

“HEALTHY FAMILIES, HEALTHY FORESTS”

ROADMAP TO POPULATION, HEALTH AND ENVIRONMENT INTEGRATION IN TANZANIA

Proceedings of a Workshop
Held at the Hilltop Hotel, Kigoma: 20-24 June 2005

Co-hosted by
EngenderHealth-ACQUIRE Project
The Jane Goodall Institute-TACARE Project



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List of Abbreviations and Acronyms

| | | |
|---------|---|--|
| AA | = | Advance Africa |
| AIDS | = | Acquired Immune Deficiency Syndrome |
| ACQUIRE | = | Access, Quality and Use in Reproductive Health |
| ART | = | Anti-Retroviral Treatment |
| ASOS | = | Action Sante Organization Secours |
| AWF | = | Africa Wildlife Foundation |
| BCC | = | Behavior Change Communication |
| CBD | = | Community Based Distributors |
| CBHV | = | Community-Based Health Volunteers |
| CBO | = | Community-Based Organization |
| CDC | = | Centers for Disease Control |
| CHMT | = | Council Health Management Team |
| CMAC | = | Council Multisectoral AIDS Committee |
| CRS | = | Christian Relief Services |
| CSO | = | Civil Society Organization |
| D&G | = | Democracy and Governance |
| DFID | = | Department for International Development |
| DHS | = | Demographic and Health Survey |
| DMO | = | District Medical Officer |
| ELCT | = | Evangelical Lutheran Church of Tanzania |
| EU | = | European Union |
| FBO | = | Faith-Based Organization |
| FHI | = | Family Health International |
| FP | = | Family Planning |
| GIS | = | Geographic Information System |
| GNP | = | Gombe National Park |
| GOT | = | Government of Tanzania |
| HBC | = | Home-Based Care |
| HBCP | = | Home-Based Care Provider |
| HIV | = | Human Immuno-deficiency Virus |
| ICM | = | Integrated Coastal Management |
| ICPD | = | International Conference on Population and Development |
| ICT | = | Information and Communication Technology |
| IEC | = | Information, Education and Communication |
| IR | = | Intermediate Result |
| JGI | = | Jane Goodall Institute |
| JSI | = | John Snow Incorporated |
| LTT | = | Linkages, Themes and Tools |
| M&E | = | Monitoring and Evaluation |
| MCH | = | Maternal and Child Health |
| MDG | = | Millennium Development Goals |
| MGHCP | = | Madagascar Green Health Communities Project |
| MoH | = | Ministry of Health |
| NACP | = | National AIDS Control Program |
| NGO | = | Non-Governmental Organization |
| NR | = | Natural Resources |

| | | |
|---------|---|--|
| NRM | = | Natural Resources Management |
| NHWP | = | Nature, Health, Wealth and Power |
| OVC | = | Orphans and Vulnerable Children |
| PEPFAR | = | Presidential Emergency Plan for AIDS Relief |
| PETS | = | Public Expenditure Tracking System |
| PHAST | = | Participatory Hygiene and Sanitation Transformation |
| PHE | = | Population Health and Environment |
| PLHA | = | People Living with HIV/AIDS |
| PMTCT | = | Prevention of Mother to Child Transmission |
| PSO | = | Program Support Objective |
| PRINMAT | = | Private Nurse-Midwives Association of Tanzania |
| RFA | = | Regional Facility Agency |
| RH | = | Reproductive Health |
| RMO | = | Regional Medical Officer |
| SDA | = | Seven Day Adventist |
| SDA | = | Small Doable Action |
| SO | = | Strategic Objective |
| TA | = | Technical Assistance |
| TACAID | = | Tanzania Commission for AIDS |
| TACARE | = | Lake Tanganyika Catchment Area Reforestation and Education |
| TANAPA | = | Tanzania National Park |
| VCT | = | Voluntary Counselling and Testing |
| VNA | = | Village Nursery Assistant |
| WWF | = | World Wild Life Fund |
| ZTC | = | Zonal Training Centre |
| USAID | = | United States Agency for International Development |
| UNFPA | = | United Nations Population Fund |
| UNDP | = | United Nations Development Program |
| WAMATA | = | Wenye Mapambano katika UKIMWI Tanzania |
| WBF | = | Wanda Babowsky Fund |
| UNICEF | = | United Nations Children's Fund |

Executive Summary

USAID supports integrated population, health and environment (PHE) programs in several countries around the world (Madagascar, Guatemala, Cambodia, the Philippines, Kenya, and Tanzania), often where foundations such as Packard and Summit fund similar programs. PHE integration is based on the recognition that the conservation of ecosystems and biodiversity cannot be achieved without also addressing the needs of populations whose livelihoods depend on the use of natural resources.

A workshop in Bangkok in November 2004 brought together teams from the above-mentioned countries and was a first attempt to reach a common understanding of results and indicators for documenting the success of integrated PHE. Workshop participants recommended a more field-based strategic planning exercise to help organizations to plan, implement and monitor integrated PHE activities. This coincides with USAID/Tanzania's interest in deepening the impact of their programs by linking strategic objectives, working across thematic areas and sharing tools among sectors.

The first PHE workshop for Tanzania was officially opened on the morning of Tuesday 21 June 2005 at Hilltop Hotel, Kigoma. Jointly hosted by EngenderHealth/ACQUIRE Project and JGI/TACARE Project, the workshop was attended by 45 participants, including two co-facilitators, Marc Okunnu, Sr. and Dr. Calista Simbakalia. The goal of the work shop was to develop both a conceptual framework for PHE integration and an implementation strategy. Also, the workshop was intended to develop a *clear definition* of the programmatic value-added and expected outcomes from implementing the integrated PHE approach.

The workshop program provided for a mix of plenary sessions featuring presentations and discussions, and three rounds of small working group sessions. Evening film shows, several side meetings, and a one-day field trip (to Kalinzi and Zashé villages) were also organized. Through these activities, technical resource persons and presenters imparted knowledge on conceptual frameworks and guidelines for PHE integration. The workshop received and exchanged extensive practical experience from Tanzania, Madagascar and other countries, and discussed various possibilities and opportunities for introducing, consolidating or expanding integrated PHE activities in Tanzania, including the related partnership and collaboration roles and responsibilities. Also, the workshop discussed a preliminary roadmap (possible actions and approaches, potential locations of new or expanded actions, and partners and collaborating agencies) for PHE integration in Tanzania.

In essence, the workshop accomplishments can be summarized to include the following four areas: justifying, explaining, and clarifying the rationale and concepts that underlie PHE integration; receiving and discussing local and international (mainly Madagascar) experience, including past, current and planned activities and case studies, to illustrate and confirm the practical feasibility of PHE integration programs; practising application of the theoretical and field experiences and learning shared, through small working group sessions; and discussing and clarifying plans for follow-up actions to move PHE integration forward in Tanzania.

The workshop was an opportunity for organizations in Tanzania to identify with a conceptual framework for integrating PHE, to develop implementation strategies, and to understand how to monitor and document the success of PHE interventions.

I. INTRODUCTION

1. General

This report documents the proceedings and outcomes of the population, health and environment (PHE) integration workshop held at the Hilltop Hotel in Kigoma, from 21-24 June 2005. The 43 participants were drawn from ten national and international governmental and non-governmental organizations, and donor agencies. The full list of participants is attached as Appendix 1. Designed by John Snow Incorporated (JSI), the workshop was co-facilitated by Marc Okunnu, Sr. of Management Strategies for Africa and Dr Calista Simbakalia of HealthScope Tanzania.

Responding to a number of needs that emerged from the workshop, this report appropriately serves a four-fold purpose as follows:

- Record of activity (particularly for those not present at the workshop);
- Reference point for summary of discussions and conclusions reached;
- Learning material for the individual and institutional participants and through them colleagues and collaborating partners who were not present at the workshop.
- Means of exchanging experience and lessons in approaching, conceptualizing, and implementing PHE integration

The goal of the workshop (Appendix 2) was to agree on a conceptual framework and produce an implementation strategy for PHE integration in Tanzania. Through plenary and small working group sessions, evening film presentations, side meetings, and a one-day field trip, the workshop received and exchanged extensive experience from Tanzania, Madagascar and other countries and discussed various possibilities and opportunities for introducing, consolidating or expanding integrated PHE activities in Tanzania, including the related partnership and collaboration roles and responsibilities. The workshop also developed a preliminary roadmap for PHE integration in Tanzania.

2. Background

USAID supports integrated PHE programs in several countries around the world, often where foundations such as Packard and Summit fund similar programs. PHE integration is based on the recognition that the conservation of ecosystems and biodiversity cannot be achieved without also addressing the needs of populations whose livelihoods depend on the use of natural resources. Efforts supported by USAID include an integrated PHE program in Madagascar, which started in 1999 and, more recently, activities in Guatemala, Cambodia, the Philippines, Kenya, and Tanzania.

A workshop in Bangkok in November 2004 brought together teams from these countries and was a first attempt to reach a common understanding of results and indicators for documenting the success of integrated PHE. Workshop participants recommended a more field-based strategic planning exercise as a follow up to Bangkok to help organizations to plan, implement and monitor integrated PHE activities. The recommendation coincides with USAID/Tanzania's interest in deepening the impact of their programs by linking strategic

objectives, working across thematic areas and sharing tools among sectors. The workshop in Kigoma in June 2005 was an opportunity for organizations in Tanzania and other countries to identify with a conceptual framework for integrating PHE, to develop implementation strategies, and to understand how to monitor and document the success of PHE interventions.

3. Goal and Objectives

The goal of the work shop was to develop both a conceptual framework for integrating population, health and environment (PHE) and an implementation strategy. These were intended to assist in cross-sector program development in the Kigoma Region as well as in other parts of Tanzania and in other countries interested in PHE, including those not currently supported by USAID. The aim was for integrated PHE to incorporate Linkages, Themes and Tools (LTT) from USAID/Tanzania's Program Support Objective, because these are critical for achieving maximum program impact. The workshop was intended to develop a *clear definition* of the programmatic value-added and expected outcomes from implementing the integrated PHE approach.

The specific objectives for the workshop were as follows:

- Understand the terminology used by various sectors involved in integrating PHE.
- Share experiences, successful approaches and tools from programs with experience in implementing multisectoral programs, for example: community-centered conservation, the champion community/district model, and the eco-regional alliance approach.
- Learn approaches for monitoring and evaluating integrated PHE and reach an understanding of key indicators and methods for documenting best practices.
- Contribute to the development of work plans for the TACARE program through a practical exercise, as an example for other programs sharing a similar USAID funding profile (i.e., receiving a mixture of USAID funds from different SOs).
- Understand better the “why” and “how” of integrating specific thematic areas into PHE, including, for example, HIV/AIDS and zoo noses.
- Provide USAID/Tanzania with experience in how the Mission strategy of crosscutting linkages, themes and tools can be translated into practice.

The following sections of the report document in detail what the workshop did and accomplished, and the challenges and issues for attention in moving the agenda of PHE integration forward in Tanzania. As will be noted, the main section is Accomplishments. The section is not arranged in a chronological order. Instead, it is arranged to correspond to the workshop program, regardless of when in time the respective sessions actually took place. In all sections, it is important to refer to the related presentations (concepts, experience, case studies) for broader and complete accounts. Only highlights or summaries are attempted in the body of the report.

II. OPENING

1. Welcome and Introduction

The first PHE workshop for Tanzania was officially opened on the morning of Tuesday 21 June 2005. Mr. Marc Okunnu, Sr. of Management Strategies for Africa (MSA), co-facilitator, called the workshop to order and welcomed everybody on behalf of Dr Calista Simbakalia of HealthScope Tanzania, the other co-facilitator. On behalf of the workshop organizers, he extended a warm welcome to all participants, and requested cooperation and support so that the workshop could successfully stick to the very tight schedule which had been established.

Marc introduced the Month of Birth Game (MBG) to break the ice and initiate the process of getting to know one another at the workshop. Through the MBG, individuals grouped themselves based upon birth months, introduced themselves to each other, developed a group symbol, and then moved about the room to meet other participants from other birth months. Later, volunteers from six of the month groups shared their experience with the larger group, focusing on why they chose the respective group symbols.

2. Opening Statements

Opening statements representing welcome remarks, good will messages, and workshop expectations were made by the organizing, sponsoring and host institutions as well as the Government of Tanzania.

As Master of Ceremony for this segment of the program, *Mr. Emmanuel Mtiti of JGI* extended to all participants his very warm welcome to Kigoma Region which he described as a peaceful place in which all are welcomed. He explained that Kigoma is a place of meetings, where Tanzanians and even refugees come together. He informed the workshop that arrangements had been made for the Regional Commissioner (RC) to officially open the workshop. He apologized for the RC's absence, which was a result of unexpected developments.

Box 1: Presenters of Opening Statements

- Ms. Grace Lusiola, Director, ACQUIRE Project
- Dr. Anthony Collins, Senior Representative, JGI, Tanzania
- Mr. Tom Outlaw, Director, PHE Programs, Bureau of Global Health, Office of Population, AID/W
- Mr. Jim Allman, PH Team Leader, USAID Mission, Dar es Salaam, Tanzania
- Dr. Godfrey Mbaruku, Acting Regional Administrative Secretary

The Director of ACQUIRE Project/Tanzania, Ms .Grace Lusiola welcomed all participants not only to Kigoma, but also to Tanzania. She offered a special welcome to the guests who had arrived from Madagascar, who had made such a long trip to share their experiences. She expressed the excitement of the ACQUIRE project and all participants to have the opportunity to learn from Madagascar's experience. She gave special recognition to Eckhard Kleinau, who was really the heart and push behind the workshop, and Tom Outlaw (AID/Washington) and Jim Allman (USAID/Tanzania) who put the workshop in place.

Ms. Lusiola used the opportunity to highlight the work of ACQUIRE and its collaboration with JGI/TACARE. ACQUIRE is a USAID-funded project which works to improve Access, Quality, and Use in Reproductive Health. Primarily, it works to promote family planning through facility-based care. The link between health, reproductive health and the environment is clear. The ACQUIRE project works across 10 regions of the country; 50% of the regions are in areas where there are national parks. In these areas, the CPR is very low, and maternal and child mortality high. These are marginalized populations without access to many health services. Therefore it is time to attempt to reach the people.

In speaking from personal experience, Ms. Lusiola noted the need to get a community's perspective on their needs and priorities, rather than approaching communities with a prescribed formula. If we can grasp their perspective, it is likely that we will see that health is always one of their primary concerns. Therefore we should begin to think through these interventions and potential collaborations, as we explore these issues with the community. She concluded by stressing the importance of effective community-based strategies.

Dr. Anthony Collins, Senior Representative of JGI/Tanzania, began his statement by asking himself the question "why do I work with an organization that is world renowned for work with chimps (Jane Goodall Institute)?" He noted the small niche that this work possesses. But it is this organization that put us all here. JGI has expanded, and started to work on both human and environment natural resources. Although JGI works in Gombe, the health of the wildlife there is representative of the entire ecosystem around the area. Gombe chimps are declining in numbers as a result of disease and a decline in natural resources. Diseases are very likely brought to the chimps from humans. There is poaching. These are the results of natural resource competition. Absence of natural resources is pushing the chimps outside the park to seek food. Natural resource competition is increasing which is dangerous for both the human and chimp populations.

Deforestation, erosion and depletion of water supply are also issues which lead to the spread of diseases (such as bilharzias), and non-renewable land, causing farming difficulties. Human population in this region has the highest population growth rate (3.8% while the national growth rate is estimated to be 2.9%). This state of affairs is exacerbated by the influx of refugees. The driving issue is the high population density and high population growth rate. There is too much strain on natural resources.

