

Population Health Environment Alliance

**SEMI-ANNUAL REPORT
SEPTEMBER 18, 2008 – MARCH 31, 2009**

Submitted by World Wildlife Fund

to

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

and

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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
BMU	Beach Management Units
CARPE	Central Africa Regional Program for the Environment
CARPO	Central Africa Regional Program Office
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
CHC	Community Health Committee
CHEWs	Community Health Extension Workers
CHWs	Community Health Workers
DEC	District Executive Committee
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
FOP	Forest Operating Plans
FP	Family Planning
ICS	Improved Cook Stove
IEC	Information, Education and Communication
IMA	Interchurch Medical Assistance
INCEF	International Conservation and Education Fund
KMNP	Kiunga Marine National Reserve
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
SLS	Salonga-Lukenie-Sankuru
SPO	Senior Program Officer
TA	Technical Assistance

Terai Arc Landscape
ToT
USAID
WWF

TAL
Training of Trainers
United States Agency for International Development
World Wildlife Fund

INTRODUCTION

This is World Wildlife Fund (WWF)'s first semi-annual report for the Population-Health-Environment Global Development Alliance, funded under Associate Award Agreement No. GPO-A-00-08-00009-00 by the Population and Reproductive Health Program of USAID's Global Health Bureau, and by Johnson & Johnson. It covers the period 18 September 2008 – 31 March 2009 for USAID funding, and 28 October 2008 to 31 March 2009 for Johnson & Johnson funding.

The goal of the PHE Alliance is:

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

The PHE Alliance strategic 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.

The following section reports on progress made in achieving Objectives 1-3, that is, a country specific summary of specific goals, overall status and highlights, activity status for the reporting period, challenges and lessons learned. The concluding section reports on progress made in achieving Objective 4.

COUNTRY- SPECIFIC PROGRESS

Nepal

Project Status and Highlights

Support is continuing for integrating population and health activities into forest management systems in the Khata Corridor while beginning the scaling up of these activities in two other sites of biodiversity and social importance in Nepal: the Basanta Corridor in Kailali District and in Gadhawa in the Lamahi Bottleneck. In particular, in the first six month of fiscal year 2009, the following took place:

- Reaching agreement between the WWF Terai Arc Landscape (TAL) Regional Office and the Community Forest Coordination Committees (CFCC) in Khata, Basanta and Gadhawa to implement the PHE Project.

- Hiring a Nepali research group, the Development Resource Centre, to conduct the baseline survey in the project sites.
- Completion of both the baseline survey tools and baseline survey in the three project sites. The preparation of the baseline survey report is ongoing.
- Hiring of a PHE field officer, Bhaskar Bhattarai, and completing his relocation in a residence and office in Nepalganj, Terai.
- Completion of a project orientation trip to the existing and new project sites by WWF US staff Judy Oglethorpe and Terri Lukas.
- Negotiation of the terms of reference and a budget for a sub-agreement between WWF Nepal and ADRA Nepal for ADRA to serve as the technical health partner in the PHE Project.

Country Activity Status

Tables I and II are in the first year work plan (October, 2008-September, 2009). Table III describes the implementation status of each activity as of March 31, 2009.

Table I: Planned Timeline for Activity Implementation, as of November 18, 2009													
		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 community forestry												→
7.1	Participatory M&E												
8.1	Develop learning agenda												
	Key:		<i>Activity planned to be implemented during this period</i>										
		→	<i>Activity planned to continue beyond this period</i>										
			<i>Activity planned to possibly extend into this period</i>										

Table II: 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 community forestry			X	
7.1 Participatory M&E	X	X	X	X
8.1 Develop learning agenda	X	X	X	X

Table III: Activities by Number	Status	Comments
1.1 Recruit staff /Identify partners	Complete/ On Track	<p>The Nepal PHE Coordinator, Bhaskar Bhattarai, was hired in January, 2009. He is posted for the duration of the Project in the town of Nepalganj, in the Terai, to be closer to the Project sites.</p> <p>ADRA Nepal is the major health partner of WWF Nepal in this PHE project. ADRA Nepal has years of experience in implementing health projects in Nepal, especially in the south, and provided technical assistance to WWF and RIMS during the recent USAID Mission-funded PHE project. ADRA's primary role in the GDA will be to develop materials and carry out the technical health training of government staff and volunteers, both in service delivery and monitoring and evaluation (M&E). WWF Nepal and ADRA are finalizing negotiation of a sub-agreement to fund ADRA, to provide this technical support.</p> <p>Three Community Forest Coordination Committees (CFCC), one each in Khata (Bardiya District), Gadhawa (Dang District) and Hasuliya (Kailai District) towns are the implementing agencies for the PHE Project. WWF Nepal has finalized agreements with these CFCCs to perform this role.</p>
1.2 Situation analysis/surveys	Mixed Performance	<p>WWF Nepal planned to undertake stakeholder analyses and health facility assessments in the new project sites and a household survey throughout the entire project area.</p> <p>Owing to widespread strikes in the Terai during February and March, the completion of the household survey and its analysis have been delayed until mid to late April, 2009.</p> <p>The situation analysis was completed in Gadhawa this period and will be completed in Husiliya next period.</p>

