team Task: Create a Monitoring Plan**

1. Using the provided worksheet, develop a monitoring plan for one or two of the objective-intervention sets you designed in earlier sessions:

   • 1st Column - insert your pre-determined time-bound objective

   • 2nd Column - insert your pre-determined Intervention and the associated Result Chain Factor

   • 3rd Column - list 2 or more of the indicators you selected for the specific intervention-results chain factor set. Try to include an outcome indicator as well as process indicators.

   • 4th Column - insert a performance target for each indicator - e.g. the intermediate result that you expect to achieve by EOP (quantitative estimate)

   • 5th Column - insert the Means (HOW) you will gather the information

   • 6th Column - insert the Frequency of data collection (WHEN)

   • 7th Column - Insert the name of the party/agency/person who will be primarily responsible for collecting/ reporting the information

2. Manage your time such that you have a ‘finished’ plan for at least one objective-intervention set and its respective indicators (i.e., completed working across the template horizontally)

3. Be prepared to explain your plan to the other team at your table or as designated by the trainers.

   **Time: 60 minutes**
### PHE Monitoring Plan Worksheet (1)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention/Results Chain Factor</th>
<th>Indicator</th>
<th>Target (Projected Result by EOP)</th>
<th>Means of Collection</th>
<th>Frequency</th>
<th>Responsible Party</th>
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**PHE WORKSHOP FOR PLANNERS AND MANAGERS PARTICIPANTS’ MANUAL** 117
## PHE Monitoring Plan Worksheet (2)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention/Results Chain Factor</th>
<th>Indicator</th>
<th>Target (Projected Result by EOP)</th>
<th>Means of Collection</th>
<th>Frequency</th>
<th>Responsible Party</th>
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<td>Objective</td>
<td>Intervention / Results Chain Factor</td>
<td>Indicator</td>
<td>Target (Projected Result by EOP)</td>
<td>Means of Collection</td>
<td>Frequency</td>
<td>Responsible Party</td>
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<tr>
<td>Improved RH outcomes among people living in coastal areas by 2004</td>
<td>Establish CBD outlets and services</td>
<td>No. of CBD points established</td>
<td>Increase from 0 in 2001 to at least 500 by 2004</td>
<td>NGO output reports</td>
<td>Quarterly</td>
<td>NGO Outreach workers</td>
</tr>
<tr>
<td>RCF#1 Increase FP access</td>
<td></td>
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</tr>
<tr>
<td>No. FP clients served by CBDs</td>
<td>Increase from 0 in 2001 to at least 8000 by 2004</td>
<td>CBD records and sales data</td>
<td>Monthly</td>
<td>NGO Outreach workers</td>
<td></td>
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</tr>
<tr>
<td>RCF#2 Increase FP method use among women or reproductive age (WRA) and sexually active youth</td>
<td>CPR among WRA</td>
<td>Increase from 20% in 2001 to 35% by 2004</td>
<td>Behavior Monitoring Survey (BMS)</td>
<td>Annually</td>
<td>NGO Supervisor and Outreach Workers</td>
<td></td>
</tr>
<tr>
<td>% of youth (15-24) who used any contraceptive method during first sex</td>
<td>Increase from 5% in 2001 to 20% by 2004</td>
<td>BMS</td>
<td>Annually</td>
<td>NGO Supervisor and Outreach Workers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Sample Worksheet - Integrated IEC Intervention

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention/ Results Chain Factor</th>
<th>Indicator</th>
<th>Target (Projected Result by EOP)</th>
<th>Means of Collection</th>
<th>Frequency</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase awareness among policy makers and the general public about linkages between population, environment and consumption dynamics and food security outcomes in coastal Philippines</td>
<td>IEC and advocacy targeting local policymakers and the general public with messages about PHE linkages and CRM-FP approaches</td>
<td># Municipal Mayors reached with policy advocacy communication messages</td>
<td>50 Municipal Mayors by EOP</td>
<td>Minutes of convergence meetings, NGO output report</td>
<td>Annually</td>
<td>PHE Field Supervisor</td>
</tr>
<tr>
<td>RCF #1 Increase support for integration of FP into CRM policies/agendas at the local level</td>
<td># of Municipal CRM plans that include FP activities and budget allocations</td>
<td>25 plans by EOP</td>
<td>Municipal CRM plans + NGO output report</td>
<td>Annually</td>
<td>PHE Field Supervisor</td>
<td></td>
</tr>
<tr>
<td>RCF #2 Increase public awareness and involvement in CRM-FP activities</td>
<td># of PHE public education campaigns conducted</td>
<td>20 by EOP</td>
<td>NGO output report</td>
<td>Annually</td>
<td>PHE Outreach Worker</td>
<td></td>
</tr>
<tr>
<td></td>
<td># villages that develop and implement linked CRM-FP action plans &amp; activities</td>
<td>100 villages by EOP</td>
<td>Village Development Plans</td>
<td>Annually</td>
<td>PHE Outreach Worker</td>
<td></td>
</tr>
</tbody>
</table>
## Sample Worksheet - Value-Added Intervention

