



**THE EAST AFRICAN COMMUNITY**

**INTEGRATED POPULATION, HEALTH AND  
ENVIRONMENT (PHE) STRATEGIC PLAN  
(2016-2021)**

NAIROBI-KENYA, MARCH 2015

## MAP OF EAC ECOSYSTEMS



## **FOREWORD**

**Foreword by the Secretary General of the East African Community**

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## ABBREVIATIONS AND ACRONYMS

ASALs	Arid and Semi-Arid Lands
AU	African Union
BEN	Basic Education Network
CAN	Climate Action Network
CCRDA	Consortium of Christian Relief Development Association
CEO	Chief Executive Officer
COMESA	Common Market for Eastern and Southern Africa
CORHA	Consortium of Reproductive Health Association
CPR	Contraceptive Prevalence Rate
CSO	Civil Societies Organizations
DMFSS	Disaster Management and Food Security Sector
DSW	German Foundation for World Population
EAC	East African Community
EALA	East African Legislative Assembly
ECA	Economic Commission for Africa
EHIA	Environmental Health Impact Analysis
EIA	Environmental Impact Assessment
EIMS	Environmental Information Management System
EMCA	Environmental Management and Coordination Act
EPA	Environmental Protection Authority
EU	European Union
FBO	Faith Based Organization
FP	Family Planning
GDP	Gross Domestic Product
GIS	Geographical Information System
GTP	Growth and Transformation Plan
HH	House Holds
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HOA-REC	Horn of Africa Regional Environmental Center
ICT	Information, Communication Technology
ICZM	Integrated Coastal Zone Management
IEC	Information Education and Communication
IGAD	Intergovernmental Authority on Development
IPPF	International Planned Parenthood Federation
IWRM	Integrated Water Resources Management
LBs	Live Births
LVBC	Lake Victoria Basin Commission
LVFO	Lake Victoria Fisheries Organization
MARPs	Most-at-risk Populations
MDAs	Ministries, Departments and Agencies
NEMA	National Environment Management Authority
NGO	Non-Governmental Organization
NMR	Neonatal Mortality Rate
PACJA	Pan African Climate Justice Alliance

PAI	Population Action International
PANE	Poverty Action Network Ethiopia
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
PCCA	Population Climate Change Alliance
PDN	Pro Development Network
PHE	Population Health and Environment
PRB	Population Reference Bureau
PSN	Population for Sustainable Network
PWDs	Persons With Disability
RH/FP	Reproductive Health/Family Planning
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
RSC	Regional Steering Committee
SADC	Southern African Development Community (SADC)
SDGs	Sustainable Development Goals
SLUF	Sustainable Land Use Forum
TFR	Total Fertility Rate
TWGs	Technical Working Groups
U5MR	Under 5 Mortality Rate
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization
WWC	Woodrow Wilson Center
YNSD	Youth Network for Sustainable Development

## GLOSSARY OF TERMS

TERM	DEFINITION
<b>Adolescents; Youths</b>	The World Health Organisation (WHO) defines adolescents as persons aged 10-19 years and youth as those aged 15-24 years. Adolescence is regarded as the period that begins with the onset of physiologically normal puberty, and ends when an adult identity and behaviour is assumed. This period of development corresponds roughly to the period between the ages of 10 and 19 years, which is consistent with the World Health Organization's definition of adolescence.
<b>Biodiversity</b>	It is the assemblage of all living organisms including all plants and animal species, communities, and ecosystems. The Earth's biodiversity consists of genes, species, and ecological processes making up terrestrial, marine, and freshwater ecosystems that both support and result from this diversity.
<b>Biohazard</b>	It is a biological substance that is dangerous to people or the environment. Many <i>biohazards</i> are made of bacteria, viruses or other microorganisms.
<b>Climate</b>	A situation of a climate system, including the statistical description, taking into account averages and variations in temperature, rainfall, winds and other relevant meteorological factors in a given period.
<b>Climate Change</b>	Change of climate attributed directly or indirectly to human activity that alters the composition of global atmosphere which is in addition to natural climate variability observed over comparable period.
<b>Disaster</b>	The World Health Organization (WHO) defines a disaster as “any occurrence that causes damage, ecological disruption, loss of human life or deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community area.
<b>Ecosystem</b>	A dynamic complex of plant, animal and microorganism communities and the non-living environment interacting as a functional unit in a defined ecological area.
<b>Environment</b>	The totality of all living and non-living things occurring on earth or elsewhere in space including their biological and chemical interactions
<b>Gender:</b>	It is the economic, social, political, and cultural attributes and opportunities associated with being women and men.
<b>Health</b>	WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
<b>Maternal health</b>	Is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality
<b>Minimum Initial Services Package (MISP)</b>	Describes the key RMNCAH priorities that are expected in emergencies as identifying an organization(s) and individual(s) to facilitate the coordination and implementation of the MISP; prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess maternal and neonatal morbidity and mortality; and plan for the provision of comprehensive reproductive health services, integrated into primary health care, as soon as possible.

<b>Population</b>	A population is a summation of all organisms of the same group or species, which live in a particular geographical area, and have the capability of interbreeding
<b>Reproductive Health</b>	Is the state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity, in all matters related to the reproductive system and to its functions and processes
<b>Reproductive Rights</b>	Reproductive rights embrace certain human rights that are already recognized in national laws and international human rights documents. These include: the right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children; the right to information and means to make the decisions as stated above; the right to attain the highest standard of sexual and reproductive health; the right to make decisions concerning reproduction, free of discrimination, coercion and violence

## CHAPTER 1: INTRODUCTION

### 1.1 Background to the East African Community

The East African Community (EAC) is a regional intergovernmental organization of the Republics of Burundi, Kenya, Rwanda, Tanzania, and Uganda established through the EAC Treaty of 1999. With an average population of more than 143.5 million people, land area of 1.82 million km<sup>2</sup> and a combined Gross Domestic Product of \$74.5 billion, the EAC bears great strategic and geopolitical significance. Its mission is to widen and deepen Economic, Political, Social and Culture integration in order to improve the quality of life of the people of East Africa through increased competitiveness, value added production, trade and investments. In pursue of the integration agenda; the EAC countries established a Customs Union in 2005 and a Common Market in 2010. The next phase of the integration will see the bloc enter into a Monetary Union and ultimately become a Political Federation of the East African States.

The institutional framework of the Community consists of the Executive, the Legislative and the judicial arms. The Executive arm is composed of the Summit of the Heads of State, the Council as the policy-making organ, the Secretariat that is the executive organ of the Community and EAC Institutions. The Legislative and Judicial arms are made up of the East African Legislative Assembly and the East African Court of Justice respectively.

The EAC region is endowed with a huge natural resource base upon which its inhabitants depend for their livelihoods. Major sources of income include: agriculture and livestock production, fisheries, wildlife and tourism, mining etc. However, the available opportunities in the region have created highly negative impacts adversely affecting the economic and social status of the inhabitants. Changes in the region are linked to a number of interrelated problems such as: rapid population growth, Ill-health, poverty, land degradation, declining agricultural productivity and water quality which must be addressed concurrently using integrated solutions as contained in the Population Health and Environment (PHE) approach.

### 1.2 Population, Health and Environment (PHE) Approach

<b>What is the <b>POPULATION, HEALTH AND ENVIRONMENT (PHE)</b> Approach?</b>
<b>P stands for POPULATION:</b> Services targeting Population include: Voluntary Family Planning (Birth Spacing or limiting births), infertility Sexual and Reproductive Health, gender dynamics, Alternative livelihoods, etc.
<b>H stands for HEALTH:</b> This includes a range of services such as: Maternal, Neonatal and Child health, safe water and sanitation, prevention control and treatment of communicable and non-communicable diseases, Nutrition, HIV/AIDS etc.
<b>E stands for ENVIRONMENT:</b> Environmental degradation, fisheries management, forest management and governance, conservation of endangered species, climate change, pollution, etc.

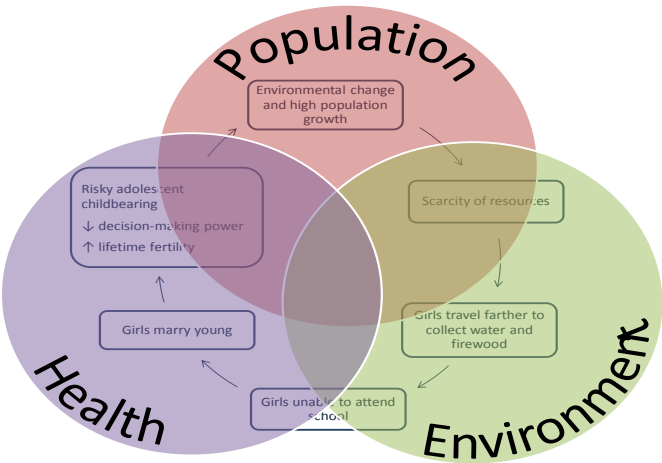
Population, Health and Environment (PHE) is an approach to sustainable development that integrates health and environmental conservation initiatives in order to seek synergistic successes for greater conservation and human welfare outcomes than single-sector approaches. PHE operates with the assumption that people, their health, and the environment are interrelated and interdependent; changes in the number, state, and/or distribution of any of the above affects the other because human needs, their livelihood and a healthy environment are linked by chains of cause and effect.

PHE approaches represent a variety of efforts to bring a holistic, integrated set of activities and services to the communities. It refers to a flexible set of interventions or activities that communities, partner groups or non-governmental organizations adopt in response to unmet community needs for improved health services, livelihoods and natural resource management. PHE projects strive to simultaneously improve access to health services and assist communities to manage their natural resources in ways that improve their health and livelihoods and to conserve the critical ecosystems upon which they depend.

1.3 PHE Conceptual Framework

PHE survives under a comprehensive interface of the wholesome population health and environmental aspects/ingredients (demonstrated in the diagram below). The concept is guided by equity, access and quality service principles; while addressing gaps in evidence such as cost savings and efficiency. Each aspect (Population, Health and Environment) impacts on the other on scales it is engaged.

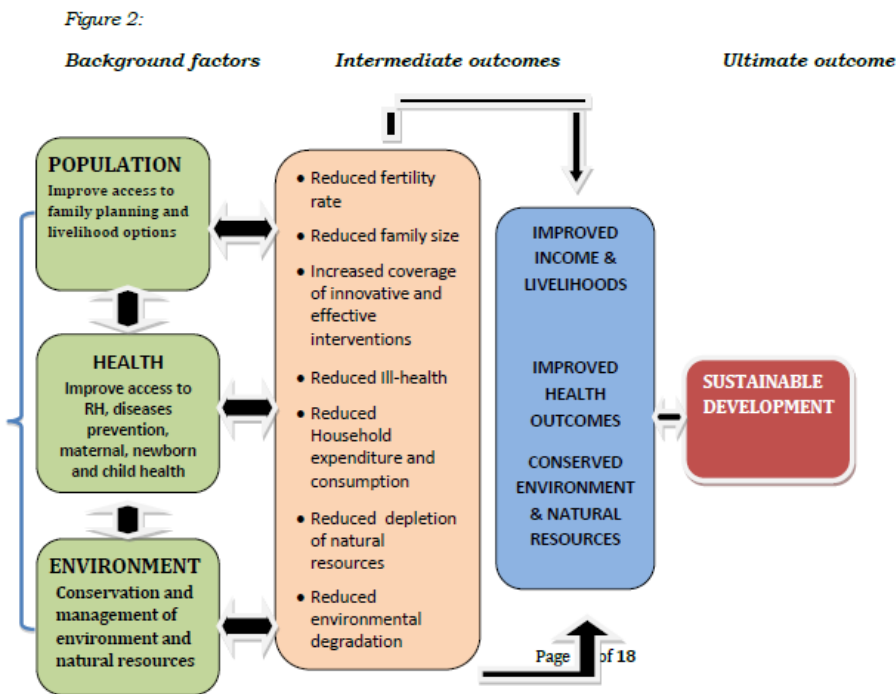
Figure 1: Figurative representation of PHE



Source: HOPELVB Project 2012

Dedication to the PHE approach by all the stakeholders, each playing her critical role as highlighted in the diagram below, will lead to sustainable development.

Figure 2: Conceptual Framework



### 1.4 Rationale for the PHE Approach

The growing population is influencing demand for natural resources and services alongside the considerable environmental pressures resulting from unsustainable consumption patterns. Advancing the multi-sectoral integrated Population, Health and Environment (PHE) approach therefore offers an opportunity for sustainable development of the region. PHE can positively influence population growth, health and environmental conservation patterns by enhancing resilience of communities, helping balance environmental protection, natural resource use and human well-being.

PHE initiatives use an integrated approach to achieve sustainable development by improving access to health services, especially family planning and reproductive health (FP/RH), while also helping communities improve livelihoods, manage natural resources, and conserve critical ecosystems. The PHE approach could therefore be an integral part of the implementation of process of the post 2015 Sustainable Development Goals (SDGs). Collaboration with other environment and development sectors is crucial to PHE.

Evaluations conducted in different parts of the world reveal that PHE initiatives are cost efficient, generate added value and can create synergies not found in vertical programs and projects. In general PHE programs:

- Strengthen voluntary family planning efforts, particularly in remote underserved communities.
- Create greater access to men for communicating family planning messages and improving male involvement in family planning decisions.
- Increase credit access and labor participation by women in economic development activities, which influences gender norms and capacity for decision-making.
- Contribute to better management and conservation of natural resources, improved land use practices and eases population pressures on local ecosystems.
- Reduce indoor air pollution and logging through promotion of fuel-efficient stoves,
- Improve, diversify and create opportunities for sustainable livelihoods by reducing community morbidity and mortality and dependence on finite natural resources.
- Promote sustainable agriculture for improved child nutrition and food security,
- Enhance malaria prevention through bio-environmental controls and promotion of insecticide-treated bed nets,
- Improve access to appropriate latrines and promotion of other hygiene behaviours
- Improve management of protected areas

## **1.5 PHE Legal, Policy and Regulatory Framework**

### **1.5.1 International PHE Legal, Policy and Regulatory Framework**

Actors in environment, climate and health have come up with global recognitions to which countries have accented. These recognitions embrace integrated approaches as more viable solutions to addressing the multifaceted health, environmental and climate change challenges that populations face. The PHE approach is one such integrated solution whose underlying philosophy of integration and multi-sectoral partnerships is embraced as a viable implementation approach to addressing the interlinked health climate and environmental challenges. PHE is therefore in line with global recognitions such as the:

- 1987: UN World Commission on Environment and Development which defined sustainable development as “meeting the needs of present generations without compromising the ability of future generations to meet their own needs”
- 1992 Rio Earth Summit: Agenda 21 - demanded new ways of investing in the future to reach global sustainable development while minimizing impact on global natural resources
- 1994: Cairo, International Conference on Population and Development (ICPD) - adopted a 20-year Programme of Action including advocating that Family Planning be universally available by 2015 as part of a broad-based Reproductive Health strategy
- FP2020 London Summit Commitments
- Rio +20
- UNFCCC COP 21 Paris Agreements
- Sustainable Development Goals Agenda,
- SENDAI Framework for Risk Reduction, 2015-2030

### 1.5.2 Regional and National PHE Legal, Policy and Regulatory Framework

- EAC Vision 2050
- At the EAC regional level, Article 112 (2k) of the EAC Treaty of 1999 commits Partner States to adopt measures and policies to address the existing demographic profiles such as high growth rates and fertility rates, high dependency ratio, poor social conditions and poverty in order to mitigate their adverse impact on the environment and development.
- Disaster Risk Reduction Bill (EALA & Sectoral Committee on Agriculture)
- EAC Climate Change Policy
- LVBC Protocol for Sustainable Development of Lake Victoria Basin
- Shared Vision and Strategy Framework for the management of Lake Victoria Basin
- LVBC PHE Operation Plan
- EAC Development Strategy and LVBC Strategic Plan

EAC Partner States have worked to develop long-term national development strategies that envision global competitive and prosperous nations with high quality of life. EAC partner states have developed specific country Visions and these include the Burundi Vision 2025, Kenya Vision 2030, Rwanda Vision 2020, Tanzania Vision 2025 and Uganda Vision 2040. The visions are anchored on four key pillars namely:

- The economic pillar
- The social pillar
- The political pillar
- The demographic pillar

All the country Visions highlight population-health-environment interactions and recognize that the country's problems cannot be tackled in isolation. For example,

Rwanda Vision 2020 recognizes that: Rwanda's high population growth is one of the major causes of the depletion of natural resources and the subsequent poverty and hunger. And poverty remains a major cause of poor health and vice versa...Future and current population policies should go hand in hand with strategies to overcome problems in the health sector. Family Planning is crucial for reducing birth rates and bringing population and natural resources into balance.

Uganda National Climate Change Policy 2012, Provide adequate support for policies and programmes that take into account the interactions between population dynamics, climate change and development. Uganda's population trends are likely to expose more people to climate change impacts, because areas of high population growth and density and high vulnerability to climate change impacts overlap. In addition, high population growth trends are critical to future scenarios of GHG emissions. Efforts to address demographic trends and climate change will focus on: 1) promoting and strengthening family planning and reproductive health as a cost-effective way of influencing future population growth by avoiding unintended pregnancies, rooted in the exercise of the right to reproductive health and the full scope of gender equality; 2) concerted action to improve women's status, as well as maternal and child health, while protecting the right of women to make their own decisions about childbearing; 3) promoting awareness and recognizing that no

human being has more right than any other to alter the global commons of the atmosphere; and 4) promoting access to education beyond the primary level in order to provide a foundation for greater resilience to the negative impacts of climate change

Uganda Family Planning Costed Implementation Plan (2015-2020), Family planning is repositioned as a key cross-cutting intervention for national development. Family planning will be repositioned as a fundamental element of the national development agenda, including as a tool to achieve the demographic dividend; a key contributor to environmental sustainability; and a strong component of the health sector strategy through inter-ministerial collaboration, public dialogues, and advocacy for acceleration of the National Population Council Bill. Advocacy will be conducted to convince non-health sector programmes—such as environment, livelihoods, and agriculture programmes—to integrate FP behaviour change communication into their activities to address the holistic and full needs of communities, such as exhibited in population-health-environment programmes.

Kenya Population Policy for National Development 2012, recognizes the need to integrate population and environmental variables into development planning in order to accommodate the needs of current and future generations. The population pressure is a major contributing factor to high rate of environmental degradation and unpredictable climate changes.

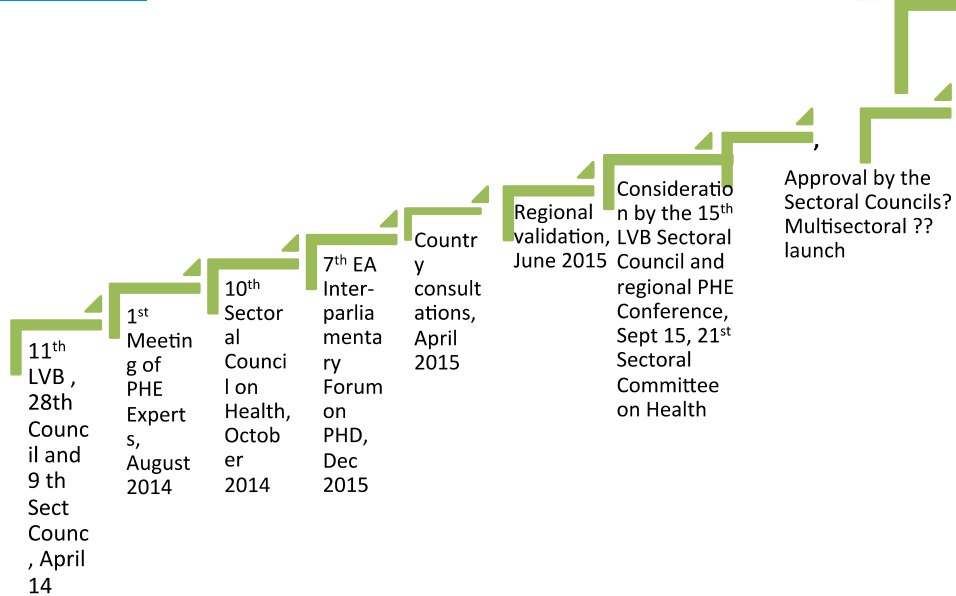
The Tanzania National Environmental Policy 1997 provides the frameworks for making fundamental changes that are needed to bring environmental considerations into the mainstream of decision making. It seeks to provide policy guidelines, plans and give guidance to the determination of priority actions, and provides for monitoring and regular review of policies, plans and programmes. further provides for sectoral and cross-sectoral policy analysis in order to achieve compatibility among sectors and interest groups and exploit synergies among them. it also raise public awareness and understanding of the essential linkages between environment and development, and to promote individual and community participation in environmental action. it emphasis on demographic factors to have a synergetic relationship with developmental and environmental issues that a rapidly growing population implies increasing consumption in absolute terms and affects the use of natural resources. Therefore eenvironmental policy objectives on population have a broader focus than controlling just numbers

National Population Policy (NPP) revised in 2006 to provide a framework for integrating population variables in the development process and cross-sectoral collaboration which states that the NPP will be implemented through a “multi-sectoral and multi-dimensional, integrated approach. Furthermore, it recognizes “the linkages between population dynamics and quality of life and environment protection to achieve sustainable development. The policy makes an explicit link between a high rate of population growth and “adverse impacts on various sectors of the economy and the country’s environment.” Among its policy objectives are to enhance integrated planning, sustainable use, and management of natural resources, along with equitable allocation of safe and clean water in rural and urban areas.

