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Integrated Development in Population, Health, and Environment: Updates from Ethiopia and the Philippines

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Edited Transcript – Annie Wallace

Thank you, Geoff. And thank you, Negash. I, as Geoff had said, I was a Population, Health and Environment technical advisor in Ethiopia, working out of the Dave and Lucille Packard Foundation's Population and Reproductive Health Program. And my fellowship, or as a technical advisor I was working as a USAID funded Global Health Fellow. In my work that I was doing, I was providing technical assistance to the Packard Foundation's grantees that had received funding for their integrated Population, Health and Environment projects.

So what I'm going to talk to you about today that Geoff already alluded to is the report that I wrote based -- basically an informal assessment of the Packard grantees' work in Ethiopia. And what I did is I reviewed all of the documents that they had submitted to the Packard Foundation, their proposals, their reports, articles that had been written, and then I also did interviews with their staff, and that included the sub grantees of CCRDA. So what I'm going to do is I'm just going to give you an overview of the Packard's PHE work in -- as quickly as I can, in my time spot.

So the Packard Foundation began investing in integrated population and environment work in Ethiopia in 2001 and this was in response to their Population and Environment Initiative which was really a focus on trying to reduce population growth and its impact on the environment in the beginning, and they started investing in the population and environment initiative in Ethiopia with LEM Ethiopia which is a conservation organization. And the initial project was funded for three years and it received funding for a second phase and actually continued funding into 2007 when Packard evolved into more of a Population, Health and Environment approach. And also, their focus became less on reducing population growth and the pressure on the environment and more focused on how can an integrated approach help them achieve the reproductive health and family planning goals in Ethiopia?



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And so the first investment that the Packard Foundation made in PHE in Ethiopia, was partnering with USAID and PRB and LEM Ethiopia to put on the International Population Health and Environment Conference that Negash talked about. And one of the outcomes from this conference was, Packard Foundation committing to fund projects, PHE projects in Ethiopia. And as a result they funded six PHE projects in Ethiopia. Three of them were existing adolescent reproductive health projects that they felt would be interesting to see if an integrated approach would help them achieve their adolescent reproductive health and family planning goals. One of them was the seed funding for the network and another one was the conservation organization LEM Ethiopia which evolved from their Population and Environment Initiative to a Population, Health and Environment project. And finally, the sixth grant was actually a reallocation of funds from within EngenderHealth to provide funding for a conservation project in the Bali Mountains by MELCA Ethiopia.

And so, you've already seen basically the same map but these are just the Packard projects. And because of time limitations I'm not going to go into too much detail about each project's interventions, but I'm just going to give you a quick overview here of the CCRDA which is -- is this a pointer -- CCRDA which is right there, that is the Consortium for Christian Relief Development Association and that's actually a management organization that administered funds to nine implementing organizations within the other nationalities, nations, people's region. And it was one of the existing adolescent reproductive health projects that was working with Packard that received funding for PHE.

The Gurage People's Self Development Organization was also one of the adolescent reproductive health projects that received funding to expand their existing project into an integrated PHE project and REST, the Relief Society of Tigray was also one of those existing adolescent reproductive health projects. LEM Ethiopia we've already talked about is a conservation organization that has been partnering with Packard in integrated approaches and finally MELCA Ethiopia the other conservation organization receiving Packard funding or utilizing Packard funds to implement a PHE project.

So an overall -- an overall review of what types of integration were occurring or are occurring in Ethiopia with Packard grantee projects: How are they integrating their work? Well one example is, all of the projects have created community level planning committees and these include health extension workers or the health office. They include representatives from the education office. They include representatives from the Ministry of Agriculture and Rural Development, women's associations, youth and sports. And what they're doing is they basically were formed by the project with representatives from



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these government organizations to help with monitoring of the implementing of the project and planning of the interventions as well.

The -- also all of the projects are integrating the government's extension programs and just to give you an idea of what that looks like, the extension programs are out of the Ministry of Health and the Ministry of Agriculture and Rural Development. And they have paid government employees that are extension workers that go out into the communities. And what they have is they have two health extension workers for each kebele which a group of the kebeles make up one woreda which is the smallest unit of local government in Ethiopia. And there are two -- there are three development agents from the Ministry of Agriculture and Rural Development in each kebele and they focus on livestock, agriculture, and natural resources education.

