



Night descends on Coron, Palawan Province, Philippines.

PFPI

PHE Lessons Learned from the BALANCED Project

INTRODUCTION

This last issue of the Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project newsletter is an overview of the Project's best practices and lessons learned from promoting and strengthening capacity among population, health and environment (PHE) champions and implementing organizations, strengthening the global PHE community of practice and adapting and scaling-up PHE approaches in Africa and Asia.

The BALANCED Project has been funded by the United States Agency for International Development Bureau for

Global Health (USAID/GH) from 2008 through 2013 to advance and support wider use of PHE approaches worldwide. It is led by Coastal Resources Center (CRC) at the University of Rhode Island (URI) and its international partners, PATH Foundation Philippines Inc. (PFPI) and Conservation International (CI). The five-year Project received a total of \$5 million in core funding from the USAID/GH Office of Population and Reproductive Health (OPRH) and \$2.5 million in buy-ins from the USAID/Philippines mission and USAID/Asia Bureau.

The vision of the BALANCED Project was: "Cadres of competent PHE champions and practitioners from Africa and Asia are PROMOTING the comparative advantage of



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Children at play in the Philippines. The goals of the BALANCED Project include helping to create more secure futures for the next generation.

approaches that simultaneously support family planning and conservation, are working collaboratively with other groups GLOBALLY to apply PHE knowledge and state-of-the-art (SOTA) practices in remote biodiversity-rich areas, and are actively documenting and sharing evidence of the added-value and better practices of PHE using 21st century knowledge management and learning tools.” In order to implement this vision, BALANCED focused on three key result areas:

- Capacity built for integrated PHE implementation
- PHE knowledge and tools developed, organized, synthesized, and shared
- Results-oriented PHE field activities implemented in areas of high biodiversity

Since its inception, the BALANCED Project has worked steadily toward its goal of expanding the number of organizations and practitioners using the PHE approach, tools and methodologies in countries with significant biodiversity and population pressures. Toward that end, over 2,000 have been trained from eight countries in Africa and Asia, and nearly 100 of these BALANCED trainees have, in turn, built the capacity of their local counterparts on PHE project implementation strategies. Our workshops

and substantial post-training support and mentoring have led 21 organizations in eight countries (Ethiopia, Ghana, Kenya, Papua New Guinea, Tanzania, Uganda, Zambia and the Philippines) to incorporate PHE tools and protocols into their work. We have developed or adapted 21 tools, methodologies, guides, curricula, and technical reports that have been shared with thousands of individuals on the PHE Toolkit.

While the Project’s accomplishments are many, this newsletter shares the highlights, good practices and lessons learned from the best of our work over the past five years.

CAPACITY BUILDING

The BALANCED Project implemented capacity building as a key strategy for expanding the number of organizations and practitioners using the PHE approach, tools and methodologies in our Project’s key focus countries. A 2008 assessment of PHE projects commissioned by the USAID Office of Population and Reproductive Health indicated that “while development practitioners saw the value-added benefits of the PHE approaches, capacity to implement such programs was weak and dependent on international expertise.”¹ Further, Finn points out in 2007 that PHE coalitions are “still struggling with how to operationally link population, health, and environment interventions and then measuring them to demonstrate the importance of those linkages.”²

The BALANCED Project sought to bridge this gap in skills and knowledge through a multi-pronged approach. Not only was it important to expand the range and number of experiential learning opportunities for those carrying out PHE work on-the-ground and to strengthen practitioners’ capacity to plan, implement and assess effective PHE interventions, it was also critical to build

¹ Pielemeier et al. 2007. *Assessment of USAID’s Population and Environment Projects and Programming Options*

² Finn T. 2007. *A Guide to Monitoring and Evaluating PHE Projects*. MEASURE page 8

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the capacity of these practitioners to train others to be a resource for their organization, country and region.

Building on lessons learned from capacity building interventions over the past 15 years, the BALANCED Project used a continuum style approach to effectively build local expertise in PHE, i.e. strengthening capacity throughout all stages of the adult learning process. This approach addressed three learning periods:

- The *pre-learning period* involves assessing the capacity and resources of organizations and networks implementing or interested in implementing PHE interventions
- The *intra-learning period* or the initial “teaching” period includes competency-based workshops, field visits, study tours, etc.
- The *post-learning period* begins when the “teaching” ends, and it concludes when professional involvement comes to a close. Studies show most adults retain new information/skills for only eight to 16 hours after learning it, especially for new skills or those not practiced right away. Therefore, constant repetition through mentoring, job aids, supportive supervision, refresher training, etc. is needed to maximize learning and retention.

Achievements

In the past five years, the BALANCED Project built the capacity of 72 conservation, livelihood, community development and health nongovernmental organizations (NGOs), government agencies and other public and private stakeholders from eight focus countries (six in Africa³ and two in Asia⁴) to design and implement PHE interventions that were conceptually linked and operationally integrated. Prior to conducting workshops in key focus countries, BALANCED assessed the capacity of organizations interested in implementing PHE during initial site visits.

After identifying the learning needs, key skill areas and resources needed by existing or budding PHE practitioners, criteria were developed for each workshop type. We fine-tuned those criteria over the course of the Project in order

to match the right participant with the right workshop. Subsequently, a series of intra-learning activities were conducted to build the capacity of organizations and their stakeholders to implement and support integrated PHE interventions. These included:

- **South-to-South Exchange (SSE):** Since the goal of the BALANCED Project was to promote PHE approaches worldwide as an effective development strategy, we sponsored an SSE learning opportunity in February 2010 for government and non-governmental officials to see up close how local stakeholders in the Philippines implement integrated PHE approaches there. BALANCED endorses the concept of “seeing is believing” and made sure the SSE provided such an opportunity.

Selected for their ability to foster and implement PHE approaches and strategies in their country, participants from Ethiopia, Ghana, Indonesia, Kenya, Tanzania, and the Philippines spent eight days visiting three PHE learning sites in Bohol province, an eco-region in central Philippines, where they learned firsthand from the experiences and insights of a wide range of stakeholders supporting and implementing PHE activities.

- **Training-of-Trainers Workshops:** In order to build the capacity of organizations and government agencies to address PHE linkages and to quickly integrate community-based family planning (CBFP) into their conservation and livelihood operations, BALANCED conducted a series of Training-of-Trainers (TOT) workshops. Facilitators of the TOT workshops used a dual capacity building (DCB) methodology whereby participants simultaneously acquired skills in training delivery while at the same time learning the information and skills needed to design, implement and monitor effective PHE community-based distribution and peer education systems. By using the DCB approach, participants

³ Ethiopia, Ghana, Kenya, Tanzania, Uganda, Zambia
⁴ Papua New Guinea and the Philippines

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Linda Bruce, CRC

Enrique (Ricky) Hernandez conducts a workshop in Tanzania.

become active learners—i.e., “learning by teaching.” This strategy proved to be a promising practice for quickly and efficiently building local NGO and government capacity to train local community-based distributors (CBD) and peer educators (PE) for their PHE activities. The TOT workshops included:

- PHE CBD/PE systems: Eight TOT workshops on PHE CBD/PE systems were held with participants from over 25 conservation, development and health organizations and government agencies from Rwanda and the BALANCED Project’s eight focus countries. Because of the DCB methodology used, 35 percent of the 132 participants attending PHE CBD/PE TOT workshops, in turn, trained another 176 CBDs and 675 adult PEs in seven of these focus countries.
- PHE youth peer educators (YPE): In Africa, 20 percent of the population is comprised of youth between the ages of 15 to 24 years, and the percentage is higher in rural areas. With the objective of developing a cadre of PHE youth ambassadors who will introduce future generations to PHE and the linkages

between good health and conservation practices, BALANCED conducted eight PHE YPE TOT workshops with over 40 NGOs and government agencies in six of our focus countries. Of the 136 people who attended these workshops, 40 percent of them trained 666 YPEs who actively promoted pro-health and pro-conservation behaviors in the Project’s five African focus countries.