#### **1.6 Strategy Development Process (Karengera add the description of each the process)**



## Process of developing the SP



## CHAPTER 2: SITUATIONAL ANALYSIS

### 2.1 Background

Population dynamics, human health and well-being and environmental sustainability are interlinked. It is also projected that Africa's population will reach 1.4 billion by 2015 if the current growth rate of 4.8% per annum persists. The phenomenon of rapid population growth in Africa is probably at its most acute in East Africa. This region has one of the highest population growth rates in the world. The growing population is influencing demand for critical natural resources and services alongside the considerable environmental pressures resulting from unsustainable consumption patterns. In addition, depletion of natural resources impacts negatively on the health as demonstrated by poor health indicators and high levels of poverty. The poverty situation is further compounded by the high dependent population ratio. Majority of the population in the EAC region are unemployed youth. There is need to increase the ratio of the working aged adults relative to young dependents while at the same time striving to achieve significant declines in birth rates. If this is achieved, the region will begin to realize the Demographic Dividend.

The environmental stresses, poverty indices and poor health indicators are further compounded by Climatic change. The EAC region has had far-reaching negative impacts on the availability of water resources, food security and agricultural productivity, human health, tourism, livestock production, wildlife, household and production of energy for both industrial and domestic use culminating into increasing cost of investments and diminishing livelihoods. Against this background the EAC Climate Change Policy (EACCCP) was developed to assist the EAC region to engage in a more strategic way in responding to the impacts of climate change and maximizing any potential benefits of the changing climate. The Policy, thus, represents the commitment of the Partner States in cooperating in the efforts to address the challenges of climate change, for the benefit of both present and future generations.

Against the foregoing background, the Eastern Africa region (EAC Partner States and Ethiopia) agreed to adopt the integrated Population, Health and Environment (PHE) approach that would be used as a strategy for attaining sustainable development. This followed an international PHE Conference that was held in Ethiopia in 2007. Following the conference, the countries established PHE Working Groups/Networks to spearhead PHE Policy and Programming in the countries. This was based on the premise that PHE can positively influence population growth, health and environmental conservation patterns by enhancing resilience of communities, helping balance environmental protection, natural resource use and human well-being. Consequently, several PHE Projects were established in the region including: i) the *Tuungane* Project in Tanzania; ii) the HoPE LVB project in Kenya and Uganda; iii) the LVBC Population, Health and Environment (PHE) Program; iv) SHAPE LVB Project; and PAMBAZUKO PHE Project. A second international PHE Conference was held in Addis Ababa in Ethiopia in 2013 to review progress in PHE globally. Following the Addis conference, the EAC region embarked on strengthening and institutionalizing PHE in the countries. Consequently, the Lake Victoria Basin Commission and partners hosted a regional PHE Conference in Kisumu, Kenya that aimed at promoting adoption and institutionalizing of PHE in the EAC region.

The sections that follow therefore provide a comprehensive description of the situation analysis under the key areas summarized above namely: i) Population trends and policies; ii) Health trends and policies; iii) Environmental challenges; iii) Climate Change; iv) Inter-linkages between population, health and environment; and v) past and present PHE Projects and Programs

## 2.2 Population Trends and Policies

The World population hit the 7 billion mark on 31st October, 2011. By 2050, the world's population is projected to increase to 9.6 billion. Of the World's population, 43% are under the age of 25 years, of which the majority live in low and middle income countries<sup>1</sup>. If these young people are healthy, educated with decent working conditions/earning a decent living, they become a powerful force for economic development and positive change. The global growth rate of population has been decreasing since the peak of 2.0% recorded between 1965 and 1970. The number of children a woman is expected to have in her reproductive years dropped by more than half from 6.0 in the 1950s to 2.5 by 2010. This is partly attributable to economic growth and development, and greater access by women to education, income earning opportunities as well as access to sexual reproductive health services including modern methods of contraception.

The EAC has a total surface area (including water masses) of 1.82 million sq. km of which surface area accounts for 1.72 million sq. km<sup>2</sup>. The United Republic of Tanzania accounts for 51.7% of the surface area, Kenya 32.1%, Uganda 13.3% while Burundi and Rwanda account for 1.5% each. The Community boasts of a total population of about 143.5 million persons (2013 mid-year population projections) and a total GDP per capita of USD 769.

Traditionally, the East African region has had some of the most densely populated and fastest growing populations in world. This fact was first established as far back as 1995 by Hoekstra and Corbett<sup>3</sup>, who noted that population densities in parts of western Kenya ranged as high as 1,200 persons per sq. km. Given high total fertility rate (TFR = 5.2) and high average annual population growth rate the region's population has been doubling nearly every two (2) decades.

The typical population diagram for the region is of an expansive pyramid with a very wide base. This means that there are few working people (in the middle) supporting the non-working class members (children, at the base and the elderly at the apex). For instance, on average 41% of the EAC population is below the age of 15 years while the proportion above the age 65 years under 3%. The following figures (taken from the East African Facts and Figures -2014) show the population trends between 2002 and 2013. It should be noted that since the Partner States do not carry out national censuses and surveys during the same period<sup>4</sup>, these series differ from source to source post 2002.

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<sup>1</sup> UNFPA: State of World Population 2014; <http://www.unfpa.org/swop>

<sup>2</sup> EAC Facts and Figure -2014:

<file:///C:/Users/skarengera/Downloads/EAC%20Facts%20and%20Figures%202014.pdf>

<sup>3</sup> Hoekstra D, Corbett JD. Sustainable agricultural growth for highlands of East and Central Africa: Prospects to 2020. International Food Policy Research Institute, Washington, DC; 1995.

<sup>4</sup> National Census Kenya 2009 was 38.6 million

**Table 1: EAC Partner States Population Series (in millions) between 2002 and 2013 update the population figure to date where possible up to 2015. Partner states prefer using the recent figures per country. Indicate correct figure per country as per the recent census reports like Uganda, Kenya.**

Partner State/Years	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Burundi	7.0	7.2	7.4	7.6	7.7	8.0	8.1	8.3	8.6	8.9	9.1	9.4
Tanzania	34.4	35.3	36.3	37.3	38.0	39.4	40.7	41.9	43.9	44.5	44.9	46.2
Uganda	24.1	25.1	25.9	26.7	27.6	28.6	29.6	30.7	31.8	32.9	34.1	35.4
Kenya	32.2	33.2	34.2	35.1	36.1	36.5	36.7	37.7	38.5	39.5	40.7	41.8
Rwanda*	8.1	8.3	8.6	8.8	9.0	9.2	9.5	9.7	10.0	10.2	10.5	10.7
<b>EAST AFRICA</b>	<b>105.8</b>	<b>109.1</b>	<b>112.4</b>	<b>115.5</b>	<b>118.4</b>	<b>121.7</b>	<b>124.6</b>	<b>128.3</b>	<b>132.8</b>	<b>136.0</b>	<b>139.4</b>	<b>143.5</b>

Source: Partner States

Note: \* Series for Rwanda up to 2011 have not been revised based on the 2012 PHC

**Table 2: Population Density; persons per square kilometer**

Partner State/Years	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Burundi	252.6	259.1	265.3	271.7	278.2	285.7	289.3	296.3	344.0	356.0	364.0	371.0
Tanzania	39.0	39.8	41.0	42.0	43.0	45.0	45.5	47.0	49.5	50.2	50.7	52.1
Uganda	120.5	125.6	129.4	133.8	138.3	143.0	148.1	153.5	158.5	164.3	170.2	176.3
Kenya	55.4	57.2	58.9	60.4	62.2	64.0	68.2	64.9	66.3	68.0	70.1	72.0
Rwanda	320.8	329.1	337.7	346.5	355.5	364.7	374.2	383.9	393.9	404.1	415.0	435.0
<b>EAST AFRICA</b>	<b>61.7</b>	<b>63.6</b>	<b>65.5</b>	<b>67.5</b>	<b>69.2</b>	<b>71.4</b>	<b>73.7</b>	<b>75.5</b>	<b>78.3</b>	<b>80.7</b>	<b>82.2</b>	<b>83.6</b>

Source: Partner States

**Table 3: Annual Population Growth Rate**

Partner State	Population Growth Rate
Burundi (2008 PHC)	2.4
Tanzania (2012 PHC)	2.7
Uganda (2014 PHC)	3.03
Kenya (2009 PHC)	2.9
Rwanda (2012 PHC)	2.6

As pointed out above over 41% of the EAC population is under 15 years of age. This creates a powerful momentum for future growth. Generally, a youthful population has major demographic, social and economic implications and challenges. Some of the challenges facing the youth are unemployment, poverty, drug and substance abuse, Sexual and Reproductive Health Rights (SRHR) challenges and so on. The age segment of the young women is also vulnerable to HIV infection, SRHR challenges such as teenage pregnancies and other retrogressive cultural practices. There is need for Partner States to develop and implement appropriate policies to address age specific youth issues.

Despite adoption of family planning services over half a century ago, the EAC region has continued to have a high population. For instance, Kenya was the first sub-Saharan African country to adopt a National Family Planning Program—in 1967<sup>5</sup>. The slow uptake in family planning methods mean that there are disparities in women health with persistent unmet need for family planning services, being highest in rural women and teenage pregnancies. The table below highlights some of the indicators relating reproductive health.

<sup>5</sup> [Tanzania] Population Planning Commission, Population Planning Unit. Accessed online at [www.tanzania.go.tz/ppu/index.html](http://www.tanzania.go.tz/ppu/index.html), on Oct. 17, 2007

**Table 4: Important Reproductive Health Indicators** (update the health indicators to-date where possible up to 2015. Partner states prefer using the recent figures per country. Indicate correct figures per country as per the recent census reports like Uganda, Kenya, etc)

Country	Life Expectancy	TFR	TFR (Urban/Rural)	Demand for FP Services	CPR	FP Unmet need	Teenage Pregnancies
Burundi	51	6.4	4.8/6.6	47%	22	31%	6.5%
Tanzania	61	5.4	3.1/6.7	70%	34	25%	23%
Uganda	59	6.2	3.8/6.8	52%	30	34%	24%
Kenya	59	3.9	3.1/4.5	62%	58	18%	18%
Rwanda	65	4.2	3.3/4.3	72%	53	19%	6%

NB: Most recent DHS for each Partner State

Studies have shown that countries with this kind of demographic picture will need between 3 and 5 decades to start harvesting the demographic dividend even if they started applying the best interventions in RMNCAH services today<sup>6</sup>. Therefore this calls for the need for a strategy in EAC that focuses on changing the composition of the EAC's population age structure to accelerate economic growth by increasing the ratio of working-age people to dependent children and the elderly. To achieve this, Partners States need to prioritize improving access to reproductive health and voluntary family planning services combined with investments in health, youth employment and education with emphasis to girl education in order to attain demographic dividends.

To address population issues, Partner States have developed respective national population policies. The population policies present a framework whose goal is to attain the best quality of life for the citizens by managing population growth to a level that can be sustained with the available resources. Among the policy measures proposed are to integrate health and environmental sustainability including cross-cutting issues (special populations including PWDs, gender, HIV/AIDS, etc) into population awareness campaigns. These policies are being implemented in a multi-sectoral approach, where various sectoral policies and strategies complement and guide the implementation of the identified population concerns in each sector.

## 2.3 Health Trends and Policies

Though East Africa Community has made commendable progress in achieving the MDGs, the region still suffers from high mortality and morbidity rates. For instance the average life expectancy at birth is 57 years for the region. Tuberculosis and water-borne diseases like malaria, typhoid and bilharzias are widespread while malnutrition is evident among children. Access to health care services is inadequate and health facilities are commonly inefficient or difficult to reach. In the EAC more than 120,000 people die of pollution related diseases (about 60 % due to water pollution or poor hygiene, 40% due to indoor air pollution and 1% due to outdoor air pollution).

<sup>6</sup> United Nations Population Division, *World Population Prospects: The 2010 Revision*, low variant (New York: UNFPA, 2011).

In addition to the preventable causes of mortality and morbidity, the region is now increasingly facing the scourge of non-communicable diseases (NCDs) due to changes in the environment and lifestyles. These include diabetes, cardiovascular diseases, cancers, chronic obstructive lung diseases (COLD), disabilities from road traffic accidents and other biohazards.

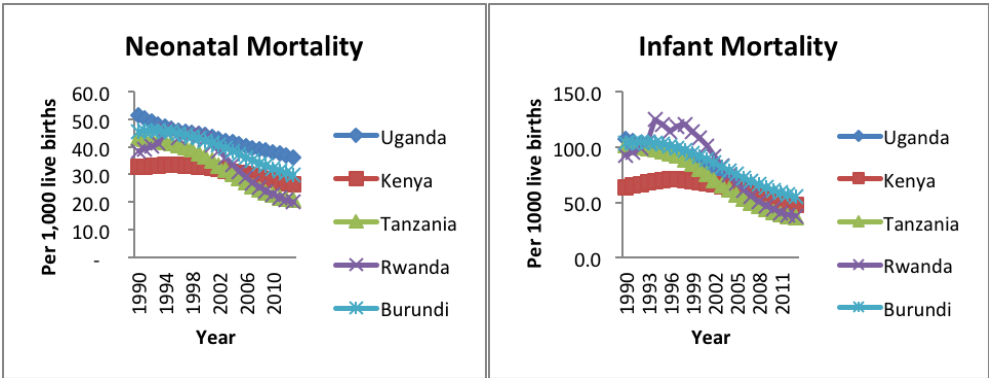
According to EAC Facts and Figures – 2014, the average infant mortality rate is 62 per 1,000 live births (LBs). Many women still lose their lives due to pregnancy related complications and child birth. The Maternal Mortality Ratios (MMR) in the region is still unacceptably high: 500/100,000 LBs in Burundi; 432/100,000 in the United Republic of Tanzania; 488/100,000 LBs in Kenya, 438/100,000 LBs in Uganda and 291/100,000 LBs in Rwanda. Most of the maternal deaths are largely due to preventable causes such as, hemorrhage, infections, high blood pressure, unsafe abortions and obstructed labor for which high-impact-low-cost interventions exist. There is urgent need to increase the coverage and quality of care during pregnancy, childbirth and postnatal care to address these causes of death as well as their complications.

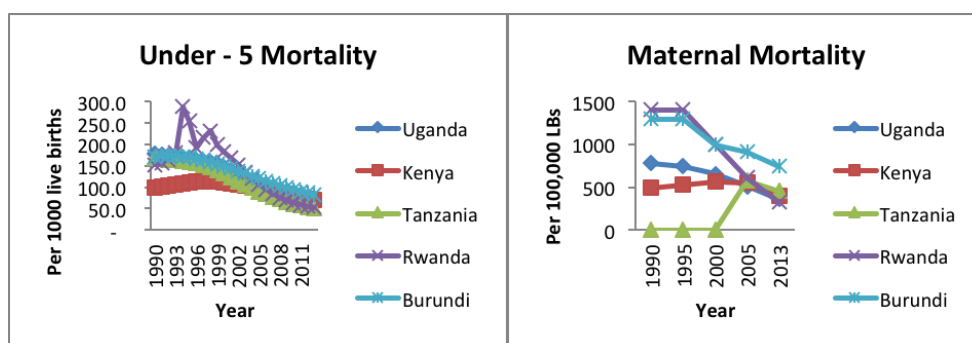
The leading causes of child deaths in the 5 Partner States are the same:- neonatal causes including sepsis, birth asphyxia and complications of preterm birth; pneumonia, malaria, diarrhea and malnutrition. Cumulatively, these causes account for over 75% of child deaths in the region.

Access to safe drinking water is a very strong risk factor for child morbidity and mortality. The statistics show that coverage was less than 60% in rural areas of EAC Partner States except Uganda, Rwanda and Burundi where the coverage was 70%, 71.2% and 77% respectively<sup>7</sup>.

Nutritional status across the EAC region is still an area that poses tremendous challenges. The Prevalence of low birth weight, a leading cause of neonatal mortality, is as high as 7.1% in Rwanda, 8.0% in Kenya, 8.4% in Tanzania, 11.9% in Uganda and 12.9% in Burundi. The prevalence of moderate to severe stunting is even more alarming, being highest in Burundi at 57.7% and lowest in Uganda at 33.4%.

**Figure 3: Summary of Mortality Trends in the EAC**





All the 5 Partner States have had national health policies and strategies that have been geared to address the various health challenges with special focus on MDGs -until 2015. However, these national health policies and strategies have tendered to be implemented in silos leading to loss of synergies and value for money. Going forward there is a growing realization that to achieve the SDGs, the Partner States will need to accelerate integrated PHE programming and initiatives.

## 2.4 Environment and Climate Change Trends and Policies

### 2.4.1 Environment Challenges

The environment is made up of biotic (living-things) and abiotic factors (non-living things be they physical or non-physical) and their biological or chemical interactions. These interactions extend to economic and socio-cultural when talking about human populations. The ever increasing human population, coupled with its quest for social and economic development is putting considerable pressure on the environment. As a consequence of human activity especially in Africa, the environment and its natural resources is threatened by climate change, soil erosion, deforestation, and over-cultivation, overgrazing, overfishing pollution from herbicides and pesticides, and pollution from chemical, biological; industrial and human waste, as well as siltation and encroachment on aquatic ecosystems. These unsustainable consumptions partners have raised serious questions about sustainable human development and intergeneration equity.

Nearly 50% of the forests that originally covered 46% of the Earth's land surface have been destroyed. Almost a quarter of the world's mammal species will face extinction within 30 years. Up to 47% of the world's plant species are at risk of extinction. More than 20 percent of the world's known 10,000 freshwater fish species have become extinct, been threatened, or endangered in recent decades. Sixty percent of the world's important fish stocks are threatened from overfishing. Desertification and land degradation threaten nearly one-quarter of the land surface of the globe. Over 250 million people are directly affected by desertification, and one billion people are at risk. Global warming is expected to increase the Earth's temperature by 3°C (5.4F) in the next 100 years, resulting in multiple adverse effects on the environment and human society, including widespread species loss, ecosystem damage, flooding of populated human settlements, and increased natural disasters. Sixty percent of the world's coral reefs, which contain up to one-fourth of all marine species, could be lost in the next 20-40 years<sup>8</sup>.

<sup>8</sup> <http://www.worldrevolution.org/projects/globalissuesoverview/overview2/HumanRightsNew.htm>

In Africa, the majority of population is rural, thus largely agrarian in nature. This implies that their socio-economic activities lead to a preponderance of challenges related to overuse and pollution of land as well as aquatic ecosystems. In addition, the majority of these rural and peri-urban African populations largely depend on solid fuels for power which worsens deforestation and causes air pollution.

Outdoor and indoor air pollution poses considerable health problems in Africa. Outdoor pollution is a challenge in Africa's rapidly urbanizing countries. The transport sector is a major contributor to outdoor air pollution in large African cities such as Addis Ababa, Cairo, Dakar, Johannesburg, Kinshasa, Lagos and Nairobi. The rapidly growing number of second-hand vehicles and poor road infrastructure lead to traffic congestion and air pollution. Forest fires and dust, especially during desert dust storms, are also important sources of outdoor air pollution<sup>9</sup>. The photo of Kibra Slums in City Nairobi below shows how unplanned urbanization and informal settlements can quickly become a health and environmental hazard.



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<sup>9</sup> 2013: UNEP – Africa Environment Outlook 3: Summary for Policy Makers.



*Photo 1 of Kibera Slum, Nairobi Kenya, showing inter-linkages between human, animal and environment pollution, land degradation, hygiene and sanitation before. Photo 2 Kibera after showing the improvement of the population, health and environment related concerns that the government of Kenya has taken*

East Africa is one of the most diverse and interesting tropical area on the planet. It is home not only to the last great mega fauna assemblage. Unfortunately this heritage is increasingly being threatened by rapidly growing human populations.

This rich heritage is however, facing significant pressure and adulteration from human activity. Desertification threats from the Sahara Desert, which has been invariably moving down into northern Kenya and northern Uganda. Grassland and arable lands are facing serious challenges from over-cultivation, overgrazing and pollution from herbicides and pesticides. The aquatic systems suffer from overfishing, pollution from chemicals and sewage. Further pressure is wrought onto marine life and freshwater ecosystems by climate change due to changes in temperature, pH and aeration.

EAC continues to lose her biodiversity due to habitat destruction, overgrazing, deforestation, pollution, unsustainable harvesting of natural resources, biopiracy and introduction of invasive and alien species, among others. Invasive and alien species are a major threat to the environment. They threaten indigenous species through the effects of predation, alteration of habitat or disruption of ecosystem processes. The following picture of the water hyacinth on Lake Victoria goes to show how quickly pollution from human activity can run out of hand.



