

# **Population Health Environment Alliance**

## **FIRST IMPLEMENTATION PLAN**

**October 28, 2008 – September 30, 2009**

**Submitted by World Wildlife Fund**

**to**

**USAID Global Health Bureau  
Office of Population and Reproductive Health**

**and**

**Johnson & Johnson**

**on November 18, 2008  
revised 15 December 2008**

**USAID Associate Award Agreement No. GPO-A-00-08-00009-00**

contact: Judy Oglethorpe,  
World Wildlife Fund-US



*for a living planet®*

## Acronyms and abbreviations

ADRA	Adventist Development and Relief Agency
APHIA II	Population and Health Integrated Assistance Program II
BALANCED	Building Actors and Leaders for Advancing Community Excellence in Development
CARPE	Central Africa Regional Program for the Environment
CBD	Community Based Distributors
CBNRM	Community Based Natural Resource Management
CBO	Community Based Organization
CEDPA	Center for Development and Population Activities
CFCC	Community Forest Coordination Committee
CFCC	Community Forest Conservation Committee
CFUGs	Community Forest User Groups
CHEWs	Community Health Extension Workers
CHWs	Community Health Workers
DHMT	District Health Management Team
DHO	District Health Office
DRC	Democratic Republic of Congo
ECC	Protestant Church of Congo
FCHVs	Female Community Health Volunteers
FHI	Family Health International
FM	Frequency Modulation
FP	Family Planning
ICS	Improved Cook Stove
IEC	Information, Education and Communication
IMA	Interchurch Medical Assistance
INCEF	International Conservation and Education Fund
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MWIOPO	Madagascar and Western Indian Ocean Program Office
NFE	Non Formal Education
NHSSP II	National Health Sector Strategic Plan
NRM	Natural Resource Management
PHE	Population, Health and Environment
PRB	Population Reference Bureau
RH	Reproductive Health
SANRU	Sante Rural
SPO	Senior Program Officer
TA	Technical Assistance
TAL	Terai Arc Landscape

## **I. Introduction**

This is the first annual implementation plan for the Population Health Environment (PHE) Alliance, a three-year public-private partnership supported by USAID's Office of Population and Reproductive Health, and Johnson & Johnson that will enable World Wildlife Fund-US to:

- increase the effectiveness of conservation in priority areas
- strengthen our PHE approach, and
- contribute to expanding the application of PHE in the conservation sector.

The implementation plan covers activities funded by both donors, and by WWF through cost-share. The USAID-funded component of the PHE Alliance is Associate Award Agreement No. GPO-A-00-08-00009-00, and falls under the Leader with Associates Cooperative Agreement LWA # LAG-A-00-99-00048-00. Since the USAID award started before the Johnson & Johnson grant, a 90-day implementation plan was submitted to USAID covering the period from the start date of the agreement with USAID, September 18, 2008, to December 16, 2008. This implementation plan intersects that period, beginning on the start date of the agreement with Johnson & Johnson, October 28, 2008, and finishing on September 30, 2009.

Different components of the implementation plan presented herein will be funded by each donor, as noted under "Project Goal and Objectives."

The PHE Alliance has four components: PHE work at field level in three countries, plus a PHE expansion component. The selected countries are Nepal, Kenya and Democratic Republic of Congo (DRC). The PHE sites in these countries lie within the Eastern Himalayas, Coastal East Africa and Central Congolian Forest respectively—three of the ten highest priority conservation areas for WWF-US in the world. Unmet need for family planning in each country is high, poverty is rife in the areas we work in, and health services are scarce in remote areas with high biodiversity. Kenya and Nepal were funded by USAID and Johnson & Johnson in the first PHE phase; in this new phase, we will build on and scale up that work in these two countries, reaching more people and focusing on areas where we can leverage greater improvements. In addition we will start a new PHE initiative in a very remote area of DRC, expanding our PHE program to a new country.

## **II. Project Goal, Objectives and Budget**

The PHE Alliance goal is:

**Promote sustainable biodiversity conservation and population/health outcomes using integrated evidence-based PHE approaches.**

PHE Alliance objectives are:

**Objective 1:** Improve family health in priority biodiversity areas of Nepal, Kenya and Democratic Republic of Congo.

**Objective 2:** Reduce barriers to access to voluntary family planning (FP) and reproductive health (RH) services in priority biodiversity areas of Nepal, Kenya and Democratic Republic of Congo.

**Objective 3:** Improve community management of natural resources and habitat conservation in priority areas of Nepal, Kenya and Democratic Republic of Congo.

**Objective 4:** Document and promote successful PHE approaches among key target audiences to leverage expansion of the PHE approach at larger geographical scales.

Funding from USAID's Office of Population and Reproductive Health will be utilized only for family planning and reproductive health related activities in accordance with the Child Survival and Health Guidelines, and as such will support objectives 2 and 4. Johnson & Johnson funding will support objectives 1, 3 and 4.

In practice, many field activities will cut across the first three objectives and be implemented in an integrated manner to achieve the goal, seeking synergies from working across sectors and applying the lessons from WWF's PHE value-added research and evaluation. For example, improved health and family planning services will provide entry points for WWF to work with new communities, and will help us build community trust and achieve conservation results more quickly. We will use win-win opportunities to achieve health and environmental objectives in linked activities such as reducing fuelwood consumption and promoting conservation agriculture. Many activities lead to improved food security and livelihoods: as livelihoods improve and child mortality declines, couples will want smaller families. The availability of family planning is critical for this, and reduction of fertility will start to slow the growth of pressure on the environment. Women will be empowered through having the number of children they want at the times in their lives when they want them; and also through labor-saving interventions. In turn their health will be improved, and they will be better able to manage natural resources.

Integrated PHE training and communications strategies will provide linked messages about health, family planning, management of the natural resource base, and human livelihoods and wellbeing. The project sites will work with many of the same community representatives and community organizations to achieve Objectives 1-3, and in many cases will strengthen community governance systems. We will promote operational synergies with our health partners to streamline logistics. Together, this will contribute to achieving the project goal of promoting sustainable biodiversity conservation and population/health outcomes using integrated evidence-based PHE approaches.

### **III. First year Budget**

The first year budget is allocated among the three country projects and WWF-US as follows:

<b>WWF Summary Budget</b>				
<b>Budget allocation by location (\$)</b>	<b>USAID Budget</b>	<b>Johnson &amp; Johnson</b>	<b>WWF costshare</b>	<b>Total</b>
<b>Location</b>				
WWF-US	205,475	109,275	31,475	<b>346,225</b>
Nepal	161,700	119,300	28,100	<b>309,100</b>
Kenya	92,400	138,600	23,100	<b>254,100</b>
DRC	40,425	132,825	17,325	<b>190,575</b>
<b>Total</b>	<b>500,000</b>	<b>500,000</b>	<b>100,000</b>	<b>1,100,000</b>

#### **IV. Nepal**

##### **Country Overview**

UNDP's Human Development Index ranks Nepal at 147 out of 177 countries, and nearly 31% of people have an income of less than \$US1/day. Over 80% of the 27 million Nepalese living in rural areas are heavily dependent on natural resources for their livelihoods. A number of other significant obstacles, such as gender inequality, reluctance to address issues of reproductive health openly, internal and external migration, and recent conflict and civil disturbance make it difficult for Nepal to maintain the environmental, health, and socio-political infrastructure necessary for development. Over the last five years, WWF has worked to redress these challenges by modelling integrated community health and conservation programs through our partnerships with both Johnson & Johnson and USAID.

The goal of the project's work in Nepal is to focus and scale up this work in one key landscape, the forest region of Nepal's Terai Arc Landscape (TAL). Unique biological and social attributes make the TAL central to biodiversity conservation and sustainable livelihoods development. It has an outstanding assemblage of endangered wildlife such as elephant, rhino, tiger, river dolphin and endemic birds. Similarly, as Nepal's most populated region, TAL is rich in terms of ethnic diversity: the landscape has a multi-cultural and multi-ethnic population of 6.7 million people. Despite the potential of TAL's natural resources to contribute to people's livelihoods, challenges of dense and rapidly growing population and poor health make it exceedingly difficult to manage them sustainably.

Realizing the need to work on the important linkage between population, health and forest conservation, WWF Nepal began a PHE project in the Khata Corridor of the TAL in 2004. This program focused primarily on safe drinking water, sanitation, basic health care and alternative energy sources, as well as reproductive health and family planning. It complemented environmental activities to restore a critical forest corridor between Bardia National Park in Nepal and Katarniaghat Wildlife Sanctuary in India. One example of the significant accomplishments made by the PHE project in Khata was the increase in the modern

contraceptive prevalence rate from 43% in 2006 to 69.4% in March 2008. Successful implementation of PHE in the Khata corridor has inspired WWF Nepal to scale up the PHE program and replicate best practices in new areas. The PHE Alliance will continue support in Khata and replicate activities in two other sites of biodiversity and social importance in Nepal, the Basanta Corridor in Kailali District and the Lamahi Bottleneck. The project will integrate PHE approaches into forest management systems across all three sites. The project will reach an anticipated 15,000 households (approximately 20,000 people in Khata and 60,000 people in the two new sites). The major beneficiaries will be indigenous ethnic groups in the three project sites, including Muslim communities. Women’s participation is central to the project’s aims.

## Goal

**Promote sustainable biodiversity conservation and improved population/health outcomes using integrated evidence-based PHE approaches in the Khata Corridor, Basanta Corridor, and Lamahi Bottleneck.**

## Country Activities

The following tables show the timeline for activities, the objectives each activity covers, and the budget for this project component by activity.