2.1 Support health/FP services	Mixed Performance	Training and re-training of health workers will commence with the signing of the sub-agreement with ADRA, which was somewhat delayed by strikes in the Terai. This training will begin in April.
2.2 Support Khata health and family planning activities	On Track	<p>Owing to a recent change in MoH policy, drugs are free of charge in government health facilities. This change has increased use of government facilities closest to the Khata clinic (which have recently reopened after the end of the Maoist insurgency) and decreased use of the Khata clinic. As a result, a rethinking of how the Khata clinic will be used in the future is taking place.</p> <p>At present, the PHE assistants assigned to the clinic participate in the periodic MoH immunization camps that are held at the Khata clinic, and continue to distribute family planning commodities that they collect from the nearest sub-health post 3 miles away. The PHE assistants also offer after hours care from the clinic. Peer educators use the clinic for their regular meetings and refresher training. Female Community Health Volunteers distributed cotrimaxazole to 137 under five children and referred 24 children for ARI treatment. Staff</p>
3.1 Outreach by peer educators/Community Based Distribution (CBD)	Mixed Performance	As with the other training offered through the PHE project through ADRA, peer educators and CBDs will be trained for the new project sites and deployed. Existing Peer Educators and CBDs in the Khata area will receive refresher training. This training will begin in April.
3.2 Outreach through non-Formal Education (NFE)	Mixed Performance	<p>In early October, 2008, 56 youth peer educators in Khata received a one day orientation on NFE. These trained educators then completed 29 NFE classes, each consisting of ten sessions during the months of October and November 2008. 271 males and 576 females, a total of 847 individuals, participated in these NFE classes.</p> <p>Once the peer educators are trained in the new project sites, beginning in April, NFE classes will begin there.</p>
4.1 Build Community Forest Coordination Committee(CFCC)/Community Forest Users' Group (CFUG) Capabilities	Mixed Performance	The Project held initial discussions with the CFCCs on PHE to increase their understanding of the linkages among population and health interventions and the work of the CFCCs. Skills building for both the Gadhawa and Husilya CFCC will occur in the next reporting period.
4.2 Community FP distribution	Mixed Performance	<p>Training in Community Based Distribution (CBD) for the new project sites will take place through the sub-agreement with ADRA, which will be signed in April, 2009.</p> <p>CBD in the Khata area continued from the previous project cycle. From October'08 to February'09, the 31 Female Community Health Volunteers (FCHVs) of Khata</p>

		area distributed 8,445 condoms and 428 cycles of pills. At Khata Community Clinic distributed 70 condoms, 4 cycles of birth control pills and 4 doses of emergency contraceptives during this period.
5.1 Support water and sanitation	On Track	<p>In Khata, 25 arsenic free hand pumps were installed during October-December 2008 (20 hand pumps 80 feet deep and 5 hand pumps 35 feet deep). Around 125 families benefited from this activity.</p> <p>Sixty-five (65) households used a 20% subsidy (2,000/10,000 NR) to construct low cost latrines.</p>
6.1 Promote community forestry	On Track	<p>The Bardiya District Forest Office received financial assistance to prepare the Forest Operating Plans (FOP) for 4 new CFUGs and to renew the FOPs of two CFUGs. These 4 new CFUGs were also each given financial assistance to set up their offices. These CFUGs are now positioned to begin the integration of PHE activities.</p> <p>In February, 2009, the Assistant Forest Officer of Gadhawa Ilaka Forest Office facilitated two trainings in forest management in Gadhawa for CFUG executives and users from Gadhawa, Rajpur, Bela and Gangaparaspur. Thirty people participated in each training.</p> <p>The Project supported 80 households in CFCC Khata to install biogas, and 8 households in CFCC Hasuliya. The Project supported Innovative Cook Stoves (ICS) in 60 households in Gadhwa, 50 households in Hasuliya and 150 households in Khata.</p>
7.1 Participatory M&E	On Track	<p>The M & E health and family planning skills, guidelines and tools for the three project sites will adhere to MoH standards (for government health workers) or be compatible with them (for voluntary workers). ADRA will be the primary technical source for training in this participatory M&E, taking into consideration the experience gained in the previous PHE project in Khata. Environmental monitoring continues as part of WWF's overall monitoring for the landscape.</p>
8.1 Develop learning agenda	On Track	<p>Indicative learning activities will be added to the workplan once the Project is running at its projected pace in all three sites. Issues of women's empowerment are likely to be high on the agenda.</p> <p>The PHE field officer is planning exchange visits to the Nepal RIMS project site (Dhading) and WWF's PHE project in India (international travel not funded by USAID) to develop a deeper appreciation of possible learning objectives, and promote cross-project learning.</p>

Challenges and Lessons Learned

Challenges include:

- Convincing CFUGs to make population and health issues priorities within their ongoing activities, especially those facing big and urgent threats such as illegal settlement and logging in their forests.
- Working to maintain project timetables in the Terai, where strikes are frequent and indefinite in duration.
- Tempering the expectations of target groups in new project sites for results.

Lessons include:

- Appreciating the different requirements of the expanded project sites versus the previous one. The new project covers a much larger area and the population is more diverse and thus more attention must be paid to comprehensive planning by WWF than before.
- Achieving integration of population, health and environmental activities at the community level strengthens communities' sense of their capabilities to act on their own behalf. In turn, this new found communal strength will be a major factor in achieving the Project goal.

