

Assessment of USAID Population-Health-Environment Portfolio

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- Review PHE program and activity results, determine effects
- Determine the portfolio's barriers and challenges;
- Make suggestions for PHE follow-on strategy.



USAID PRH / PHE Strategy



USAID-Supported "PHE" Projects







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Field Projects: Key Conclusions (1)

- Helped develop "gold standard" models
- Fostered ENV PVO interest and experience for including FP in "hotspot" programs
- Expanded PHE concept (Uganda example)
- Growing consensus best intervention "package" cannot be limited to FP and conservation, but must include carefully sequenced basic health care and livelihood activities.



Field Projects: Key Conclusions (2)

- Perceptions of "value-added" reaffirmed:
 - cost effective
 - useful model for building long-term trust relationships.
- Good FP and health results can be achieved by environmental NGOs
 - effective training and supervision of CHWs necessary
- Also need
 - special efforts to integrate IEC messages and structure IEC sessions with both sexes present and,
 - to address youth and males as key target groups.



Field Projects: Key Conclusions (3)

- Tendency to "re-invent the PHE wheel" disturbing.
 - make better use of mobilization techniques, training manuals, IEC materials developed by "gold standard" projects.
- Key issues from previous evaluations
 - Sustainability: models of success now available
 - Scale-up: opportunities exist, but funding needed





Technical Leadership: Key Conclusions

- Recent "Consolidation Phase" produced large number of high quality manuals, best practice summaries, toolkits and analyses now easily accessible
- WWIC ECSP, PRB and WWF key players in provision of TL
- Operations Research technically difficult
 - has yielded some evidence of integrated program "value-added."
- TL activities could be strengthened through strategic linkages and joint planning.
 - Strategic "Expansion Phase" essential to emergence of sustainable PHE network



Field Support: Key Conclusions

- PE Fellows program relatively inexpensive and effective for TA and bringing young professionals to PHE;
- MEASURE/Evaluation has made important contributions through TA and M&E Guide
- Growing number of USAID missions interested in PHE programs and methodologies;
 - Even so, PHE program remains relatively unknown within USAID.





Overall Portfolio's Impact on Broader PHE Field



- Little or no impact on other potential donors, foundations and/or academic audiences.
 - Because relatively new and absence of strategic advocacy to these communities.



Overall Portfolio's Impact on Key Focus Countries: Philippines



- Essential in:
 - fostering growing number of PHE field projects;
 - training cohort of PHE leaders and advocates;
 - establishing active PHE network.
- Replication occurring through advocacy by involved mayors and NGOs.
- Many LGUs sustaining PHE projects after donor funding
 - government decentralized, local funds available.
- The Philippines ready for scale-up.



Overall Portfolio's Impact on Key Focus Countries: Madagascar



- Complements mission support for integrated efforts in environmentally threatened areas;
- Supports pioneering WWF, CI and WCS projects in threatened areas
 - stimulated conservation community interest in PHE;
- Attempts to foster PHE coordinating and advocacy institution have not (yet) been successful;
- National government now aggressively supports both FP and environment programs,
 - Excellent opportunity for scale-up.



Overall Portfolio's Impact on Key Focus Countries: Other regions



- Initial PRH investments have, correctly, been concentrated in key countries;
- More recent East African and Asian sites well chosen,
 - strong local interest.



Other program results



- Built partnerships with organizations not traditionally focused on FP/RH;
- Facilitated introduction of FP/RH services to underserved populations in regions where non-FP organizations are more likely to have presence;
- Facilitated leveraging of funds from non-USAID sources;
- New tools, methodologies, and guides developed that are available to crosssectoral communities of practitioners.





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Principal Barriers (General)



- Small number of funders;
- Name?
 - Should PHE be relabeled?
- Limited evidence base;
- Modest implementation capacity in field.



Principal Barriers (USAID)



- Funding "stovepipes" inhibit flexibility
- Limited PHE knowledge, interest, in USAID missions
- Limited PHE knowledge, acceptance within USAID/Washington



Principal Opportunities

- "Gold standard" projects
 - Strong network in Philippines,
 - Foundation laid in Madagascar;
- Models being tested in East Africa, Cambodia, Nepal;
- Growing "buy-in" by several international environment PVOs working in remote regions;
- A library of resource materials on design, implementation, and evaluation;
- Cadre of PHE practitioners for TA;
- Continued government decentralization in relevant developing countries.





Principal Opportunities (cont.)

- Model for stove-pipe-breaking, collaboration within USAID?
- Re-package as efficient "equity" focused programs for remote areas – e.g. "the extra mile";
- Re-package as efficient approach for providing health/FP services to remote areas as part of "climate change" and "landscape" programs
- Provides opportunities to foster south-south collaboration and engage research community.





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Where is PHE Most Appropriate?

- In (or near) threatened ecological or biodiversity landscapes and protected areas;
- Where
 - population density yields ecological pressure;
 - demographic, health and/or poverty indicators are relatively worse than regional/national indicators;
 - government services unavailable or insufficient.





Long-Term Goals for PHE

- Enhanced availability of FP in regions where population pressure is major threat to biodiversity, environment;
- PHE scale-up in at least 2 regional ecosystems;
- Many international environment PVOs accept and integrate FP as component of their recommended remote-area community support programs;
- Increased, diversified funding available;
- PHE and other integrated methods of providing FP and health services in remote regions fine-tuned and readily available to donors and implementing agencies.







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Thank you.

We look forward to your comments.