Timeline for Activity Implementation													
		2008			2009								
Nepal		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1.1	Recruit staff /ID partners												
1.2	Situation analysis/surveys												
2.1	Support health/FP services												---
2.2	Support Khata health/FP												---
3.1	Outreach by peer eds/CBDs												---
3.2	Outreach through NFE												---
4.1	Build CFCC/CFUG Cap												---
4.2	Community FP distribution												---
5.1	Support water/sanitation												---
6.1	Promote comm.. forestry												---
7.1	Participatory M&E												
8.1	Develop learning agenda												
	<i>Key:</i>		<i>Activity will be implemented during this period</i>										
		→	<i>Activity will continue</i>										
			<i>Activity may need to extend into this period</i>										

Activities by category	Objective 1	Objective 2	Objective 3	Objective 4
1.1 Recruit staff /ID partners				
1.2 Situation analysis/surveys	X	X	X	
2.1 Support health/FP services	X	X		
2.2 Support Khata health/FP	X	X		
3.1 Outreach by peer eds/CBDs		X	X	
3.2 Outreach through NFE	X	X	X	
4.1 Build CFCC/CFUG Cap	X	X	X	
4.2 Community FP distribution		X		
5.1 Support water/sanitation	X		X	
6.1 Promote comm. forestry			X	
7.1 Participatory M&E	X	X	X	X
8.1 Develop learning agenda	X	X	X	X

#### WWF-NEPAL

Budget allocation by activity category (\$)	USAID*	Johnson & Johnson	WWF costshare	Total
<b>Activity</b>				
service delivery	30,319	23,885	-	54,204
information, education & communien	64,680	10,588	-	75,268
capacity building	50,531	10,588	-	61,119
infrastructure development	-	41,884	8,663	50,547
natural resource mgmt/conservation	-	29,179	13,663	42,842
M&E	12,128	1,059	2,888	16,075
learning	4,043	2,118	2,888	9,049
<b>Total</b>	<b>161,700</b>	<b>119,300</b>	<b>28,100</b>	<b>309,100</b>

\*USAID funds will be used only for family planning related activities

## ***1. Project set-up***

### ***Activity 1.1 Recruit staff, strengthen existing partnerships and forge new partnerships***

The PHE Field Coordinator will be recruited early in the period of this plan; this officer will be responsible for leading the PHE project in Terai Arc. At local and national levels we will build on existing partnerships from the last PHE project in Khata, including those with the Adventist Development and Relief Agency (ADRA), Department of Health, Department of Forests, the Khata Community Forest Coordination Committee (CFCC) and the Khata community forest user groups (CFUGs). We will also identify possible new partners nationally and in the new sites (e.g. Centre for Development and Population Activities (CEDPA), new CFCCs and CFUGs). For those unfamiliar with the existing Khata PHE project (e.g. partners in the new sites), WWF staff will outline PHE approaches and linkages, and communicate results using Khata as a pilot demonstration. Project staff will then hold discussions with partners about a strategy and activities for the new project, using successful approaches from Khata and also drawing on other PHE experiences in Nepal, for the new sites. WWF Nepal will develop partnership agreements with partners, likely to include memoranda of understanding with the Department of Health, and agreements with NGOs such as ADRA and the Red Cross Society of Nepal.

### ***Activity 1.2 Undertake initial analyses and surveys***

Early in the project WWF Nepal will undertake stakeholder analyses in the two new sites, and initiate discussions with stakeholders on the project to inform them about the PHE approach, and work with them to define objectives, local implementation plans, roles, responsibilities and benefits. In collaboration with partners the project will undertake a baseline socioeconomic study/situation analysis in the two new project sites. The activity will be undertaken in line with the existing broader Terai Arc Landscape socio-economic monitoring framework, and survey instruments will tie in to the PHE Alliance M&E plan to ensure that we collect sound baseline data.

Additionally, the project will undertake an informal needs assessment to review the health system currently operating in the Khata corridor in collaboration with the District Health Office, and identify priority areas that need strengthening.

## ***2. Health and family planning service delivery***

### ***Activity 2.1 Support to basic health services and family planning in Lamahi and Basanta***

In the two new sites, a rapid stakeholder mapping will be conducted so that PHE project can assess existing health stakeholders in the area and identify potential health partners. At the same time, a comprehensive baseline will be prepared. Development Resource Center Nepal (DRC Nepal), a non-government organization specialized in health related research, will be involved in establishment of the baseline and development of a computer-based Health Management Information system. DRC Nepal will also conduct health sub-sector analysis in the new project sites in collaboration with DPHO, WWF field staff and local communities in order to assess availability of services as well as service delivery by government and non-government agencies. Both baseline report and health sub-sector analysis report will be shared with USAID Mission Nepal. Working closely with the District Public Health Office (DPHO), ADRA, DRC Nepal, and civil society organizations and relevant NGOs identified in the new project areas in Lamahi and Hasuliya (the latter in the Basanta Corridor), WWF will use the results of the situation analysis

to identify priority needs for health and family planning services, and ways that the project can help to meet these needs. This will be done in close collaboration with the DPHO and other partners including ADRA and DRC Nepal.

Note that baseline information collection in these two new sites will be initiated prior to identification, election and training of CBDs in the new sites. Therefore, they will not be engaged in baseline information collection here, though the Female Community Health Volunteers (FCHVs) will be involved.

The project will work with the District Public Health Office in the new sites and provide support to strengthen existing government health systems, including government-run permanent clinics and outreach clinics. It will build capacity of FCHVs through training, as well as recruiting new CBDs. Like the CBDs, FCHVs will distribute FP methods and treat ARIs in the communities. Details will be worked out in the next few months.

### ***Activity 2.2 Support to ongoing health and family planning activities in the Khata Corridor***

The project will continue to support health service delivery in the Khata area, providing basic health services and family planning through the Khata clinic, and the system of Women Community Health Volunteers, Community Based Distributors, and First Aid Volunteers in villages. A range of family planning commodities will be available. The project will continue to collaborate with the District Health Office (DHO) on its health camps to villages in Khata and to integrate project activities more fully with these camps. It will also work with the Khata Community Forest Conservation Committee (CFCC) on ways to move its clinic towards fuller integration into the government health system to enhance sustainability.

## ***3. Information, education and communication***

### ***Activity 3.1 Conduct outreach activities and information dissemination through peer educators and community based distributors.***

Information, education and communication activities of the project will focus on behavior change in the target communities. Awareness among the target communities is precondition for behavioral change regarding adoption of family planning methods, improved water quality, sanitation and hygiene, HIV/AIDs prevention, the adoption of fuel efficient practices, and improved maternal and child health. The project will continue outreach activities in Khata, and initiate activities in Basanta and Lamahi. Outreach will be undertaken by CBDs and Peer Educators.

**CBDs:** In the new sites, local institutions (CFUG, CFCC) involved in PHE implementation will select Community-Based Distributors (CBD) from among the members. In the first year, CBDs will be oriented and trained on PHE approach and community-based distribution of FP commodities. WWF's field projects will facilitate development of linkages of CBDs with FP distribution outlets of government and non government agencies to ensure availability and adequate distribution of FP commodities. Likewise, effective coordination will be established between local institutions and health sector agencies for delivery of quality family planning services. In essence, community-based distribution mechanisms with better coordination with health sector agencies will ensure improved availability of and access to quality family planning

and health services. This activity will start as soon as possible once the baseline survey is analyzed and the results integrated into the strategic plan.

**Peer Educators:** It is likely that ADRA will undertake training of Peer Educators. After the training these volunteers will run formal and informal classes among their peer groups on family planning, health and conservation topics. Wherever possible, the project will emphasize integrated PHE messaging.

**Note to donors: Information on Peer Educators:** Peer Educators will be trained, supported and mentored to work within their communities. This is a key project approach to promote behavior change communication and awareness generation. Around 388 peer educators (128 in Khata and 260 in the new sites, 4 per CFUG) will be involved. The peer educators will be trained in the first year of the project (refresher training for the existing Khata peer educators). Local institutions involved in PHE implementation will select Peer Educators from both youth and adult age groups. Peer Educators will be trained on PHE peer education approaches, using materials developed by ADRA in the previous PHE project. Based on learning from the pilot project in Khata Peer Educators will be provided with 7 days training at the beginning. Later on they will be provided with at least 2 days refresher training. There are two types of Peer Educators – Youth Peer Educators and Adult Peer Educators. Youth Peer Educators are aged 15 to 25 years while Adult Peer Educators are 26 to 45 years age. Half the peer educators are female, half male; they work in pairs in their village. Training will provide new peer educators with knowledge on the need, methods, use, availability and benefits of family planning, and on local primary health care issues including acute respiratory infection, sexually transmitted diseases, and clean water, hygiene and sanitation. Coverage of environmental issues will include energy efficiency. They will also be trained in behavior change communication methods and provided with skills to impart knowledge to target groups. Peer Educators will also raise awareness and facilitate community discussion of the local linkages among natural resources, population and health. WWF's field staff (PHE Officer and Motivators) will regularly monitor Behavior Change Communication (BCC) classes conducted by Peer Educators, focusing on their effectiveness in disseminating messages. At the same time, WWF staff will conduct focus group discussions with eligible couples and participants of BCC classes to assess understanding of messages by target groups. Peer educators will be trained to keep records of their work. WWF-US will work with WWF-Nepal to develop indicators to monitor the effectiveness of peer educators and their training.

Integrated PHE messages to be imparted to the target communities will include: “Adoption of family planning methods helps couples have the size of families they want; typically two or three children in this area. The smaller the family size, the less need for food and consequently less fire wood to cook it. Smaller food requirement means less need to encroach the forest for agricultural land. At the same time, lower firewood consumption, enhanced by new energy efficient methods, means that fewer trees will be felled. No encroachment and felling of trees means the forest around villages can recover. Healthy forests will provide adequate forest products for household use, agriculture, animal husbandry and cottage industries. And reduced indoor air pollution from fuel efficient methods means reduced ARIs in women and children, and less work and time for women on firewood collection. Improved water, sanitation, hygiene and

other health measures result in healthier, more productive family members, with less risk of having to sell family assets to cover health costs and family survival, becoming landless, and hence having to squat illegally in the forest. Thus, good health for people and forest leads to a better life.”

Along with dissemination of information and messages Peer Educators play a crucial role assisting the CFUGs and CFCCs in forest and wildlife conservation activities. For example, the 128 Peer Educators in the Khata corridor launched a month long awareness campaign on anti-poaching in October 2008.

***Activity 3.2 Promote PHE messages through non-formal education.***

Non Formal Education (NFE) will be used in disseminating information and generating awareness among key target groups. Around 4000 behavior change communication student sessions on basic health, family planning and reproductive health issues will be conducted through 60 NFE classes in the first year of the project. Population, health and environment related subjects will be incorporated in basic and post literacy materials, including integrated PHE linkages. Besides these, local electronic media such as FM (frequency modulation) radios will be used in dissemination of family planning, health and conservation related information to the target communities. NFE reaches a high proportion of women and disadvantaged groups.