- **PHE Program Design:** Funded by USAID, a PHE Program Design Workshop was conducted in Ethiopia in 2008—just prior to the start of the BALANCED Project. Rather than repeat another PHE Program Design workshop soon thereafter, BALANCED staff provided individualized training/mentoring on PHE program design to 15 organizations (several of which had attended the 2008 workshop) that were implementing or planning to implement PHE interventions as part of their conservation and/or livelihood projects in the Balanced Project’s eight focus countries. Since there was a new generation of organizations and government agencies in Africa that had recently acquired funding for PHE activities and needed assistance with initiating or fine-tuning their program design, BALANCED also conducted a PHE Program Design workshop with 17 participants from nine organizations from The Gambia, Kenya, Tanzania, and Uganda directly following the 2011 Family Planning Conference in Senegal.
- **Behavior Change:** Specialized workshops on behavior change communication (BCC) and Designing for Behavior Change (DBC) were conducted with 15 organizations from Tanzania, Uganda, Kenya and Zambia and eight organizations from Tanzania, Kenya and Zambia respectively. BALANCED then provided post-training support and mentoring to workshop participants conducting BCC activities and DBC surveys throughout the life of their projects.
- **Regional PHE Workshop on PHE Implementation:** This workshop was designed to

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Koojo Bernard Moses,

Training of VEDCO Master Trainers on PHE CBD/PE Systems takes place in Uganda. Training and post-training support are key to getting the knowledge and skills ingrained in the organizations and throughout the communities.

bring organizations implementing PHE in Africa together to share and learn from each other, and in turn become PHE technical resources in their own country and region. Selected BALANCED trainees were tapped as co-facilitators for the final BALANCED training workshop. Entitled “Building Community Resilience: Integrating Population, Health and Environment (PHE),” the workshop had 16 participants from Ethiopia, The Gambia, Kenya, Senegal, Tanzania and Uganda and two USAID PHE Fellows working in Uganda and Mozambique. BALANCED supported the cost of eight of these to attend the training while the remaining eight had other sources of funding. The course promoted advanced thinking, the sharing of lessons learned from practical experience and the exploration of creative ideas from across Africa.

Post Training Support: Of the organizations participating in BALANCED capacity building events, over 50 percent received continuous post-training support and mentoring on PHE design and implementation—an approach that

sought to institutionalize within those organizations the learning and capacity that would allow them to implement effective integrated PHE interventions. This post-training support and mentoring helped to refresh staff capacity on what was learned during workshops, maximize learning and retention and provided additional “on-the-job” training and problem-solving to successfully integrate CBFP into ongoing conservation and livelihood activities. This post-training mentoring and south-to-south “twinning up” (pairing an experienced PHE practitioner/trainer from the Philippines or Africa and a less experienced/new PHE practitioner in Africa) proved to be an effective strategy for institutionalizing the capacity needed by those conservation groups new to PHE to effectively integrate health interventions into their ongoing activities.

Lessons Learned:

- **Participant Selection:** Inviting the right participants to the right workshops is often a challenge—one BALANCED also faced. Over time, we developed tighter criteria for participant selection. This yielded

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better buy-in and fast-tracked PHE integration. This included selecting key staff from organizations that had existing strengths in conservation, livelihoods, training and project implementation and that also had funding to support their on-going conservation activities upon which to integrate health and family planning. Potential participants were also required to have a strong commitment to the PHE approach and the authority to implement what was learned in a workshop. That said, involving influential stakeholders such as government ministries and local decision-makers was also important as their buy-in and support is critical to making PHE interventions possible.

- **Timing of Capacity Building Activities:** The PHE approach is more likely to be integrated when appropriate trainings/workshops are conducted at the right time. PHE design workshops are helpful to guide organizations (individuals or consortiums) when conducted at the start/planning stage of the project—the point at which implementers learn to identify, validate and refine their interventions and the corresponding capacity building needs. Viewing the full level-of-effort continuum of PHE capacity building, BALANCED determined an approximate level that needed to be invested at each phase/stage. This was approximately 40 percent level of effort in assessing capacities and identifying the right participants (pre-learning), 20 percent level of effort in conducting workshops and refresher training (intra learning), and 40 percent level of effort in providing continuous post-learning support through hands-on mentoring, virtual support (Skype and email) and “twinning” a PHE expert with learners.
- **Time:** Institutionalizing health and FP knowledge and capacity into conservation and livelihood organizations takes time. Unfamiliar with the clinical aspects of health interventions, continuous post-training support and mentoring, patience, and time are needed to ingrain this knowledge and skill into organizational operations. Further, to be effective

facilitators and resources to their organizations and regions, NGO staff not only needed to learn the content, but needed to have implemented a PHE activity.

- **Skills Mix:** BALANCED focused on building organizational capacity in PHE Program Design, PHE CBD/PE systems, youth peer education and behavior change communication. These basic skills are needed to implement a PHE intervention that is conceptually linked and operationally integrated. However, many small conservation groups who are ideal for implementing PHE approaches were weak in monitoring and evaluation (M&E), data collection and reporting (including financial reports). It is highly recommended that such organizations also receive program management, M&E and program administration training to build their capacity to effectively demonstrate and showcase results of their interventions, paving the way for potential new funding from donors

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KNOWLEDGE MANAGEMENT

The BALANCED Project's overall five-year knowledge management (KM) focus was on producing, consolidating and promoting PHE information and tools from across the PHE community. This supported the broader Project goal of promoting the value of PHE approaches to new and existing audiences around the world. This five-year investment has produced significant results including an increased:

- number of PHE resources and information available on one centrally located KM site, the Knowledge for Health (K4Health) PHE Toolkit;
- number of tools and manuals for use/reference in PHE implementation and capacity building;
- awareness of PHE approaches by a broader spectrum of international development audiences through exposure to PHE champion stories, videos and other success stories.

PHE Toolkit

The BALANCED Project was charged with making PHE information accessible and timely for health, development and conservation practitioners globally. The Environmental Health Project (EHP) made an important start on building a collection of PHE resources. When that project ended, the reins were turned over to the BALANCED Project to build upon and advance the KM work begun by EHP. To start, BALANCED conducted several social science research exercises to inform the design and implementation of what would become a new, comprehensive, easily accessible and easily navigable one-stop KM site of PHE resources. Partnering with the USAID-supported K4Health Project implemented by Johns Hopkins University (JHU), BALANCED staff conducted key word searches, indexed the existing EHP website documents and constructed a framework for PHE information. This framework focused on capacity building resources, emerging issues such as climate change and food security, and advocacy.

In order to make the PHE Toolkit more of a “living library” for the PHE community—i.e., a resource base to which the larger PHE community could actively contribute—the Project convened a “Content Management Team” comprised of key PHE collaborators. The group met and agreed to review potential submissions to the PHE Toolkit. While interest in participating was high, there was also the suggestion that such participation should be included as a specific activity in the work plans of the various USAID-funded PHE projects in acknowledgement of the real time commitment involved in participating.