*Photo illustrating impact of Water Hyacinth on Lake Victoria or how an alien species can quickly wreak havoc to our environment*

The challenge of dealing with loss of biodiversity becomes even more complicated when one is dealing with shared resources where laws and policies of respective countries are not harmonised.

This situation is not helped by inadequate and un-harmonised sectoral policies and laws either across the EAC Partner States or within national boundaries themselves. Even where these laws and policies do exist, leadership and enforcement remain weak. Lax enforcement of laws concerning agriculture, land, water, forests, trade and industry have significant if not dire implications on our environment. This also means that sectoral approaches to tackling these challenges still dominate the landscape. Yet it is now known that everything is interconnected and will require an integrated and ecosystem approach to adequately address environmental challenges.

#### **2.4.1 Climate Change**

The effects of climate change are already being felt by people across East Africa. Evidence shows that the change in temperature combined with rapid population growth has affected the health, livelihoods, food productivity, water availability, and overall security of the East African people. For instance between July 2011 and mid-2012, a severe drought affected the entire East Africa region and was said to be “the worst drought in 60 years.” Observable effects of climate change on water resources in East Africa include: flooding, drought, change in distribution of rainfall, drying-up of rivers, melting of glaciers and the receding of bodies of water. The gradual yet dramatic disappearance of the glaciers on Mount Kilimanjaro is a result of climate change (IPCC, 2001). The glaciers act as a water tower and several rivers are now drying up. It is estimated that 82% of the ice that capped the mountain, when it was first recorded in 1912, is now gone. (IPCC, 2001).

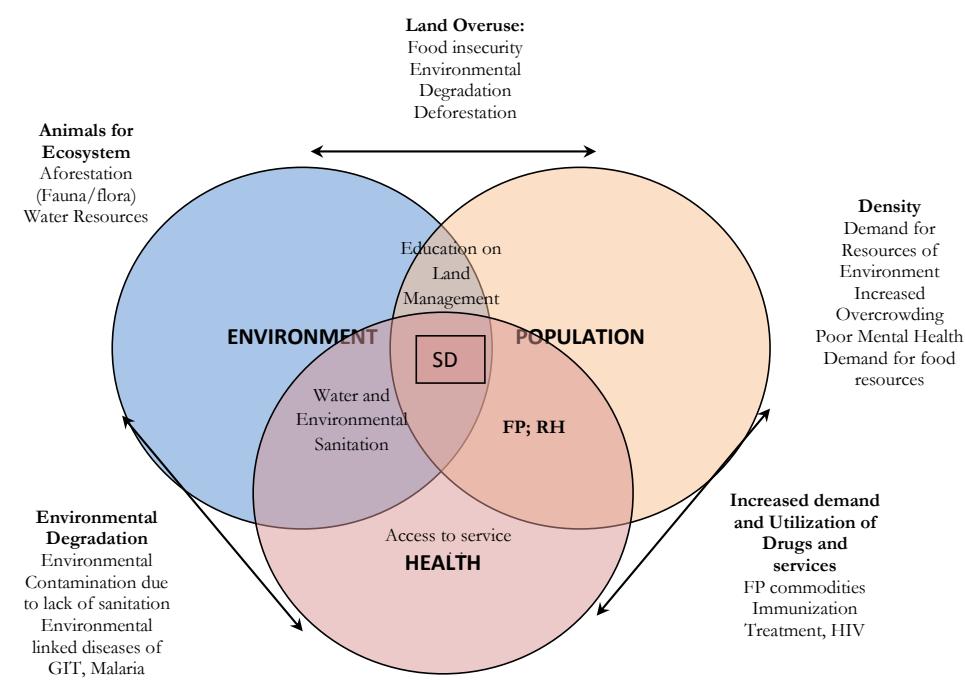
Climate-sensitive diseases and health impacts can be high in poor countries that have minimal resources to treat and prevent illness. Severe flooding and intense droughts has led to the destruction of many homes, shelters and villages across East Africa. Conflicts over resources also exacerbate these impacts and, in turn, contribute to the ongoing migration within and between countries in East Africa. Women, children and the elderly are more vulnerable to climate change impacts across Africa. Women labourers often experience additional duties as caregivers and as well as from societal responses to climate change after extreme weather events (eg, male migration). The water scarcity places an additional burden on African women, who walk hours and sometimes even days, to fetch it. (IPCC, 2014). Children and the elderly face graver risks due to susceptibility to infectious diseases, such as Malaria, limited mobility and reduced intake of food. The elderly face physical danger and even death due to droughts, heat stress and wildfires. Children often die from starvation, malnutrition, diarrheal diseases and flooding. (IPCC, 2014)

Both climate change and environmental degradation both involve a complex range of interdependent factors, requiring multi-stakeholder and multi-sectoral responses to effectively address them. Addressing population growth and climate change together should be a top development priority if East Africa is to achieve sustainable development. In order to enhance integrated responses, there is need to harmonize roles of various climate change coordination entities, integrate population dynamics in all climate change policies and strategies (and vice versa), secure financial and other resources for climate change and population responses, and enhance technical capacity in multidisciplinary program design and research within the East African Community

## **2.5 Inter-linkages between Population, Health and Environment**

Nationally and regionally in the East African sub-region, some governmental and non-governmental organizations in the Lake Victoria Basin of the EAC Partner States are making concerted efforts in implementing PHE related activities within their respective mandates and according to the countries health, Population and environmental conservation policies (PRB, 2009). In Uganda, a PHE Working Group was established in 2007, and is currently made up of a loose network of organizations and individuals interested in or implementing PHE or working on two of the three PHE elements within their programs; such networks exist in all the East African countries, but named differently (Kenya task force in Kenya, PHE assessment team in Tanzania). In each country the assessment teams were anchored in different institutions namely; in the Institute of Resource assessment in Tanzania, while in Kenya, coordination was by the National Coordinating Agency for Population and Development (NCPD) and practical assessments conducted by the University of Nairobi. These teams did tremendous work in the region between 2006 and 2008. Existing national policies have also embraced the spirit of cross-sectoral collaboration and so progressively moving the process of PHE integration steadily forward. Notably the economic development policies and poverty eradication blue prints. However, the countries and the region lack adequate research evidence on the linkages between population dynamics, health, environmental conservation and sustainable development in Lake Victoria Basin and a detailed understanding of the organizations involved in the integration of PHE approaches. This baseline identifies and maps the organization in the sampled areas that are addressing PHE activities and therefore presents a significant step in generating data for future primary or operations research.

Existing secondary information sources indicate that most of the organizations implementing health and environmental conservation projects focus resources mainly on a singular linear plane e.g. reforestation, advocacy on population or improving maternal and child health to the detriment of integrating interrelated concerns into a holistic approach. Assessments done on projects linking population, health and environment concerns in the EAC Partner States suggest that integrated programs require more research evidence and networking to support and inform programming (PRB, 2009; Williams, 2011; The BALANCED project, 2013, Thaxton, 2007; Thaxton, 2007b). Appropriately guided, such projects have the potential to yield substantial rewards for communities and the environment, including reduced dependence on natural resources, greater food security, cleaner drinking water and increased access to health services. There is thus a need to generate information on the PHE situation in the Lake Victoria Basin and the multifaceted linkages between Population, Health, Environmental conservation and sustainable development. This need encompasses not only issues of the institutional landscape but identification of gaps in both health service delivery and environment initiatives; and that explains the objectives of this baseline study.



**Figure 1: Conceptual diagram of the linkages between Population, Health and Environment;**

Figure 1 attempts to illustrate the linkages between Population, Health and Environment; The Dynamics of unplanned increase in the population and its effects on health and environment, both in terms of demand and access to health care, the degradation of the environment because of demand for fuel and other products used from wood, the effect on wildlife, the holding capacity of land, depletion of water resources and the environmental contamination due to poor waste management linked to many communicable diseases. These linkages collectively & directly affect sustainable development and the lack of it.

Environment conservation initiatives are usually located in very remote rural areas, although it is becoming increasingly necessary that the urban environment needs attention as well. In the LVBC areas, local communities in remote rural areas often suffer from ill health because they have poor access to modern health services, including family planning, and because they have poor nutrition and lack access to improved water supplies and sanitation. These communities are often some of the least economically prosperous (Mulangoye and Chape 2004) and are usually dependent on natural resources and small-scale agriculture for their livelihoods and well-being. Such communities are stewards of outstanding biodiversity, yet ill health may prevent community members from participating in and benefiting from environment management programs to their fullest potential (Oglethorpe et.al. 2008). In addition, people may be forced to use natural resources unsustainably because of underlying causes, such as rapid population growth and health issues. For example, a family with sick children may engage in charcoal burning more frequently in order to pay for treatment. People's health also depends on the health of their environment. Natural systems provide water, food, medicines, fuelwood, building materials for shelter, and many other goods. Healthy ecosystems provide services such as water storage; purification of air and water; prevention of flooding, erosion and landslides; control of certain diseases; pollination of plants; and climate regulation. Disruption of these natural goods and services can have severe consequences for human health (World Health Organization 2005; Chivian and Bernstein 2008). For example, deforestation can result in increased abundance of disease vectors. PHE integration would bring better health services and improved water and sanitation to remote communities where conservation organizations work. Healthier communities are more able to participate in conservation activities. Moreover, facilitation of health services also builds greater trust and good will for participation. Family planning is one of the key components of building healthy communities by enabling couples to have the number of children they want when they want them and by improving women and children's health. Family planning also helps to slow the growth in pressure on natural resources. Beyond this, PHE projects actively work on synergies between human and ecosystem health by promoting sustainable management of natural resources; improving livelihoods, food security and nutrition; and by maintaining or restoring habitats and ecosystem functions. Thus PHE integration improves environmental health conditions for local people.

## **2.6. PHE AND SUSTAINABLE DEVELOPMENT GOALS (SDGs)**

As we move from global goal setting to national and local implementation, we must look to the global development approach known as Population, Health and Environment (PHE) as a good example of how models of integrated development provide a strong reference point for achieving the SDGs. Seventeen goals and 169 targets, covering everything from global health to urbanization to marine life. PHE is effective in serving the multi-dimensional needs of remote, highly marginalized, traditional populations where single-sector approaches have not succeeded.

Using PHE programs to reach underserved populations leads to improved access to health care, uptake of services, and increased engagement in natural resources management. Modern PHE approaches are now showing early successes in using these experiences to institutionalize change at higher levels of governance too which may support long-term reductions in inequality. The PHE approach improves access to sexual and reproductive health services in hard-to-reach and

undeserved areas, while empowering communities with the knowledge and tools needed to manage their natural resources in ways that conserve critical ecosystems, contribute to better health outcomes, and expand livelihoods – all key components of the SDGs. PHE programs in remote rural areas demonstrate that integration lowers opportunity costs for beneficiaries compared to stand-alone interventions. Conceptual linkages between human well-being and ecosystem health are better understood when presented in one educational package, alongside related, integrated services. A multi-sectoral approach promotes broad community buy-in, encourages dialogues, deepens understanding and sustains behavior change. PHE integrated programs directly contribute to the following SDG goals: SDG 1: End poverty in all its forms everywhere; SDG 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture; SDG 3: Ensure healthy lives and promote wellbeing for all at all ages; SDG 5: Achieve gender equality and empower all women and girls; SDG 6: Ensure availability and sustainable management of water and sanitation for all and; SDG 10: Reduce inequality within and among countries. (Yavinsky, Carolyn, Kristen, Jason. 2015)

## **2.7 Past and Present PHE Initiatives and Projects in EAC**

A number of successful and innovative PHE projects have been piloted in the region and the whole world. These projects have generated critical evidence to warrant immediate action and scale up.

Some of the examples include:

Integrated Conservation and Development Projects (ICDPs), the conservation sector piloted the PHE approach during the 1990s with the first generation of PHE integrated projects. Since then USAID, the David and Lucile Packard Foundation, Johnson & Johnson, and the Summit Foundation have worked to strengthen the approach. USAID supports integrated population, health, and environment programs in regions critically important to the conservation of biologically diverse ecosystems. In the EAC region, USAID has supported various PHE projects. These include: i) the *Tuungane* Project in Tanzania; ii) the HoPE LVB project in Kenya and Uganda; and iii) the LVBC Population, Health and Environment (PHE) Program.

*Tuungane* PHE Project is implemented by Pathfinder International, The Nature Conservancy, and Frankfurt Zoological Society in the Greater Mahale Ecosystem on the eastern shores of Lake Tanganyika in Tanzania. This project receives funding and technical assistance from by USAID through the JSI led Advancing People and Communities program. The project supports people's sexual and reproductive health and rights (SRHR) and promotes improved sanitation and hygiene, while simultaneously reducing threats to biodiversity, conservation, and ecosystem degradation in the Greater Mahale Ecosystem.

HoPE-LVB project is a trans-boundary project covering Kenya and Uganda and is funded by USAID, the John D. and Catherine T. MacArthur Foundation, and the David and Lucile Packard Foundation. The project is implemented by Pathfinder International and partners in Kenya and Uganda using a population, health and environment (PHE) integrated, rights-based approach. The project's goal is to reduce threats to biodiversity conservation and ecosystem degradation in the Lake Victoria Basin while simultaneously increasing access to contraception and sexual and reproductive health (SRH) services to improve maternal and child health (MCH) within project

communities. The project works with the Lake Victoria Basin Commission (LVBC) as a key regional advocacy platform to scale up the PHE approach and propagate its adoption by the LVBC policy and decision making organs.

Similarly in 2012, the Lake Victoria Basin Commission (LVBC), an institution of the EAC started implementing an integrated Population, Health and Environment (PHE) Program with support from USAID-EA. This was in recognition that health and environmental challenges in the basin are interlinked and any attempt to address such interrelated challenges requires integrated solutions. The PHE Program is a cross-cutting initiative that aims at adding value to the environmental conservation programs of the Lake Victoria Basin and improving access to and utilization of population and health services in the Basin.

The LVBC PHE program:

- i) Supports establishment and strengthening of National PHE Networks,
- ii) Integrates Population and Health services into all environmental conservation projects and programs of the Lake Victoria Basin,
- iii) Promotes generation and sharing of PHE information and Knowledge Management in the region,
- iv) Builds capacity of state and non-state stakeholders on PHE at all levels,
- v) Reduces environmental degradation and increasing access to and utilization of quality Family Planning; Maternal Newborn and Child Health; Prevention and treatment of communicable and non-communicable diseases,
- vi) Increases the participation of women, men and youth in sustainable livelihood improvement initiatives,
- vii) Mainstreams PHE into regional and national level policies and institutional frameworks,
- viii) Promotes PHE advocacy at regional, national, sub-national and community levels,

At Partner States level, the LVB PHE Program is implemented by the national PHE networks that were constituted under the auspices of the LVBC. The networks comprise of representatives from governmental and non-governmental organizations, private sector and academic institutions.

The 11<sup>th</sup> Sectoral Council of Ministers for Lake Victoria Basin held in February 2013 approved implementation of the LVBC PHE Program. Consequently, the 28th Ordinary meeting of the EAC Council of Ministers approved the Implementation of Population, Health and Environment (PHE) activities in 2013 as a Multi-Sectoral mechanism of addressing inter-linked population, health, environment and broader development challenges. This position was re-echoed by the 9th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health held in Zanzibar in 2014, which directed the EAC Secretariat to develop an EAC Regional Population, health and environment strategy (2015-2020).

Many of these regional initiatives and interventions are often planned and implemented in a vertical manner by each of the respective countries and specific sectors within each country. This has resulted in weak integration and collaboration among various sectors and disciplines in the implementation PHE. As a result of rapid population growth and poverty, the region has faced a gradual exploitation of natural resources which created negative impacts. These impacts include

biodiversity and habitat loss, land degradation, pollution, declining agricultural productivity and ill-health. These challenges must be addressed in an integrated manner so as to attain the SDGs. The detailed list of more PHE projects in the region is attached as Annex V.

## 2.7 Analysis of Strengths Weakness Opportunities and Challenges (SWOC)

The table below summarises the strengths, weakness, opportunities and challenges for undertaking the integrated PHE approaches in the EAC:

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• The mandate of the EAC as the driver for regional integration and sustainable development, coupled with a strong legal and regulatory framework to develop policies and programmes aimed at widening and deepening cooperation among the Partner States in political, social and cultural fields; research and technology, defence, security and legal and judicial affairs. These are enshrined in Articles 5 of the Treaty and Article 118 for regional cooperation on health. Operationalisation is effected through the 4<sup>th</sup> the EAC Development Strategy 2011/12-2015/16)</li> <li>• Availability of effective policy implementation structures and organs.</li> <li>• Availability of basic technical and operational human and non-human resources,</li> <li>• Availability of improved capacity for PHE knowledge management including regional and national PHE networks and country PHE chapters, research, innovations and technology.</li> <li>• Availability of effective and scalable low cost PHE pilot projects and interventions,</li> <li>• Global and regional movement towards implementation of integrated PHE programmes and interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• Weak legal and regulatory framework for implementing harmonized integrated policies, laws, standards and procedures for PHE programmes in the EAC.</li> <li>• Donor dependency and limited resourcing for implementation of integrated PHE programmes and interventions.</li> <li>• Preponderance of Sectoral approaches to tackling social development goals thus detracting from implementation of integrated PHE programmes and interventions.</li> <li>• Ineffective leadership, drive and mainstreaming the PHE approach</li> <li>• Weak coordination and mobilization of resources from the public, private and multilateral sectors.</li> <li>• Inadequate adoption and scale up of effective integrated PHE programmes and interventions.</li> <li>• Inadequate and un-harmonised sectoral policies, laws and standards that protect the environment. This is coupled with lax enforcement where such instruments exist to protect agriculture, land, water, forests, and other biodiversity, and trade and industry.</li> <li>• Weak partnership models for PHE</li> </ul>
Opportunities	Challenges

<ul style="list-style-type: none"> <li>• The growing irrefutable evidence that human activity is destroying the environment leading to climate change. This is coupled with the mounting realization that the world needs to act and act now.</li> <li>• Proliferation of effective and low cost innovations for PHE interventions.</li> <li>• Vertical and horizontal linkages and synergies with enabling organs, institutions and advocacy fora at regional and national levels</li> <li>• The switch from MDGs to SDGs</li> <li>• Existence of strong relationships and collaborations with other Regional Integration blocs including SADC, COMESA and AU among others</li> <li>• Increasing demand for RMNCAH services with potential structures at community level</li> <li>• Availability of international, regional and sub-regional commitments towards protection of the environment and improvement of the health of the populations therein.</li> <li>• High proportion youthful population</li> </ul>	<ul style="list-style-type: none"> <li>• Large rural populations with limited knowledge of PHE approaches.</li> <li>• Prevalence of traditional farming, fishing and other natural resources harvesting methods leading to environment degradation</li> <li>• High fertility rates</li> <li>• Spontaneous urbanization with poorly planned transport infrastructure.</li> <li>• Increasing burden of chronic diseases due to changes in the environment, lifestyles and adverse cultural practices.</li> <li>• Susceptibility of region to both natural and man-made emergencies</li> <li>• Food insecurity in the region and climate change</li> <li>• The global economic crisis affecting the regional economies</li> <li>• High poverty levels leading to inadequate nutrition, shelter, education, water and sanitation.</li> <li>• Overreliance on solid fuels</li> </ul>
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## **CHAPTER 3: STRATEGIC FRAMEWORK**

### **3.1. Introduction:**

The EAC PHE Strategic Plan 2016-2021 seeks to guide the EAC Partner States, the EAC Organs and Institutions, CSOs, private sector and development Partners in their efforts to integrate and coordinate the implementation of Population, Health and Environment interventions in the East African Community. It consists of the following sections; vision, mission, goal, guiding principles, strategic objectives, interventions and activities.

### **3.2. Vision:**

An East African Community with a healthy population living in a sustainably managed environment and with secure livelihoods

### **3.3. Mission:**

To advance sustainable development through mainstreaming integration of Population, Health and Environment into regional, national and sub-national development agenda

### **3.4. Goal:**

Contribute towards a healthy and prosperous people living in a sustainably healthy environment through the implementation of integrated Population-Health-Environment (PHE) initiatives and programmes of the East African Community.