***4. Capacity Building***

***Activity 4.1 Institutional and technical capacity development of CFUGs/CFCCs on PHE***

Over 150 people from the CFUG/CFCC committees and social mobilizers of local institutions will be provided with training on participatory planning, monitoring and database management. Logistical support such as basic furniture and database management records and equipment will be provided to the CFUGs/CFCCs. In addition, exchange visits to PHE implementation sites will be a key activity for capacity development of local institutions. This activity will continue in the last two years of the project also. A few of the sub-activities under this broad activity are:

- Support CFUGs/CFCCs to mobilize PHE focal person (a local motivator – one person will be identified in each project site)
- Conduct NGO management training for CBO office bearers
- Conduct participatory planning and monitoring training for CBO officer bearers
- Support CBOs to undertake PHE monitoring and database management

**Note to donors:** 3 CFCCs are already established in Khata, Lamahi and Hasuliya of Basanta. They are registered as NGOs. Therefore, there is no plan to form new CFCCs in either of the new sites under this project.

***Activity 4.2 Establish community-based mechanism for distribution of FP commodities:***

Around 100 health workers in Health Posts, Sub Health Posts and District Health Offices including Female Community Health Volunteers (FCHVs) will also be provided with training on the PHE approach. On the one hand, it will help improve delivery of quality health services to the communities by health workers and, on the other hand, it will be instrumental in developing and disseminating linked messages about health, family planning and environment.

**Note to donors on question about PHE approach:** see the explanation of the PHE conceptual linkages and integration in the project area provided under activity 3.1.

**Note to donors on communication between CBDs and formal health service delivery agencies:** the project's approach is to facilitate development linkages between health sector agencies and the local communities including CBDs to ensure better delivery of services. Therefore, the project will facilitate interaction, coordination, dialogue and other linkages between service providers and beneficiaries, enabling better coordination and communication for better service delivery. The project is not providing any FP commodities to CBDs; they will continue to be supplied by the DPHO system.

## ***5. Infrastructure Development***

***Activity 5.1 Support communities for basic amenities in environmental sanitation and safe drinking water facilities:*** Improved sanitation and safe drinking water schemes will help reduce the prevalence of contagious and water borne diseases in the target communities. Thus, the project will focus on conducting awareness raising programs to promote construction of latrines by households in the target communities, and increased use of latrines. Promotion of awareness on sanitation, hygiene and waste management on the one hand will play a crucial role in enhancing community health and on the other hand, it will help reduce environmental pollution caused by improper sanitation and waste management. The local communities will be supported to install hand pumps for safe drinking water. Arsenic and bacterial contamination tests will be mandatory before installation of hand pumps to ensure arsenic free and safe drinking water. In some areas where arsenic problems have been observed, the project will install low-cost arsenic filters.

The project will install 100 arsenic-free drinking water hand pumps, and conduct about 400 awareness raising events in Basanta the first year of the project. This will be linked with the PHE awareness raising.

## ***6. Natural Resource Management/Conservation***

***Activity 6.1 Promote Community Forestry:*** The project will implement integrated conservation and development activities ranging from restoration of degraded forests patches to alternative energy schemes to income generating activities in the proposed sites in partnership with the local institutions. These activities will be up-scaled to integrate with PHE implementation. They will not only enhance natural resource management but also provide livelihoods improvement opportunities to the target communities. The project will continue the practice of promoting community participation in project implementation and will encourage leverage from CFUG funds whenever feasible and within their capacity. The following sub-activities will be implemented during the first year of the project:

- Formation of CFUGs and support to preparation of CFUG operation plans for inclusion of PHE activities (Target = 10)
- Strengthen micro-finance schemes of CBOs to install 90 biogas plants
- Support local community households to install 150 improved cook stove (ICS)

**Note to donors:** Three CFCCs (the umbrella organizations, associations of CFUGs) already exist in the three project areas, so there is no need to create new CFCCs (a very lengthy process). Many CFUGs also exist, but the project does also plan to work with some new ones. Formation of new CFUGs will not cause any delay in project initiation, since it will start with existing CFUGs. Formation of new CFUGs is much simpler than creating formally registered CFCCs; it will enable the project to target more people, providing an opportunity to integrate PHE activities in Community Forest Operation Plans of newly formed CFUGs. New CFUGs are only a small part of the activities designed for this project; members of existing CFUGs constitute the main project beneficiaries. As necessary, baseline values will be updated to include new households and target groups.

## **7. Monitoring and Evaluation**

### ***Activity 7.1 Implement participatory monitoring and evaluation.***

An effective monitoring mechanism will be established in the new sites, building on the experience and existing mechanism developed in Khata. Development of the baseline monitoring framework of the project is already underway. Based on the result of this activity, participatory monitoring practices and database management systems will be established at the local institution level. In the first year of implementation, WWF will closely monitor progress, results, lessons and best practices, basing the monitoring within the broader Terai Arc Program.

## **8. Learning**

### ***Activity 8.1 Develop a PHE learning agenda for WWF Nepal.***

The Nepal PHE project will develop a learning agenda once the PHE Field Coordinator is recruited. Indicative learning activities are likely to include identifying the impacts of PHE on women's health, empowerment and other benefits from PHE, and the direct and indirect impacts of this on conservation. A learning question and methodology will be finalized and communicated to WWF-US to integrate into the project PHE Alliance learning agenda, and M&E plan as needed. In addition, WWF Nepal will learn from experiences of other PHE projects in the region (e.g. RIMS project further north in Nepal, and WWF India PHE project across the border in the Indian Terai) by undertaking exchange visits.

**Note to donors:** Women's empowerment could be measured in terms of women's participation in community activities, representation of women in key positions of CBOs, reduced work load or drudgery of women, improved women's health and enhancement of self respect because of enhanced family environment. WWF is discussing with CEDPA the possibility of collaborating on this project.

## **V. Kenya**

### **Country Overview**

Activities will be carried out in the Lamu Archipelago in the northeast coast of Kenya. Inhabitants of Lamu include the majority population of Bajunis – a mix of Swahili, Arab and

Bantu ancestry – and the indigenous Boni community. The Lamu Seascape has an estimated population of 86,000 people, 80% of whom are Muslims. The area currently provides very few opportunities for permanent employment, resulting in high direct dependence on natural resources. The main health issues in remote Lamu District include maternal health and child health, malaria and HIV/AIDS, enhanced by illiteracy, taboos, and lack of information. Nationally, Kenya's population is growing at 2.8% per year; it has a total fertility rate of 4.9 births per woman, and an unmet need for family planning of 24%.

WWF identified Lamu as a global priority conservation area within Coastal East Africa. It hosts a number of endangered marine species, including dugong and five species of sea turtle. Lamu's relatively undisturbed marine habitats, such as coral reefs and extensive sea grass beds, support the richest marine fishery and are the most important sites for nesting turtles along the Kenyan coast. Increased population pressure and demand for fish are threatening the integrity of these vital marine ecosystems.

In its initial PHE project in the Kiunga Marine National Reserve in the north of the seascape, WWF collaborated with the Ministry of Health (MoH), African Medical and Research Foundation and Family Health International to improve health care services in previously marginalized areas. WWF and health partners built capacity for MoH, including training in reproductive health care delivery, establishing mobile clinics by boat and vehicle, building one dispensary and providing others with essential equipment. Integrated messaging about natural resources and family planning helped the project to tackle the very traditional attitudes to family planning among men in this Muslim society. The most successful component was mobilizing community involvement in health care delivery, enabling communities to not only access quality health care but to voice their priorities and share their concerns in building a healthy society. Provision of health care, along with separately funded girls education and women's livelihood activities has fostered much greater community buy-in to conservation activities.

WWF will now expand its PHE program by replicating successful approaches farther south to benefit a larger part of the larger Lamu seascape. The project will work within the framework of Kenya's second National Health Sector Strategic Plan (NHSSP II) which promotes community involvement in addressing the downward spiral of deteriorating health status nationally. The goal of reducing health inequities will be tackled by involving the population in decisions and in the mobilization and allocation of resources, thereby promoting community ownership and control in the context in which they live their lives. In Lamu District the community health strategy is administered by the District Health Management Team (DHMT) constituting medical staff headed by the District Medical Officer of Health. DHMT classifies the district into community units that are served by a single health facility with a maximum population of 5000 people. Staff at the health facilities within each community unit will be trained as Community Health Extension Workers (CHEWs). The role of the CHEW is to mobilize communities to identify suitable candidates to assist as Community Health Workers (CHW). Each CHW will be responsible for 20 households, providing services such as sensitization, training and supporting home care givers, reporting on health status and promoting dialogue. All CHWs will be trained by and be supervised by the CHEWs. In the project area there will be 25 CHEWs and 110 CHWs.

Geographically the project will include the area covered in the last phase, as well as expanding to the south of the Kiunga Marine National Reserve. It will support the creation of 3 hubs for service delivery in Kiunga, Kizingitni and Rasini (Faza). The consortium of WWF/MoH/FHI will work on building the capacity of these three hubs. Each hub contains a number of health units:

- Kiunga - 7 Units; estimated population = 6,000
- Rasini - 5 Units; estimated population = 12,000
- Kizingitini - 3 units; estimated population = 12,000

## **Goal**

**Promote sustainable biodiversity conservation and improved population/health outcomes using integrated evidence-based PHE approaches in the Lamu Seascape.**

## **Country Activities**

The following tables show the timeline for activities, the objectives each activity covers, and the budget for this project component by activity.