During Year 3, the BALANCED team conducted an informal survey of key PHE contacts to learn what they found most useful about the PHE Toolkit, to identify barriers to using the site and to highlight what could be improved. Most respondents offered positive comments on the Toolkit design, content, and ease of finding resources on the site. This included the Gender Toolkit design team, which modeled their site on the PHE Toolkit for reasons including its scheme for categorizing and cross-referencing resources and the ease of accessing the resources. A review of usage data shows that since its launch in 2009, the Toolkit has received a monthly average of 427 visits with a low of 72 visits to a high of 1,065 visits in any one month.

PHE Tools and Manuals

The KM component of the BALANCED Project linked the capacity building efforts with the field-based implementation of PHE approaches. The Project updated and revised earlier PFPI training materials on community-based distribution and peer education—those for adult PEs and well as those for youth PEs. These revised training tools use the DCB methodology whereby participants simultaneously acquire skills in PHE training delivery while at the same time are learning the information and skills needed to design, implement and monitor effective CBD and PE systems. Through this DCB methodology, participants become active learners—i.e., they “learned by teaching.”

Based on five years of BALANCED work in the field, the Project also produced a curriculum on how to develop

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BCC interventions for PHE programs and a PHE Implementation Guide. With field support funds from the Asia Bureau, the Project also developed a tool for USAID and other stakeholders in the Asia Near East region working on issues of glacier melt. It looks at the physical and social drivers of and impacts from accelerated melt and offers recommendations for how to develop integrated, cross-sectoral approaches to address the problem. Annex 1 provides a full annotated list of BALANCED-produced tools and the purpose of each.

Technical Reports

BALANCED contributions to the cache of PHE technical and research resources span a wide range of topics from reports on behavior monitoring surveys in Tanzania, to assessments of the benefits of PHE initiatives in the Philippines, to mapping the global network of PHE practitioners, to a report on the issue of glacial melt and its drivers in the Asia Near East.

Other Resources to Promote PHE

The Project also used a multi-prong outreach strategy to increase awareness of the benefits of PHE approaches to the global PHE community. The power of PHE—as told through videos, champion stories, a newsletter and technical articles—highlights the importance of integrated

health, development and conservation efforts to people trying to meet their basic needs for health services, food, and livelihoods.

- **Videos.** BALANCED produced several three-minute videos describing the PHE approach in the Philippines, based on the 2010 SSE for PHE implementers conducted by PFPI in Bohol. It also partnered with the Woodrow Wilson Center's Environmental Change and Security Program to produce a video on community engagement in PHE project activities in the URI-CRC Pwani project in Tanzania. BALANCED used the videos in full or part in trainings and presentations that have reached global audiences. Please see the video here <http://www.newsecuritybeat.org/healthypeople/>
- **Champion stories.** BALANCED produced stories about 20 PHE “champions” (see box below)—individuals who are implementing PHE and making a difference in the lives of those in their communities. The USAID Population Office proudly shared these stories across the Agency.
- **Newsletter.** With this final issue, BALANCED has produced five newsletters on technical topics of emerging interest and importance to PHE

BALANCED Highlighted These Individuals as PHE Champions

- Salua Osorio and Angela Andrade, Colombia
- Filemon Romero, Philippines
- Dr. Albert Lotana Lokasola, Democratic Republic of Congo
- Mayor Ronald Lowell G. Tirol, Philippines
- Gezaheg Guedta Shana, Ethiopia
- Cecilia B. Zulueta, Philippines
- Isaac Ainoo, Ghana
- Pascal Gakwaya Kalisa, Rwanda
- N'Aina Zo Zatonirina, Madagascar
- Jeanne Nyirakamana, Rwanda
- Rogelio Angco, Philippines
- Abdalah Masingano, Tanzania
- Belarmina “Belly” Anzaldo, Philippines
- Rukia Sief, Tanzania, **shown right**
- Gilbert Bulan, Philippines
- Ramadhani Zuberi, Tanzania
- Chieftain Tony Mariano, Philippines
- Sam Rugaban, Uganda
- Michael Dennis Mendoza, Philippines
- Ruth Siyage, Uganda



PHE Champion Rukia Sief cooking on one of her fuel-efficient stoves in Tanzania.

Juma Dyegula

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implementation—topics such as climate change, livelihoods and ways in which the PHE approach and PHE projects contribute to Millennium Development Goals, as well as this final issue on lessons learned from the BALANCED Project. NGOs implementing PHE projects in Ethiopia, Kenya, Philippines and Nepal often wrote and/or contributed to the articles.

In sum, the BALANCED Project leaves behind a legacy of valuable tools and resources that highlight the benefits of PHE as an effective development approach and that provide PHE project designers and implementers with useful resources to effectively design, implement and evaluate their PHE efforts and strengthen the impact of their work.

Best Practices

Cast the net wide: The Project made every effort to share through its KM resources not only the experience of PHE projects funded by USAID, but those funded by other donors as well. It also proactively sought out the voice of the global PHE community of practice, but more importantly the voice of PHE practitioners in the field in developing countries. This includes using an RSS feed on the K4Health PHE Toolkit site to pull PHE-relevant resources directly from the PHE Ethiopia site; to ensuring the PHE “champions” highlighted in stories and videos were those living in communities in developing countries where they serve as models of PHE practice in everyday life; to having these same types of champions and other field-based PHE resource persons front and center presenting at international fora. Putting the faces and voices of the true PHE champions at the forefront is essential as they are the ones that will decide if PHE is sustained in their communities.

Update and adapt vs. recreate the wheel: Today, information and technology in the fields of population, health and environment are changing rapidly. Therefore, to maximize the utility of PHE tools—especially training tools—it is important to ensure that the latest information and best practices are put forward. However, this does not necessarily require creating a completely new tool

or manual. If the core/basis of an earlier resource is still sound, it may be more efficient and may produce an equally good or better product, by simply updating and adapting the “old” tool/manual to include the “new/updated” information. While BALANCED produced some tools/manuals anew, it also built upon some that already existed but needed some updates and revisions.

Challenge what we think we know: With PHE having been practiced for over 15 years now, a fair amount has been written about the approach and its successes and challenges, and what works and what does not. However, as with any field or discipline, it is important to challenge assumptions periodically and retest the waters. Over the years, the contexts, issues, stakeholder attitudes or awareness and donor attitudes or awareness may have changed—all of which may point to the need for changes in the practice. Hence, periodically revisiting the PHE approach and how, when, where and why it works best can only stand to inform and benefit the global community of practice. This is regardless of whether what is “found” in the revisiting confirms past findings and thinking or whether it advances new theories or best practices. BALANCED conducted this type of social science research through its Behavior Monitoring Survey (BMS) efforts in the Philippines and in Tanzania.

Challenges and Lessons Learned

Shared responsibility needs shared budget: The strategy that some subset of the PHE Policy and Practice group would comprise the content management team for the PHE Toolkit did not work. The reason was simple. That task/responsibility was not written into the work plans and budgets of any PHE Project other than BALANCED. To others, it was perceived as an unfunded task that might have been “nice to do” but not “necessary to do.” The lesson learned is this—if updating and maintaining the PHE Toolkit is to be the responsibility of a shared group, this task needs to be written into the approved work plans and budgets of multiple of the USAID-funded projects that include PHE elements and activities.

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Two CBDs in the Philippines.

Sharing challenges can be seen as a threatening occurrence vs. as a learning opportunity: When funding for any type of development work is scarce, those funded to do that work may feel threatened in the short term if research findings point to ways in which the approach or its implementation could be improved. This is true even if those findings in the longer run stand to inform how the practice might achieve even greater success with greater attention to certain factors in project design or implementation. The lesson is to share findings in a way that reinforces the fact that monitoring and evaluation of what works, what does not and why is valuable in helping improve what it is we do and how we do it. BALANCED research studies, as mentioned earlier, provided some of this useful insight.

