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consortium

Population, Health and Environment Integration Programming Manual

PHE Ethiopia Consortium

Population, Health and Environment:Integration Programming Manual

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Negash Teklu,

Executive Director

TABLE OF CONTENTS

Acronyms and Abbreviations

AAU	Addis Ababa University
BCC	Behavior Change Communication
CBOs	Community Based Organizations
CORHA	Consortium of Reproductive Health Association
CORRECT	Credible, Observable, Relevant, Relative advantage, Easy, Compatible, Testable
DSW	Deutsche Stiftung Weltbevoelkerung
EU	European Union
EWNRA	Ethio-Wetlands and Natural Resources Association
FP	Family Planning
GPSDO	Gurage People Self Development Organization
GTP	Growth and Transformation Plan
HEW	Health Extension Workers
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immuno Deficiency Syndrome
HMIS	Health Management Information System
IBS	Integration of Bio-farming System
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MELCA	Movement for Ecological Learning and Community Action
MOFECC	Ministry of Environment, Forest and Climate Change
MOU	Memorandum of Understanding
NPC	National Planning Commission
NGOs	Non Governmental Organizations
PADet	Professional Alliance for Development
PHE EC	Population, Health and Environment Ethiopia Consortium
PHE	Population, Health and Environment
PRA	Participatory Rapid Appraisal
RCTs	Randomized Controlled Trials
RH	Reproductive Health
SHGs	Self Help Groups
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SWOT	Strengths, Weaknesses, Opportunities and Threats
USAID	United States Agency for International Development
WHO	World Health Organization

Chapter -1

Introduction to the Manual

Human beings interact with their environment to earn their means of livelihood and improve their wellbeing while maintaining the environmental resource base. There is a feedback loop between the two in which the actions of human beings adversely affect their physical environment and vice versa. Consequently, people face a multitude of livelihood problems including health, food insecurity, and vulnerability to the impacts of environmental changes. As a means to address these livelihood problems and protect the physical environment, numerous sectoral projects have been implemented in the past. These efforts, though contributed to betterment of life, have not yielded all dimensional improvements due to various types of externalities. Consequently, there is a recent move towards integrated designing and implementation of projects/programs. One of these areas of move is related to integration of Population, Health, and Environment (PHE) projects/programs. In spite of the growing interest of adopting this approach, the experience of successfully integrating the three is limited in Ethiopia. PHE Ethiopia Consortium took the initiative to prepare this manual to help the effort of different organizations in implementing integrated PHE projects/programs.

1.1 Preparation of the Manual

Welcome to the Population, Health, and Environment (PHE) program design, implementation, monitoring and evaluation and scale up manual! The manual is initially prepared through the involvement of 24 authors representing 14 organizations. The authors, while writing different sections of the manual, drew on their own experiences and the experiences of the organizations they represented in designing and implementing PHE projects/programs. Furthermore, a review of theoretical and empirical literature as well as relevant project/program reports was made to enrich the manual. Following the preparation of the draft document, a stakeholders' review workshop was held to make the manual user friendly through incorporation of their comments.

1.2 Purposes of the Manual

The purpose of the manual is to provide basic, easy to use, and quick information across the range of topics that organizations need to be familiar with at different stages of a PHE program cycle (designing, implementation, monitoring and evaluation, and ensuring sustainability of positive outcomes). This guide is developed to respond to the demands of members and partners of PHE Ethiopia Consortium for a manual that could help them in their PHE projects/programs. Because PHE covers so many areas, members and other partners are entering into new sectors where they have little previous experience. They also want to know strategies that can help them to integrate the different interventions they are implementing, engage and manage their partners, and demonstrate the results of their interventions. As you go through the manual, you will find a wealth of information on how to integrate interventions across the different sectors. PHE Ethiopia Consortium hopes you will use this guide to help you strengthen your PHE projects/programs and think about them in new ways.

1.3 Structure of the Manual

Since there are several steps along the continuum of program cycle, a great number of topics are covered in this manual. Hence, for convenience of use, the manual is organized in six chapters. In the first chapter, introductory notes are given on the purpose of its preparation and the process of development. The second chapter focuses on the basics of integrating PHE programs emphasizing definition of basic concepts, explanation on the reasons for integration and the process of preparing program manual. The subsequent four chapters address the key components of integrated programs. These are designing integrated PHE programs, PHE program implementation, monitoring and evaluation of PHE programs, and sustainability and scaling-up of PHE programs. Under each chapter, key issues pertaining to the subject matter are explained. In each section, you will find information on common challenges you might face and possible strategies to overcome them. You will also find hints on resources required to effectively carry-out specific activities at each stage.

Chapter - 2

Basics of Integration of PHE Projects/Program

2.1. What is PHE?

Different definitions have been developed for PHE based on the needs and approaches of individuals and organizations. In general, PHE is "holistic, participatory, and proactive development approaches whereby issues of environment, health, and population are addressed in an integrated manner for improved livelihoods and sustainable well-being of people and ecosystems" (PHE EC, 2012: 15). Given that the three components (population, health, and environment) are conceptually linked, projects/programs working on different aspects of these components are integrated and operationally coordinated to improve livelihoods and sustain the wellbeing of people and ecosystems.

PHE as a development approach seeks to address the complex connections between humans, their health, and the environment (Makeda et al., 2015). PHE evolved from the recognition that communities cannot exercise adequate stewardship over their natural resources and environment if their health, nutrition and economic needs are not met. In addition, high population growth and unsustainable use of natural resources can lead to the loss of ecosystems services, thus exacerbating poverty and adversely affecting health outcomes.

The underlying philosophy of PHE is integration and multi-sectoral partnerships and coordination, which create synergies to enable more effective achievement of health and environmental conservation outcomes and promote strong community participation and ownership to contribute to sustainable development. The synergies achieve greater outcomes compared to the results obtained from implementation of each component in isolation. Furthermore, PHE can also accommodate other sectors and be successfully applied to achieve a range of development goals, including reducing poverty, enhancing food security, and ensuring gender equity.

Program refers to a group of similarly structured or interrelated projects managed in a coordinated way to obtain benefits and control not available from managing the projects individually. It is a large scale plan under which different activities are accomplished together to achieve a desired goal. The integration of related projects within one umbrella is beneficial to achieve maximum efficiency and effectiveness in utilizing resources (human, financial, and material) than distributing them across different projects. Unlike project which is specific element of a program designed to deliver particular and tangible outputs based on predefined time and cost, programs generate outcomes. Project scope is limited to specific deliverables and not subjected to change during the project life whereas program is not tightly defined and the program scope can change to meet the expected benefit. The integration of PHE can be realized at both levels. First, individual projects working on specific components of the PHE and financially supported by different donors with varying interests can be operationally integrated to make use of the benefits of integrated approach to PHE. Second, related PHE projects can be brought together under one program umbrella to achieve a greater whole benefits than the sum of benefits obtained from implementation of the projects separately. Hence, both concepts of project and program are used in this manual.

Integration falls along a continuum of four components ranging from no integration at all at one extreme and full integration at the other extreme in which linkage and coordination comes in between (Shigayeva et al., 2010 cited in Gonsales et al., 2015). The benefits of integrated PHE approach are building community ownership and buy-in, saving money, building resilience, creating improved efficiencies in program implementation, and strengthening local governance (The BALANCED Project, 2013).

2.2. Why a PHE Approach?

PHE interventions are a holistic, participatory development approach whereby issues of environment, health and population are addressed in an integrated manner for improved livelihoods and sustain-

able well-being of people and ecosystems. The approach is rights-based and responds to development needs in a holistic way that reflects how many people around the world live their lives, rather than deploying a standard, sector-specific development methodology (e.g., only focusing on health, or conservation, or food security, etc.).

Achieving sustainable development in situations of surging population growth, declining biodiversity and chronic poverty requires strategic planning, multidisciplinary interventions and cross-sector-linked approaches that mirror the livelihood strategies of poor households and communities, which are the foci of integrated PHE approach.

In general, as shown in numerous studies conducted in different countries (Moreland and Paxton, 2015; Pielemeier et al., 2007; Carr, 2008; Makeda et al., 2015; Yavinsky et al., 2015), integrated PHE project/program implementation has several benefits including but not limited to:

● Improving sector specific outcomes in integration sites

● Reaching remote and marginalized communities in service provision

● Serving as alternative channel of information on the benefits of smaller and healthier families as well as protected environments

● Improving maternal and child health

● Serving as an entry point for the family planning and conservation by addressing community priorities such as clean water and health services

● Enhancing community mobilization that increases greater participation of men in health facilities and women in natural resource management

● Increasing women's access to credit and labor force participation, which positively influences gender norms and capacity for decision-making

● Engaging youth in the utilization of health services and natural resource management

● Sustaining health service utilization and resource conservation (thereby increasing resource availability) by building trust of the community

● Operational efficiencies (time and cost efficiency and effectiveness) in the implementation of activities)

● Improving, diversifying and creating opportunities for sustainable livelihoods by reducing morbidity and mortality and dependence on limited natural resources

● Sustaining projects and programs

● Strengthening local governance through active involvement of local government officials in project activities

The lessons learned from empirical evidences on PHE integration in Ethiopia (Box 2.1) and many other experiences in Africa and Asia attest the importance of this developmental approach to achieve multiple objectives through proper integration of activities. As the use of PHE approach is growing across the world, consolidation of the experiences of countries is essential to build on and work-out further how maximum possible benefit can be garnered. In addition, this manual immensely contributes to addressing the knowledge and skill gaps in integrating PHE activities in Ethiopia.

Box 2.1: Empirical Evidences on the Benefits of Integrated PHE Programs in Ethiopia

1. EWNRA's Integrated PHE Programs and Community-based Distribution of Family Planning

Ethio-Wetlands and Natural Resources Association (EWNRA) is one of the members of PHE EC currently implementing integrated livelihood, health, family planning, and environmental interventions in Mettu. The success of implementation of contraceptive distribution through integrated PHE approach was studied qualitatively by a team of researchers (Gonsalves et al., 2015). Although the study is not comprehensive enough to evaluate impact, the result shows that EWNRA's success in integrating population and environment to create supportive environment for community-based distribution of family planning commodities through peer education and collaboration across government offices. These yielded, the study participants noted, encouraged acceptance of family planning and reduced geographic barrier to access it.

Source: Gonsalves, L., Donovan, S. E., Ryan, V. and Winch, P. J. (2015). Integrating Population, Health, and Environment Programs with Contraceptive Distribution in Rural Ethiopia: A Qualitative Case Study. Studies in Family Planning 46(1): 41–54.

2. GPSDO's Integrated PHE Program, Family Planning Service Utilization, and Conservation in Gurage Zone

A comparative cross-sectional study was conducted in Gurage zone where Gurage People Self Development Organization (GPSDO), a member of PHE EC, implements an integrated PHE approach. The comparison of PHE and non-PHE woredas shows higher prevalence of contraceptive use in the former, which, the study attributed to positive behavioral changes achieved through PHE approach. The study also indicated improved attitude towards and practice of conservation in the PHE intervention areas. GPSDO uses students and community mobilization through community-based reproductive health agents as strategies to implement projects in an integrated manner.

Source: Makeda Sinaga, Ahmed Mohammed, Negash Teklu, Stelljes, K. and Tefera Belachew (2015). Effectiveness Of The Population Health And Environment Approach In Improving Family Planning Outcomes In The Gurage, Zone South Ethiopia. BMC Public Health 15:1123.

2.3. PHE Programming in Ethiopia

Integrated PHE interventions in Ethiopia gained momentum after the November 2007 Regional Conference on Population, Health and Environment which was held in Addis Ababa. Following this conference, the regional East Africa PHE Network was established along with in-country networks including Ethiopia's Consortium for the Integration of Population, Health and Environment (now called PHE Ethiopia Consortium). Capacity building interventions and funding for PHE pilot programs in Ethiopia were also initiated after this conference by the David and Lucile Packard Foundation. PHE EC envisions the creation of a healthy population, enhancement of sustainable resource use, improvement in livelihoods and establishment of resilient ecosystems.

After one year of PHE program implementation and capacity building and networking interventions by the PHE EC, PHE practitioners in Ethiopia decided to define what PHE is for Ethiopia. After extensive discussions, representatives from PHE implementing organizations and the Consortium recognized as:" Population, health and environment (PHE) interventions in Ethiopia are a holistic, participatory and proactive development approach whereby issues of environment, health and population are addressed in an integrated manner for improved livelihoods and sustainable well-being of people and ecosystems". Since the approach was introduced it has been implemented in 40 integrated PHE sites in over 45 woredas in Amhara, Oromia, Tigray and SNNPR through 15 PHEEC member organizations. Currently, as of 2016, there are over 151 integrated PHE sites/kebeles in 34 Woredas in Oromia, regional states in Ethiopia. Over 10 members of the PHE EC are currently implementing PHE programs.

The Consortium and its member organizations have accumulated rich experience in addressing social, economic, ecological and demographic problems at the community level by engaging diverse stakeholders through integrated approaches. PHE EC works closely with non-governmental organizations engaged in environmental protection, watershed management, climate change adaptation and mitigation, wetlands and biodiversity conservation, and population and reproductive health issues through multi-sectoral integrated approaches. Moreover, the Consortium is engaged in national policy communications on population dynamics, reproductive health/family planning (RH/FP), HIV/AIDS, gender equity, youth empowerment, integrated watershed management, protected areas and biodiversity conservation. These past experiences of PHE EC helped in the preparation of this program manual to enhance wider use of the integrated approach by member organizations, partners and other institutions as well.

Chapter - 3

Designing PHE Program

Like any other program, the better designed a PHE Program is, the more successful it will be. The work done during the design phase of a PHE program will set the foundation for program interventions. It will help to ensure the right people are involved and the right strategies are selected to address the needs of the community while preserving environmental resources.

Program design requires that you know where you will be working, the environment, the current situation in that community and the needs and interests of the people who live there. You also need to know who else is working there and what opportunities exist to work with them. To know this information, time, attention and resources must be given to the process. Program design can be especially complicated for PHE projects because they often involve more partners than other programs, as organizations need to work together to effectively implement interventions across a range of sectors. To help PHE implementers better design their PHE programs, USAID funded the publication of a manual on Integrating Population, Health and Environment Programs: A Programming Manual written by Leona D'Agnes and Cheryl Margoluis (2007). The explanations given under section of this manual are mainly adopted from the programming manual.

3.1. The Design Process

Preparation of integrated PHE project/program goes through series of steps of designing an integrated program. When designing a PHE program, it's important to consider how each of these steps will be addressed in a program. If you have already designed your PHE program, these steps are a good check-in to see if there is anything you may have forgotten to consider or if there is anything you may want to change, now that you know the community better and the situation on the ground may have changed as a result of your work.

As indicated in Figure 3.1, the general steps include pre-project planning, linking PHE, examining policy context, selecting interventions and activities, creating social rewards, selecting sites, creating monitoring and evaluation plan, mobilizing resources, forming institutional arrangements, identifying means of gaining technical skill, increasing capacity and knowledge, ensuring sustainability, and lastly devising mechanisms of scaling up. These steps are briefly explained in the following sub-sections and under the subsequent chapters.

3.1.1. Pre-project Planning

Successful implementation of integrated PHE programs requires prior understanding of the nature and scope of the problem. Hence, at this stage of a program design, you are expected to collect and analyze available data on the problem, influencing factors, past and current interventions aimed at addressing the problem, and success and failures of the interventions. The required data can be obtained through collection of information from primary and secondary sources as well as review of empirical and grey literature. The results of the analyses are also helpful to limit the integrated projects/program to a manageable scope at the subsequent designing steps.

Figure 3.1 General Steps in Designing a PHE Program

Pre-Project Planning

Linking P, H and E
- Create conceptual model
- Set goals
- Determine SMART objectives

- Define the nature and scope of the problem/threat based on available information
- Review literature to analyze past and current responses to rectify the problem- understanding successes and failures
- Use all info to narrow the scope of focal area

Examine Policy Context

If framework exists, work with government to see how to take advantage of it

If not, explore other agencies and development frameworks

Select Interventions and Activities

- Determine implementation models
- Select field interventions

Will there be:
- Community projects
- Environmental benefits
- Social benefits
- Aesthetic benefits

Decide on Social Rewards

Pick Site

Ask your organization these questions:
- Is there a need/desire for project in this area?
- What is current state and value of biological resources?
- What is the level of organization in the community?
- What is the level of poverty?
- What is the level of education?
- What type of access to information does community have?
- How is community distributed and what is their access to infrastructure?
- What institutions work in the area?

Collect data and analyze results → intervention effective?

Create and Implement M&E Plan

Revisit conceptual model and adapt project as necessary

Mobilize Resources

Consider how to involve local organizations, the private sector, government offices and universities

Form Institutional Arrangements

Evaluate potential private foundations, national governments, partner organizations, and communities as sources of resources

Create opportunities for leadership development, mentors, capacity building

Decide How to Gain Technical Skills

If hiring to your organization, decide how to create technical teams

- Foster devolution of power to local organizations
- Consider creating an alternative livelihood component

Increase Capacity of Individuals and Organizations

If decide to make alliance to get new skills, decide how to structure it

If create alternative livelihood component, think about the sort of enterprise, types of benefits generated, stakeholders involved and external factors

Think about Sustainability

- Seek continuous funding
- Shift focus beyond implementation to catalyzing a broad section of stakeholders
- Support income generating activities
- Build PHE planning capacity
- Work on enforcement of laws
- Create leadership at different levels

Aim to Scale Up

Source: D'Agnes and Margoluis (2007)

3.1.2. Linking and Managing PHE

Based on the understanding of the problem obtained at the first step, this step focuses on establishing linkage between the specifically identified problem to be addressed through integrated approach, the nature and direction of effects of the influencing factors, and the areas of intervention. If you don't understand the challenge the community is facing and how they are interconnected, then you won't be able to determine what the most effective interventions will be to address them. One way to graphically depict how the different factors in the community are interconnected is to develop a conceptual or logic model (The BALANCED Project, 2013). Conceptual model is "a diagram of a set of relationships among factors that are believed to impact or lead to a target condition; it is the foundation of project design, management, and monitoring" (Frankel and Gage, 2016: 45). A conceptual model incorporates a) targets (the situation you want to address); b) factors (situations, positive or negative, that affect, either directly or indirectly, the target condition); c) activities (proposed interventions to positively influence the target condition); and d) relationships (arrows that show how the targets, threats and opportunities relate to each other) (D'Agnes and Margoluis, 2007).

As shown in the Ethiopian PHE conceptual model given in Figure 3.2, the targets to be addressed through integrated approach are community health, livelihood, and ecological diversity. These targets, which are important to achieve integrated PHE goal, are directly influenced by diseases, poor sanitation, environmental degradation and the consequent low productivity and malnutrition, change in land use, and urbanization. Behind these threats are limited utilization of health services, high fertility, differential access to resources, climate change, nature based livelihood, and weak enforcement of policies. Hence, the integrated projects/program aims at simultaneously addressing these problems by intervening on traditions and preferences, empowerment of women, literacy enhancement, widening of alternative means of livelihood, and proper integration of PHE related policies into curriculum and awareness raising activities. It is worth noting that once you develop your conceptual model, it has to be validated at the field level through the participation of different stakeholders.

Once you understand the situation on the ground and develop the conceptual model of integrated approach, then it's time to develop your goals, objectives and strategies, sequentially. Depending on your organization, you may also call these impacts, outcomes and interventions. The goal statement is supposed to clearly show the overarching purpose of using the integrated approach to put the conceptual model into practice. Objective shows the outcome of a program/project whilst strategy indicates area of intervention and the causal linkage between the interventions to achieve the intended outcome. See the section in this manual (Chapter 5) on Developing an M&E Plan to learn more about selecting goals and stating SMART objectives. You can find examples of strategies throughout this manual. One thing to note about this step is that your goal should be integrated - after all you are designing a multi-sectoral integrated program.

Figure 3.2: A Conceptual Model of Integrated Population, Health and Environment for Ethiopia
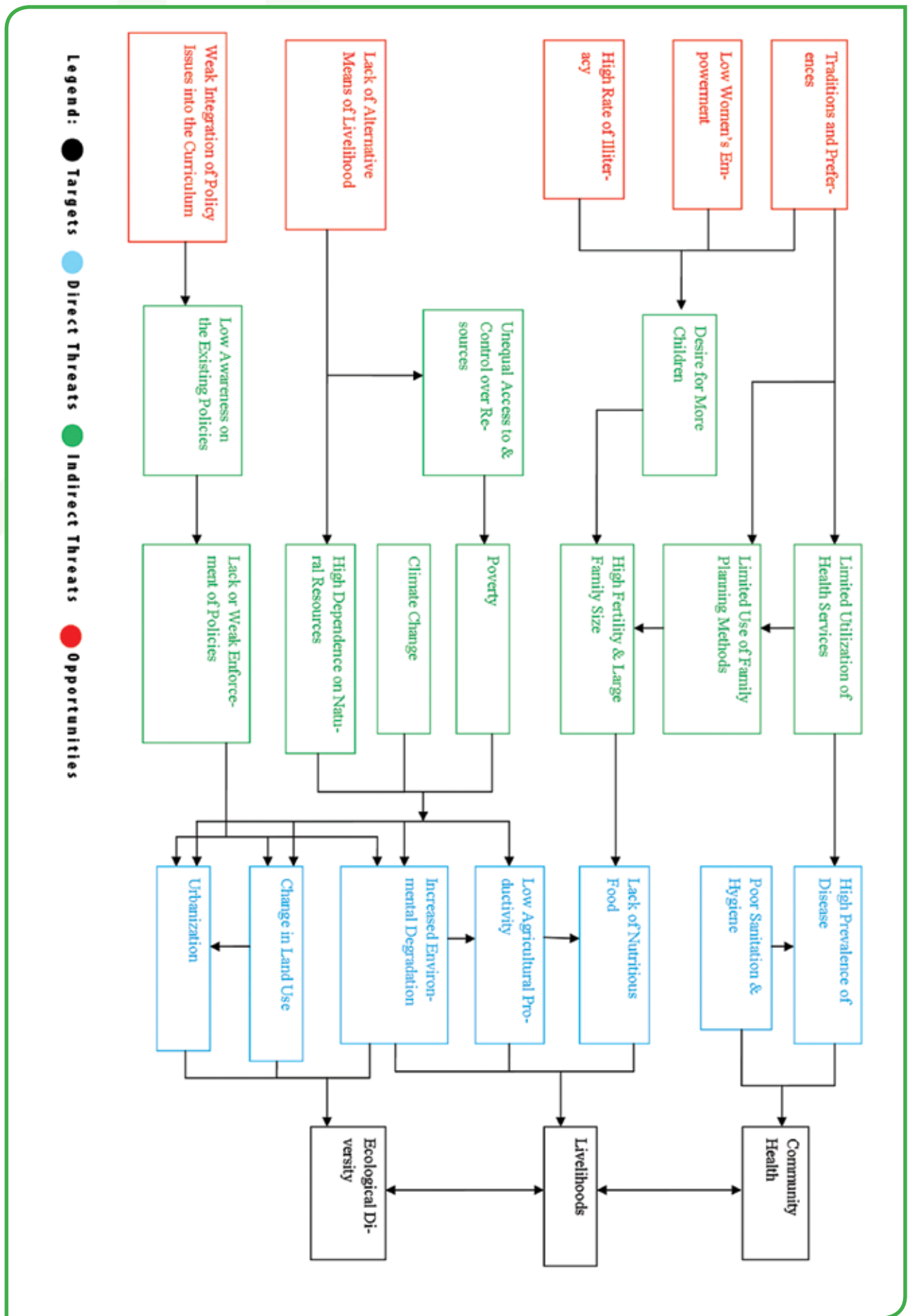
3.1.3. Determining Policy Context

Orienting your program within the national policy context helps to ensure that your program is relevant and acceptable to your government partners. It will also help with the sustainability of the program. In Ethiopia, the policy context, the strategies, programs and plan are very favorable to PHE programs. Population Policy, Health Policy, and Environmental Policy are among the frontline policies useful to design integrated PHE approach. The review of these and other relevant policy frameworks is essential to align the intervention with the policy priorities. These policy documents also led to the emergence of numerous development strategies, programs, and plans. The Growth and Transformation Plan (GTP) is the governing development plan of the country that includes targets and indicators across the sectors including family planning, health, agriculture, livelihoods and environmental conservation. PHE implementers can review these documents to determine the policy, strategy, and development plan context of their interventions to be able to contribute to the achievement of the GTP goals and the targets set in the Sustainable Development Goals(SDGs).