Timeline for Activity Implementation													
		2008			2009								
Kenya		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1	Project start-up												
1.1	Recruit/sitn analy												
1.2	ID partners/stkeholdr												
2	Service delivery												
2.1	Ensure FP supply												--->
2.2	Expand FP access												--->
2.3	Kiunga health care												--->
2.4	Water/sanitn/hygiene												--->
3	IEC												
3.1	IEC materials												--->
3.2	health education												--->
3.3	Inform DEC												--->
4	Capacity building												
4.1	needs assessment												
4.2	Train in IEC												
4.3	Train CHEWs												--->
4.4	Train CHWs												--->
4.5	Train CHC members												
4.6	Train govt workers												--->
4.7	Train comm leaders												--->
4.8	Train dist health staff												--->
5	Infrastructure devt												
5.1	mobile clinics												--->
6	NRM/Conservation												
6.1	Support CBNRM												--->
6.2	Support alt. incomes												--->
6.3	sustainable NRM												--->
7	M&E												
7.1	M&E training												
7.2	M&E plan for Lamu												
8	Learning												
8.1	Lessons/learning												--->
	Key:		Activity will be implemented during this period										
		→	Activity will continue										
			Activity may need to extend into this period										

Activities by category	Objective 1	Objective 2	Objective 3	Objective 4
1 Project start-up				
1.1 Recruit staff /sitn analysis	X	X	X	
1.2 Identify partners, stakeholders	X	X	X	
2 Service delivery				
2.1 Ensure contraceptive supply		X		
2.2 Expand contraception access		X		
2.3 Continue Kiunga health care	X	X		
2.4 Improve Water/sanitn/hygiene	X			
3 IEC				
3.1 Produce IEC materials	X	X	X	
3.2 Support health education	X	X		
3.3 Inform district exec commit.	X	X	X	
4 Capacity building				
4.1 Conduct needs assessment	X	X	X	
4.2 Train in IEC	X	X	X	
4.3 Train CHEWs	X	X		
4.4 Train community health workers	X	X		
4.5 Train CHC members	X	X		
4.6 Train govt health workers	X	X		
4.7 Train comm opinion leaders	X	X	X	
4.8 Train district health staff	X	X		
5 Infrastructure development				
5.1 support mobile clinics	X	X		
6 NRM/Conservation				
6.1 Support CBNRM groups			X	
6.2 Strengthen alt. incomes			X	
6.3 Promote sustainable NRM			X	
7 M&E				
7.1 Conduct M&E training	X	X	X	
7.2 Develop M&E plan for Lamu	X	X	X	
8 Learning				
8.1 Share lessons learned/learning	X	X	X	X

<b>WWF-EARPO KENYA</b>				
<b>Budget allocation by activity category (\$)</b>	<b>USAID*</b>	<b>Johnson &amp; Johnson</b>	<b>WWF costshare</b>	<b>Total</b>
<b>Activity</b>				
service delivery	34,650	11,550		46,200
information, education & comms	17,325			17,325
capacity building	23,100	11,550		34,650
infrastructure development	-	92,400		92,400
natural resource mgmt/conservation	-	23,100	23,100	46,200
M&E	5,775			5,775
learning	11,550			11,550
<b>Total</b>	<b>92,400</b>	<b>138,600</b>	<b>23,100</b>	<b>254,100</b>

\*USAID funds will be used only for family planning related activities

## **1. Project start-up**

### ***Activity 1.1 Recruit project staff and undertake situation analysis/socio-economic study.***

The expanded population, health and environment component of the Lamu Seascape program will shortly recruit a PHE officer to manage the project. The officer will subsequently lead a brief situational analysis to identify stakeholders, potential partners, and key PHE issues particularly in the new project areas; and determine components to be covered in the socio-economic survey planned in the initial stage of the project. The survey will provide information and data for a monitoring and evaluation baseline, and to guide implementation.

### ***Activity 1.2 Identify and initiate discussions with potential partners and stakeholders for PHE project in new geographical areas.***

Under the previous project, WWF-KMNR worked closely with the District Health Office and started to partner with Family Health International (FHI) (after the African Medical Research Foundation, AMREF, left the project after the first three years). FHI is the lead for the USAID-funded AIDS, Population and Health Integrated Assistance Program II (APHIA II) in Coast Province. Under the PHE Alliance Project, WWF-KMNR will continue to work very closely with the District Health Office and also plans to strengthen and formalize its partnership with FHI, including a partnership agreement with FHI. A workshop will be held with the Lamu Reproductive Health Stakeholders Forum to discuss interventions in FP and RH. Consultations

will be held on the specific mode of engagement and technical input from partners. The district health management team will be deeply involved so that members understand and take ownership of the project, and identify focal persons to support the implementation process.

During the same period a stakeholders meeting will be held to provide adequate information to development of a partners' 3-year PHE strategy, and hence detailed plans for each partner.

## **2. Service delivery**

The project will continue existing support to service delivery in the area of the Kiunga Marine National Reserve, and will support activities to expand further south to the new project areas. At the same time it will support the District Health Office as it transitions under Kenya's new national health policy to focus on health care at different levels. In the project, a major activity will be establishing community health units with Community Health Workers (CHWs) supervised by Community Health Extension Workers (CHEWs) where more capacity is available locally, and cases which cannot be treated locally are referred to higher level health facilities.

### ***Activity 2.1 Ensure reliable supply of modern contraceptives.***

The project will ensure a reliable supply chain for contraceptive commodities by working with the District Health Office to improve distribution. This includes promoting a distribution system to the new health units serving the village level from the district administrative office, and ensuring good communication about requirements to maintain stocks. WWF will mainly facilitate the initial phase of the information flow by training community health workers and their supervisors on providing constant feed back to the district health management team. In addition, the project will provide support in transporting medical supplies including contraceptive commodities to the project catchments as appropriate. It is important to note that this is an added value to our close collaboration through sharing of activity schedules in PHE implementation.

### ***Activity 2.2 Expand access to a wider range of contraception methods***

The project will support the District Health Office to expand access to long-term methods of contraception that require more skilled personnel to administer. This includes Jadelle, Norplant, Implanon and permanent methods such as bilateral tubal ligation. As with all contraceptive provision in the project this will be on a voluntary basis, with good information provided on the different methods available, and their advantages and disadvantages including possible side effects. There is a high unmet need for long-term methods among many women living in this remote area, which CBDs are unable to provide. Many women conceived at an early age and now want long term or permanent contraceptive methods that are not provided at the health facilities. They are left with no option but to use pills and injections, which are sometimes unavailable due to stock outs. The project will also work with the District Health Office to ensure adequate training for government health staff so that they can administer a wider range of family planning methods at the health facilities. CBDs will be trained to make referrals to these facilities.

***Activity 2.3 Continue facilitating maternal and child health care for communities in remote locations in Kiunga.***

The project will continue to support services such as monitoring child development, immunization, antenatal clinics and malaria prevention. This will initially be done through the existing mobile clinics, but the project will support roll-out of the new national health policy in Lamu to establish community health units where more capacity is built locally, and cases which cannot be treated locally are referred to higher level health facilities in good time. It is expected that the mobile clinics will be gradually phased out as the new community units take over basic health care provision at the village level and refer all difficult cases to nearest health facilities.

***Activity 2.4 Improve water quality, sanitation and environmental hygiene***

Access to clean water for household use will be improved by advising on proper sanitation and hygiene at village and household level, and by chlorinating water supplies. Public Health Technicians/Officers will take monthly water samples for analysis from wells and from *djabias* (cement water catchments commonly used to harvest rain water and store it for dry periods in the area), including those serving institutions such as schools and hospitals. Chlorination of the water sources will be done within the community health units. In addition, community health workers will work jointly with village health committees and chiefs to ensure proper village planning controls are adhered to, to avoid contamination of water sources by safe siting of latrines. These activities will reduce incidence of water-borne diseases and parasites, including diarrhea in young children. Village clean up exercises will also be carried out to ensure healthy environments for all homesteads. A measure of water quality will be included in the M&E plan.

**3. Information, education and communication (IEC)**

***Activity 3.1 Produce PHE IEC messages and materials***

Various types of IEC messages will be crafted for use in the project. IEC materials will also be produced in cases where these are not already available from other PHE projects, or single-sector projects in the region. Messages on PHE lessons learnt will be crafted and documented for project partners and other development agencies, and used in meetings and other gatherings to promote PHE. Messages in the materials will focus on demonstrating the value added in PHE integration in the Lamu Seascape.

IEC materials for youth and adolescents will be adapted or produced on the importance of proper RH care and FP access and utilization. These materials will be used in conjunction with the WWF Kiunga environmental education and scholars program. The project will also produce IEC materials to promote different levels and methods of PHE integration. This will take the form of small booklets sharing different local success stories in areas such as conflict resolution in natural resource management, and adolescent and youth guides in reproductive health.

***Activity 3.2 Support health education sensitization of communities***

Support outreach and sensitization on improved reproductive health care through the community units. Community health workers are required to give health talks to different target audiences. They will jointly work with WWF officer to target fishermen, youths, women and school going children. They will also be supported to develop and share information on prevention and cure of diseases such as malaria and diarrhea.

***Activity 3.3 Keep the district executive committee informed of progress***

Provide updates on benefits of integration at the community, district and national level for policy recommendation. Project will support partners in preparing briefs to submit on the benefits of integrating PHE in government fora such as provincial consultative meetings on health, food security, and other development matters.

**4. Capacity building**

***Activity 4.1 Conduct capacity needs assessment***

The project will undertake a capacity needs assessment for basic health and family planning in the project area. The report will be used to identify priority areas of intervention in reproductive health care delivery. Among the information that will be gathered includes the number of staff and training they have undergone in RH. Other obstacles such as lack of instruments will be best understood and allow district health decision making body work with the project in filling the gaps.

***Activity 4.2 Train in IEC materials development and messaging***

FHI will play an important role in providing reproductive health IEC materials developed in the sector. Where needed, materials will be customized to meet the needs and targets in Lamu. In this regard, the project will conduct training on IEC materials development for project leaders and health supervisors in the community units to allow them produce quality items. Government heads of departments involved in PHE implementation will also be targeted to enable them develop appropriate messages across the board in the villages, for example communicating on the importance of facility based delivery or encouraging fishermen to treat their sources water before consumption. Islamic schools will also be involved through fostering dialogue on the importance of maintaining good health and use of family planning.

***Activity 4.3 Train community health extension workers***

The project will train community health extension workers (CHEWs) to support and supervise community units for improved health care. They will be trained as trainers to enable them depart this knowledge and skills in health care to community health workers (CHWs) within their specific units.

***Activity 4.4 Train community health workers***

The project will train CHWs so that they can provide basic health services within their communities, including but not limited to first aid, dispensing over the counter drugs, identifying referral cases, monitoring immunization and family planning uptake etc. They will also be trained as community based distributors of family planning commodities.