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention/Results Chain Factor</th>
<th>Indicator</th>
<th>Target (Projected Result by EOP)</th>
<th>Means of Collection</th>
<th>Frequency</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community capacitated to manage forest resources in sustainable fashion</td>
<td>Promote ICS</td>
<td># of ICS units installed</td>
<td>100 ICS/yr @ 4 yrs = 400 ICS units by EOP</td>
<td>NGO service statistics</td>
<td>Every six months</td>
<td>PHE Field Supervisor</td>
</tr>
<tr>
<td>RCF#1 Reduce consumption of firewood</td>
<td></td>
<td>Amount of Firewood saved</td>
<td>Yr 1 = 100 mt saved&lt;br&gt;Yr 2 = 100 + 100&lt;br&gt;Yr 3 = 100 + 100 + 100&lt;br&gt;Yr 4 = 100 + 100 + 100 + 100&lt;br&gt;Total = 1000 mt saved</td>
<td>Standard calculation 1 ICS = saves 1 metric tons of firewood/yr</td>
<td>Every six months</td>
<td>PHE Field Supervisor</td>
</tr>
<tr>
<td>RCF#2 Reduce time spent on firewood collection</td>
<td></td>
<td>Average # hours/day spent collecting wood</td>
<td>Decreasing trend</td>
<td>Household survey</td>
<td>Annually</td>
<td>CFUG Chief</td>
</tr>
<tr>
<td>RCF #3 Reduce vulnerability to violence among women/girls who gather firewood</td>
<td># of violations reported by women/girls while Collecting firewood</td>
<td>Decreasing trend</td>
<td>Police record; CFUG record</td>
<td>Annually</td>
<td>PHE Field Supervisor</td>
<td></td>
</tr>
</tbody>
</table>
## Sample Worksheet - Linked Intervention

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention/Results Chain Factor</th>
<th>Indicator</th>
<th>Target (Projected Result by EOP)</th>
<th>Means of Collection</th>
<th>Frequency</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community capacitated to implement linked coastal resource management and family planning (CRM-FP) strategies and action</td>
<td>Capacity building for CRM-FP implementation at the sub-village level</td>
<td># Peoples Organizations trained in both CRM and FP service delivery</td>
<td>50 Peoples Organizations by EOP</td>
<td>NGO report &amp; informant interviews with village captains</td>
<td>Annually</td>
<td>PHE Field Supervisor</td>
</tr>
<tr>
<td>RCF#1 Increase FP practice among PO members</td>
<td>% of couples currently using FP methods</td>
<td>50% of couples by EOP</td>
<td>Survey among POs</td>
<td>Annually</td>
<td>PO executive committee</td>
<td></td>
</tr>
<tr>
<td>RCF#2 Increase PO involvement in CRM</td>
<td>No. and area of MPAs established By POs</td>
<td>5 fish sanctuaries (10 hectares each) established and co-managed by PO by EOP</td>
<td>Municipal Database on MPAs</td>
<td>Annually</td>
<td>PHE Field Supervisor</td>
<td></td>
</tr>
<tr>
<td>RCF#3 Improve food security at the household level</td>
<td>% of survey respondents who say their family sometimes lacks for food</td>
<td>Reducing trend</td>
<td>Household survey</td>
<td>At least 3 survey rounds conducted every 18 mo.</td>
<td>PATH Foundation M&amp;E Officer and PHE Field Supervisor</td>
<td></td>
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</table>
SESSION 9: BACK-HOME APPLICATION

Session Objective:
- Develop a plan to apply what was learned in the workshop and move forward your team’s proposed PHE project design/approach.
Project Team Task: Organize and Review Project Design

1. Assemble the following components (worksheets) from your design exercises:
   - Conceptual model (session 3)
   - Project Goal, Objectives, Strategies (session 4)
   - Results Chains (session 4)
   - Evidence-Based Interventions (session 5)
   - Indicators (session 6)
   - Implementation Maps (session 7)
   - Monitoring Plan (session 8)

2. Review the products and note any key questions or concerns you have about the design steps (how they link together, specific questions about a particular model or tool, concerns about the usefulness of a model or tool for your particular development situation).

3. List your concerns/questions on flipchart.

   Time: 25 minutes
Project/Organizational Team Task: Back-Home Plan

1. Review your proposed PHE projects/approaches and the design process we have covered in the workshop. Agree on the main activities that need to be carried out when you return to your offices/communities over the next 3-6 months.

2. Be sure to address the following areas in your plans:
   - Information/data gaps you need to fill in order to complete your project designs and move forward them; how you will acquire the data
   - Stakeholders (partners, project participants, community leaders, etc.) you need to involve in further planning and how you intend to engage them
   - Technical expertise needed for further design and planning
   - Research needed on site requirements and selection
   - Initial research and planning meetings to address the service gaps identified in Session 7 (Map the Gap Exercise).
   - Internal and external communication to elicit support and build momentum for your proposed project integration
   - Networking opportunities with workshop colleagues

3. Develop a practical and realistic action plan that includes the following:
   - Actions/tasks to be taken
   - Identification of persons responsible
   - Resource requirements
   - Timing

Use the planning format provided

Time: 50 minutes
## PHE Back Home Application Plan (1)

<table>
<thead>
<tr>
<th>Action/Task</th>
<th>Persons Responsible</th>
<th>Resources Needed</th>
<th>Timing</th>
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<tbody>
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</table>
### PHE Back Home Application Plan (2)

<table>
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</table>
# PHE INTEGRATED PROJECT APPROACHES
## Workshop Evaluation

Rating Scale: *Not Satisfied (1), Somewhat satisfied (2), Satisfied (3), Very Satisfied (4)*

1. **OVERALL SATISFACTION**

<table>
<thead>
<tr>
<th>What is your overall level of satisfaction with this workshop?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What do you think about the training methodology (balance between interactive presentation, group discussion and team task work)?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<table>
<thead>
<tr>
<th>What do you think of the quality of the training materials?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
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</table>

2. What were the most useful aspects of this workshop?
3. What were the least useful aspects of this workshop?

4. What do you think about the effectiveness of the trainers?

5. Any other comments?

Thank You!