Kenya

Project Status and Highlights

The recently concluded projects *Healthy Communities, Healthy Ecosystems* (funded by Johnson & Johnson) and *Healthy Communities from Ridge to Reef* (funded by USAID) in the Kiunga Marine National Reserve (KMNR) built local capacity for improved community health and family planning and added value to WWF's natural resource management efforts to engage communities in conserving fisheries and endangered marine species, such as the sea turtle. The current effort aims to extend lessons learned and effective approaches from this previous experience to a larger population in the same Lamu Seascape, extending south from Kiunga to Pate and Lamu Islands, and expanding from one service delivery hub to three.

The target population of this Project lives in relative social and economic isolation from the rest of the country and thus draws heavily on the marine resources of the Archipelago to support meager livelihoods. While still currently plentiful and rich in their diversity, these resources are threatened by overuse and misuse both by the growing permanent population and those who exploit it from outside. The Project faces huge challenges in bringing about behavioral changes in resource use and health practices and progress made on these fronts has been uneven. Yet accomplishments during this initial start-up period have been significant and lay the groundwork for steady future progress.

- A new and highly productive partnership has been forged with the Lamu District Ministry of Health (MoH) to implement health and reproductive health activities within the framework of Kenya's second National Health Sector Strategic Plan. This framework promotes community involvement in health improvement and complements the natural resource management work WWF and its conservation partners are doing with the same communities.
- The PHE Field Coordinator was hired to work with partners and stakeholders to implement the Project. The new PHE Field Coordinator, like his predecessors in the recently concluded projects noted above, is a member of the District Health Management Board, the policy making body for Lamu District. The PHE Field Coordinator also works directly with the MoH's District Health Management Team, which supervises health delivery in the District, and co-chairs the District Health Stakeholders Forum, which brings together all government agencies from the District on a quarterly basis to address intersectoral matters.
- Negotiations were initiated with Family Health International for a sub-agreement to train and support MoH workers in health centers and dispensaries located in the Project areas.
- The Project is aiming to establish a cooperative working relationship with the USAID bilateral APHIA II Project to support the training of HIV/AIDS health workers and distribution of contraceptives at the health facility level in the Project areas.

Country Goal:

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

Country Activity Status

Tables I and II are in the first year work plan (October, 2008-September, 2009). Table III describes the implementation status of each activity as of March 31, 2009.

Table I: Planned Timeline for Activity Implementation, as of November 18, 2009													
		2008			2009								
Kenya		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1	Project start-up												
1.1	Recruit/sit. analysis												
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:		<i>Activity planned to be implemented during this period</i>										
		→	<i>Activity planned to continue beyond this period</i>										
			<i>Activity planned to possibly extend into this period</i>										

Table II: Activities by category	Objective 1	Objective 2	Objective 3	Objective 4
1 Project start-up				
1.1 Recruit staff /situation 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

Table III: Activity by Number	Status	Comments
1 Project start-up		
1.1 Recruit staff /situation analysis	Mixed Performance	Project start-up has been slower than planned but steady progress is being made. The PHE Field Coordinator, Abdiwahab Ahmed, was hired on March 1, 2009 and after an orientation period, assumed PHE tasks. He is directly involved in working with the principal stakeholder, the District Ministry of Health (MoH) in conducting the situation analysis of the project area, drafting workplans, planning for the baseline survey and developing a partnership agreement with Family Health International (FHI), the health implementation partner in the Project.

1.2 Identify partners, stakeholders	Complete	The MoH is the principal health and population implementing partner. Family Health International (FHI) will be the provider of health and population technical assistance to the MoH; WWF and FHI are negotiating a partnership agreement towards this end. APHIA II will assist the PHE Project to provide steady and uniform distribution of contraceptives at the health facility level and conduct training in HIV/AIDS prevention and care,
2 Service delivery		
2.1 Ensure contraceptive supply	On Track	The Lamu District Health Management Board has placed priority on maintaining steady contraceptive supplies in the Project sites. As noted above, APHIA II will also assist in maintaining supplies at the facility level.
2.2 Expand contraception access	On Track	RH resource centers will be established within the “community units” that will be established at the local level in furtherance of the National Community Health Strategy. Health facilities, centers and dispensaries will also maintain contraceptive stocks and promote their use for reproductive health, family planning and child spacing. Community Health Workers (CHWs) will promote FP/RH services directly to households through a CBD strategy.
2.3 Continue Kiunga health care delivery	On Track	Service delivery from the Kiunga health center is continuing, both directly and through outreach using the mobile clinic to remote Boni areas. Discussions have begun about alternative ways to meet the health needs of the Boni communities in order to ensure the sustainability of the outreach. For example, the capacity of the incumbent CHW could be increased to provide vital services to communities in between visits from the mobile clinics. Alternatively a Community Health Extension Worker (CHEW) could be recruited and placed in these communities. An ongoing constraint to delivering optimal levels of services throughout the project area is the lack of action on the part of the MoH in filling vacant nurse/CHEW positions. In addition, assigned staff often fail to complete their assigned terms in the Project areas because they are not prepared to work in these remote, locations.
2.4 Improve Water/sanitation/hygiene	Mixed Performance	In the Kiunga area, teachers are continuing to integrate hygiene and environmental studies into their weekly lesson plans, and youth groups are actively involved in cleaning the environment around their homesteads. The existing CHWs are continuing to create awareness about water, sanitation and hygiene issues among their target households. Water, sanitation and hygiene issues will be addressed in a similar fashion in the expanded project areas.