3.1.4. Selecting Interventions and Activities

Interventions are selected to address the issues/problems identified at the initial stage of needs assessment. They are supposed to address the root causes of the problems and the driving forces that shape how humans interact with their environment (The BALANCED Project, 2013). Secondary data, lessons learned from your past experiences and other PHE programs in Ethiopia and internationally, and good practices compiled by PHE Ethiopia Consortium can be used as options to select feasible interventions.

As you plan your interventions, you need to decide how they can be integrated. Although all the intervention may not necessarily be integrated with each other, they need to add up to a cohesive program that allows you to achieve your integrated goal. When appropriate and feasible, selecting value added interventions helps you to have greater impacts. For example, by including energy saving stoves in your program, you reduce not only wood consumption but also the amount of time women spend looking for fuel wood, which minimizes their risk of exposure to gender based violence. This intervention also helps girls to spend their time on education and families to earn additional income as an alternative livelihood intervention.

Identification of the interventions is to be followed by deciding on how they are implemented and who the implementing partners will be. You also need to think about your own internal capacity and if you will need to find additional partners who can help you in your work. Health Extension Workers, Development Agents, and other actors from local government are among the possible partners and mechanism of engaging them needs to be defined. You will then develop an action plan that provides all information in an easy-to-understand way so that you can communicate it easily with your partners and stakeholders.

3.1.5. Creating Social Rewards

Individuals and institutions contribute, in various ways, to successful accomplishment of integrated PHE projects. Reward for them is essential as a mechanism of positive reinforcement. Social rewards do not need to be monetary (it is not recommended to give money as it challenges sustainability by increasing sense of dependence). Often times, people will take on additional responsibilities and volunteer for interventions if they feel appreciated and that they are making a positive difference in your community. As part of your program, think about how you can celebrate the successes of the program and the people working on it. Also think about how you can create positive reinforcement for those who have adopted new behaviors or who are helping the community take collective action to improve their health and the environment.

Some examples of social rewards include recognition ceremonies for model families or volunteers. You can give certificates, t-shirts or caps for high performers. Some projects prioritize households who are volunteering on the project for receiving livelihood supports such as seeds or chickens. You can also recognize people through the PHE Champions program or other ways to share their story with others, such as letters of appreciation or participation on radio shows.

3.1.6. Determining Criteria for Site Selection

Once you understand the needs of the communities in the proposed area of intervention, you should establish clear and objective criteria for selecting the communities where you will work. You should have an idea of how many Woredas and Kebeles you can cover with the financial and human resources you have. You also need to think about what the need is for a PHE intervention and which communities are interested in this type of project/program. Understanding of communities about the purpose of a project/program and their support as well as sense of ownership is essential for success of interventions (D'Agnes and Margoluis, 2007). The selection criteria include geographical features, social characteristics, and economic situations, to mention some. Furthermore, you should also consider who else is working in that area and where you and your potential partners have existing relationships and experience. If you are primarily a conservation organization, selecting a Woreda where an ongoing family planning program exists can be a benefit to you, because you can collaborate with the family planning organization to fill in your gaps and you can help them fill-in theirs.

3.1.7. Creating a Monitoring and Evaluation Plan

Monitoring and Evaluation is key component of any project or program. Its importance for integrated PHE projects/program is very high due to the complex nature of issues to be addressed, involvement of a number of stakeholders, and the need to clearly show the added value of integrated approach compared to the conventional ones. Hence, integrated PHE program requires strong monitoring and evaluation plan indicating objectives, indicators, and mechanisms of ensuring that it achieves the intended objective (The BALANCED Project, 2013). Detail explanation on creating Monitoring and Evaluation plan for integrated PHE program is given in chapter 5.

3.1.8. Mobilizing Resources

The achievement of integrated development objectives through the use of PHE approach is dependent not only on strong conceptual model and selection of appropriate interventions but also on the availability of fund to execute the activities. Hence, mobilizing resources entail identification of sources of funding and establishing fund raising approaches to be used. This is particularly important for PHE approach as most donors are inclined to supporting sectoral projects than integrated projects. Further explanation on resource mobilization is given in section 3.2.5.

3.1.9. Forming Institutional Arrangements

In the integrated PHE approach, multiple areas of interventions are identified and linked, conceptually as well as operationally. This necessitates the involvement of institutions working in different sectors are brought together to work towards a common target. The utilization of diverse knowledge, experience, and areas of responsibilities of the multiple actors requires forming a convenient institutional arrangement that facilitates effective and well-coordinated execution of interventions.

3.1.10. Gaining Technical Skills

As mentioned above, PHE approach integrates different issues. The success of the approach, thus, demands skills in those diverse areas. Given that an institution may not have the required knowledge and skill sufficiently, mechanisms of gaining the skill shall be defined while designing an integrated project/program. According to D'Agnes and Margoluis (2007), there are two major models of gaining technical skills. One is using skill within one organization in which either multi-disciplinary or sector specific teams are established to execute integrated projects/program. The second option is creating an alliance with other organizations (local and international) to meet the needs for various technical skills. Each method has its own advantages and disadvantages and organizations are expected to weigh the two methods and use the relatively most feasible one.

3.1.11. Increasing the Capacity of Individuals and Organizations

Two issues necessitate prior planning on capacity building. First, there is a general shift of development approach from sector-based to integrated ones. Second, integrated approach demands diverse knowledge and skill as the intervention areas are not the same as is the case in sectoral projects. For instance, implementing integrated PHE project requires knowledge in the areas of population, health,

and environment. Hence, as one institution may not necessarily have expertise in all these areas, planning on capacity building both for the staff working on such projects/program and implementing organizations is essential. Identifying knowledge and skill areas, gaps, and mechanisms of addressing the capacity gaps are among the crucial steps of designing integrated PHE project/program.

3.1.12. Project/Program Sustainability

It is commonly expected that benefits of a given intervention should not be limited to the lifespan of a project/program. The communities in the intervention areas are supposed to keep the positive attitudinal and behavioral changes brought about by a project/program for a longer period of time. Mechanisms of ensuring project/program sustainability are dealt with in chapter 6 of this manual.

3.1.13 . Scaling-up Best Practices

Most PHE programs start out as pilot programs in a handful of Woredas and many organizations have the goal of scaling up their programs to a wider level. Previous integrated projects/programs implemented by members of PHE EC have yielded numerous changes and demonstrated various best practices. The positive impacts of these and other integrated PHE projects/program should not be confined to the communities living in the defined intervention areas. It should be scaled-up to the surrounding communities/ geographical areas and beyond. This entails the importance of proactively planning on the procedures of identifying best practices and establishing mechanisms of scaling up the best practices to other areas. To this end, it is good to start planning for scale up while you are designing your program. This helps to make sure that things are practical, efficient and effective from the start and that you are making the connections now that you will need it when time comes to go to scale. The issue of scaling-up of best practices is explained in chapter 6.

3.1.14. Designing Challenges and Strategies to Address Them

3.1.14.1 Designing Challenges

Some of the common challenges designing integrated projects/program are:

➲ Doing thorough needs assessment: The information that comes out of the needs assessment is a crucial input for program design. However, given that funds and time are often limited, doing a high quality needs assessment can be a challenge.

➲ Creating a monitoring and evaluation (M&E) data: Many of the first PHE implementers in Ethiopia started their programs without a baseline and focused on measuring only outputs. When their programs ended, they found it difficult to explain what difference their program had made and why it was better to use the PHE approach than a single sector approach. Lack of strong M&E data makes designing integrated programs and finding donors very difficult.

➲ Involving the right people: PHE programs often involve a lot of partners. Getting the right mix of expertise and experience along with a strong understanding of why integration is important and how to make it happen on the ground can be difficult.

➲ Making sure the pieces fit: There are different ways of integrating a PHE program. The challenge is to make sure this integration happens in a way that makes sense for your organization and that will address the interconnected challenges of the communities where you are working.

3.1.14.2 Strategies to Address the Challenges

➲ Plan adequate time for planning: Program implementers often underestimate the amount of time it will take to start up a PHE program. Because of their complex nature, sufficient time needs to be allotted to develop a strong understanding of the needs of the communities. Time also needs to be given to really think through the strategic choices that you will have to make regarding your partnerships and making integration practical.

➲ Focus on establishing relationships: Strong relationships with key stakeholders and partners will serve you well throughout the implementation of your program. The design phase is where you

should establish clear expectations with everyone, including what their roles and responsibilities are. While you are planning your program, you should also be thinking about what technical gaps your organization might have and how you can fill them.

◉ Establish a strong M&E Plan: Be clear about what changes you expect to see as a result of your program and pick indicators and evaluation methods that will help you measure these changes (see the M&E section in volume 3 for more information).

◉ Learn from others who are using PHE approach: There are many good examples of PHE programs in Ethiopia and the organizations that implement them are open to sharing what they are learning and the PHE Ethiopia Consortium is available to help facilitate the sharing of knowledge across PHE programs. While you are planning your own program, it's a good idea to visit and talk with others who are implementing PHE programs so you can learn from their experiences.

3.2. Gaining Support for PHE Projects/Program

Integrated PHE approach is a new approach aimed at addressing multi-dimensional community problems. The success of the approach depends not only on effectively following the steps of integrated program design explained above. It also requires acceptance of this change in developmental approach and gaining support for its execution. The support includes administrative, technical, and financial. This sub-section provides brief information on strategies to be used to gain the support of all to achieve the objectives integrated PHE approach.

3.2.1 Fostering Change

Any improvement or new program or approach requires change in order to happen (WHO, 2013). PHE programs have two levels of change: community level and organizational level. People are often resistant to change because they are unsure of the benefits. Designing a program with this in mind can help you to be more successful and to make your change efforts more sustainable - both in the communities where you work and in your organization.

According to diffusion of innovation model (Rogers, 2003), three factors influence people's willingness to adopt a new practice: perceptions of the innovation, characteristics of adopters, and contextual factors. People's perceptions are the main factors that influence their willingness to try something new. If they think participating in your program will be beneficial to them, their family and their community, they will be more likely to actively participate. The attributes of the innovation shapes people's perceptions. ExpandNet has created a useful acronym (CORRECT – Credible, Observable, Relevant, Relative Advantage, Easy to Understand, Compatible, and Testable) that is used to assess the attributes of innovations, that contributes to the formation of perceptions (WHO, 2010; 2013).

Credibility shows whether or not the innovation/approach is based on strong evidence and is supported by people and institutions that are well respected. People like to see some benefits (Obervability) before they start doing it themselves. This is why peer education and site visits to other PHE programs are used as a means to convince people to adopt a new approach. The approach also needs to make sense for the area and meet a demand in the community (i.e. relevance). Because PHE programs should address the specific challenges that a community is facing, it is essential that you make your program relevant to the communities where you will work. Relative advantage: There are many different approaches and programs to choose from. If people see your approach as giving the most benefit than the resources it require (i.e. relative advantage), they are more likely to adopt it. The new approach should also be simple and easy to implement to be accepted. Each community and institutions has its own unique values, beliefs, history and needs. People are more likely to accept new things that match their values and beliefs (i.e. compatible). Testability indicates that people are more likely to accept something they can try out before they have to fully incorporate it into their own work.

Hence, it would be useful to assess different components of a PHE program using CORRECT to see if it can be adjusted to be more easily accepted where you are working. If an approach does not score highly on each category, it means that you have to work hard to convince people about the benefits. For example, integrated PHE approach is not always easy, but you know that it's also worth the effort!

Box 3.1: Principles of Fostering and Leading Change

1. EWNRA's Integrated PHE Programs and Community-based Distribution of Family Planning

Principle 1: Change must matter to those making the change

Principle 2: A credible, committed change agent is critical for change.

Principle 3: Supporting the change agent gives the agent the credibility and confidence to lead

Principle 4: Change is more likely to succeed when leadership at each organizational level supports it and when it is introduced into an environment where change is an ongoing practice

Principle 5: Clarity is needed about the purpose, benefits and results of the change.

Principle 6: Motivating and supporting staff throughout the change process will help maintain their dedication and create a support network for the change agent.

Principle 7: Clearly assigned and accepted responsibility for implementing the change increases the chances of sustaining the change as a part of ongoing work.

Principle 8: Start where you can and start now!

Source: WHO (2013). Guide to Fostering Change to Scale up Effective Health Services

In addition, you also need to understand the characteristics of the people (staff, community, and partners) you influence and gain their acceptance and support (Management Sciences for Health, 2004). People accept change with different levels of ease - some people like to try new things, but others are more hesitant. Although it is important to acknowledge the concerns of individuals resistant to change, it is more effective to spend time convincing those more ready for change as the benefits they experience would pull those who are more hesitant along. If your program is successful, others will be motivated to get involved. The availability of change agents is a critical factor in success (Management Sciences for Health, 2004).

The Implementing Best Practices Consortium has developed A Guide to Fostering Change to Scale up Effective Health Services (WHO, 2013). The guide lays out eight principles for fostering and leading change (see Box 3.1). Taking these principles into consideration when designing and implementing your program can help you to establish a supportive environment for your PHE program.

In addition to these principles, A Guide for Fostering Change to Scale Up Effective Health Services (WHO, 2013) provides a series of four phases to foster and institutionalize change. The preliminary phase is to form the change coordination team (constituting program staff and stakeholders) that oversees the program from the organizational level. The four phases are briefly presented below.

Phase I - Defining the need for change - It involves clearly stating the challenge you want to overcome by introducing a new approach. The steps in this phase are :

❱ Identify the problem

❱ Identify and agree on the desired change, its purpose, the anticipated results and the potential obstacles.

Phase II - Planning for demonstration and scale up - In this phase you identify which practices you want to introduce and plan for your demonstration program and then create a plan to pilot the practice. The steps in this phase are:

❂ Identify a dedicated change agent (if one has not already been appointed) and an implementing team.

❂ With the change agent, identify and analyze relevant effective practices from this or other settings.

❂ Select and plan to adapt a proven practice.

❂ Plan to implement and monitor the pilot of the practice at test sites.

❂ Take actions and make choices in implementation that will enhance sustainability and future scaling up.

Phase III - Supporting the Demonstration - In this phase you implement your plan that you established in Phase II and monitor the progress of your demonstration program. The steps in this phase are:

❂ Help create and maintain an environment that will support the change agent and the implementing team throughout the change process.

❂ Implement the change effort at test sites.

Phase IV - Going to Scale with Successful Change Efforts - In this phase, you determine if your demonstration program should be taken to scale and how you will do so. The steps in this phase are:

❂ Evaluate, consolidate and disseminate lessons learned from the pilot and decide whether the practice warrants scale up.

❂ If the pilot succeeded, use a systematic approach and participatory process involving key stakeholders to develop a scaling-up strategy and secure resources to support implementation of the strategy.

❂ Implement the scaling up strategy.

❂ Monitor the process of scaling up to ensure sustainability and provide evidence based decision making.

❂ Evaluate and communicate the progress of the scale up to key stakeholders.

3.2.2. Involving Local Government

Establishing an effective, coordinated working relationship with governments at national, regional and district levels should be one of the most important concerns of NGOs. The involvement of government offices is essential not only to design an all-inclusive and integrated projects/program but also to make the process of implementation easier through synergy of resources. Hence, some of the techniques which will help NGOs to involve governments in their development interventions are the following.

Aligning common interests and developing a clear project plan: Successful program design and implementation requires partners to clearly understand each other's unique goals, assets and strengths. The mutual trust to be created at the initial stage helps the project run efficiently once it is under way. To this end, formal consultation mechanisms should be put in place to strengthen coordination between local and national governments, NGOs, and donors. Furthermore, the involvement of local governments in project/program design and implementation is facilitated if NGOs development plans are aligned with national development strategies and contributes to addressing community problems at the grass root level.. It is also necessary to identify specific tasks, the sequence in which those tasks will be conducted, and a lead person to oversee each task.

Properly structuring and signing agreements: Signing of an agreement by formalizing the work plan and ground rules for the partnership is part of the process of project/program design. Agreements not only define the ground rules, but also clarify the goals and expectations of the project/program. On top of this, the agreement notes that the NGOs would devote sufficient resources to the project,

consistent with fulfilling the goals of the local, national development plans. Signing a formal agreement between NGOs and local governments helps in building and maintaining trust between the two parties as well as establishing good working relationships with common goal.

Measuring and communicating results: NGOs and governments must agree on the approach and timeline of measurement and communication of results. This includes joint monitoring and evaluation, team meetings, and re-evaluation of the project plan and schedule, if necessary. NGOs should also maintain regular contact with local authorities, by arranging meetings in a predefined period, to inform the government of their activities. Once benefits are achieved, as shown by joint evaluation, communicating the results both internally and to external stakeholders increases public recognition to both local governments and NGOs.

Capacity building: Demand driven training, based on skill and knowledge gap of government personnel is fundamental to make them fully involve in NGO supported projects/program. Building the capacity of local government provides an enormous opportunity to enhance their active involvement in the integrated PHE approach in particular. The support takes different forms including, but not limited to, creation of physical infrastructure, service delivery, and development of professional resources within the government.

Establish mutual accountability and transparency: Both the local government and the NGO should have significant roles and responsibilities in project/program designing and implementation. NGOs and local governments should work toward true co-management of programs/projects, holding each other mutually accountable for results of their cooperation through participatory approaches to planning, implementing, monitoring, and evaluating of activities and results. Transparency of the process also makes NGOs credible and reputable.

3.2.3. Involving the Community in PHE Program

Community participation is now gaining momentum and is widely recognized as a basic operational principle of development programs. This emanates from the recognition that participatory methodologies are more sustainable over the long term. Community 'ownership' of programs is greatly enhanced with active involvement in assessing their problems, designing interventions, implementing the strategies, and managing the overall process.

PHE approach also promotes participation of communities on matters that affect their lives and be able to determine their own destinies themselves (Box 3.2). Thus, we should invest sufficient effort and resources to ensure that community members have an active role in our programs at all stages.

In promoting community participation, it is important to consider and decide how it should be done so that it will be meaningful. It is not enough simply to declare a commitment to participation. Organizations must devise a strategy to guide community participation. Due to differences in the characteristics of the community, there is no one model of community participation suitable for all situations. Hence, PHE implementers should review their practices and design strategies based on their thematic interests, organizational strategic direction, and the situations where they intervene. Yet, organizations are encouraged to take in to account the following main strategies while designing community involvement strategies:

⊙ Build the capacity of your organization for community participation. Organizational capacity is determined by staff knowledge, skills, and commitments as well as by elements of organizational culture, structure, and resources.

⊙ Empower communities (by strengthening their knowledge and skill) to identify, plan, implement, and evaluate programs through participatory processes.

⊙ Establish strong partnerships with local actors and enhance their capacity in community participation to create an enabling environment where partnerships can flourish.

⊙ Advocate for resources and political support as well as for the implementation of policies that promote community participation.

⊙ Make equity central in PHE interventions. Action should be taken to ensure that the poor and other vulnerable groups are reached by PHE interventions.

⊙ Promote the establishment of grass root institutions that enhance participation

Box 3. 2: Participation in decision making at all stages of the program

I am a focal person from the Wonago Woreda Agriculture and Rural Development Office who worked with the Lem Ethiopia program. One of the strengths of the program was its focus on institutional capacity building programs. I received a number of trainings, such as a training of trainers, organized by Lem Ethiopia. I highly benefited from the training and accordingly I trained a lot of farmers and extension workers. In fact, the program left me a legacy of PHE approaches, institutional memories, lessons, technical and methodological capacities which have aided me to contribute to the implementation of routine interventions and to develop a broader focus beyond this. I deeply realized what participation means. From the very beginning, I participated in every decision making stages of the program.

Most importantly, the program has instilled in me a love of poor communities and I am now committed to facilitate community empowerment through adhering to the following lessons I learned: valuing and respecting local knowledge and people's capacity; allowing the community to learn by doing; growing from experiential learning; being a facilitator, not an authoritarian; seeking to understand and then to be understood; and working in solidarity with the poor to empower them.

There are varying degrees of participation that occur across programs. Understanding the different levels of participation helps you to determine the level you want to achieve in your program through community participation and then select strategies that will help you get there. The ladder of participation (Table 3.1) can be used as a tool for internal dialogue as programs are being planned. It is a useful framework for discussion with community about how to maximize their participation and to jointly determine strategies that are most suitable to achieve a particular program goal.

Different participatory methodologies are often used as tools for community participation (Castleden et al., 2008). Participatory approaches inherently believe in and build on the skills, knowledge, experience and culture of the community. It offers the opportunity to go beyond mere consultation and promotes the active participation of communities in the issues and interventions that shape their lives. There are many participatory tools that PHE implementers should consider at all stages of program cycle (i.e. problem identification, project/program design, implementation, and monitoring and evaluation). These tools include interviews, focus group discussions, participatory observation, construction of problem tree, SWOT analysis, wealth ranking, construction of seasonal calendar, socio-economic mapping and the like. The tools are complementary to one another; no single tool is adequate in itself to ensure community participation. Thus, it would be vital to combine and select the right tools according to the needs and realities of each community and your organizations.

Types of Participation	The role of community	Level of Control
Local initiatives	Conceives, initiates, and runs program independently; agency participates in the community's programs	Little or no input by others
Interactive	Participates in the analysis of needs and in program conception, has decision-making powers	Partnership, work with others to set priority and courses of action
Supply of materials, cash or labor	Supplies materials and/or labor needed to operationalize an intervention or co-finances and helps decide how these inputs are used.	Engage in provision of resources and decision on how to use them

Material incentives	Community participates by providing resources, for example labor, in return for food, cash or other material incentives.	Engage in provision of resources
Consultation	Asked for its perspective on a given subject but has no decision-making powers.	Being consulted and others analyze and decide
Supply of information	Provides information to agency in response to questions but has no influence over the process.	Being informed or set tasks, others set the agenda and direct the process
Passive	Informed of what is going to happen or what has occurred	Being manipulated, no real input or power

Source: Pretty (1998)

The effectiveness of these participatory tools in improving community participation heavily relies on strong facilitation skills. Various studies reveal that community members, especially the most marginalized, are hesitant to be involved in development interventions because of their social position and lack of experience with participatory interventions (Castleden et al., 2008). In this regard, the PHE facilitators should motivate marginal groups to participate actively (Box 3.3). Facilitation of community participation requires skills and values such as faith in the abilities of the communities, creating an environment of trust, good communication skill, group management, knowledge and skill of applying participatory methodologies, and sensitivity to cultural issues as well as technical knowledge about the developmental issues to be addressed through community participation. Preferably, the PHE facilitator should have these basic facilitation skills. Hence, PHE implementers should strengthen their human and material resources so as to be good facilitators in their development undertakings and involve their partners in these interventions. If it would not be possible to obtain one person with all these skills, it is better to think about how you can work as a team to draw on the strengths of each member.

Effective facilitation of community involvement follows logical steps. These steps are: i) determine the objective of community participation; ii) identify specific community groups; iii) review existing information and practice on the subject matter; iv) organize a team of facilitators; v) organize a list of expected output; vi) select the best tool(s) of community participation; vii) schedule and undertake the activity; viii) evaluate lessons learned and achievement of the objectives.

Box 3. 3: Using mapping to engage the community - MELCA Ethiopia

MELCA Ethiopia brought together students, farmers, and other community members to create a three dimensional map of their community in the Bale zone. The students built the map using cardboard. They also documented the process using mini media. Participation of youth encourages intergenerational learning between elders and youth. The community then developed a legend through a discussion where they decided what things they wanted to show on the map. This included the different types of forest found in the area, cultural sites, and other important features like schools and health clinics. Creating the legend is a critical part of their participation as they use their own symbols to represent the landscape. The community then painted the map together based on the legend they developed. Women were active participants in this process. Once the map was completed, a community celebration was held. Decision makers, including parliamentarians, were present and the occasion was used to encourage the government to support community knowledge and participation in natural resource management. The mapping process served as a catalyst to start discussions about how the land has been deforested over time and how the community can work together to rehabilitate the land. In addition to the map, MELCA Ethiopia works with PHE school clubs to draw maps that show what their community looked like in the past, what it looks like now and what they want it to be in the future.

3.2.4. Developing Partnerships

Partnership can be defined as a collaborative relationship between two or more parties based on trust, equality and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, which makes shared accountability critical (WHO, 2009). The difference between a partnership and collaboration is that often partnerships are formally documented through a memorandum of understanding between the partners which outlines their joint responsibilities and commitments, where collaboration can be more informal.