### **3.5. Guiding Principles:**

Implementation of this strategic plan will be guided by the following principles:

- a) Participatory approaches
- b) Partnership and Intersectoral collaboration
- c) Due consideration for human rights; youth and gender empowerment; social inclusion (Most at Risk Populations (MARPS), People With Disability and Elderly) and equity
- d) Respect for nature and human well-being
- e) Accountability and transparency
- f) Community empowerment
- g) Ecosystems Approach
- h) Due consideration to Total Economic Value
- i) Sustainable Natural Resources Management

### 3.6. Strategic Objectives:

The strategic objectives of the EAC Integrated PHE Strategic Plan are:

1. To advocate for the adoption and scale up of PHE as a model for sustainable development and realization of demographic dividend at all levels in the EAC;
2. To promote multi-sectoral collaboration, coordination and partnerships for PHE integration at all levels in the EAC;
3. To develop and strengthen the institutional and technical capacity to implement integrated PHE activities at all levels in the EAC;
4. To mobilize resources for implementation of PHE activities at all levels in the EAC;
5. To develop capacity in generation, documentation, sharing of best practices and use of evidence on PHE to support sustainable development at all levels in the EAC

**Comment [EC1]:** Include multi-sectoral collaboration in the glossary of terms including both state and non state actors

### 3.7. Strategic Interventions

Strategic Objectives	Strategic Interventions	Activities
1. To advocate for the adoption and scale up of PHE as a model for sustainable development and attainment of demographic dividend at all levels in the EAC;	1.1 Develop PHE communication Strategies	1.1.1. Conduct assessment of PHE awareness, sensitization and advocacy interventions and tools in the EAC Partner States 1.1.2. Develop PHE communication (awareness, sensitization, advocacy) Strategy and Plan 1.1.3. Develop PHE communication tools and forums for awareness, sensitization and advocacy e.g. (documentary film for each Partner States, policy briefs, newsletters, posters, leaflets, sports events, conferences, e-groups/bulletins, and community dialogues)
	1.2 Conduct PHE awareness, sensitization and advocacy	1.2.1 Support the convening of the East African Inter-parliamentary Forum on Population Health and Development 1.2.2 Convene EAC Regional Multi-Sectoral PHE awareness, sensitization and advocacy meetings of relevant audiences 1.2.3 Support convening of national Multi-Sectoral PHE awareness, sensitization and advocacy meetings to include the participation of the sub-national levels 1.2.4 Engage the media in documentation and dissemination of PHE Best Practices to include the use of social media and other networks
2. To promote multi-sectoral collaboration, coordination and partnerships for PHE integration at all levels in the EAC	2.1 Mainstream PHE into regional and national Population Health and Environment laws, policies and strategic plans,	2.1.1. Support Partner States to develop multi-sectoral PHE policies, strategies, programmes, plans and budgets 2.1.2. Develop guidelines for intersectoral PHE partnerships and coordination 2.1.3. Mainstream PHE model into regional and national Population, Health, Environment and other development laws, policies, strategic plans, programme and budgets 2.1.4. Mainstream PHE model into regional and national Population, Health (e.g. reproductive health and HIV/AIDs), Environment, capital investments <sup>10</sup> and

<sup>10</sup> Regional capital investment projects include roads, standard gauge railway and pipelines

	programmes and budgets.	development programs / initiatives taking into account the needs of special population 2.1.5. Support the East African Inter-Parliamentary Forum on Population, Health and Development and the General Purpose Committee (GPC) of EALA to conduct oversight filed mission related to PHE activities
	2.2 Strengthen multi-sectoral PHE collaboration, coordination and partnerships at all levels in the EAC	2.2.1 Convene annual regional PHE Advisory Forum 2.2.2 Convene semi-annual regional PHE Expert Working Group meetings 2.2.3 Convene semi-annual national PHE Steering Committee meetings 2.2.4 Develop and strengthen partnerships with other global and African PHE networks (e.g. PHE Ethiopia, Madagascar, Regional Economic Communities etc.) 2.2.5 Provide technical and financial support to the national PHE networks to function
3.To develop and strengthen the institutional and technical capacity to implement integrated PHE activities at all levels in the EAC;	3.1 Develop capacity building tools and mechanisms	3.1.1. Conduct a PHE institutional and technical capacity needs assessment at all levels in the EAC 3.1.2. Review and develop PHE training manuals and guidelines 3.1.3. Develop minimum package and standards for PHE programs 3.1.4. Develop curriculum for pre-service and in service training on PHE in health, education, environment and development studies 3.1.5. Develop training guides to support community based implementation of PHE in the Partner States 3.1.6. Recruit/appoint staff at regional, national and sub-national levels to assist the implementation of PHE (3 regional, 5 national and 45 sub national) 3.1.7. Support the development of the Integrated PHE indicators and Monitoring and Evaluation Framework at national level
	3.2 Conduct capacity building interventions	3.2.1 Conduct technical exchanges and networking activities among PHE stakeholders to facilitate peer to peer learning and sharing of best practices and lessons learned on PHE 3.2.2 Organize trainings for EAC, Partner states and PHE stakeholders on PHE 3.2.3 Facilitate the training of communities to implement PHE activities with special focus on opinion leaders, women, youth and other groups 3.2.4 Support the training of media on PHE approach
	3.3 Support provision of integrated PHE Services at Community level	3.3.1 Support PHE community initiatives according to PHE minimum package of services and standards. 3.3.2 Support MARPs/PWDs, gender and youth empowerment initiatives, according to PHE minimum package of services and standards 3.3.3 Facilitate the promotion of community model households
4.To mobilize resources for implementation of PHE activities at all levels in the	4.1 Establish funding and investment mechanisms for PHE programmes	4.1.1. Undertake a comprehensive donor/partner (traditional and non- traditional, public , private and CSOs ) mapping 4.1.2. Develop a PHE resource mobilization strategy and plan 4.1.3. Develop a PPP strategy to support PHE programmes and initiatives 4.1.4. Conduct resource mobilization activities

EAC;	and initiatives	4.1.5. Develop project proposals for regional, national and sub-national level implementation of PHE taking into consideration cross-boundary ecosystems and other hotspots
5.To develop capacity in generation , documentation, sharing of best practices and use of evidence on PHE in order to support sustainable development at all levels in the EAC	5.1 Develop capacity in PHE evidence generation through research and programmatic evaluation	5.1.1. Conduct an EAC Regional Mapping of PHE programmes, initiatives, laws, policies, partnership and coordination models 5.1.2. Document PHE implementation practices at all levels 5.1.3. Develop harmonised EAC regional indicators and tools for monitoring and evaluation of PHE interventions including the scorecard 5.1.4. Promote the use of ICT innovations in PHE programme implementation and information/evidence sharing (scale up use of ICT innovations). 5.1.5. Develop a comprehensive EAC Regional and National PHE monitoring and evaluation framework. 5.1.6. Support integrated PHE-related research and evaluations at all levels in the EAC.
	5.2 Support use and translation of PHE research and programmatic evidence to promote sustainable development	5.2.1 Develop and strengthen regional, national, sub-national and community level PHE information resource centers/hub linked to existing EAC regional warehouse 5.2.2 Integrate PHE into the EAC regional existing conferences and meetings. 5.2.3 Conduct joint technical exchanges among EAC Partner States 5.2.4 Support dissemination of PHE research and evaluation finding through publications, newsletters, sports, meeting, community dialogue and conferences. 5.2.5 Develop policy briefs and reports on PHE research and program evaluation

## **CHAPTER 4: IMPLEMENTATION ARRANGEMENTS**

### **4.1 Introduction**

This chapter highlights the implementation arrangements for the successful implementation of the EAC PHE Strategic plan 2016 – 2021. The Strategy is an integral part of the 5<sup>th</sup> EAC Development Strategy (2016- 2021), The Lake Victoria Basin Commission Strategic Plan, and operationalizes the Treaty establishing the East African Community. Its implementation will require a coordinated and integrated approach by various stakeholders at different levels including the communities. The various sections highlight the institutional framework; stakeholders roles and responsibilities; governance and coordination; resourcing / funding and sustainability; dissemination and communication of the strategy; of the EAC PHE Strategic plan.

### **4.2 Institutional Arrangements**

#### **4.2.1 Institutional Arrangements and Implementation Structure**

The institutional framework for implementing the EAC PHE Strategic Plan shall include the EAC Secretariat working jointly with relevant Government Ministries, Departments, and Agencies (MDAs) and Institutions in Partner States, EAC organs and institutions including Lake Victoria Basin Commission (LVBC), Lake Victoria Fisheries Organization (LVFO), Inter University Council of East Africa (IUCEA); the East African Health Research Commission; East African Science and Technology Commission, the East African Legislative assembly (EALA) and any other relevant institutions that may be established by the Council.

Implementation of the PHE Strategic Plan will be built on the already existing structures at the EAC Secretariat, LVBC and the Partner States. This is guided by the Treaty under Article 118 for regional cooperation on health, Article 112 on regional cooperation on environment, article 111 on regional cooperation in environment and natural resources management, the Protocol for LVB which explains the broad functions of the LVBC as stipulated under Article 33 and EAC protocol on Regional Cooperation on Health Article 15 section 1 (b). The EAC PHE Strategic Plan embraces the principle of subsidiarity, whereby most of the interventions will be implemented at the national level. The national ministries, ministry departments, government agencies/parastatals (MDAs) and local authorities will be responsible for implementing the PHE interventions using the multi-sectoral approach specifically through - line sectors and ministries, local government authorities, and participating communities. Private sector organizations and non-governmental organizations will also be involved in implementation of PHE initiatives in the EAC region. Implementation of the PHE Strategic Plan will also be hinged on well-established national networks, national and local level PHE champions and community development workers (health, environment, agriculture, water, conservationists) as identified through national structures.

#### **4.2.2 Stakeholders' Involvement and Coordination**

##### **a) Stakeholders**

Several stakeholders have been identified and will be actively engaged in the implementation of the EAC PHE Strategic Plan.

These include:

- Partner States;
- Summit of heads of state
- EAC Council of Ministers;
- EAC Organs and Institutions including: East African Legislative Assembly (EALA); EAC Secretariat, Lake Victoria Basin Commission, the Lake Victoria Fisheries Organization (LVFO); Civil Aviation Safety and Security Oversight Agency (CASSOA), East Africa Health Research Commission
- EAC Partner States' ministries, responsible for EAC Affairs, Health, Finance, Agriculture, Livestock, Wildlife, Environment and Natural Resources (Water, Forestry, etc.); Departments and Agencies.
- Academic and research institutions;
- the EAC Partner States' National Parliaments through the "EAC Regional Inter-Parliamentary Forum on Health, Population and Development (EAC-PF-HPD)", the Full and Sectoral Council of EAC Ministers;
- Development Partners / Donors
- Civil Society Organizations (CSO) including other implementing partners
- Private sector;
- Regional Economic Communities (SADC, IGAD, COMESA, etc)
- Other Regional institutions such as the Nile Basin Initiative (NBI), Great Lake Initiative on AIDS (GLIA) among others;
- Local communities; among others.

##### **b) Roles and Responsibilities**

###### **i. Partner States**

Partner States will implement set priorities in the Strategic Plan including policy formulation, decision making, providing of human resource and overall coordination of PHE implementation nationally. They will also mobilize and allocate resources for PHE implementation and monitor progress in implementation of the Strategic Plan.

###### **ii. The National PHE Networks**

National PHE Networks composed of representatives from state and non-state organizations in each Partner States of EAC to spear head implementation of the strategic plan at country level. The state actors are representatives of the Government Ministries, Departments and Agencies. Non-state

actors are representatives of CSOs, NGOs and Private sectors implementing health and environmental conservation initiatives in each Partner States. The activities of National PHE will be reported to the National Policy Steering Committee and the Regional Technical Working Group (TWG), which would then be submitted to the relevant Sectoral Councils for guidance.

At the National level, all Partner States will be demarcated into zones for effective implementation and monitoring of PHE interventions. Zones refer to sub national grouping of districts/counties/provinces/regions to facilitate coordination of national development programmes and interventions. In the context of the EAC integrated PHE Strategic Plan, partner states identified the zones were identified as the most suitable and cost effective administrative level for deepening implementation of PHE up to the sub national level. **Table 5 below** shows proposed number of zones in the Partner States. Each Partner State is expected to have a National PHE Coordinator and coordinating the zonal PHE coordinators for effective coordination of PHE.

**Table 5: Proposed number of PHE Zones**

S/N	Partner States	Proposed Number of Zones
1	Republic of Burundi	4
2	Republic of Kenya	11
3	Republic of Rwanda	5
4	United Republic of Tanzania	15
5	Republic of Uganda	10

### **iii. The Summit**

The Summit will provide leadership and political will to ensure effective implementation of PHE Initiatives and Programmes.

### **iv. Council of Ministers**

The Council of Ministers will provide policy decisions for the efficient and harmonious implementation of PHE activities in the region; The Council will also issue directives and make decisions in accordance with the Treaty; and consider Plans and Budgets.

### **v. Relevant Sectoral Councils of Ministers**

The respective Sectoral Council of Ministers will play an oversight role and approve all PHE related policy documents, advocate for PHE initiatives, allocate resources, monitor and keep under constant review the implementation of the PHE Strategy and Programmes. The Sectoral Council meetings will also provide the overall policy guidance to the PHE programmes.

### **vi. Relevant Sectoral Committees**

Relevant Sectoral Committees will provide technical and policy guidance and also monitor and review implementation of PHE Strategic Plan.

### **vii. The EAC Organs and Institutions**

Relevant organs and institutions of the East African Community will contribute to implementing the PHE strategic plan through resource mobilization, harmonization of and coordination of research, development of minimum standards for PHE programming in the region and advocacy.

The East African Legislative Assembly will be responsible for legal and policy guidance, approval of legal frameworks to improve the environment to implement PHE initiative in the region, and for high level advocacy for PHE in the region and globally. The EAC Secretariat will constitute a Regional PHE Expert Working Group that will provide technical support and advise the relevant policy organs on implementation of the Strategic plan. Further, the EAC Secretariat will be responsible for capacity building, Monitoring & Evaluation of the PHE strategy implementation in the region, knowledge management, building and strengthening partnerships for the successful implementation of the PHE strategic plan.

**viii. Development & Implementing Partners**

- Provide technical support in developing policies strategies and guidelines;
- Mobilize resources, e.g., financial support, equipment, and supplies;
- Undertake human resource support-engagement, capacity building and motivation;
- Support implementation of EAC PHE Strategic Plan;
- Advocate for the PHE initiatives at global, regional, national and sub-national levels. Support coordination of PHE through participation in relevant regional coordination and other stakeholder fora

**ix. Civil Society Organizations:**

- Implement and scale up sustainable PHE interventions at the community level;
- Advocate for implementation of the PHE strategic plan at all levels (global, regional, national and community);
- Advocate for public accountability and transparency in resource allocation and utilization;
- Mobilize and build consensus and enhance public support for PHE initiatives;
- Document and disseminate PHE best practices at regional, national and sub national level.
- Provide feedback on PHE implementation to relevant government institutions

**x. Private Sector**

These are important stakeholders in the implementation of PHE activities. Private Sector will do the following:

- Contribute financial resources through funding impact mitigation plans for capital projects;
- Facilitate PHE infrastructure development and repair at sub-national; national and regional levels;
- Engage in cooperate social responsibility for promotion and advocacy for implementation of PHE initiatives;
- Support PHE related livelihood interventions at the community level
- Support capacity building for PHE activities

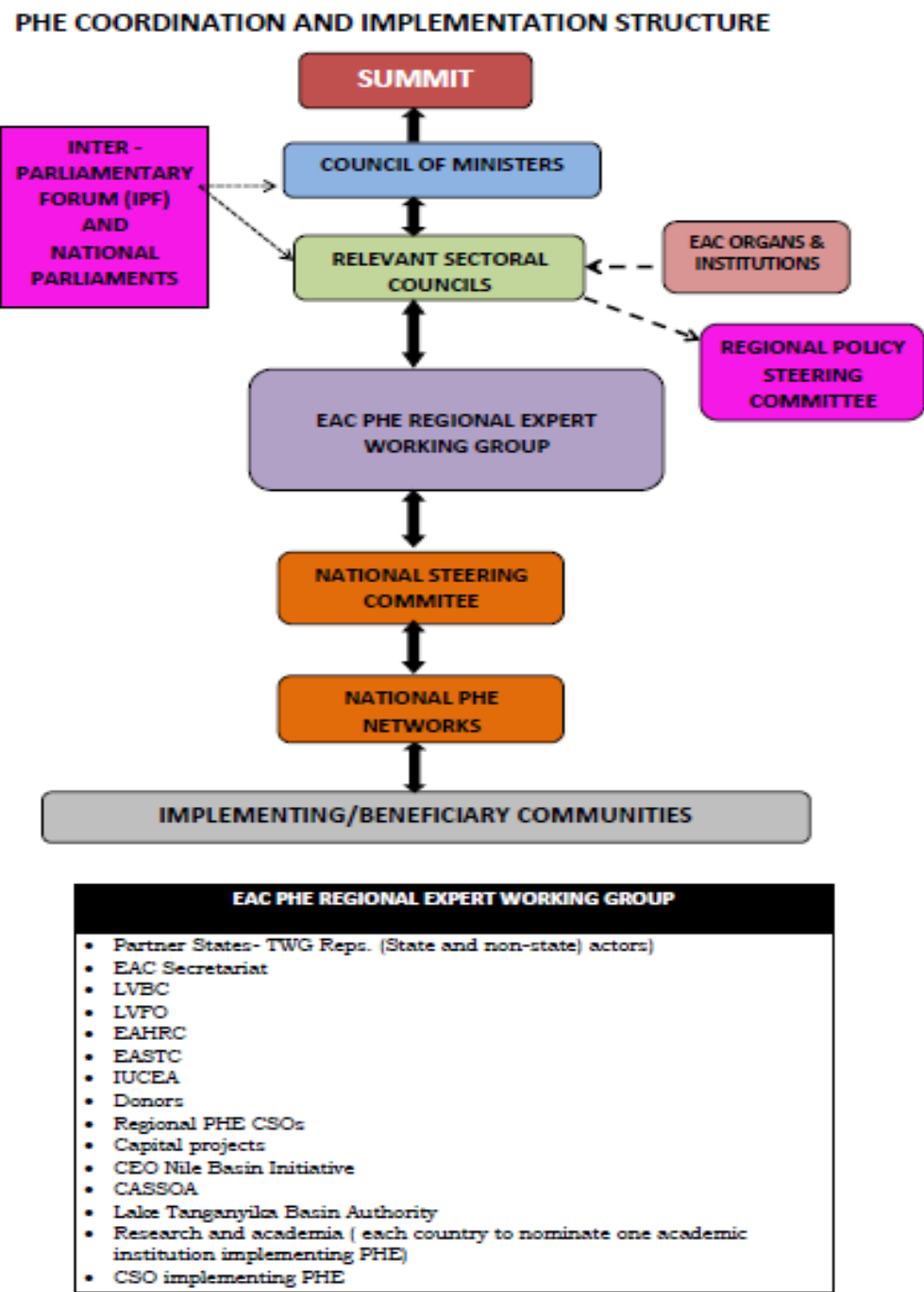
**xi. Research and Academia**

- Provide trainings for PHE professionals;
- Undertake operational and other forms of research to inform PHE policy and programming in the region;
- Publish research results and experiences on PHE best practices;
- Compile research findings to inform policy.

### **4.3 Governance and Coordination**

Governance of PHE activities will be in accordance with the Treaty establishing the East African Community. At Regional level, PHE will be coordinated by EAC Secretariat through the EAC PHE Regional Expert Working Group (EPREWG). At national level, coordination of the PHE Strategic Plan implementation will be done by the National PHE Policy Committee (NPSC) which will have a policy and technical arm. The Policy arm will be constituted by Permanent /Principal Secretaries of the relevant Government Ministries, CEOs of relevant Government institutions and research organization (see figure 5 below).

Figure 4: PHE Coordination and Implementation Structure



The technical arm will be composed of technical experts from Partner States MDAs, CSOs implementing PHE, research institutions and the private sector.

Each country will nominate a government Ministry, Department or Agency to chair the National PHE Policy Steering Committee (NPSC); and a coordinator for the implementation of the PHE Strategic plan. Other country structures will be developed guided by the existing structures in country for ownership and sustainability.

The national PHE networks will have a key role in the implementation of the PHE strategic plan. The networks will be composed of Government, CSOs, research institution, academia and private sector and have a Chair and Coordinating arm. Governance of PHE activities will be in accordance with the EAC Treaty.

**4.3.2 The Regional PHE Expert Working Group (RPEWG)**

All EAC Organs and institutions will coordinate the implementation of the PHE Strategic Plan in their respective areas of jurisdiction in accordance with their respective legal mandate under the EAC Treaty. However, the EAC Secretariat will coordinate legal and policy issues, and will convene annual meeting of the RPAF and biannual meetings of RPEWG

The RPEWG will be constituted as shown in below

<ul style="list-style-type: none"> <li>• The EAC Regional PHE Expert Working Group (RPEWG)</li> </ul>
<ul style="list-style-type: none"> <li>• Partner States (Both State, Non state actors including CSOs, Academic institutions)</li> <li>• EAC Secretariat</li> <li>• Lake Victoria Basin Commission</li> <li>• Lake Victoria Fisheries Organization</li> <li>• East African Health Research Commission</li> <li>• East African Science and Technology Commission</li> <li>• Inter University Council of East Africa</li> <li>• The following stakeholders should be co-opted in activities of the EAC Regional PHE Expert Working Group (RPEWG)</li> <li>• Donors and Development Partners</li> <li>• Capital Projects</li> <li>• The Nile Basin Initiative</li> <li>• Lake Tanganyika Basin Authority</li> <li>• Any other entity identified by the RPEWG</li> </ul>

Specifically, the Regional PHE Expert Working Group (RPEWG) plays the following roles:

- Provide technical guidance to the overall program implementation;
- Recommend strategies for integrating PHE into national and regional level policies and institutional frameworks;

- Recommend modalities for designing and implementing/integrating PHE projects/programs in EAC;
- Recommend PHE frameworks and policy options that require consideration by the relevant Sectoral committees in the different sectors at the EAC;
- Participate in regional policy and advocacy forums for PHE;
- Participate in resource mobilization ventures to support PHE Programming;
- Carry out any other relevant tasks as may be decided by the program or the Relevant Policy Organs

#### **4.3.3 National PHE Policy Steering Committee**

- Monitor implementation;
- Provide policy guidance.