3 IEC		
3.1 Produce IEC materials	Delayed	Production of IEC materials as a means to behavior change will be a central activity of the Project and the sub-agreement with FHI. These materials will be developed with input from the different communities, both Bajuni and Boni, in order to be culturally relevant and meaningful. Resource centers in the communities will be repositories for these IEC materials, once developed. Street dramas, songs, poetry, banners, posters, mass media broadcasts will all be considered for inclusion. Secular and religious community gatherings will be targeted for dissemination of IEC materials.
3.2 Support health education	Mixed Performance	Health education in the schools is proceeding in the Kiunga area and will be extended to the new Project areas. (See 2.4) Venues for extending health education outside of schools will also be investigated and exploited to the extent possible.
3.3 Inform District Executive Committee (DEC)	On Track	The DEC is comprised of representatives from all government departments at the District level. In April, the PHE field coordinator will make a presentation on the value added of integrating community health and FP/RH services with conservation activities. On going updates of the DEC are planned throughout the Project period.
4 Capacity building		
4.1 Conduct needs assessment	Mixed Performance	The District Health Management Team (DHMT) completed an Annual Operational Plan (AOP) in March. The AOP identified the health needs of the District and the Project sites within it. The baseline survey and the AOP will form the basis for planning the Project's interventions.
4.2 Train in IEC	Mixed Performance	Plans have been made to send two staff who will work on the Project to Tanzania in July, 2009, to participate in a training of trainer (ToT) workshop for IEC applied to PHE projects. This training is organized by the BALANCED Project and co-funded by BALANCED and WWF. One FHI staff will be trained and in this way bring enhanced PHE awareness to IEC development through FHI's sub-agreement with WWF.
4.3 Train Community Health Extension Workers (CHEWS)	Mixed Performance	All training for the Project will be undertaken by FHI through its sub-agreement with WWF. Refresher training for existing CHEWs on the Community Health Strategy will be provided.
4.4 Train community health workers (CHWs)	On Track	The sub-agreement with FHI will include training for CHWs using MoH curriculum on the Community Health Strategy. CHWs will also become CBDs. The BALANCED Project is organizing a CBD ToT in Tanzania in April for PHE Projects. Two district level staff working with the Project will attend this training.
4.5 Train Community Health	On Track	CHCs are locally-elected community members charged

Committee (CHC) members		with leading community health action at the unit level (approximately 5,000 people). Faza, Kizingitini and Kiunga have identified their CHC members. These members will participate in a study tour to visit an operational CHC in Mkunumbi (mainland Lamu District) in the next reporting period to expose them first hand to this model of health care delivery.
4.6 Train other government health workers	On Track	All training for the Project will be undertaken by FHI through its sub-agreement with WWF.
4.7 Train community opinion leaders	On Track	The opinion leaders have been identified in the Project areas and will receive training in PHE through the FHI sub-agreement. Islamic opinion leaders in Lamu are included for the first time.
4.8 Train District health staff	Cancelled	This activity duplicates 4.6 and will be deleted from future reports.
5 Infrastructure development		
5.1 Support mobile clinics	On Track	The previous PHE Project collaborated with the District MoH to facilitate monthly mobile clinics, to the distant and underserved Boni villages and other remote communities. The current Project will continue this practice in the immediate term while investigating less expensive/more sustainable options to meeting the health needs of people living in these distant areas.
6 Natural Resource Management /Conservation		
6.1 Support Community Based Natural Resource Management (CBNRM) Groups	On Track	WWF is working with CBNRM groups in the Project areas to improve protection of sea turtles and encourage use of sustainable fishing gear. The fishing gear exchange program has been particularly successful, evidenced by villages in the extension areas asking to be involved in it.
6.2 Strengthen Alternative Incomes	Mixed Performance	Plans have been drafted for sustainable alternative income sources for communities under the new Kiunga Marine Nature Reserve management plan. A successful alternative income scheme for women under the previous project, producing and marketing items made from discarded flip-flops, is scouting for a new marketing partner.
6.3 Promote Sustainable Natural Resource Management	Mixed Performance	Productive interactions between Beach Management Units (BMU) and health workers in the extended Project areas await implementation of health worker training under the FHI sub-agreement. WWF has continued to work with the BMUs to promote more sustainable approaches to fishing, including use of more appropriate fishing gear, and establishment of fishing sanctuaries. An exciting event was the discovery of a live young dugong, the first official sighting for years in the area. It was captured accidentally in a fishing net, reported by fishermen to

		WWF and Kenya Wildlife Service, and safely released back to its mother.
7 M&E		
7.1 Conduct M&E Training	Mixed Performance	<p>Training of health workers in M&E methods will be included in the FHI sub-agreement with WWF. Government approved curriculum and standards will be used.</p> <p>WWF-US and Kenyan staff conducted a half-day M&E capacity building workshop for the MoH HDMT during its March, 2009 visit.</p>
7.2 Develop M&E Plan for Expanded Project Areas	Mixed Performance	Monitoring of health/RH activities will use data collected through routine MoH methods. MoH monitoring systems will be improved with FHI assistance through its sub-agreement with WWF. Environmental results will be drawn from WWF's existing monitoring program.
8 Learning		
8.1 Share lessons learned/learning	Mixed Performance	Lessons learned from the previous Project informed the design of the current Project. A learning agenda for the current Project will be identified during the next reporting period in consultation with WWF-US.

Challenges and Lessons Learned

Challenges include:

- Underestimating the time required to identify, hire, and orient a qualified PHE Field Coordinator, which in turn, has delayed project start up activities.
- Difficulty in retaining nurses in MoH health facilities in remote areas of Lamu District.
- Unwillingness of the national MoH to prioritize filling nursing and other health worker vacancies in Lamu District.
- Identifying effective incentives to motivate voluntary health workers, such as the CHWs.