SUPPORT TO PHE FIELD IMPLEMENTATION

In order to further promote PHE approaches among developing country PHE practitioners and organizations, the BALANCED Project worked in six select countries to apply PHE knowledge and promising practices in remote biodiversity rich areas in Africa and Asia. Further, with field support funds, BALANCED scaled-up PHE practices in the Philippines.

Adapting PHE in Tanzania

The BALANCED Project supported the integration of rights-based, voluntary family planning into CRC's ongoing Pwani Project between 2009 and 2013. Pwani integrates activities oriented toward improving the health of both humans and the environment in villages surrounding the Saadani National Park (SANAPA) area. The average number of children per women in Tanzania is 5.6. Combined with a large number of youth entering reproductive ages, early sexual initiation, early forced marriages and in-migration, this growing population is putting increasing pressure on the environment. In SANAPA, households are dependent on fish, mangroves, farm land and other natural resources for their food and livelihoods, and when the population becomes too large, there is simply not enough water, forests, land and other basic resources to sustain the needs of the population over time. Improving access to family planning and making the PHE linkages clearer for people made sense. Hence, the BALANCED Project partnered with the Pwani Project, which was supported by USAID/Tanzania PEPFAR (President's Emergency Plan for AIDS Relief) and biodiversity conservation earmark funds. BALANCED provided modest funding to support the integration of CBFP into CRC's integrated activities in Pangani District and co-funded activities with Pwani for the PHE activities in Bagamoyo. By partnering with a conservation initiative working in remote areas, CRC was able to reach populations not served by the FP initiatives of large health NGOs.

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Juma Dyegula

A Tanzanian journalist conducts an interview about PHE.

In order to improve access to reproductive health and family planning (RH/FP) information and services, we developed a network of 116 adult PEs and 30 youth PEs to counsel village members to raise their awareness about PHE linkages and increase access to FP services in the community. The PEs and other volunteers counseled 12,000 fellow village members about PHE, the benefits of healthy timing and spacing of children, HIV prevention, pro-conservation behaviors and environmentally-friendly activities such as fuel-efficient stoves. They also referred over 3,000 potential FP clients to CBDs and health centers for FP methods. A series of BCC activities, including posters, community drama and radio spots supported the PEs messages and also contributed to raising awareness in Pangani and other districts.

Improving access to voluntary FP services was also a key objective of the Project. Thirty new Ministry of Health (MOH) CBDs were trained in Mkwaja and Mkalamo villages, while 20 existing MOH CBDs in Mwera, Mikinguni and Kipumbwi villages were trained on PHE linkages and provided refresher updates on RH/FP. The CBDs received their FP and other health supplies from the local health centers and were supervised and monitored by local MOH staff that were also trained on PHE and

its importance to social and community development. The CBDs were well liked and respected in the community and became known as “community doctors.” Over the life of the project, they distributed nearly 17,000 packs of oral contraceptive pills to the approximately 1,000 new and current pill users living in the project sites. This system reduced the distance that needed to be traveled to reach FP services: While it was an average distance of 7.8 kilometers to reach the health dispensary/center; it was less than 1 kilometer to reach a CBD. In addition to providing health and FP methods and providing pills to current pill users, CBDs also referred clients interested in longer-term methods for screening to the local health dispensary/center.

Assessing Project impact by comparing data from 2009 and 2012 behavior monitoring surveys (BMS), we found a number of positive trends:

- There is an increased awareness of the benefits of planning your family. The perception changes among the community members indicate that the BALANCED Project succeeded in conveying PHE messages about planning family size.
- Trained CBDs provide commodities to 31percent of all pill users and 21percent of all condom users. By making pills available in each village and reducing the distance to access to pills, the CBDs have filled an unmet need. With a total number of pill users of approximately 1,000 individuals in the area, the 50 CBDs had a steady clientele of over 300 individuals.
- Men have become more positive towards and involved in family planning. Importantly, focus group interviews found that counseling couples together as well as separately contributed to changing men's attitudes towards family planning.
- The respondents have become more aware of the linkages between population and environment. The integrated messages provided by the BALANCED Project's trained CBDs and PEs have likely contributed to this increased understanding.

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- People have become more empowered to participate in conservation activities. The results indicate men have become more aware of natural resource management (NRM) activities and that both men and women feel more empowered to participate in conservation activities.

The BMS survey further revealed that the number of women who do not use any modern contraceptives had decreased from 47 percent in 2009 to 44.8 percent in 2012. The survey also found that between 2009 and 2012 there was a slight increase among women with children who want more children (from 66.5 percent to 68.2 percent), whereas the percentage has decreased markedly among men (from almost 76 percent to 62 percent). Although not statistically significant, there is a positive trend towards accepting that youth should have access to information about sexuality and should be allowed to access FP services.

These positive outcomes are largely due to the hard-working, unpaid community volunteers. In order to keep them motivated, the Project decided to “cross-train” many of the Pwani community participants and BALANCED volunteers, whereby each volunteer/participant had more than one task to perform and was involved in truly integrated cross-sectoral approaches to addressing community problems. By training saving and credit cooperative society (SACCOS) members as PEs and involving CBDs and PEs in SACCOS and in conservation activities, fuel-efficient stove technology, beekeeping and other alternative livelihoods, a more integrated whole-system approach was built within the community. At the same time, more people were giving the same integrated messages. A side benefit of this integrated community-based approach was the low dropout rate of the volunteers. Ninety-two percent of the volunteer CBDs remained active throughout the life of the Project, as did 88 percent of the adult PEs. The cross-training approach proved to be a best practice of the Tanzania activity and was replicated in other BALANCED PHE pilot activities in Africa.

Another best practice of the Tanzania PHE activity was the strong partnership with the District MOH, which supported and greatly facilitated the CBD and youth PE

activities. Active engagement of the District’s Integrated Coastal Management Officer also led to development of interventions not initially considered by the Project, such as the training of adult and youth PEs.

The PHE intervention in Pangani was so successful that it became a study site for other African groups interested in implementing PHE activities. However, important lessons were learned from this experience. One key lesson learned was that a PHE model from one country or region is not necessarily replicable in another country/region. Attempting to replicate the Philippines PHE model did not work in Tanzania, where CBDs are strongly affiliated with the MOH and where FP methods are available only from MOH staff/CBDs or an accredited drug dispensary outlet (ADDO). Another difference was that in the Philippines, small kiosk owners can sell contraceptive pills to current users, while in Tanzania they cannot. Another lesson learned is the importance of conducting a thorough assessment of the landscape and stakeholders and of engaging in strong stakeholder advocacy before designing and implementing a PHE intervention.

Regarding sustainability of this intervention, the supervision of PHE volunteers has been handed over to the Pangani District government. As MOH staff, the CBDs will continue to function in their areas. Also, the Pwani Project, together with MOH staff, will continue to monitor and mentor the MOH CBDs until the end of the Pwani Project.

Piloting PHE Models in Africa and Asia

The BALANCED Project provided limited seed grant funds and technical support to five NGOs new to PHE and interested in integrating CBFP into their conservation, livelihood or rural development projects. The objectives of the seed grants were to: 1) test different PHE models in various contexts; 2) build the capacity of organizations to implement integrated PHE approaches and institutionalize PHE into their operations; and 3) develop in-country demonstration sites that could be used to show donors and other stakeholders the benefits of PHE approaches. Seed grants were \$15,000 to \$20,000/year for a two-year period.