The TACARE project initially worked to provide alternative sources for firewood, to prevent deforestation. Later, it expanded to community development projects which maintained environmental links (i.e.: prioritized education for girls, with their families receiving additional education on resource management). "TAKE CARE" is becoming the international name of the program to expand to other countries.

Dr Collins was pleased to note that HIV, gender, and good governance are USAID strategic objectives, which allow addressing cross-cutting issues and the development of strong partnerships. He hoped that the next three days would allow discussion on what the linkages will be. In this regard, he expressed happiness at the opportunity to hear from the group from Madagascar, expecting that there will be many lessons learned and models taken from there. He concluded by wishing the workshop a good few days of discussion and exchange of ideas.

Mr. Tom Outlaw, Director of PHE programs, within the Bureau of Global Health under the Office of Population, at AID/ Washington, also extended a warm welcome and thank you.

Tom began by drawing on larger global objectives. At AID/W there is an impetus behind using population money to address areas where there is pressure on biodiversity. This is already being done in the Philippines, Nepal, Cambodia, Madagascar, and it is now being developed in Tanzania. He noted the developments and thinking making the collaboration possible:

- 1- Receptive collaborative partners: ACQUIRE and JGI are well recognized.
- 2- JGI has demonstrated how conservation can work while protecting population (these needs are not contradictory)
- 3- The fact that participants can all pull together is a sign that integration can work in Tanzania as a whole. There is a rare combination of partners, supported by a creative mission (specifically referring to Mr. Jim Allman). The Tanzanian Mission's Strategic Plan identifies multi-sectoral collaboration covering areas and issues such as environment, health, FP, and gender issues.
- 4- Although collaboration tends to be messy and difficult, at the end of the day, participants must all fundamentally think that all these issues are essentially linked and the closer they get to daily work on the ground the more the realization that integration is clearly the way in which we ought to do business.
- 5- We want to use this Tanzanian example as a test ground of the way that integration can work and show that there are distinct advantages. We will use Madagascar- who also worked with Jim Allman to teach us how this is done.

Mr. Jim Allman, the PH team leader at USAID/ Tanzania, welcomed all participants on behalf of USAID/Tanzania. Jim had previously worked in Madagascar on the development of PHE programs there. Now, in Tanzania, he was reminded of his arrival in Madagascar in 1994. At that time, Madagascar shared many similar development challenges: the threats to child survival, democracy and governance challenges, and the need to stimulate economic growth. In Madagascar, there were good Democracy and Governance (DG) programs, and other excelling projects which seemed to be working well but not together. Over the course of the past ten years, organizations have worked more closely together, and now the country has developed excellent collaboration. When he came to Tanzania in 2003, Jim noticed similar things: good environment, good health programs, etc. He was pleased that USAID/Tanzania developed a programs support objective (PSO) which facilitates the desired integration.

Mr. Allman outlined the USAID expectation of the workshop as follows:

- 1- PHE implementation plan, including M&E strategies and documented success stories.
- 2- There are many activities out here: how can the implementing organizations (PACT, ZTC, SDA, FP projects, D&G) start focusing in the region?
- 3- Responding to the question, how can USAID start to develop similar integrated approaches in other areas of Tanzania? We need to develop this as an important outcome

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| <p>Box 2: Overview of Main Workshop Topics</p> <hr/> <ol style="list-style-type: none"> 1. Cross cutting linkages (frameworks, D&G, FP) 2. Results chains for PHE (conceptual frameworks, adaptive management cycle, etc) 3. Community mobilization, coordination and M&E (share experiences from other countries) 4. PHE roadmap: a vision for action (WWF case study) 5. Linking SOs to deepen program impact 6. Next steps in planning PHE |
|--|

- 4- Learn lessons from the Madagascar participants who have been doing PHE programs for the past ten years.

Dr. Godrey Mbaruku, the Assistant Regional Administrative Secretary, apologized for his late arrival, however, offered a warm welcome and some few words on behalf of the local government. He expressed the hope that the workshop would be useful for planning the welfare of the population. High population growth, disease outbreak, and refugee influx lead to the need for this type of meeting. He hoped that we can learn a great deal from the Malagash colleagues. Also, he hoped the meeting would provide a roadmap and a plan to work towards the Millennium Development Goals (MDGs).

3. Review of Workshop Goal and Objectives

Dr Calista Simbakalia, co-facilitator, reviewed the workshop goal and objectives as set out in Section III of this report (above). She highlighted and briefly explained the main sections and topics as logically sequenced (Box 2). She concluded her intervention by briefly presenting participants' workshop expectations (as shared by 60% of the group at registration). She summarized the expectations as follow:

- Share experiences with other participants
- Receive more information from ACQUIRE and USAID
- Learn about integration of PHE
- Meet new friends
- Strengthen collaboration in PHE activities
- Develop framework for PHE in Tanzania
- Get knowledge about PHE approaches
- Identify key PHE outcomes and indicators for M&E
- Find out how to integrate population, health, and HIV/AIDS
- Get more understanding of results chains in M&E
- Strengthen knowledge of practitioners in the field
- Coordinate for PHE in Tanzania
- Learn new ways of thinking and discussing
- Come up with plans

It was clear from the expectations (and the workshop objectives) that the focus of the workshop was to be on exchange of knowledge and experience.

III. ACCOMPLISHMENTS

In essence, the workshop accomplishments can be summarized to include the following four areas: justifying, explaining, and clarifying the rationale and concepts that underlie PHE integration; receiving and discussing local and international (mainly Madagascar) experience, including past, current and planned activities and case studies, to illustrate and confirm the practical feasibility of PHE integration programs; practising application of the theoretical and field experience and learning through small working group sessions; and discussing and clarifying plans for follow-up actions to move PHE integration forward in Tanzania. The following sections expand on these accomplishments.

| Box 3: Summary of Main Areas of Accomplishment |
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| <ul style="list-style-type: none"> ▪ Understanding the rational and concepts that underlie PHE integration ▪ Review of applicable local and international experience ▪ Application of theory and field experience through group work ▪ Development of follow-up plans |
|---|

1. Overview of Rationale and Concepts

a. Rationale, Principles, and Approaches of PHE Integration

Mr. Eckhard Kleinau of JSI presented the topic (Appendix 3) and led the ensuing discussion on it. He noted that although we are at the beginning of the PHE integration process, we are really so far along. He examined the ethical and scientific rationales for integration, posing two important questions: what do we know about the links between health and the environment; and what role will the conceptual framework play? He stressed that the focal consideration behind the workshop is the loss of biodiversity. Human health plays an important role but it is not the endpoint to focus on during the workshop. The proposition is that PHE is one way through which the loss of biodiversity can be addressed and he identified TACARE as one program proof that PHE programs work.

Mr. Kleinau cited the Millennium Ecosystem Assessment Report (March 2005) and highlighted some important findings and notes from it:

- Scientists are predicting that we are loosing habitat
- With human activity this loss has accelerated dramatically and will only get worse
- Loss of biodiversity directly impacts development
- It is not all bad news. Humans can be quite intelligent and we have the tools to fix the problem.

He also cited a WWF publication in 2000 on Root Causes of Biodiversity Loss. He then led a short brainstorming exercise on the subject. The following root causes of biodiversity loss were identified.

- Deforestation
- Expanding agriculture
- Population growth
- Poaching
- Poverty

- Improvements in technology leading to acceleration of negative practices
- Pollution
- Climate change

In the ensuing brief discussion, one important question raised was whether natural resources management (NRM) and coastal management should always be part of program packages as is reproductive health (RH). Also, there was a comment regarding apparent interest in “reducing the numbers” when we talk about PHE integration. In response, Mr. Kleinau stressed the point that PHE integration and population and development are not aimed at population control although this will ultimately result. RH should always be seen as broader health and choice. In many instances, women are developing healthy lifestyles that allow them to be more involved in development. It is important to continue this trend of freeing women and men to have more time to contribute to environmental conservation activities.

A participant noted that a principal mentioned is education but it seems to be omitted in PHE integration. Mr Kleinau explained that there are currently no links to the education sector directly: instead, there are links to schools. On incorporation of NRM, he responded that not all programs have incorporated it: this can only be achieved through collaboration with appropriate partners. He felt that while we may not have reached a space where incorporation of NRM can automatically be on the MUST list, the future would more likely see it happening.

b. Conceptual Framework

Eckhard Kleinau presented the topic (Appendix 4). To link the session with the one on critical programmatic areas for PHE integration – from country experiences to small doable actions, he started by asking the question what do “small doable actions” have to do with results chain? Some participants offered responses, such as: to make sure that steps can be measured (do they lead to concrete results); and to encourage realistic planning.

His presentation continued with developing criteria for good results chain. He explained that currently the group is at the conceptualizing step: even though we are already working we want to make sure that we don’t miss steps. He went on to define a results chain: a series of if/then statements. Result chain connects how the program activity will achieve the set result. Assumptions and logic are used to show that one action will lead to a certain outcome.

In the results chain, boxes should be results we want to see happen, such as “hunting reduced”, not operational steps or activities, such as “conduct assessment”. Also to be noted are the following:

- Result chains should be reasonably complete

| Box 4: Group Composition | |
|-----------------------------------|--------------------------------|
| I. COAST | II. MADAGASCAR |
| 1. Jennifer Schlecht | 1. Ramadhani Mnungu |
| 2. Razafimandimby Andriamandranto | 2. Asukile Kajuni |
| 3. Bary Rakototiana | 3. JM Dufils |
| 4. Emmanuel Mtiti | 4. Valentino Bangi |
| 5. Jim Tobey | 5. Martin Bilonse |
| 6. Bernadetha Peter | 6. Juliana Bantambya |
| 7. Julius Ishabakaki | 7. Randriamaanajara Odile |
| 8. Tom Outlaw | 8. Rajeriharindrandro Harinesy |
| 9. Stacey Fehlenberg | |
| III. AWF | IV. TACARE |
| 1. Alice Macharia | 1. Beatrice Marwa |
| 2. Jim Allman | 2. Kristen Patterson |
| 3. Vicky Chuwa | 3. Karen Zwick |
| 4. Dan Caun-Selka | 4. Yvette Ribaira |
| 5. Bernard Kajuna | 5. Baraka Kalangahe |
| 6. Sonia Lumelezi | 6. Nancy Harris |
| 7. Sula Kibira | 7. Lameck Nayingo |
| | 8. Anthony Collin |

- Only one result per box
- Boxes should describe how you expect the relevant factor to increase, decrease, or otherwise change

A well developed results chain, with actions completed, leads to successful programs. Each influence on a factor is a part of another results chain. Several results chains will share part of their path. All results chains together form a PHE framework. Also, all results chains determine the number to be involved.

Group Work to Develop Results Chains

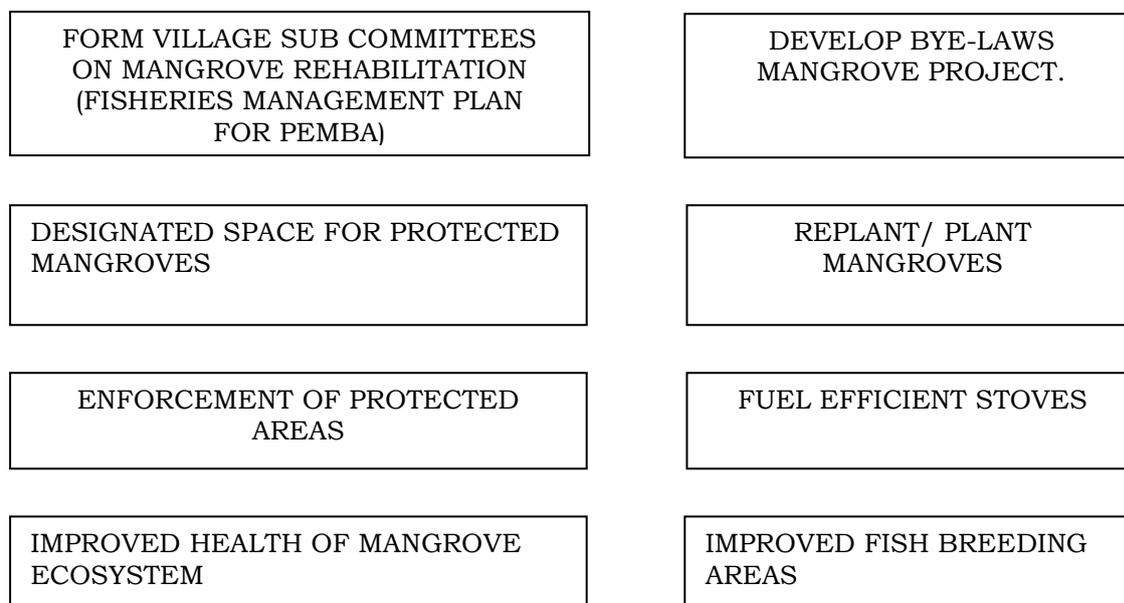
The session was followed by group work to develop results chains. Four groups were composed as shown above (Box 4). The instruction for group work is presented below:

- Select facilitator and presenter
- Decide on specific action(s)
- Use post-its/draw arrows on flip chart. Start with action, end with long-term outcome.
- Apply criteria.
- Discuss challenges and benefits of results chains.
- Present to plenary.

Presentation and discussion of group work reports was scheduled for the following morning. The following are attempts to capture content of the respective group reports.