And so, normally what this looks like is, the health extension workers, they go into the community and they go to a group of houses or a household and they talk about -- they deliver their health extension package. And in general they're delivering it to women. And when you see the development agents going into the communities they're going and talking to the farmers, talking about agriculture and cattle raising and natural resources and in general they're talking to men.

And so how these projects have integrated these government extension programs, is they have brought together the Health Office and they've brought together the Ministry of Agriculture and Rural Development and come up with some planning for these extension workers so they can come up with integrated messages and implement their community conversations in an integrated manner together. And so therefore, when they're going out into the communities, instead of seeing two different community conversations you're seeing one community conversation with the development agents and the health extension workers and you're seeing a group of women and men talking about health issues and population or environment issues. So, that's how the integration is happening and all of the projects are implementing this type of integration in their projects.

Also there are integrated PHE youth clubs. All of the organizations -- all of the schools require a certain amount of youth clubs and they usually are girls clubs, health clubs and environment and/or forestry youth clubs. And in general, the boys are in the environment or forestry and the girls are in the health and girls clubs. So what they've done is they've integrated these clubs so all of them are having these discussions together.

And finally, through REST, they're doing a watershed planning process where they work at the kebele level with the extension workers on what are the community development



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issues that are needed and they create a plan for that kebele which go -- all of the kebeles submit that at the woreda where they create a woreda level watershed plan. The integration happens at the very beginning of the planning with all of the actors involved, all the way down to the extension workers and then the implementation is based off of what -- off of that plan, the approved plan.

So to give you -- in my report I have a lot more results reported but I'm going to try and give you a quick overview of some of the results that I feel are linked to some of the integrated activities that are occurring in these projects. With the consortium -- with CCRDA, they're reporting that teachers are more able to allocate more time to academic affairs and they are attributing this to the integrated PHE youth clubs because instead of having one teacher for all of the different youth clubs, they have one teacher for one club and they're able to rotate their time so they can spend more time focusing on academic affairs. They're also reporting more male involvement in girls' club activities and they're attributing this to the PHE clubs because they're talking about girls' issues in these PHE clubs because they're all having the conversations at the same time. And also, they're reporting a reduce in gender based violence in and around the schools and they're attributing this possibly to the male involvement and also the integrated discussions through the PHE clubs.

Improved parent-child communication which they're attributing to the PHE clubs that are encouraging the youth to go home and as their families -- talk to their families about their family economy, health and livelihoods and at the same time the parents are discussing with development agents and health extension workers so hitting it from both sides, it's creating what they believe this improved parent-child communication that's being reported. Also, cost efficiencies within government offices are being reported because the health extension workers and the development agents are traveling together so saving transportation costs. And also, instead of having two community conversations they're having one community conversation so that's improving their costs.

With GPSDO, they are reporting, among many things, increased women's involvement in environmental rehabilitation activities which they believe are attributed to the integrated community conversations with the Health Expansion and Development agents because now women are actually being involved in these discussions. And also, they're doing environmentally friendly livelihood skill building activities that are targeting women as well.

They're reporting increased male involvement in family planning and they're attributing this to the integrated conversations with the health extension workers and development



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agents because the men are actually involved in health extension package now and information.

And finally, they're reporting increased family planning users. They've actually reported that in 2008 when the project started, the CPR rate -- the CPR was 21 percent and now they're saying that the 2010 is 23 percent, and that's based off of Health Office documents and interviews with health extension workers and community members.

LEM Ethiopia is also reporting an increased CPR by 20 percent in their project from the same sources. And they did a joint evaluation with the government offices. They also are reporting increased clients at the health posts are improving the time efficiency of the health extension workers because now the health extension workers don't have to go out to each house quite as much because there seems to be more buy in from the entire household and entire family to come in and go to the health posts and access these services. And also they're reporting that religious leaders support and buy in in family planning services is actually increasing the community's support and buy in for family planning services. And they -- the messages that they've been using are really connecting livelihood to the use of family planning and limiting and spacing your births. And this is creating -- when the religious leader buy in comes, then the communities definitely respond to that.

And finally they're saying that they need to address some taboos that are hindering a lot of single youth from accessing family planning services. They have women of reproductive age that are married coming in and using the reproductive health services, but a lot of youth, there are still rumors that contraception makes them infertile or some other taboos and misinformation. And so they're looking at integrating more into their environmentally friendly livelihood skill building activities some more messages that try and dispel some of the misinformation.