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Annie Wallace

A group of children in Ethiopia.

EWNRA/Ethiopia – PHE in a Landscape Context

Ethio-Wetlands Natural Resource Association (EWNRA) integrated family planning into its “Integrated Wetland and Watershed Management: A Landscape Approach towards Improved Food Security, Poverty Reduction and Livelihood Enhancement” project. From 2009-2011, activities took place in the Wichi and Agelo Shenkora watershed in Metu Woreda (district) located in Ilu Aba Bora Zone, Oromia region. This area contains some of the last remaining intact wetlands and forest ecosystems in the country. EWNRA’s PHE project covered 10 kebeles (small cluster of villages) in two watersheds with a total population of 20,000.

While the Ethiopian MOH supports a health post in each kebele with two health extension workers (HEW), the HEWs rarely provide services beyond three kilometers from their health post. Moreover, the HEWs are responsible for a variety of health interventions and are not always available to deliver FP services when the community needs them.

Comprised of selected community volunteers and members of a micro-watershed committee, a system of more than 100 adult PEs and 30 youth PEs was developed to talk to neighbors and peers about PHE linkages, reproductive health/family planning, and watershed management during traditional meetings and other gatherings. For community members interested in using family planning for the first time, the PEs referred them to the HEWs for

counseling and to receive the method of their choice. In areas where it was difficult to access HEWs, EWNRA received permission from the Metu health office to train 36 small store owners to provide PHE and FP information and sell condoms and contraceptive pills to current pill users through a cost-recovery system with DKT (a contraceptive supplier). Coupled with the peer education, EWNRA reduced the distance women had to travel to secure FP supplies from between eight to 10 kilometers to approximately two to three kilometers. Over 20,000 people were counseled through the PHE intervention.

After the seed grant activities ended, EWNRA retained the PHE coordinator who continued to monitor the PEs.

EWNRA’s PHE sites in Metu became learning sites for other NGOs with almost 200 visitors to the site to date. EWNRA also replicated its PHE activities in the Amhara region with modest funding from the Barr Foundation.

WCS Zambia – PHE in a Livelihood Context

Wildlife Conservation Society (WCS) Zambia has a 25-year history in the region through Dr. Dale Lewis’s work conducting wildlife research and conservation activities. When Dr. Lewis learned that the men were poaching wildlife because their families were starving, he decided to turn poachers into productive farmers. The WCS Zambia-Community Markets for Conservation (COMACO) program now provides sustainable sources of alternative

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Enrique Hernandez

Zambian women read about family health and family planning in the “Better Life” book.

incomes and other incentives for conservation to families living around the national parks in the Luangwa Valley. With seed grant funding and technical support from the BALANCED Project, CBFP activities were integrated into COMACO’s livelihood activities and implemented through extension officers, lead farmers and producer groups during farmer trainings, meetings, field days, farmer visitation, etc. in 22 chiefdoms in Mfuwe, Lundazi and Chama districts, serving an estimated total population of 25,200.

Over 300 trained adult PEs, selected from among COMACO’s lead farmers and extension agents, and 300 youth PEs delivered integrated RH/FP, food security and conservation messages to over 6,000 individuals. They sought to increase peoples’ understanding of how family planning/reproductive health—when implemented together with livelihoods and conservation interventions—can lead to poverty alleviation. They also expanded access to FP information and products among couples and sexually active youth (15–24 years) by referring them to the local health clinics and providing FP supplies at the grassroots level. Working closely with the MOH, WCS Zambia gained approval for some of its trained PEs to carry free contraceptives from the MOH health centers to implement a CBD system among COMACO’s producer groups. While there were sufficient supplies of contraceptives

available at the health centers, accessibility was the problem—e.g., many community members had to travel up to 12 kilometers to reach the health posts. The PHE activity expanded access to family planning by reducing the distance to obtain FP information and methods to as little as 500 meters.

WCS Zambia has incorporated PHE into its operations and since the end of the seed grant has included FP/RH in its new Farm Talk radio show as well as in its ongoing livelihood activities.

VEDCO/Uganda – PHE in a Sustainable Development Context

Volunteer Efforts for Development Concerns (VEDCO) is an indigenous NGO working with communities to improve access to basic needs, particularly safe water, and adequate food and health care. The goal of its five-year strategic plan (2010–2014) is “equitable wealth creation among farmers in Uganda.” BALANCED provided VEDCO with seed grant funding and technical support to implement the Improving Livelihoods through Increased Access to Reproductive Health Services among Farmers project. Mainstreaming PHE into its agriculture-based livelihood program, the goal of the 18-month seed grant support was to improve access to and use of family planning in the agriculture-dependent districts of Nakaseke, Moyo and Yumbe—potentially reaching 500,000 people.

Building the capacity of existing staff and community leaders, VEDCO established a PHE PE and CBD system. Despite the remoteness and poverty of the project area, the cadre of 65 trained adult PEs and 60 youth PEs conducted house-to-house outreach education, group discussions and awareness campaigns to increase the community’s understanding of PHE linkages, the importance of conserving the land and how healthy timing and spacing of children can improve family health and ensure resources are available for future generations. PEs also referred new and current FP clients to trained CBDs and/or health clinics for screening and FP methods.

Sixty existing clinic/drug shop owners and some Village Health Teams (VHTs) were trained as CBDs. As

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representatives of the formal health care system, VHTs were able to receive FP supplies for their communities from the health stations. Arrangements were made with the District Health Offices for the non-VHT CBDs to obtain FP products from the local health clinic. The network of PEs and CBDs expanded the awareness of over 3,000 families on the “what and why” of PHE and the role that family planning can play in the health of the mother and child and in a family’s overall well-being. This network also increased access to FP commodities by reducing the distance that had to be traveled in order to obtain pills and condoms from what previously was a 7- to 8-kilometer trip from the village to the health post to less than 1.5 kilometers to reach a VHT/CBD. Nearly 2,000 FP clients have been able to avail themselves of FP methods through the CBDs and referrals to local health centers. After the end of the seed grant, VEDCO continued incorporating CBFP into its operations, and garnered support from the MOH to provide FP methods to the trained CBDs.

BMCT/Uganda – PHE in an Ecosystem Conservation Context

Bwindi Mgahinga Conservation Trust (BMCT) was established in March 1994 with a capital endowment fund from the Global Environmental Facility to provide long-term reliable support for research or conservation of biological diversity and sustainable use of natural resources in the Mgahinga Gorilla National Park and the Bwindi Impenetrable National Park. It was also tasked with promoting the welfare of neighboring communities. BALANCED provided seed grant funding and technical support to BMCT to implement the integrated project Integrated Community Conservation and Development for a Healthy Population around Bwindi Conservation Area. BMCT had been delivering community conservation, infrastructure development and general water and sanitation interventions, and the PHE approach expanded its services to family planning, and sexual and reproductive health to address population dynamics as it impacts on conservation and development.

With seed grant funding and technical support, the PHE model in the Kanungu District collaborated closely with



VEDCO

A CTPH Community Volunteer conducts both home visits and village health talks in Uganda.

stakeholders, local authorities, schools, village leaders, community groups and individual families to bring the PHE approach to the household level. A cadre of 12 adult PEs and 20 youth PEs delivered integrated health, FP and conservation messages to their peers. BMCT also engaged Village Saving and Loan Association (VSLA) groups who met once a week to share information about PHE, family planning, improvement of hygiene standards in the home and to initiate income generating activities. In the targeted villages, the PEs and community campaigns reached more than 16,000 people.