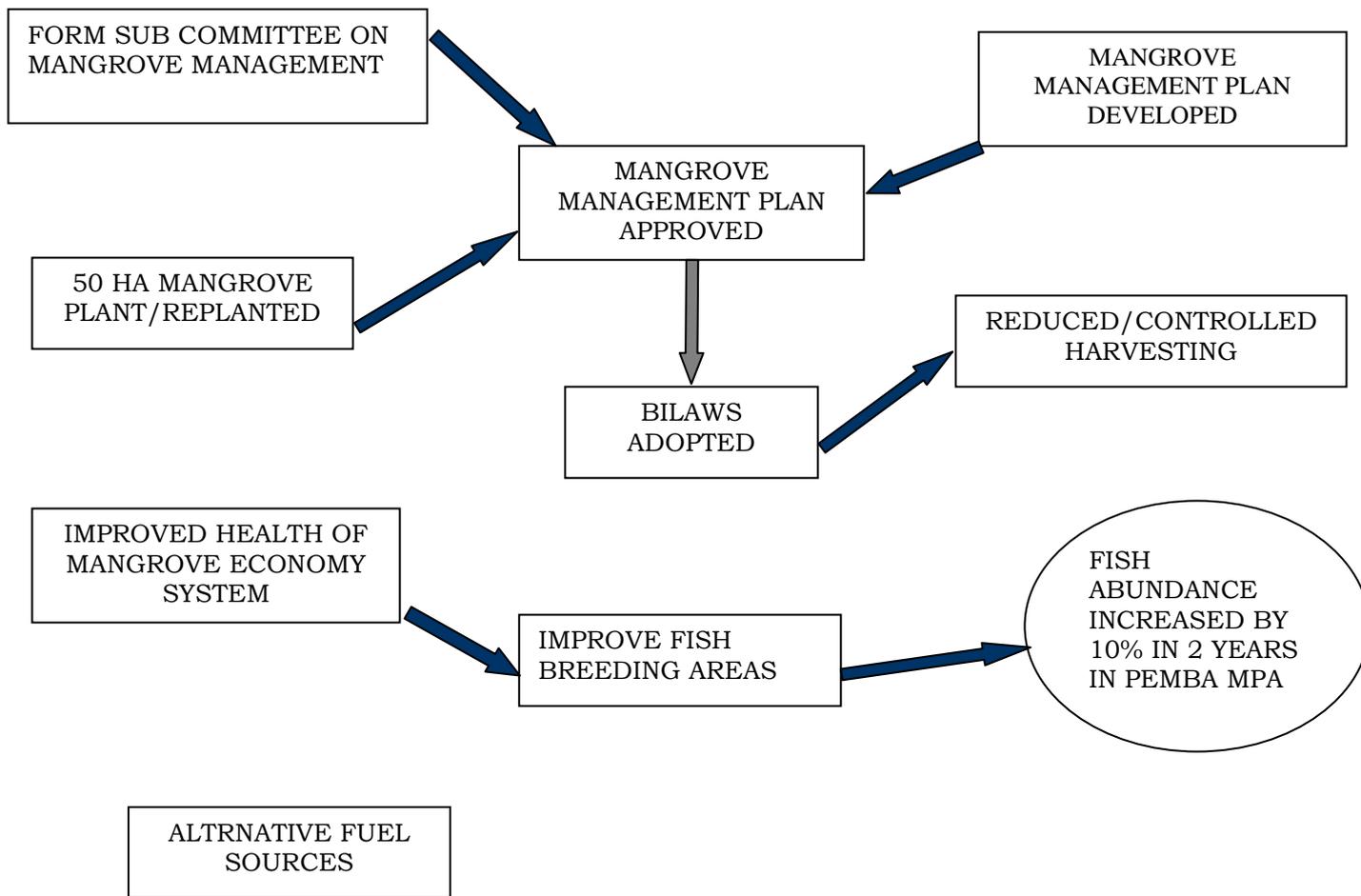
Group I

REHABILITATE 50 ha OF MANGROVE TREES IN ONE YEAR



Increase Fish Abundance and Diversity

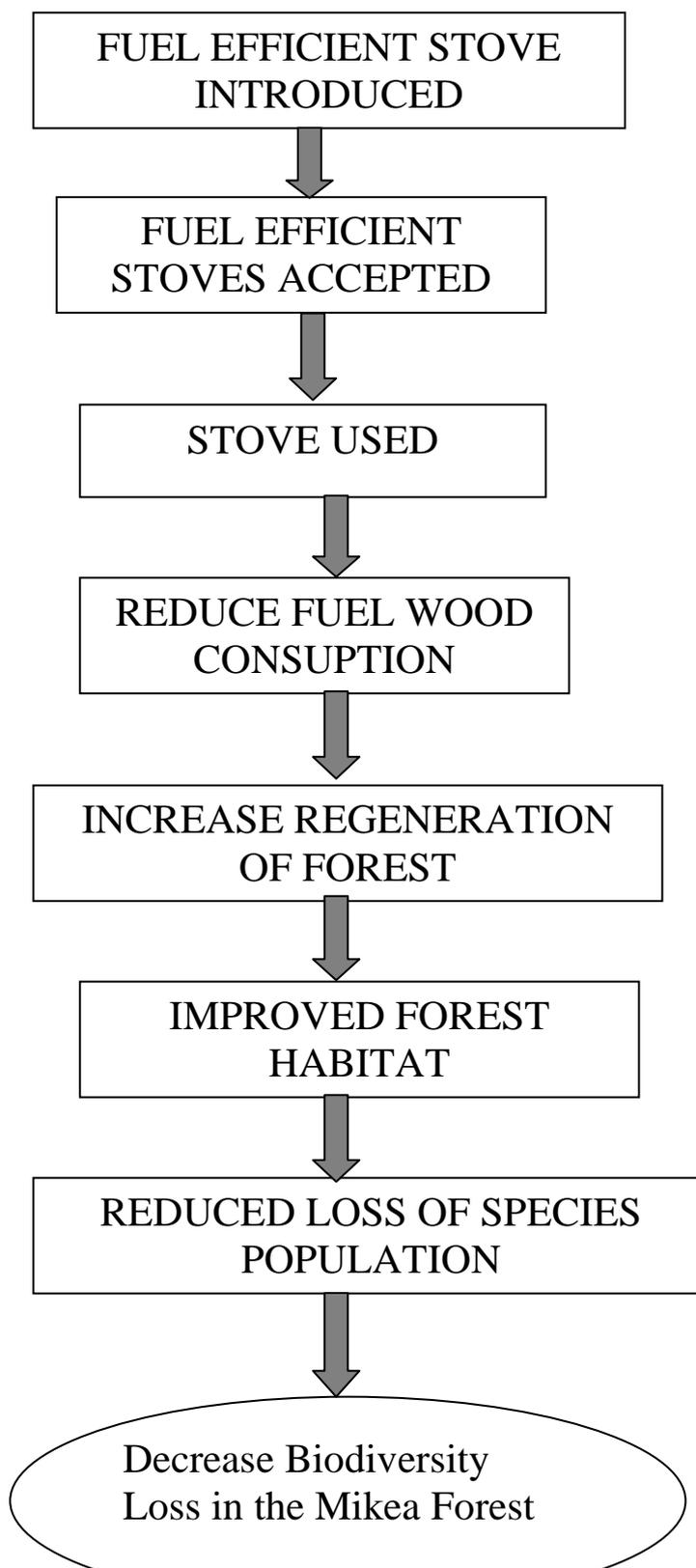
MARINE ECOSYSTEM CONSERVATION



ACTIVITY

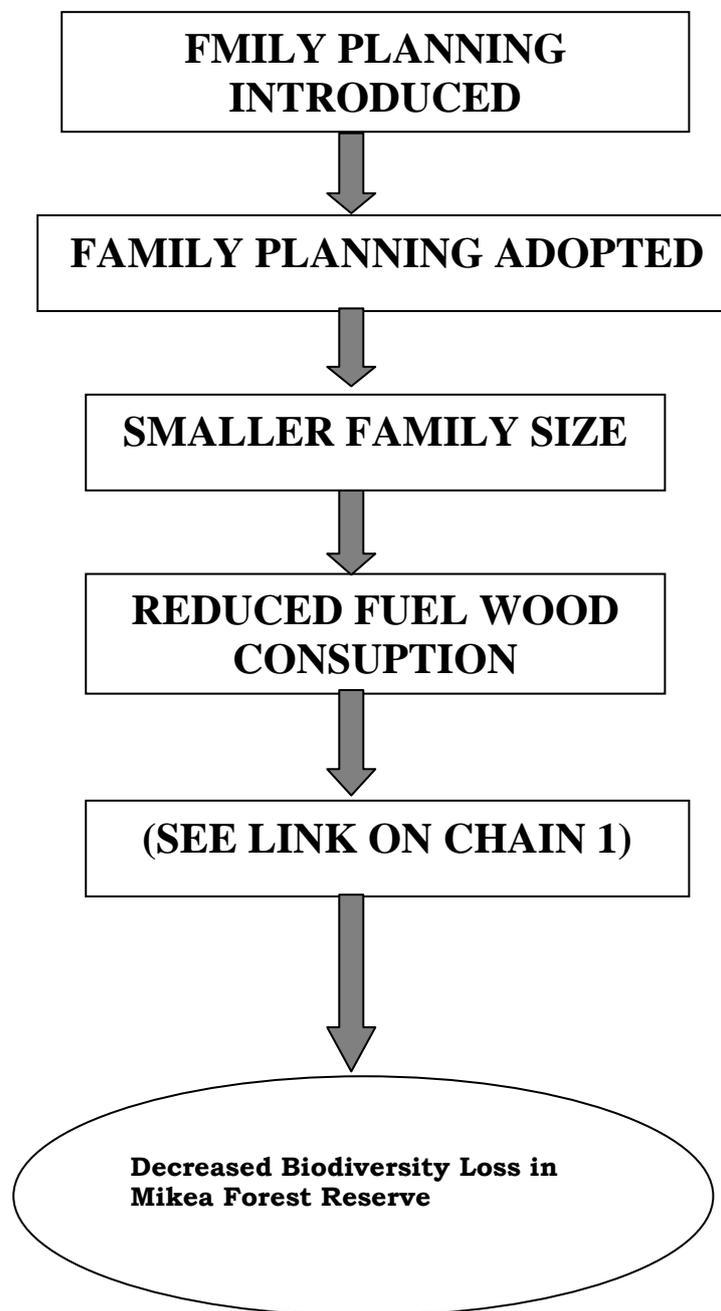
FACTOR/ RESULT

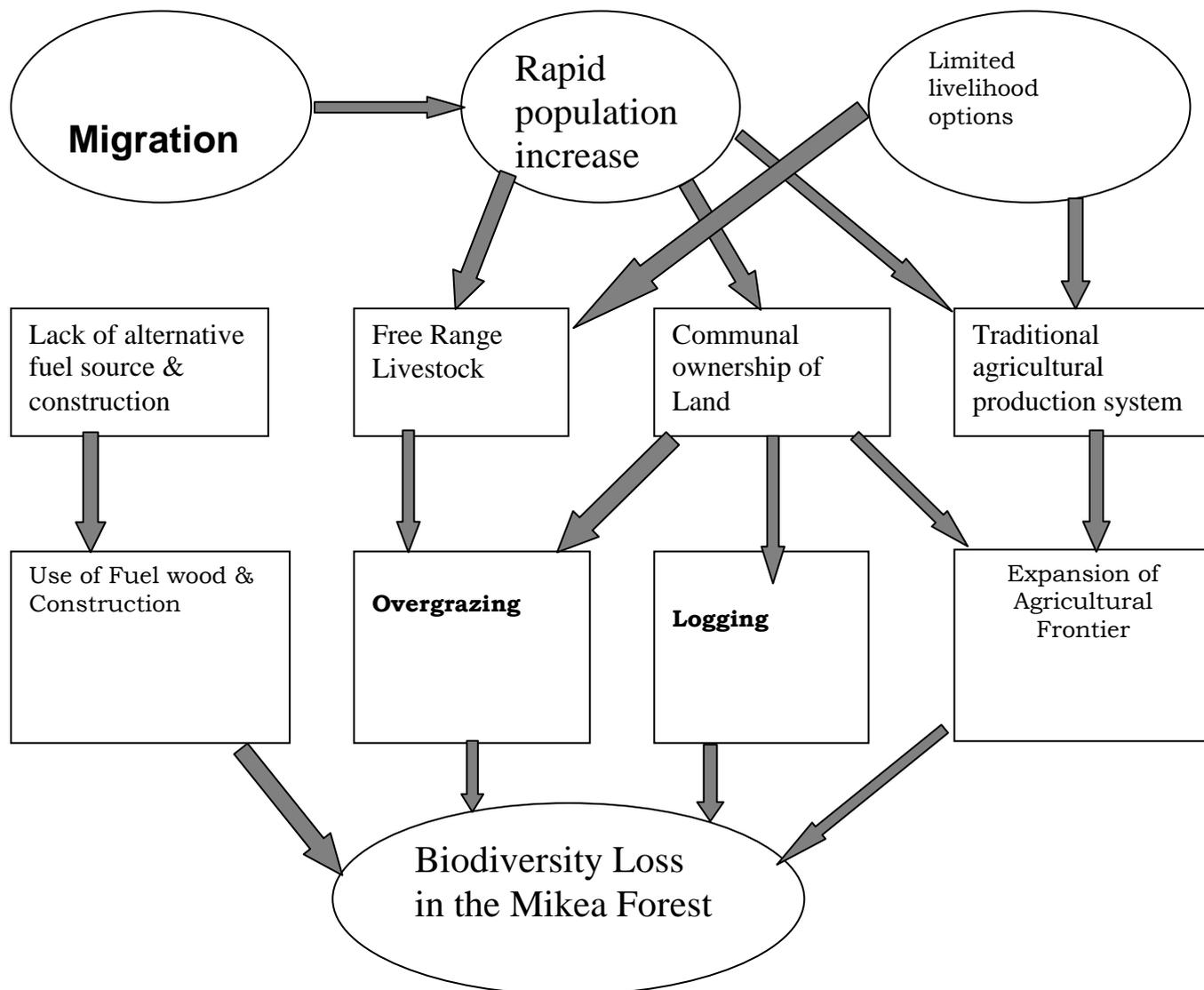
GROUP II
Chain 1



GROUP 2

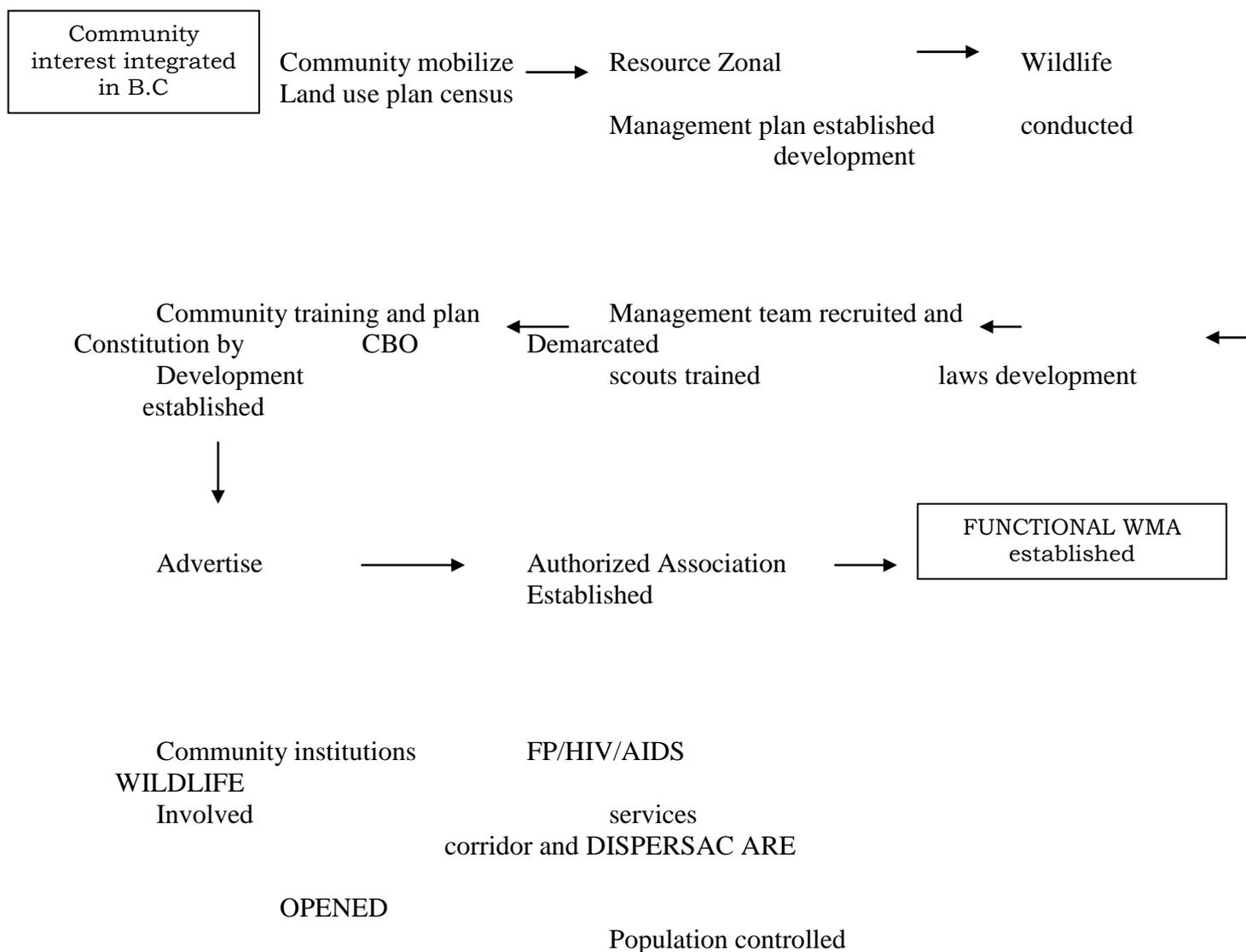
Chain 2



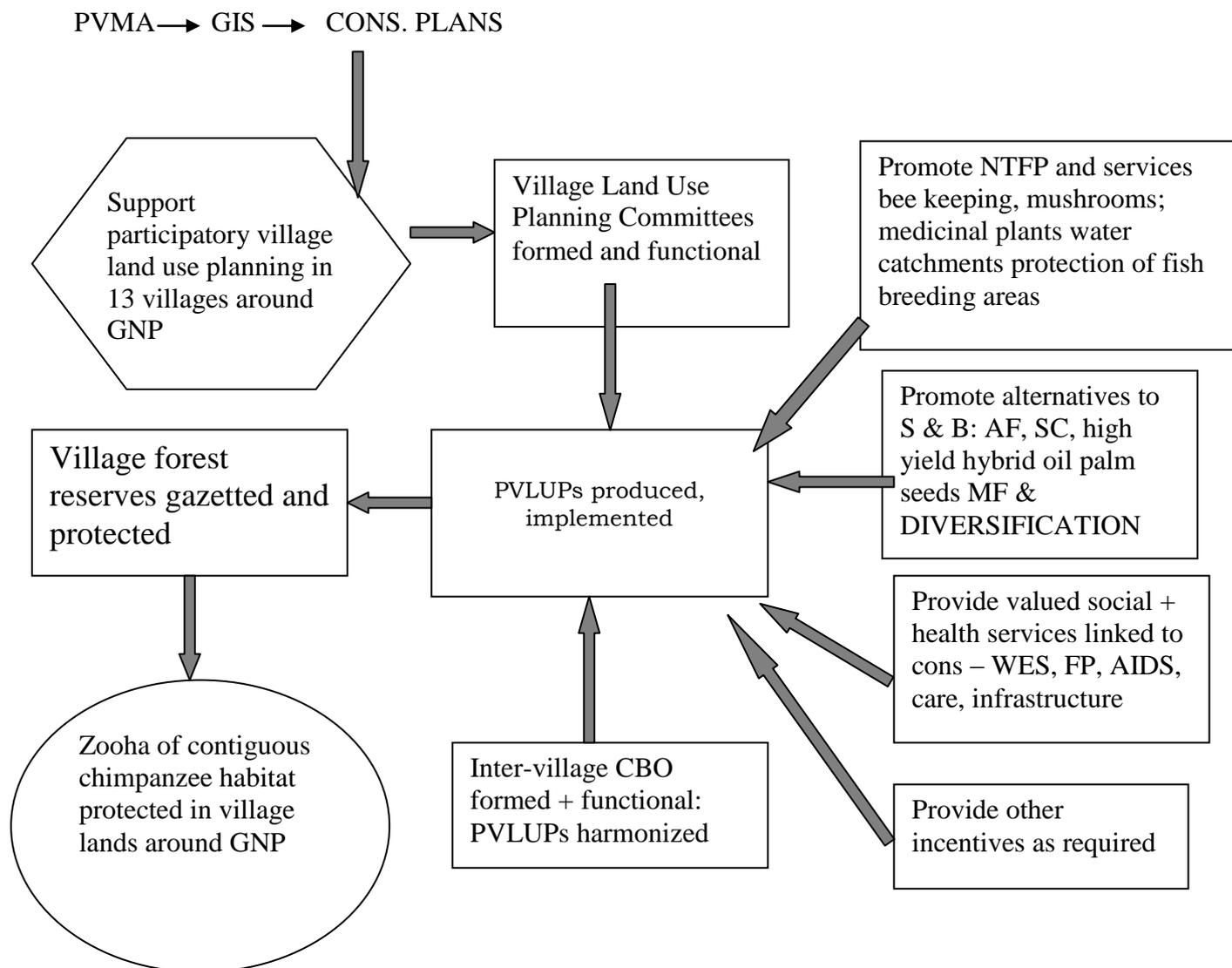


Group III

**OVERALL GOAL:
BIODIVERSITY CONSERVED IN TARANGIRE – MANYARA ECOSYSTEM.**



Group IV



Discussion of Group Reports

The presentations generated a lot of questions and comments and some time was spent responding to the questions and discussing some of the issues raised. One key question asked was whether a results chain can be used as a work plan and does it overlap with a work plan? In response, Eckhard emphasized the answer to be NO: he explained that a results chain is not a work plan but one small step in developing a work plan. He commented that the chain developed by group III was closest to the steps towards developing a work plan.

Many assumptions are included in the development of the results chains. The goals discussed are conservation goals, so one would assume that at some point there would be health goals, too. The question is why can't we have more realistic, integrated goals from the start: i.e. a

holistic healthy ecosystem with households able to provide for themselves. Why must we continue to work on sector-specific goals, if we are really aiming for integration?

That is the essence of integration: it is more challenging; it is the more ultimate goal. Placing people as part of the ecosystem means that they have access to water, food, etc, and interact in healthy manner with animals and environment. The reason we started with conservation is that it forces us down a certain path. We are forced to see this specific integration. Without this focus, we are at risk of being driven by the social scientist and therefore driven automatically towards health. It is not to say that a healthy ecosystem is not our goal but there are a variety of components and different outcomes which could be achieved. Many projects structure differently but there is this challenge.

Kristen Patterson, Program Officer (Population and Environment), Santenet, Madagascar, noted that if you want someone in the health sector to buy into this interest you need to show these links in a manner which is just as strong. With an integrated goal, it would satisfy both environmentalists and health workers. It is more palliative with the integrated goals. However, Jim Allman differed. He explained that Congress has money earmarked for certain things, such as PEPFAR. In this case the money is meant to go for ARVs. As a manager, you can give the money to organizations with a very large mandate, but they need to conduct activities directly linked to your required outcome. There are practical considerations in the development of the programs.

It is wise of donors to give health money to organizations other than just health organizations. We need to think through the link between HIV and the environment. For organizations such as TACARE, we need to think through this funding logic, so that they can better address the issues which they will be faced with. Organizations, like JGI/TACARE, have a variety of ways to achieve their goals. There are great opportunities to develop creative ways to meet mandates, when issues are seen holistically.

When Madagascar first started to support integrated programs, it was in the context of their environmental program. In the new millennium, USAID/DC supported the Environmental Health Project which promoted the idea of population/health/environment (PHE) projects around areas of biodiverse priority. The latter produced a number of IEC materials, and the implementing agencies built strong networks with CBDs. There are partners in the room, including ACQUIRE, who have worked in a variety of sectors, and who are fully capable of moving forward technically.

Part of the funding for TACARE comes from program support. It is wonderful that USAID sees the benefits of cross-cutting funding and issues. Clearly it maximizes resources to the benefit of all of us. Clearly after the film (Madagascar's new vision film on environment, shown the previous night), you could see the way family planning was introduced and accepted, contributing to conservation. Clearly the links are there. And we need to continue to follow these lessons.

The results chains converge, at community level, through outcomes (livelihood security, food security, etc), and also converge at the point of ecosystem health. We all work within systems, in which there are funding cycles, so we need to understand these and work within them. It is an issue of creatively working within these systems.

Eckhard concluded that in general, the group work was satisfactory but we needed to refocus. Practically, an organization like TACARE is getting a variety of funding sources, but we need to help them to see the link between ARV to reach biodiversity. We want them to reach their environmental goals, but in ways that also reach the PEPFAR goals as well.

Working towards practical HIV- Environment results chains

In order to further focus and refine the development of results chains, Eckhard suggested and it was agreed that another round of group work would be useful to look more specifically at HIV-environmental results chains. This was to allow good focus for participants to begin to move forward in a manner most practical.

Eckhard provided guidance on the group work. One group was to address VCT/ART, another group Abstinence, while the third and fourth groups were to address Support and Care, and OVC, respectively. Each group was to include gender in each of the chains, rather than developing a chain specifically for this. HIV is a very unique issue, so it would require our focus. He explained that in each group, participants should begin with an activity which addressed HIV/AIDS and end with a conservation goal. The emergency plan goals were to fall somewhere in the chain, to be sure that it is achieved. But we were not to stop there but continue on to a conservation goal. There is clearly a connection all the way to conservation but we needed to define and articulate it. Otherwise, why would an environmental organization take AIDS money if there is no continual link?

c. Key Indicators, Monitoring and Evaluation

Mr. Eckhard Kleinau, who led this session (Appendix 5), started by congratulating the groups for their work on results chains, moving from very scattered programs discussed earlier on to what PHE can look like. What is encouraging is that PHE makes a lot of sense. It is not just a theory, but something which can take place in the field. All of the groups had discussed M&E to some extent, and Eckhard felt that the session would be quite relevant to all.

M&E is not an end in itself. It needs to work in program design and development and lead to program improvement. M&E should work as a component of adaptive management. When developing the work plans we should discuss early on which programs will collect what information. When discussing indicators, there are some issues to examine, such as:

1. Whatever information collected, if it does not meet the need of “useful for management” then it should not be collected.
2. Data comes at a cost. It is always paid for somehow- therefore any indicators which are collected need to be well thought through.