MELCA Ethiopia is also reporting that Islamic leaders' support and buy in for family planning is increasing the community support and buy in for family planning services. And they have in their reports quotes from their religious leaders where they're targeting in the community conversations saying, you know, our livelihoods are affected when we have too many mouths to feed. We're able to -- you're able to have a better family income and you're also able to have more resources if you limit your family size and space your births and so therefore family planning reproductive health services make sense.



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They are also reporting -- the same thing at CCRD is reporting that they're having cost efficiencies from the extension worker partnerships and from MELCA, as primarily a conservation organization, they're reporting new partnership opportunities through EngenderHealth and also with Pathfinder International and also the health offices that previously they were not partnering with in the area that they're working.

The Relief Society of Tigray is reporting that they are preventing early marriages and they think this is from integrated conversations occurring with the PHE clubs and also with the integrated Health Extension and Development agent discussions and they're also reporting increased male involvement in family planning, directly associated with the development agents being more engaged in the health extension package specifically talking about family planning and livelihood.

So, how I structured my recommendations is, I asked the practitioners that I interviewed -- and I was talking to field staff that came in -- that either came into Addis or I went into their offices to talk to them about the PHE approach and their projects but also I wanted to ask -- I asked them at the end of their interviews if -- what advice or recommendations did they have for other practitioners interested in PHE or already working in PHE? And their recommendations included planning for self sustaining programs and this really came from -- they have their implementation committees and the monitoring community level committees and they have their -- and they're working really closely with the local government offices, but they're not getting any financial commitments from the local offices so, while there's buy in for this approach from the local offices, there isn't funding been planted in the local budgets. And they're really attributing this to the local governments just believing more money is going to come in to implement these projects. And so they want more help in thinking strategically on how to plan for more sustainable programming.

And the next recommendation is very similar. Encouraging integration at the local government level woreda, so trying to really align their project planning processes with local government planning processes and also trying to get involved in how -- aligning with policies, local policies, but then also hopefully working towards budget allocations for the sustainability of the work.

Also, they're encouraging that the projects target their education awareness also to decision makers and leaders to create this buy in and hopefully lead to more sustainability of the projects and the integrated approaches. And they're also advising that practitioners not to be intimidated by trying to adopt a whole new project because it is a PHE. Look at what they're already doing and look at how they feel the integration approach could



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help them achieve their existing -- their goals of their existing work. Because a lot of them initially were scared that if they're working in health then all of a sudden they would have to become environment experts and vice versa. And they -- now that they've been working in the -- there has been so much capacity building going on with these organizations, they understand that they don't need to reinvent the wheel when they're doing these PHE projects.

They also are advising that practitioners need to learn how to implement policies. There seemed to be, especially in the interviews I was doing, there wasn't consensus on which policies were the enabling policies for -- that would enable integrated PHE work. Some people thought certain policies enabled the PHE work; others thought that they really focused on single sector work and so more education on what those policies are that enable to work but then also how to implement those policies.

And then, once again, they're encouraging to stay connected through the PHE network, through the PHE Ethiopia Consortium, access the capacity building and knowledge sharing, but also staying connected to other practitioners in country through the network. Involving communities in the planning, implementing and monitoring: A lot of -- especially a lot of the sub grantees of CCRDA thought that the initial project design was a very top down approach. And this is attributed probably to the fact CCRDA wanted to make sure that everybody understood what PHE was and that there was not too much change into the adolescent reproductive health focus but more looking at how to integrate within those projects. And now that they understand -- the leadership understands PHE and the field staff understand integration, they now want be able to, in the next phases, involve the community more in the project planning and implementing.

They also are saying, you need to target youth. A lot -- granted, most of these projects are adolescents reproductive health projects but also they're saying that youth are the next leaders and by targeting youth you can get them to think more strategically about their livelihoods and how they want their future household sizes to affect their livelihoods, and making these connections.

Developing and implementing monitoring and evaluation processes. A lot of organizations felt like didn't have adequate enough funding to do M&E work and I know that this is the message than Negash was saying and you're going to hear it a couple more times from me before I finish speaking. Monitoring and evaluation, they know that they need to beat collecting data and being able to communicate the results in a better way so they can get more funding for these approaches because they feel like they're really working but they're not implementing good M&E processes and they know it. Also they



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feel like in the project planning process you need to plan to tell your project stories so you can really sell the good work that you're doing.