Government organizations, development partners, community-based organizations and national and international NGOs are making significant progress to resolve developmental problems of the country. However, many development practitioners are engaged primarily in single sector approaches, resulting in lost opportunities for synergy and duplication of efforts. Developing partnership among different development actors is essential to overcome these problems through integrated approach (The BALANCED Project, 2013). PHE Ethiopia Consortium, cognizant of the fact that no single organization has the capacity to address the complex challenges that a community faces, is working to establish partnerships with local NGOs, international NGOs, government organizations, universities, research organizations and PHE network organizations at regional and international levels to integrate approaches towards sustainable development. In sum, partnership helps in solving problems jointly, building and strengthening relationships, increasing efficiency, developing innovative solutions, sharing of expertise and (human and other) resources, learning and sharing of knowledge, and creating opportunities for dialogue with policymakers and many others.

However, the major challenge in partnership is its sustainability. This requires trust, equality and mutual understanding and obligations (NIU nd). The central goal of partnership should be to institutionalize methodologies and partnerships tactics that are useful to promote processes of integration and coordination among member and partners of PHE EC. In general, meaningful partnerships are the foundation for successful and sustainable development

Methods of partnership development

Conduct joint planning, monitoring and evaluation: As PHE program interventions require the involvement of different stakeholders, including national/international NGOs, government line bureaus and offices, creating a system for joint planning, monitoring and evaluation is essential.

Develop a sense of shared ownership: PHE development interventions are not a single organization's responsibility. It is the effort of individuals, communities, government organizations, national as well as international bodies that makes PHE programs successful. Hence, as a guiding principle, partnerships should develop a sense of shared ownership on the PHE program interventions with a joint responsibility for program outcomes.

Build on existing good relationships within partnerships: In addition to creating new partnerships, continually strengthening your existing partnerships is very important. Strengthening existing partnerships may include broadening the scope of your joint work and/or altering its structure to adapt to changing local contexts or external challenges. In general, it is important to acknowledge the success of existing partners and openly discuss on ways in which resources, skills, expertise, and trust can be continuously improved.

Foster openness and transparency: According to Critchley et al. (2006), the fundamental principle in partnership development is that a partnership cannot work unless there is openness and transparency in joint planning, implementing, and decision-making.

Build capacity: Building the capacity of PHE Ethiopia Consortium members and partners is crucial not only for an effective partnership to exist but also to ensure that everyone fully understands the integrated PHE approach and how to implement it at the community level. Capacity can be built through trainings, workshops, seminars, fora, and written and audio/video information dissemination. These capacity building activities should be accomplished with clear understanding of the benefits and expectations.

Agree on roles and responsibilities: Formalizing roles and responsibilities through written agreements helps to establish an effective partnership among different development actors.

Ensure clear communication among all partners: Good and effective communication is the central strategy to achieve openness and transparency for effective partnership development. This can be done through regular flow of information through meetings, emails, phone calls, or written materials. You should include in the memorandum of understanding (MOU) for your partnership how often partners are expected to meet and how they should share information to help ensure that everyone is informed about the progresses.

3.2.5. Fundraising

Fundraising is essential for organizational sustainability (Norton, 2009). Fundraising can present some unique challenges for PHE programs, because most donors are organized sectorally. So, creative thinking is required make PHE projects/program fit the criteria of donors and be appealing to them without sacrificing integration. Funds and support for PHE projects/program can be obtained from multiple sources such as donors, members, local communities, in-kind contributions[1] , etc. Your fundraising efforts will be most successful when they are planned in advance and sufficient time and attention is given to them.

3.2.5.1. Developing a Fundraising Strategy

A fundraising strategy helps you to be clear about why you want to fundraise and where to focus your energy to be most successful (Norton, 2009). Below are some suggested steps to follow while developing a fundraising strategy for your organization. The steps are based on Management Sciences for Health's Challenge Model approach.

Step 1. Review your organizational mission and strategic priorities: This allows you to focus your fundraising interventions on what's most important to your organization.

Step 2. Create a shared vision: With your team, develop a vision that shows the future of your organization and its contributions for your fundraising activities. This vision statement guides your interventions.

Step 3. Agree on one measurable result: Select one measurable result (indicator) that you want to achieve, that can be monitored and evaluated to track progress, and for which you need funding.

Step 4. Assess the current situation: You need to know the strengths and weaknesses of your organization, who your competitors are, what donors are out there that might be interested in funding you and which partners you can work with. The tools that can be used to scan your current situation includes interviewing (donors, partners and others on their perceptions of your organization), mapping potential donors and partners (i.e. know their concerns, interests), and SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis. A list of questions can be sent to donors and partners to get their feedback on your performance (see the Donor/Partner 360o questionnaire in Box 3.4).

Step 5. Identify the obstacles and their root causes: In your current situation analysis, you may discover obstacles to fundraising efforts. It's good to take some time to analyze the root causes of these obstacles to address them.

Step 6. Select priority actions: Once you understand your current situation and the root causes of the obstacles you are facing, then select priority actions/strategies that allow you to achieve your measurable result.

Step 7. Develop an action plan: After selection of priority actions to be implemented, develop a detailed action plan that includes estimates of human, material, and financial resources needed and the timeline for implementation. You also need to assign responsibility for each activity.

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1. In-kind contributions are donations of materials or time. For example, a community might provide their labor to build a new youth center. The government nursery may provide you with seedlings to plant at no cost or a family planning program may provide you with free condoms and pills. These contributions all add to your program, but are not monetary contributions.

Box 3.4: Donor/Partner 360° Questionnaire

Greetings,

[ORGANIZATION] is currently reflecting on their fundraising practices and donor relationships. In order to help us have a complete picture of the current situation for our organization and the funding environment, we would appreciate it greatly if you could share your responses to the questions below. Thank you for your support for [ORGANIZATION].

Sincerely,
NAME

Please respond to the following questions:

1. What are the strengths of the [ORGANIZATION]?

2. What are the weaknesses of the [ORGANIZATION]?

3. What do you see as the greatest accomplishments of the [ORGANIZATION]?

4. The mission of the [ORGANIZATION] is: [insert mission]. How effective do you think the [ORGANIZATION] is at implementing its mission? How can the [ORGANIZATION] be even more effective?

5. How effective is the [ORGANIZATION] at achieving results? Documenting its results? How can the [ORGANIZATION] be even more effective?

6. How effective has the [ORGANIZATION] been in its communications with you and your organization? Do you have any suggestions for how the [ORGANIZATION] can communicate even more effectively?

7. What do you see as the future of PHE globally and in Ethiopia?

8. What do you see as the niche areas for [ORGANIZATION] within Ethiopia and the global PHE community?

In general, fundraising efforts can be successful with balanced inquiry and advocacy works (Table 3.2). Advocacy is when you promote your own view, hoping others will accept it and change their minds. Inquiry is when you are curious and try to understand the other's thinking and reasoning. Though we are talking about donors in this section, the principles can be applied when communicating with anyone.

Table 3.2 Balancing Inquiry and Advocacy

		Advocacy	
		High	**Low**
Inquiry	High	• Dialogue: conversation to achieve deep understanding • Discussion with learning as objective (interactive lecture)	• Interview • Focus Group • Survey • Asking questions • Interrogation
	Low	• Lecture • Speech • Explanation • Sales pitch • Imposing a point of view	• Observation • Disengagement

Source: Management Sciences for Health (2005). Managers who Lead.

Negotiation with donors is one of the skills required to increase the chances of getting fund for projects/program. Effective negotiation goes through a series of steps.

The first step is to get a good understanding of the negotiation. This can be done by:

1. Taking stock of what you bring to the table (i.e. what skills, information and experience your organization brings)

2. Looking for hidden resources you are not using

3. Recognizing what may make your organization less attractive to the donor and how you can address these issues

4. Getting facts about the donor organization and the person you will be speaking with (ie what kinds of programs and organizations do they fund, what are their typical funding levels, what is the person particularly interested in)

5. Developing alternatives

6. Seeking fresh perspectives to avoid becoming trapped in your own thinking

7. Anticipating reactions from the other party to you, your viewpoint and your proposals

The second step is to make connection with the donor, which can be achieved by:

1. Investing time and energy in building the relationship, participation and staying engaged (keep the conversation going)

2. Examining your own story and separating fact from fiction

3. Listening to what the donor is interested in- appreciating their situation, feelings, needs, etc.

4. Recognizing that you will not receive funds from every donor you meet with. If this happens, show appreciation for being invited into a conversation with the donor. By ending the conversation on a good note, you keep the door open for future conversations.

The third step is follow up after the negotiation. You can do this by:

1. Assessing each step of the negotiation process: What worked well? What did not work well? What could have been done differently?

2. Looking at the results of the negotiation.

3. Considering documenting the process by writing down your reflections. Seek feedback if you wish.

3.2.5.2. Developing a Proposal for Funding Applications

The process of writing a proposal, either for a competitive call or to respond to a request from a donor, is sometimes overwhelming. Donors often have unique requirements with unique terms and definitions. To be successful, you should understand the requirements and the process and be able to meet each along the way. One way to minimize the chaos that can happen during the proposal development process is to develop a clear internal proposal development and review process.

The first step in proposal writing is to make sure that the call for proposal will help you to achieve your organizational mission. Sometimes it can be tempting to apply for funding in areas where you don't have experience and are outside the scope of your organization because you are attracted to the money. It is unlikely that you will be successful in a competitive call if you are applying for a program in an area where you don't have direct experience. If your organization has decided that it wants to

branch out to new strategic areas, one way to do this would be to partner with another organization with more experience in that area so that you can learn from them through the process and their experience will lend more credibility to your proposal.

Once decision is made to develop a proposal, you have to make sure you respond to each of the sections you are asked to include in the proposal. It is good to closely review the call for proposals and make a list of key components of the call. After preparing the outline of the proposal, brainstorm with your team on the kind of program you want to develop. The inclusion of program, finance, and monitoring and evaluation staff helps a lot to get their contribution in the proposal development process. One way to help you organize your thoughts would be to start by deciding on the program goals and objectives (or outcomes, etc.). Then you develop your interventions and indicators based on your end goal. It is crucial that you have a strong connection between the goals, objectives and interventions.

Once agreement is reached on the type of program, you can use the proposal development process to assign tasks and deadlines for completion of each section (See Annex 1 for an example of an organizational proposal development process). However, the final draft should read like it was written by one person and each section makes sense and is properly connected to the others. A well written proposal is characterized by good formatting (fonts, punctuations, acronyms, tables, page margins, etc), well-organized content (clearly defined developmental problem; logically linked goal, outcome, outputs, and activities; proper referencing, etc.); and clearly indicated budget (allocation of budget for each activity specifically, correctly added-up sub-totals and total, etc.).

Proposal development process should not end once it is submitted to the concerned office. You should have a practice (follow-up mechanism) within your organization for reflecting on how the proposal development process went so you can learn from each experience to build on your strengths and address the challenges you face in developing successful proposals.

3.2.5.3. Strategies for Mobilizing Local Resources

In addition to funding from donors, it is also crucial to think about how to tap into local resources. This immensely contributes to program sustainability and increased ownership. If a community has contributed to something, they are more likely to be engaged throughout the process. Hence, PHE implementers should look for the right ways to engage the community. At the grassroots level, communities don't have many financial resources to contribute. However, some small contributions may be possible. For example, some health center and community groups have households that contribute small amounts, like 30 birr per year, to a fund that covers coffee ceremonies and other traditional comforts for women during delivery. These small contributions add up and help encourage more women to deliver in health facilities. Local community members may have other resources, knowledge and skills that they can offer as well. However, you should remember that community members have many other responsibilities and may not have a lot of time to give you, as it could be time that is taken away from their own activities. If you want community members to contribute their labor, it is recommended to schedule activities when they are not busy, such as post-harvest season.

Some organizations also help to connect wealthier, urban members of the community with the rural community. For example, you could hold a telethon, a fundraising event or match individuals with girls to help support their education. To be successful in these efforts, you need to find a strategy to raise awareness about your organization and what it does. This helps people to feel more comfortable to give you resources. Further strategies are also required to let the community know how their money was spent and what difference it is making.

3.2.6. Challenges of Gaining Support for PHE Program and Strategies to Address Them

3.2.6.1. Challenges of Gaining Support

❱ Some of the common challenges faced while introducing a new developmental approach (integrated PHE) are resistance to change from some individuals and institutions and difficulty of maintaining momentum in the long process of benefiting from change. Furthermore, it is difficult to find dynamic change agents that have the right mix of skills. It is not also easy to document evidences of success to scale up the integrated approach.

⊃ The institutional challenges of community participation include top-down development approach and centralized organizational systems that limits community participation through controlled decision making and resource allocation. In the initiation of community participation and maintenance of sustained interest in PHE programs, a variety of obstacles within the organizations may also emerge including inadequate organizational capacity in the methods of involving the community; insufficient efforts to build the capacity of stakeholders to fully participate; lack of human, technical and financial resources to facilitate participatory methodologies; insufficient time and commitment for community involvement; lack of a consistent approach and sustainable programs that address community needs; limited commitment to honor and build on community interests, priorities and assets; weak partnerships with local actors; and absence of providing feedback to the community.

⊃ Partnership can only work when competition between organizations with conflicting interests is turned into organizations working together towards a mutual goal. According to Critchley et al. (2006), many partnerships weaken because of disagreements over resources; money is a major source of conflict. People may be suspicious about availability of resources (funds) for program implementing, training, workshops, seminars etc. and how these will be shared.

⊃ The common challenges that PHE implementers face in fundraising include not knowing how to effectively engage donors, failure to clearly express program ideas, and lack of data to demonstrate the capacity of the organization. The other challenge related to fundraising is the difficulty of obtaining funds for integrated PHE projects due to the tradition of sector-based development and funding approach.

3.2.6.2. Strategies to Address the Challenges

⊃ Celebrating wins (acknowledging people who have contributed to success), transparent communication between partners and stakeholders, working as a team, demonstrating the benefits obtained from change, and establishing strong monitoring and evaluation plan are among the strategies that can possibly be used to foster change.

⊃ Institutional barriers to community participation can be addressed by strengthening human, technical and financial resources in an organization; enhancing organizational capacity on the techniques of community empowerment; increasing efforts to build community capacity and stimulate innovation to discover untapped potential in the community; promoting community ownership through community involvement in planning, decision making and evaluation of programs; promoting mutual learning through working in partnership; and promoting context specific multi-sectoral interventions.

⊃ Clear and transparent agreements on funding programs, for attending workshops, trainings, seminars etc. need to be clearly articulated and understood among partners to develop and strengthen partnership.

⊃ To overcome the challenges of fundraising, some strategies include having a clear strategy and roles and responsibilities in the fundraising process, developing a system for gathering 'intelligence' on donors, using a log-frame approach to structure project ideas, and ensuring that the M&E system is designed to demonstrate the difference the organization is making in its current programs.

PHE implementers can use creative ways to overcome sectoral nature of donor funding. This includes obtaining funding for multiple programs from different sources that are implemented in one area- each program is not necessarily a PHE program, but through integration with staff on the ground, they are able to integrate their programming. One challenge of this approach is the bookkeeping, as you have to decide how to bill expenses for interventions that are shared across projects. The other approach is focusing on one area, such as family planning, but using integration to deliver better family planning results than would be possible using a sectoral focus. For example, you could use livelihood strategies to engage people around family planning and connect the benefits of family planning to environmental conservation and food security to motivate more interest in family planning. On the conservation side, family planning component can be included to balance population growth with the carrying capacity of the environment. Another strategy is to find a partner who has money for one sector that complements a program you have. You can share resources and staff to collaborate across programs. Whichever strategy you use, it's important to document the results you are achieving across sectors and in integration.

Chapter - 4

Implementing PHE Projects/Program

Unlike sector-based projects, integrated PHE projects have unique features that demand proper utilization of distinctive implementation approaches that contributes to the achievement of the intended targets of addressing multi-dimensional development problems of the community (Durlak and DuPre, 2008). This chapter explains the specific approaches that PHE implementers can use to effectively execute integrated projects/program and project management.

4.1. Implementation Approaches

Implementation of integrated PHE projects/program is different from that of sectoral projects/program. In the former case, intervention areas from different sectors are synergized and individuals and institutions with different skills work together to bring-about multi-dimensional benefits to the community. Hence, successful implementation of integrated PHE projects/program requires specific implementation models. Some of these models that are demonstrated to be effective in PHE projects in different parts of the world are summarized below.

4.1.1. Multi-sectoral Coordination

PHE implementation demands the coordinated efforts of all actors (The BALANCED Project, 2013). The need for coordination emanates from the very nature of PHE approach which considers the basic needs of the community to be interconnected and interwoven. Experience has proven that deep rooted community problems can often not be sustainably solved without addressing the interconnected root causes of these problems. It is not only the problems but also the solutions which are intricate in their nature that calls for multi-sectoral coordination. A household faces numerous challenges to ensure its well-being, including food insecurity, lack of access to clean water, health and education related problems, sanitation, to mention some. These interrelated problems can best be addressed through coordinated efforts between all relevant stakeholders.

Coordination of development partners to work together can be facilitated based on the following considerations.

a) Conducting stakeholder analysis

Stakeholder analysis is conducted to identify relevant stakeholders, what they are currently doing in their respective areas of interest, and how they can contribute to effective implementation of integrated PHE projects/program. It also involves acknowledging the needs, wants, concerns, authority, common relationships, and interfaces of the stakeholders. Based on these analyses, the position of each stakeholder is determined based on its level of influence on and contribution to the integrated project/program.

b) Establishing multi-sectoral taskforce

To successfully implement a PHE project/program, the participation of stakeholders from the diverse range of sectors that reflect all the different areas that the integrated PHE project addresses is essential starting from the initial step program design. One of the strategies of facilitating collaboration between these different actors is establishing multi-sectoral taskforce. As shown in Figure 4.1, it can be formed at different levels of administrative structure. At each level, all the relevant actors should be included in the taskforce based on the results of stakeholder analyses with clearly defined roles of implementation and monitoring and evaluation.

Figure 4.1: Levels of Establishment of Multi-sectoral Taskforce

Multi-sectoral taskforce is a mechanism by which multidisciplinary and inter-sectoral stakeholders come together to address development issues by recognizing the interconnectedness between people and the environment. It supports the creation of functional networking and effective and efficient collaboration and coordination among multiple development actors. Furthermore, establishing multi-sectoral taskforce is beneficial to help the community harvest the advantages of integration; demonstrate togetherness; facilitate effective and efficient planning and monitoring of integrated projects/program. Cumulatively, it contributes to addressing broad range problems of the community that cannot be achieved by a single sector/actor.

c) Involving staff from multiple sectors in trainings

PHE implementation requires the involvement of multiple sectors in the intervention areas. These actors often have varying levels of understanding on the implementation of integrated PHE projects or on the components integrated. Hence, as implementation of PHE projects begins, it is inevitable to train the different partners to actively engage them. The trainings allow the participants to clearly understand their roles and what is expected from their organizations. Furthermore, training on how multi-sectoral intervention approaches work and sharing of practical experiences with one other also helps in the implementation of integrated PHE projects/program (Box 4.1).

d) Connecting implementation of integrated PHE projects/program to existing government efforts

What makes PHE approach unique from others is that it closely works with the government structure and supports the development efforts as well. PHE closely works with the Health Extension Workers (HEW) of the Ministry of Health and development agents of the Ministry of Agriculture. Ministry of Health implements the sixteen health package in the rural areas through the HEWs and four development agents are assigned in each kebele to support farmers in enhancing agricultural production. Therefore, for PHE implementation it is important to use these efforts of the government in health and agriculture/livelihood as opportunities.

e) Engaging actors at different levels

PHE by its nature engages all partners at different levels (from the federal to kebele level). Engagement means that actors (government and non-government) at each level support the implementation of the program/project with different assignments to accomplish. Well-structured engagements of different actors to work together contribute to successful implementation of the PHE programs by avoiding duplication of efforts and coordination of resources.

4.1.2. Peer Education

Peer education typically involves members of a given group who act as leaders to effect change among other members of the same group. It is often used as a strategy at the individual level to modify or reinforce people's knowledge, attitudes, beliefs, and practices (Family Health International, 2010). It has also been shown to effect change at the group and societal levels by altering norms and stimulating collective action. Peer education has long been used as a strategy in various areas of public health, including nutrition, family planning, life skills and adolescent reproductive health. Moreover, PHE peer educators include information about how these issues relate to the environment.

Peer education as an approach to implement integrated PHE projects/program has the following advantages:

Easier to communicate: Peers normally get information from each other. Hence, peer groups can be used to disseminate information or intervene on particular societal problem to easily communicate others with similar characteristics. However, as there is risk of providing incorrect/inaccurate information, with training, peers can provide others with correct and accurate information that they listen to and easily accept.

Easier to access: Peers can easily reach each other because of their similar characteristics and interests. Thus, a given peer group can serve as an entry point to reach others.

Easier to participate: Peer education empowers young people. First, it enables them to participate in activities that affect them. Second, it encourages them to access information and health services.

Easier to sustain: As peer educators are all volunteers in most of the cases, the implementation process is highly likely to be sustainable.

Moreover, peer education can be an effective strategy to engage adults, especially women, (as they are the engines of the family). Peer education can be most effective in communities where harmful traditional practices are prevalent and there is limited understanding of family planning and sexual reproductive health. To this end, peer educators must be recruited from the same community where they will be working. They should have good manners, be able to keep private information they learn about others, be a model for others, and volunteer to serve the community and of an appropriate age to the specified group.

Peer education strategies

There are several approaches of using peer education program to implement integrated PHE projects/program. These approaches, which are described below, are most effective if they are used in conjunction with one another.

Segmented approach: Peer education groups, to be effective, should be established based on the consideration of similarity of characteristics. For instance, dividing peer education program into segments based on the age of participants allows you to provide tailored messages about reproductive health that are appropriate and relevant for each group. For example, family spacing is not a relevant topic for those who are 10-14 years old, but it is very relevant for older youth who may be married. Likewise, grouping adult peer education participants based on their life situation can be useful. For example mothers with children can be in one group and women who are married but do not have children can be in another. Men can also have their own groups. Breaking participants into different groups can help you to deliver the most effective messages for that group and help people to feel more comfortable discussing their personal issues and asking questions.

Capacity building training: Peer education groups are established to implement various components of PHE related projects/program. However, members of the peer education group may not have the required knowledge and skill to execute assigned activities effectively. For instance, young adolescents, especially girls, who are vulnerable to violations of sexual rights by peers and adults, including members of their own families may lack life skills and sexuality education. Consequently, they fail to protect themselves and others from risks related to sexual and reproductive health. Hence, different types of need-based capacity building training are essential to make use of them as a strategy of implementation. Life skill training, for example, increases self-esteem, ability to communicate with others, and ability to independently make informed decisions.

Include integrated messages: Peer educators can provide integrated messages that help people understand and take action on issues related to population, health, and environment. Including environmental messages in peer education, for instance, help others to understand that there are many benefits to using family planning beyond health.

Referral linkages: Peer educators will be working with people who are interested in seeking services that the peer educator cannot provide such as family planning methods or HIV tests. In order to support clients of your peer education program to be supported to access the services they need, there needs to be a clear referral linkage between the peer educator and the government health system as well as private health providers.

Monitoring and evaluation of peer education program: Monitoring and evaluation of peer education program helps to assess its performance and take remedial actions in cases of weaknesses. To monitor peer education program, it is advisable to develop simple record keeping and reporting forms that peer educators fill in each day. These forms are used to track the number of participants, the number of one-on-one and group counseling sessions and the topics covered, support group meetings, and home visits conducted during a month. The Coordinator should review the monthly reports with the peer education group. They should collate the information from all of the peer educators in their area and then submit their monthly report to the next supervisor or to the organization. For evaluation, you can develop an evaluation matrix based on the following steps: i) Establish functional, relevant indicators to measure progress; ii) set indicator targets; iii) develop and apply your M&E plan; iv) use appropriate monitoring tools; v) gather baseline and follow-up data; and vi) document the program.

4.1.3. Community Conversations

Community conversations are facilitated dialogues that provide platforms in which people engage in open discussions about various issues in their community. People identify their concerns as well as strength and agree on needs for external support through community conversations. Conversation brings together the ideas, skills, passions, and hopes of all segments of the community. It creates a network of people committed to advancing ideas. These conversations usually begin with a small group of people. As this group deepens their understanding of and commitment to their goals, they reach out to engage the broader community, building a larger, multi-sector network (Born, 2012). This network spends significant time in conversation, learning about the issues they hope to solve and building trust and a common language across sectors.

Basic Steps of Community Conversation

There are different non-formal and formal steps to facilitate community conversation sessions. The following first seven steps are the most common and highly recommended.

1. Relationship building: The first phase of community conversation in PHE process is establishing relationships built on mutual trust with the community. The facilitator of the community conversation needs to know the culture, ethics, norm, and government policy on the issues of conversation.

2. Identification of concerns and key actors: Through community conversations, you will reach a diverse group of people and community members that have different interests and concerns. So, the key actors and issues of concern for conversation shall be identified carefully.