Through indicators, we need to show that we have achieved an impact. Indicators must meet criteria of both valid and reliable (or else outcomes will not be able to be linked to programs). Eckhard showed some samples of indicators which some HIV programs have used. Typically there are a number on knowledge. With regard to ART we also want to know about who is treated. In many areas, it is not easy to develop good indicators. In agriculture, for example, slash and burn agriculture is asked about but the validity of this question is not very strong because it is known what the right response would be. On democracy and government, how

do you ask about transparency? In a particular instance, the question was asked: is the caretaker of a family participating in community groups? This tends to be a bit stronger.

A number of important questions need to be addressed. For example, how do you monitor synergies? What is the difference between indicators in the integrated PHE context? What about measurement? The integrated measurements should all be taken at one point in time. If you take 2004 measurements (you take all PHE indicators at once) you should take them again in 2009, etc. This takes coordination and money.

Eckhard shared some notes and gave advice on developing M&E plans. He emphasized that programs need systems to monitor and identified a number of areas for system development:

- Program evaluation: most elaborate and time consuming. (must contain quantitative component)
- Quality assurance surveys- conduct a number of these small surveys all at once for quick assessment of quality
- Progress monitoring
- Activity monitoring
- Community monitoring
- PRA/RRA/PLA: what are community needs and assets (qualitative)

In work plans, we each need to clearly define the indicator, and how it is clearly tied to goals and objectives. I.e.: how to measure, what, and when. We need to assure that adequate M&E activities are included in the work plan. They need to relate to our specific objectives. In USAID/Tanzania, as the mission thinks through linkages and tools, they will likely share with us ideas for program synergies. You must decide on an M&E system, to include a baseline which is sufficient for evaluation needs later. Without it, it is very difficult to show impact. Data collection does not have to be done all alone. Data collection focus over program implementation. For baseline you likely want to hire someone from outside. As a result you become less connected to the data but there are NGOs that do these surveys for a living. It is ineffective to train all program staff in this type of implementation. It is not the best use of resources.

To conclude the session and provide a practical underpinning, Stacey Fehlenberg of TACARE presented a broad overview of TACARE's M&E plan (Appendix 6).

d. Pro's and con's of Integration

Dr. Anthony Collins offered some introductory comments to start off the discussion. He noted that clearly with many funding sources and varying interests, a number of challenges are bound to be faced when attempting to integrate. He pulled from the experience of the TACARE project.

Originally the Project was funding by the EU to exclusively plant trees, with the single aim of reforestation. The program expanded to include sustainable agriculture and other activities, which led to funding changes, and the program instantly become quite complicated.

There is always a challenge in increasing chains of funding, while not losing the goals of the project as reporting demands and difficulties increase. Funding is the greatest obstacle. Monitoring in a combined way is one of the few ways to be efficient. It is also difficult to

maintain self and interests—when each donor has a different interest. Or one donor even has different funding sections.

2. Review of Critical Programmatic Areas for Integration

This segment of the program highlighted current and potential programmatic areas where PHE integration is working or possible, starting with the broad programmatic areas then going down to small doable actions (SDAs). Yvette Ribaira of MGHCP started the presentations, providing a broad introduction. All the eleven presentations, summarized below, are attached (Appendix 7(a)-(k)).

a. Introduction: from country programs to small doable actions

Yvette Ribaira presented a representative (“big picture” of) PHE activities (Appendix 7a). She started by highlighting the situation at the beginning (such as rapid natural resources destruction, high demographic growth, poverty, dependence on natural resources, and low literacy). The findings/results after the first and third years were also highlighted. By the end of the first year, 240 CBDs had been trained, and the number of contraceptive users increased. Women using methods recognized that they were more available to do other environmental work: income generation, rice cultivation, fish cultivation, 250 hives/ 332 farmers. After three years the community was involved to manage forests (nine gelose, seven GCF, and reforestation 56.258/58, 68 hectares).

b. RH/FP/MCH

Dr. Moshi Ntabaye, Deputy Director of ACQUIRE Project/Tanzania presented this programmatic area focusing on the Project whose implementation started in 2003 (Appendix 7b). ACQUIRE stands for access, quality and use in reproductive health. The goal of the Project is to increase the use of RH and FP services. The three Intermediate Results (IRs) focus on increasing access, improving provider performance and strengthening the environment for services. ACQUIRE focuses on ten regions and works with a variety of implementing (e.g. MOH, PRINMAT), technical (e.g. PACT) and collaborative partners (e.g. DELIVER, ACCESS). In pursuance of PHE integration, ACQUIRE is developing collaboration with other institutions. The new partners will be JGI, African Wildlife Foundation, and Coastal Management The strategies used focus on district approach, decentralized training, linking facilities to communities, strengthening organizations (in collaboration with PACT), and promoting public-private partnership.

Box 5: Critical Programmatic Areas for PHE Integration

- Introduction: Madagascar Green Health communities Project
- RH/FP/MCH
- PEPFAR
- HIV/AIDS
- Governance/Civil Society
- Income Generation/Micro credits
- Natural Resources Management
- HIV/AIDS and Coastal Environment
- Zoonoses/Hunting
- Environmental Health Interventions: Water Supplies, Sanitation
- Education

c. PEPFAR

Ms. Vicky Chuwa of USAID/Tanzania presented this programmatic area (Appendix 7c). She summarized some of the key statistics (e.g. HIV prevalence = 7%, higher among women- 7.7) and elements of various programs (e.g. emergency plan provides \$15 billion over a five-year period). There are strong earmarks (e.g. prevention - 20%, with 33% of the amount required to go to abstinence) and guiding principles (e.g. supporting government to build national capacity, ART as focal point for interventions, and continuum of care). She indicated some important dates: semi-annual report (May), annual report (November), and FY 06 COP (September). She informed the workshop that every single activity is under high scrutiny and MUST be strongly linked to the 2.7.10 goals or it will not be approved and funded.

d. HIV/AIDS

Mr. Emmanuel Mtiti of JGI/TACARE Project made the presentation (Appendix 7d). He informed the workshop that TACARE is a project of JGI, which works through a holistic approach of environmental conservation. TACARE has identified, through its partner communities, AIDS as a concern, and the local government has requested that HIV activities be undertaken to reach the rural areas. HIV programs are now integrated into TACARE's environmental programs.