#### **4.3.4 National PHE Networks**

- Develop country level PHE strategic plans;
- Develop country level PHE work plans and budgets;
- Identify potential PHE network members at national level;
- Build capacity of PHE Network members in implementation and advocacy;
- Enhance public - private partnerships with regards to PHE;
- Implement lobbying and advocacy for PHE among policy and decision maker stakeholders;
- Share best practices and lessons learnt at sub national, national, regional and global levels.

### **4.4 Funding and Sustainability**

#### **4.4.1 Funding the Strategic Plan**

The EAC PHE Strategic Plan will be funded largely from contributions by Partner States and Private Sector mainstreaming at the national level. As a mitigation measure, the EAC Secretariat and the Partner States through the resource mobilization office and relevant departments will mobilize additional resources from other sources including development partners to supplement the internal efforts. The EAC Secretariat will organize an international donor Round table to mobilize support and buy-in and receive necessary support for the strategic plan.

The Strategic Plan will also seek financial support through budgets ring-fenced for implementation of impact mitigation interventions under **Capital Development Projects**. The funds are usually earmarked to fund Impact Mitigation Plans (IMP) under mega capital projects at both national and regional levels. This is a resource that can be tapped to support sustainable implementation of PHE interventions at all levels. Tapping into this resource will require streamlining the processes for conducting Environmental and Social Impact Assessments (ESIA) by encouraging the use of Standardized ESIA tools in the region.

#### **4.4.2 Sustainability of the Strategic Plan**

Institutional sustainability will focus on the relevance of existing systems, policies, procedures and guidelines through periodical reviews. This will ensure that they address emerging needs, challenges and lessons learnt. We need high level commitment by leadership of the EAC to successfully mobilize financial and human resources for the implementation of the PHE Strategic Plan. Further, the Partner States will designate and assign staff at the national and zonal level for the successful implementation of the PHE interventions.

Further, implementing this Strategic Plan sustainably will require expanding into non- traditional resource mobilization approaches. One of such approaches is to use the Environmental Social Impact Assessment (ESIA) and development of Impact Mitigation Plans under capital projects to finance PHE initiatives.

#### **4.5 Dissemination and Communicating of the Strategic Plan**

Communicating the EAC Integrated PHE Strategic Plan is essential for increased access, awareness and ownership of the document. Most importantly, effective communication of the PHE Strategic Plan through modern web-based tools, mass media and inter-personal communication channels will enable exchanges between PHE stakeholders and Development Partners.

The EAC Secretariat will spearhead development of the business plan and a strategy for communicating for the EAC Integrated PHE Strategic Plan. Each Partner State will disseminate the plan through the respective National PHE Policy Steering Committees.

The Communication Strategy will specify the communication objectives, expected results, targeted audiences, key messages, channels and feedback mechanism to be used to communicate this Strategic Plan. It aims at ensuring that the EAC Integrated PHE Strategic Plan is better accessed, understood and owned by stakeholders at all levels.

#### **4.6 Implementation Matrix and Costed Implementation Plan**

A detailed implementation Matrix and costed implementation plan are hereto attached and is available as Annex I & II.

### **CHAPTER 5: MONITORING AND EVALUATION**

#### **5.1 Introduction**

This chapter highlights the key components of Monitoring and Evaluation Framework of the EAC integrated PHE Strategic Plan for the period 2016-2021. It aims at meeting the information needs of the different PHE implementers and stakeholders and to promote evidence based decision making at all levels. To achieve this, the various implementing institutions and stakeholders will be

required to: i) ensure timely availability of data; ii) Analyze, disseminate and promote the use of the M&E data by stakeholders; iii) Ensure adequate and reliable access to data by different users; and iv) Link the M&E data with National PHE Network to enable and facilitate monitoring at regional and partner state levels.

### 5.1.1 Monitoring

Monitoring of the EAC Integrated PHE Strategic Plan will enable PHE implementers at all levels to verify progress of implementation, make evidence based decisions adjust the implementation strategy as and when required. It will further help in sharing monitoring results with all stakeholders in a timely manner.

### 5.1.2 Evaluation

Evaluation of the EAC Integrated PHE Strategic Plan will take place in three (3) levels aimed at generating relevant and timely data to meet the information needs of the different stakeholders as described below:

- a) **Formative or Baseline Evaluation** will establish the status of indicator of the strategic plan before it is fully operationalized. This evaluation is important for setting targets and establishing the cost of each broad strategies for the targets;
- b) **Mid-Term Evaluation** will be implemented half way in the life cycle of the EAC integrated PHE Strategic Plan. It will inform whether or not the implementation of the strategic plan is on course or not and recommend corrective action to improve implementation;
- c) **Terminal Evaluation** will be conducted at the end of the five – year period to take stock of the EAC Integrated PHE Strategic Plan. It will inform stakeholders on whether there was value for money in the implementation of the Strategic plan and specifically establish the success rate of the plan in achieving its strategic objectives.

### 5.1.3 The Logic Model

In order to facilitate the monitoring and evaluation of the EAC Integrated PHE Strategic Plan, a Logical Framework Model (Logic Model) was adopted for its design. The Logic Model describes what the PHE implementers are going to do. It also outlines how they are going to do it and links the inputs to activities and outputs (implementation); and what they are expected to achieve (outcome and impact results) as illustrated in Figure 6 based on the PHE conceptual framework provided in figure 2.

## 5.2 Monitoring and Evaluation Results Framework

The EAC Integrated PHE Strategic Plan shall be monitored and evaluated using the M&E Results Framework, which encompasses outputs, outcomes and impact for evaluation studies. These include milestones and outcomes presented in the strategic objectives, which will be undertaken within the EAC Integrated PHE Strategic Plan M&E Results Framework 2016/17 – 2020/21, as illustrated in Annex III. High level indicators have been defined to measure the major PHE programme interventions that will contribute to achievement of the strategic objectives as indicated

in the matrix. Indicators at lower level have been deliberately left out to enable National PHE Networks and stakeholders to fit in the EAC Integrated PHE Strategic Plan by designing their results logic. Selected Impact and Outcome indicator matrix for Partner States have been developed for stakeholders and it is provided in Annex VI.

### **5.3 Monitoring and Evaluation Plan**

The Monitoring and Evaluation Plan for the Integrated PHE Strategic Plan was based on the M&E Results Framework discussed in sub-section 5.2 above. The plan spells out the systematic and objective approach for monitoring PHE programme performance towards achieving its strategic objectives over a period of five years. It has been designed with a set of indicators to measure progress and the impact of the PHE strategic interventions in East African Community. The plan details key M&E requirements for each indicator and assumption as provided in Annex IV. It further details how outputs and outcomes of the PHE programme will be measured quantitatively. PHE programme implementers will use the M&E plan to track progress towards achieving specific targets, document success stories and other qualitative evidence of program impact.

### **5.4 Monitoring and Evaluation Calendar**

The M&E Calendar provided in Annex V outlines the key M&E events to be undertaken in the next five (5) years of implementation of the EAC Integrated PHE Strategic Plan. The calendar provides the broad M&E interventions for implementation in two broad areas:

- a) **M&E Activities:** Focusing on M&E system, Evaluation, Review meetings and M&E support activities.
- b) **Planning Activities:** Focusing on M&E capacity building and use of M&E information.

These events will provide opportunities to reflect on progress so far made and evaluate performance, with possibility of timely interventions. The calendar will facilitate collaboration and coordination of M&E activities among the PHE implementers and stakeholders.

### **5.5 Monitoring and Evaluation Institutional Arrangements**

Several stakeholders have been identified, as listed in sub-section 4.2, and they will be actively engaged in the implementation of the EAC Integrated PHE Strategic Plan. The M&E Framework will be implemented by the institutional structures at the EAC and Partner State level shown in Figure 7 below. The roles and responsibilities of these institutional structures in coordination and M&E are clearly stated in sub-section 4.2 and 4.3 respectively.

### **5.6 Monitoring and Evaluation: Reporting and Communication**

The PHE implementing partners will submit their progress report to the National PHE Networks. The National PHE Technical Working Group will discuss the report, produce a harmonized national PHE progress report and submit to National PHE Steering Committee for review and final approval. The approved harmonized national PHE report will then be submitted by the National PHE Network Secretariat to Ministry of EAC Affairs for onward transmission to EAC Secretariat.

At the EAC Secretariat, the National PHE Network progress reports will be received, discussed by EAC PHE Regional Experts Working Group and a harmonized EAC PHE Progress report will be produced and submitted to the relevant EAC Sectoral Council for further discussion and onward transmission to Council of Ministers.

The channel of communication of PHE programme activities in the EAC will follow the above mentioned channel and feedback mechanism will follow the same channel. The mode and channel of communication is clearly illustrated in Figure 5, and Coordination and Implementation Structure is further simplified in Figure 7, Monitoring and Evaluation Information Flow.

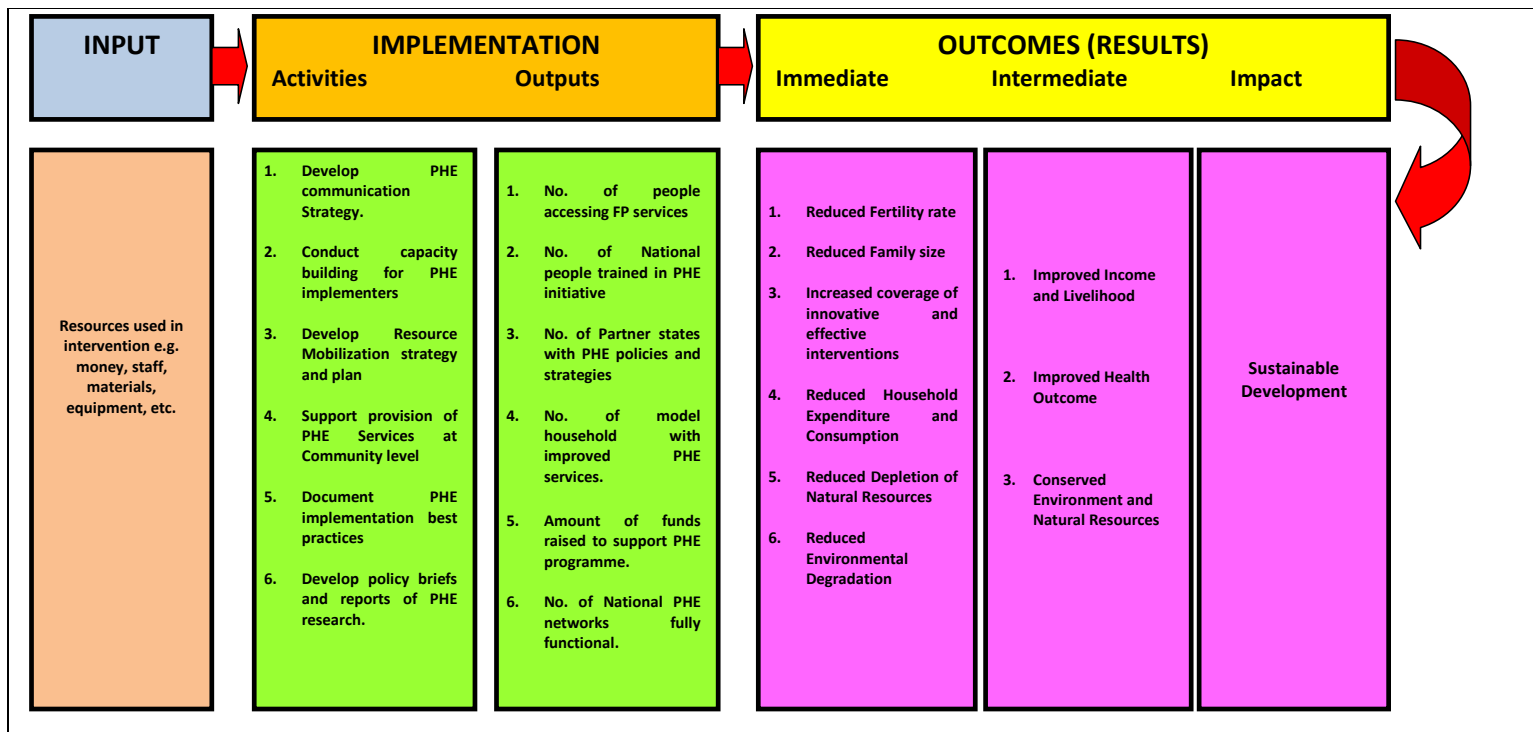
### **5.7 M&E Field Monitoring and Supervision**

The EAC and National PHE Network secretariats will undertake field monitoring and supervision in consultation with stakeholders involved in PHE implementation at regional and national level based on agreed monitoring plans and tools. Representatives of beneficiary communities will also play a vital role in the monitoring of PHE projects at community level.

### **5.8 Dissemination of M&E finding**

Monitoring and Evaluation results of progress and PHE performance reports including challenges and lessons learnt from implementation of PHE programmes will be shared at local, national, regional and international levels. Monitoring and Evaluation results shall be disseminated to key stakeholders; EAC, Regional Development Partners, Partner States, National PHE Networks, and Academia through the following medium: E-Bulletin, Press Conferences, EAC Website, Websites of Publication and Dissemination of Annual Reports, Mid-Term and Terminal Evaluation review workshops/seminars.

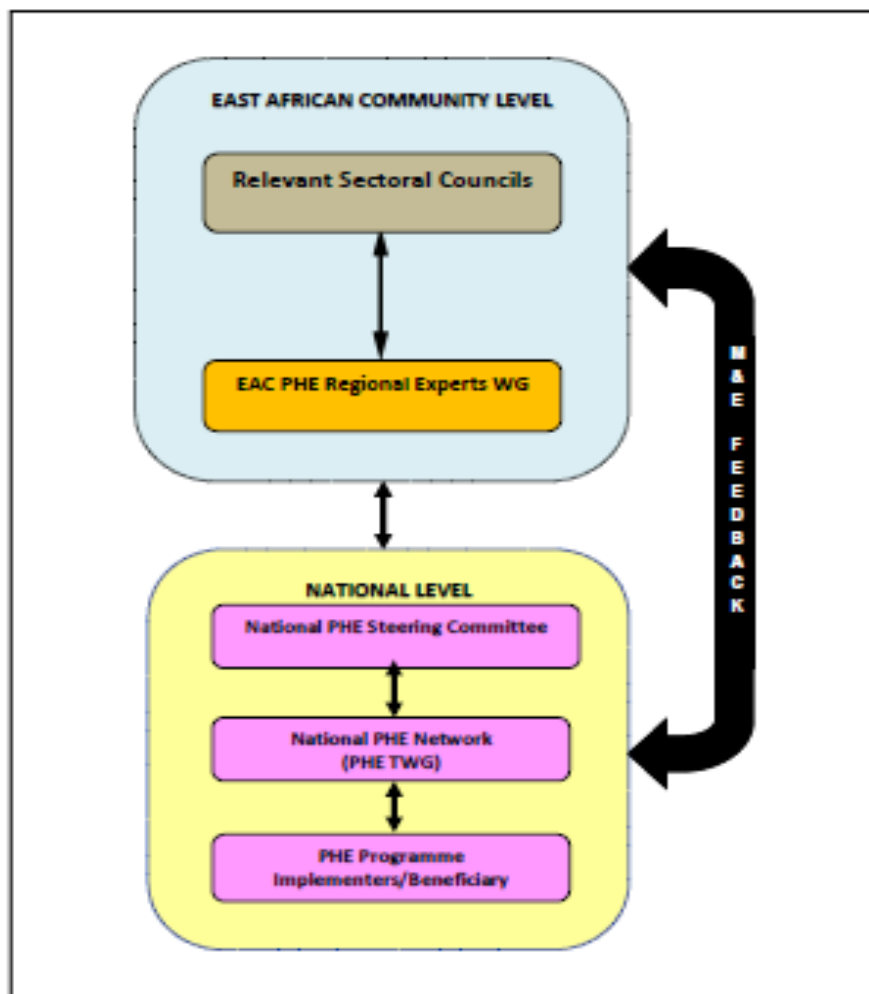
Figure 5: Integrated PHE Strategic Plan Logic Model



Source: USAID 2007

Figure 6: Monitoring and Evaluation Information Flow

Figure 7: Monitoring and Evaluation Information Flow



## ANNEXES

### Annex I: Implementation Matrix

Strategic Objective	Strategic Interventions	Activities	Expected results	Means of verification	Time frame					Responsibility
					16/17	17/18	18/19	19/20	20/21	
To advocate for the adoption and scale up of PHE as a model for sustainable development at regional and national level; Private	Develop PHE awareness, sensitization, advocacy and communication Strategies	Conduct analysis of PHE awareness, sensitization, advocacy and communication interventions and tools in the EAC	Analysis of PHE awareness, sensitization, advocacy and communication interventions and tools in the EAC conducted	Analysis report	X					EAC Secretariat
		Develop PHE awareness , sensitization, advocacy and communication tools	PHE awareness , sensitization, advocacy and communication tools developed and validated	PHE awareness , sensitization, advocacy and communication tools	X	X				EAC Secretariat
		Develop PHE awareness, sensitization, advocacy and communication Strategy and Plan	PHE awareness, sensitization, advocacy and communication Strategy and Plan developed and validated	PHE awareness, sensitization, advocacy and communication Strategy and Plan		X	X			EAC Secretariat
	Conduct PHE awareness, sensitization and advocacy interventions	Support the convening of the East African Inter-parliamentary Forum on Population Health and Development	the East African Inter-parliamentary Forum on Population Health and Development convened bi annually	Report of the forum	X	X	X	X	X	EAC Secretariat
		Convene annual EAC Regional Multi-Sectoral PHE awareness, sensitization and advocacy meetings (Partner States, EAC organs and institutions, Sector, CSO)	Annual EAC Regional Multi-Sectoral PHE awareness, sensitization and advocacy meeting convened annually	Report of the meeting	X	X	X	X	X	EAC Secretariat
		Support convening of annual national Multi-Sectoral PHE awareness,	Annual national Multi-Sectoral PHE awareness, sensitization and advocacy	Reports of the meeting		X	X	X	X	EAC Secretariat, Partner States

		sensitization and advocacy meetings	meetings conducted							
		Engage the media in documentation and dissemination of PHE Best Practices to include the use of social media and other networks	Media engaged in documentation and dissemination of PHE Best Practices	Best practices disseminated by media		X	X	X	X	EAC Secretariat, Partner States
To promote multi-sectoral collaboration, coordination and partnerships for PHE integration at regional and national level;	Mainstream PHE into regional and national Population Health and Environment laws, policies and strategic plans	Support partner states to develop PHE policies, strategies, programmes and plans	PSs with policies, strategies, programmes and plans developed by June 2017	National PHE policy, PHE strategy and programmes	X	X				EAC Secretariat, Partner States
		Develop PHE guidelines for intersectoral PHE partnerships and coordination	PHE guidelines for intersectoral PHE partnerships and coordination developed and validated by June 2017	Regional PHE guidelines	X	X				EAC Secretariat, Partner States
		Mainstream PHE model into other regional and national Population, Health, Environment and other development laws, policies and strategic plans	PHE model mainstreamed into other regional and national Population, Health, Environment and other development laws, policies and strategic plan	Other regional and national PHE and other development laws, policies and strategic plans mainstreamed with regional PHE		X	X			EAC Secretariat, Partner States
		Mainstream PHE model into regional and national gender, special population and HIV programming.	PHE model mainstreamed into regional and national gender, special population and HIV programming by June 2018	regional and national gender, special population and HIV programming mainstreamed with PHE model		X	X			EAC Secretariat, Partner States
	Strengthen multi-	Convene annual regional	Annual regional multi-							

	sectoral PHE Collaboration, coordination and partnerships at regional, national and sub - national levels	multi-sectoral PHE Steering Forum meetings	sectoral PHE Steering Forum Meeting convened	Report of the meeting	X	X	X	X	X	EAC Secretariat
		Support semi-annual national PHE Steering Committee meetings	Semi-annual national PHE Steering Committee meetings convened and conducted through all partner states since July 2017	Reports of the meetings	X	X	X	X	X	EAC Secretariat, partner states
		Convene semi-annual regional PHE Technical Working Group	Semi-annual regional PHE Technical Working Group convened	Report of the meetings	X	X	X	X	X	EAC Secretariat, partner states
		Support national PHE networks to implement their mandates	National PHE networks supported to implement their mandates		X	X	X	X	X	EAC Secretariat, partner states
		Develop partnerships with other global and supra-regional PHE networks (e.g. PHE Ethiopia, Madagascar, Regional Economic Communities etc.) and partners	A partnership with global and supra-regional PHE networks developed	Report on partnership	X	X	X	X	X	EAC Secretariat, partner states
To strengthen the institutional and technical capacity to implement integrated PHE activities at regional and national level;	Develop capacity building tools and mechanisms	Conduct a regional PHE capacity needs assessment	Regional PHE capacity needs assessment done by June 2017	Report of assessment		X				EAC Secretariat, partner states
		Develop curriculum for pre-service and in service training on PHE	curriculum for pre-service and in service training on PHE Developed by July 2017	Curriculum		X				EAC Secretariat,
		Develop EAC regional minimum package and standards for PHE programs	EAC regional minimum package and standards for PHE programs developed by June 2017	EAC regional minimum package and standards for PHE programs		X				EAC Secretariat
		Review existing PHE training manuals and guidelines	Existing PHE training manuals and guidelines Reviewed by June 2016	Reviewed PHE training manuals	X					EAC Secretariat