3. Exploration of identified concerns and key actors: This involves analyses and prioritization of the concerns and key actors identified in the previous phase and preparing a list of people/partners who can

help you to achieve the intended objectives of community conversations. The assumed key community resources (actors) for community conversation on PHE issues include Health Office, Education Office, Youth and Sport Office, Women and Children's Affairs Office, Health Clinics/Posts, Agriculture and Natural Resource Office, Water, Energy and Irrigation Office, and Kebele Administration.

In addition, consideration of the involvement of religious leaders, clan leaders (if any), culture of the community, elders and other influential community members, faith based organizations, community based organizations, voluntary youth and women clubs/cooperation, school clubs working on issues related to PHE, and the arrangement of conversations following seasonal calendars are crucial for more fruitful community conversation. In the process of identification of concerns for conversation, it is important for the facilitator to focus on the needs and demands of the community.

4. Local capacity and resource identification: Proritization of concerns and selection of key actors is followed by identification of local capacity and resources. This is useful to use resources efficiently and fill gaps in the process of PHE community conversation.

5. Planning and decision making: Developing action plan on PHE issues in participatory way and making decision eases the implementation of conversation.

6. Implementation of the community conversation: For effective implementation and good outcome of conversation, it is important to first obtain free prior informed consent (FPIC). People should be well-informed about the value of community conversations. Once their informed consent is obtained, the facilitator is supposed to arrange free group discussion in which everyone participates and no one dominates.

Community Conversation Implementation Ground Rules

To have a productive conversation, people have to know what's expected from them and the norms of interaction. The following points can be considered as ground rules and participants can also include the rules they would like to add.

Punctuality and respect for the appointment: Once you make appointment with community respecting the appointment is important to build trust. If possible try to reach the session place before few minutes.

There are no "right answers": The participants draw on their own experiences, views and beliefs on the raised issues and there is no response considered 'right' or 'wrong'.

Keep an open mind: Listen carefully and try to understand the views of those who disagree with you.

Open to learn: Community knowledge is systematic, cumulative and reasonable. So be open to learn from them. Rather than dominating the stage, the facilitator needs to give more time for the conversation.

Note taking: As much as possible taking note at the conversation time is not advisable to avoid suspicion of the community. If we are going to have taking notes during the conversation, the notes won't include any one's name or be made public. Use note taking tool during conversations or immediately after to capture the key points. It's critical to understand and get the most outcome of the conversation

Reflection and review: Participatory review, discussion, and recognized strengths and challenges, and it conclude with a validation of the results of the conversation process. This phase is an opportunity to reflect upon the experience of going through the process.

4.1.4. In and Out of School Clubs

Globally, young people are among the most important target groups for interventions and services aimed at improving sexual and reproductive health of populations and for laying the ground for responsible and healthy partnerships and families. They are many, both in absolute numbers and in proportion, and by virtue of this stage in the life cycle, they are prone to take risks and to be used as

agents of change as well.

The challenges that young people face and the decisions they make can have a tremendous impact on the quality and length of their lives as well as on the development of their personal and social environment. Many important life events and behaviors affecting their health in an adverse way begin during their teenage. This is strongly related to the socio-cultural context they live in and that has shaped their behaviors. The development challenges and needs of adolescents are also a matter of concern for the entire community. Hence, using in and out of school clubs as a strategy to implement PHE projects/program has dual benefits of responding to their demand on the one hand and using them as change agents in their respective communities on the other.

Engaging adolescents in various types of extracurricular activities is a common practice in schools. This can be used as a bridge to implement the new development approach called PHE. Often clubs are established based on the interest of the students, and sometimes students are interested in a topic for which no club exists. If awareness is created on the interwoven relationship and interaction among population, health, and environment components, students can be initiated to establish PHE clubs more actively. If they have clear understanding of the nature and function of PHE clubs, how to establish the clubs, and what it can accomplish, any in-and-out of school PHE club can be successful in implementing the integrated project initiatives of PHE EC and its members.

The objectives of establishing in-and-out of school clubs are:

❍ To access information and knowledge on the interwoven relationship and interaction among population, health, and environment components.

❍ To access services on RH/FP integrated with environmental protection activities in collaboration with different stakeholders by strong referral linkages and direct involvement on the implementation of activities to improve lifestyles, planned family size, and friendly environment of young people.

❍ To sustain the RH/FP, environmental protection and young people empowerment interventions through active engagement of local community and fostering rural/urban as well as inter-generational linkages.

In line with these objectives, the major activities of in-and-out of school club members are provision of information and services on integrated component activities of population, health and environment (PHE) to their peers, parents and other community groups in the areas. Detail activities pertaining to each component includes family planning information and services (Population); information and services on sexually transmitted infections including HIV/AIDS, hygiene and sanitation, etc (Health); and water and soil conservation, energy saving stove, environmental friendly income generation activities, etc. (Environment).

4.1.5. Information Education and Communication

WHO (2001) defined Information, Education and Communication (IEC) as an approach which attempts to change or reinforce a set of behaviors in a "target audience" regarding a specific problem in a pre-defined period of time. It is multidisciplinary and client-centered in its approach, drawing from the fields of diffusion theory, social marketing, behavior analysis, anthropology, and instructive design. IEC strategies involve planning, implementation, monitoring and evaluation.

IEC also refers to sharing information and ideas in a way that is culturally sensitive and acceptable to the community, using appropriate channels, messages and methods. IEC interventions should involve active participation of the target audience and adopt channels, methods and techniques that are familiar to their world view. Its goal is to encourage individuals or the society to adopt positive behaviors. When and How to use IEC materials for specific audience?

IEC materials are used to dissipate and/or introduce certain information in order to bring about an intended behavioral change (The BALANCED Project, 2013). There are two main types of communication relevant to IEC. These are interpersonal communication (commonly involving the use of traditional media) and mass communication (which includes print media as well as broadcast media).
 Interpersonal communication, sometimes called face-to –face communication, is one of the most ef-

fective methods of communication. It can be done on a one to one basis or with small groups, and can promote sharing of information, encourage dialogue and help people to make their own decisions. In traditional media, communities use mouth to mouth information flow, proverbs, songs, poems and visual arts to pass on information. Traditional media are particularly useful to address issues related to people's day to day lives such as marriage, religion, health and disease, family life, power and authority, conflicts, and communal livings.

On the other hand, mass communication usually involves a much wider audience and employs mass media methods to reach large number of people at one time by using print media. Print media include newspapers, posters, billboards, leaflets, booklets, comics, flannel graphs, slides, photographs, bulletin boards, banners, displays, fairs and exhibitions. Broadcast media (which includes radio and television) can reach many people quickly and at the same time. Mass Media can provide continuing reminders and reinforcement of messages to encourage maintenance of behavior change and can be useful to raise awareness and bring issues and new ideas to people's attention. IEC materials, as a means to facilitate effective implementation of integrated PHE projects/program, can be communicated through either or the combination of these means of communication.

The selection of media for communication should be based on the characteristics of the target group, the level of media technology and the effectiveness of the media in reaching the target group and facilitating behavior change. It is particularly important that the channels or media selected are considered as a credible source of information, culturally acceptable, appropriate to the literacy level of the audience, and accessible to as many of the intended target audience as possible

IEC preparation

Messages are prepared either to meet the specific information needs of an audience, based on their concerns and level of knowledge, or to create demand. In both cases, the messages should be accurate, focus on a few key points, specific, clear, use uncomplicated language, simple to understand, relevant, culturally appropriate and acceptable, and gives emphasis to options, practical actions and solutions that are possible. The messages should also consider differences between people in terms of perspectives, values, and how they process information. To develop integrated messages that target health, population, and environment on the one hand and meet the afore-mentioned criteria on the other, experts from all disciplines should be involved in the preparation.

4.1.6. Involving Women and Youth in PHE Projects

PHE projects in Ethiopia often involve women and youth across all aspects of the projects including RH/FP, HIV/AIDS, harmful traditional practices, gender, natural resource management, agricultural improvements, and income generating activities. Through these activities, the projects build the decision-making and bargaining power of women and youth and increase their access to RH/FP services and livelihood options.

Involvement of women and youth in PHE activities as a strategy emanates from the fact that their inherent problems can be addressed through participation on the one hand, and they act as agents of change for other members of the community, as they constitute significant proportion of a local population. The use of their involvement, which is actually defined locally, as a strategy for implementation of integrated PHE projects/program has multiple benefits. First, it enhances the ability of women and youth to make choices. Second, as mentioned earlier, it addresses their strategic and practical needs. Third, the use of models (both women and youth) facilitates broader process of change. Lastly, the approach has a comparative advantage for both segments of the society.

Women and youth can be empowered to be responsible and responsive members of a society. Some examples of how this is already occurring include:

❯ Enhancing community development: Women and youth groups have worked to address the problems their villages face such as unintended pregnancy, unsafe abortion, HIV/AIDS, harmful traditional practices, gender inequality, illiteracy, particularly among women, and school dropouts. They use social action processes to create change.

❯ Upholding the rights of women and youth: Some women and youth groups have undertaken

grassroots level activities to ensure the rights of girls to life, education, and proper health care. They have also championed women's health care, especially during pregnancy, at the time of birth, and after birth.

❯ Addressing harmful traditional practices: Self-help groups have reduced and eliminated practices such as female genital mutilation, illicit attacks and bribes, and early marriage in their communities.

❯ Protecting the environment: Having been oriented about environmental issues such as deforestation for cooking and other purposes, some women and youth groups have taken concrete steps to save the environment, such as producing energy saving stoves.

❯ Improving access to and control of local resources: Women who previously had no say over the resources have taken hold of the responsibility of managing resources, which were in the hands of men and the wealthy in the past. Some women are now demanding access to some resources.

❯ Improving participation in decision making: Some women are actively involved in their local government administration system as leaders and administrators.

Three strategies that can be used to involve women and youth are:

❯ Self-help groups

❯ Economic empowerment activities

❯ Incorporate women's and youth issues in traditional customary laws

Self-help groups (SHGs) are generally defined as 'homogenous' groups, for members that tend to be similar in terms of socio-economic status, and live in close approximation to each other. A group generally has ten to twenty members who meet regularly. Members contribute to the group's savings scheme each week.

The funds are used to provide loans to members that are supposed to be used for productive purposes. SHGs may also participate in other activities besides savings and credit, such as group micro-entrepreneurship, social activism, and capacity building through various skill trainings. Furthermore, the women use the SHG forum as a forum for discussion, including voicing personal and community problems. Hence, SHGs can be used to address integrated economic, social, health, and environmental issues.

Effective implementation of integrated PHE projects/program can also be tailored to economic empowerment activities. One of the means of empowerment is engagement of women and youth in income generation activities. Income generation activities that are based on needs of women and youth, adequate entrepreneurial and other technical skills, effectively functioning credit services, and well-established market linkage help to economically empower both women and youth. This economic empowerment, in turn, addresses other poverty related health and environmental problems. Thus, income generation activities can be used as a strategy to implement and benefit from integrated PHE projects/program.

Lastly, incorporate women's and youth issues in traditional customary laws or community bylaws can be used as a strategy to achieve the multi-dimensional objectives of integrated PHE projects/program. Creating community laws that support women and youth is a powerful tool to change community behavior. In the Guraghe community, for instance, laws requiring HIV testing before marriage and forbidding early marriage have been very successful.

4.1.7. Implementation Challenges and Strategies to Address Them

4.1.7.1 Implementation Challenges

❯ People usually prefer to work only within their sectors and they tend to give more attention to their own sectoral program/projects. A shared understanding of multi-sectoral approach is not yet established. The difficulty of measuring the impact of integrated approaches is another challenge.

➲ Utilization of peer education as an approach is constrained by limited involvement of government partners; high workload on participants and facilitators; lack of sustainable volunteerism and incentives; difficulty of tracing clients who have discontinued the discussion; and logistic problems for home visits.

➲ The challenges are often observed in community conversation are the following: local people are often too busy to become involved; the legitimacy of those who choose to participate in representing the views of the wider community may be questionable; vulnerable groups may be unable to participate in conversation because of existing socio-cultural and economic complexities; motivating community members to participate in the scheduled conversation is challenging.

➲ As government sectors have no defined structure to refer young people who require additional information and services to health facilities and other service providers, establishing referral linkages of in-and-out of school PHE clubs is a challenge. Besides, there is a tendency for the clubs to be dependent, financially and technically, on projects which challenges sustainability of their contributions after phase-out of projects.

➲ Developing integrated, clear, and short messages which incorporate population, health and environment messages may not be an easy task.

➲ The use of SHGs and IGAs as an entry point to empower women and youth is challenged by weak market linkages; limited capacity in accounting, financial management and organizational development; and access only to small amount of money that is not sufficient to result in significant changes in livelihood. In addition, free discussion on RH/FP and other health related problems among women and youth and their families is considered shameful. Women or youth who openly discuss these issues may be considered promiscuous.

4.1.7.2. Strategies to Address Implementation Challenges

➲ Increasing awareness on the benefits of integrated approach and building the capacity of implementers is essential to effectively utilize the potential of multi-sectoral approach. It is also important to set a goal of integrated PHE project/program that all stakeholders can agree on. Furthermore, there is a need to create understanding that the results of integrated intervention can possibly be measured using integrated indicators.

➲ The challenges of peer education can be addressed by identifying partners that can contribute to its implementation and setting duties and responsibilities for each partner through formal agreement (MOU); scheduling peer education activities on holidays and Sundays; establishing a system to keep track of participants' attendance; setting mechanisms of providing incentives to volunteers; and covering transportation allowances or arranging use of motorbikes for home visits.

➲ The benefits of community conversation can be harnessed by organizing community conversation following seasonal calendar; establishing selection criteria to select members that can represent the wider community; building mutual trust with the community to easily manage the conversation; giving due attention to vulnerable groups while selecting participants; and using influential community members and elders that have good acceptance and respected by the community.

➲ To effectively use in and out of school clubs for implementation of PHE projects/program, first, need based and environmental friendly income generating activities can be established to build up exit strategies for the clubs from funded projects; second, comprehensive and holistic capacity building trainings can be conducted to develop sustainable support and sense of ownership by concerned bodies and the communities for in-and-out of school clubs; and third, regular monitoring and evaluation activities of in-and-out of school club members helps to identify their challenges and take appropriate measures.

➲ Successful IEC messages can be prepared by clearly identifying, segmenting and analyzing target audience (audience and situation analysis); setting clear objective/outcome; developing specific, timely, culturally sensitive, short, and simple massage; pretesting the materials; selecting appropriate channels of communication; and evaluating the outcome.

◑ Awareness creation and sensitization on establishment of women groups as co-operative; basic leadership and management trainings focusing on how to lead and manage cooperatives, revolve funds, bookkeeping records on saving and credit, development of business plan, the roles and regulations of cooperatives and banking systems are helpful. These help women and youth not only to acquire basic knowledge and skills to run and manage SHGs and income generation activities but also to solve their socio-economic problems collectively.

4.2 Project Management

The Business Dictionary defines a project as a "planned set of interrelated tasks to be executed over a fixed period and within certain costs and other limitations." A project, then, could be something outside or in addition to the company norm for a typical business day. Perhaps a business upgrade, financial need or client request may be the catalyst for a project's origination. A project is temporary in that it has a defined beginning and end in time, and therefore defined scope and resources. And a project is unique in that it is not a routine operation, but a specific set of operations designed to accomplish a singular goal. So a project team often includes people who don't usually work together – sometimes from different organizations and across multiple geographies.

In addition to use of strategic approaches explained above, effective implementation of integrated PHE projects relies on proper project management. This includes managing time, people, partners and stakeholders, and conflict.

4.2.1. Managing Time

We all have many competing priorities. How many times have you missed a deadline and then told the person waiting for you that you were busy? How many times have you had someone say that to you? By managing our time effectively, we can achieve more.

By adapting a time management model developed by Steven Covey, Management Sciences for Health (2005) four components of the important and urgent matrix as shown in Table 4.1. The classification, which indicates how we spend our time, is made based on two criteria: urgency and importance. Urgent means it requires immediate attention- it is the NOW stuff! Important has to do with results: important activities contribute to your mission, values and high priority goals. Quadrant 1 (urgent and important) refers to focus on activities that are 'crises' and 'problems'. Quadrant 2, performing not urgent but important activities shows effective personal management through planning and proactive actions. A person in the third quadrant spends much of his/her time on urgent but not important activities. Lastly, quadrant 4 is characterized by performing activities of 'waste of time'. These components result in varying levels of effectiveness.

When you think about your typical day or week, where do you think you are spending most of your time? If you are spending most of your time doing not important things, how can you shift your work so you are spending more time on important things? It's not recommended to spend too much time in the first box- Important and Urgent. If you are spending all of your time there, you are focused on emergencies and 'putting out fires.' This box does not allow you to think strategically and plan ahead. If you find you are spending all of your time in this box, how can you make changes in your work to spend more time on important, but not urgent activities? At the other extreme, as mentioned above, quadrant 2 refers to the characteristics of persons who properly manage their time and perform well at work. According to Management Sciences for Health (2005: 215), the key characteristics of this quadrant are improving communication with others, better preparation, better planning and organization, caring for yourself, taking advantage of new opportunities, personal development, and knowing what is important.

Table 4.1: The Important and Urgent Matrix

	Urgent	**Not Urgent**
Important	Crises Pressing problems Deadline-driven projects that are critical to your strategic priorities	Preventing problems and anticipating future activities Creating strategy, planning Relationship building Recognizing new opportunities Recreation
Not Important	Interruptions, some calls Some mail, some reports Some meetings Pressing matters	Trivia, busy work Interruptions Some mail Some phone calls Time waters

Source: Management Sciences for Health (2005). Managers Who Lead Toolkit: Resources to Support Managers Who Lead

We don't always have a choice about the work we are assigned to do and the deadlines we are given. However, it's important to communicate with colleagues and supervisors so they know what is possible. It's also important to communicate clearly with partners and community members. Sometimes you may be asked by one supervisor to do an urgent activity but he/she may not realize another supervisor has asked you to do another urgent activity and it's not possible for you to do both. It's important to keep a positive attitude about your work and work hard, but we also have to be realistic. If you feel that it is not possible for you to meet all of your deadlines on time, let your supervisors know right away and discuss with them how you can best manage the work. Let your supervisors know what work you have and have them help you to prioritize your work and find help where you need it.

Box 4.2: Tips for Managing Your Workload

Try out the following to come up with tips that work for you!

On Your Desktop

➲ Create folders for Things to Review, Things to Read, Urgent, etc so you can easily find things that need your attention.

➲ Come up with a system for labeling documents you are reviewing so you can keep track of which version is the most recent. Put the documents in a folder to find them easily.
In Your Agenda

➲ Write down your priorities for the day and cross them off as you accomplish each one.

➲ When you need to follow up with someone, write yourself a note on the day that you want to check in with them as a reminder to give them a call or email if you haven't heard from them yet.

➲ Write down all of your appointments- for work and for personal activities so you don't forget!

In Your Notebook

➲ When you are in a meeting and you are asked to do something or you think of a good idea, write it down.

➲ Use clear headings and dates so you can easily find the notes you are looking for.
In Your Head

⊙ Before you start a task, be clear in your mind what the purpose of the task is and what the expected outcome is.

⊙ Give each task the focus and time it needs- if you don't do it well the first time, you'll have to do it again, which will end up taking more time overall.

⊙ Gather all information and materials you need before you start a task so you don't have to interrupt what you are doing to find the materials.

⊙ If you need more time or help, ask in advance so you don't negatively impact other people and they will be more likely to help you manage your workload.

⊙ Think proactively, don't wait for tasks to be given to you - if you can plan ahead and anticipate activities, then you will have more control over how you plan your time to manage them.

⊙ Take pride in your work and your performance - it will show!

In your email

⊙ Create folders/labels for important projects or topics so you can keep all of your important emails that you already responded to together.

⊙ Create a 'to read' folder for emails that you want to read but are not time sensitive. Set aside some time each week to read the emails in this folder.

⊙ Turn off mail notifications so the pop-up windows won't distract you while you are working on other tasks.

⊙ If there is a document you want to read but don't have time right away, download it and save it in a file on your desktop.

⊙ Take a few minutes at the beginning and end of each day to clean out your inbox. File things that need to be read, respond to emails and flag others.

To help you manage all of your activities, it's a good idea to keep a list of your pending activities and make a priority list for each day (Box 4.2). To make your list, write down all of the activities that you are responsible for and break them down into their sub-activities. Once the list reflects all of the necessary activities, prioritize them. First go down the list and put an 'A' next to the highest priority activities, 'B' for the second and 'C' for the third. Then, order the activities within each category by priority so you would have A1, A2, B1, B2, etc. One piece of advice is to make sure you complete one thing each day that will strategically move your work forward. If you can complete even more, that's great!

At an organizational level, you can do the same thing by using pending lists. Pending lists include all of the key activities taking place in a work team or organization, who is responsible, and the deadline. These lists are most effective when they are regularly updated and reviewed as a team. This can be a useful tool in ensuring accountability for work as well as helping to manage workloads across teams.

4.2.2. Managing People

Implementation of integrated PHE projects/program requires the involvement of large number of staff, partners, and volunteers. This calls for the importance of managing staff and volunteers and building strong working relationships with partners and other stakeholders. This can be very challenging as people's perception of and commitment to change is diverse but also very rewarding as they are change agents once they understand and accept it (Management Sciences for Health, 2004). The relationship doesn't happen by itself - it takes time and attention to ensure that your staff, volunteers, and partners are motivated and excited about their work. Staffs who are happy and motivated are more effective and proactive, leading to better implementation of the integrated projects and greater

changes at the community level. This sub-section provides some advice on managing the people you interact with throughout the project activities.

4.2.2.1. Managing Staff

Your staffs are the people who are expected to come to work every day and work hard - often long hours and for little pay - to make changes in the communities where the project is implemented. It is important to help keep them motivated so they continue to have the energy to do the hard work that they do. One of the ways to do this is to make sure that you know your staff well and support them in their goals. For example, you should know their dreams for the communities where they work; motivation (relationship with others, achievement, etc.); life situation (e.g. family life); work style (work independently or needs instruction); and roles to play in a team (initiator or follower) (Management Sciences for Health, 2005).

Knowing the staff helps to find ways to motivate them and support them to achieve their goals. We all wish we could find funds to increase salaries in our organizations, but money is not all that motivates people. Finding non-monetary ways to keep staff motivated is important. Some ideas include special recognitions, team building exercises and growth opportunities, such as representing the organization at a high level meeting. Acknowledging the work of others can be a powerful motivator. Celebrating even small successes can be another good motivator.

Supportive supervision is an important role as a manager of staff. As a supervisor, you need to provide challenges, clarity and support to your staff (Management Sciences for Health, 2005). We grow as individuals and professionals when we are challenged. Taking on new tasks and responsibilities that allow us to strengthen our skills and develop new ones helps keep us interested in our work. For staff to be successful as they are challenged to grow, they need to have clarity on what is expected of them and what the roles and responsibilities are of the people in the team. They also need support. As we grow, we may hit a few stumbling blocks. We may find that we need help. As a supervisor, you need to be communicating with your staff to know when they have hit these stumbling blocks and provide them with the advice and resources to help them learn and overcome difficulties.

Sometimes it can be helpful to play the role of a coach in addition to a role as a supervisor. We all need to be held accountable for our work, but we also need support to grow. Using coaching strategies can help you to provide this support to your staff. This includes giving feedback and diagnosing performance problems. One of the main differences between a coach and a supervisor is that a coach asks more questions than they provide answers to help staff find the solutions to the problems they are facing.

Motivating and supporting your staff is also about knowing yourself. You should be aware of your communication style and how it is being perceived by others. You also need to act with integrity to get the trust of your staff. You should know what your technical skills are and when you might need additional support to supervise the staff. A manager is not expected to have the answer for every question or every problem. However, he/she should learn to admit when he/she doesn't know and apologize when he/she makes a mistake. Delegation is another important skill in managing staff. Delegation is handing over a task to someone while continuing to hold the accountability for results. Delegation doesn't mean telling someone to do the work and forgetting about the task. It requires continuous follow up with the staff and making sure the delegated person has the information, resources and skills necessary to complete the job. When you are delegating, you need to make sure you have a consistent way to share information. You need to go over what's expected from them, the background, deadlines, etc. It is a good idea to set up regular meetings to review progress and to address any challenges that come up along the way.

You should also assess your organization to see if you have appropriate staffing levels and your staff should be able to perform their jobs according to the established job standards. The staff should be supported by a human resource management system that clearly states all of the policies and rules related to being a staff member of your organization. This system should help you to plan your human resource needs, deploy staff in response to changing work requirements, help your staff to be motivated, to share learning and to work as a team (Management Sciences for Health, 2005).