TACARE is engaged in education, and care and support. Activities are implemented by Community-Based Distributors (CBDs). They undertake home visits, home counselling, and conservation extension. They will integrate AIDS into micro-credit system. This will enable families to raise money to support sick individuals or orphans.

TACARE has found that AIDS is perceived by communities as a large problem, and they are capable of integrating it into their currently existing programs.

e. Governance & Civil Society

Mr. Dan Craun-Selka, PACT/Tanzania made the presentation (Appendix 7e). He acknowledged that good governance is a crucial component of PHE programs. He noted that non-governmental organizations in Tanzania are nascent – they have been around only since the last ten-twelve years. He summarized NGO-related characteristics and developments (e.g. NGOs speak to the government for communities which has been difficult to understand: given the socialist background people demanding rights, etc, has been a difficult step; wide variations in perceptions of what a civil society organization does; and the recent NGO act (amended by Parliament 10 days ago) which is not very conducive to open work). He suggested some of the issues for consideration (e.g. broad based community mobilization: networks and coalitions to cascade skills, information and resources; capacity building; and identifying best practices and what works).

f. Income Generation & Micro-credits

Ms. Beatrice Marwa of TACARE Project presented this programmatic area of the TACARE Project (Appendix 7f), identifying key elements such as the concept which addresses the link between poverty and environmental conservation; incentives to reduce pressures on local natural resources as sources of income, and to create platform for other projects (FP and planting trees); and the approach- adopted from the Gramen - savings, revolving fund, exposure to alternative incomes. Beatrice presented Bugamba village as an example. The village invested Shs 1,000,000 and was provided with a loan of Shs 2,000,000. With the loan

they were able to move from charcoal, firewood, and fishing to efficient fish processing, palm oil processing, selling foodstuffs, and embroidery.

g. Natural Resources Management

Mr. Gilbert Kajuna, USAID/Tanzania made this presentation (Appendix 7g). The presentation was focused on the various phases through which the strategy for NRM evolved including revisions and changes to the original Strategic Objectives (SOs), and how impact is being deepened (e.g. collaboration with other SOs, programs and stakeholders; providing support to women and marginalized groups; working with PPA; and addressing impacts of HIV/AIDS on NRM in Bagomoyo and Kigoma).

h. HIV/AIDS & Coastal Environment

Mr. James Tobey, of PEACE presented this programmatic area (Appendix 7h). He described the project as a two-year project from EGAC/USAID. The project was designed as a demonstration project with the hope of developing lessons learned, etc. The NRM group at USAID/Tanzania supports the project. The goal of the project is to understand and mitigate the impact of HIV/AIDS on biodiversity using integrated coastal management (ICM) processes and mainstreaming gender and demographic dimensions. The project is working in N. Bagomoyo and S. Pangani (a total of 8 villages). It works very close to the Sandani National Park. There are also two other projects in Tanga, and a marine reserve shortly to be off the coast.

The project is one year into its implementation, and is entering the planning phase for next steps. It is working with village leaders and local government agencies. A few months ago, a participatory appraisal was conducted (by meeting with women's group, village environmental committee, key informants, HIV committee, and fisher's resource group). The project is in partnership with IUCN to work on biodiversity and conservation. Interviews with HIV/AIDS affected households (because the PRA did not gather this information effectively). Also conducted were scenario interviews (where financial or environment. scenarios were presented). Various conclusions were drawn including: high levels of gender inequality, seasonal migration, and poverty are key factors that influence transmission of HIV/AIDS; over-fishing and deforestation are the primary threats to biodiversity; and impact of HIV/AIDS on biodiversity is difficult to capture. He identified some of the key relationships revealed by the study (e.g. unsustainable resource use, lost biodiversity, poverty, food insecurity and vulnerability, and HIV/AIDS).

i. Zoonoses & Hunting

Ms. Lynne Gaffikin, Senior Technical Advisor, USAID/Madagascar, made the presentation, dealing with Ecosystem Health (air, soil, water, and living organisms, and the interaction among these elements). She noted that these should be examined as a unit of analysis and action coordinated in time and space.

She identified factors causing stress to ecosystems and elements to include pollution and deforestation, among others, but focused on Zoonosis and anthroozoonosis. Of known

pathogens, 61% flow between humans and animals. Zoonosis are more likely to be emerging infectious diseases (such as ebola, leptospirosis, brucellosis, rabies, anthrax, TB, salmonella, polio, viral diarrhoea, flu, and measles.). The situation of three examples (mountain gorillas, lowland gorillas, chimps) was briefly reviewed, followed by interventions being implemented (e.g. health monitoring of PA staff so that that disease spread is minimized, provision of basic immunizations, treatment and referral system, and wildlife clinical surveillance).

j. Environmental Health Interventions

This (Appendix 7j) was presented by Ms. Kristen Patterson, Santenet, Madagascar. She identified a number of Environmental Health Interventions in the Moist Forest Corridor: water supply: potable water systems and irrigation, and sanitation: latrines, household waster, jatropa curcas. She noted that people living there are aware of the depleting water supply as a result of the deforestation. They can only harvest rice once a year now. The development of gravity fed potable water systems in rural communities:

- Water sources are used for bathing and washing, as well as defecation in regions nearby.
- Cisterns are used to store water
- Communities contribute through cash, or through in-kind labor.
- Some villages are located a 3-4 hour walk to the nearest road (not tarmac)
- Providing potable water makes the human population healthy and with more energy. It also allows them to contribute less money to hospital expenses.

Ms. Patterson noted a number of program challenges in developing the water systems, such as the systems get clogged by animal or human faeces because they are not capped; water tenure needs to be considered - cutting off access for other communities should be considered; and financial challenges – leading to difficulty of people accessing cash (must choose between health, school, food, or community health projects). She presented a number of next steps, including: planning to have systems in place to test water at the springs, taps and household level; work with PC volunteer who has developed a \$300-\$500 system (much less in cost); discover whether people’s perceptions of their health have changed as well as their actual health; and improved sanitation - communal latrines, household waste collection (21 day composting), *Jatropha curcas* (can be used to make soap), and hand washing.

k. Education

Ms. Odile Randriamananajara, Voahary Salama/Madagascar made this concluding presentation (Appendix 7k), discussing the place of education in environment and health. She observed that “Education makes a person whole” and aims to achieve the well-being of the population, within a healthy environment. One constraint is difficulty in training for mobilization. Voahary Salama attempts to develop formal education through the “child-community approach”, taking the school environment to link to PHE needs. They also address vaccination, health card and malaria; water and latrines; and vegetable gardening and tree planting. Odile presented some results of efforts to date (e.g. there are now 61 schools involved and 183 teachers trained). One lesson is that functional literacy programs must always be associated with a development approach. Also, literacy program should be based on the principles and messages associated with PHE. Voahary Salama plans to reinforce the organizational capacity for the women after the literacy training to work in group. She noted that PHE success depends upon education.

Some questions were taken and comments made, some general while others were specific to the presenters. The following are highlights

1. Dr. Ntabaye- please clarify how the decentralized training is taking place so that the quality of training is maintained? Actual trainings are conducted at the districts. It is a TOT model, and then future trainings are supervised at a national level
2. Kristen Patterson- surprised to hear of traditional conservation rules and curious to hear more about what they are. For example: livestock are traditionally maintained, and trees are not grown for animals. It is forbidden for them to now go to the forest to cut food for animals.
3. Comment: funding and technical resources are rarely available at the same time. This is more challenging than coming up with a vision. If this process is not coordinated, how can we possibly move forward? There is clearly no one pot of money to do everything needed for PHE.
4. Dan- what more is known about the NGO act? No traditional practices were specifically identified. No one knows if this will be enforced with lots of rules. But the word on the street is so that the government can shut down NGOs which they are not pleased with (Reword or delete?). It was also mentioned that no international NGOs can foster competition (however this was removed). The information is vague and unclear. There are no clear mentions of RH/FP. (Suggest you consider deleting this whole point or modifying so that the wording is more neutral).

1. Small Doable Actions

Ms. Nancy Harris, of JSI led this session using four PowerPoint slides. The purpose of the session was to attempt to identify SDAs from the various broad program actions presented earlier on. She began by recalling the age old adage that if you don't know where you are going, any road will get you there. Frequently groups are provided with vague, ill-defined objectives, targeting overambitious results often not applicable directly to the population. As a team we must develop small doable actions. It is the mantra, the key!!! Nancy presented the following as criteria for SDAs:

- Limited in scope (small step)
- Time limited
- Communities can do using existing local resources and within existing restraints
- Makes a genuine difference in the quality of people's lives (evidence-based)
- Can be measured and is reasonable in terms of targets
- Something that is done, not knowledge acquired
- Accomplished by community efforts and collaboration

For warm-up, presenters from the morning session were invited to the front of the room, and in turn presented small doable actions which they had developed. The larger group then evaluated those to determine which ones met the SDA criteria (above). The following list emerged:

- Mobilize four public interest groups over PHE concerns by November
- Increase the CPR from 26% to 30% in Kalinzi (Division or Ward) by June 2009
- 75% of households in a community collect household sweepings and food scraps to make 21-day compost for use in agro-forestry systems within three months
- Gramen Model Microfinance – 100 community members 10 loans in year

- Build 10 latrines in one year
- Establish AIDS committees in 24 villages – six months
- Family planning 4-5 pts cc: increase/year
- Micro-credit scheme members will grow by 20% in two years: actions – training
- Planting trees: two acres per year
- Develop joint work plans and monitoring plans that involve cross-sectoral implementing partners
- Empower women with skills and economic opportunities to be able to address HIV/AIDS and RH challenges
- Skills – negotiation
- Cash crops, food crops

3. Exchange of Experience and Case Studies

Seven presentations (of experience and case studies) were made to illustrate current efforts and initiatives towards PHE integration. As will be noted, they cover the various phases in the process of planning, implementation and evaluation of specific integration actions.

a. Presentation by Tom Outlaw

Mr. Outlaw began by making reference to the difficulty in PHE integration, noting big differences between what we do on the ground and the less practical requirements by USAID. He also referred to the idea of SDAs, presented by Nancy, noting that the SDAs are activities which we are looking at for communities. Against the background of the two references, he then moved forward to look at the HOW: how will we motivate communities to take these steps forward? The “Why” is our current discussion of the chains.

How do FP information and services lead to a conservation outcome? We have to ask these questions in order to meet the broader needs of USAID. For those working on health this is an outcome, a right in and of itself. But in these new chains, we want to move further. How do these health outcomes also lead to the greater environmental outcomes which we have been discussing? We need an evidence base which is deep and broad enough to show proof of these strong links.

Working with communities is crucial. These activities are boiling up from the community themselves. Community participation is essential to achieving environmental outcomes. If we accept this assumption, then responding to community needs is ESSENTIAL. This mindset will bring us to their interest in health, livelihood, and food security. These are basic human needs. They will not want to be active partners without this investment in their own interests.

If communities are not healthy, how can they possibly be effective participants in conservation? The idea is that these interventions all achieve useful, needed, short term goals which the community will feel immediately. By achieving these goals, we are then able to gain community support, and they are better able to participate in these conservation activities.

Questions and comments

The following are highlights of responses and reactions given to the questions raised and comments made:

1. The link (e.g. good conservation and improved HIV outcomes, FP outcomes) is clear. But conservation is so under threat in so many places, and it's such a long term goal. Bad water leads to bad health. People depend upon their environment to live. Environment reduces poverty.
2. Eckhard- the medicinal plants are essential. It is difficult for environment organizations to buy in...but health has shown good faith.
3. From the practical point of view, Jim Allman presented his conversation with Emmanuel Mtiti which showed the benefit of investing in such environmental programs to reach HIV patients. "If you at TACARE had ARVs, could you find some people to take it?" Emmanuel Mtiti responded that of course he could, and this led Jim to move forward with this plan.
4. We are discussing communities. As herd animals we follow norms. So therefore, FP will increase as a result of the situation in which "my neighbor is taking FP".
5. Park fees in Madagascar are getting back to the communities (not quite the same in Tanzania - Gombe)
6. TACARE described a small case in Gombe. A small project was started one year ago. It focused on traditional healers. After working with villagers, TACARE discovered there were so many people wanting to work with the Project. TACARE found they could talk about health issues, HIV/AIDS, etc. by working with these mobilized communities. They also continued to conserve the forests because they wanted medicines.

b. Key Steps and Experiences in Community Mobilization

Three presentations were made to illustrate experience with community mobilization approaches that are key to a successful PHE implementation.

1. TACARE-PHAST

Emmanuel Mtiti presented this experience (Appendix 8), reviewing the concept (empower the community to make changes themselves), objectives (improve the hygiene behaviour of beneficiaries), and approach (based on SARAR concept - self-esteem, associative strength, resourcefulness, action planning, responsibility). He also highlighted the PHAST methodology:

- Problem identification
- Problem analysis
- Planning for solutions
- Selecting options
- Planning for new options
- Planning for making monitoring and evaluation
- Planning for participatory evaluation systems

TACARE decided to use PHAST because it is a holistic approach for a community, addressing social, political, economic and environmental issues. Empowering is based on skill transfer and fully-participatory. Projects are sustainable because they create a sense of ownership and self-reliance, and use only local resources.

TACARE has conducted training in about ten villages, reaching about 100 people. Some committees have been established, and water funds have been established in some

communities. Water tanks (35 rather than 90 days) have been constructed, and water sources conservation has improved in the villages. The people themselves in the villages have started to grow other tree species. People's hygiene behavior has started to change.

2. Community-Based Distribution

Dr. Calista Simbakalia presented the CBD program (Appendix 9) as an example of community mobilization and participation. She defined "community-based family planning" as a way of organizing FP or health services whereby trained community members (CBDs) or community-based health volunteers (CBHV) provide FP counselling and contraceptives to clients at household level and refer clients for clinical methods. She reported that the approach is highly valued by communities, increases access to services, is adapted to needs of rural areas (people do not need to travel to services), develops community members as effective change agents for health, and fosters community partnerships with health facilities.

In an evaluation in December 2000, it was discovered that there was only 2% drop out (typically for relocation). The evaluation made a number of recommendations including better integration into health, more participation of communities (for cost-sharing), funding for supportive supervision, and more attention to contraceptive security. A USAID assessment also recommended reduction in duration of the three-weeks training, and integration of other components (HIV/AIDS, MCH).

There was a question about whether PEPFAR funds could be used here. However clarification was given that if the program is also distributing HIV materials then it is possible. Jim Allman noted that there is joint funding for HIV and general health. But contraceptive security is another issue to consider here.

This type of approach of providing counselling, health education, and services increases acceptability and access, especially in underserved areas. For the future, the CBD program design and management require strategic improvements, a better contraceptive supply chain, and consistent supportive supervision and donor support. The cost-benefit must be assessed broadly, focusing on volunteerism and improved quality of life, as well as improved health indicators.

3. Champion Commune Approach

This approach was presented by Yvette Ribaira, director of the MGHC Project. The approach involves small do-able actions and community participation in their own health and celebrating success. The success of this approach is known from previous projects funded by USAID and implemented by JSI. Using this approach, NGOs work closely with local leaders so that they can put key actions in place. In the past, community members testified that the integrated approach improved all types of outcomes. Six steps are involved in the approach: introduction of the approach, establishing baseline, launching, training of community leaders, follow-up, and evaluation. Important lessons have been learnt: the guides were too complicated and did not match the situation of all communities; and the time allotted for achievement of all objectives was far too short.