				and guidelines						
	Conduct capacity building interventions	Conduct technical exchanges and networking activities among PHE stakeholders to facilitate peer to peer learning and sharing of best practices and lessons learned on	At least one regional technical exchanges for peer to peer learning and sharing of best practices and lessons learned conducted yearly since July 2015	Report of the technical exchange	X	X	X	X	X	EAC Secretariat
		Organize and/or facilitate trainings for EAC, Partner states and PHE stakeholders on PHE	Conduct/facilitate at least one regional training and one national training on PHE yearly since July 2016	Report of training		X	X	X	X	EAC Secretariat
		Train communities to implement PHE activities with special focus on women, youth and other vulnerable groups	Conduct at least one training per year of communities to implement PHE activities with special focus on women, youth and other vulnerable groups since year July 2016	Report of training		X	X	X	X	EAC Secretariat
		Train the media on PHE	Conduct a regional training of media on PHE each year since July 2017	Report of training		X	X	X	X	EAC Secretariat
			Conduct a national training of media on PHE each year since July 2017 per partner state	Report of training		X	X	X	X	EAC Secretariat, partner states
To facilitate the mobilization of resources for PHE activities at		Undertake a comprehensive donor/partner (traditional and non-traditional, public and private) mapping	A regional mapping of all donors of PHE done by June 2016	Report of mapping		X				EAC Secretariat, partner states

regional and national level		Develop a PHE resource mobilization strategy and plan	PHE resource mobilization strategy and plan developed by June 2016	PHE resource mobilization strategy and plan		X				EAC Secretariat
		Conduct fundraising activities e.g. donor missions	A round table of donors for PHE conducted by December 2016	Report of Round table		X				
		Develop project proposals for regional , and national level implementation of PHE taking into consideration cross-boundary ecosystems and other hotspots	project proposals for regional , and national level implementation of PHE taking into consideration cross-boundary ecosystems and other hotspots developed by December 2016	Project proposals		X				EAC Secretariat
To strengthen the generation, documentation, sharing and use of evidence on PHE to support sustainable development efforts at regional and national level.	Support PHE evidence generation through research and programmatic evaluation	Conduct an EAC Regional Mapping of PHE initiatives, laws, policies, partnership and coordination models Document PHE best practices implementation at regional national level	EAC Regional Mapping of PHE initiatives, laws, policies, partnership and coordination models Document PHE best practices implementation at regional national level conducted by June 2017	Report of mapping	X	X				EAC and partner states
		Develop harmonized EAC regional indicators and tools for monitoring and evaluation of PHE interventions (scale up use of ICT innovations)	Harmonized EAC regional indicators and tools for monitoring and evaluation of PHE interventions developed by June 2017	List of Harmonized PHE EAC regional indicators and tools		X				EAC Secretariat
		Develop a comprehensive EAC Regional PHE monitoring and evaluation framework, system and guidelines.	A comprehensive EAC Regional PHE monitoring and evaluation framework, system and guidelines developed by June 2016	Comprehensive EAC Regional PHE monitoring and evaluation framework, system and guidelines	X					EAC Secretariat
		Develop EAC regional scorecard for regular reporting on PHE	EAC regional scorecard for regular reporting on PHE developed by June 2018	PHE Regional score card			X			EAC Secretariat
		Support integrated PHE-	At least one research or							

		related research and evaluations at regional and national level	evaluation of PHE done per year since July 2017	Research and evaluation reports		X	X	X	X	EAC Secretariat and Partner states
	Support use and translation of PHE research and programmatic evidence to promote sustainable development	Develop and strengthen regional, PHE resource centers/hub	Regional, PHE resource centers/hub developed b y June 2016	Regional PHE resource centers/hub	X					EAC Secretariat
		Develop and strengthen, national, sub-national and community level PHE resource centers/hub	National, sub national and community PHE resource centers/hub developed b y June 2018	National, sub national and community PHE resource centers			X			EAC Secretariat, Partner States
		Conduct 2 yearly PHE Conferences(biennial)	Biennial PHE conference conducted	Report of the meeting	X		X		X	EAC Secretariat,
		Support dissemination of PHE research and evaluation finding through publications and conferences e.g. the East African Health and Scientific and International Health Exhibition and Trade Fair	At least one PHE research/evaluation disseminated/published yearly since July 2017	Publication/dissemi nation		X	X	X	X	EAC Secretariat, Partner States

## Annex II: Costed Implementation Plan

Objective 1: To advocate for the adoption and scale up of PHE as a model for sustainable development at regional and national level					
No	Activities	Inputs	UC (USD)	Quantities	Cost (US\$)
	Strategic Intervention 1: Develop PHE awareness, sensitization, advocacy and communication Strategies				
	Convene national meetings to conduct analysis of existing PHE awareness, sensitization, advocacy and communication interventions and tools in the EAC region	Supplies (FF)	1,000	6	6,000
		Meeting Venue (3 days)	300	12	3,600.00
		Meeting regional delegates (Per-diem)	350	54	18,900.00
		Airfare for 3 regional delegates	400	18	7,200.00
		Airport transfer	30	36	1,080.00
		National delegates	50	180	9,000.00
	Convene 3 regional meetings to Develop PHE awareness , sensitization, advocacy and communication tools (3 experts from each partner state, 4 regional experts and 5 EAC secretariat staffs each meeting lasting 5 days)	Meeting Venue (5days)	300	15	4,500.00
		Meeting delegates (Per-diem)	350	486	170,100.00
		Supplies (FF)	1,000	3	3,000.00
		Airfare for delegates	400	72	28,800.00
		Airport transfer	30	144	4,320.00
		National delegates	50	30	1,500.00
	Convene 3 regional meetings to Develop PHE awareness, sensitization, advocacy and communication Strategy and Plan (3	Meeting Venue (5days)	300	15	4,500.00

	experts from partner states in a meeting lasting 5 days each the last one being the validation meeting	Meeting delegates (Per-diem)	350	486	170,100.00
		Supplies (FF)	1,000	3	3,000.00
		Airfare for delegates	400	72	28,800.00
		Airport transfer	30	144	4,320.00
		National delegates	50	30	1,500.00
		Meeting Venue (3 days)	300	12	3,600.00
		Meeting regional delegates (Per-diem)	350	54	18,900.00
	Conduct national meetings to provide inputs on PHE awareness, sensitization, advocacy and communication Strategy and Plan (15 national experts in each meeting, the meeting lasting 2 days each	Supplies (FF)	1,000	6	6,000
		Airfare for 3 regional delegates	400	18	7,200.00
		Airport transfer	30	36	1,080.00
		National delegates	50	180	9,000.00
	Print out PHE awareness, sensitization, advocacy and communication Strategy and Plan (1000 copies for each PS	Each strategy having 30 pages	1	180000	180,000.00
	<b>Sub -total Strategic intervention 1</b>				<b>696,000.00</b>
	<b>Strategic Intervention 2: Conduct PHE awareness, sensitization and advocacy interventions</b>				
		Meeting Venue for one day	300	40	12,000.00
		National delegates DSA	50	400	20,000.00
	Support the convening of the East African Inter-parliamentary Forum on Population Health and Development (two meetings fore per year)	Perdiem regional level delegates	350	1800	630,000.00
		Airfare for regional delegates including MPs	400	720	288,000.00
		Airport transfer	30	720	21,600.00

		Supplies (FF)	2,000	10	20,000.00
	Support Inter Parliamentary Forum for PHD for awareness activities on PHE	Amount to convene two regional meetings per year for PHE awareness to be organized by IPF on PHD	150,000	4	600,000.00
		Meeting Venue for one day	50	600	30,000
	Support the East African Inter-parliamentary Forum on Population Health and Development and the General Purpose Committee (GPC) of EALA to conduct oversight filed mission related to PHE activities	National delegates DSA	450	1350	30,000
		Perdiem regional MPs	600	900	607,500
		Airfare for MPs	60	900	540,000
	Convene annual EAC Regional Multi-Sectoral PHE awareness, sensitization and advocacy meetings (Partner States, EAC organs and institutions, Sector, CSO) (5 people from each partner state and 10 people from regional stakeholders)	Meeting Venue for the meeting	300	15	4,500.00
		National delegates DSA	50	150	7,500.00
		Perdiem regional level delegates	350	600	210,000.00
		Airfare for participants	400	300	120,000.00
		Airport transfer	30	300	9,000.00
		Supplies (FF)	2,000	5	10,000.00
		Meeting Venue for the meeting	300	60	18,000.00
	Support convening of annual national Multi-Sectoral PHE awareness, sensitization and advocacy meetings (Two day for the meeting, of 40 participants)	National delegates DSA	50	480	24,000.00
		Perdiem regional level delegates	350	270	94,500.00
		Airfare for regional participants	400	180	72,000.00
		Airport transfer	30	180	5,400.00
		Supplies (FF)	1,000	30	30,000.00

		Develop documentary PHE film per year per partner state	10,000	30	300,000.00
		Develop PHE song per year per partner state	3,000	30	90,000.00
	Engage the media in documentation and dissemination of PHE Best Practices to include the use of social media and other networks	Support 2 PHE emission on National TVs per ps	3,000	60	180,000.00
<b>Sub Total strategic intervention 2</b>					<b>3,975,00.00</b>
<b>Total Strategic Objective 1</b>					<b>4,670,00.00</b>
<b>Strategic Objective 2: To promote multi-sectoral collaboration, coordination and partnerships for PHE integration at regional and national level</b>					
<b>Strategic Intervention 1: Mainstream PHE into regional and national Population Health and Environment laws, policies and strategic plans</b>					
		Meeting Venue (5 days)	300	240	72,000.00
		Meeting regional delegates (Per-diem)	350	864	302,400.00
	Support financially and technically 8 national meetings per partner state to develop PHE policy, strategic plan and Operational (Three meetings for policy each of 30 peoples and lasting 5 days, 3 meetings for strategic plan and 2 for operational plan each lasting 5 days)	Supplies (FF)	1,000	48.00	48,000
		Airfare for 3 regional delegates	400	144	57,600.00
		Airport transfer	30	288	8,640.00
		National delegates	50	7200	360,000.00
		Meeting Venue (5days)	300	10	3,000.00
	Convene 2 regional meetings to develop PHE guidelines for intersectoral PHE partnerships and coordination (3 experts from partner states, 5 regional experts and 4 EAC staffs involved in PHE) each meeting lasting 5 days	Meeting delegates (Per-diem)	350	288	100,800.00
		Supplies (FF)	1,000	2	2,000.00
		Airfare for delegates	400	48	19,200.00

		Airport transfer	30	96	2,880.00	
		National delegates	50	20	1,000.00	
	Convene and support 3 regional meetings to mainstream PHE model into other regional and national Population, Health, Environment and other development laws, policies and strategic plans (3 people from each partner state and 9 people from regional stakeholders and EAC secretariat)	Meeting Venue (5days)	300	15	4,500.00	
		Meeting delegates (Per-diem)	350	432	151,200.00	
		Supplies (FF)	1,000	3	3,000.00	
		Airfare for delegates	400	72	28,800.00	
		Airport transfer	30	144	4,320.00	
		Meeting Venue (5days)	300	15	4,500.00	
		Meeting delegates (Per-diem)	350	432	151,200.00	
	Convene and support 3 regional meetings to mainstream PHE model into regional and national gender, special population and HIV programming.(3 people from each partner state and 9 people from regional stakeholders) and EAAC Secretariat)	Supplies (FF)	1,000	3	3,000.00	
		Airfare for delegates	400	72	28,800.00	
		National delegates	50	30	1,500.00	
		Airport transfer	30	144	4,320.00	
Sub Total strategic intervention 1					1,362,660.00	
Strategic Intervention 2:Strengthen multi-sectoral PHE Collaboration, coordination and partnerships						
		Convene annual regional multi-sectoral PHE Steering Forum (8 experts from partner states including CSO, 15 regional experts including EAC secretariat) the meeting lasting for 3 days	Meeting Venue	300	15	4,500.00
	National delegates DSA		50	200	10,000.00	
	Perdiem regional level delegates		350	1100	385,000.00	
	Airfare for regional delegates including MPs		400	275	110,000.00	

		Airport transfer	30	550	16,500.00
		Supplies (FF)	2,000	5	10,000.00
		Meeting Venue for the meeting	300	60	18,000.00
		National delegates DSA	50	2400	120,000.00
		Perdiem regional level delegates	350	50	17,500.00
		Airfare for regional participants	400	50	20,000.00
		Airport transfer	30	50	1,500.00
		Supplies (FF)	1,000	10	10,000.00
		Meeting Venue for the meeting	300	10	3,000.00
		National delegates DSA	50	400	20,000.00
		Perdiem regional level delegates	350	2000	700,000.00
		Airfare for regional participants	400	400	160,000.00
		Airport transfer	30	800	24,000.00
		Supplies (FF)	1,000	10	10,000.00
		Provide operational costs to PHE networks to implement their mandate	5,000	30	150,000.00
		Perdiem to participate in regional and international PHE forum	350	125	43,750.00
		Airfare for regional participants into global and international forum	1,000	125	125,000.00
		Airport transfer	30	250	7,500.00
		<b>Sub Total strategic intervention 2</b>			<b>1,966,250.00</b>

	Total Strategic Objective 2			3,328,910.00
Strategic Objective 3: To strengthen the institutional and technical capacity to implement integrated PHE activities at regional and national level				
Strategic Intervention 1: Develop capacity building tools and mechanism				
	Conduct a regional PHE capacity needs assessment as prerequisite for PHE	Consultancy fees	600	18,000.00
			30	
	Develop curriculum for pre-service and in service training on PHE ( 3 technical experts from each PS, 3 regional and 3 EAC staff for 5 days	Meeting Venue (5days)	15	
			300	4,500.00
		Meeting delegates (Per-diem)	432	
			350	151,200.00
		Supplies (FF)	3	
			1,000	3,000.00
	Conduct national meetings to provide inputs on draft PHE guidelines (30 national delegates, 2 regional and 2 EAC staffs for 3 days )	Airfare for delegates	72	
			400	28,800.00
		Airport transfer	144	
			30	4,320.00
		Meeting Venue	6	
			300	1,800.00
	Conduct national meetings to provide inputs on draft PHE guidelines (30 national delegates, 2 regional and 2 EAC staffs for 3 days )	Meeting regional delegates (Per-diem)	96	
			350	33,600.00
		Supplies (FF)	6	
			1,000	6,000
		Airfare for 4 regional delegates	24	
			400	9,600.00
	Develop EAC regional minimum package and standards for PHE programs ( 3 technical experts from each PS, 3 regional and 3 EAC staff for 5 days	Airport transfer	48	
			30	1,440.00
		National delegates	180	
			50	9,000.00
		Meeting Venue (5days)	15	
			300	4,500.00
	Develop EAC regional minimum package and standards for PHE programs ( 3 technical experts from each PS, 3 regional and 3 EAC staff for 5 days	Meeting delegates (Per-diem)	432	
			350	151,200.00
		Supplies (FF)	3	
			1,000	3,000.00

		Airfare for delegates	400	72	28,800.00
		Airport transfer	30	144	4,320.00
		Meeting Venue	300	6	1,800.00
		Meeting regional delegates (Per-diem)	350	96	33,600.00
	Conduct national meetings to provide inputs on EAC regional minimum package and standards for PHE programs (30 national delegates, 2 regional and 2 EAC staffs for 3 days )	Supplies (FF)	1,000	6	6,000
		Airfare for 4 regional delegates	400	24	9,600.00
		Airport transfer	30	48	1,440.00
		National delegates	50	180	9,000.00
	Review existing PHE training manuals and guidelines	Consultancy fees	600	30	18,000.00
	<b>Sub Total strategic intervention 1</b>				<b>542,520.00</b>
	<b>Strategic Intervention 2: Conduct capacity building interventions</b>				
		Regional delegates (Per-diem)	350	480	168,000.00
	Conduct one regional technical exchanges per year and networking activities among PHE stakeholders to facilitate peer to peer learning and sharing of best practices and lessons learned on PHE (2 technical experts from each partner state and 6 regional experts	Supplies (FF)	1,000	5	5,000
		Airfare for 16 regional delegates	400	80	32,000.00
		Airport transfer	30	80	2,400.00
		National delegates	50	50	2,500.00
	Organize and/or facilitate trainings for EAC, Partner states and PHE stakeholders on PHE (10 EAC staffs, 5 from each PS and 10 stakeholders for five days each year) during the first 3 years of implementation	Meeting Venue for the training	300	15	4,500.00
		Perdiem for participants	350	900	315,000.00
		Airfare for regional participants		150	

			400		60,000.00
		Airport transfer	30	300	9,000.00
		Supplies (FF)	1,000	3	3,000.00
		Regional facilitators (Per-diem)	350	432	151,200.00
		Supplies (FF)	1,000	18	18,000
		Airfare for regional facilitators	400	72	28,800.00
		Airport transfer	30	48	1,440.00
		National delegates	50	4500	225,000.00
		Regional facilitators (Per-diem)	350	72	25,200.00
		Supplies (FF)	1,000	18	18,000
		Airfare for regional facilitators	400	12	4,800.00
		Airport transfer	30	24	720.00
		Regional facilitators (Per-diem)	350	432	151,200.00
		Supplies (FF)	1,000	18	18,000
		Airfare for regional facilitators	400	72	28,800.00
		Airport transfer	30	48	1,440.00
		National media	50	1800	90,000.00
		Recruit Staff for PHE implementation at regional level	3 staffs at EAC level	9	491,760.00
		Recruit Staff for PHE implementation at national level	6 staffs at national level	18	

			45,946		827,028.00
	Recruit Staff at sub national level	Recruit 45 staffs a at sub national level	14,400	180	2,592,000
	<b>Sub Total strategic intervention 2</b>				<b>5,274,788.00</b>
	<b>Strategic Intervention 3:</b>				
	Support one PHE community initiative including livelihood enhancement per partner state	FF (based on evidence based)	30000	30	900,000
	Support one gender PHE initiative per year per partner state	FF (based on evidence based)	30000	30	900,000
	Support one youth PHE initiatives per year per partner state	FF (based on evidence based)	30000	30	900,000
	Train trainers who will be training community on improvement of housing structures and homestead conditions (Train one hundred people per partner state for 3 days) for 2 first years of the implementation	Regional facilitators (Per-diem)	350	192	67,200
		Supplies (FF)	1,000	12	12,000
		Airfare for regional facilitators	400	48	19,200
		Airport transfer	30	96	2,880
		National delegates	50	4500	225,000
	<b>Sub Total strategic intervention 3</b>				<b>3,026,280</b>
	<b>Total Strategic Objective 3</b>				<b>10,211,588</b>
	<b>Strategic Objective 4 :To facilitate the mobilization of resources for PHE activities at regional and national level</b>				
	<b>Strategic intervention 1: Establish funding and investment mechanisms for PHE programmes and interventions</b>				
	Conduct a regional mapping of all donors involved in PHE	Consultancy fees	600	30	18,000.00
	Organize a biennial round table of donors for PHE	Meeting Venue for the round table	300	6	1,800.00
		Supplies (FF)	1,000	2	2,000.00
		DSA	50	60	3,000.00
	Develop PHE resource mobilization strategy and plan	Consultancy fees		30	

			600		18,000.00
	Convene and support three regional meetings to develop project proposals for PHE at regional level taking into consideration cross-boundary ecosystems (3 experts from each PS, 5 regional and 5 EAC)	Meeting Venue (5days)	300	15	4,500.00
		Meeting delegates (Per-diem)	350	432	151,200.00
		Supplies (FF)	1,000	3	3,000.00
		Airfare for delegates	400	72	28,800.00
		National delegates	50	30	1,500.00
		Airport transfer	30	144	4,320.00
	Convene and support national meetings to develop project proposals at national level implementation of PHE (30 national delegates for a meeting of 5 days)	Meeting Venue	300	30	9,000.00
		Meeting regional delegates (Per-diem)	350	144	50,400.00
		Supplies (FF)	1,000	6	6,000
		Airfare for 4 regional delegates	400	24	9,600.00
		Airport transfer	30	48	1,440.00
		National delegates	50	180	9,000.00
	Support community based PHE initiatives ( 3 PHE initiatives per PS each receiving 30000 USD per year)	Fees for project implementation	35,000	45	1,575,000
	<b>Sub Total strategic intervention 1</b>				<b>1,896,560.00</b>
	<b>Total Strategic Objective 4</b>				<b>1,896,560.00</b>
	<b>Strategic Objective 5: To strengthen the generation, documentation, sharing and use of evidence on PHE to support sustainable development efforts at regional and national level.</b>				
	<b>Strategic Intervention 1: Support PHE evidence generation through research and programmatic evaluation</b>				
	Convene and support a regional meeting to harmonize EAC regional	Meeting Venue (5days)		5	