Lessons learned include:

- Retention of government health staff in remote parts of Lamu District should not be expected for more than one year.

Democratic Republic of Congo

Project Status and Highlights

Unlike the Nepal and Kenyan projects, this PHE project in the Salonga-Lukenie-Sankuru (SLS) Landscape has no antecedent. The targeted geographical area lies in the corridor between the north and south sections of the Salonga National Park, which was declared a World Heritage Site in 1984 and a World Heritage Site in Danger in 1999 due to increased threats from poaching and illegal encroachment. It is only accessible from urban, commercial or communication centers in the country by small aircraft or days of travel by traditional river craft or walking. Neither international health donors nor NGOs have a presence in this area, and have no near term plans to establish one. The only services that are available are those funded by the Provincial Government and delivered by the Zonal authorities through its hospital in Monkoto and affiliated health centers and dispensaries. These services are under-funded, understaffed and otherwise inadequate by most measures to meet the health and family planning needs of the local population. It is within this context that WWF, in the DRC and US have been working to get this PHE project started.

Progress to date has been slow, but a key milestone was reached at the end of the reporting period. After two rounds of interviews, an experienced PHE field coordinator candidate was identified, interviewed and offered the position. This accomplishment provides much optimism to the WWF staff that this Project can achieve critical PHE results.

Two PHE Sr. Program Officers from WWF-US visited Kinshasa and the PHE Project sites in early March, 2009. Their visit created an opportunity for WWF-DRC SLS Landscape Manager to meet with prospective stakeholders and partners, including USAID/Kinshasa staff (RH/FP and Environment), and villagers and health workers in the project areas to investigate opportunities for project implementation and to get an overview of the challenges of the undertaking.

Country Goal:

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

Country Activity Status:

Tables I and II are in the first year work plan (October, 2008-September 2009). Table III describes the implementation status of each activity as of March 31, 2009.

Table 1: Planned Timeline for Activity Implementation, as of November 18, 2009													
DRC		2008			2009								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1.1	Recruit staff /ID stakeholder												
1.2	Conduct situation analysis/strategy												
2.1	Provide birth kits												--->
2.2	Distribute mosquito nets												--->
2.3	Distribute FP commodities												--->
3.1	Distribute education kits												
3.2	Conduct emerging disease awareness												--->
3.3	Produce briefs on bush meat 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	Provide hospital equipment/supplies												--->
5.2	Develop logistical capacity												--->
5.3	ID partner for water/sanitation												
6.1	Facilitate NRM governance												--->
6.2	Organize fisheries meetings												
6.3	Provide small grants for NRM												--->
7.1	Acquire PHE M&E support												
7.2	Develop M&E plan												
8.1	Develop learning agenda.												
	Key:		<i>Activity planned to be implemented during this period</i>										
		→	<i>Activity planned to continue beyond this period</i>										
			<i>Activity planned to possibly extend into this period</i>										

Table II: DRC Activities by category	Objective 1	Objective 2	Objective 3	Objective 4
1.1 Recruit staff /ID stakeholders	X	X	X	
1.2 Conduct situation analysis/strategy	X	X	X	
2.1 Provide birth kits	X			
2.2 Distribute mosquito nets	X			
2.3 FP commodity distribution		X		
3.1 Distribute education kits	X	X		
3.2 Emerging disease awareness	X		X	
3.3 Briefs on bush meat 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 equipment/supplies	X	X		
5.2 Develop logistical capacity	X	X		
5.3 ID partner for water/sanitation	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

Table III: Activities by Number	Status	Comments
1.1 Recruit staff /ID stakeholders	Mixed Performance	<p>Two rounds of interviews were held before a highly qualified, field coordinator candidate, with PHE experience in Eastern DRC, was interviewed. The candidate is expected to accept the position and relocate to the Project site early in the following reporting period.</p> <p>The PHE field office will be in Monkoto, in the existing WWF Central Africa Regional Program Office (CARPO) compound. An Administrative Assistant, logistician and housekeeper have been hired.</p> <p>During a field visit to the project site in March by WWF-US PHE Sr. Program Officers, discussions were held with potential stakeholders, including the <i>Medecin Chef de Zone</i> (Monkoto), Chief of Party of the USAID bilateral project, AxxESS-Sanru, PSI, <i>Medecin sans Frontier</i> (Belgique), Save the Children, International Conservation and Education Fund (INCEF). Appointments were also attempted with <i>Action Contre le Faim</i>, PNSR (National Reproductive Health Program) and the World Bank.</p>
1.2 Do Situation Analysis/Strategy	Delayed	Assuming the hiring of the identified PHE field coordinator is done in April, this person could begin