4.2.2.2. Managing Volunteers

Managing volunteers is similar to managing staff - volunteers need to be motivated and supported to be successful in their jobs. However, you have to remember that what makes them special is that they are not paid. They are taking their own time to help make your project successful, often because they want to make their community a better place to live and can see a benefit to themselves as well.

Hence, it is important to establish a special system to recognize the volunteers. Some ideas include giving them caps or t-shirts and having an annual recognition ceremony. Some PHE implementers provide their volunteers with a small stipend to help them cover their transportation costs. This is especially important for peer educators who may have to travel far to visit their clients. If possible, try to provide volunteers with enough of a stipend or resources so they do not have to pay out of their own pocket to do their jobs. They are already giving their time and many volunteers do not have a lot of money.

4.2.3. Managing Partners

Managing partners can be complex because of lack of direct authority over their actions. This makes it very important to establish trust and understanding from the beginning of your relationship. When you are exploring starting a relationship with a new partner, it is a good idea to sit together and share what your expectations are for the relationship and help each other learn about each organization and how they work. Partners have their own unique culture and way of working. It is important that you understand your new partners and they understand you. Lack of understanding can lead to conflicts later on.

Once decision is made to formally become partners, it is recommended that this partnership is documented using an MOU or a similar agreement. In this document, the expectations for each partner, the activities and deliverables they commit to, mechanisms for accountability, and consequences of failure to uphold the agreement should be clearly indicated. As part of the MOU, it is crucial to define means of communication and sharing information. Regular communication with partners and deciding on acceptable way of communication are important for both parties to effectively implement integrated PHE projects.
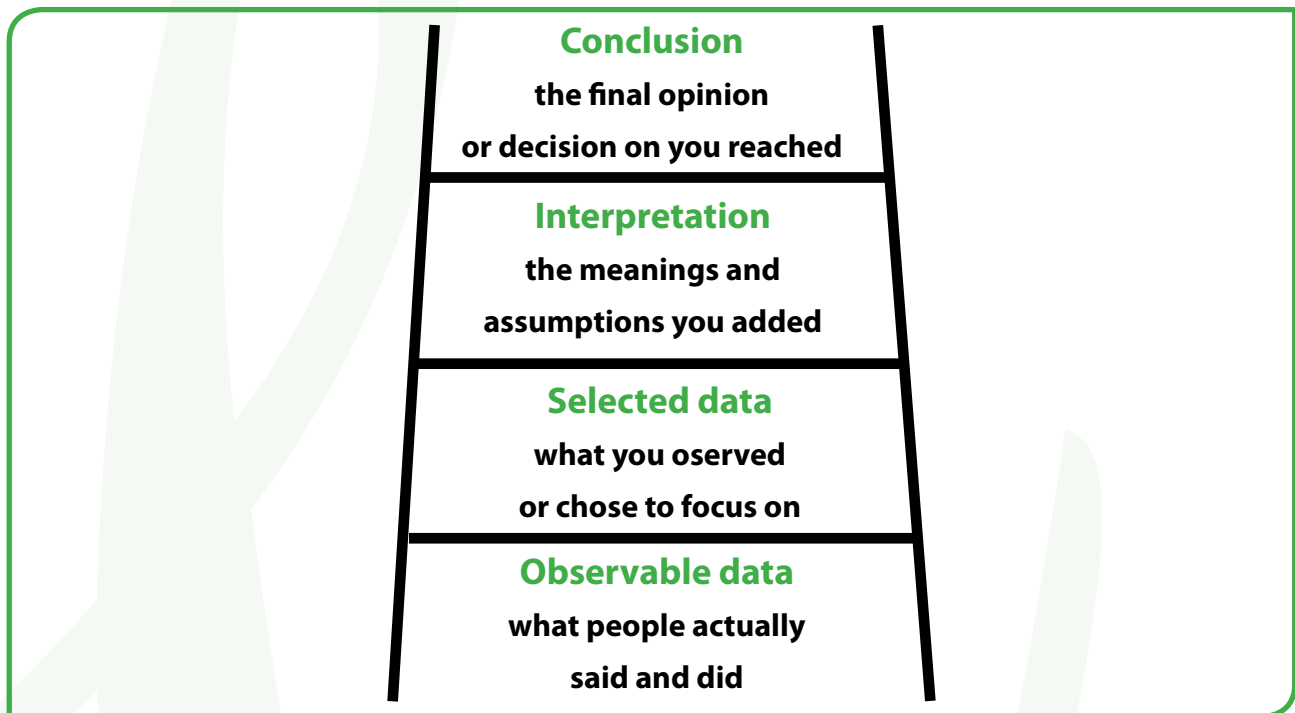
4.2.4. Dealing with Conflict

Conflict occurs when there is a misunderstanding or a difference between what is expected and what has actually happened. For example, conflicts can happen with donors after you have received funding from them and there is a mismatch between expectations. In the process of implementation of integrated PHE projects, the likelihood of occurrence of conflict is relatively higher due to the involvement of numerous individuals and institutions with different work experiences and expectations. Conflict can be especially difficult when the people involved come from different cultures and/or located in different countries and it is difficult to have face to face conversations.

Effective conflict management depends heavily on successful communication between the parties. Lack of clear communication compounds the challenges of dealing with conflict. To help address these challenges, different tools of communication can be used, one of which is the Ladder of Inference, which was developed by a management expert Chris Argyris. The Ladder of Inference is used to look at how our assumptions influence our conclusions and helps us to see the other person's point of view (Management Sciences for Health, 2005). It can help you develop an awareness of your thought processes, select different data to reach new conclusions and have more effective discussions with people who disagree with you or each other. The Ladder of Inference is most useful when you are faced with a view with which you disagree and you seem to be at a standoff.

As shown in Figure 4.2, the bottom of the ladder constitutes observable data obtained from various sources. At the higher stage, there is selection of data from among observable data. At the next stage of the ladder, we make assumptions about and give meanings to the selected data. Different people are more likely to interpret the same data in different ways due to variations in personal and other background characteristics. Finally, at the highest step up the ladder, we draw conclusions based on our interpretation of the data and assumptions. Actions are then taken in line with the conclusions. Hence, people could come to conflict and also solve it following this path of arriving at conclusions and taking actions. Following different path of interpretation and making conclusions leads to conflict whilst understanding the perspectives of others through this tool helps to manage conflict.

Figure 4.2: Ladder of Inference

Conclusion
the final opinion
or decision on you reached

Interpretation
the meanings and
assumptions you added

Selected data
what you oserved
or chose to focus on

Observable data
what people actually
said and did

Source: Management Sciences for Health (2005). Managers Who Lead Toolkit: Resources to Support Managers Who Lead

To help you move through the ladder, ask yourself the following questions:

❯ Ask yourself if you are open to learning from the other person

o Am I willing to be persuaded by a reasonable argument?
o Am I open to new information?

❯ Reflect on and disclose your data and interpretations

o Explain, "This is what I am thinking and this is how I reached this conclusion," slowly move up the Ladder of Inference.

❯ Explore your understanding and that of others

o Ask the other person, "Does this make sense to you?" or "Do you see any gaps in what I just said?"
o Encourage the other person to explore your data and interpretations

❯ Ask, "What do you see?"

o Solicit the views of others

❯ Ask from time to time, "What do we need to do to move forward?"

These questions help us to share our story and explore the other person's story from the bottom up, noting the key information on which each is based, how you each interpret that data and how those interpretations lead to your conclusions. It also encourages you to ask what the other person is thinking so you can clarify and share doubts rather than asking them if they agree of if you make sense to them. As you are going through the process, it can be helpful to paraphrase and acknowledge what you have heard the other person say and ask if you have done so accurately. If you think something is important that the other person doesn't seem to have addressed, share that with the other person and ask how they see the issue.

Conflict can often be stressful; however, it is to be expected and should not be avoided when it happens. In fact, the more committed people are, the more and greater the conflicts can be. This is because people are personally involved in the work and want to see the project and organization be successful. The most productive response if your work team is experiencing conflict is to address it together. You can use the ladder of inference to help you resolve misunderstandings and to see what may be missing or preventing you from achieving your goals together. It is important that you address conflict in a productive way. If they are not handled well, conflict can lead to blame, lack of trust, and reduced effectiveness. The book Managers who Lead has a useful resource in the toolkit called "Coaching your team through breakdowns" that can help you have a conversation about conflicts with your staff (Management Sciences for Health, 2005).

4.2.5. Challenges of Project Management and Strategies to Address Them

4.2.5.1. Challenges of PHE Project Management

❯ Proper time management is challenged by the difficulties of knowing which activities to prioritize; making time for strategic activities by focusing on too many smaller tasks and attending many meetings; and keeping track of our responsibilities.

❯ The challenges of managing people include:

o Conflicting personalities: Sometimes you may encounter a person who you find difficult to work with. This may not be the fault of either party, but just something about the way you work and communicate that makes it more challenging to make a connection.

o Ownership over work: We all have different motivations and reasons for doing the work that we do. As a result, there may be different levels of commitment and ownership over the work, leading to different expectations.

o Capacity issues: No matter how sophisticated your organization is, sometimes you find someone has been placed in a job that he/she is not able to do well. It is possible that over time it will be possible to build the capacity he/she needs to be successful with the right support.

4.2.5.2. Strategies to Address Project Management Challenges

❯ In addition to the suggestions given in Box 4.2, the challenges of time management can be addressed by making sure that you do at least one strategic thing each day that will move your work forward; negotiating deadlines for tasks and clearly communicating your workload and challenges with supervisors and colleagues; and making a habit of planning and prioritizing your work individually and as an organization.

❯ The strategies that can possibly be used to address conflicts arising from managing people include:

o Good communication: Communication is essential when working with people so there is clarity and so that you can address issues as they arise. Waiting until everyone is already frustrated makes it harder to resolve issues. You need to understand how your communication style is being perceived and be flexible to adapt to the needs of the people with whom you are communicating.

o Clear roles and responsibilities: Roles and responsibilities should be clearly documented and shared so that everyone knows what is expected of them.

o Build coaching into all of your work: Many of us can point to a trusted family member, teacher or mentor who helped us to become who we are today because of the support and encouragement they gave us. We should think about how we can build providing support and encouragement to our colleagues and the people we work with as volunteers and partners so we can help them to perform to their best ability and build their skills and capacity over time.

<div style="background-color:#4caf50; color:white; padding:20px; font-weight:bold; font-size:2em;">Chapter -5</div>

Monitoring, Evaluating, and Communicating Results

This chapter is designed to help you know how to develop monitoring and evaluation (M&E) plan and successfully monitor and evaluate PHE program/ project. It also explains about the importance of communicating M&E results of integrated PHE interventions.

5.1 Developing M&E Plan

Monitoring is regularly tracking changes in indicators over time by collecting information on inputs, outputs and processes in order to manage implementation of an action plan and measure progress towards results. Evaluation refers to assessment of the extent to which results are achieved based on information from routine monitoring combined with the measurement of outcomes and impact.

M&E plan supports you to know what data you need to collect, how you are going to get it, and how to use it. M&E plan is more than a list of indicators and data sources or a work plan for the M&E staff. It is a strategic document that shares how the results of your program/projects relate to your organizational goals and objectives and what data you need to show that you are achieving these results. M&E plan also shows how you will use and communicate the information and be accountable to your stakeholders.

Box 5.1: Outline of an M&E Plan

1. Introduction
2. Organization description
3. Frameworks
4. Indicators
5. Monitoring plan
6. Evaluation plan
7. Data quality plan
8. Information dissemination and utilization
9. Roles and responsibilities
10. Timeline
11. Budget

Source: Measurement, Learning and Evaluation Project (2012). Measuring Success Toolkit

The M&E plan can have different contents and prepared following series of steps (Finn, 2007). But the major components are given in Box 5.1. In the introductory section of the M&E plan, you should provide a brief background on your organization and the purpose of the M&E plan. In the section named description of organization, explanation is given on the goals, objectives, and strategies of the organization as indicated in the strategic plan as well as on each of the projects the organization is/ has been implementing.

In the roles and responsibilities section of the M&E plan, you should clearly state who is involved in M&E all levels of your organization - from the field to the headquarters - and what their role is. These

roles and responsibilities include specific tasks associated with data collection, data quality and analysis, data reporting/dissemination, and data utilization. The timeline allows you to put all activities pertaining to data collection, analysis, and reporting deadlines in one place so that your staff can easily refer to. It is also important to know and clearly indicate the amount of money needed to successfully implement the M&E plan and how it fits into the overall balance between administrative and program costs. The remaining components of an M&E plan are described below.

5.1.1. Frameworks

There are three kinds of M&E frameworks. These are:

- Conceptual framework

- Results framework

- Logic model

Conceptual framework shows the interrelationship between different sets of factors and how an intervention influences the expected outcome of a project/program (Frankel and Gage, 2016). For further information, see section 3.1.2. The framework is recommended for PHE implementers because it can graphically illustrate how all of the different components of a project fit together to lead to healthy communities and a healthy environment.

Results framework is typically structured using strategic objectives and intermediate results. This framework shows "the direct causal relationships between the incremental results of the key activities all the way up to the overall objective and goal of the intervention" (Frankel and Gage, 2016: 16). As shown in Figure 5.1, the achievement of intermediate results contributes to the achievement of the strategic objective, which, in turn, contributes to the achievement of project/program goal. The overall process preparing results framework is similar to that of a logic model, which is briefly explained below.

Figure 5.1 Structure of a Results Model
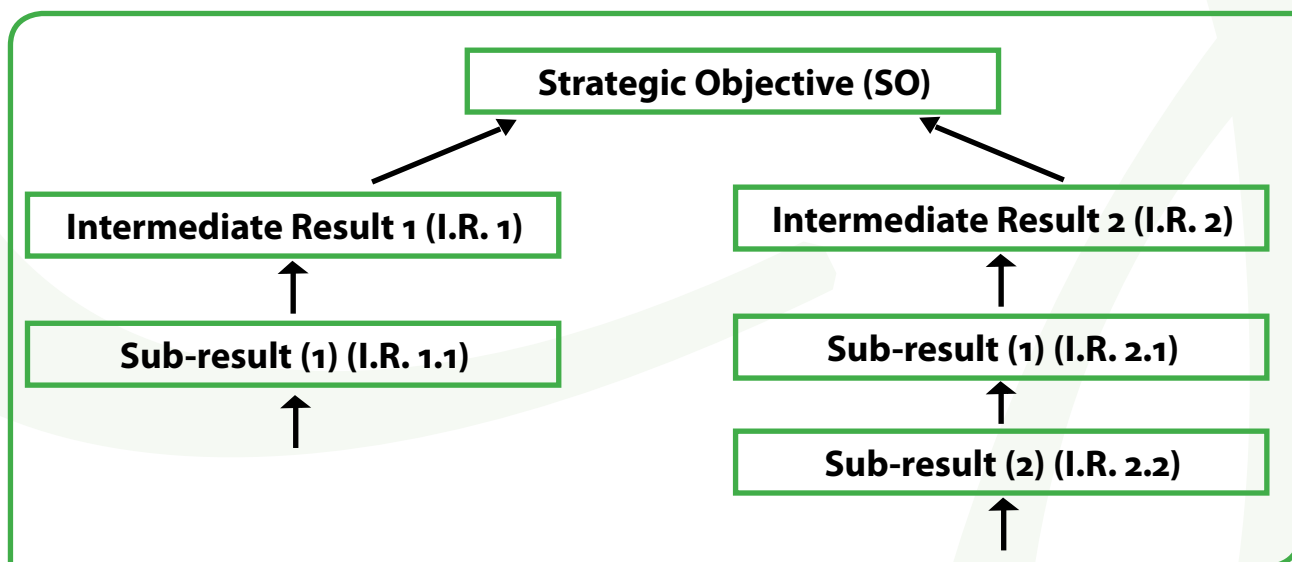
Source: MEASURE Evaluation presentation on M&E Plans

Logic model, "sometimes called an 'M&E framework,' provides a streamlined, linear interpretation of a project's planned use of resources and its desired ends" (Frankel and Gage, 2016: 17). The logic model, which is also called M&E framework or logical framework or log frame, is commonly used to show the goal, objectives, and indicators of success of an integrated PHE projects/program. The process of developing a logic model is briefly explained below.

Developing logic model

A logic model is a systematic, visual way to present the underlying assumptions and theoretical framework of a planned program. It is a picture of why and how you believe a program will work. Typically, the process is represented in five steps: inputs, processes, outputs, outcomes, and impact (Finn, 2007).

A typical structure for a logic model is given in Table 5.1. It consists of goal, outcomes, outputs, and activities along the rows and performance indicators, means of verification, and assumptions in the columns. Your organization may use a different hierarchy - for example; you may include objectives or a purpose. You should use which ever hierarchy best fits your program and makes the most sense to you. A goal (sometimes called impact) is a broad, long-term improvement or change (e.g. reduction of fertility or mortality) that a program or project intends to make. Goals should be wider in scope than objectives. Outcome (also called objective) is short-term change (for example, changes in service use comparing one period to another, changes in knowledge, attitude or practice of a community) that helps to achieve the intended goal of a program. Output is immediate results of activities (for example, number of new family planning users, total number of users, or number of people trained). It is the product or direct benefit obtained from implementation of the activities or provision of services. Process refers to activities that are implemented to achieve the intended results (for example, providing new contraceptive methods, improving services, developing systems, conducting training). Sometimes input (resources) are included in the logic model. The resources needed to achieve the result (for example, financial, human, supplies, commodities, facilities).

Table 5.1: Sample Logic Model

Program Description	Performance Indicators	Means of Verification	Assumptions
Goal			
Outcomes			
Outputs			
Activities			

The 'logic' of your model is that if you read it from the bottom to the top, you can see how you are going to reach your goal. You can do this using 'if… then…' statements. For example, if you successfully complete your activities, then you achieve your outputs. If you achieve your outputs, then you achieve your outcomes. If you achieve your outcomes, then you reach your goal. Hence, when components of the logic model are put together, it is good to make sure that the outputs, outcomes, and goal are written properly in such a way that the preceding contributes to the achievement of the later.

In the context of PHE, it is recommended that the goal should be an integrated one answering the 'so what?' question of a project/program (i.e. the difference that the integrated project/program can make at the end of its implementation). An example of a PHE goal from the IPOPCORM project in the Philippines is: "To improve food security and quality of life in coastal communities while maintaining the biodiversity and productivity of life-sustaining marine ecosystems". Outcomes (or objectives or both depending on the hierarchy you are using), which show intermediate results that happens in between producing outputs and achieving goal, must be written following the principle of SMART (Specific, Measurable, Appropriate, Realistic, and Timely) (Frankel and Gage, 2016).

Specific: Is the desired objective specific enough so that it can be measured?

Measurable: Is the desired performance framed in terms that are measurable?

Appropriate: Is the desired objective appropriate to the goal of the program and to the mission of the organization?

Realistic: Can the desired objective be realistically achieved in the time frame available for implementation?

Time bound: Is there a specific time period for achieving the desired objective? Can the action plan be carried out with the resources available in the time specified?

The way the objectives are set determines the impacts that the integrated PHE projects/program are expected to bring about. It is important to note here that measurability of the objective/goal and availability of data to measure it requires due consideration. For example, an organization may want to reduce maternal mortality through integrated approach. However, maternal mortality is very complex to measure and data are available only every five years through the Ethiopian Demographic and Health Survey. Also, the data are not collected at a zonal or woreda level. If you realize that you have selected an outcome or goal that you can't measure, take a step back and think about what you can measure. For the maternal mortality example, you may instead look at the changes in the percentage of women who deliver in a health facility or the number of maternal deaths in health facilities in your project area, as these data are available through the national health management information system (HMIS).

5.1.2. Selection of Indicators and Setting Targets

This section of the M&E plan includes all the indicators for which data are collected. Indicators are variables that measure one aspect of your project/program, or a specific PHE outcome (Finn, 2007; Frankel and Gage, 2016). There should be at least one indicator for each component of the logic model/every significant component of a project/program. To provide effective M&E, a program or project should have enough indicators to measure every important aspect of the program or project. In the course of setting indicators, you should make assessment of the actual grass root level situation and align this with the indicators set in the national and global development goals/plans. The GTP II of Ethiopia and Sustainable Development Goal Indicators are examples of development goals that can be referred to while setting indicators.

According to Finn (2007: 19), a good indicator is:

Valid: It accurately measures the behavior, practice or task you want to measure.

Reliable: Different people measure it in the same way and come up with the same results.

Precise: It should be defined using clear terms that anyone could understand.

Measurable: It should be quantifiable using available tools and methods.

Timely: You should be able to gather data in time intervals that are appropriate for a project/program.

Programmatically important: It should be linked to the intended impact of a project/program.

Comparable: You should be able to use comparable units, denominators, etc, as possible, so you can better understand the difference you are making across population groups or projects.

Some common pitfalls in selecting indicators that you should avoid while setting indicators (Feldacker, n.d.) are:

❏ Using indicators that are not linked to program activities (i.e. looking at changes in diarrheal disease if you are not working on hand washing or water access)

❏ Using indicators that are not aligned to national and international development goal/plan indicators

❏ Using outputs as outcomes (remember- outcomes measure changes, not just products of activities)

❏ Poorly defining indicators and not ensuring staff understand indicator definitions

❏ Using indicators for which data are not available

❏ Using indicator that does not accurately represent intended outcome

❏ Using too many indicators

Box 5.2: Examples of integrated and value added indicators

Integrated indicators

- Number of project champions that are promoting integrated PHE messages
- Number of times integrated PHE messages are aired on radio or TV
- Number of messages/materials developed that demonstrate and educate about the linkages between population, health, and environment
- Number of model households established
- Number of community dialogues conducted on PHE topics
- Number of community-based group members considered multi-purpose (cross domain) resource persons
- Number of HEWs who integrate conservation messages as part of their routine work
- Number of development agents who provide FP information to community members
- Percent (%) of woredas from PHE target areas that have implemented development plans with integrated activities
- Number of enabling local ordinances/policies supporting PHE
- Number of new PHE partnerships created that make linkages among organizations or institutions from different sectors
- Number of PHE clubs (in and out of school) functioning
- Number of linked messages/materials created

Value added indicators

- Percent (%) of communities with functioning community-based natural resource management committees
- Number of educational sessions provided on new or alternative income-generating activities
- Net dollar value of socially-marketed products sold
- Percent (%) of men and women who know where to access modern family planning services
- Number of children who show improvement on a growth chart
- Yield per area per year
- Percent (%) of youth participating on community-based natural resource management committees
- Percent (%) of leadership positions held by women on natural resource management committees
- Number of fuel efficient stoves distributed
- Percent (%) of youth who used a condom at least high-risk des in the previous year
- Percent (%) of men who support the use of modern contraceptives for themselves or their partners
- Percent (%) of households with ventilation in cooking area
- Percent (%) of children under five years of age with low weight for age (underweight)
- Average household consumption of firewood in target area
- Household income
- Percent (%) of households that earn income from new or alternative income-generating activities

As an implementer of an integrated PHE projects/program, you should also make sure that in addition to your sector-based indicators, you select some indicators that measure integration. You should also include value added indicators that can help you to demonstrate what is achieved outside of your

program plan and the synergies that happen through implementing integrated projects/program. Valued added indicators are indicators that provide information about one or more groups of people or sectors that may not have been targeted in the intervention but are achieved through the intervention. Examples include percent of women who hold leadership positions in community based PHE committees, percent of men who support the use of modern contraceptive methods for themselves or their partners, and average household consumption of firewood in the target area (Box 5.2). Further information on PHE indicators can be obtained from Finn (2007).

Setting targets for the selected indicators is part of developing monitoring and evaluation plan. Although it is a challenging task, setting indicator targets can be much easier if you have baseline data for the integrated projects/program, which helps you to know where you are starting. If you say you want to increase contraceptive acceptance to 50% in your community without a baseline, but it's actually at 64%, you may end up claiming credit for changes that you did not contribute to. On the other hand, if you say you want to increase contraceptive acceptance to 75% in two years, but it's only at 15% in the community, you may be committing yourself to unachievable target in the time you have. When you are determining your targets, there are a few different approaches you can use that are suggested by the MEASURE Evaluation M&E for PHE training (Feldacker, n.d.):

❯ Look at past trends and project them into the future

❯ Consider the expectations of the community, your organization and your donor

❯ Consult experts to help you determine appropriate target levels

❯ Review the literature to see what has been accomplished in other places

❯ Consider how long it will take to make changes in the unique place where you are working

You should make a note of how you determined the target to refer to it later when you analyze the actual data. It is also recommended that when you are reporting on your progress towards the targets, you look at planned versus achieved as well as trends over time in the indicator to help you better understand what is happening. The indicators can be organized into an indicator table so that you can clearly see what needs to be collected, where, and when. See the example given in the Table 5.2 below for some of the column headings you may want to include.