***Activity 4.5 Train community health committee (CHC) members***

CHC member will be trained on proactive participation in community health planning and management of community units. Members of the CHC are identified during formation of community units to support decision-making at the community level, present the needs of the unit to the district health management board, and support advocacy at the village level.

#### ***Activity 4.6 Train local government health workers***

The project will facilitate on the job training of facility based health staff in providing a range of modern contraceptives, other reproductive health services, and general health services. WWF will also work with the District Health Office to include environmental linkages in this training.

#### ***Activity 4.7 Train community opinion leaders***

Community opinion leaders will be trained as change agents to promote PHE integration among communities and development partners. As part of this, they will be trained to promote sustainable livelihoods through linked population-health-environment messages in informal gatherings, drawing closely on local examples such as local trends in natural resource yields, available land for agriculture, human health, and population.

#### **Notes to donors:**

- **Environmental training for health workers:** Health care workers will be trained on the complementary roles they will play in supporting Beach Management Units to ensure healthy conditions as part of the management of fish landing sites. They will also get additional training on the effects of water pollution and the importance of its prevention in the villages. Since the trainees come from the same communities they will be engaged in conservation lessons and the benefits to community livelihoods. General introduction to marine ecosystem interdependency and interaction with humans forms part of the training on environment and conservation, including the effects of growing population, and its dependence on the natural resource base.
- **Measuring improved capacity of people trained in delivering PHE messages:** WWF/FHI will work with WWF-US during the upcoming field visit of US staff, and select appropriate indicators to measure increased capacity in delivering PHE messages.

#### ***Activity 4.8 Strengthen district health staff in data collection, management and application***

Support strengthening of health information system through training of trainers in data collection, management, analysis and feedback. The district health management teams are tasked to collect all data on the health performance of the district for submission to the provincial level. These include reproductive health coordinators, public health head, and district public health nurse among others. Once the team is trained, they are expected to train all community units to provide accurate data.

### **5. Infrastructure development**

#### ***Activity 5.1 Continue to support mobile clinics (while still needed) and transport of medical supplies and contraceptive commodities***

The project will continue to support integrated outreach to remote communities on the mainland and islands. The old project vehicle will be replaced and a motorized boat will be acquired (with Johnson & Johnson funding) to improve delivery of health and FP supplies and services to health facilities and communities within project catchments and to improve reproductive health referral system by MoH. Ownership of the boat will be retained by WWF, who will loan it to MoH. WWF will pay for fuel initially. The boat's use will be monitored through the community unit referral system and feedback during district health management board meetings. It is anticipated that in the long run, MoH will solidify its medical supply system and become independent of

project support. Functional community health units will also enable improved service delivery by adequately assuring on-site care, and hence reduce the need for mobile clinics. As part of its mandates and responsibilities, MoH has a management plan to provide a proper supply of required health commodities; performance is assessed by the District Health Management Board (DHMB).

## **6. Natural resource management/Conservation**

### ***Activity 6.1 Support community based natural resource management groups***

Groups will be supported to develop integrated plans for conserving biologically important areas. This targets beach management units (BMU) that are required by law to develop comprehensive plans on conservation and sustainable utilization. They are also mandated to protect important places and species by closing the areas for specified periods. In new project areas that do not have functional BMU's, the project will concentrate on improving their performance to the level of their peers. They will also be trained in appropriate health and hygiene for managing their environment especially the fish landing sites. Working closely with community health units will effectively boost the improvement of basic services for fishermen such as safe drinking water and sanitation.

### ***Activity 6.2 Strengthen existing sustainable alternative income generating activities.***

This will mainly target the flip flop art work and youth ecotourism enterprise. Market development partners will be sought and sub-contracted to improve market access locally and beyond Lamu. Since this has been a challenge, the new partner will be expected to leverage resources in the project area. As for ecotourism activities currently going on within the project area, WWF will partner with both government and other tourism based NGO's to support the groups, and will investigate opportunities for tourism operators to contribute.

### ***Activity 6.3 Promote sustainable natural resource use strategies with PHE linkages.***

Communities will be trained in different approaches that will ensure minimal ecological impact in resource utilization e.g. employing appropriate types of fishing gear (through WWF's current gear exchange program) and establishing no-take zones where fish can breed. It is anticipated that these two activities will enhance productivity of the fishery, with corresponding impacts on livelihoods and nutrition. BMU's have also shown appreciation of the project's health work by collaborating and consulting with community health workers to maintain proper hygiene at the fish landing sites.

**Note to donors:** since nutrition indicators are complex, MOH has suggested looking at this issue later on. In the meantime WWF will continue to track fish catch in collaboration with the Department of Fisheries and the BMUs.

## **7. M&E**

### ***Activity 7.1 Conduct staff and stakeholders M&E training***

The project will conduct training for staff and stakeholders on development, implementation and review of M & E plans for their activities. Facility managers, other health and development

NGO's and community health workers will be trained by a team led by the district medical officer of health who has been trained under the project.

***Activity 7.2 Develop detailed PHE M&E plan for Lamu Seascope***

A detailed PHE M&E plan will be developed, the baseline survey providing baseline data. Monitoring will involve participation of the new community unit members, who will help to fill existing data gaps in areas supported by the project.

**8. Learning**

***Activity 8.1 Share lessons learned with other conservation practitioners***

The project will share experiences, successes, lessons and tools with other WWF projects within WWF's East Africa Regional Program Office, and with practitioners from other organizations. A visit of all project managers in the region based in Nairobi will be hosted to learn and share from Kiunga's PHE experience. This includes arranging study tours to Lamu for practitioners from Kenya and the region, and may also involve visits of Lamu staff to other PHE projects in East Africa, possibly Tanzania. More broadly, materials and documented case studies will be submitted through the WWF Network PHE community of practice, and the listserv organized by the Woodrow Wilson Center, to reach a broader audience.

At least one learning question and methodology for answering the question will be developed and communicated to WWF-US to integrate into the project PHE Alliance learning agenda and M&E plan as needed.

The Lamu Seascope project will share its IEC products with all stakeholders in the environment and development sectors. It will also review IEC materials from other PHE projects and adopt ideas and approaches appropriate for Lamu, into its program.

**VI. Democratic Republic of Congo**

**Country Overview**

The Salonga-Lukenie-Sankuru Landscape in the Democratic Republic of Congo (DRC) encompasses almost 5 percent of the forests of the Congo Basin. It contains Salonga National Park, one of the largest rainforest national parks in the world. Salonga is the only national park that shelters the endemic bonobo, the closest relative to humans, as well as other rare and endemic species. The main conservation threat comes from hunting, a principal income-generating activity due to lack of economic alternatives. The recent civil war impeded logging companies from moving into the region, but increasing peace and stability are likely to lead to an upsurge in logging – and associated bushmeat hunting along logging roads. WWF is working with other conservation partners including government to conserve the landscape, with funding from various donors including USAID through the Central Africa Regional Program for the Environment (CARPE) program.

There are very few health services in the landscape, and no family planning services. There are two hospitals in the landscape: Mimia, located within 15 kilometers of the town of Lokolama in

the Province of Bandundu, and Monkoto, located between the two blocks of Salonga National Park. In both hospitals facilities are degraded, lack of transport (bikes, motorcycles) prevents travel to more distant corners of the region, and the hospitals lack equipment, medicine and information necessary to combat even the most common illnesses. The central government has insufficient resources to provide support. Yet both hospitals are staffed with doctors, some extremely committed and hard working, who really appreciate the opportunity of support from the project. Monkoto hospital is responsible for ensuring the functioning of 22 health centers and 38 smaller health posts which may reach as many as 71,146 inhabitants.

In both Monkoto and Mimia, as throughout the country, children under the age of 5 are most susceptible to diarrhea partially accounting for the high death rate of that age group (205 of 1000 live births). Malnutrition is made worse by high loads of intestinal parasites. Incidence of tuberculosis and sexually transmitted diseases is increasing, and malaria is common. Family planning is also neglected but of critical importance since average household size runs from 7 individuals (Mimia) to 9.1 (Monkoto). The rate of HIV infection in the area is likely to increase with the reestablishment of transport and marketing networks. In addition, outbreaks of ebola and monkey pox have recently occurred in the region, and risk of further outbreaks is high because of the heightened level of contact between large apes and people due to the bushmeat and live wildlife trade. WWF and partners are planning a separate project on ebola vaccination for great apes with a consortium of Max Planck Institute for Evolutionary Anthropology, Center for Biosecurity of the University of Pittsburgh Medical Center and others, which could help protect both people and wildlife. Tackling these emerging diseases on another front, WWF is starting to work with the International Conservation and Education Fund (INCEF) to develop and execute a community-based media campaign, making films of local people in local language.

WWF will work with government and NGO health partners to bring improved health and family planning services and information to remote communities in parts of the Salonga landscape, and will work to reduce the spread of ebola and monkey pox between people and wildlife. As a result of these interventions, it is expected that improved health will enable communities to participate more effectively in livelihood activities, and good will developed through the health work will foster community buy-in to alternative and less environmentally damaging livelihood activities promoted in other components of the landscape partnership. Voluntary use of family planning will enable women to space their families, improving health of women and children. Effective outreach on emerging diseases, coupled with alternative livelihood activities and enhanced law enforcement to deter poachers, will reduce the likelihood of outbreaks of emerging diseases. The project will seek operational and conceptual synergies among the health, family planning and environmental sectors for greater effectiveness (for example, sharing logistics between health and conservation partners; outreach activities delivering integrated PHE messages). The project will draw on existing experience, lessons, and outreach materials where appropriate from other PHE projects, and will make use of the WWF PHE manual.

## **Goal**

**Promote sustainable biodiversity conservation and improved population/health outcomes using integrated evidence-based PHE approaches in the Salonga-Lukenie-Sankuru Landscape.**

## Country Activities

The following tables show the timeline for activities, the objectives each activity covers, and the budget for this project component by activity.