Questions and Comments

Various and several concerns were raised about the role of CBDs: how does HIV fit into CBD programs? The MOH wants to extent CBDs because program components have been added. Should these workers still be CBDs when they are doing agriculture, health, HIV, and 100 other things? Is it now a misnomer? Can these people do EVERYTHING which we are expecting them to do? In response, the following comments were offered:

- 1- Experience from Madagascar shows that they have worked closely with CBDs. Some 18,000 volunteers were trained. We didn't take two field people in each village and make them jack of all trades. Instead we said 6-10% of communities end up being involved.
- 2- The key is to involve many more volunteers: many programs clearly involve far too few. We can't overload them with so many trainings. They should not become over trained and overqualified.
- 3- How can Emergency Plan be used to support the CBDs in place? Those already in place are seen as already having access to communities. To train new individuals would loose some of the benefits spoken of.

f. Field Trip

Field Trip Arrangements

The one-day field trip was arranged to two sites: Kalinzi, a highlands village approached by road (Appendix 10); and Zashe, a lowland area on the shore of Lake Tanganyika accessed via a boat ride. Workshop participants chose their preferred field trip site. In both cases, the field trip served to illustrate the practical aspects of the issues discussed at the workshop. To structure and guide observations and interactions with the local residents, participants were provided a brief questionnaire.

Impressions and Lessons from Field trip

The sharing and discussion of impressions, observations and lessons from the field trip generated a wide range and rich mix of information and ideas. An attempt has been made to capture the impressions below.

- “One thing that I observed which is quite unique: the motivation that the community has in implementing the PHE paradigm shift has me convinced that what we would like to do is actually doable. There is motivation and there are exciting opportunities”.
- “One thing that impressed me is that the participants were making linkages and understanding integration. For example one community member commented that: We need secondary education because it will keep our girls from having babies when they are too young”.
- “It was very impressive that although we struggle with linkages the community seemed to have no difficulty drawing these links. They see their needs holistically.
- “I would like to give TACARE a lot of credit for that, as they have worked a lot with the villages to articulate their needs”.

- “What I saw was typical of forestry programs which were done very well. They were missing an understanding of the conservation impact. Things going on were very successful, and I think there is potential for a magnetism (which could pull more people into this community placing more pressure on resources). Have we taken this into account”. There are two groups of people: Tanzanians who might move to this area, and the refugees. In fact there are legal policies which would allow these people to protect this land against foreigners. TACARE refers to overarching policies of local government. TACARE does not feel that the influx of TZ is an issue”
- “We were yesterday in Zashe and my perspective is that conservation has really been adopted. It was the entry point for the program there, and people were able to see the link between their habitat and the way their lives have improved (protection from wind). They also see expansion possibilities, and they also have practical requests for more plants, etc. the health side needs to be improved. The demand in the community is high, and services do not seem to satisfy these needs. There are also high education demands”.
- “We visited Kalinze. When discussing with the communities, we could see that the CBDs had not covered family planning, sufficiently. There were many opportunities for scaling up. These are challenges which the program will continue to face”.
- “In Zashe, when speaking with the CBDs—he said that coverage was from 100-160. this is too many, so we need to scale up by training more CBDs. Women who worked with CBDs wanted to know about FP and malarial prevention. They also wanted to train on ORS treatment. They needed these linkages”.
- “One concern I have is that I think we have well trained CBDs and VINA. I wonder if they are interacting with the village government (village council) in the best way possible. Maybe there should be efforts to raise this awareness at the village level. The linkages which are expressed by the CBDs are not yet understood or expressed by the village government. The links in knowledge are not yet made”.
- “In response, we are aware of the village government issue. If those elected to this government, do not support our project we are indeed in trouble. In the last election, only 30% of the leaders were re-elected. This makes it difficult to continually inform the leaders of these linkages, and has presented itself as an issue”.
- “On the Kalinze trip: I would like to congratulate TACARE for their work. We could see that they are highly motivated people. The techniques that we observed were very accessible to the population (especially the agro-forestry). The techniques are simple and yet quite efficient. To go back to a point raised earlier—I think we do need to think through these issues of migration. Villages need to figure out how they could potentially address this problem”.
- “In Kalinze, we saw many techniques used in the field. One impression I had is that the way they implement (one farmer implements this technique), I think it would be stronger to start with a farmer’s cooperative or community, then it will be more effective in spreading the knowledge”.

- “In Zashe, I was impressed with the social coordination among groups. During discussion you could feel the trust and unity within and among these groups. I found this most impressive”.
- “The position of gender and equity I want to comment on. Compared to groups in Arusha, the gender integration was very effective. They attended our meeting yesterday, and they were very much active participants in these meetings, and discussions. This is quite impressive”.
- “Also to comment on the issue of monitoring and evaluation- I noticed that one of the CBDs was able to provide concrete data/information. The community was able to convey tangible, measurable bits of information. Although we could not investigate the means through which he gathered this information, I was impressed that he could speak in that manner. There is one important linkage which still remains to be linked, and that is the business and entrepreneurial side of things. This was exhibited in their requests for boats, etc”.
- “Following up on what Gilbert has said about consciousness of data. Clearly many are quite familiar with collecting data. The challenge is when it comes to documenting key events of conserving natural resources. I.e.: many have water schemes implemented. In these systems, there are limited capacity for these schemes, which need to be routinely monitored so that there is not abuse. Poaching is addressed in a similar manner. These are illegal activities, but how do we monitor these types of events. We need to find some way for communities to monitor these events”.
- “We know that within a community there are a variety of groups (water, stoves, CBDs, etc.). these groups could somehow work to also monitor these types of events. Although these structures are in place, we still wonder HOW this will happen”.
- “I want to echo what has been said previously. I was quite impressed with the way that integration had been made in the community. The issue of HIV continued to come up in our discussions. I would like to congratulate TACARE for their efforts to incorporate HIV in their programs. Dispensary exists, but it is terribly under stocked, and without supplies. Education is of a primary level. The issue that continued to come up again and again is to build and bring secondary school education to the village”.
- “They do not see the link between the park conservation and the schools, etc. I think that this is a link which they must see at some point. This is an important issue, one of the things which TACARE has built over the past 10 years. Previous groups have confiscated land. Sad thing is that the park does not actually provide many benefits to the surrounding villages. The funds do not go to surrounding villages. It is also going to be a very long time until the park environmentally assists these people. Also- the chimps need land outside the park. This year, we are trying to make these links stronger, and make a more assertive approach”.
- “It is what we understand very well in Madagascar. Entry points: activities which develop trust with the community, and allow the work to be done successfully”.

- “There might be need for markets to also be linked into these programs so that products produced, can have a market outside of this one community”.
- “It is difficult to show to the community what the tangible effects of the park would be on the community. The one thing which is a benefit is TACARE and the work. That is the point: that what they get in exchange is the TACARE project and the services/assistance you are able to provide”.

To summarize- it is very clear that TACARE has made a good start. They have built a sound foundation of trust, which is crucial. The groups they work with clearly understand the links which exist. There will continue to be a number of challenges, but there is a great deal of progress which we can work from.

4. PHE Roadmap: a Vision of Action

This topic, started in day 2 and continued on day 4, after the field trip. The field trip was to be a useful input into development of the road map considering the concrete illustration of field activities it provided. In addition to the learning from the field trip, three case studies were presented and a number of specific experiences presented to guide and help shape thinking in developing the roadmap.

a. Case Studies

1. Planning Small Doable Conservation Actions

WWF/US: Results Chain-Based Planning

Cara Honzak presented the case study entitled Results Chain based program planning for integrated population, health and environment projects: case study of WWF in Madagascar (Appendix 11). She began by providing background on the results-based project design. Most training occurred in Bangkok in November 2004. This provided a concrete vehicle and language through which to communicate. The PHE project is globally funded and carried out in Kenya, Madagascar, and the Philippines. Currently they are in the second of three years of project funding. The Strategic Objective is improved voluntary FP/ RH in key areas where population growth has serious impacts on NR and biodiversity. The IRs are:

IR1. Improved the capacity of WWF for population work

IR2. Improved FP/RH services, knowledge and use in priority areas of eco-regions

IR3. Increased capacity of communities to effectively manage natural resources in priority areas of eco-regions

IR 4 Improved sustainability of FP and RH in priorities areas of eco-regions.

The case study is based on Spiny forest eco-region in Madagascar. It aimed for zero loss of natural habitat, and identified network of priority conservation areas in forest by 2001 and a few more. They decided that the most important goal was to identify the network of conservation areas by 2015. Then the team moved to a timeline and worked within already existing goals, and minimized the results chains. They identified the top three results chains. One of the primary activities was to tap into the ASOS audience to deliver NRM programs.

It was important to sit with the whole team, and examine the results frame. The whole team expressed what they felt the main assumptions were in order to make the framework successful. This assisted with buy in, and understanding barriers.

2. Merging Multiple Funding Sources

TACARE

This case study (Appendix 12(a)) was presented by Emmanuel Miti. JGI started with research with chimpanzees within the Gombe National Park. TACARE gradually moved outside of the park for research and conservation. ROOTS and SHOOTS was the long-term vision which incorporated education. They developed a holistic outlook, including socio-economic development, reproductive health initiative, sustainable agriculture, and water and sanitation. All overlap into natural resource management.

As there are no donors who are so multi-sectoral, TACARE have moved between the EU, UNDP, WBF, Rabo Bank, USAID, and HRF to obtain funding to cover all the different areas. One donor takes the big commitment and other donors add up.

The challenges faced include: inconsistency in funding cycle; different reporting formats; (narrative and financial); and need for intensive documentation. Also, time consuming for managers and finance. Facilitating factors were:

- Proper documentation
- Team work (team spirit)
- Regular meetings (internal and with donors)
- Harmonizing reporting formats
- Computerized accounting
- Collaboration with other implementers
- Shared vision

The presentation was ended with a 2004 quote from Jane Goodall: Only if the people living around the great wilderness areas like Gombe become our partners can we hope to save the habitat and animals that live there.

Voahary Salama

Harinesy Rajeriharindrananto presented the case study. Voahary Salama is a network of NGOs. Since their inception, they have worked in 125 communities in biodiversity zones around the forest corridor. The vision of VS is a healthy population living in a health environment based on sustainable development and on rational management of natural resources. They follow three models of integration. VS takes a community approach which works toward behavior change through SDA. Why was this partnership created?

- Because it was developed to promote this PHE approach for ownership/sustainability
- It offers NGOs the opportunity to exchange experiences, to share expertise, to reinforce capacity, to improve intervention, and to improve the impact of their activities

A number of important lessons have been learned. The VS partnership, an umbrella organization allows scale up from the start, but partners need to share a common vision,

objectives, conceptual framework, and expected results to achieve coordination at higher levels. Partnership needs clear and accepted leadership and strong management (credibility, coordination, communication both internal and external, and open mind for exchange). Clear definition of products and services allows more credibility (value added for members, partners, and VS as an organization).

For VS they start small and think big. In the past they started in a village with a pilot approach, looking for how to make collaboration between different organizations concrete. Present/future- integrated approach supported at all levels (USAID, Eco-region) and then scale up.

ASOS

This case study (Appendix 12(b)) summarized the history of ASOS and their experience in PHE. They have gradually grown since the early 90s in scope and the variety of funding sources. They worked on environmental issues, addressed economic growth, and were able to incorporate FP. They work with a number of partners. WWF were able to work with ministry of forest management towards conservation. This led to the selection of areas close to the protected areas in which to work on other issues as well. The package of services in the East is different from that in the West. The West is more challenging because there are fewer actors, and they are more challenging to coordinate. Lessons learned and challenges include:

- Coherence in areas of intervention within alliance members
- Scale up not followed by appropriate resources
- Sharing common M&E tools and methods.
- Repetition of short/mid term programs
- One donor has limited resources to support multisectoral activities

b. Presentations: How to Coordinate Multi-sector PHE Approaches

1- Nature, Health, Wealth and Power & Eco-regional Alliances: Madagascar

Lynne Gaffikin who made the presentation (Appendix 13(a)) started by posing several questions. How do we take small doable actions to scale? Where do we find our comfort level? These are questions we are asking today in Tanzania but which Madagascar has grappled with for some time. She followed with a brief historical background: ICDPs in the late 1980s - these were effective on a small scale but the scope needed to increase for conservation to really be effective; move towards eco-regional orientation and de-centralized planning in the mid-late 1990s; national policy dialogue and regional coordination in the late 1990s; and in 2003, USAID Global Health Bureau began funding PHE projects.

House image was used to describe the integrated strategic framework 2003-2008. The environmental/rural development SO is biologically diverse forest ecosystems conserved. Lynne pointed out where improved FP and health services are placed within the environmental SO under a specific sub-IR relating to alternatives to slash and burn agriculture (a key conservation threat).

Next step was to coordinate in time and space. Mapping has been used to help coordinate which projects where, doing which similar activities. This has allowed for even further

coordination. USAID has identified minimum types of interventions to be delivered as a development package to achieve conservation outcomes:

- Historically, NWP nature wealth and power, were linked together
- Nature Health Wealth and Power—health was included on the basis that there is a great benefit of health interventions (including but not limited to FP)
- Managers are now using this framework to present results to USAID.
- NHWP is an analytic framework and it incorporates the important component of good governance

NHWP efforts will continue to move forward including the health component to address national strategy for reduction of poverty and sustainable economic growth. There are continual challenges for engaging across sectors.

Jean-Michelle supplemented Lynne's presentation by providing insights: he has been involved in development efforts in Madagascar for 18 years. He highlighted perspectives and challenges faced. The integrated approach to development has been attempted for a long time by USAID and as all activities are interconnected, the process is very complex.

Program evolution

1. ICDP period: It was good to have such an integrated approach operating at a local level but the effort not very sustainable
2. Landscape level
3. The eco-regional level (now).

There was concurrently a strong push from the national government to decentralize. We now aim to work with a balance between communes and eco-regions. Although it is challenging at the donor level, it is even more so at the program level. You must work closely for collaboration.

They have worked at the commune level to build committees. These committees are informed of issues, and then they are asked to elect a president. These are the decision making bodies. Must pay attention to what is going on in urban areas, because it indicates what is going on in the regions.

Lessons learned

- Recommended that you have an independent facilitation and capacity building organization
- Issues-driven QPI versus data-driven approach to planning and data collection
- Focus on setting priorities and making decisions especially with limited resources

We work to support civil society first, and at the other end, the governmental initiatives. Improve the dialogue between CSO and GOT. This will lead to stronger civil society, more accountable government leading to improved livelihood.

2. NGO Partnerships

The presentation (Appendix 14) was made by Odile on behalf of all the VS partners. She began by summarizing the general concept of partnership: organizations that have complementary intervention areas and expertise that commit resources and work together to achieve a result that could not have been achieved alone. They must have:

- Compelling and shared vision
- Complementary experiences and expertise
- Voluntary commitment
- Resources contribution
- Preservation of the identity and the autonomy
- Clear, equitable and shared leadership
- Clear process for decision making and for problem resolution
- Mutual responsibilities towards common engagement
- Considerations of the contribution of each partner

Additional comments: we join in integrated collaboration by choice. We do it because we share interest in future of health and environments. We work in partnership, not with the idea that because I am a partner I get this or that. There is none of the “I am the big money, you are the small money” etc.: these details are left aside. When you partner, you respect your engagement and follow through on your actions when you state what you will do. You must have common objectives. Common objectives + value added from each partner= SYNERGY.