	PHE indicators and tools for monitoring and evaluation of PHE interventions (3 experts from each partner state , 3 regional and 4 EAC		300		1,500.00
		Meeting delegates (Per-diem)	350	132	46,200.00
		Supplies (FF)	1,000	1	1,000.00
		Airfare for delegates	400	22	8,800.00
		Airport transfer	30	44	1,320.00
		DSA national delegates	50	10	500.00
		Consultancy fees	600	50	30,000.00
	Conduct an EAC Regional Mapping of PHE initiatives, laws, policies, partnership and coordination models Document PHE best practices implementation at regional national level	Meeting Venue (5days)	300	5	1,500.00
		Meeting delegates (Per-diem)	350	132	46,200.00
		Supplies (FF)	1,000	1	1,000.00
		Airfare for delegates	400	22	8,800.00
		Airport transfer	30	44	1,320.00
		DSA national delegates	50	10	500.00
		Consultancy fees	600	30	18,000.00
		Research fees (Based on experience of RMNCH Research)	50,000	15	750,000.00
	Sub Total strategic intervention 1				916,640.00
	Strategic Intervention 2: Support use and translation of PHE research and programmatic evidence to promote sustainable development				
	Develop and strengthen regional, PHE resource centers/hub	Consultancy fees	75,000	50	3,750,000.00

		Maintenance fees	300,000	1	300,000.00
	Develop and strengthen, national, sub-national one national and 20 per sub national level	Consultancy fees	150,000	1	150,000.00
		Maintenance fees	20,000	126	2,520,000.00
	Conduct 2 yearly PHE Conferences(biennial)	Meeting Venue	300	10	3,000.00
		Meeting delegates (Per-diem)	350	288	100,800.00
		Supplies (FF)	1,000	2	2,000.00
		Airfare for delegates	400	48	19,200.00
		Airport transfer	30	96	2,880.00
		National delegates	50	20	1,000.00
		Support dissemination of PHE research and evaluation finding through publications and conferences	Contribution to the East African Health and Scientific and International Health Exhibition and Trade Fair for PHE research to be disseminated	50,000	4
	Sub Total strategic intervention 2				7,048,880.00
	Total Strategic Objective 5				7,965,520.00
	Total				26,704,578.00
	Overheads				2,670,457.80
	Grand Total				29,375,035.80

### Annex III: Monitoring and Evaluation Results Framework 2015/16-2019/20

Hierarchy Objectives	Objectively Variable Indicators (OVI)	Indicators	Means of Verification (MOV)	Assumption/Risk
<b>A: IMPACT (GOAL)</b>				
1 Contributed towards a healthy and wealthy people living in a healthy environment through the implementation of integrated Population-Health-Environment (PHE) programmes and initiatives of the East African Community.	<p><b>Population Indicators:</b></p> <ul style="list-style-type: none"> <li>Population Growth rate (%)</li> <li>Total Fertility rate (children per woman)</li> <li>Mortality rates <ul style="list-style-type: none"> <li>Infant Mortality rate per 1,000 live births</li> <li>Under 5 Mortality rate per 1,000 live births</li> <li>Maternal Mortality rate per 100,000 live births</li> </ul> </li> <li>Household size</li> </ul> <p><b>Economic/Livelihood Indicators:</b></p> <ul style="list-style-type: none"> <li>Proportion of population living below poverty level.</li> <li>Unemployment rate</li> </ul> <p><b>Social Indicators:</b></p> <ul style="list-style-type: none"> <li>Human Development Index (HDI)</li> <li>Life expectancy at birth</li> <li>Literacy rate</li> <li>Functional Adult literacy rate.</li> </ul> <p><b>Environmental Indicators:</b></p> <ul style="list-style-type: none"> <li>Proportion of households with access to safe water (%)</li> <li>Proportion of households with access to toilet facilities.</li> </ul> <p><b>Livelihood Indicators:</b></p> <ul style="list-style-type: none"> <li>Proportion of population living below poverty line.</li> </ul>	<p><i>EAC to develop harmonized indicators for monitoring and evaluating PHE at Goal or Impact level.</i></p> <p><i>Each Partner State will monitor performance based on their national targets.</i></p>	<ul style="list-style-type: none"> <li>National Population Census</li> <li>National Household survey</li> <li>National Demographic Health Survey.</li> <li>National Agricultural Census</li> <li>National Statistical Abstracts</li> </ul>	<ul style="list-style-type: none"> <li>Continued commitment by Partner States to ensuring conducive economic environment and performance.</li> <li>Continued commitment by Partner States to social service delivery especially RH/FP.</li> <li>Continued commitment by Donors and Development partners to support EAC and national development programmes including PHE.</li> <li>Partner States commitment to Good Governance at national and sub-national levels.</li> <li>Commitment by regional (EAC) and national legislators to support PHE programmes.</li> <li>Devolved or Decentralized Governance system strengthened.</li> <li>Communities empowered to support PHE programmes.</li> <li>Conducive and secure environment in areas of operation of PHE programme.</li> </ul>
<b>B: OUTCOME (PURPOSE)</b>				
1. Adopt and scale up PHE as a model for sustainable development at all levels in the EAC.	<p>1.1 PHE Com PHE communication strategies and tools developed and operationalized.</p> <p>1.2 Proportion of institutions in EAC and Partner states institutions that have adopted and operationalized the PHE models in their development initiatives.</p> <p>1.3 Proportion of policy and decision makers able to effectively articulate PHE issues at all levels.</p>	<p>01 (EAC level) 06 (National level including Zanzibar)</p> <p>100% (EAC level) 100% (National level)</p> <p>50% (EAC level) 50% (National level)</p>	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>Evaluation report.</li> <li>KAP report</li> </ul>	

2. Multi-sectoral collaboration and partnerships for PHE integration promoted at all levels.	2.1 Number of Population, Health and Environment policies and strategic plan that integrated PHE issues at all levels.	50% (EAC level) 50% (National level)	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>M&amp;E Evaluation</li> </ul>	
	2.2 Number of Partner states that have developed and operationalized multi-sectoral PHE policies.	01 (EAC level) 06 (National level including Zanzibar)		
	2.3 Number of institutions in EAC and Partner states with functional multi-sectoral PHE collaboration, coordination and partnership.	02 (EAC level) 06 (National level including Zanzibar)		
	2.4 Proportion of MDAs effectively engaged in implementing PHE integration at national level.	03 (EAC level) XX (National level including Zanzibar)		
3. Institutional and technical capacity of EAC and Partner states to implement integrated PHE activities developed and strengthened.	3.1 Capacity Development Training Guide and Curriculum developed and operationalized.	01 (EAC level) 06 (National level including Zanzibar)	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>M&amp;E Evaluation</li> </ul>	
	3.2 Number of EAC, National institutions and Communities capacitated and implementing integrated PHE activities.	03 (EAC level) XX (National level including Zanzibar)		
	3.3 Number of community PHE activities initiated, supported and implemented.	XX (National level including Zanzibar)		
4. Resource mobilization for PHE activities facilitated at all levels.	4.1 PHE Resource Mobilization Strategy and Plan developed and operationalized.	01 (EAC level)	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>M&amp;E Evaluation</li> </ul>	
	4.2 Proportion of total budget mobilized for PHE programme activities (during the 5 years).	XX% (EAC level) XX% (National level including Zanzibar)		
	4.3 Percentage of total annual budget of EAC and Partner States committed to implementing integrated PHE programme.	XX% (EAC level) XX% (National level including Zanzibar)		
5. Capacity for PHE evidence generation, documentation and use through research and programmatic evaluation developed.	5.1 Functional PHE Monitoring and Evaluation System in place ( <i>linkage to National PHE Networks</i> ).	01 (EAC level)	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>M&amp;E Evaluation</li> </ul>	
	5.2 Functional PHE Information Resource centre in place ( <i>linkage to National PHE Networks</i> ).	01 (EAC level) 06 (National level including Zanzibar)		
	5.3 Number of PHE research and evaluation findings	XX (EAC level)		

	translated and disseminated to stakeholders. .			
<b>OUTPUTS</b>				
1.1 Develop PHE Communication Strategies.	1.1.1 PHE communication strategies and plans developed.	01 (EAC level) 06 (national level including Zanzibar).	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>M&amp;E Reports</li> </ul>	
	1.1.2 Number of IEC/Advocacy materials produced and distributed by type	Various sets		
1.2 Conduct PHE awareness, sensitization and advocacy.	1.2.1 Functional East African Inter-Parliamentary Forum on PHE and Development and Development.	01 (EAC level)	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>M&amp;E Reports</li> </ul>	
	1.2.2 Number of Sectoral policies and development programmes addressing PHE issues at EAC and national level.	01 (EAC level) XX (National level)		
	1.2.3 Number of stakeholders provided with information on integrated PHE approach/initiative.	XX (EAC level) XXXX (National level)		
	1.2.4 Number of media houses engaged in documentation and dissemination of PHE best practices.	XX (EAC level) XX (National level)		
2.1 Mainstream PHE into regional and national Population Health and Environment policies and strategic plans.	2.1.1 Number of EAC and Partner States policies and strategies with integrated PHE models.	03 policies (EAC level) 50% (National level - new policies and those for review)	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>M&amp;E Reports</li> </ul>	
	2.1.2 Multi-sectoral PHE partnership and coordination guidelines developed and in place.	01 (EAC level) 06 (National level including Zanzibar)		
	2.1.3 Number of institutions that have institutionalized integrated PHE model into capital investment and development programmes.	05 (EAC level) XX (National level including Zanzibar)		
2.1 Multi-sectoral PHE Collaboration, coordination and partnerships strengthened at all levels.	2.1.1 PHE collaboration, coordination and partnership plan developed.	01 (EAC level) XX (National level including Zanzibar)	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>M&amp;E Reports</li> </ul>	
	2.1.2 National PHE networks support and functional.	06 (National level including Zanzibar)		
3.1 Develop capacity building tools and mechanisms.	3.1.1 Number of PHE capacity building tools developed and used by stakeholders.	01 (EAC level) 06 (National level including Zanzibar)	<ul style="list-style-type: none"> <li>PHE programme report</li> <li>M&amp;E Reports</li> </ul>	
	3.1.2 Community Based PHE Training Guide developed.	06 (National level including		

		Zanzibar)		
3.2 Conduct capacity building interventions.	3.2.1 Number of decision makers trained in integrated PHE approach.  3.2.2 Number of national networks and stakeholders trained in integrated PHE initiatives at all levels.  3.2.3 Number of media houses trained on PHE approach at all levels.	01 (EAC level) 06 (National level including Zanzibar)  06 (National level including Zanzibar)  XX (National level including Zanzibar)	<ul style="list-style-type: none"> <li>• PHE programme report</li> <li>• M&amp;E Reports</li> </ul>	
4.1 Establish funding and investment mechanisms for PHE programmes and interventions.	4.1.1 Number of PHE resource mobilization strategy developed.  4.1.2 Public-Private Partnership Strategy for PHE programme and initiatives developed.	01 (EAC level) 06 (National level including Zanzibar)  01 (EAC level)	<ul style="list-style-type: none"> <li>• PHE programme report</li> <li>• M&amp;E Reports</li> </ul>	
5.1 Develop in PHE evidence generation through research and programmatic evaluation.	5.1.1 Harmonized M&E indicators and tools developed for PHE programme.  5.1.2 Comprehensive EAC Regional and National PHE M&E Framework developed.  5.1.3 Number of PHE studies and research supported by EAC at all levels.	03(EAC level)  01 (EAC level) 06 (National level including Zanzibar)  03(EAC level)	<ul style="list-style-type: none"> <li>• PHE programme report</li> <li>• M&amp;E Reports</li> </ul>	
5.2 Support use and translation of PHE research and programmatic evidence to promote sustainable development.	5.2.1 PHE information centres developed and linked.  5.2.2 Existence of a functional PHE research dissemination plan.	01 (EAC level)  01 (EAC level)	<ul style="list-style-type: none"> <li>• PHE programme report</li> <li>• M&amp;E Reports</li> </ul>	

## Annex IV: Monitoring and Evaluation Plan: Integrated PHE Strategic Plan 2015/16-2019/20

Hierarchy of Objectives	Key Performance Indicator	KPI Definition	EAC Baseline 2015	EAC Targets 2020	Target Timeframe FY 2016 – 2020					Key Performance Indicator		Unit of Measure	Frequency of Reporting	Responsible Institutions
					1	2	3	4	5	Source	Methods			
IMPACT														
<b>Goal:</b> Contributed towards a healthy and wealthy people living in a healthy environment through the implementation of integrated Population-Health-Environment (PHE) programmes and initiatives of the East African Community.	<b>Population Indicators:</b> <ul style="list-style-type: none"><li>Population Growth rate</li><li>Total Fertility rate</li><li>Mortality rates<ul style="list-style-type: none"><li>Infant Mortality ratio</li><li>Under Mortality rate</li><li>Maternal Mortality ratio</li></ul></li><li>Household size</li></ul>									NSO Reports	Census Surveys	Percent Numerical	10 year 5 years 2 years	EAC LVBC
	<b>Economic Indicators:</b> <ul style="list-style-type: none"><li>Proportion of population living below poverty level.</li><li>Unemployment rate</li></ul>									NSO Reports	Census Surveys	Percent	2 years	
	<b>Social Indicators:</b> <ul style="list-style-type: none"><li>Human Development Index (HDI)</li><li>Life expectancy at birth</li><li>Literacy rate</li><li>Functional Adult literacy rate.</li></ul>									NSO Reports	Census Surveys	Numerical	Annually 10 year	
	<b>Environment Indicators:</b> <ul style="list-style-type: none"><li>Proportion of population with sustainable access to an improved water source.</li><li>Percent of households with access to adequate toilet facilities.</li><li>Proportion of population with access to improved sanitation.</li></ul>									NSO Reports	Census Surveys	Percent	2 years Annually	

OUTCOME:														
1. Adopt and scale up PHE as a model for sustainable development at all levels in the EAC.	1.1 PHE Com PHE communication strategies and tools developed and operationalized.									Program reports	Program reports	Percent	Annually Quarterly	EAC LVBC National PHE Networks Stakeholders
	1.2 Proportion of institutions in EAC and Partner states institutions that have adopted and operationalized the PHE models in their development initiatives.											Percent		
	1.3 Proportion of policy and decision makers able to effectively articulate PHE issues at all levels.													
2. Multi-sectoral collaboration and partnerships for PHE integration promoted at all levels.	2.1 Number of Population, Health and Environment policies and strategic plan that integrated PHE issues at all levels.									Program reports	Program reports	Numerical	Annually Quarterly	EAC LVBC National PHE Networks Stakeholders
	2.2 Number of Partner states that have developed and operationalized multi-sectoral PHE policies.													
	2.3 Number of institutions in EAC and Partner states with functional multi-sectoral PHE collaboration, coordination and partnership.													
	2.4 Proportion of MDAs effectively engaged in implementing PHE integration at national level.											Percent		
3. Institutional and technical capacity of EAC and Partner states to implement	3.1 Capacity Development Training Guide and Curriculum developed and operationalized.									Program reports	Program reports	Numerical	Annually Quarterly	EAC LVBC National PHE Networks

integrated PHE activities developed and strengthened.	3.2 Number of EAC, National institutions and Communities capacitated and implementing integrated PHE activities.														Stakeholders
	3.3 Number of community PHE activities initiated, supported and implemented at national level.														
4. Resource mobilization for PHE activities facilitated at all levels.	4.1 PHE Resource Mobilization Strategy and Plan developed and operationalized.									Program reports	Program reports	Percent  Percent	Annually Quarterly	EAC LVBC National PHE Networks Stakeholders	
	4.2 Proportion of total budget mobilized for PHE programme activities (during the 5 years).														
	4.3 Percentage of total annual budget of EAC and Partner States committed to implementing integrated PHE programme.														
5. Capacity for PHE evidence generation, documentation and use through research programmatic evaluation developed.	5.1 Functional PHE Monitoring and Evaluation System in place ( <i>linkage to National PHE Networks</i> ).									Program reports	Program reports	Numerical	Annually Quarterly	EAC LVBC National PHE Networks Stakeholders	
	5.2 Functional PHE Information Resource centre in place ( <i>linkage to National PHE Networks</i> ).														
	5.3 Number of PHE research and evaluation findings translated and disseminated to stakeholders. .														
OUTPUT															
1.1 Develop PHE Communication Strategies.	1.1.1 PHE communication strategies and plans developed.									Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks Stakeholders	
	1.1.2 Number of IEC/Advocacy														

		materials produced and distributed by type.												
1.2 Conduct awareness, sensitization and advocacy.	PHE and	<p>1.2.1 Functional East African Inter-Parliamentary Forum on PHE and Development and Development.</p> <p>1.2.2 Number of Sectoral policies and development programmes addressing PHE issues at EAC and national level.</p> <p>1.2.3 Number of stakeholders provided with information on integrated PHE approach/initiative.</p> <p>1.2.4 Number of media houses engaged in documentation and dissemination of PHE best practices.</p>								Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks Stakeholders
2.1 Mainstream PHE into regional and national Population Health and Environment policies and strategic plans.	PHE and	<p>2.1.1 Number of EAC and Partner States policies and strategies with integrated PHE models.</p> <p>2.1.2 Multi-sectoral PHE partnership and coordination guidelines developed and in place.</p> <p>2.1.3 Number of institutions that have institutionalized integrated PHE model into capital investment and development programmes.</p>								Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks Stakeholders
2.2 Multi-sectoral Collaboration,	PHE	2.2.1 PHE collaboration, coordination and								Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks

coordination and partnerships strengthened at all levels.	partnership plan developed. 2.2.2 National PHE networks support and functional.													Stakeholders
3.1 Develop capacity building tools and mechanisms.	3.1.1 Number of PHE capacity building tools developed and used by stakeholders. 3.1.2 Community Based PHE Training Guide developed.									Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks Stakeholders
3.2 Conduct capacity building interventions.	3.2.1 Number of decision makers trained in integrated PHE approach. 3.2.2 Number of national networks and stakeholders trained in integrated PHE initiatives at all levels. 3.2.3 Number of media houses trained on PHE approach at all levels.									Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks Stakeholders
3.3 Support provision of PHE Services at Community level	3.3.1 Support PHE community initiatives including livelihood enhancement. 3.3.2 Support gender and youth empowerment initiatives 3.3.3 Facilitate improvement of housing structures and homestead conditions									Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks Stakeholders
4.1 Establish funding and investment mechanisms for PHE programmes and interventions.	4.1.1 Number of PHE resource mobilization strategy developed. 4.1.2 Public-Private Partnership Strategy for									Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks Stakeholders

	PHE programme and initiatives developed.													
5.1 Develop in PHE evidence generation through research and programmatic evaluation.	5.1.1 Harmonized M&E indicators and tools developed for PHE programme.  5.1.2 Comprehensive EAC Regional and National PHE M&E Framework developed.  5.1.3 Number of PHE studies and research supported by EAC at all levels.									Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks Stakeholders
5.2 Support use and translation of PHE research and programmatic evidence to promote sustainable development.	5.2.3 PHE information centres developed and linked.  5.2.4 Existence of a functional PHE research dissemination plan.									Program reports	Program reports	Numerical	Annually Quarterly	National PHE Networks Stakeholders