Timeline for Activity Implementation													
		2008		2009									
DRC		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1.1	Recruit staff /ID stakeholder												
1.2	do situation analysis/strategy												
2.1	provide birth kits												---
2.2	distribute mosquito nets												---
2.3	FP commodity distribn												---
3.1	distribute educn kits												
3.2	emerging disease awareness												---
3.3	briefs on bushmeat study												
3.4	promote info on FP/RH												---
4.1	provide training in FP/RH												---
4.2	train community workers												
4.3	train lab technician												
5.1	hospital equipt/supplies												---
5.2	develop logistical capacity												---
5.3	ID partner for water/sanitn												
6.1	facilitate NRM governance												---
6.2	organize fisheries meetings												
6.3	small grants for NRM												---
7.1	acquire PHE												

	M&E support												
7.2	develop M&E plan												
8.1	Develop learning agend.												
	Key:		<i>Activity will be implemented during this period</i>										
		→	<i>Activity will continue</i>										
			<i>Activity may need to extend into this period</i>										

<b>DRC Activities by category</b>	<b>Objective 1</b>	<b>Objective 2</b>	<b>Objective 3</b>	<b>Objective 4</b>
1.1 Recruit staff /ID stakeholders	X	X	X	
1.2 do situation analysis/strategy	X	X	X	
2.1 provide birth kits	X			
2.2 distribute mosquito nets	X			
2.3 FP commodity distribn		X		
3.1 distribute educn kits	X	X		
3.2 emerging disease awareness	X		X	
3.3 briefs on bushmeat study	X		X	
3.4 promote info on FP/RH		X		
4.1 provide training in FP/RH		X		
4.2 train community workers	X	X		
4.3 train lab technician	X	X		
5.1 hospital equipt/supplies	X	X		
5.2 develop logistical capacity	X	X		
5.3 ID partner for water/sanitn	X		X	
6.1 facilitate NRM governance	X		X	
6.2 organize fisheries meetings	X		X	
6.3 small grants for NRM			X	
7.1 acquire PHE M&E support	X	X	X	
7.2 develop M&E plan	X	X	X	X
8.1 develop learning agenda	X	X	X	X

<b>WWF-DRC Congo</b>				
<b>Budget allocation by activity category (\$)</b>	<b>USAID*</b>	<b>Johnson &amp; Johnson</b>	<b>WWF costshare</b>	<b>Total</b>
<b>Activity</b>				
service delivery	12,705	6,930		<b>19,635</b>
information, education & communicn	3,269	4,158		<b>7,427</b>
capacity building	17,441	20,848		<b>38,289</b>
infrastructure development	-	52,322	-	<b>52,322</b>
natural resource mgmt/conservation	-		17,325	<b>17,325</b>
M&E	7,010	37,017		<b>44,029</b>
learning		11,550		<b>11,550</b>
<b>Total</b>	<b>40,425</b>	<b>132,825</b>	<b>17,325</b>	<b>190,575</b>

\*USAID funds will be used only for family planning related activities

## **1. Project start-up**

### ***Activity 1.1 Recruit PHE project personnel, identify and consult with stakeholders and potential partners***

The project will recruit a full time staff member to coordinate the PHE project, and other project staff. The PHE coordinator and start-up team will consult with the two hospitals (Monkoto and Mimia) targeted in the landscape, initiate communication with key stakeholders working in the health sector in the project area, and collecting critical information for guiding the implementation plan for the rest of the year. The project will conduct a stakeholder analysis, initiate discussions with potential PHE partners, and develop partnership agreements locally (Monkoto), and at the district (Boende) and provincial (Mbandaka) levels. A likely national partner will be Sante Rural (SANRU), a rural health partnership program between the Interchurch Medical Assistance (IMA) and the Protestant Church of Congo (ECC) that has recently been given a USAID award to develop the capacity of approximately 60 health zones in Eastern and Southern DRC to increase access to basic health care services.

### ***Activity 1.2 Undertake a situation analysis and develop 3-year strategy for the project***

A DRC-based consultant will be recruited to lead the situation analysis and in collaboration with WWF staff, lead development of a draft PHE strategy (unless this is undertaken by the PHE

coordinator). The consultant/PHE coordinator will visit both of the proposed sites – Mimia and Monkoto – although the project is likely to initially focus on Monkoto with probable expansion to Mimia in year two. They will also visit the relevant provinces to discuss the land-use planning process, and become oriented with WWF and partners' existing environmental and community activities there. For better understanding and application by local health partners, results of the situation analysis will be translated into French. These results will be used to finalize the three-year PHE strategy. To ensure optimal efficiency in starting up the project, the consultant and the WWF-SLS staff will work closely with WWF-US PHE staff to develop the situation analysis survey instruments and the three-year strategy, building on tools and lessons learned and from other PHE projects.

## **2. Health and family planning service delivery**

Service delivery activities will largely depend on the priorities determined in the situation analysis. Indicative activities include the following:

### ***Activity 2.1 Provide birth kits for midwives and community birth attendants.***

Maternal mortality is high in the project area, including during and after child birth. Community birth attendants will be provided with birth kits to promote improved hygiene and better practices. Kits will also be provided to hospitals, clinics and Community Health Extension Workers as needed. Training in use of the kits is covered below.

### ***Activity 2.2 Distribute insecticide treated mosquito nets for pregnant women in the Monkoto corridor.***

An early activity is to distribute mosquito nets in the Monkoto area, to tackle the large incidence of malaria in the area. Pregnant women and women with young children will be targeted in the distribution. Challenging logistics combined with the need to closely monitor and adapt distribution processes and use, will necessitate a distribution schedule starting in Monkoto and radiating out to more distant villages. While government health workers (nurses) may provide oversight, community health workers are likely to take the lead in the mosquito net program. Community health workers will also work closely with existing committees on good governance of natural resources. These committees have been playing key roles in educating people in sustainable use of natural resources and improving their living environment. They are also instrumental in bridging conservation efforts and livelihoods for local communities. Information flow about the benefits of maintaining a clean environment will be provided as well as visual demonstration materials on health issues such as malaria risk and prevention. Materials from SANRU and other PHE projects adapted for local use will also be employed as needed. Reducing the incidence of malaria in women and children will improve children's health and help reduce pressure on natural resources which are often used by parents for extra income to cover health costs.

### ***Activity 2.3 Improve distribution of family planning commodities.***

The situation analysis will help to determine what types of contraceptives are needed, and in what quantities. Since contraceptive supply is problematic in DRC in general, the project will then immediately develop a strategy for procurement. If possible supplies will be procured in-country, but if necessary we may procure them from outside the country until national supplies

improve (we note with appreciation that Johnson & Johnson might be able to assist by providing condoms and pills, and help with shipping costs). Once procured, contraceptive commodities will be made available to Monkoto communities for the first time under the auspices of this project. Distribution will be organized at the 22 health centers and health posts judged to have the necessary technical capacity. Prior to and concomitant to distribution will be education programs explaining the importance of family planning for the health and well-being of mother and child, and disease prevention. The project will focus on training to strengthen capacity of these workers to deliver on this activity.

### **3. Information, education and communication**

The information, education and communication activities will be refined once we have the results of the situation analysis; it will be strategically planned to promote improved practices to tackle some of the most serious health, family planning and environmental needs. Wherever possible, the program will use integrated messages to demonstrate the key linkages among human health, family size and spacing, and the environment.

#### ***Activity 3.1 Distribute education kits to 22 health centers and 38 health posts in Monkoto area.***

Education kits (flip charts, posters) will be used by health center employees and some outreach workers to convey simple messages on health (e.g. family planning), hygiene (e.g. clean hands) and disease prevention (e.g. pit latrines, rubbish pits) to village communities. As an example, SANRU has an illustrative flip chart that they use to promote their 10 health commandments. The project will also tap into existing national and provincial health programs to take advantage of existing materials and facilitate their dissemination throughout local health system in the project area. As needed, other materials will be brought in or developed, particularly on communicating integrated messages about population, health and environment that are relevant to this area. In particular, the project will review existing materials produced by other WWF PHE projects, particularly those in Cameroon (which has many posters illustrating PHE linkages), Central African Republic (which has produced videos on health-environment linkages including malaria and jiggers) and Madagascar (which broadcast locally produced radio soap operas about the lives of local folk to communicate linked messages about family size, food security, soil erosion, destruction of forests for agriculture, family planning, family spacing and women's health, spread of HIV and other health issues). Again, WWF-US will provide advice and guidance.

#### ***Activity 3.2 Raise awareness on emerging diseases, wildlife and conservation***

As a priority the project will raise awareness on emerging diseases (Monkey pox, Ebola) and their transmission among the local communities, with linked messages about conservation principles and environmental laws. This will be done by using any available materials at national level, as well as showing videos made locally by INCEF in an ongoing partnership with WWF. The videos highlight emerging disease issues featuring local people, in local language. They are shown in villages, often followed by community discussion, and are a very popular and effective means of communicating with local people in this extremely remote area. As needed, new IEC materials will also be developed, including simple guides on diseases passing between people and non-human primates, and ways to prevent them. This work is complementary to separate

work with partners on ebola vaccine development for great apes. Depending on need, new materials could also include new INCEF health films portraying PHE linkages.

***Activity 3.3 Provide briefs on bushmeat study results for use by media.***

Results of a recently completed wildlife trade study (inclusive of bushmeat) in the south and southwest portions of the landscape (and therefore with greater relevance to the Mimia area) will be communicated to the media. There is also a possibility of converting video clips to sound bites for radio programs, as a mean of reaching a larger public particularly in larger towns and cities where the principal consumers of bushmeat reside. Emphasis will be placed on health risks from bushmeat.

***Activity 3.4 Promote information about family planning and reproductive health***

The project will work to provide access to information about family planning and available methods, taking into account local cultural barriers and beliefs, and working through community health workers, government health staff, and community birth attendants. It will focus on the Monkoto area in the first year. Results of the situation analysis will be applied to develop integrated messages on population, health and environment for use while promoting family planning, based on local needs and circumstances. It is likely that these will be linked to family spacing, health of women and children, food security, and use of natural resources. WWF-US will provide assistance in formulating messages, during a field visit in early 2009.

#### **4. Capacity Building**

To deliver on this project, a PHE team will be developed. It will be coordinated by a WWF-employed PHE Coordinator, based in Monkoto and supervised by the Salonga-Lukenie-Sankuru Landscape Coordinator. Each of the two project sites will have a WWF-employed Field Assistant (note that the Mimia assistant will not be recruited till the second year of the project). Medical physicians from the two project sites, as well as other health personnel there, will also be PHE team members. One or two partner NGOs with major roles in the project will also be members of the team. The team will be supported by part-time inputs from WWF Logistics Officer, Accountant, Administrative Assistant, and Finance and Admin Officer based in Kinshasa. Specific roles for each team member will be defined, with a strong emphasis on the PHE Coordinator' coordination role.