Odile also shared some of the values: respecting diversity; trust; and transparency (sharing information, and telling everyone what you are doing). Working together is the start of partnership. But surprisingly this is not sufficient. You need shared vision, strong leadership, coordination, and management

c. Group work on Development of Roadmap

HIV/AIDS integration with Environmental Conservation

Marc introduced the group work. In his contribution to the introduction, Eckhard noted that from this work to be done the intention is not to develop an action plan or work plan. Instead the aim was to identify the partners to work with. Participants returned to their previous groups. Guidelines for the group work were as follow:

- Based on knowledge, experience and lessons shared, discuss what you want to do/ can do with respect to the PHE integration activities in Tanzania (new, expansion or reinforcement)
- Using the USAID results framework, focus on objectives, IRS, main activities and necessary partnerships.
- Focus on HIV/AIDS and environment.

As resources for the exercise, the groups were to use recollection of information from the various presentations, handouts, and information from the flipcharts. Each group was to prepare group report on flipchart for presentation (10 minutes).

GROUP PRESENTATIONS

| Group I | Group II | Group III | Group IV |
|--|--|---------------------------------|---|
| 1. Assigned Area | | | |
| ART treatment | Promotion of Abstinence Focus around Gombe Problems: 1. HIV/AIDS 2. Biodiversity loss Causes: 1. People are destroying rainforests 2. People affected by HIV because they do not have economic options 3. Others are affected because they do not have access to education 4. Cultures and traditions are also effecting the prevalence | Orphans and vulnerable children | Care and treatment |
| 2. Objectives (or Options) | | | |
| Reducing adverse affects of HIV at the community level, will reduce the pressures on environment Resources 1. drugs a. GOT, RMO, DMO b. NGOs in regions- UNICEF, WORLD VISION 2. Training a. National standards of Training – produced by NACP b. ACQUIRE/MOH partners to provide curricula and the TOTs 3. Service providers a. MOH/ CHMT b. FBOs c. PRIVATE d. ACQUIRE/MOH 4. Mobilizers a. CHMT | 1. Improved conservation of greater Gombe ecosystem through reduced prevalence of HIV/AIDS (for sustainable development) a. local integrated development plan focusing on reduction of HIV/AIDS prevalence in place b. biodiversity hot spots around Gombe identified and properly managed c. capacity building in local communities. d. improve care for orphans | | To provide compressive care and support to households with HIV+ members |

| Group I | Group II | Group III | Group IV |
|--|---|--|---|
| <ul style="list-style-type: none"> b. Radio c. PSI- multimedia campaign d. CBDs e. VINA f. FBOS g. PRIVATE 5. Funds <ul style="list-style-type: none"> a. Emergency plan funds b. USAID/ PRH | | | |
| 3. Intermediate Results (IRs) | | | |
| | | IR4: enhanced multi-sectoral response to HIV/AIDS | IR2: increased use of HIV/ADIS prevention to care services and products IR1: improved HIV/ADIS preventive behaviors and social norms IR4: enhanced multi-sectoral response to HIV/AIDS Link care and support of PHWHA with environment |
| 4. Indicators | | | |
| | | #OVC programs #OVC provided services: Yr 1 - approx 19,500; Yr. 2 - 36,000 | |
| 5. Activities | | | |
| <ul style="list-style-type: none"> ▪ develop task force at the district level (implementing partners at the district level) ▪ baseline for planning (to understand strengths of communities) ▪ sensitization ▪ Training ▪ Service delivery (testing and provision of drugs) | IR1 <ul style="list-style-type: none"> 1. organize stakeholders 2. monitor and evaluate different implementation IR2 <ul style="list-style-type: none"> 3. conduct biodiversity surveys assessments 4. develop implementation plan (governance) | Community mobilization – OVC and conservation: <ul style="list-style-type: none"> • Communities sensitized • Most vulnerable children committees formed (multi-sectoral) • Situational analysis • Mobilize resources • CBOs identified and engaged • Services provided- psychosocial | <ul style="list-style-type: none"> ▪ Facilitate formation of functional HIV/AIDS committees, and volunteer action committees ▪ Develop community epidemiology program ▪ Work with FBOs and other village to reduce stigma ▪ Support households with HIV micro credit/finance and income |

| Group I | Group II | Group III | Group IV |
|---|---|---|--|
| <ul style="list-style-type: none"> ▪ M & E | <p>IR3</p> <ol style="list-style-type: none"> 5. identify training key actors (TNA) 6. develop implementation and training plan (ICT) 7. Mobilize communities to determine the number of PLWA, and orphans <p>IR4</p> <ol style="list-style-type: none"> 8. provide support to affected-promote private sector 9. Involvement- capacity building and livelihood packages | <p>support, shelter, health, education, nutrition, HBC, Caregivers</p> | <p>diversification</p> <ul style="list-style-type: none"> ▪ Produce / procure appropriate IEC materials ▪ Establish links with District/regional programs ▪ Train CBDs and PHU workers (including counselling skills) ▪ Establish VCT Ta, pMTCT, ARV feral system ▪ Launch staying healthy with HIV campaign ▪ Develop curriculum and IEC materials ▪ Train 100 HBCP/ village |
| | | <p>OVC activities related to conservation</p> <ul style="list-style-type: none"> ▪ Environmental clubs formed (like roots and shoots) ▪ Children involved in NRM activities (nurseries, harvesting, park programs, etc) | |
| | | <p>Road map activities:</p> <ul style="list-style-type: none"> ▪ sensitization: what's going on at the national, regional, and local levels ▪ sub grants for support- Psychosocial support, shelter, health, education, nutrition, HBC, caregivers ▪ involved TANAPA/parks- integrate with outreach programs, address national policies for sustainability ▪ Identify and engage technical partners (POLICY, FHI) | |
| 6. Location of Activities | | | |
| | | <p>Kigoma Arusha Tabora Iringa Tanga/Pwani</p> | |

| Group I | Group II | Group III | Group IV |
|-------------|----------|---|----------|
| | | National | |
| 7. Partners | | | |
| | | <ul style="list-style-type: none"> ▪ JGI, RCC, PACT, EngenderHealth (Kigoma) ▪ AWF, PACT, ELCT, RCC, EngenderHealth, PINGOs, WAMATA, TUMAINI (Arusha) ▪ Africare, PACT, NGO cluster (Tabora) ▪ WWF, EngenderHealth, CARE, CRS, IDYCD, TAHEA (Iringa) ▪ CRC, PACT, Tanga aids working group (Tanga/Pwani). ▪ TANAPA, DSW-CMAC (National) | |

Comments on Group Presentations:

There are networks of people working on HBC. IEC through TACAIDS can be utilized at the implementation level. USAID is also working on Radio campaign through BBC

There are also lots of things happening at the national level (FHI is in the process of working on HBC workers). These materials should be included and FHI should be considered as a partner.

There is also in the pipeline a regional facilitating agency (RFA) which is meant to facilitate activities from government through grassroots level. We expect that it will be HealthScope and CARE who will be leading this.

d. USAID Strategic Objectives and Linkages, Themes and Tools

Jim Allman spoke briefly on this topic. The interest of USAID is to make links between the SOs in Tanzania. There are Program Support Objectives (PSOs – Appendix 15). These really try to identify where there are synergies between different strategic objectives. The overall goal is to deepen program impact.

He explained the linkages, themes and tools. Linkages are results achieved in multiple PHE areas (as defined by activity specific indicators). PHE results are stated explicitly in the work plans and M&E plan. Themes are development problems that require PHE integration. You want to choose to partner with organizations that do the following things “for a living”

- Gender
- HIV/AIDS
- Governance/civil society

Tools are implementation approaches (a way of doing business) as an effective means to deepen development results

- Information and communications technologies: for example in Iringa USAID has allowed the ZTC to be used as technology centers. Similar strategies are being considered for Kigoma and USAID is thinking through ways to partner with groups in the region. Iringa was not entirely successful so USAID is fine-tuning the approach, for broader expansion. Other Missions have attempted similar approaches and whose progress Tanzania can continue to learn from.
- Capacity building: how to use existing resources to build where our current weaknesses are
- Public-private alliances building: there are a number of activities which continue to develop. Vicky noted that the national health program for youth- has contributions from private sector, which allows youth to call in for free; in another example- we will be working with the district council who will partner with a private company to provide sprays and treatment for malaria prevention.

IV. NEXT STEPS

1. Partnerships and programs

Jim Allman highlighted the existing and prospective partnerships to constitute part of the focus for next steps. Specifically, he presented an overview of the many collaborating agencies and programs which are going on in Kigoma region, which USAID envisions continuing to work with together. Following is the overview:

1. TACARE/JGI- NRM, AIDS, Health
2. ACQUIRE regional office- health
 - a. Since there is a new office there would be opportunity for collaboration at the ZTC
 - b. There are definite opportunities for ACQUIRE and TACARE can already begin working together on programs
3. Zonal Training Centre – health
4. ICT Center at ZTC- health, PSO PACT, TACARE, ACQUIRE
5. SDA, ACQUIRE and PACT
6. OVCD, PACT, Global Fund, TACARE
7. AMREF- AIDS, Maybe ISHI and others
8. Kigoma Rural Districts- DG- PETS (public expenditure tracking system). There will likely be a focus on 7-8 districts and public expenditure
 - a. It is possible that PACT would consider an office out here
 - b. One small doable action would be to ensure that there are resources documented
9. Think Regionally FO, PSO, GTZ, etc.
 - a. This has been a shift from previous national focus.
 - b. We feel that we need to focus more at the district level, but there are great benefits to the idea of working at the regional level.
 - c. GTZ has also a regional focus; there could be opportunities for collaboration

Jim identified one specific next step: the USAID team will coordinate and not give TACARE unnecessary reporting requirements. This needs to be coherent and not too complicated

2. Options and thoughts for the future

Still sharing his thoughts for the immediate and short-term future, Jim outlined a number of specific organizations, possible geographic areas of work, programmatic areas, and potential partners, to move PHE integration forward in Tanzania. Following is the presentation made.

- | | | | |
|---------|-----------|--------|---------|
| 1. AWF | Arusha | NRM | ACQUIRE |
| | Manyara | Health | PACT |
| | Tarangire | DG | ELCT |
| | | AIDS | ZTC |
| 2. TCMP | Coast | NRM | ACQUIRE |
| | Tanga | Health | PACT |

| | | | |
|-------------|------------|--------|-------------|
| | | DG | GTZ |
| | | AIDS | |
| 3. WWF | Iringa | NRM | ACQUIRE |
| | WCS- ahead | Health | PACT |
| | | AIDS | ZTC/Iringa |
| | | DG | Deliver/JSI |
| 4. Africare | Tabora | NRM | |
| | | AIDS | |

3. PHE integration Task Force/ Working Group

Dr Kajuna of USAID/T made a case for the task force. There has been continual discussion of this to keep the momentum and excitement going. He noted that there had been a great deal discussed with regard to PHE. It is exciting and there are many linkages which are in the process of being made. There is clearly momentum which should be captured, for there is no lack of knowledge here. Knowledge does not transfer automatically into actions. If there are no other steps taken to transfer knowledge into doable actions then we are missing these great opportunities. USAID has come up with PSOs which allow us to turn these actions into institutional operations.

Mr. Kajuni also of USAID would also like to push forward the idea of a task force. We have the questions of who and also very importantly the when. We should draw upon the ideas of Voahary Salama to provide us with guidance on how this task force should move. Today, we should identify the partners who will serve on this task force, and for this group to identify how the group will proceed. Perhaps today we can identify the members of the task force, and then later we can develop the scope of work.

JA states that perhaps we can digest these ideas. USAID will likely hold a follow up meeting six months from now.

4. Development of Partnership Relationships

Dan: what is very important is that we have looked at M&E systems and results frames, but we have not focused on relationships. We are all charged with different things- with different cooperative agreements. How we will integrate that and work together, and support the needs of the mission. This will take a long process of relationship building. I support this with the idea of articulating how we will work together.

In Madagascar they formed regional eco-alliances to address the issue of collaboration which was specific to area needs.

- Developing an email list serve through which information should be shared
- Building these relationships 1:1 is crucial.

The secretariat of the task force should be responsible for developing the list-serve. Organizations should be aware that with support from the mission: they should rely on the funding. Please let us make sure this is documented.

The three organizations present - TACARE, EngenderHealth, AWF, and PACT should be presented as members of the task force. USAID would also like to join. One organization should be presented as the secretariat.

5. Production and Distribution of Workshop Report

The report is expected to come in three stages.

1. Eckhard offered to copy all presentations made at the workshop for anyone interested to have them
2. For everyone, all the presentations will be burned into CDs
3. The full report should be ready for distribution in two-three weeks

V. CLOSING

The closing session proceeded through five steps.

1. Review of Participants' Expectations

Did we meet the workshop objectives? Calista led a brief review of actual accomplishments against expectations expressed by participants at the beginning of the workshop. In general participants felt that most of the expectations had been largely met (Appendix 16). The following highlights the exceptional areas:

1. To learn the inter-relationship between health and environment
 - a. There are so many aspects of interdependence. We have seen many so hopefully we can begin to work in this framework
2. Strengthen collaboration and planning for implementing PHE activities
 - a. the process of actually building these relationships should continue
3. Develop a framework for PHE in Tanzania
 - a. this process has started
 - b. there are still some steps to continue with
 - c. the framework could not actually be developed in this period of time- but I think we have made better progress than many of us expected towards achieving this goal
4. To identify key PHE outcomes and indicators for evaluation
 - a. to revise- we have shared many outcomes and indicators used in other programs, and begun the process of thinking through TZ specific outcomes
5. To learn ooh to integrate Population, Health, HIV, and environment
 - a. there is still so much more to learn
 - b. we learned the value at the community level- the levels above will need some additional effort
6. To create and strengthen the network of practitioners in the field.
 - a. Process is started
 - b. To be worked on further through the task force
7. Coordination mechanism for PHE in Tanzania
 - a. The task force has been developed
 - b. There are numerous steps to continue with
 - c. This has just been the beginning

2. Review of Accomplishment of Workshop Objectives

Mr. Eckhard Kleinau reviewed accomplishment of the workshop objectives by way of closing remarks. In his view, the workshop had been a fun week with great strides taken. He found it to be a great learning experience and wanted participants to return to where we started. In order to have sustainable human development we have to conserve biodiversity on our planet. One of our proposals has been that in order to do that we must integrate population, health and environment. In the broader context of good governance and poverty reduction, Eckhard asked where the workshop fitted in. His take away from the workshop was knowing that participants shared the vision: the initiative and vision are not led by one individual. "We are leaving, knowing that PHE integration in the broader context is important".

For a second take away, Eckhard asked: can we make the link between health and conservation? Is there a conceptual link? He thought that we could see it, in the results chains. But on the practical level, we have really taken this concept and transformed it into

programmatic reality. We have taken the pieces of the puzzle and began to fit them together. He also thought that the discussion of next steps was crucial. We can not lose the momentum. We have a very clear idea of what needs to happen as we move forward: this was not an easy workshop. We did not focus on only one area. This has been a broad vision, a broad discussion, and we have clearly made progress.

So where are we in developing the road map? We have packed, the gas tank is full, and are ready to go. We wonder if we will be able to develop a strong example for USAID. So that they may see how PHE links can be made and translated into programmatic reality. We did not do this workshop exclusively for Tanzania. This is all so important at a global level. PHE is happening in many other countries, and we needed this workshop to advance the interest in PHE. He hoped that many participants will participate in the development of the global visions, with their examples.