		the situation analysis in April, 2009. A 2006 socioeconomic study of natural resource use and management by local communities in the SLS Landscape provides valuable supplementary information to the Project.
2.1 Provide birth kits	Delayed	
2.2 Distribute mosquito nets	Delayed	Discussions in late March with the World Bank health systems' strengthening project in DRC suggest that Insecticide treated nets and anti-malarial drugs could be made available to the PHE Project without cost. WWF-US is investigating this opportunity.
2.3 FP Commodity Distribution	Delayed	USAID/Kinshasa will provide contraceptive commodities to the PHE Project, including technical assistance for supply management. The PHE Project will pay shipping costs from Kinshasa to the Project sites.
3.1 Distribute Education Kits	Delayed	
3.2 Emerging disease awareness	Delayed	INCEF is in the process of producing educational videos for communities on monkey pox. These videos should be available to communities in June, 2009. Discussions between CDC and WWF have begun to coordinate their respective (and separately funded) work in Equateur Province on monkey pox prevention and control, and including general communications, logistics and transportation between Kinshasa and the different points within the Province. (The MoH and CDC are negotiating an MOU for CDC's work in Equateur, which should begin in July, 2009.)
3.3 Briefs on bush meat study	Delayed	Under separate funding, INCEF is in the process of producing educational videos for communities on bush meat, using information from the bush meat briefs. The PHE Project is communicating with INCEF on ways to create synergies with it and to extend its reach.
3.4 Promote FP/RH Information	Delayed	The <i>Relais Communitaires</i> who work in the Project sites are considered to be good choices to promote FP/RH information and commodities to households in the Project areas.
4.1 Provide training in FP/RH	Delayed	
4.2 Train community workers	Delayed	The <i>Relais Communitaires</i> who work in the Project sites are considered to be good choices to promote FP/RH information and commodities to households in the Project areas.
4.3 Train lab technician	Delayed	
5.1 Provide hospital equipment /supplies	Delayed/Changed	A minimal amount of hospital equipment/supplies will be procured by the PHE Project for the Zonal hospital in Monkoto during year 2. The immediate focus will be on supporting community-based and preventive health/RH measures. A decision has not been made to

		expand the Project in year 3 to the hospital and affiliated health facilities in Mimia.
5.2 Develop logistical capacity	Delayed	
5.3 ID partner for water/sanitation	Delayed	
6.1 Facilitate NRM governance	Mixed Performance	NRM governance committee has been developed.
6.2 Organize fisheries meetings	Delayed	
6.3 Provide small grants for NRM	Mixed Performance	Small grants will be distributed on competitive basis in April, 2009.
7.1 Acquire PHE M&E support	Delayed	
7.2 Develop M&E plan	Mixed Performance	Beginning in late March, monitoring plans for the PHE project are developing.
8.1 Develop learning agenda	Delayed	

Challenges and Lessons Learned:

- Working in an area as isolated as the Salonga Corridor means that identifying experienced NGO health partners is not likely to take place as expected; a different model of project implementation is likely to be necessary, similar to the WWF PHE project in the Philippines where the implementation partner was the Local Government Unit.
- Time lines for completion of activities may have to be extended beyond what was initially estimated owing to the complications of logistics, communication and transportation between the project area and urban centers. Variable costs are likely to be higher than initially estimated due to the high costs of operating in this extremely remote area. Experience gained during the next reporting period will clarify these factors and programming options in future years.
- More time than estimated was required to recruit a qualified PHE Coordinator.
- Available human and material resources in the Project area are extremely scarce while the basic health, family planning and nutritional needs of the population are extremely high. These realities cast doubt on the extent to which sustainability of the Project's activities be achieved by 2011.

PROJECT MANAGEMENT AND PHE ANALYSIS, DOCUMENTATION AND EXPANSION

Component Status and Highlights

GDA Management

In October USAID, Johnson & Johnson, and WWF officially signed the MoU for the PHE Global Development Alliance at an event held at the National Press Club that drew about 40 people. The agreement was signed by Kent Hill, Assistant Administrator, Bureau for Global Health, USAID; Sharon D'Agostino, Vice President, Corporate Contributions and Community Affairs, Johnson & Johnson; and Tom Dillon, Senior Vice President for Field Programs, WWF-US.

WWF-US is keeping pace with its ambitious project management and capacity- building responsibilities under the Global Development Alliance. The PHE team was fully assembled during this reporting period with recruitment of Terri Lukas to the key position of Project Manager. Sub-agreements were issued for the three country field projects, and the WWF-US team provided substantial technical assistance to the three sites to refine site-based work plans, familiarize staff with USAID requirements and basic principles of FP, health, and PHE, and jump-start activities. The project PMP and site level monitoring and evaluation plans were developed and launched.

PHE analytical agenda

The GDA PHE analytical agenda was drafted and prioritized through meetings with PHE stakeholders including the PHE Policy and Practice Group. We have also had detailed discussions with the BALANCED project to ensure harmonization, collaboration and complementarity with its analytical agenda. This will be further enhanced as Judy Oglethorpe has accepted an invitation to sit on the BALANCED Project's advisory committee.

WWF will continue to refine the new agenda as the year progresses. Learning questions for the three GDA sites were also drafted and, as relevant, measured through site-based baseline surveys. We also continue to draw lessons learned from all our non-GDA PHE projects.

We are currently undertaking a number of case studies on HIV/AIDS and conservation, with funding through USAID Africa Bureau's Biodiversity Analysis and Technical Support project. These case studies will feed into a manual we are writing for the conservation sector on ways to reduce impacts of HIV/AIDS on the environment, which will be used in our GDA and non-GDA PHE sites; within the WWF Network; and by other conservation organizations, particularly in sub-Saharan Africa.

PHE expansion

PHE scale-up efforts were advanced in various ways. Highlights are noted below, others can be found in the table below under Activity 3.3:

Living Planet Report: For the first time ever, a widely respected WWF biennial publication featured population last year – the *Living Planet Report 2008*, published by WWF International, Zoological Society of London and Global Footprint Network in October 2008. WWF PHE staff provided inputs to the population page, in consultation with several population experts. The report is online at:

http://assets.panda.org/downloads/living_planet_report_2008.pdf .