Table 5.2: Sample Indicator Table Headings

Indicator	Unit of Measure	Data Source	Collection Frequency	Relevant Project(s)	Project Site(s)	Person(s) Responsible	Baseline	Target	Time frame

To support your indicator table you should develop an indicator reference sheets for each of your indicators (Annex 2). These indicators dig deeper into each indicator listed in your indicator table and provide precise definitions for each indicator and instructions for how to gather the information. These reference sheets are very useful to establish common understanding of what indicators mean and to standardize procedures for data collection across different projects and sites.

5.1.3. Monitoring and Evaluation Plan

Monitoring plan is 'a management tool to help define how progress will be measured for the life of the project and helps show to what extent activities are leading to intended results' (The BALANCED Project, 2013:14). The monitoring plan shows how you will collect, manage, and analyze your data (Frankel and Gage, 2016). There is helpful information to guide you in how to do each of these activities in other sections in this chapter. For your M&E plan, you should consider including:

❯ A description of each data source to be used;

❯ An outline of who is responsible for collecting the data;

⊃ A description of how information flows throughout your organization and how it will be stored; and

⊃ A description of how data will be analyzed, by whom, how frequently, and how it will be disaggregated

Evaluation plan is prepared based on a review of the questions you have about your projects, what you want to learn, and performance gaps or successes you want to explain. You have to consider if there are any special or periodic studies that you want to do and the kinds of evaluations you have committed to in your project proposal. In addition, the plan shows the timetable to accomplish each of the activities and whether the evaluation will be conducted internally or by an external consultant. Besides, means of addressing ethical issues that arise from the use of specific type of evaluation shall be clearly indicated in the evaluation plan. There is a sub-section on evaluation in this chapter that provides more information to help you think about the kinds of evaluations you can possibly use.

5.1.4. Data Quality Plan

In this part of the M&E plan, you describe how you will ensure your data are of good quality. This includes checking for missing entries, making sure the data are correctly entered, and spot checking of data for correctness. There are some additional information for ensuring data quality in the other section of this chapter (see section 5.5).

5.1.5. Information Dissemination and Utilization

The data you generate are not useful unless it is shared with others and used for decision making. In this part of your M&E plan, thus, you should describe which results you want to disseminate, formats of dissemination, and appropriate channels. For example, do you want to write a brochure about your organization with up to date information on your PHE integrated action results? Do you want to update the section of your website about your projects? How often do you want to update your information or come up with new communication materials? Is it relevant to use media, websites, conferences or all for dissemination of results?

In addition to deciding on how you want to share information externally, you should also include how you share information and use it for decision making internally. This should include how you are going to give feedback on data collected and reports written throughout the organization. It is a best practice to review your data at all levels regularly. See the section on using data in this chapter for more suggestions on what to include in the plan on information dissemination and utilization.

5.2 Establishing Baselines

5.2.1. Rationale for Baseline Data Collection

Before you start a project/program, it is important to figure out the existing situation in the community, especially in the thematic areas where you are planning to work. You should find out the prevalent problems and positive factors, timing of important community events, and the status of key indicators. The data you gather before starting project implementation are your baseline measures. It is called baseline because the data are used to show the changes that happen in the project areas over time. The baseline measure is the standard against which to measure the subsequent changes recorded by your program. Suppose you observe a high rate of teenage pregnancy in the community and your organization wants to do something about it. First, you determine the current rate of teenage pregnancy by going to the health center and getting the number of reported pregnancies during a particular period. Then, you design and implement your project. Throughout the year, you work with the health center to keep track of the number of reported pregnancies. At the end of the first year, you will have comparable data to your baseline, so you analyze how this indicator has changed. Hence, baseline measures, together with data collected subsequently, are used to i) show the effectiveness of a program or an intervention by comparing the results obtained before and after the intervention; ii) communicate the changes to others to help them understand the degree of change you have achieved.

The specific baseline measures you choose are also helpful in many ways. First, it is used to breakdown the different components of the change you are hoping to make. For instance, if you want to increase family planning use in a kebele and baseline measure shows that contraceptive acceptance rate is over 80%, this result changes your focus to other areas like the type of family planning they are using.

Second, it helps to decide whether this is a good time to start an intervention. Third, it is useful to know whether or not the methods we are using are working. For example, if there is no change in a behavior compared to the baseline, it is a signal that your methods may need to be adjusted to meet the needs of the community.

5.2.2. Developing a Baseline Data

The first step to establish a baseline is selecting indicators that best reflect the behaviors/issues that are most important to you. An indicator can be contraceptive acceptance rate, the number of people requesting a particular pamphlet that your organization distributes, or the number of farmers who are using vertiver grass. The indicators are expected to be relevant (i.e. it shows what you need to know); comparable to other indicators; and comprehensive enough to give you all the information you need, without taking too much time.

The next step is determining the best way to gather data on the selected indicators. While some information may be available from pertinent line offices, others are collected from primary sources by PHE implementing organizations themselves (see section 5.4 for additional information on data collection). If you want to do an impact evaluation of the project at the end, the baseline data are especially important as it determines what will be measured during evaluation. Hence, defining the evaluation purpose and evaluation questions before the start of a project helps you to know that baseline data to be collected. If you decide to do an impact evaluation, you also need to select the comparison group. This group will also be surveyed as part of the baseline to make comparisons between the group participating in a project and those that are in the comparison group.

The third step in developing baseline measures is making sense of the collected data (i.e. interpretation of results). Depending on the availability of data, different approaches can be used to present the results (see section 5.6 for further information on data presentation). Knowing about previous trends help to prioritize areas for future intervention and the extent to which changes can be attributed to the intervention.

5.2.3. Utilization of Baseline Data

Once the results of baseline data are prepared, they can be used mainly for two purposes: to develop an intervention and to determine the result of the intervention and communicate it to others.

Use of baseline data to develop an intervention: As suggested by Hampton et al. (n.d.), the results of baseline data can be used to develop a need-based project/program following the steps given below.

i) Decide which problem(s) to address

Based on the baseline data, decide what problem(s) you want to address. What looks like it most needs to be dealt with? Is it something you can reasonably expect to be able to change?

ii) Identify primary targets of the intervention

Based on the problems you have identified, determine who you should work with to make improvements. If you seek to encourage behavior change, whose behavior do you want to change and what is their current behavioral status? Who are people that can help you to influence this behavior change? What systems do you need to have in place in order to support behavior change? For example, if you want to reduce overgrazing in a community, you need to work with livestock owning farmers. You may also want to work with the local leaders and community based organizations to develop bylaws and means of enforcement.

iii) Develop an action plan

While developing an action plan for the intended project, it is good to include community members, government officials you want to work with, and other stakeholders to ensure ownership over the entire process of the project. Development of an action plan also involves preparation of a budget breakdown, project time line, and indicators of success.

Use of baseline data to determine results and communicate them: Baseline data are mandatory to effectively carry-out an M&E activities. Baseline provides a benchmark against which to measure project performance and determine the degree to which the observed change is attributed to the project activities. Shortly, baselines are necessary to do an impact evaluation of a project. To this end, in addition to baseline, data are collected at selected time intervals. Organizations commonly collect data at the midpoint of their project and then again at the end. The data on each indicator show the trends of change (increase or decrease or remaining the same) over time. It is useful to have monitoring data that are collected throughout the project to get hints about progress on key indicators so that the results of final evaluation will not be a surprise.

However, be sure to give credit for success to your partners. In most places where you are working, there are other community based organizations or NGOs that work to improve the lives of communities. The government also has many programs that make a difference. You should proudly share your successes, but make sure you don't claim all the credit, unless you know it is only your activities that led to the improvements you have documented.

5.3 Evaluation of Interventions

Evaluation is a 'systematic application of quantitative or qualitative research techniques to determine the appropriateness and effectiveness of the design and implementation of a program. Evaluations determine whether programs are achieving their stated objectives and, ultimately, making a difference' (The BALANCED Project, 2013:13). It involves not only assessment of the extent to which results are achieved but also understanding of why the results are achieved or not. These evaluation issues are addressed based on data obtained from routine monitoring combined with the measurement of outcomes and impact. Evaluation is required to unambiguously know changes a project has made.

5.3.1. Types of Evaluation

There are two categories of evaluation: formative and summative. Formative evaluation, also known as process evaluation, is used to determine the extent to which the project is being implemented as planned (Finn, 2007). The result helps to know whether or not it is in line with its theory of change; there are unintended results; and adjustments need to be made to the design or implementation of the project/program. A summative evaluation is conducted at the end of the project to investigate the achievement of the intended results and the factors that impact the performance of the project. This type of evaluation, also called impact evaluation, looks at the change that has happened and that can be attributed to the project/program (Finn, 2007; Frankel and Gage, 2016). Because of its focus on attribution, impact evaluation is employed to explore cause and effect relationships in the project, which requires rigorous methods and baseline data.

Although evaluation often takes place at the end of a project, it is recommended to plan for it from the beginning (i.e. designing phase) by, for instance, establishing a good baseline data and/or counterfactuals (also called control or comparison groups). Impact evaluation, in particular, requires a counterfactual in order to be able to control for other factors that might have caused the changes observed in the project area. As change does not prove causality, the counterfactual is used as a proxy for what would have happened in project area if you had not intervened. The control group is supposed to be comparable to the project community in relation to well-defined characteristics.

There are different ways to do evaluation, each with its own strengths and weaknesses. The type of evaluation to be used for a given project depends on the purpose of evaluation and availability of data. Hence, it is a priori to know why the evaluation is being conducted, how the information will be used, and who will use the information to select specific type of evaluation. Hence, we should know what we want to learn from our projects/program to select the evaluation method(s) best suited to achieve the objective. Once the purpose of evaluation is clarified, evaluation questions are set. These questions (which are often 'how' or 'why' type) can be defined by referring to the log frame of a project/program.

5.3.2. Evaluation Designs

Selection of the type of evaluation is followed by identification of specific type of evaluation design.

Impact evaluation can be undertaken by using any of the three common and broad classifications of evaluation designs: experimental design, quasi-experimental design, and non-experimental design.

Experimental design: It is the most rigorous evaluation design. Randomized Controlled Trials (RCTs) is a common type of experimental design. In RCTs, the eligible participants or communities are randomly assigned to the treatment group (that receives project services) or the control group (that does not have access to the project services). Because of the complexity of PHE projects, the best practice is to have multiple types of treatment groups to measure the difference between sectoral and integrated approaches. For example you might have four different groups: reproductive health only, agriculture/natural resource management only, integrated approach, and control group. This is the design that was used for the evaluation of the IPOPCORM PHE project in the Philippines. Because of the many different groups necessary, RCTs can be very expensive to implement and difficult to manage. There may also be ethical issues to consider, as you are asking a group of people to respond to a questionnaire but did not receive any benefit from the project.

Quasi-experimental design: Randomization of study subjects into treatment and control group is not always feasible and practical. In such cases, quasi-experimental design is used as an alternative option. In quasi-experimental design, alike experimental design, study subjects are assigned into treatment group and comparison group. However, the assignment is not random. In this type of design, evaluation data can be collected from both groups using two options: i) before and after PHE intervention and ii) only after PHE intervention. Quasi-experimental design is less robust in impact evaluation as, owing to non-random assignment, the treatment and control group may not have similar characteristics. To partly address this limitation, treatment group is matched with control group based on observable characteristics. Some of the characteristics you can look at are similar status for key indicators at the baseline, similar socio-economic levels, cultural or religious characteristics, etc. Yet, the evaluation result is less reliable than the RCTs described above in terms of attributing observed changes to project/program interventions.

Non-experimental design: In this type of evaluation design, there is no comparison/control group and evaluation data are collected only from the treatment/intervention group. Hence, it is the weakest type in impact evaluation as it is difficult to determine the would-be impact in the absence of an intervention. Non-experimental evaluation design includes surveys, time series design, panel design, and case studies. Survey (before and after PHE intervention or post-intervention only) is a common form of cross-sectional design that is used to show the situation of different subgroups at one point in time. For example, you could look at differences in services received between men and women or youth and adults. However, since you are not looking at change over time, this provides little information on project-based changes. In the before and after survey design, you compare baseline and end-line data for one group before and after the intervention. This is a very common evaluation design because it is very practical and flexible. It is also relatively easy to implement, if you can get good baseline data.

In time series design, multiple measures of the indicator variables are collected at different points of time. This method is good to look at changes over time (e.g. HIV prevalence rate in different years). A panel design takes repeated measurements from the same individuals over time. Although it can be used to investigate changes over time, the risk of people learning what the 'correct' answers are and giving them to you, even if they don't agree, is relatively higher. Case study is another common design that allows you to go in-depth to understand a process or situation and explain why results occurred. The in-depth nature of this design can be a good compliment to surveys, which don't provide an understanding of why the situation exists.

Furthermore, developmental evaluation/operations research supports innovation and adaptation as it provides timely data to implementers about how the project is progressing. In many cases, the evaluators are part of the implementation team so there is a close connection and understanding between the implementers and the evaluators. This approach is useful when a project is complex and not well defined yet.
For each of these designs, the use of a mixed method (both qualitative and quantitative) is recommended to enrich your understandings.

5.4. Collecting M & E Data

Data are raw facts, observations, or numbers collected through M&E. Data that have been analyzed

or processed to be useful to program or project efforts are referred to as information. There are many methods that can be used to collect data from different sources (Finn, 2007). The methods to be used to collect data vary by the nature of data to be collected (quantitative and qualitative), type of data (primary and secondary), sources of data (institutions, individuals, group of people, etc.), and end users of the results of the data.

Qualitative data are collected using methods such as focus group discussions, key informant interviews, participant observation, community forums, and public hearings. Participatory rapid appraisal methods, which are covered in the section on involving the local community, can also be an effective tool for qualitative data collection. These methods can be used in evaluations by conducting them at the beginning of project/program implementation and then periodically throughout the project and comparing the results over time. These data collection methods allow you to gather data that tell you a story about what is happening in a community and why. Qualitative data do not involve numbers, but it can be quantified, if necessary. For example, you can count how many people mentioned water quality in a focus group or what percent of people said they had started a vegetable garden. Numbers can tell you what is happening, but textual data tell you why something is happening.

Quantitative data are collected using surveys and community inventories. Data collection through survey requires preparation of survey questionnaire which is followed by pre-testing to make sure that the respondents understand the questions and provide the type of information required. The respondents are identified based on the type of information required and the intended target of a project. You also need to determine the number of respondents for the survey. Decision on sample size can be made based on the consideration of statistical significance and availability of resources (time, finance, etc.). However, the sample size should be as large as possible to get sense of the actual feelings of the whole community. Interviewing the same people during baseline, mid-line or end-line survey helps to get true results of before and after comparison.

Once you have developed the first draft of your data collection tool (both quantitative and qualitative), you should share it with your colleagues to get their feedback. You should also compare it with the project's log frame and organizational M&E plan to confirm that necessary data are collected for the indicators you have set.

5.5. Quality of M & E Data

Correct understanding of the effects of integrated PHE interventions depend on the quality of an M&E data (Finn, 2007). Poor quality data may result in under or overestimation of the results of a project/program. Hence, it is important to check the quality of data and put mechanisms in place to ensure quality. The dimensions of data quality, according to MEASURE Evaluation (2008), are:

● Validity: Do the data accurately represent performance?

● Reliability: Are data collection processes stable and consistent over time?

● Timeliness: Are data collected frequently and are they up to date?

● Precision: Do the data have an acceptable margin of error?

● Integrity: Are data free of manipulation?

● Confidentiality: Are data maintained following national/international standards?

● Completeness: Are the data obtained from all eligible persons/units?

Some recommendations to ensure that data are of high quality are (Finn, 2007):

● Develop clear goals, objectives, indicators, and research questions
● Have a detailed plan for data collection and analysis (i.e. who, when, how, etc.)

● Pre-test methods and tools of data collection

❯ Incorporate data quality checks at all stages of data collection and processing

❯ Supervise the work - review all forms for completeness, check that all answers are clearly written and consistent, and take steps to address errors right away

❯ Document any changes and improve the data collection system

❯ Spot checks - periodically you should review your data collection tools to see if they are complete and then follow how the data are analyzed and reported to check for errors.

❯ Supportive supervision - check in with your staff to make sure they know how to collect, analyze, and use the data and see if there are any challenges. Training the staff on all components of an M&E as well as creating sense of ownership in the process of data collection and processing are also crucial to improve the quality of M&E data.

❯ Open discussion with partners - many PHE implementers get some of their data from other partners such as Health Extension Workers or the Woreda level sector Offices. To help you better understand the quality of such data, you should discuss with the respective organizations on how the data are collected and analyzed and what definitions are used. This will help you avoid any confusion about what the data mean.

PHE Ethiopia Consortium has developed a web-based M&E system that its members can use to help them manage their data. Access to this system can be obtained by contacting the M&E Coordinator of the PHE Ethiopia Consortium.

5.6. Data Analyses and Presentation

The data obtained from project records or an evaluation needs to be turned into information to be useful. The data can either be in quantitative or qualitative form. Information is data that have been analyzed in a way that allows you to draw meaning from it. The information can then be used to make decisions and learn from a project/program. This section provides some suggestions on analyses of an M&E data. This is not meant to be a course in statistics. Instead, it gives basic information to build on if you want to get involved in more complex data analyses. To use advanced statistical analysis, it is advisable to form a partnership with an experienced quantitative researcher who can guide you.

Quantitative data analysis begins with descriptive statistics to summarize the pattern of findings. These descriptive statistics include measures of central tendency (i.e. mean/average, median, and mode) and measures of dispersion (i.e. range, standard deviation, and variance). Furthermore, depending on the objective of the project, correlation analysis (Pearson, Kendall, and Spearman), test of association (either parametric or non-parametric), as well as test of difference (t-test, ANOVA) can be utilized. However, advanced regression models are required to establish cause and effect relationship between interventions and changes documented. Various statistical tests have been devised to help you know if the differences are statistically significant or not. Decision making based on a statistical test is open to error, so we can never be sure whether we have made the correct decision. Hence, it is worth noting that extrapolation of statistical findings to the general population depends on representativeness of the sample.

Once the quantitative data are analyzed, the next step is to determine how to present it to other people. Tables, graphs, and charts are helpful for presentation of results. Tables allow you to present numbers and percentages. Graphs and charts show trends and other patterns that you wouldn't see if you look at the numbers and also used to compare data. When presenting the data visually, it is important to carefully select the kind of chart or graph to be used based on the type of information to be presented. Bar charts show comparisons between two or more groups; line graphs are used to show trends over time; and pie charts show the proportion out of 100% for each category of a variable.

If the data are in text form, such as transcripts from interviews or focus group discussions, then qualitative data analysis techniques are employed. The first step of qualitative data analysis is transcription of all of the audio/video recordings and typing all of the notes from the interviews and focus group discussions. As part of the data collection, the recorder should make notes of body language and oth-

er valuable information such as details about which words are emphasized, where the speaker pauses, and when the speaker speeds up. These notations should be included in the transcriptions. The transcriptions should also be organized to know which speaker said which things. For confidentiality reasons, you don't have to mention their names, but you could label them like 'Farmer 1' or 'Mother 5'.

The next step is coding, where you go through the transcript and label each one with a code which can help you to identify the key themes and ideas that are coming up repeatedly in the data. There are several approaches to coding. One is to first arrange the statements into various groups in a preliminary way - you can do this by copying and pasting the statements from the transcript under the category/code where you think it belongs. If a given item is relevant to several groups, then it is included in all of them. Codes can be around a topical area where you look for key words and phrases. This is often limited to the direct meaning of the words. Codes can also be thematic and consider the meanings that are underlying the words. You can also use both methods by first doing topical coding and then following it with thematic coding. Another way to do coding is to involve the respondents to help you identify the themes you use for your codes. Coding is often an iterative process. You are likely to change some of your categories if additional information becomes to light. Qualitative investigators are not only interested in the number of items or statements falling into each category. Their major concern is usually in the variety of meanings, attitudes, and interpretations found within each category.

Once coding is completed, you have to look at all of the different codes and interpret them. One way to do this is to count the number of times different codes appear. You can also look at trends (e.g. did female respondents tend to make different comments than male respondents?). While interpreting the data, you should look for the answers to your research questions and make meaning from all of the responses you received.

One point to note is that one of the main limitations of the qualitative approach is that the findings are not replicated. This is because qualitative approach is often subjective and impressionistic. Hence, the ways in which the data are categorized and then interpreted can differ considerably from one investigator to another. For this reason, it is a good to do the coding as a team to capture different perspectives. It is also the case that some people may give different answers depending on who interviews them because they try to give the answer they think the person wants to hear. You can try to avoid this by being familiar with the community and using interviewers that they feel comfortable to discuss with.

Findings obtained from quantitative and qualitative analyses can be synthesized through triangulation. Triangulation is comparison of the results obtained from different data sources to determine whether or not the results are similar. For example, you may find that people in the focus groups said that early marriage is not practiced in their community. However, they might have reported their age at first marriage to be under 18 years in the survey. It is recommended that you triangulate your data because you can verify, through comparison, the results obtained through different methods. For this reason, when you are conducting a needs assessment or an evaluation, it is recommended that you use more than one data collection methods.

5.7. Data Management

Data management systems are the set of procedures through which data are processed. It is an important part of project/program management. You need to ensure that you have access to your data throughout the project period as well as afterwards when you want to be able to talk about the differences your project/program has made over the years. Good data management helps you to be able to easily retrieve the data you need for preparation of reports, respond to information requests, and serve other purposes. These require effective methods of collecting, storing, and retrieving information at the time of need. To this end, you have to make sure that there are data collection tools, data management protocols, quality control mechanisms, documentation processes, storage facilities for both hard and soft copies of the documents as well as ways for all staff and others to access the documents. Data management systems within organizations maintain high quality data and ensure access to information when needed (Schoenbach, 2000).

Schoenbach (2000) suggests several components to strengthen data management system. These are:

❍ ***Open communication with staff and stakeholders*** - People who interact with the data management system, both internal staff and external stakeholders, have valuable feedback that can contribute to making the system more useful. Hence, it is important to be open to this feedback and to continual learning and improvement. However, you don't want to recreate your system for every new project.

❍ ***Consistency*** - The system should be consistent to ensure that the staff knows how to use the system and the data should be gathered and analyzed in the same way to be compared over time.

❍ ***Clear roles and responsibilities*** - The roles of the M&E staff in managing data should be very clear. If PHE organizations do not have an M&E Officer, other staff members have roles to play in data management. The roles and responsibilities of these staffs in data entry, cleaning, and keeping back-up should be clearly defined.

❍ ***Flexibility*** - The system should be flexible enough to respond to changes in a project/program and the environment where it is implemented. For example, you may need to add a new indicator to your project or adjust a definition as the government changes the definition of key indicators.

❍ ***Simplicity*** - The simpler the system is, the easier it will be for all staff to understand and use. Hence, data management system is expected to be complex enough to keep track of all the types of data you need to manage and at the same time easy enough to be managed by staff at all levels and that new staff can quickly begin to use it after an orientation.

❍ ***Integration*** - In addition to integrating the project activities across multiple sectors, integrating the data management systems into all project activities is essential. Its importance is to be able to keep track of the data at all stages of a project.

❍ ***Standardization*** - The system needs to be standardized at all levels of the project (from field to headquarters) and across project sites. This helps to make the system easier to use for all staff, as they don't have to remember different systems for different projects. It also makes it easier for aggregation of data across project sites and helps to determine the difference you are making at a larger scale.

❍ ***Pilot testing*** - All components of the data management system should be pre-tested to make sure that it is used to collect the required data; staff understands how to use the data; and it is able to generate data when needed in an understandable format.

5.8. Using M&E Data

A lot of time, effort, and resources are invested to collect data. Hence, we should make maximum possible use of the data. More importantly, proper utilization of M&E data helps to better understand our projects/program and improve over time, learning from successes and failures. M&E data have purposes that transcend reporting of achieved versus planned results. It supports evidence based decision making. If decisions are informed by evidences from M&E, the chance of making better decisions and being more effective in a project is greater.

However, M&E data are often underused because of different constraints. Staff may lack the necessary skills to analyze the data; staff may have data that they know are not of acceptable quality; staff may not have a computer to make graphs/charts or other kinds of analysis. There may also be structural challenges within an organization that prevents data from flowing from one section to another. The data may not also be valued and people tend to make decisions based on how they feel. Hence, to increase utilization of data in your organization, it is good to identify the constraints and how they can be addressed.