Initial training will be provided for the PHE team, including an introduction to PHE, the value of taking an integrated approach, and orientation in the project's objectives. The team will be involved in developing the project's strategic plan, applying results from the situation analysis.

The situation analysis will provide information on training needs for basic health and family planning to guide prioritization of capacity building in the project. Capacity building plans will be refined after the situation analysis, but are likely to include:

***Activity 4.1 Provide training for health care worker in family planning and reproductive health including MOH staff from Monkoto Hospital.***

A series of workshops will be organized with different levels of health workers. Topics are expected to include family planning, reproductive health, sanitation and hygiene, infectious

diseases and their prevention (malaria, diarrhea, tuberculosis, STDs including HIV/AIDS, Monkey pox, Ebola). Special attention will be paid to gender issues as the participation of women in the learning about family planning methods and contraceptive use tend to be limited by cultural barriers. This training will also include an effort to strengthening health zone information systems (data collection, analysis, management and feedback). Health care workers will also be introduced to PHE concepts, using locally relevant linkages. Some trainees will be selected to become trainers for the rest of the network.

***Activity 4.2 Provide training for community birth attendants and community outreach workers.***

The project will promote training for community birth attendants and community outreach workers (community extension agents) from different health posts. It will focus mostly on sanitation, hygiene, family planning and preventive behaviors to reduce incidence of infectious diseases. Environmental linkages will be explained.

***Activity 4.3 Provide training for lab technician in Monkoto Hospital***

The laboratory technician will be provided with training to build skills for basic analysis to support diagnostic and treatment.

## **5. Infrastructure Development**

***Activity 5.1 Provide hospital equipment and supplies for Monkoto health area targeted by the project***

Monkoto hospital as a starting point for the project will be provided with very basic equipment and supplies including laboratory & hospital equipment, clinic furniture and basic medicines. The project will review to what degree the needs can be met within the country and what equipment and supplies need to come from outside. We are grateful to Johnson & Johnson for the offer of help to obtain some of these from outside, and will follow up on this soon.

***Activity 5.2 Development of logistical capacity to support field activities and team deployment***

The project will organize a functional PHE team and provide basic needs such as office supplies, maintenance, communication materials, and motorcycle for the PHE Field Coordinator to lead, participate in, and facilitate monitoring of project. The Field Coordinator will be based in Monkoto.

***Activity 5.3 Identification of potential partner for water supplies and sanitation work***

The project will identify a partner to collaborate on improved water supplies and sanitation; this work will be introduced in the second year.

## **6. Natural Resource Management/Conservation**

***Activity 6.1 Facilitate the participatory development of rules and regulations for local resource use and access, with consideration for livelihood concerns as well as biodiversity conservation in Monkoto CBNRM***

For over two years, WWF has been working with communities to develop a land-use plan for the Monkoto corridor. The process has included the formation of thematic groups comprised of village representatives that have been introduced to the concepts of good governance and sustainable natural resource use, and through facilitation have begun the process of identifying best practices for agriculture, fishing, and hunting. Participatory mapping has been completed in over one-third of the corridor area and will be used to guide the definition of different land use units (for hunting, agriculture, fishing, collecting) and associated rules of access and natural resource use. Considerable investments are being made in human capacity through exchanges with experts on environmental law and best practices as well as the training of CBOs and NGOs with the hopes that they will take a stronger leadership role in community development and advocacy.

This is an on-going process and is expected to continue through at least 2011 through the support of USAID and other donors including the EU and BMZ. The project will also explore opportunities to integrate certain health and family planning aspects into the natural resource work with communities, including reaching non-traditional audiences for health messages (e.g. men using natural resources, particularly important for messages on emerging diseases). With assistance of our partner INCEF, films of extreme importance have been developed locally showing relationships between emerging diseases and use of natural resources as well as impact of unsustainable use of natural resources on the welfare of local populations. The project will build on the work of INCEF, showing these films to a larger number of local communities and emphasizing messages about the health risks involved. Messages will also promote alternative livelihood opportunities.

***Activity 6.2 Organize meetings to discuss fisheries co-management in the Monkoto area***

Meetings will be organized with local communities to discuss fisheries co-management in the Monkoto Corridor. Currently the fishery is relatively intact, and there are opportunities to improve marketing, and hence livelihoods. There may also be opportunities to improve sustainable yields through improved fishery management practices. This could provide alternative livelihoods for some of the hunters in the area, reducing pressure on wildlife and also health risks from emerging diseases. Best practices in fishing and fish processing will also reduce waste and contribute to improving the nutritional status of fishing communities where health problems such as malnutrition, diarrhea and malaria are widespread among children. As appropriate, messages on family planning will also be introduced in order to promote family spacing and improved maternal and child health; and the concept of the relationship between sustainable resource use and population growth.

***Activity 6.3 Provide small grants to community groups for alternative livelihood activities, marketing, and other conservation-related initiatives***

Past small grants have been provided to local CBOs and NGOs by WWF thanks to funding provided by CARPE and EU. The program will continue and be expanded upon through a new source of funding from the German government (BMZ). The grants, which are awarded through a competitive and transparent process, are intended to provide groups with the tools and means to initiate activities that contribute to conservation, sustainable use, and income generation. It is also hoped that CBO/NGOs will also propose activities with direct linkages to this program

while maintaining links to the overarching objectives of the BMZ-funded project which is to reduce community reliance on bushmeat.

## **7. Monitoring and Evaluation**

### ***Activity 7.1 Acquire PHE monitoring and evaluation technical assistance for the PHE coordinator as needed.***

Training and technical assistance will be provided to the PHE Field Coordinator as needed, to promote better understanding of project cycle and monitoring the implementation of the PHE project.

### ***Activity 7.2 Develop monitoring plan and baseline indicators.***

The project will develop a detailed monitoring plan and collect baseline data through initial the situation analysis, and more detailed surveys as required.

## **8. Learning**

### ***Activity 8.1 Develop a learning agenda for the project.***

A learning agenda will be discussed for the DRC project as part of the three-year strategy, based on the situation analysis. At least one learning question and methodology for answering the question will be developed and communicated to WWF-US to integrate into the project PHE Alliance learning agenda and M&E plan as needed.

## **VII. PHE Analysis, Documentation and Expansion**

### **Overview**

The analysis, documentation and expansion component is led by WWF-US. In the USAID-funded 'Healthy Communities from Ridge to Reef' project which ran from 2003 to 2008, WWF-US undertook analytical work examining the value-added of integrating population and environment; the effectiveness of PHE partnerships; and opportunities for scaling up and expanding PHE. With funding from both USAID and Johnson & Johnson and working with an independent consultant, WWF undertook an 8-project evaluation across our PHE portfolio in Africa and Asia, and drawing on the experiences, results and lessons of these and other organizations' PHE projects, produced a manual for conservation practitioners entitled *Healthy People, Healthy Ecosystems: A manual on integrating health and family planning into conservation projects*.

During this period WWF-US also provided technical assistance and capacity building support to our PHE projects, establishing south-south networks among our projects to share experiences and tools. We undertook PHE outreach activities within the conservation, health and population sectors. We co-founded the PHE Policy and Practice Group, a coalition of US-based international and domestic NGOs working on PHE, and participated in many activities helping to advance the PHE approach. We tested PHE monitoring approaches at field level, and provided inputs to MEASURE Evaluation for their PHE M&E manual.

In the PHE Alliance we will undertake further analysis of priority PHE issues, document and publish results, undertake outreach, provide support for capacity building and technical assistance, and catalyze PHE expansion. Our current working hypothesis for the value added of the integrated PHE approach for conservation is:

- Integrating FP/RH and basic health into conservation projects and programs improves conservation results in the short term through improved community goodwill, other operational efficiencies, and increased involvement of local stakeholders in key natural resources management activities.
- Improved conservation results can also be assumed in the long term, through reductions in population growth rates, sounder natural resource consumption and management, sustained improved health of human communities, and improved women's empowerment, but requires monitoring and evaluation over time for complete verification.
- Improved livelihoods, improvements in health which are tangible to local stakeholders, and improved women's empowerment are enabling conditions for achieving long term PHE results.

This hypothesis and the analytical agenda will be refined in consultation with USAID, Johnson & Johnson, members of the PHE Policy and Practice Group, WWF field projects, and the USAID-funded BALANCED project. Illustrative priority analytical topics (identified at the end of the last project) are:

- The importance of women's health, empowerment and benefits from PHE, and their direct and indirect impacts on conservation
- The roles of livelihood improvement and microfinance in PHE project success
- The value of population mapping and Demographic and Health Survey analysis for identifying PHE project priorities, including WWF Madagascar mapping experience
- Effectiveness of expanding PHE through replication, leveraging partners, and policy interventions (building on our scaling-up work in the first phase)
- Examining ways to increase cost efficiency of PHE, building on cost analyses by IPOPCORM and WWF's PHE evaluation
- Examining how PHE can help build community resilience/adaptation to climate change in the three sites, and contributing to WWF climate vulnerability assessments

We will test our hypothesis through literature reviews, monitoring of our own field sites, and analysis of other projects and scale-up activities. As we are not an operations research project we will not have the resources to maintain control sites, but we will apply adaptive management standards in conservation to our own project sites. When we move from our illustrative M&E framework to formalization of the M&E plan, we will significantly refine and augment our selection of indicators. The final selection will be based on elements of our working hypothesis, data accessibility, and monitoring needs of our field projects. Field based discussions to this end are planned at the beginning of the project.

## Goal

**Document and promote successful PHE approaches among key target audiences to leverage expansion of the PHE approach at larger geographical scales.**

## Activities

The following tables show the timeline for activities, the objectives each activity covers, and the budget for this project component by activity.