WWF Position Paper on Population: Also for the first time, the WWF-US PHE team has been invited to initiate discussions within the WWF Network on producing a position paper on population. The previous position paper we prepared only covered WWF-US.

PHE Madagascar Working Group: In Madagascar, a WWF local staff member is collaborating with Conservation International (funded by the GDA and the BALANCED project respectively) in the initial stages of a new effort to promote PHE scaling up in-country, with support from Washington, DC based staff of BALANCED, PRB and WWF. The Malagasy staff of WWF and CI is currently carrying out a survey to assess existing experiences, lessons, and hence future PHE opportunities.

Expanding PHE in the WWF Network: WWF-US staff is exploring new PHE funding opportunities, and responding to requests from potential new PHE projects. We continue to provide the non-GDA PHE projects with technical assistance and fundraising support.

Communications and Outreach

The GDA WWF outreach strategy is in the process of being drafted, with inputs from non-GDA stakeholders, donors and the WWF PHE team. During this first six months, WWF met with communications staff to explore avenues for expanding PHE outreach. Overall, a large amount of time has been spent on communications about the objectives of the GDA and general PHE outreach. A list of all the outreach events in which we participated is appended. Levels of interest in the performance of the GDA country activities is high and much attention will have to be paid in the next six-months to support the GDA countries in reaching levels of operation needed to produce expected outputs and results.

In October we launched the peer-reviewed manual *Healthy People, Healthy Ecosystems: Integrating Health and Family Planning into Conservation Projects* at the World Conservation Congress in Barcelona, Spain. The manual drew together the results and lessons from the two previous projects: Johnson & Johnson-funded ‘Healthy Communities, Healthy Ecosystems’ and USAID-funded ‘Healthy Communities from Ridge to Reef.’ The manual aims to inform and guide conservation field practitioners interested in starting PHE projects or improving on existing ones. WWF and the

conservation sector have distributed almost 1400 copies (148 of which were downloaded from the internet), conducted multiple capacity-building sessions for WWF and the broader conservation sector using the manual, and will continue to use the manual for outreach and training within the sector. The manual is on the internet at:

<http://www.worldwildlife.org/what/communityaction/WWFBinaryitem10254.pdf>.

Component Goal

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

Component Activity Status

Tables I and II are in the first year work plan (October, 2008-September, 2009). Table III describes the implementation status of each activity as of March 31, 2009.

Table I: Planned Timeline for Activity Implementation, as of November 18, 2009												
	2008			2009								
PHE Analysis, Documentation, Expansion	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/expansion												--->
4.1 Support M&E												
4.2 Provide TA to field												--->
Key:		<i>Activity planned to be implemented during this period</i>										
	--->	<i>Activity planned to continue beyond this period</i>										
		<i>Activity planned to possibly extend into this period</i>										

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

Table III: Activities by Number	Status	Comments
<i>Project start-up</i>		
1.1 Undertake project start-up activities	Complete	<p>The GDA countries developed work plans and WWF-US negotiated sub-agreements with each country based on those work plans.</p> <p>GDA Project Manager, Terri Lukas, was hired Dec. 2008 and began work in January 2009. Her WWF-US orientation was conducted in January, 2009. Site visits were conducted in Feb. (Nepal), March (DRC and Kenya). Responsibilities of WWF PHE team members were synchronized January, 2009 and reflected in individual scopes of work.</p>
<i>Analysis, documentation, dissemination</i>		
2.1 Develop new PHE analytical agenda	Complete	PHE analytical agenda was drafted November 2008 in consultation with staff from BALANCED Project, PRB, USAID/GH/OPRH, Woodrow Wilson Center, and JSI. Analytic agenda was refined January, 2009 in collaboration with Balanced Project and USAID/GH/OPRH.
2.2 Develop WWF outreach strategy	On Track	<p>The outreach strategy at this stage focuses on producing written products on PHE and promoting PHE approaches, results and lessons in a variety of venues, e.g.:</p> <p>Outreach events by WWF-US staff include PHE</p>

		<p>presentations made at professional society meetings (6), for university student groups (2), for advocacy groups (1), within WWF network (1), for Policy and Practice Group (1) (see Appendix).</p> <p>Informally, WWF-US staff held several small meetings with conservation practitioners, development and health practitioners, academics and others in which WWF outlined the PHE approach and WWF's results and lessons.</p>
2.3 Work on GDA communication strategy	On Track	<p>The PHE GDA MoU was signed by USAID, Johnson & Johnson and WWF on September 18, 2008 at a public event attended by about 40 people.</p> <p>WWF will initiate discussions with both donors on development of a GDA communication strategy.</p>
<i>PHE Scale-up and expansion</i>		
3.1 Promote PHE scale-up in Madagascar	Mixed Progress	<p>A Madagascar Working Group (WWF-US, BALANCED Project, CI, PRB, Woodrow Wilson Center, USAID staff) met in December, 2008, January, February, 2009 to agree on a strategy and plan of activities to assess opportunities for future PHE work in-country. WWF and CI have funds allocated for staff time to conduct such in-country assessments. Data collection (through interviews) began in February, and is continuing in March. Progress was interrupted in March by a Presidential coup and succeeding disruptions in the capital city.</p>
3.2 Support PHE expansion East Africa/Philippines	Delayed	<p>Plans have been made to take practitioners from other Kenyan marine conservation sites to visit the PHE Kiunga project in August, using Sea World-Busch Gardens funding. No activities have been undertaken for the Philippines due to other priorities.</p>
3.3 Support other scale-up/expansion	On Track	<p>WWF-US staff contributed written inputs on the issue of population growth to the Living Planet Report 2008, a biennial publication of the WWF Network. This was the first time this issue has been raised in this publication.</p> <p>A peer-reviewed manual for conservation field practitioners to guide development of PHE projects was released in October, 2008 (<i>Healthy People, Healthy Ecosystems: Integrating Health and Family Planning into Conservation Projects</i>). It was launched at the World Conservation Congress, Barcelona, Spain, given a mass mailing and distributed at conferences and meetings (approx. 1200 copies to date), downloaded 148 times from the website.</p> <p>Ongoing meetings and discussions were held with BALANCED Project to understand learning</p>