One of the strategies that enhance utilization of data for decision making is to share it during regular project and organizational review and learning meetings. It is useful for program people to see the data once it has been compiled and analyzed by the M&E staff. This is very motivational and encourages people to properly collect data as they know that it is being used. Data are best used when both program and M&E staff are engaged in its collection, analysis, and learning. In addition to meetings, it is valuable to schedule other ways to provide feedback on data quality and use, such as supportive supervision. However, during these meetings, you should do more than just showing the data. You

should discuss what it is telling you and what actions you should take based on what is learned from the data.

One tool you can use to help you connect your program related decisions with your data is the framework for linking data with action from MEASURE Evaluation (2011) (see Annex 3). It is good to invite different stakeholders to the meetings where you use this tool, including the field staff, so you can understand the decisions they need to make, the information they need, and the best way to present it.

Another useful tool to use data as a part of the way your organization works is the Seven Steps to Use Routine Information to Improve HIV/AIDS Programs (Judice, 2009). These seven steps are:

1. Identify questions of interest

2. Prioritize key questions of interest

3. Identify data needs and potential sources

4. Transform data into information

5. Interpret information and draw conclusions

6. Craft solutions and take action

7. Continue to monitor key indicators

5.9. Documenting and Communicating M&E Results

5.9.1 Documenting PHE Projects/Program

The results of analyses of M&E data may show promising PHE implementation strategies and interventions that have positive impacts. These impacts should be properly documented. Documenting PHE strategies and results help to determine the key components of a project/program and communicate them with others and plan for scale up. This is also a good practice to address information gaps created by staff turnover. Each PHE implementer in Ethiopia has developed its own strategies based on the strengths of the organization and the communities where it works. Combined, these strategies make up your organizational PHE model. The strategies that are documented can be used for various purposes which include:

❍ Developing a scale up strategy

❍ Developing a PHE manual for your staff describing how they should implement your strategies

❍ Communicating what you are doing more clearly in project proposals

❍ Identifying best/good practices you want to document

Because of the integrated nature of PHE programs, they include many strategies across different sectors. PHE Ethiopia Consortium, along with Ricky Hernandez from the BALANCED Project, developed a tool to help PHE implementers in Ethiopia document their interventions across the different sectors where PHE implementers work. The tool also has additional columns that help you to document what evidence you have to support the effectiveness of the strategy and how it is related to your organizational M&E plan (see the tool in Annex 4). To support this tool and to visually show how your strategies are working together in an integrated way, you can develop a conceptual framework. Instruction for developing a conceptual framework is explained in section 3.1.2. Also, because PHE projects are varied based on the needs of the communities, you may find that some of these categories do not apply to you. That is okay – you are not expected to have activities in each of these areas. You may also find that some of your activities are not included in this tool. You can add them where it says 'other' at the end of each category.

5.9.2. Communicating M&E Results

Communicating M&E results has equal importance to that of implementing the activities. Thus, there is a need to establish diverse, context-specific, systematic, and user-friendly ways of communicating results. The following are the main ways through which M&E results can be communicated to others.

❱ Sharing reports in hard and electronic copies;

❱ Using websites including social networking sites like Facebook, LinkedIn, twitter, flicker, etc.

❱ Using print and electronic media

❱ Using joint platforms and dissemination workshops

❱ Documentation of case stories

❱ Organizing field visits and learning events

❱ Preparing periodic publications of results and circulating in hard and electronic copies (e.g. using websites and E-mail circulation). PHE EC, for instance, has around 10,000 mailing lists to share relevant information.

5.10 Challenges of M&E and Strategies to Address Them

5.10.1 Challenges of M&E of Integrated PHE Projects/Program

Collection, analyses, and utilization of M&E data are constrained by the following challenges:

❱ Allocation of a small amount of fund for M&E activities

❱ Lack of a shared understanding of M&E terms and definitions of integrated PHE indicators among staff, stakeholders, and donors

❱ Inadequate planning to carry out data collection

❱ Data collection tools may not be pre-tested or standardized across a project

❱ Lack of knowledge of statistical analysis and lack of access to statistical software

❱ Limited documentation of results

❱ Lack of established mechanisms of sharing data

❱ Attribution of M&E results without using appropriate statistical analyses

5.10.2. Strategies to Address the Challenges

The challenges can be addressed by:

❱ Using participatory M&E methods to develop M&E plan

❱ Developing an M&E plan and regularly updating staff on its contents

❱ Demonstrating how M&E can help you to be successful as an organization

❱ Ensuring that there is proper pre-planning and sufficient resources for data collection and processing

❱ Pre-test all of your data collection tools and make sure they are the same across all of your sites

❯ Reviewing the collected data for completeness and addressing any data quality issues, using the dimension of data quality as a guide

❯ Developing a system to capture, process, and share data within your organization

❯ Always backup your data

❯ Establish a system to regularly update your data

❯ Develop clear roles and responsibilities for data management within an organization

❯ Using mixed methods (qualitative and quantitative) in data collection

❯ Involving program and M&E staff while making M&E based decisions

Chapter - 6

Sustaining and Scaling Up PHE Program

The question of sustaining PHE program/project outcomes is critical for local and global development implementers. Scarcity of resources, local and global socio-economic challenges and environmental change demand paying more attention to sustainability. A number of development program/projects are implemented at great expense and resulted in remarkable achievements. However, in most of the cases, these progresses disappear a few years after the project ended. Also, too commonly, new projects that fail to capitalize on what was attained before by past projects working in the same or similar communities are implemented. To ensure that projects are sustained after we are gone, PHE implementers need to learn from the past and include strategies in their projects so that projects are designed with sustainability in mind and build on the good experiences of their own and others' past experiences.

Over the last eight years, PHE projects in Ethiopia have attained a number of achievements, despite limited resources and the newness of the approach. One of the reasons for this success is the foundation of the PHE integrated approach, which is to work with communities in their daily lives. This foundation should be built upon to increase the sustainability of projects. This chapter addresses how to encourage sustainability of projects through fostering ownership within the community and the government. It will also cover strategies for maintaining donor support and developing a phase out strategy.

6.1. Essential Elements of Sustainability

Sustainability of the outcomes of PHE projects/program requires proper consideration of the following elements at the design stage and throughout the PHE initiatives.

Link activities to socio-economic development: To sustain outcomes, PHE projects should be linked to short and long term socio-economic development programs/plans being implemented by other development partners and the government such as livelihood security issues such as food security, access to service giving centers (health posts/clinics, schools, etc.), WASH, and job creation through alternative income generating strategies.

Ensure community acceptance of outcomes: PHE interventions should be socially accepted by the community. There should also be clear benefits to the community where the project is implemented.

Create visions for sustainable communities: Communities should have a clear vision of what they want their community to look like in the future. Communities can be inspired to think bigger through education/awareness development and experience sharing with other communities. This can help them learn from best practices being used in other communities and see how they can achieve sustainable development outcomes for themselves.

Establish a strong monitoring and evaluation system: Organizational monitoring and evaluation systems should be designed so that they provide the necessary information required to know what the project has achieved and what its unexpected results are.

6.1.1. Ensuring Community Ownership for Program Sustainability

Ownership can be defined as the ability, authority and power to decide on and benefit from sharing of resources/outcomes for a short or long period of time. Who owns program/project outcomes and how they express that ownership is very critical to the success of a project (Castleden et al., 2008). Fostering community ownership of PHE initiatives is key for maintaining the benefits of your development interventions and to expand the number of community members who are benefiting from the PHE approach. This is one of the most important issues in designing and implementing your project

and you should have a clear strategy for fostering community ownership that is revised throughout your project (Durlak and DuPre, 2008; Marshall, 2008). The essential elements of fostering community ownership are given as follows.

Community demand driven project design: Your development interventions should be based on the needs of target communities and enable them to take the lead during implementation. The needs of the community can be learned by conducting a baseline needs assessment (see section on baselines in this manual). As part of this assessment, data are collected on past experiences with other projects in the community and learn from the successes and failures. Learning about existing policies and strategies in place also help you to design a more sustainable project.

Capacity building: As community stakeholders have varying degrees of knowledge and experience, skill development training should be designed to improve the knowledge and experience. At the same time, it is important to acknowledge and build on the existing wealth of knowledge of the community to improve ownership.

Community empowerment: The pro-poor focus of PHE interventions requires emphasis be given to poor and marginalized community groups, including women and youth. Intensive community empowerment, using different participatory approaches, is essential to empower them and improve their decision making power (Durlak and DuPre, 2008).

Genuine participation: To facilitate genuine community participation, it is essential to develop mechanisms to incorporate the voices and real need of all targets, such as clustering groups based on income, sex, age, educational background and experience when you have discussions. Participatory Rapid Appraisal (PRA) tools can be useful in these settings to stimulate discussion.

Accountability and transparency: Being accountable and transparent to the community and other stakeholders help to create smooth relationships and build the trust of the community, thereby fostering community ownership.

Partnership: Because of the multi-sectoral nature of PHE, it is often necessary to find partners in various technical areas. Thus, building partnership with other NGOs, CBOs, and government institutions working in the same communities not only support each other's work together but also sustain your work and reduce duplication of efforts. Establishing partnerships can also help ensure information exchange during and after project implementation.

Technical support: As development is a process, it is important to provide technical support to communities, often for several years, in order to establish good practices within the community and strengthen local institutions to continue their operation after the project ends.

Evaluation: Evaluation, especially participatory evaluation, can be a powerful tool to encourage community ownership. Evaluation shows what has happened as a result of the project, including unintended benefits (positive and negative). It also encourages joint reflection with the community to capture lessons learned for the future.

6.1.2. Fostering Government Ownership

PHE programs by their very nature integrate issues related to population, health and environment. The 'E' in PHE can also include economy, education and energy in addition to environment. The governance system that sees institutions in an integrated way, which is also a reflection of the thinking that institutions are best governed when we emphasize the relationships among them rather than their differences. This holistic world view emphasizes the interconnectedness, self-organizing capacity and co-evolutionary dynamics of all components of institutions, in our case all the bureaus under a zone, for example.

Based on this understanding, the PHE approach focuses on how to integrate the work of government and other institutions to come together and explore their commonalities to implement PHE projects. This process greatly increases ownership over your project and support for the PHE integrated approach. For example, if government institutions or sectoral offices come together and explore how they can better integrate their work, the following advantages can be gained by all of them: account-

ability and legitimacy, exchange of expertise, effective utilization of resources, knowledge sharing, and coordination of project activities.

Government ownership can be fostered through the following strategies: i) getting the attention of government officials – this requires understanding government structures as well as the mandate and focus areas of the sectoral offices and identification of available entry points; ii) promoting joint learning – this can be achieved by inviting each sectoral office to observe how interventions in one sector positively impacts the other sector and conducting training on how integrated PHE approach addresses various issues government offices are also working on; and iii) involving the local government in planning, monitoring and evaluation of projects.

6.1.3. Determining Best Practices and Success Factors

Documenting best practices and success factors helps you learn more from your projects and to share that learning with partners (D'Adamo and Kols, 2005). To help with this process, the PHE Ethiopia (2013) has developed the PHE Good Practices Collection Guide. Because the term 'best practices' can be controversial and a lot of evidence is required before you can say a practice is 'best', PHE Ethiopia has selected the term 'good' practice for its efforts to document and learn from the PHE works being done in Ethiopia. PHE Ethiopia Consortium defines a good practice as: ***An evidence based practice that addresses interconnected challenges in an innovative, participatory, cost effective and sustainable way to improve the lives of beneficiaries and sustain the environment*** (PHE Ethiopia, 2013: 2).

The PHE Good Practices Collection Guide provides a list of questions that can help organizations document their practices and criteria against which they can judge if their practices can be considered good.

The following are PHE Good Practices Criteria derived from PHE good practices guide:

❂ Innovative – the practice provides a unique approach for solving challenges faced by target populations.

❂ Encourages integration – the practice promotes multi-sectoral approach to development.

❂ Participatory – the practice encourages active involvement of partners and stakeholders.

❂ Successful – the practice is making a tangible difference where it is being implemented that is supported by a strong evidence base and is cost effective.

❂ Sustainable effect – the practice will be continued by local communities and government following the end of the project that introduced the practice.

❂ Potential to be replicated – the practice has lessons and approaches that can be applied to other areas of Ethiopia and potentially to other countries.

6.1.4. Maintaining Donor Support

In most of the cases, development interventions yield promising results in addressing the problems of the community. Empirical evidences on the effectiveness of integrated PHE approaches in Ethiopia also attest these positive impacts (Gonsalves et al., 2015; Makeda et al., 2015). Some of the activities result in tremendous achievements that should be made sustainable to ensure long lasting benefits. In addition, scale up of these activities (good practices) is required to enable others benefit from the results.

However, these plans are not always successful due to financial constraints as most projects do not include budget for such activities. Sustainability of the benefits and scale up of the best practices to other areas can be achieved mainly in two ways. The first one is intensively working on community ownership of the projects/program so that they would sustain not only the results but also adopt the activities and the approaches that yielded the results. The second means is maintaining the support of donors. Two options can be used to get the support of donors for sustainability and scale up activities. One is engaging donors that funded the previously implemented projects/program by clearly

demonstrating, through strong evaluation, the outcomes and impacts of the projects/program. The second is attracting the interest of other potential donors by again clearly showing the results of previous projects/program. In both cases, a PHE implementer may be required to write a sound proposal aimed at sustaining and scale up activities.

6.1.5. Costing PHE Model

Once the strategies that make up the PHE model are documented, the next step is costing the model. Costing shows the amount of funding needed to scale up the project and also helps to develop realistic budgets for project proposals. There are different degrees of complexity in the costing approach. For example, you may include inflation if you are budgeting over several years. You may also create realistic estimates of the percentage of staff time spent on managing the different components to help you manage their workloads and budget for their salaries.

The first step in determining cost is deciding on the level or unit of analysis for costing exercise. For example, you could determine your costs at kebele or woreda level. The next step is defining the timeframe (i.e. deciding on whether it is for a specific time bound project or it is for a longer term strategy that you are developing to scale up your model to new areas).

Then, you can take each of the strategies/intervention areas you have described in your PHE model documentation and break down the costs required to manage the activity. For example, if one of your activities is peer education, you will need to think of all of the costs associated with your peer education program. Some of these costs may include trainings for peer educators, refreshments, stationery materials, per diems and transportation, hall rental, if necessary, monthly stipends for peer educators, printing costs for referral slips and IEC/BCC materials, material supports, coffee ceremony supplies, mini media for edutainment sessions, caps and t-shirts, furniture, computer and TV for youth center, staff time to run trainings, provide supportive supervision and manage program, transportation expenses for staff to visit peer educators and their clients, annual recognition ceremony, and certificates. If you are starting up the peer education program, you may have additional expenses, including those related to establishing referral linkages with health providers.

Then, you have to add in the expenses based on the timeframe and scale you have decided to use for costing. When thinking about expenses, you need to consider how often the cost will occur and how many units of each cost you will have. You will also need to think about associated costs that will also increase as you scale up the activities to other areas or group of people. In addition to each of the strategic intervention areas that you include in the budget, you shouldn't forget the overall management costs that are necessary. Make sure you have budgeted sufficient time for office management staff, M&E Officer, and other necessary expenses that are not part of the project implementation activities.

6.1.6. Challenges of Sustaining PHE Projects and Strategies to Address Them

6.1.6.1 Challenges of Sustaining PHE Projects

❯ Some of the challenges you may face to foster community ownership include lack of genuine participation of the community during the design phase leading to lack of understanding and inclusion of community interests and priorities; absence of or loose linkage with local development policies and strategies; absence of or weak exit plan for what will happen to project outcomes and agreement on who owns outcomes from the beginning of the project; minimal up take of knowledge and experience gained from the project/program that leads to the fading of outcomes; and lack of established by-laws or guiding principles accepted by all stakeholders.

❯ The challenges of fostering government ownership includes the tradition of operating in own areas of work, high staff turnover among government officials, extremely busy schedule of many government officials to attend PHE related programs, the general myth surrounding NGOs as money making and money disbursing and the consequent expectation of payment for any kind of engagement, and gradual weakening of the enthusiasm to work together shortly after a workshop or coordination meeting.

❯ The most common challenge that organizations face in documenting their good practices is lack of strong data, including baselines. Data are needed to validate a practice and demonstrate to others

that the practice is one that should be replicated.

➲ We can't always know how much things will cost in the future with inflation and changes in currency exchange rates. We also can't know what opportunities may arise that we want to take advantage of.

6.1.6.2. Strategies to Address the Challenges

➲ Some strategies you can use to overcome the challenges of community ownership include giving due attention to the priorities of the community; develop an exit and sustainability plan; linking knowledge and skill development plans to the daily activities of the community; linking the PHE intervention to saving and credit and market to increase socio-economic benefits; developing a mechanism to transfer knowledge, skill and experience; establishing a system for documenting your work in a way that is accessible to the partners and the community; and establishing an agreement with the community showing expectations and responsibilities and enforcement mechanisms.

➲ The strategies that can be used to overcome the challenges of fostering government ownership include creating an enabling environment to enable government sectoral offices to understand the benefits and see the fruits of integrated approach; training as many government staff as possible to ensure continuity of support in the context of staff turn-over; continuous follow-up of activities and regular monitoring meetings with government staff to gauge progresses, which, together, ingrain integrated PHE activities in the works of government sector offices; and developing policy and guideline to give framework for engagement among different stakeholders.

➲ To make sure that you have the data necessary to show that your practice is a 'good' or 'best' practice, you should plan how you will monitor and evaluate the progress of your project and the different interventions you are implementing from the beginning of a project. This includes a baseline survey to be able to compare results from your project with the original situation in the community.

➲ One way to account for the challenges in costing/budgeting is to include a contingency rate. It provides you a cushion in case the prices change once you have finalized your budget. You should also share your budget with staff from different organizations, because they may remind you of forgotten costs. You should also put the date of preparation and exchange rates on the budget plan so that it will be easier to know how old the price estimates are.

6.2. Scaling Up PHE Model

Due to its crucial role and documented evidence in improving the well-being of the communities, many PHE implementers are now interested in scaling up their PHE projects. Scale up of successful practices is also part of leading change process (Management Sciences for Health, 2004). This manual encourages you to plan for scale up starting from the beginning of your project and gives guidance on how to do so. ExpandNet has developed a wealth of resources on the strategies to be used to scale-up innovations (interventions or practices to be scaled-up) (WHO, 2010; 2011). According to the framework developed by ExpandNet (WHO, 2010), scaling-up constitutes five elements of scaling-up and five strategic focus areas. The five elements of scale up are innovation, resource team, user organization, and scaling-up strategy. The five strategic choice areas are type of scaling up, dissemination and advocacy, organizational process, costs/resource mobilization, and monitoring and evaluation. These elements are developed into nine steps of developing a scaling up strategy, the condensed version of which is briefly described as follows.

6.2.1. Assessing Scalability of Innovations

If you have already started implementing your PHE project, after you have documented what your PHE model is (in the scaling up literature from ExpandNet, this is called your 'innovation), you should first identify the promising practices (Management Sciences for Health, 2004) and then assess the 'scalability' of your model (Cooley and Kohl, 2006). The scalability is how easy or hard it is to scale up your model. Hence, it is important to prove the effectiveness of the PHE model first before you start designing your scaling up strategy. Be sure that you have strong evidence- both quantitative and qualitative- that your approach makes a significant difference in the well-being of communities. If you don't yet have this evidence, take some time to gather it and do a rigorous evaluation of your project.

Take what you learn from the evaluation to strengthen your approach, and then focus on scaling up.

An approach like the CORRECT criteria described in section 3.2.1 as well as the 12 steps (recommendations) of ExpandNet (WHO, 2011) can help you for successful scale up activities. This assessment gives you an idea about how you may want to tweak your PHE model to make it more 'relevant' to the new woredas where you want to introduce your PHE approach or to start organizing field visits to your existing PHE sites to make your approach more 'observable.'

6.2.2. Determining Who Will be Involved and Building Their Capacity

One of the activities to be accomplished while developing your scaling up strategy is to figure out who will be involved in the process. In the ExpandNet literature, the group that oversees the scale up process is called the 'Resource Team.' This team includes staff from your organization and other partners and stakeholders who are needed to ensure the success of the scaling up process. The other group that will be involved is called the 'User Organizations.' These are groups who are expected to adopt and implement your PHE approach. The user organizations could include kebele administrations, community based organizations, health extension workers, and development agents.

6.2.2.1. Determining Who Should be in the Resource Team

You already have a team of staff and partners who have been engaged in implementing your PHE project. As you move towards scaling up, you need to think about who should be part of the Resource Team. Including some members of your current PHE team is a good idea, because they bring a wealth of experience with them to the scale up process. In addition to staff time, you should think about new skills you might need from the team to help you in the scale up process. For example, you may need someone who is strong in policy communication if you are hoping to have your approach accepted by the regional government. You may also need someone who is familiar with the culture and situation in the new project sites to help you adapt your approach to the new settings where you will be working.

As you build your new team and involve new partners, it is important to clarify with them their roles and responsibilities, which makes scaling up activities smooth and avoid duplication of efforts. Retaining members of the Resource Team throughout the scaling up strategy by providing incentives for participation is also essential.

6.2.2.2. Determining the User Organizations

This begins by identifying organizations you are currently working with in your PHE sites. Many of them are most likely available and critical in your new PHE sites. Hence, think about the best way to engage these organizations and others in your new sites to implement your approach on the ground. Don't forget that the anticipated change in their community (i.e. introducing your PHE approach) needs to matter to them and they need to see how it will benefit their community. After they agree to participate, you should establish agreements with these groups and clarify their roles and responsibilities.

You also need to think about the capacity of these different User Organizations. You might have already worked with them in your pilot sites and helped build their capacity. This experience is useful in helping you think about what you may need to do to build capacity in your new sites. Some issues you need to consider about your User Organizations as a Resource Team include anticipated capacity gaps in the new sites, presence of new user organizations that can serve as change agents, possibility for user organizations to implement the new work without negatively impacting their own works, and expected changes in the user organizations that may impact scaling-up works. Also, make note of any issues that you find and actions you need to take and include them in your scaling up strategy.

6.2.3. Assessing the Environment

Planning for scale up activities requires understanding the new environment where you will be working. Environment includes policies, government structures, donors, socio-economic and cultural contexts, and people's rights and needs. Environmental assessment, thus, helps to understand and get prepared for new challenges you may face as you move to new geographical areas.

Environmental assessment begins with identification of different components of the environment

that potentially influence your scale up process. To assess each of the environmental components you have identified, it is best if you get your data from multiple sources of evidence. Published reports, websites and policies can provide useful information. Additional information can be obtained through conversations with people who are very familiar with these environments.

Using the data you have collected, the assessment is supposed to answer the following questions:

❂ Where do opportunities and constraints for scale up exist within the environments we have identified?

❂ Are any of these opportunities or constraints likely to change during our scale up activities?

❂ Who should we include as a partner or supporter to take advantage of the opportunities and minimize the constraints?

❂ Are there related initiatives/activities that we should connect to?

❂ Are there other opportunities and constraints that are likely to be present and will need to be addressed?

Because PHE projects often require partnerships between organizations with diverse experiences and skill sets, you may also need to find new partners as you move to new areas. As part of environmental analysis, it is crucial to look at new potential partners. Also identify other projects that are being implemented in the area to create synergies with and avoid duplication of efforts.

The environments in which you are working are frequently changing. Hence, there should be periodic environmental assessments throughout the scale up process to be able to be flexible and adapt to changes as they occur.

6.2.4. Strategic Choice Areas to Support Scaling Up

Many strategic choices must be made when planning to scale up. These include identifying where to scale up and the strategies to be used. Your analyses of the User Organizations, the Resource Team and the environmental contexts help you to know existing opportunities for scaling up. Your strategic decisions should be informed by your previous analyses. Scale up has much in common with implementing a PHE approach - both require systems thinking where you consider many different factors and how they impact each other. This type of thinking requires time and the input of stakeholders involved.

6.2.4.1. Strategic Choices for Horizontal and Vertical Scaling Up

The first choice you will have to make is where you will scale up. This is called horizontal scale up (or expansion or replication). What locations, levels and populations will you reach with your expanded project? It can be helpful to draw a map to show where you are planning to go. Remember that scale up rarely means implementing the project in the new area in exactly the same way you did it in the previous area. Part of thinking about where you will go to scale up includes thinking about how you will adapt your project to best fit the new environmental contexts. This may require testing the innovation in a new environment before scaling up.