On a personal level, Eckhard expressed his joy in getting to know each of the teams. It was good meeting Grace and her team from ACQUIRE and their energy. It was also a sheer pleasure to work with TACARE, and their team. They have been gracious hosts in this effort. We are so grateful for the facilitators, Marc and Calista, who were so flexible in the very difficult job of bending with the needs of the workshop. He thanked those who helped with the notes, photocopying and all logistics. Finally, he extended special thanks to USAID. They made workshop possible and it was a brilliant idea to “not do this in Dar” and get us to the field.

3. Closing Remarks

In her closing remarks, **Dr. Calista Simbakalia** disclosed to the workshop that she agreed to serve as a facilitator with the idea of learning. She expressed gratitude for the visit to the village (Kalinzi) and the ideas shared in the workshop. She was so impressed by the CBDs and the work that they are doing. She was also so impressed with the agro-forestry and their prevention of erosion. While in Kalinzi, she thought instantly of Mbinga and the similar problem that they face there in erosion. TACARE should really develop environmental education films which can be put on ITV for other Tanzanians. She extended special thanks to EngenderHealth and USAID/Tanzania. Thanks to participants and their openness! There were excellent ideas shared and we are most grateful to their flexibility.

Co-facilitator, **Mr. Marc Okunnu, Sr.**, recalled how in his over 30 years work in population and development every such workshop provides immense occasion for learning, bringing new ideas and synergies. He expressed profound gratitude for the opportunity to co-facilitate and be part of the workshop, and thanked EH/ACQUIRE Project and USAID/Tanzania for making his participation possible. Finally, he thanked workshop participants for their cooperation and active participation.

Jim Allman, USAID/Tanzania This was a great idea to get into the field since it is difficult to have time while in the office to think through the issues we have seen on the ground. Being in the company of people whose life work has been in health, population, and environment has been inspiring.

Special thanks to Grace and her team for logistics efforts. We also have to thank Engenderhealth, for identifying our facilitators. We were quite pleased with their work and ability to balance time constraints with real progress.

Thanks to TACARE and their team who were excellent hosts. Also thanks to the Madagascar team for bringing in international perspectives. Thanks also to PACT who has been an active partner, both in Madagascar and Tanzania. There are interesting ties (especially OVC) which I had not thought through!!! Thanks to the international team: we hope that the USAID/Washington team will keep Tanzania on the map.

Dr. Ramadhani Mnenge I feel greatly honoured to give a few words of closing. I will speak at most three words

1. I am greatly honored to be a participant of this workshop for such important issues. It clearly is of global importance. I am one who is fully benefiting from this workshop. I am from Ujiji, so close. Although you have all travelled from far, the interaction and decisions of this workshop will fully benefit my well being. I am so grateful to be one of you here! With all the dignitaries around and world renowned personalities, it is really an honor.

2. As far as the agenda itself is concerned, at first I did not understand this link. I have really learned a lot through my participation. As one of the technocrats, I have something to bring to this issue to our bureaucrats in our government. I am the acting regional medical officer. Being such I am biased to health issues! Or so I was before attending this workshop. At this point in time, I understand the importance of integrating so many issues!

3. One thing that is not done so well yet the most important thing is to make whatever outcomes we achieved known to the “bureaucrats”. To pave the way and make these issues a success, we must make these successes known. We have to remember that we need the arm of the regional government to help us push this issue. There are many actors, but this arm must be coordinated. If you work with UNICEF, for example, they talk of VHW. For TACARE it is CBDs, but the work is the same. There is no difference and perhaps resources can be shared. At the level of the government, we have the possibilities of putting things into our district health plans. With me here, we had almost all the district medical health officers available to ensure that our program is moving forward. You must put what you want to deliver in comprehensive district health plans so that you will have access to the basket funds.

Again, I am greatly honored to participate in this workshop. I am so impressed to have the help of this Madagascar team. It is as if I had the opportunity to travel there. I wish everyone a good journey home. Please don't tire of sharing your stories

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Report on PHE Integration Workshop, Kigoma: 20-24 June 2005

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PHE¹ INTEGRATION WORKSHOP
“HEALTHY FAMILIES, HEALTHY FORESTS”
KIGOMA, TANZANIA
JUNE 21 – 24, 2005

Workshop Program

DATES AND ACTIVITIES

June 21, 22 and 24 workshop (organized by ACQUIRE)
June 23 field visit of TACARE sites (organized by TACARE)
June 25/26 visit Gombe Stream National Park (optional)

VENUE

Kigoma, Tanzania, Hilltop Hotel

DESCRIPTION

USAID supports integrated PHE programs in several countries around the world, often where foundations such as Packard and Summit fund similar programs. PHE integration is based on the recognition that the conservation of ecosystems and biodiversity cannot be achieved without also addressing the needs of populations whose livelihoods depend on the use of natural resources.

Efforts supported by USAID include an integrated PHE program in Madagascar, which started in 1999, and more recent activities in Guatemala, Cambodia, the Philippines, Kenya, and Tanzania.

A workshop in Bangkok in November 2004 brought together teams from these countries and was a first attempt to reach a common understanding of results and indicators for documenting the success of integrated PHE. Workshop participants recommended a more field-based strategic planning exercise as a follow up to Bangkok to help organizations to plan, implement and monitor integrated PHE activities. This coincides with USAID’s interest in deepening the impact of their programs by linking strategic objectives, working across thematic areas and sharing tools among sectors. The workshop in Kigoma in June 2005 will be an opportunity for organizations in Tanzania and other countries to identify with a conceptual framework for integrating PHE, to develop implementation strategies, and to understand how to monitor and document the success of PHE interventions.

¹ The acronym PHE (population, health and environment) is used for historical reasons. HIV/AIDS is included in the “H” of PHE as a high-priority component. Participants will have an opportunity to discuss “PHE” in a broader development and governance context, which includes education and economic opportunities. It may be decided during the workshop to adopt a different more comprehensive term.

WORKSHOP GOAL AND OBJECTIVES

The goal of the work shop is to develop both a conceptual framework for integrating population, health and environment (PHE) and an implementation strategy. This will assist in cross-sector program development in the Kigoma Region as well as in other parts of Tanzania and in other countries interested in PHE, including those not currently supported by USAID. Integrated PHE will incorporate Linkages, Themes and Tools (LTT) from USAID/Tanzania's Program Support Objective, because they are critical for achieving maximum program impact. The workshop will develop a *clear definition* of the programmatic value-added and expected outcomes from implementing the integrated PHE approach.

The specific objectives for the workshop are as follows:

- Understand the terminology used by various sectors involved in integrating PHE.
- Share experiences, successful approaches and tools from programs with experience in implementing multisectoral programs, for example: community-centered conservation, the champion community/district model, and the eco-regional alliance approach.
- Learn approaches for monitoring and evaluating integrated PHE and reach an understanding of key indicators and methods for documenting best practices.
- Contribute to the development of work plans for the TACARE program through practical exercise, as an example for other programs sharing a similar USAID funding profile (i.e., receiving a mixture of USAID funds from different SOs).
- Understand better the “why” and “how” of integrating specific thematic areas into PHE, including, for example, HIV/AIDS and zoonoses.
- Provide USAID/TZ with experience in how the Mission strategy of crosscutting linkages, themes and tools can be translated into practice.

FUNDING

This workshop is funded by the United States Agency for International Development (USAID).

AGENDA

June 20 (MON) Participants arrive

June 21 (TUE) – morning “cross-sector linkages”

- 08:00 – 08:30 Registration
- 08:30 – 09:00 Introductions
- 09:00 – 09:50 Welcome by hosts and statement from USAID Tanzania and Washington about expected workshop outcomes regarding PHE integration and its new PSO/LTT² approach (Anthony Collins – JGI/TACARE, Grace Lusiola – ACQUIRE, Jim Allman – USAID/TZ, Tom Outlaw – USAID/US)
- 09:50 – 10:15 Workshop goal, objectives, agenda, and participant expectations (Calista Simbakalia)
- 10:15 – 10:45 Understand the rationale, principles and approaches of PHE integration within a broader economic development and governance context, frameworks and hypotheses, its expected benefits, “value added” and programmatic synergies (Eckhard Kleinau – JSI/Washington)
- 10:45 – 11:00 Refreshment break
- 11:00 – 12:45 Critical programmatic areas for PHE integration: from country experiences to small doable actions
- Introduction: from programs to small doable actions (Yvette Ribaira – Madagascar Green Health Communities Project/MGHCP)
 - RH/FP/MCH (Moshi Ntabaye – ACQUIRE)
 - President’s Emergency Plan for AIDS Relief in Tanzania (Vicky Chuwa – USAID/Tanzania)
 - HIV/AIDS (Emanuel Mtiti – TACARE)
 - Governance/Civil Society (Dan Craun-Selka – PACT)
 - Income Generation/Micro credits (Beatrice Marwa – TACARE)
 - Natural Resources Management (Gilbert Kajuna – USAID/Tanzania)
 - HIV/AIDS & coastal environment (Jim Tobey – University of Rode Island)
 - Zoonoses/Hunting (Lynne Gaffikin – USAID/Madagascar)
 - Environmental health interventions: water supply, sanitation (Kirsten Patterson – PE Fellow/Madagascar)

² USAID has identified SO Linkage, three Themes and three Tools (LTT) that apply to all its SOs.

Linkages: shared results (as defined by a common indicator/s) between two or more SOs. The result appears in two or more results frameworks.

Themes are developments problem that the Mission has determined requires integration into and across all SOs:

(1) Gender, (2) HIV/AIDS, and (3) Governance and civil society

Tools are implementation approaches (a way of doing business) adopted by the Mission as an effective means to deepen development results: (1) Information and Communications Technologies (ICT), (2) Capacity Building, and (3) Public-Private Alliances building

- Education (Odile Randriamananjara – Voahary Salama/Madagascar)

12:45 – 14:15 Lunch

June 21 (TUE) – afternoon “results chains for PHE”

14:15 – 15:00 Conceptual frameworks and results (causal) chains for PHE integration, and their place in the Adaptive Management cycle. Share examples from Bangkok, TACARE, Voahary Salama, and others (Eckhard Kleinau – JSI/Washington)

15:00 – 15:45 *Group work to develop results chains, session 1 “brainstorming”*
Participants will be organized divided into three to four Groups

15:45 – 16:00 Refreshment break

16:00 – 16:30 *Group work to develop results chains, session 3 “concrete and measurable outcomes”*

16:30 – 17:00 *Group work to develop results chains, session 2 “feasible programmatic solutions (i.e., small, doable actions)”*

17:00 – 17:30 Pro’s and con’s of integration, obstacles, enabling factors (Anthony Collins – JGI/Tanzania)

June 21 (TUE) – evening

19:00 Workshop Dinner at Hilltop (hosted by ACQUIRE)

20:00 – 21:00 Films:

1. Packard’s PLANET campaign,
2. Madagascar’s new vision film on environmental conservation,
3. Finding Balance – Population Action International/Voahary Salama

- June 22 (WED) – morning “grassroots view, community mobilization”,
“coordination” and “M&E”,**
- 08:30 – 09:00 Groups reporting from previous day
- 09:00 – 09:10 Introduction: Meeting people’s needs to do environmental deeds (USAID/Washington)
- 09:10 – 10:00 General development needs and community-expressed needs through tools such as PRA/PLA/AI and how to address these through community-centered PHE integration
- Presentation: key steps in and experiences with community mobilization approaches that are key to a successful PHE implementation:*
- TACARE including the use of PHAST (Emanuel Mtiti – TACARE)
 - Community-based Distribution - CBD (Calista Simbakalia – HealthScope)
 - Champion commune/Madagascar , showing of the film “The 6 principles of the Champion Community” (Yvette Ribaira – Madagascar Green Health Communities Project/MGHCP, Harinesy Rajeriharindranto – ASOS/Madagascar, Odile Randriamananjara – Voahary Salama/Madagascar)
- 10:00 – 10:30 Official opening of workshop (Elmon Mahawa – Regional Commissioner Kigoma)
- 10:30 – 10:45 Refreshment break
- 10:45 – 11:30 *Group work (same groups as Tuesday):* Identify strategies for ensuring sustainable community-centered approaches and lasting results based results chains, cover issues such as designing interventions that are replicable, planning activities at scale from the start, and scaling up programs rapidly
- 11:30 – 12:30 Overview of key indicators, monitoring and evaluation of integrated PHE
Affordable and effective methods for program evaluation and monitoring systems (Eckhard Kleinau – JSI/Washington, Stacy Fehlenberg – TACARE)
- 12:30 – 14:00 Lunch

June 22 (WED) – afternoon “PHE roadmap: a vision for action”

- 14:00 – 14:45 Develop a roadmap – based on results chains – for implementing the PHE strategy using an adaptive management and logical framework approach, recommend planning steps and activities to be considered when organizations develop their work plans for integrated PHE programs (Marc Okunnu)
- Case study:* Example of small doable conservation actions and result chain-based program planning (Cara Honzak – WWF/US)
- 14:45 – 15:45 *Presentation:* How to coordinate multi-sector PHE approaches in a decentralized setting: experiences from Madagascar from past to present
- Nature, Health, Wealth, and Power (NHWP) and Eco-regional Alliances in Madagascar (Lynne Gaffikin – USAID/Madagascar)
 - NGO partnerships: Voahary Salama (Odile Randriamananjara – Voahary Salama/Madagascar)
- 15:45 – 16:00 Refreshment break
- 16:00 – 16:20 *Case studies:* Merging multiple funding sources into one coherent program and achieve multiple outcomes, examples: TACARE, Voahary Salama (Harinesy Rajeriharindranto – ASOS/Madagascar, Emanuel Mtiti – TACARE)
- 16:20 – 17:30 *Group work:* Roadmap development using the Logical Framework as a planning tool: goals, objectives, outputs, inputs, indicators, and means of verification. Groups will incorporate Linkages, Themes and Tools (LTT) identified in the Mission PSO
- 17:30 – 18:30 Preparations for field trip including film presentation and questions to guide the visit (TACARE team)

June 22 (WED) – evening free

June 23 (THU) – Field trip to TACARE villages in Kigoma region (Jane Goodall Institute)

June 23 (THU) – evening (free)

June 24 (FRI) – morning “linking SOs to deepen program impact”, “next steps in planning PHE”

- 08:30 – 09:00 Impressions and lessons from field trip, especially as they relate to the first 2 days of the workshop (Facilitators)
- 09:00 – 10:30 *Group presentations:* Each group presents highlights from their PHE roadmap (10min presentation/5min discussion, group rapporteurs)
- 10:30 – 10:45 Refreshment break
- 10:45 – 11:15 USAID Strategic Objectives and LTT (Jim Allman – USAID/TZ)
- 11:15 – 12:15 *Group work (organized along Mission SOs):* Linkages between Mission SOs, use PSO assessment tools to map linkages (Facilitators)
- 12:15 – 13:00 Lessons learned from this workshop and their applicability to the Missions broader objective of SO linkages, crosscutting themes and tools (Facilitators)
- 13:00 – 13:30 Where do we want to go from here with PHE integration?
- Geographic priorities for integrating PHE, both in general and specific to TZ
- feedback from participants
(Facilitators and Participants)
- 13:30 – 14:00 Closing (Jim Allman – USAID Tanzania, Henry Clemens – DC Commissioner Kigoma)
- 14:00 – 15:30 Lunch

June 25/26 (SAT/SUN) – optional

Day or overnight visit to Gombe Stream National Park

Lead facilitators: Marc Okunnu, Calista Simbakalia (ACQUIRE)

Workshop format: participatory and interactive

- limited presentations in number and time
- group work
- site visits