And then finally, they recommend that a national level committee of government agency representatives is needed to mirror the local level implementer committee and they did recommend that this would happen through the PHE Ethiopia Consortium to help kind of enable the whole process of the local level government committees, having that at the national level as well.

So then I also asked them for recommendations for donors. And they were saying, support PHE awareness and capacity building activities. There have been a lot of capacity building activities, as Negash said. There's been measure evaluation and Balance projects M&E work. The USA -- USAID's Project Design Workshop, PHE policy communications by PRB, Balance projects PHE, IAC messages and materials, and there still needs to be more capacity building. There's also -- I've been there as follow-up for these projects but I'm not there anymore. And there needs to be a more sustainable strategy for how to do follow up for these kinds of workshops but then also how to create in country technical assistance so people can follow up with in country folks that do have this experience and do have this expertise.

They're also recommending the increased geographic coverage of PHE activities. Right now, the Packard Foundation works within four regions and there are other regions that are not receiving funding for integrated approaches necessarily that are definitely vulnerable to climate change and food insecurity that they feel would really benefit from an integrated PHE approach.

Stronger communication and collaboration among donors. And they're really thinking, if a donor -- looking at pooling funds to achieve integrated approaches in implementing communities -- if a donor is focusing more on environmental climate change and another one's focusing more on health but they want to achieve results in a certain community, pool your funds and let's do an integrated project together. And that's what the practitioners are recommending to donors. They're also recommending that donors should be willing to be educated about new approaches, so being open to the PHE approach and learning about integration and being willing then hopefully to collaborate with other donors.

And then finally, support documentation and monitoring evaluation efforts: Right now there's just -- like I said, a lot of the organizations are saying that they do not have enough money to really implement good quality M&E activities and they feel like there should be



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a priority from the donor also, allocating enough funds but also asking for the right information. And so that requires some education of donors as well.

And finally, from my interviews and all of the research that I did and also the work that I was doing in Ethiopia I have created a list of my recommendations. Once again, capacity building, but I do think that we need to be much more strategic in how we're doing our capacity building. I think that doing workshops is really important but then also thinking of strategic follow-up. Identifying ways to build a capacity of the network or organizations within the network that have maybe point people that would be great people for technical assistance. Also, providing training of trainers, so we can start thinking about the sustainability of this technical assistance and experience sharing, because there's a great resource in the PHE Ethiopia Consortium.

Also, improved pre-planning and monitoring and evaluation is needed. There needs to be more funding allocated for monitoring and evaluation and I know that I keep saying that so I'm not going to go into too much more detail but we need to be thinking about that, thinking about the skill building, but also offering enough money but then teaching people how to do data collection but then how to translate those results into good success stories or lessons learned.

Improving -- improve the understanding of PHE and consensus is needed. And this is important because we've had a lot of trainings about PHE and a lot of the leadership are the ones that are going to this training and when you talk to the field staff, you can ask them about the PHE approach and they're just trying to figure out where their project fits into PHE. But then when you ask them where the integration is in their project, they can identify it directly.

And they know that their project has the label of a PHE Project has the label of a PHE project but the knowledge of what a PHE project and why their project fits into this mold isn't trickling down from the leadership. So, really targeting the field staff is important or at least creating mechanisms for that trickle down of information from those that are trained in what PHE is.

Also, better planning for sustainability is needed, I talked about this with the funding and trying to align more with the local government mechanisms.

And then finally, following up on specifically reported findings may be lessons learned, I think that the role of religious leader by-in and family planning is really interesting and how PHE has played a role in creating that buy in would be really interesting to follow up



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on. Also, the reported increasing in CPR is really attributed to the PHE approach or what has been going on in that community that could possibly have increased that CPR. The PHE link to improve parent-child relationships, how targeting youth of the PHE clubs and through the adults although the extension program, is that really helping to create better communication and possibly helping to prevent early child marriage, what are some of the other issues that it would be really interesting to find out the PHE link to those.

Also, what are the actual cost efficiencies that -- for organizations to government offices, are these linked to the actually the integration of these extension programs, or what else is going on in that office that possibly could be creating these cost efficiencies. And then finally, how is PHE linked to livelihood in Ethiopia? That's one of the many questions that all of the extension workers are reporting, and what is that linkage, that would be really interesting to know. So, that is the 40-page report in a nutshell. If you have any questions, please, I look forward to answering them when we -- after Joanne's presentation.



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