In addition to going to new geographies, you may need to seek new agreements with government line offices at higher levels and you may want to encourage them to formally adopt your approach, curriculum, etc. This is called vertical scale up (institutionalization). The activities you need to undertake to institutionalize your approach differs based on your approach and how the involved government offices and other stakeholders adopt or support the new approach. If they are already familiar with your approach and its benefits, it takes less time to convince them to support the institutionalization of your approach. Beginning in areas where you have already established strong connections can be a good strategy. Once these sites are successful, they can serve as models to other sites.

Once you know where you want to go to scale, think about when you want to do it. Will the scale up be very rapid or will it be phased? This depends on the financial and human resources as well as the

number of partnerships you have already established in the new areas. You have to make sure that your organization, your partners and the User Organizations have the capacity to implement the scale up plan at the expected pace. We often want to do things quickly, but remember that scale up can be complex, so don't compromise the quality of your project by rushing.

The other set of decision is related to how you scale up. This includes the activities you need to do to bring your approach to new areas and/or institutionalize your approach. You need to select methods for communicating your approach and training others on the approach (Management Sciences for Health, 2004). These include various types of trainings, technical assistance, site visits, conferences, peer to peer learning, etc. You can also produce publications, toolkits, and websites for dissemination and advocacy purposes. In creating this action plan, include who will be responsible for each activity and the expected time of completion. You also need to think about the capacity building needs to support successful implementation of the scaling up activities.

6.2.4.2 . Resource Mobilization

Once the scale up strategy is developed, the amount of money required to implement it is determined. Part of this should be considering if there is a way to organize the expansion more efficiently to reduce costs. Also keep in mind that the cost of expansion may not be the same across all sites. It is good to start talking to potential donors and partners during the pilot phase so that they are familiar with your project and hopefully supportive of its scale up. For sustainability purposes, it is often recommended to link the project with existing sources of funding at the woreda, regional and/or federal level. See the sections 3.2.5 and 6.1.5 for more information on fundraising/resource mobilization and costing.

6.2.4.3 . Monitoring and Evaluation

M&E of scale up activities is built on the M&E system you set up for your pilot project. For example, many of the same indicators of success should be to compare results over time and across sites. However, because you will be working at a larger scale and will want to track the success of the scale up process as well as the success of the project on the ground, you need to create new indicators and data collection processes. Factors that you should be monitoring during expansion include whether all the components of the innovation are implemented; ongoing environmental changes; unexpected results; and perceptions of progress and problems at each level.

It is important that you also evaluate the outcomes and impacts of the scale up activities (Cooley and Kohl, 2006), since the quality of implementation often declines during scale up, especially when the pace of scale up is too rapid. Keeping track of the outcomes lets you know when this is happening and alert you to changes you may need to make to improve the quality of implementation. You should also determine feedback mechanisms so that project decision makers and implementers can learn from the data that are being gathered and make adjustments to the scale up project as necessary. You also need to think about how data will be shared with key stakeholders and the communities and how you will get their feedback on the project.

Lastly, prior planning is required if special studies or evaluations are needed to investigate the success of scale up projects. Furthermore, the one who is responsible for monitoring and evaluating the project at each level of the organization and scale up process shall be clearly defined. See the M&E section of this manual, for additional information.

The decisions made at all these stages of developing a scaling up strategy are used to guide your team throughout the scaling up process.

6.2.5. Challenges of Scaling Up of Innovations and Strategies to Address Them

6.2.5.1. Challenges of Scale Up

❥ As PHE is a new approach and it has not yet been implemented on a wide scale in Ethiopia, the number of people familiar with the approach in general and in policy communication, logistics and evaluation in particular is limited.

❥ Building ownership over your PHE approach in each new site is challenging.

❯ When key staff leave, either from your organization or partner or government offices, and take valuable knowledge and experience with them, it may be difficult to replace their skills quickly and easily.

❯ Environmental assessment is constrained by the difficulty of getting right and up to date information on the one hand and changes in environmental attributes over time may necessitate redefining scale up strategy on the other.

❯ Mobilizing the amount of funds necessary to maintain current project work and expanding innovations to new sites can be a challenge.

❯ Ensuring the quality of implementation of scale up activities at each new site is challenging as it requires a corresponding increase in the amount of resources, which may not be readily available.
6.2.5.2 Strategies to Address the Challenges

❯ While planning for scale up, it is necessary to assess the capacity of your own organization, your partners, and others on the Resource Team and build their capacity during the scale up process.

❯ It is essential, especially at the beginning, to build trust and foster ownership over the process with partners to avoid delays later when people are not fully engaged or there are confusions.

❯ Make sure that your staff, partners, and volunteers stay motivated throughout the process through various techniques of incentives.

❯ Each organization should establish a mechanism to keep track of its internal knowledge, including manuals and tools it has developed, contact information for partners, lessons learned, etc. to ensure that knowledge remains within the organization, even if people leave.

❯ The challenge of availability of data can be alleviated by using champions and partners in the environmental assessment. This expands your knowledge base as well as your network to get access to key decision makers or other potential partners. Flexible scaling-up strategies can also be designed through periodic environmental assessments to keep track of how things are changing and at what pace.

❯ Planning for scale up from the beginning (designing phase) is essential to keep things simple and increase the scalability of the approach.

❯ It is important to maintain resource mobilization activities by keeping donors engaged in your project from the beginning and informing them of the project's successes. You should also know the interest of donors to fund pilot projects or scaling-up projects or both. If the donor for your pilot does not usually fund scale up activities, you should start engaging potential new donors who might be interested in funding scale up while you are still in the pilot phase, so they will be familiar with your project and its successes when the time comes to go to scale.

❯ Strong M&E system gives not only timely information on project progress and performance but also established processes of sharing M&E information within your organization and with partners for joint learning and action.

6.3 PHE Project/Program Exit Strategies

An exit strategy for a program is a specific plan describing how the program intends to withdraw from a region while assuring that the achievement of development goals is not jeopardized and that further progress toward these goals is made (Rogers and Macias, 2004). The goal of program exit strategy is to ensure the positive impacts brought-about by a program are sustainable after a program ends (Gardner et al., 2005). Hence, exit strategy is a 'sustainability strategy', which could be accomplished through staggered graduation from specific project areas, simultaneous withdrawal from the entire program area, or transitioning to associated programming in selected areas. Developing an exit strategy plan is an important component of PHE program design. In addition to its role for program sustainability noted above, exit strategy is crucial to resolve the tension that may arise between withdrawal of assistance and commitment to achieve program objectives and to clearly define the role of donors and other partners.

According to Gardner and Colleagues (2005), there are three approaches to exit strategies: phasing down, phasing out, and phasing over. Phasing down is a preliminary stage to phasing over and/or phasing out which involves a gradual reduction of program activities, utilizing local organizations to sustain program benefits while the donor or program implementer deploys fewer resources. Phasing out refers to withdrawal of a donor/implementer from involvement in a program without turning it over to another institution for continued implementation. Ideally a program is phased out after the realization of permanent or self-sustaining changes, the need for additional external inputs is eliminated, leading to program phase out. Lastly, in the phasing-over approach, a donor/implementer transfers program activities to local institutions or communities. This entails the importance of institutional capacity building during program design and implementation to ensure that local organizations can take-over the responsibility.

The choice of a specific approach to program exit depends on the nature of the interventions (Rogers and Macias, 2004). Firstly, if the changes brought about by the program may be permanent and self sustaining (e.g. behavior change and construction of infrastructure such as roads), no further program inputs or activities are required, allowing for phase out. Secondly, if the interventions require community take-over of activities, creation or strengthening of community groups such as community-based organizations (CBOs), self-help groups, cooperatives, watershed associations, or key individuals within the community may be required for successful take-over. Lastly, the intervention may require transferring responsibility for program activities to a government entity or other permanent organization. These approaches are often used in combination.

Depending on the nature of intervention, not all programs require continued financial and material support after a program ends. However, if resources are needed further, the mechanisms for ensuring availability of the required resources should be identified and clearly indicated in the exit strategy. According to Rogers and Macias (2004), the mechanisms that can be used for resource generation are to:

❯ Establish activities based on a business model whereby the activities themselves generate the needed resources;

❯ Seek community contributions of food, money, time, or other needed inputs;

❯ Implement user fees to offset the cost of the services provided; and

❯ Seek external donor funding to replace resources originally provided by the program implementers.

The exit strategy plan includes the following (Rogers and Macias, 2004):

❯ Specific criteria for graduation (of communities) and exit (of the program from the region);

❯ Specific and measurable benchmarks for assessing progress toward meeting the criteria;

❯ Identification of action steps to reach the stated benchmarks and of the responsible parties to take those steps;

❯ A time line, recognizing that the time line, especially in early stages, needs some flexibility; and

❯ Mechanisms for periodic assessment of progress toward the criteria for exit and for possible modification of the exit plan.

Developing and implementing an exit strategy involves the following steps (Rogers and Macias, 2004):

❯ *Identification of exit criteria.* These may include a fixed end date, achievement of impact targets, or progress toward sustainable phase over to the community, the government or other entities. Impact indicators can suggest which program elements are effective and sustainable, but for most programs, readiness for phase over, not achievement of specific impact targets, is the most relevant criterion.

❯ D*eveloping benchmarks.* These are the operationalized, measurable indicators of achieving progress towards exit. Measurement of benchmarks should be included in program M&E systems.

❯ **Identification of the groups/organizations, key individuals** or entities that will be responsible for program activities.

❯ **Establishing a clear time frame.** The time frame for exit should be established in the earliest stages of the program, though some flexibility is needed.

❯ **Planning for exit from the beginning.** Stakeholders should know from the beginning of the program that exit is planned; specific criteria, benchmarks and time frame should be developed as specific program activities are implemented.

❯ **Implementing exit in a gradual, phased manner.** This allows groups or individuals to take increasing responsibility and have experience of operating independently prior to exit. Gradual phasing of exit also allows adjustments and improvements to be made as the exit progresses.

❯ **Maintaining clear communication with all stakeholders** to ensure they are not surprised by program exit but are active participants in planning for it.

❯ **Conduct post-program evaluations,** if possible, to assess exit approaches in terms of extent to which key program impacts have been sustained following program exit.

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Annex 1:
Sample Proposal Development Process

A flowchart of the proposal development process with the following boxes and connections:

Top row (donor relations):
- Establishing relationships with donors
- Gathering information on donors (incl their requirements)
- Tracking proposal opportunities

These lead to:
- Asked to write a proposal
- Decide whether or not to bid
- Proposal comes out

→ Share proposal and initial analysis with brainstorm group
→ Brainstorm ideas for proposal
→ Develop Conceptual Frame, Activities and M&E Framework
→ Skeleton Review
→ Review proposal and ensure proposal, M&E framework and budget match
→ 2nd round edit
→ Edit proposal
→ Review proposal
→ Write first draft of proposal
→ Develop budget
→ Submit proposal w/ budget
→ Follow up with donor/track progress
→ Document lessons learned from process
→ IMPLEMENT PROJECT
→ DOCUMENT RESULTS
→ SHARE RESULTS

Involve stakeholders (sidebar)

Annex 2:
Indicator Reference Sheet with Suggested Concepts/Topics

Goal:

To which of the Program's Goals or Strategic Objectives (SOs) does the result measured by this indicator contribute?

Objective/Outcome:

To which of the Objective, Outcome or SO's Intermediate Results (if appropriate) does this indicator measure a contribution?

Output:

To which lower-level result (if appropriate) does this indicator measure a contribution?

Indicator:

Provide the exact wording of the indicator that will measure/track a single impact of one of your activities. Be as precise as possible, providing a description that is clear and points transparently to the particular information which your data and calculations will provide.

Date Established:

When did relevant parties agree on the reporting of this indicator?

Date Last Reviewed:
When did relevant parties last review/discuss/alter the indicator?

A. DESCRIPTION

Precise Definition:

Every significant term from the exact wording of the indicator must be clearly defined in this section. It is not enough merely to restate the indicator, nor is it sufficient to list the particular items you are planning to include or exclude from your data calculations. This section must define the categories so that anyone not familiar with your particular program would nonetheless be able to apply criteria or otherwise know exactly which categories of data should be included in indicator calculations and which should not.

Unit of Measure:

Normally, the unit of measure should be either NUMBER/COUNT (#) or PERCENTAGE (%)

Method of Calculation:

This must be a mathematical description of the exact actions (addition, subtraction, division, multiplication) that will be performed on the raw data to arrive at the value of the indicator that will be reported. It must match exactly with the indicator provided in the top section, and its elements must match the items detailed in the precise definition. Any inconsistency must be resolved before the indicator reference sheet can be considered finalized.

Disaggregated by:

List significant subdivisions in the data that will routinely be divided for the normal presentation of data (e.g., by sex, facility type, rural/urban location, etc.) if any

Justification/Management Utility:

What are the activities that show that this specific indicator is an especially appropriate measurement of your project's impacts and results? Why are these incremental results significant in or for the health sector? In what way will monitoring of these results contribute toward program success? Toward what results at a higher level, or which overarching goals, will these indicators ultimately contribute?

B. PLAN FOR DATA COLLECTION

Data Collection Method:

List the source(s) of the raw data, the levels of collection (is a third party aggregating data or calculating some intermediate indicators that may affect your indicator values?) and describe the steps involved in the collection of any/all information needed to construct the indicator's value for a given reporting period. Too much detail is better than too little detail here.

Data Sources:

As specifically as possible, identify the documents, databases, organization, and or individuals that/who will provide raw information or final figures that will be reported through this indicator.

Timing/Frequency of Data Collection:

Normally, this should be reported here in terms of the timing or frequency of indicator calculation. If data are collected every month but the indicator will be calculate/reported (i.e., collected by USAID) only annually, the frequency listed here should be Annually.

Estimated Cost of Collection:

Unless this is a special survey or other new M&E activity outside of current or ongoing plans, it will often be appropriate to note here that the cost will fall within the contract budget, or other similar language. This section helps keep tract of new budget items or any not previously included in standard or routing obligations.

Responsible Organization/Individual(s):

With as much clarity as possible, identify the person and position within each relevant organization who will have responsibility either for providing relevant data or for otherwise contributing to indicator calculation.

Location of Data Storage:

In cases where raw data and calculated indicators will be stored by separate organizations, it is a good idea to note each location where portions of the information that would be necessary to re-construct the indicator value will be stored.

C. Plan for Data Analysis, Reporting, and Review (schedule, methodology, responsibility)

Data Analysis:

Monitoring indicators typically should be analyzed at least through comparison to baselines and targets, and considered in terms of their implications for program performance.

Presentation of Data:

Most often, indicator values will be presented in Tables. Graphical presentation may be more appropriate for some indicators. Qualitative indicators may require more narrative explication.

Review of Data:

Most often, indicator values will be reviewed annually, or less frequently for less frequently calculated/reported indicators (see "Timing/Frequency of Data Collection" above).

Reporting of Data:

What is the reporting schedule?

D. Data Quality Issues:

This section reports only on issues related to data quality. Issues of indicator definition, performance, relevance or data availability or alternative standards should be explained or explored in other sections.

Initial Data Quality Assessment:

(Validity Concerns): Given what you know at this point in time, how do you feel about the potential for problems with the quality of data that you will eventually collect and use to calculate this indicator? Do you think your data validly measure the result targeted by this indicator? Do you think your measurements are valid metrics for the (conceptual) result you are trying to track here? Do you expect institutional or other challenges to arise that may affect the degree of measurement error or other systematic errors in your data set?

Known Data Limitations and Significance (if any):

(Reliability Concerns) Even if your indicator is valid, are your data reliable? Do you foresee any gaps or inconsistencies in the data that might affect the soundness of the Indicator's calculated value, or your ability to interpret/understand the meaning of the Indicator? If limitations arise, do you judge them likely to be highly significant, trivial/unimportant, or somewhere in-between?

Actions Taken or Planned to Address Data Limitations:

Think of all of the things that could go wrong with your planned indicator when you start trying to gather information about real results of your program activities. How will you try to mitigate or correct for any gaps or measurement errors that may be due to difficulties with the data as noted in the previous two sections?

E. Performance data table

Key to Table:

If items are disaggregated or if subsets are provided in parentheses or any other key to understanding the table at a glance is required, explanatory information should be provided here.

Rationale for Selection of Baselines and Targets

How exactly have you determined your baseline for your indicator value(s)? If no exact baseline was available, what information did you use for a proxy measure and how did you adjust or otherwise interpret the data in order to arrive at what you consider to be a reasonable approximation of a baseline?

How exactly have you determined a target (or targets) for your indicator values? If you have extrapolated from existing partial data or estimated based on data from another geographical area, explain your reasoning.

	TARGET/PLANNED	ACTUAL	COMMENTS
2013 (Baseline) 2014 2015 2016 2017 2018 Final			

Comments:

After calculation of indicator values for one or more periods, note here any adjustments you may have had to make. Adjustments may be needed, for example, according to information provided in any of the sections above (e.g., data that were expected to be available turned out not to be available (for certain disaggregation, for example); data whose quality was already suspect was in the end judged to be of insufficient validity or reliability; data collection that depended on cooperating government or NGO entities did not occur or was incomplete). In addition, further (unanticipated) issues may have arisen in defining, collecting, calculating, or otherwise arriving at sound and transparently interpretable indicator values. Any such additional information that would be helpful for people interpreting the meaning or significance of the indicator values should be discussed here.

Source: MEASURE Evaluation (n.d.). Population, Health and Environment M&E Training Tool Kit: Indicator Reference Sheet – Guided. MEASURE Evaluation, USAID.

Annex 3:
Framework for linking data with action (MEASURE Evaluation)

Decision/ Action	Program/ Policy Question	Decision Maker & Other Stake-holders	Indicator/ Data	Data Source	Timeline (Analysis, Decision)	Commu-nication Channel

Framework definitions:

Decision/Action: Decisions are the choices that you make that lead to action. They can relate to how to allocate resources, how to revise project strategies, how to engage more community members in your project, etc. You can choose to start to fill out the table here or with the program/policy question.

Program/Policy Question: Sometimes you first have to answer a question before you can make a decision or you may have a question about your program that you need an answer to. If this is the case, then you should start filling in the table from this column.

Decision Maker & Other Stakeholders: This is a list of those people who are interested in the question or decision. The person who is the final decision maker should be noted in the table.

Indicator/Data: In this column, you will list the indicators that you will use to collect data to answer your question or make your decision. It is a good idea to use a mix of qualitative and quantitative indicators and indicators that require different sources of data.

Data Source: Here you will write down where you will gather the data necessary for your indicators.

Timeline (Analysis, Decision): To help keep you on schedule, you will write down by when you will need to have completed the data analysis and shared the data with stakeholders and by when you need to have made your decision.

Communication Channel: This is where you will specify how you will communicate with your stake-holders, such as a face to face meeting or a report sent via email.

Source: MEASURE Evaluation (2011). Tools for Data Demand and Use in the Health Sector: Framework for Linking Data with Action

Annex 4:
PHE Model Documentation Tool >>

Intervention Area	Org Focus Y/N	Strategies Used (incl. target pop)	Very Effective	Effective	Needs Improvement	More Info Needed	Evidence to Support Rating (qualitative & quantitative)	Related Objectives	Related Indicators (with data)	Other Remarks
Family planning/population										
Family planning services are provided by the government and readily accessible to the majority of the population										
Contraceptives are available through the private sector at affordable cost (i.e., drug store, private clinic, social marketing outlet)										
Community-based distributors of family planning products exist at village or sub-village level										
There are strong connections between all levels of RH service provision from peer educations to distributors to HEWs to Health Centers,										
Referral linkages connect project with public and private RH/RP services										
Contraceptive social marketing program is operating in the area										

Adolescents and young adults (15-24 yrs) have access to sexual and reproductive health information	Adults have access to sexual and reproductive health information and are supported to share this information with their partners and children	Cultural and/or religious barriers to family planning are being addressed	Family planning services are provided by the government and readily accessible to the majority of the population	Contraceptives are available through the private sector at affordable cost (i.e., drug store, private clinic, social marketing outlet)	Women are aware of the benefits of waiting two years between the birth of a child and getting pregnant again	Other

Health						
Interventions are in place that are reducing respiratory infections						
Interventions are in place to address the causes of diarrheal diseases, especially in children						
Oral rehydration salts are readily available						
Sources of safe drinking water are available to the majority of households						
Households have sanitary toilet facilities that include handwashing facilities						
Families are engaged in activities that will increase the diversity, quality and quantity of foods they eat						
Interventions are in place to address the causes of maternal death due to pregnancy-related causes						
Malaria prevention activities are implemented						
HIV/AIDS prevention and treatment activities are implemented						
Other						

Environment									
Activities are in place that are reducing the community's dependence on natural resource extraction for food or livelihood									
Interventions are resulting in increasing agricultural yields (in quantity and/or size)									
Communities have strategies for minimizing and addressing conflicts over access to natural resources									
Habitats conservation and rehabilitation measures are in place to prevent over-exploitation of natural resources									
☐ a☐s to protect the environment are in place									
☐nvironmental protection la☐s are being enforced									
☐he community is actively involved in conservation effort									
☐he community is able to adapt to the impacts of climate change									
Habitats conservation and rehabilitation measures are in place to prevent over-exploitation of natural resources									
☐ther									

Poverty											
Families are able to diversify and/or increase their income											
Families are able to afford/produce sufficient food for their households											
Families are able to send their children to school											
Micro-credit is available											
□ommunity is or□ani□ed into savin□s and credit schemes											
□ther											
□ro□rams to end early marria□e are in place											
□ro□rams to delay first births until at least the a□e of □□ are in place											
□ro□rams to end abduction are in place											
□ro□rams to end female □ental cuttin□ are in place											
□ro□rams are in place to support □irls and their families in the transition from primary to secondary school											
□ther											

Local Governance							
Local officials are actively involved in the project							
Local development plans include integrated components (ie FP is included in natural resource plans and vice versa)							
There is sufficient budget allocated in order to effectively implement the integrated components of local development plans							
Linkages exist between the project and different sectors of local government							
□ommunity level decision making bodies are involved in the project							
□ther							
□ **r**□ **an**□□ **a**□□ **onal** □ **a**□ **ac**□□□□							
Programs to end early marriage are in place							
Programs to delay first births until at least the age of □□ are in place							
Programs to end abduction are in place							
Programs to end female genital cutting are in place							

Programs are in place to support girls and their families in the transition from primary to secondary school							
Other							
Local Governance							
Local officials are actively involved in the project							
Local development plans include integrated components □ie □P is included in natural resource plans and vice versa□							
□here is sufficient □udget allocated in order to effectively implement the integrated components of local development plans							
Lin□ages e□ist □et□een the project and different sectors of local government							
□ommunity level decision ma□ing □odies are involved in the project							
Other							
Local officials are actively involved in the project							
Local development plans include integrated components □ie □P is included in natural resource plans and vice versa□							

Organizational Capacity						
A monitoring and evaluation system is in place that allows the organization to document results						
The organization has the necessary financial and management systems in place to effectively implement the project						
The organization's staff understand PHE as a concept and are able to integrate it into their program implementation						
Volunteers and staff are effectively supervised and supported by superiors						
☐ther						
☐nt☐gration						
Activities are integrated at the household level						
Activities are integrated at the community level						
Activities are connected to the schools						
Activities are integrated across sectors by involving multiple sta☐eholders						
☐ender issues are addressed through the project						
☐ther						

The definitions used for the effectiveness ratings are as follows:

➲ Very Effective: There is strong evidence to support that the strategies being used are resulting is significant changes and should be considered as a 'PHE good practice'

➲ Effective: The strategies being used are leading to positive results, which is supported by data

➲ Needs Improvement: The strategies the organization is using are not translating into tangible results on the ground or the results are minimal

➲ More Info Needed: The organization works in this area, but there is not sufficient data to determine the degree to which the strategies they are using are effective

➲ Evidence to Support Rating: Ideally, the focus organization will have established indicators for each of their intervention areas that will help to determine whether or not the strategies they are using are effective (quantitative data). However, this information may be lacking. In this case, you can ask them for qualitative data, such as success stories or comments from beneficiaries that demonstrate that the focus organization was able to achieve tangible results as a result of their intervention. In addition to documenting your program strategies using this tool and a conceptual framework, you also need to document who needs to be involved to make your project successful at all levels- from the kebele to the federal level, as appropriate. ■

Annex 5:

List of Participants for the review workshop on PHE integrated Manual

Date: 06-10,2017

Venue: Adama Executive Hotel

S.N.	Name of Participant	Organization	Telephone
1	Mr. Shewaye Deribe	EWNRA	0911330419
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9	Mr. Amanuel Mekonen	PADeT	0911115095
10	Mr. Dulla Etana	AAU	0911112185
11	Mr. Abas Mohammed	NPC	0911544526
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13	Mrs. Alem Mekonen	PHEEC	0911122066
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