## Annex V: Integrated PHE Strategic Plan - Monitoring and Evaluation Calendar

M&E Activities	Year 1 (2016/2017)	Year 2 (2017/2018)	Year 3 (2018/2019)	Year 4 (2019/2020)	Year 5 (2020/2021)
<b>Monitoring Systems</b>	<ul style="list-style-type: none"> <li>Establish M&amp;E System &amp; tools</li> </ul>	<ul style="list-style-type: none"> <li>Up-date M&amp;E Database</li> </ul>	<ul style="list-style-type: none"> <li>Up-date M&amp;E Database</li> </ul>	<ul style="list-style-type: none"> <li>Up-date M&amp;E Database</li> </ul>	<ul style="list-style-type: none"> <li>Up-date M&amp;E Database</li> </ul>
<b>Evaluation (Assessment)</b>	<ul style="list-style-type: none"> <li>Baseline survey for data</li> </ul>	-	<ul style="list-style-type: none"> <li>Mid-year Evaluation</li> </ul>	-	<ul style="list-style-type: none"> <li>End Terminal Evaluation</li> </ul>
<b>Reviews</b>	<ul style="list-style-type: none"> <li>Regional PHE Advisory Forum (Biannual)</li> <li>Regional PHE Expert Working Group (Biannual)</li> <li>National Steering Committee (Biannual)</li> <li>National PHE TWG (Quarterly)</li> </ul>	<ul style="list-style-type: none"> <li>Regional PHE Advisory Forum (Biannual)</li> <li>Regional PHE Expert Working Group (Biannual)</li> <li>National Steering Committee (Biannual)</li> <li>National PHE TWG (Quarterly)</li> </ul>	<ul style="list-style-type: none"> <li>Mid –Term Review Workshop</li> <li>Regional PHE Advisory Forum (Biannual)</li> <li>Regional PHE Expert Working Group (Biannual)</li> <li>National Steering Committee (Biannual)</li> <li>National PHE TWG (Quarterly)</li> </ul>	<ul style="list-style-type: none"> <li>Regional PHE Advisory Forum (Biannual)</li> <li>Regional PHE Expert Working Group (Biannual)</li> <li>National Steering Committee (Biannual)</li> <li>National PHE TWG (Quarterly)</li> </ul>	<ul style="list-style-type: none"> <li>End of Programme Review</li> <li>Regional PHE Advisory Forum (Biannual)</li> <li>Regional PHE Expert Working Group (Biannual)</li> <li>National Steering Committee (Biannual)</li> <li>National PHE TWG (Quarterly)</li> </ul>
<b>Support Activities</b>	<ul style="list-style-type: none"> <li>Routine monitoring visits</li> <li>Technical support to programme beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Routine monitoring visits</li> <li>Technical support to programme beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Routine monitoring visits</li> <li>Technical support to programme beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Routine monitoring visits</li> <li>Technical support to programme beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Routine monitoring visits</li> <li>Technical support to programme beneficiaries</li> </ul>
<b>Planning References</b>					
<b>M&amp;E Capacity Building</b>	<ul style="list-style-type: none"> <li>Training in RBM and M&amp;E</li> <li>Documenting of Best Practices</li> </ul>	-	<ul style="list-style-type: none"> <li>Orientation on RBM and M&amp;E</li> <li>Documenting of Best Practices</li> </ul>	-	<ul style="list-style-type: none"> <li>Documentation of Best Practices</li> </ul>
<b>Use of Information</b>	<ul style="list-style-type: none"> <li>Annual Work planning</li> <li>Reporting</li> </ul>	<ul style="list-style-type: none"> <li>Information sharing on M&amp;E issues.</li> <li>Documentation of Best Practices.</li> <li>Annual Work planning.</li> <li>Reporting.</li> </ul>	<ul style="list-style-type: none"> <li>Information sharing on M&amp;E issues.</li> <li>Documentation of Best Practices.</li> <li>Annual Work planning..</li> <li>Reporting.</li> </ul>	<ul style="list-style-type: none"> <li>Information sharing on M&amp;E issues.</li> <li>Documentation of Best Practices.</li> <li>Annual Work planning.</li> <li>Reporting.</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E issues.</li> <li>Documentation of Best Practices</li> <li>Annual Work planning.</li> <li>Reporting</li> </ul>

## Annex VI: Proposed Outcome and Impact Indicators to be measured

No.	Indicator/Country	Baseline 2016	Targets 2021			Additional comments
<b>A. Impact Indicators</b>						
1.	<b>Population growth rate (P)</b>					
	Burundi	2.4				
	Kenya	2.9				
	Rwanda	2.6				
	Uganda	3.0				
	Tanzania	2.7				
2.	<b>Total Fertility rate (P)</b>					
	Burundi	5.5				
	Kenya	4.6				
	Rwanda	4.6				
	Uganda	6.2				
	Tanzania	5.2				
3.	<b>Infant Mortality Rate (P)</b>					
	Burundi	112				
	Kenya	52				
	Rwanda	50				
	Uganda	54				
	Tanzania	45				
4.	<b>Under five Mortality Rate (P)</b>					
	Burundi	169				
	Kenya	74				
	Rwanda	76				
	Uganda	90				
	Tanzania	81				
5.	<b>Urbanization (% urban of total pop.) (P)</b>					
	Burundi					
	Kenya					
	Rwanda					
	Uganda	16				
	Tanzania					

6.	<b>Average Household size (P)</b>					
	Burundi	5				
	Kenya	5				
	Rwanda	4.3				
	Uganda	5				
	Tanzania					
7.	<b>Maternal Mortality Ratio (H)</b>					
	Burundi	500				
	Kenya	488				
	Rwanda	487				
	Uganda	438				
	Tanzania	432				
8.	<b>HIV Prevalence rate (H)</b>					
	Burundi	?				
	Kenya	6				
	Rwanda	3				
	Uganda	7.3				
	Tanzania	5				
9.	<b>Percent of Households with access to improved water source (urban) (E)</b>					
	Burundi	97				
	Kenya	90				
	Rwanda	92				
	Uganda	87				
	Tanzania	74				
10.	<b>Percent of Households with access to improved water source (Rural) (E)</b>					
	Burundi	77				
	Kenya	53				
	Rwanda	69				
	Uganda	67				
	Tanzania					
11.	<b>Percent of Population living below poverty line (US\$ 1 per day) (L)</b>					
	Burundi					
	Kenya					
	Rwanda					
	Uganda	19.7				
	Tanzania					

B. Outcome Indicators						
1.	<b>Population density (per sq. km.) (P)</b>					
	Burundi	371				
	Kenya	72				
	Rwanda	435				
	Uganda	176				
	Tanzania	52				
2.	<b>Incidence of water-borne disease (H)</b>					
	Burundi					
	Kenya					
	Rwanda					
	Uganda					
	Tanzania					
3.	<b>Percent of married women using Contraception (Modern Methods)(CPR) (H)</b>					
	Burundi					
	Kenya					
	Rwanda					
	Uganda	26%				
	Tanzania					
4.	<b>Number of medical doctors per capita (H)</b>					
	Burundi					
	Kenya					
	Rwanda					
	Uganda					
	Tanzania					
5.	<b>Number of nurses per capita (H)</b>					
	Burundi					
	Kenya					
	Rwanda					
	Uganda					
	Tanzania					
6.	<b>Percentage of stunting among under five children (H)</b>					
	Burundi					
	Kenya					
	Rwanda					
	Uganda					

	Tanzania					
7.	Percent of population using firewood and charcoal as fuel for cooking (E)					
	Burundi					
	Kenya					
	Rwanda					
	Uganda					

## Annex VI: PHE Projects

Name of Project	Description	Countries	Organizations	Donors	Period	Inputs
Conservation Through Public Health - implementing and scaling up integrated conservation, health and community development projects	CTPH integrates wildlife conservation and community public health interventions in the Bwindi Impenetrable National Park. One PHE approach is building strong links between the community and local health centers, and reducing disease threats to mountain gorillas and other wildlife by facilitating community-based health care and education focused on the links between health and hygiene, and the promotion of family planning, ecotourism, and sustainable livelihoods. CTPH is now scaling up Village Health and Conservation Teams or Community Conservation Health Volunteers to Mount Elgon National Park in Uganda and Kenya and Virunga National Park in DRC. More information is available at <a href="http://www.ctph.org">www.ctph.org</a> ( <a href="http://www.ctph.org/">http://www.ctph.org/</a> )	Uganda, Kenya, DRC	CTPH	USAID, GDN	2007 - 2016	Testing and Scaling up VHCTs, CCHWS, gorilla health and biodiversity conservation
Health of People and the Environment in the Lake Victoria Basin (HoPE-LVB)	A three-year PHE project implemented by Pathfinder International with partners Ecological Christian Organization and Conservation Through Public Health in Uganda, and Osiendela-Friends of Lake Victoria in Kenya. The project goals are to improve sexual and reproductive health and maternal, neonatal, and child health; increase community capacity to sustainably manage Lake Victoria Basin-related ecosystem resources to improve livelihoods, environment and well-being; and to increase public and policymaker support for implementation of integrated PHE projects. This project is receiving a further 2 years funding to scale PHE interventions - model households and others in other districts around the Lake Victoria Basin	Uganda, Kenya	Pathfinder, Ecological Christian Organization, OSIENALA	MacArthur and Packard Foundation	2011 - 2017	Model households, VHCTs, sustainable fishing, sustainable agriculture, reducing deforestation

SHAPE-LVB	An new 18 month PHE project implemented by Nyanza Reproductive health Society based in Kisumu promoting community based family planning, reproductive health and environmental conservation using a PHE approach	Kenya	Nyanza Reproductive Health Society	USAID	2014 - 2016	PHE, reproductive health, environmental conservation
VEDCO - Volunteer Efforts for Development Concerns	Volunteer Efforts for Development Concerns (VEDCO) is an indigenous NGO working with communities to improve access to basic needs, particularly safe water, and adequate food and health care. The goal of its five-year strategic plan (2010-2014) is “equitable wealth creation among farmers in Uganda.” BALANCED provided VEDCO with seed grant funding and technical support to implement the Improving Livelihoods through Increased Access to Reproductive Health Services among Farmers project. Mainstreaming PHE into its agriculture-based livelihood program, the goal of the 18-month seed grant support was to improve access to and use of family planning in the agriculture-dependent districts of Nakaseke, Moyo and Yumbe—potentially reaching 500,000 people.	Uganda	VEDCO	USAID, BALANCED		PHE within farmer groups using sustainable agriculture

Integrated Community Conservation and Development for a Healthy Population around Bwindi Conservation Area.	BMCT had been delivering community conservation, infrastructure development and general water and sanitation interventions, and the PHE approach expanded its services to family planning, and sexual and reproductive health to address population dynamics as it impacts on conservation and development. With seed grant funding and technical support, the PHE model in the Kanungu District collaborated closely with stakeholders, local authorities, schools, village leaders, community groups and individual families to bring the PHE approach to the household level. A cadre of 12 adult PEs and 20 youth PEs delivered integrated health, FP and conservation messages to their peers. BMCT also engaged Village Saving and Loan Association (VSLA) groups who met once a week to share information about PHE, family planning, improvement of hygiene standards in the home and to initiate income generating activities. In the targeted villages, the PEs and community campaigns reached more than 16,000 people.	Uganda	BMCT	USAID, BALANCED		PHE within conservation related VSLA group
SPREAD - Sustaining Partnerships to enhance Rural Enterprise and Agribusiness Development	SPREAD is a 5-year cooperative agreement (2006-2011) between USAID and Texas A&M University. SPREAD's goal is to provide rural cooperatives and enterprises involved in high-value commodity chains with appropriate technical assistance and access to health-related services and information that will result in increased and sustained incomes and improved livelihoods. SPREAD offers training, research, and educational outreach to help produce more marketable products and achieve greater profits. A community health component focuses on HIV prevention, family planning, and maternal and child health promotion. More information is available at <a href="http://www.spreadproject.org">www.spreadproject.org</a> ( <a href="http://www.spreadproject.org/">http://www.spreadproject.org/</a> ).	Rwanda	Norman Borlaug Institute for International Agriculture at Texas A&M; University, Rwanda Small Holder Specialty Coffee Company (RWASHOSCO), Maraba	USAID		PHE among small holder coffee farmers

			Cooperative			
Destination Nyungwe Project	DNP was implemented from 2006 to 2009 by Family Health International, the Government of Rwanda, the International Resources Group, and the Wildlife Conservation Society in partnership with local schools and private workplaces. As an integrated PHE project, DNP encouraged sustainable rural growth by supporting a tourist industry that is profitable and compatible with development activities. It promoted access to healthcare in rural communities, including family planning and maternal and child health services, and trained healthcare providers, community health workers, and peer educators. More information is available at <a href="http://www.fhi.org/en/CountryProfiles/Rwanda/res_DNP_EndofProject.htm">www.fhi.org/en/CountryProfiles/Rwanda/res_DNP_EndofProject.htm</a> ( <a href="http://www.fhi.org/en/CountryProfiles/Rwanda/res_DNP_EndofProject.htm">http://www.fhi.org/en/CountryProfiles/Rwanda/res_DNP_EndofProject.htm</a> ).	Rwanda	International Resources Group, FHI, WCS	USAID		PHE around Nyungwe National Park
Rwanda - Umurage Urukwiye ("Rwanda's Brighter Future")	Umurage Urukwiye was a 312-episode serial drama program broadcast nationwide in Rwanda from 2007 to 2009. Population Media Center organized the program with support from UNFPA, the Flora L. Thornton Foundation, Mulago Foundation, Arcus Foundation, U.S. Fish & Wildlife Service, and USAID. The serial drama addressed a combination of issues, including reproductive health, prevention of HIV/AIDS, promotion of civil harmony, land conservation, sustainable farming practices, and preservation of wildlife habitat and natural resources. More information is available at <a href="http://www.populationmedia.org/">www.populationmedia.org</a> ( <a href="http://www.populationmedia.org/">http://www.populationmedia.org/</a> ).	Rwanda	Population Media Center			

Tanzania - Lake Tanganyika Catchment, Reforestation and Education (TACARE) Family Planning Project	The TACARE Family Planning Project is administered through the Jane Goodall Institute in the Lake Tanganyika Region. One of TACARE's many activities is a health component, launched in 1999, that focuses on improving knowledge of reproductive health issues, increasing access to family planning supplies, and HIV/AIDS prevention while protecting Gombe National Park and the surrounding ecosystem. Selected by their peers, local community members are trained to provide family planning and home-based HIV services to underserved populations. More information is available at <a href="http://www.janegoodall.org/where-we-work">www.janegoodall.org/where-we-work</a> ( <a href="http://www.janegoodall.org/where-we-work">http://www.janegoodall.org/where-we-work</a> ).	Tanzania	Jane Goodall Institute	USAID	Improves health care, provides family planning training and methods, and supports local people in the development of sustainable and more efficient agricultural and livestock practices that contribute to their economic growth. The Program also focuses on improving local governance, empowering communities, and the application of information technology to support sustainable practices.	
The Lewa Wildlife Conservancy	Protection and management of species, the initiation and support of community conservation and development programmes, and education for neighbouring areas about the value of wildlife. The Lewa Health Care Programme is a vital part of community development outreach and manages three clinics in the region which provide basic medical services at subsidized rates, including clinical diagnostics and treatment, and health education such as AIDS awareness and pregnancy counseling. More information is available at <a href="http://www.lewa.org">www.lewa.org</a> ( <a href="http://www.lewa.org/">http://www.lewa.org/</a> ).	Kenya				

Integration of Family Planning Messages and Referrals into the Green Belt Movement Program in Kenya	FHI 360's PROGRESS project implemented a population, health and environment sub-project with the Green Belt Movement (GBM). GBM's green volunteers, who work at the grassroots, have been trained to integrate FP information and referrals during their routine tree planting and livelihood activities. Funded by USAID, other partners include the Kenyan Ministry of Public Health and Sanitation, the National Council of Population and Development and APHIA Plus. The BALANCED project offered technical assistance during message development. This pilot research project started in 2009 and closes out in March 2013. More information is available at <a href="http://www.fhi360.org/en/Research/Projects/Progress/res_works_in_progress_4.htm">http://www.fhi360.org/en/Research/Projects/Progress/res_works_in_progress_4.htm</a>	Kenya	FHI			
The Ilngwesi Afya Program	Initiative of the Ilngwesi Maasai, was initiated in 2006 to combat Community Health Problems while enhancing environmental conservation. The program is entirely owned by Ilngwesi Group Ranch which has been implementing wildlife and environmental conservation initiatives in the ecosystem for over 20 years. They have now initiated a community health & reproductive health program and integrated it with the existing environmental projects. More information available at <a href="http://ilngwesi.com/">http://ilngwesi.com/</a> .	Kenya				

Kenya - German Foundation for World Population (DSW)	In Kenya, DSW partners with community-based organizations to support the integration of sexual and reproductive health information into environmental education and conservation activities. These integrated interventions specifically target youth through peer-to-peer education and community mobilization. DSW works in the Western, Nyanza, Coast, and Nairobi Regions. More information is available at <a href="http://www.weltbevoelkerung.de/en/offices/kenya/kenya_home.shtml">www.weltbevoelkerung.de/en/offices/kenya/kenya_home.shtml</a> ( <a href="http://www.weltbevoelkerung.de/en/offices/kenya/kenya_home.shtml">http://www.weltbevoelkerung.de/en/offices/kenya/kenya_home.shtml</a> ).					
Kenya - PHE Project in the Lamu Seascape and Kiunga Marine National Reserve (KMNR)	From 2008 to 2011, WWF will promote sustainable biodiversity conservation and improved population and health outcomes using integrated evidence-based PHE approaches in the Lamu Seascape and KMNR. The project seeks to promote family health, reduce barriers to voluntary family planning and reproductive health services, and improve community management of natural resources and habitat conservation. More information is available at <a href="http://www.panda.org">wwf.panda.org</a> ( <a href="http://www.panda.org">http://www.panda.org</a> ).					
Kenya - Successful Communities from Ridge to Reef	From 2003 to 2008, this WWF project aimed to reduce population growth to promote sustainable natural resource management and improve local livelihoods along the coast. This was done by: increasing awareness of family planning and reproductive health; improving community capacity for behavior change and practices; improving institutions and infrastructures for provision of quality curative and preventative care; and promoting sustainable use of natural resources to secure the welfare of the area's habitats and communities. More information is available at <a href="http://www.panda.org">wwf.panda.org</a> ( <a href="http://www.panda.org">http://www.panda.org</a> ).	Kenya				

Tanzania Coastal Management Partnership (TCMP)	TCMP integrates PHE into its coastal management activities in the Pangani District and has trained 30 community-based distributors and 63 PHE providers. Small kiosk owners dispense integrated conservation and health messages (including family planning), sell condoms, and refer community members to the trained community-based distributors in the Pangani District. These activities are nested within a larger initiative that includes environmental protection and more. Additional information is available at <a href="http://www.tcmptz.org/">www.tcmptz.org</a> ( <a href="http://www.tcmptz.org/">http://www.tcmptz.org/</a> ) and <a href="http://www.crc.uri.edu">www.crc.uri.edu</a> ( <a href="http://www.crc.uri.edu/">http://www.crc.uri.edu/</a> ).	Tanzania	BALANCED, CRC's on-going work through the Tanzania Coastal Management Partnership (TCMP) and its Conservation of Coastal Eco-Systems in Tanzania: the Pwani project.		
Tuungane ("let's unite")	Since 2011, Pathfinder International and The Nature Conservancy have been working together on the Tuungane project, an integrated health and conservation program in the extremely remote and neglected villages surrounding Mahale Mountains National Park in Tanzania by Lake Tanganyika. A full range of primary health care with an emphasis on sexual and reproductive health will be integrated with ongoing conservation efforts that protect endangered chimpanzee habitats, promote sustainable fishing practices, improve land use management, address water and sanitation, create alternative livelihoods, and strengthen residents' overall ability to adapt to climate change. Tuungane will be implemented for at least five years, in close collaboration with the Frankfurt Zoological Society which has also been working in this region. More information is available at <a href="http://www.pathfinder.org">www.pathfinder.org</a> ( <a href="http://www.pathfinder.org">http://www.pathfinder.org</a> ) or <a href="http://www.tnc.org">www.tnc.org</a> ( <a href="http://www.tnc.org">http://www.tnc.org</a> ).	Tanzania			

Kibale Health and Conservation Center	Kibale Health and Conservation Center is a community-based organization in Kibale National Park which strives to improve people-park relations through conservation awareness campaigns and general conservation activities in addition to providing basic healthcare. The Center conducts outreach programs for family planning sensitization and provides reproductive health education for the surrounding communities and school girls. More information is available at <a href="http://kibale-health-conservation.mcgill.ca/ourplan.html">http://kibale-health-conservation.mcgill.ca/ourplan.html</a> .	Uganda	McGill University, Uganda Wildlife Authority			
Budongo Forest Sexual Reproductive Health and Rights (SRHR) Youth Club	The Budongo Forest SRHR Youth Club was formed under the "Budongo Integrated Forest Conservation and Reproductive Health Project" in 2002. The goal is to empower youth to provide quality SRHR information and services for adolescents to promote attitude and behaviour change. The club organizes SRHR education activities, such as drama shows and peer-to-peer counseling, to prevent the forest from overpopulation by promoting family planning and the use of modern contraceptives. The club also promotes environmentally sustainable income generating activities in the forest community.	Uganda				
Busiu Development Foundation (BUSIDEF)	BUSIDEF was established in 2002 with the goal of promoting community development initiatives to improve the lives of women, adolescents, and children. The main area of specialization is primary health care with a focus on nutrition, environmental sanitation, reproductive health, safe water sources, natural resource management, and sustainable agriculture.	Uganda				
AVEDEC	Promote sustainable agriculture in a densely populated region, and are interested to start intergating PHE. They are members of the newly created Burundi PHE Network	Burundi	AVEDEC			

Government						
Mount Elgon Regional Conservation Programme - PHE Project	LVBC is the regional implementing arm of the East African Community, and implementing a PHE project through adding family planning and health into the Mount Elgon Regional Ecosystem Program (MERCEP) working in Kenya and Uganda	Uganda, Kenya	LVBC	USAID	Model households, VHCTs, sustainable agriculture	
Kenya - National Council for Population and Development (NCPD)	NCPD formulates, coordinates, and implements population policies and programs that promote sustainable development. Population growth, reproductive health, and environmental sustainability are key components of NCPD's policy initiatives. More information is available at <a href="http://ncpd-ke.org/">http://ncpd-ke.org/</a> ( <a href="http://www.ncapd-ke.org/">http://www.ncapd-ke.org/</a> )	Kenya	NCPD	USAID, UNFPA		

Source: USAID 2007

**Annex VII: TORs for the EAC Regional PHE Technical Working Group (RTWG)**