Timeline for Activity Implementation												
PHE Analysis, Documentation, Expansion	2008			2009								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1. Project start-up												
2.1 New analytical agenda												
2.2 Refine outreach strategy												--->
2.3 Alliance comm strategy												--->
3.1 Support Madag scale-up												--->
3.2 Expansion E. Af/Phil.												--->
3.3 other scale-up/expansn												--->
4.1 Support M&E												
4.2 Provide TA to field												--->
Key:		Activity will be implemented during this period										
	--->	Activity will continue										
		Activity may need to extend into this period										

Activities by category	Objective 1	Objective 2	Objective 3	Objective 4
<b><i>Project start-up</i></b>				
1.1 Undertake project start-up activities	X	X	X	X
<b><i>Analysis, documentation, dissemination</i></b>				
2.1 Develop new PHE analytical agenda				X
2.2 Develop WWF outreach strategy	X	X	X	X
2.3 Work on Alliance commun strategy				X
<b><i>PHE Scale-up and expansion</i></b>				
3.1 Promote PHE scale-up in Madagascar				X
3.2 Support PHE expansion E. Af/Philipp.	X	X	X	X
3.3 Support other scale-up/expansion	X	X	X	X
<b><i>Build capacity and provide TA</i></b>				
4.1 Support M&E	X	X	X	X
4.2 Provide TA to field programs	X	X	X	X

WWF-US				
Budget allocation by activity category (\$)	USAID*	Johnson & Johnson	WWF costshare	Total
<b>Activity</b>				
PHE analysis, documentation, dissemination	75,075	51,525	11,550	<b>138,150</b>
scale-up/expansion of PHE approaches	61,100	11,550	11,550	<b>84,200</b>
capacity building/technical assistance	69,300	46,200	8,375	<b>123,875</b>
<b>Total</b>	<b>205,475</b>	<b>109,275</b>	<b>31,475</b>	<b>346,225</b>

\*USAID funds will be used only for family planning related activities

## 1. Project start-up

### *Activity 1.1 Undertake project start-up actions*

The project will recruit a full-time DC-based PHE Senior Program Officer (SPO) to help manage and coordinate the PHE project. Once this is done, WWF-US PHE staff will visit each project for orientation on the new/expanded PHE project sites, their staff and partners; discussions on PHE issues and approaches; and refinement of the PHE Alliance's three-year strategy. WWF-US staff will also make contact with key international PHE stakeholders and USAID missions in Nepal, Kenya and the DRC to build relationships with new PHE projects and reinforce existing relationships.

## 2. Analysis, documentation and dissemination of results on the value of the PHE approach in biodiversity conservation.

### *Activity 2.1 Develop new analytical agenda and initiate activities*

The project will refine and implement the 3 year strategic approach for the analytical, documentation and expansion component of the PHE Alliance project. In addition WWF-US staff will work closely with our field projects, PHE partners, USAID, Johnson & Johnson and other stakeholders to refine the PHE analytical working hypothesis and the list of high-priority topics that warrant further exploration. This year we will gather baseline information on key elements of this hypothesis, including through our PHE activities in Nepal, Kenya and DRC. This will be initiated in full force once the full-time SPO has been recruited, in order to ensure that the SPO has a good orientation and takes ownership of the project.

In addition we will undertake work with the University of California Santa Barbara to review Demographic and Health Surveys in selected WWF priority places where biodiversity faces pressure from natural population growth, using GIS to identify high priority areas for future PHE approaches (this work is funded by Sea World/Busch Gardens).

***Activity 2.2 Develop and implement the WWF-specific PHE Alliance Outreach and Dissemination strategy.***

Once the new SPO has been recruited, WWF-US will work with the field project staff, partners, and stakeholders to refine and implement WWF's PHE Alliance Outreach and Dissemination Strategy. This will cover outreach and dissemination of WWF's results and lessons on PHE to various audiences, including the conservation, population and health sectors, and academia. Outreach opportunities already identified include: various Woodrow Wilson Center events; WWF-US Learning Week (in January 2009); Isaak Walton League/Sierra Club/Audubon Society workshop on sustainability (November 2008); and presentations to University of Georgetown conservation biology students and University of Maryland graduate seminar program (November 2008).

**WWF PHE manual:** An early activity will be dissemination of the PHE manual and its results and lessons to key target audiences including conservation practitioners in WWF and other conservation organizations, to promote the PHE approach. This will be done through attendance and trainings held at conservation or PHE-oriented conferences, and through a targeted mailing, listserves, websites, and email distributions announcing the publication of the manual.

**Submission of PHE results to peer-reviewed journal:** A paper will be drafted on the results of WWF's analysis of the value added of PHE for conservation from WWF's previous PHE program, for submission to a peer-reviewed journal.

***Activity 2.3 Work with USAID and Johnson & Johnson to develop a broad communication strategy for the PHE Alliance project.***

This communications strategy is distinct from WWF's PHE Alliance Outreach and Dissemination strategy, in that: all three PHE Alliance partners will work on developing the strategy, identifying their own roles in this strategy, and targeting a broad PHE audience beyond the scope of WWF's PHE Alliance outreach and dissemination strategy. WWF's PHE staff will work with the two donors on this, determining relevant roles and responsibilities of WWF staff in this broad PHE communication strategy, drawing on WWF communications staff as needed. At this time, Johnson & Johnson has agreed to play a lead role in the development of the communication plan, until the end of December 2008. One outreach opportunity already planned is the EcoHealth Conference in Mexico (December 2008), where all three partners will make a panel presentation on the PHE Alliance and its activities.

### **3. Scale-up and expansion of PHE approaches**

***Activity 3.1: Promote scale-up of PHE approaches in Madagascar.***

The Alliance will fund a part-time PHE Specialist in WWF's Madagascar and Western Indian Ocean Program Office (MWIOPO) to work with local partners such as PENSER and Voahary Salama on coordination of scale-up activities in Madagascar. WWF MWIOPO's leadership is very supportive of this activity because of its alignment with the office's program to reduce biodiversity loss and promote sustainable development in Madagascar. The PHE specialist will play a key role in helping to identify and prioritize heavily threatened areas of high biodiversity under intense population pressure for PHE scale-up action. She will also collaborate on building and supporting a revived, sustainable national PHE coordinating network; and provide inputs to

planning and implementing a PHE communication strategy for the network. The PHE Specialist will support planning and preparations for the regional PHE workshop planned by Population Reference Bureau (PRB); help distill lessons on PHE in Madagascar including further outreach of WWF's own lessons from PHE in Madagascar; and facilitate exchange of lessons with PHE projects and networks outside Madagascar. In all of this work, WWF will coordinate closely with the USAID Mission in Madagascar, with PRB and the Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project, and with other relevant in-country actors including the Ministries of Environment and Health, CARE, Conservation International, Wildlife Conservation Society and SanteNet.

***Activity 3.2: Support scale-up of PHE approaches in Eastern Africa and Philippines***

In Eastern Africa WWF will take project managers of existing and prospective PHE projects to visit WWF's project in Lamu seascape: site visits are extremely powerful ways of building capacity and buy-in for PHE. We have already held discussions about the possibility of exchange visits between Lamu in Kenya and sites of the BALANCED project and Jane Goodall Institute in Tanzania, and the possibility of twinning projects in the region. South-south technical assistance can be provided by experienced project managers to other projects. We will follow up with our project staff on applying appropriate approaches they learn about in other sites. We will also seek opportunities to collaborate with the PHE community including PRB on other PHE scale-up activities in Eastern Africa. If possible we will provide technical assistance to WWF Philippines which is hoping to promote scaling up of PHE particularly in Mindanao, drawing on: the scaling up case study of the Philippines done in phase 1; and the very extensive experience of PHE in the Philippines, including lessons from WWF's first-phase project in Roxas, Palawan. The project will also liaise with the new Coral Triangle initiative, of which WWF is the lead consortium partner.

***Activity 3.3: Support other scale-up and expansion activities***

We will continue to be an active member of the PHE Policy and Practice Group, working to leverage and catalyze further action. This includes participation in a subgroup identifying ways to leverage greater funding resources for PHE.

This year we will hold internal discussions in WWF-US and WWF Network on WWF's comparative advantage in PHE scale-up and expansion, and integrate results into our PHE approach. We will provide inputs into global level population, health and environment discourses, including WWF and Global Footprint Network's *Living Planet Report 2008*.

**Objective 4: To build capacity and provide technical assistance for PHE**

***Activity 4.1 Support monitoring and evaluation***

We will work with existing and new PHE field staff and monitoring and evaluation (M&E) specialists to develop PHE Alliance monitoring and evaluation plans, baseline surveys, and refinement of PHE strategic approaches based on baseline results. This activity will involve working closely with existing and new PHE field staff to further expand and refine M&E plans for each site and ensure mutual understanding of agreed-upon indicators for the overarching PHE Alliance. It will also involve providing technical assistance (TA) to each site as staff develops their baseline survey instruments. Through site visits to each field project in the PHE Alliance,

the new PHE SPO and other WWF PHE staff will provide hands on M&E TA to project staff and partners. WWF US PHE staff will collaborate with WWF field staff and their partners to interpret the results of baseline surveys, and use lessons learned and documented in WWF’s PHE manual to hone their 3 year strategies for PHE.

We will also review the effectiveness of the WWF PHE manual for conservation practitioners.

***Activity 4.2 Provide regular technical assistance and capacity building support to WWF PHE field projects.***

WWF-US PHE staff will provide capacity building support and technical assistance to the WWF portfolio of PHE field projects, based on need, demand and anticipation of potential challenges. Priority will be given to the three projects funded under the PHE Alliance. This work includes expansion of the community of practice we have developed with the project managers of our WWF PHE projects, promoting south-south and north-south exchange of information, experiences, tools and communication materials

**VIII. Travel**

The following indicative travel is planned with USAID funding under this implementation plan:

WHO	FROM	DESTINATION	# OF TRIPS	PURPOSE
WWF US PHE staff	Washington DC	Nepal	2	Technical assistance to population-environment project; learning; outreach
WWF US PHE staff	Washington DC	Kenya	2	Technical assistance to population-environment project; learning; outreach
WWF US PHE staff	Washington DC	DRC	2	technical assistance to population-environment project; learning; outreach
Gender consultant	USA	Nepal, Kenya, DRC	1	PHE/gender consultancy
PHE project managers	Eastern Africa	Kenya	5	Study tour to Kiunga
PHE project staff/partners	Nepal	India	3	Exchange visit with WWF’s PHE project in India
PHE project staff/partners	Kenya	Tanzania	2	<u>Study tour to Sadaani (BALANCED project site) and Tacare Project (Jane Goodall Institute site)</u>