		<p>synergies with WWF.</p> <p>Regular participation in the Policy and Practice Group and discussion about PHE scale-up opportunities and strategies.</p> <p>With funding from Sea World--Busch Gardens Conservation Fund, initiated discussions with staff from the Geography Dept., UC Santa Barbara, on producing an analytical product that matches demographic trends with WWF priority places.</p> <p>Initiated discussions within WWF Network to produce a position paper on population.</p>
<i>Build capacity and provide TA</i>		
4.1 Support M&E	Mixed Progress	<p>WWF-US staff (primarily Cara Honzak) have provided support (via site visits, e-mail, phone calls) to GDA projects to:</p> <ul style="list-style-type: none"> • Develop a Performance Monitoring Plan (PMP) • Define the baseline household survey instruments, choose a suitable contractor/partner to field test instrument, collect/analyze data. WWF-Nepal concluded data collection during the reporting period. • During site visits (February-March, 2009) WWF-US PHE staff gave direct technical assistance to PHE field coordinators and managers on the PMP, the household survey instrument.

Challenges and Lessons Learned

Challenges have included:

- Providing effective and timely long-distance support to three PHE projects in very different settings.
- Working within a very constricted time frame to bring about profound changes in people’s behaviors.
- Working with restrictions placed on use and rate of use of USAID-provided population funds within integrated projects.
- Developing a set of PHE indicators that will be meaningful and reliable across three dramatically different landscapes.

Lessons have included:

- Combining Johnson & Johnson funds with USAID funds has increased the effectiveness of WWF's use of both funding sources.
- Identifying individuals to fill key PHE field staff positions takes more time than our normal hiring process at project start-up because of the unique skill-set required (which includes: FP and H background and at a minimum, a strong interest in conservation, and willingness to live or travel extensively in remote areas)
- Now is a critical time for the conservation and population sectors to increase the flow of PHE communications and outreach. WWF's PHE communications are having more notable impacts than in the past. WWF is observing an increasing level of interest in PHE projects particularly within the conservation sector, but also within the health and population sectors. Project timelines for year one (particularly related to project start-up activities) were overly optimistic, based on the experience of this first six month period.

Appendix: WWF GDA Outreach Events

Outreach events included the following (in some cases attendance was sponsored by leveraged funds):

- Presentation of results of the PHE Khata project in Nepal by Sabita Thapa at the World Conservation Congress in October 2008 in Barcelona, Spain (approximately 40 people from conservation community and press)
- Presentation of WWF's PHE approach at the Conservation Learning Exchange conference, organized by The Nature Conservancy in Vancouver, Canada by Judy Oglethorpe in October 2008 (approximately 150 people from conservation community)
- Presentation of results of the PHE Kiunga project in Kenya by Sam Weru at the Conservation Learning Exchange Conference, organized by The Nature Conservancy in Vancouver, Canada in October 2008 (approximately 70 people from conservation community)
- Presentation on PHE to biology students of the University of Georgetown by Judy Oglethorpe in November 2008 (approximately 15 students and lecturer)
- Presentation on PHE to geography graduate students of the University of Maryland by Judy Oglethorpe in November 2008 (approximately 50 students and professors)
- Presentation on PHE at a workshop of environmental activists organized by the Sierra Club, Audubon Society and Isaak Walton League in Bethesda, Maryland by Judy Oglethorpe in November 2008 (approximately 25 activists and members of environmental NGOs)
- Presentation on WWF's PHE analytical results by Cara Honzak at the EcoHealth Conference in Mexico, on a GDA panel with Johnson & Johnson and USAID (approximately 20 people from academic institutions and global donors)
- Presentation on WWF's PHE project in Nepal by Shubash Lohani at the EcoHealth Conference in Mexico, on a panel with Johnson & Johnson and USAID (approximately 20 people from academic institutions and global donors)
- Presentation on PHE at the National Council for Science and Environment in Washington, DC by Judy Oglethorpe in December 2008 (approximately 20 people from the U.S. government, academia, private sector, and communications)
- Session on PHE approaches and lessons for WWF staff during our Learning Week in January 2009 (approximately 20 people)
- Presentation to the PHE Policy and Practice Group on the PHE value-added analysis results in Washington, DC by Cara Honzak in January 2009 (approximately 15 people in attendance)
- Sessions on PHE approach and the Kiunga PHE project to Ministry of Health Lamu District staff by Judy Oglethorpe and Ali Mwachui in Lamu, Kenya during planning workshop on project M&E, in March 2009 (approximately 16 health professionals in attendance)