BMCT had an existing, strong partnership with the District Health office and community hospital, both of which supported them in training, provision of FP commodities and in monitoring volunteers. Three BALANCED-trained trainers—one from the District health office and two BMCT change agents—in turn trained 20 CBDs, who then could receive FP commodities from the health stations. Some adult PEs were also VHTs who obtained FP methods from the health stations and provided them for free.

Prior to the BALANCED Project, the closest health center was Bwindi Community Hospital, which ranged from 6 to 32 kilometers from the various villages. Village health posts and VHTs were available, but information and services

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were limited to health (not family planning). By conducting house-to-house education and counseling, the cadre of PHE PEs and CBDs were able to significantly reduce the distance community members needed to travel in order to obtain FP services. Over 7,000 clients were linked to FP services either through PEs/CBDs or referrals to health centers. After the Project, BMCT continued to work with the MOH to secure supplies for the CBDs. They also plan to integrate PHE into the VSLA internal rules and regulations and replicate the PHE approach in new VSLA sites.

WPZ/Papua New Guinea – PHE in a Conservation Context

In Papua New Guinea (PNG), YUS (Yopno, Uruwa and Som Rivers) is a mixed landscape, encompassing forests, villages, grasslands and agricultural areas. The area is remote with no roads, and access is either by small plane or foot travel. There are still large blocks of unlogged forests, some of which can be classified as pristine. Dr. Lisa Dabeck of the Woodland Park Zoo established the Tree Kangaroo Conservation Project (TKCP) in 1996 to determine the conservation status of the Matschie tree kangaroo, a species listed as endangered by the International Union for Conservation of Nature. TKCP has a long-time collaboration and partnership with the local YUS communities building local capacity for conservation and working to improve socio-economic and health services.

Due to the remoteness of the region, there is poor access to health care resulting in high maternal death rates, low immunization, and high malaria, etc. There are just seven HEWs in four key health posts to serve the estimated population of 12,000 people. The fast-growing population in some wards is putting pressure on the resources. Discussions with community members identified family planning and reproductive health as two high priority healthcare needs that could also help address some of the pressures on/threats to the natural resources from growing human activity. BALANCED seed grant funding and technical assistance helped TKCP integrate CBFP into its on-going conservation and education activities.

This included developing a network of 45 adult PEs/CBDs and 10 youth PEs from 23 villages to raise awareness in the community about the linkages between natural resources, family health and size, and livelihoods and to provide access to FP methods. Since the villages did not have shops (from which the community could purchase pills and condoms), the PEs also served as CBDs who brought pills, condoms and information/education/communication (IEC) materials with them during community discussions. They also referred those that had other concerns to the HEWs. The project obtained FP supplies from the local health posts and from Marie Stopes International, who also provided the team with IEC materials. PEs referred interested clients to MSI's mobile clinic for long term and permanent methods of contraception.

Because of the remoteness of the area and lack of government health services, it can take up to 12 hours by foot to access healthcare. However, with the introduction of project volunteers, the distance from the PE/CBD to the community was greatly reduced to a walk of just a few minutes to three hours. The health service outlets also increased by about 150 percent with the presence of the trained and active adult PEs/CBDs. Prior to the project, there was one HEW per 1,284 people. With the addition of 45 PEs/CBDs, the ratio was reduced to one PE/CBD per 199 people.

Lessons Learned from Implementing Seed grants

- **PHE fits into a variety of contexts:** The seed grants allowed the BALANCED Project to showcase various PHE models, demonstrating that the PHE approach complements the work of organizations implementing a range of conservation, livelihood, rural development and agriculture programs working in bio-diverse settings.
- **Strength of the implementing organization is important:** In order to effectively implement PHE interventions, seed grant recipients need to have an on-going, funded health, conservation or livelihood project upon which to incorporate integrated community-based family planning. PHE should not

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be an organization's sole activity; rather, PHE needs to be integrated into a larger, funded context of activities.

- **Having the right human resources already in place is important:** Seed grant recipients should have trainers and staff already on hand who can conduct the PHE training and activities. They should also have available a cadre of community volunteers with whom they already work. These volunteers should have duties other than only PHE peer education to sustain them – i.e., they should be part of other project activities.
- **Additional funding is needed:** The BALANCED seed grant sites were very rural and remote, requiring more transportation costs than anticipated. Further, additional funding was needed for minimal IEC activities, printing of manuals and/or job aids and refresher training. These expenses were under-budgeted or more expensive than anticipated at the time of project design.
- **Additional time is needed:** It takes two and a half to three years to see results from these small activities. The reasons are several. Reproductive health and family planning is a new topic for conservation groups. As such, staff and volunteers may need extra training and mentoring until they are competent in the clinical and social requirements of family planning. It also takes time to bring community stakeholders and decision-makers on board. Further, weather can prohibit access to sites and elections can delay activities. Projects also need to be mindful that PEs and CBDs are volunteers and may be called away during the planting and harvesting season. All of these factors should be taken into consideration when designing pilot PHE interventions.

Scaling-up PHE in the Philippines

The majority of Filipinos live in the coastal zone, where population density and growth is one of the highest in coastal Asia. As a result, the Philippines is experiencing significant loss of its biodiversity, particularly in Danajon



A CBD in Ubay, Bohol, Philippines.

Bank (DB) and the Verde Island Passage (VIP). The DB is described as one of only three double-barriers reefs in the Indo-Pacific region, while VIP is considered the “center of the center” of the world’s shore fish diversity.⁵ Coasts in these areas have large youth populations. This “youth bulge” guarantees there will be continued rapid population growth for decades to come. This in turn will lead to intensified use of the natural resources, including the coastal and marine resources. This overexploitation of the resources will lead to degraded ecosystem function and services—the very function and services upon which millions of Filipinos depend for their livelihood. It is almost guaranteed that coastal resources-dependent households will remain in poverty unless transformational changes occur in the way coastal resources are managed and how coastal households obtain FP services to achieve desired family sizes.

In order to address these challenges, the USAID/Philippines Office of Health and the Office of Energy, Environment and Climate Change provided field support to fund the BALANCED-Philippines Project to implement PHE field activities in some of the country’s key marine biodiversity areas. The goal was to build the leadership and implementation capacities of national and local governments and stakeholders to respond in an integrated manner to interrelated issues of population, health, and the environment. Implemented in eight municipalities in the

⁵ Carpenter, K.E. and V.G. Springer. 2005. *The center of the center of marine fish biodiversity: the Philippine Islands.* *Env. Biol. Fish.* 72:467–480.

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VIP where ongoing coastal/fisheries management activities had yet to be integrated with RH/FP (new sites) and 20 municipalities in the VIP and DB to improve and maintain PHE initiatives that were implemented under previous PHE projects (maintenance sites), the project sought to achieve four key results:

- Improved access to FP/RH health services in the DB and VIP bioregions.
- Increased policy makers' commitment to FP/RH services, coastal resource management (CRM) and integrated policies.
- Strengthened marine protected areas (MPAs) in the VIP and DB marine ecosystems.
- Increased incentives for coastal and marine conservation among coastal fisher households.

Improved Access to FP/RH Services

In partnership with the local government units (LGUs), the communities and other stakeholders, BALANCED-Philippines collaborated, supported and promoted an integrated PHE intervention that was conceptually linked and operationally coordinated at the field level.

From 2011 to 2013, PHE CBD/PE systems were established in 28 targeted municipalities in the VIP and DB sites. A total of 762 CBDs consisting of non-clinical/non-pharmaceutical outlet owners, sari-sari store owners, People's Organizations (PO) members, deputized wardens, barangay health workers, barangay nutrition scholars and other community members were trained as extension workers to the Rural Health Units (RHUs), making FP services more accessible to those living in the rural and hard-to-reach communities where the project was implemented.

A network of 808 active adult PEs and 110 youth PEs covering all project sites was developed to educate peers and community members on FP/RH, conservation and PHE links and encourage community members to be involved in PHE-related activities. They helped to drive demand for informed and voluntary FP information and services in the community. The PEs referred current FP users to the

CBDs and new FP clients to the RHUs for screening and monitoring. A team of at least one adult PE and/or YPE and one CBD was established in almost every barangay in the targeted municipalities.

Over the life-of-the-Project, the CBDs and PEs counseled over 95,000 individuals in family planning/reproductive health and together with other communications efforts (mass media and IEC materials); the Project reached over 224,000 individuals. This represents about 22 percent of the total population in the target sites. The presence of CBDs and PEs in every project barangay coupled with the wide coverage of the IEC activities led to an average of fifteen percent of current FP users patronizing CBD outlets. Looking across all 28 sites and across all the methods used by married women, there was an increase in the overall average contraceptive prevalence rate by the end of the BALANCED-Philippines Project, although other non-Project factors will also have contributed to this.'

Increased Policy Makers' Commitment to FP/RH and CRM Integrated Policies

One of the BALANCED-Philippines Project's key interventions was building buy-in and policy support for the integration of PHE as part of a holistic development approach. Toward this end, we built the capacity of local chief executives (LCEs)/leaders and improved implementation capacity among national and local governments and stakeholders to better respond to interrelated population, health, and marine environmental issues. This was achieved by inviting them to participate in:

- Project orientation meetings with local policy makers and stakeholders to inform them about PHE and the BALANCED-Philippines intervention and a PHE orientation session held during the 2012 League of Municipalities of the Philippines National Congress.
- Study tours to expose policymakers from the new sites to the PHE approach; LCEs and other decision-makers participated in a study tour to selected PHE learning sites in Bohol, a maintenance site.

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- Regional meetings on the PHE CBD/PE system—one in the VIP and one in DB—with LCEs, provincial health officers, RHU personnel, provincial and regional representatives from the environment line agencies, POs and selected champion CBDs and PEs.
- Advocacy meetings with LCEs and other influential policy-makers to encourage them to incorporate PHE into local development and CRM plans.

During these meetings, PHE champions spoke to government officials and provided testimonials on the need for PHE interventions and how the BALANCED-Philippines activities have enhanced their lives. Eventually municipal governments signed memoranda of agreement/understanding in support of the BALANCED-Philippines PHE activities.

These advocacy efforts paid off. By the end of the Project, 15 LGUs allocated funds for FP supplies for CBDs; PHE was adopted into six CRM plans; and a PHE ordinance was passed in two municipalities in DB and two municipalities in VIP, thereby establishing a PHE council in each site and sustained support for PHE in the future.

Strengthened Marine Protected Areas (MPAs)

The BALANCED-Philippines Project used existing tools and mechanisms to sustain and replicate good PHE practices in MPA management. The Project and collaborating LGUs adopted the MPA Management Effectiveness Assessment Tool (MEAT) as a means of monitoring the performance of MPAs and as a basis for MPA strengthening and incentives. The Project also developed and piloted a PHE addendum to the MEAT. The addendum is designed to assess the level of integration, implementation and sustainability of PHE in coastal communities.

Based on the MEAT results, the Project designed a number of interventions related to MPAs and strengthening of their sea patrols known as Bantay Dagat (BD). Activities included updating MPA management plans, providing trainings in biophysical and socio-economic monitoring, mentoring and strengthening of BD networks, celebrating MPA awards, and strengthening fisheries management.

Over the course of implementation, the Project made significant strides by addressing critical MPA needs. It strengthened 44 MPAs, two MPA networks, 17 BD groups and two BD networks, trained over 400 individuals in PHE and coastal and fisheries management, and improved the management of over 140,000 hectares of marine areas. A repeat MEAT assessment conducted in 10 MPAs in Bohol showed that after less than a year, nine out of 10 MPAs were either improved or maintained their original Level 1 score. Furthermore, six out of 10 MPAs improved their overall MEAT score between the first and second assessment. This is encouraging, but it also emphasizes the fact that more time and resources are required to move the policy reform process towards achieving the ultimate levels and thresholds.

Putting a PHE lens on MPA planning also emphasized the importance of addressing the threats to both natural resources and to the population directly dependent on those resources/the marine ecosystems. The integrated PHE approach reinforced that resource management programs should be based on social, health and ecological research and interventions that contribute to secure households, a healthy environment, and healthy communities.

Incentives for Coastal and Marine Conservation Among Coastal Fisher Households

The BALANCED-Philippines Project employed conservation-based livelihoods and enterprise development strategies and activities to increase incentives for coastal and marine conservation initiatives among coastal fisher households. The purpose of the livelihoods component was to support biodiversity conservation in the VIP and DB areas by rewarding well-performing MPAs, improving the socio-economic status of participating community members, and encouraging continued conservation. The component also provided an opportunity to address livelihood-related biodiversity threats, including the lack of financial and institutional mechanisms for diversifying livelihoods, and an inadequate capacity and lack of incentives for coastal and marine conservation. A basic requisite for this component was that any livelihood diversification supported by the Project needed to directly or indirectly support marine biodiversity conservation.

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Using a process-oriented and participatory approach, the Project supported the development of livelihoods including seaweed farming and processing, rag and dressmaking, fruit and fish processing, goat raising and mud-crab fattening. The entrepreneurs were provided technical and entrepreneurship trainings, business planning, seed grants, facilitated access to credit and other technical support. Concurrent with the capacity building and mentoring activities, the livelihood beneficiaries implemented conservation actions outlined in conservation agreements.

Towards the end of the Project, the BALANCED-Philippines team surveyed all of the livelihood beneficiaries to assess what benefits, if any, they had obtained as a result of participating in these activities. The results were positive, especially in communities where the beneficiaries had been supported for a year or longer. At the time of the survey, 155 out of the 264 trained beneficiaries were still active and reported generating revenues from their livelihoods. Those surveyed perceived that the livelihoods support had also helped promote best practices related to coastal and marine resources management. At the municipal level, the conservation agreements helped sustain LGU support for the community organizations involved in MPA management, and it helped support CRM activities identified in municipal CRM plans.

Lessons Learned/Best Practices

- **Align Project vision with LGU vision:** LGU visions are usually linked to food security, poverty alleviation and the impacts of climate change. Linking PHE to achievement of LGU visions helped to convince LCEs to adopt integrated PHE programs.
- **PHE PE-CBD systems increase access to FP:** Establishing a PHE PE-CBD system with cost recovery lead to increased access to FP information and commodities, especially in hard-to-reach, remote areas/geographically isolated and disadvantaged areas.

- **Introducing the PHE approach in MPA management strengthened the human security links with marine biodiversity conservation effort:** The use of the PHE approach in MPA/CRM planning emphasized not only the threats to the natural resources but the impact of degraded natural resources on the very population that is directly dependent upon them; that human well-being is linked to the health/state of the natural resources, especially the marine ecosystem.
- **Networks and partnerships are extremely important:** Networks and partnerships with other agencies are important in integrating and complementing efforts in order to maximize benefits achieved with limited resources. Having a strong partnership with the LGUs, both at the local and provincial levels, helped in the Project's efforts to strengthen CRM and in its advocacy for PHE beyond the Project sites.
- **Investment in livelihood activities works:** The livelihood activities introduced new ways to use and manage natural resources. It gave the beneficiaries skills to produce new products and/or move up the value chain. This empowered them to be more creative and productive.
- **Reciprocal agreements can be a win-win:** When communities sign a commitment to undertake conservation actions in return for support for livelihoods initiative, both the people and the environment stand to benefit.

Annex 1 – Illustrative BALANCED Project Tools and Training Manuals

Tool	Purpose	Website Address
The PHE Toolkit at K4Health	This online library of PHE resources is intended to assist PHE practitioners, program managers and health, conservation and development professionals interested in projects and policies that integrate community development activities with a focus on environment and health interventions. These resources will help them to design and implement integrated projects that may include components such as family planning and reproductive health (FP/RH), basic health services, education and outreach, sustainable livelihoods, coastal and natural resources management and biodiversity conservation.	http:// www.k4health.org/toolkits/phe
PHE 101 Bibliography November 2010.	This list of PHE documents provides people who have limited experience with or exposure to PHE approaches with a brief, illustrative sample of documents describing the basic elements of a PHE project. The documents listed here provide an overview of the rationale for PHE programs, basic program design and monitoring components, and select country examples of successful programs. These documents are included as part of the PHE Toolkit (http://www.k4health.org/toolkits/phe).	http://www.k4health.org/toolkits/phe/phe-101-bibliography-november-2010
Population, Health and Environment (PHE) Youth Peer Education: A Guide for Training Youth Peer Educators Working on Integrated PHE Activities. July 2011.	This resource is designed for facilitators who will be training PHE Youth Peer Educators as part of the PHE project activities. It contains information on the linkages between population, health, and environment and the role of youth in protecting and conserving the environment and ecosystem. and on gender, sexuality, fertility, contraception, safer sex sexually transmitted infections, and related reproductive health topics that enable youth to become stewards of the environment and their sexuality.	https://www.k4health.org/toolkits/phe/population-health-and-environment-phe-youth-peer-education-guide-training-youth-peer

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<p>Population, Health, and Environment (PHE) Community-Based Distribution and Peer Education System: Train-the-Trainer Guide for Training PHE Community-Based Distributors and PHE Adult Peer Educators Working on Integrated PHE Activities.</p> <p>October 2011</p>	<p>This manual can be used to train: 1) future PHE trainers; and 2) individuals who will integrate community-based family planning and health into PHE projects through the use of community-based distribution and peer education approaches. The curriculum includes basic topics that PHE community-based distributors (CBDs) and PHE Adult Peer Educators (PEs) need to know in order to discuss basic ecology, PHE linkages, and reproductive health/family planning with community members within a PHE context.</p>	<p>https://www.k4health.org/toolkits/phe/population-health-and-environment-phe-community-based-distribution-and-peer-education</p>
<p>Reference Guide for PHE Community-based Distributors and PHE Adult Peer Educators. 2012.</p>	<p>This Reference Guide is intended for PHE community-based distributors (CBDs) and PHE adult peer educators (PEs) who have attended the training on the PHE Community-Based Distribution and Peer Education System and who work on integrated PHE activities. The Guide covers 10 topic areas, including: What is PHE; Ecosystems – the Machinery of Nature; PHE Community-Based Distribution and Peer Education System; Human Reproductive Anatomy; Human Fertility; Family Planning Methods; Responses to Common Myths, Misconceptions on Family Planning Methods; Sexually Transmitted Infections and HIV/AIDS; Interpersonal Communication; Communicating PHE, Reproductive Health and Family Planning.</p>	<p>https://www.k4health.org/toolkits/phe/reference-guide-phe-community-based-distributors-and-phe-adult-peer-educators</p>
<p>Population, Health and Environment (PHE) Community-based Distribution and Peer Education System: A Guide for Training PHE Community-based Distributors. 2012</p>	<p>This training guide should be used to train new PHE CBDs over the suggested two-day period. It contains 12 modules covering basic topics that PHE CBDs need to know to discuss basic ecology, PHE linkages, and reproductive health/family planning with community members within a PHE context.</p>	<p>https://www.k4health.org/toolkits/phe/population-health-and-environment-phe-community-based-distribution-and-peer-education-0</p>

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<p>Population, Health and Environment (PHE) Community-Based Distribution and Peer Education System: A Guide for Training PHE Adult Peer Educators. 2012</p>	<p>This training guide was developed for use in courses to train population, health and environment (PHE) Adult Peer Educators (PEs) who work on integrated PHE activities. PHE Adult PEs are eligible adults—men and women—who are mainly responsible for providing integrated PHE information, education, communication (IEC) messages and materials and for motivating the community and FP clients to engage in pro-health, pro-environment behaviors.</p>	<p>https://www.k4health.org/toolkits/phe/population-health-and-environment-phe-community-based-distribution-and-peer-education-1</p>
<p>A Tool for Conducting Population, Health and Environment Behavior Monitoring Surveys. 2013</p>	<p>This tool is designed to help PHE practitioners develop and implement situational and behavior monitoring surveys. It recognizes that PHE intervention designs must be tailored to the specific needs of the place where they are implemented. The survey data can provide a baseline, which is a benchmark from which to measure the impact of PHE interventions.</p>	<p>http://www.k4health.org/toolkits/phe/tool-conducting-population-health-and-environment-behavior-monitoring-surveys</p>
<p>Developing Behavior Change Communication Interventions for Population, Health and Environment Projects: A Facilitator's Guide. 2013.</p>	<p>This Facilitator Guide draws on basic behavior change communication (BCC) principles used by key non-governmental organizations implementing health projects and the BALANCED Project's experience developing, and assisting other organizations to develop BCC interventions for PHE projects in Africa and Asia. It instructs the facilitator on how to train participants on the basic components of a BCC intervention. It also advises how to adapt these components for PHE projects that need integrated messages to raise community awareness of the PHE linkages of health and pro-conservation behaviors.</p>	<p>http://www.k4health.org/sites/default/files/PHE%20IEC%20workshop_Facilitators%20Guide_508.pdf</p>

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<p>Adapting to Water Stress and Changing Hydrology in Glacier-Dependent Countries of Asia: A Tool for Program Planners and Designers. 2013.</p> <p>** Funded by the USAID Bureau for Asia</p>	<p>This tool was designed to increase understanding among decision-makers in glacier-dependent countries in Asia of the existing factors that make populations more vulnerable to any changes in their water systems and, as such, inherently vulnerable to the impacts of changing glaciers and hydrology in High Asia. At the same time, this tool provides program planners/designers in this area with a practical tool to guide the design of “no regrets” approaches to adaptation that address both existing vulnerabilities and those superimposed by current glacial changes in a manner that will yield net social benefits to multiple sectors under all future scenarios of glacial melt and climate change.</p>	<p>http://www.k4health.org/toolkits/phe/adapting-water-stress-and-changing-hydrology-glacier-dependent-countries-asia-tool</p>
<p>PHE Field Implementation: A Simple PHE Resource Guide/Compendium for Practitioners. 2013.</p>	<p>The purpose of this Guide is to provide field-based practitioners of PHE projects with a comprehensive set of ideas and resources for project implementation, from project design to evaluation. This document includes an overview of the different phases or elements of PHE project design and implementation, including country-specific examples of each topic and illustrating the concept of integration where possible.</p>	<p>http://www.k4health.org/sites/default/files/PHE%20Field%20Implementation%20Guide.pdf</p>