Reflections on Population, Health and Environment Projects in Ethiopia: the Packard Foundation’s First 3 Years Investing in PHE in Ethiopia

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Prepared by:
Annie Wallace
Population, Health and Environment Technical Advisor
Addis Ababa, Ethiopia
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Table of Contents

List of Acronyms ........................................................................................................... 4
Important Terms and Definitions .................................................................................. 5
Executive Summary ......................................................................................................... 6
I. Introduction ................................................................................................................ 7
   Historical Background of the Packard Foundation’s PHE Investments in Ethiopia .......... 7
   PHE and Livelihood: The Ethiopian Context ............................................................... 8
II. Methodology of Assessment ..................................................................................... 11
III. Packard Foundation PHE Projects ......................................................................... 13
   Consortium for Christian Relief Development Association (CCRDA) ...................... 15
      Addis Development Vision (ADV) ................................................................... 15
      COMMIDA ........................................................................................................ 15
   Guraghe Zone Development Association (GZDA) ................................................. 16
   IMPACT Association for Social Services and Development .................................. 16
   Southern Ethiopia’s People’s Development Association (SEPDA) ...................... 16
   Wolayta Development Association ...................................................................... 17
   Population, Health and Environment Ethiopia Consortium (PHEEC) .................... 20
   Guraghe People’s Self Development Organization (GPSDO) .............................. 23
   LEM Ethiopia ......................................................................................................... 26
   MELCA Ethiopia - Engenderhealth ....................................................................... 28
   Relief Society of Tigray (REST) ........................................................................... 30
IV. Recommendations For the Way Forward ................................................................ 32
   From Ethiopian Practitioners for other Practitioners ............................................ 32
   Recommendations from Ethiopian Practitioners for Donors ............................... 35
   Additional Recommendations ............................................................................... 37
   General recommendations by Author ..................................................................... 38
V. Conclusion ............................................................................................................... 41
Appendix I: List of Individuals Interviewed ................................................................. 42
Appendix II: General Interview Questions .................................................................. 43
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
</tr>
<tr>
<td>CBRHA</td>
<td>Community Based Reproductive Health Agent</td>
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<tr>
<td>CBYFRH</td>
<td>Community Based Youth-Focused Reproductive Health</td>
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<tr>
<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>DA</td>
<td>Development Agent</td>
</tr>
<tr>
<td>ETB</td>
<td>Ethiopian Birr</td>
</tr>
<tr>
<td>FGC</td>
<td>Female Genital Cutting</td>
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<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GHFP</td>
<td>Global Health Fellows Program</td>
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<tr>
<td>GO</td>
<td>Government Organization</td>
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<tr>
<td>HEW</td>
<td>Health Extension Worker</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HTPs</td>
<td>Harmful Traditional Practices</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IGAs</td>
<td>Income Generating Activities</td>
</tr>
<tr>
<td>IPHE</td>
<td>Integrated Population, Health and Environment</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NGO</td>
<td>Non Government Organization</td>
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<tr>
<td>PAI</td>
<td>Population Action International</td>
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<tr>
<td>PASDEP</td>
<td>Plan for Accelerated and Sustained Development to End Poverty</td>
</tr>
<tr>
<td>PE</td>
<td>Population and Environment</td>
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<tr>
<td>PHE</td>
<td>Population, Health and Environment</td>
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<tr>
<td>PRB</td>
<td>Population Reference Bureau</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>TFR</td>
<td>Total Fertility Rate</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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</table>
Important Terms and Definitions

**Kebele:** Is the smallest unit of local government in Ethiopia. It is equivalent to a neighborhood association.

**Woreda:** Woreda is made up of a number of Kebeles. It is equivalent to a district.

**Zone:** These comprise a number of woredas. It is equivalent to a county.

**Region:** Ethnically based administrative country with its own government and democratic institutions as assigned by the federal government’s constitution. It is equivalent to a state in the United States.
Executive Summary

In 2007, the Packard Foundation in Ethiopia solicited existing grantees to submit proposals for a funding initiative to integrate population, health and environment (PHE) interventions. Five of these grantees were selected to receive funding for this integrated initiative along with the newly established PHE Ethiopia Consortium. This report reflects the first 3 years of the Packard Foundation’s investments in integrated PHE approaches in Ethiopia. The information compiled here has been gathered from in-person interviews with Packard Foundation and PHE grantee staff, annual reports submitted to the Packard Foundation, proposals, and project site visit reports. It offers recommendations for future PHE practitioners and donors along with next steps for the future of PHE in Ethiopia and with the Packard Foundation.

Results reported from projects in this document are limited as the implementation is still 3 years or less and there has been limited investments in monitoring, evaluation and research. This low investment of resources (money, staff, etc) in research and monitoring and evaluation is concerning because a new initiative should be able to show results and findings in order to secure future funding. This report identifies areas where projects are reporting increased contraceptive prevalence rate, improved community buy-in for family planning as a result of activities involving religious leaders, livelihood improvement, and cost efficiencies that could be exciting and increase investments in the PHE approach. However, without appropriate data collection, analysis and communication these findings can be less compelling to donors and practitioners, which may result in little to no future investments in the programs.

In addition, funds need to be invested in capacity building before funding a new approach. Organizations that have received funding to implement PHE reported that they did not know how to integrate approaches or fully understand what PHE was when they received funding. While the PHE Ethiopia Consortium, with funding from the Packard Foundation and others, is working to fill this gap, future investments should start with capacity building in integration and PHE to support activities of grantees.

Finally, more funding is needed in order to see the true behavior change and outcomes from the PHE projects in Ethiopia. Two to three years is a small amount of time to learn about PHE, design a project, implement interventions, and report significant results. In order to realistically understand the outcomes from this new approach more funding is needed to continue implementation, monitoring and evaluation, and allow for research to inform the development community in Ethiopia and elsewhere.
I. Introduction

The Packard Foundation has been a leader in terms of investing in integrated population, health and environment (PHE) projects worldwide. In 2000, the Packard Foundation approved a Population-Environment Initiative that marked a formal beginning to Packard’s investments in integrated conservation and family planning projects. These projects focused on improving the quality of life of communities through livelihood and reproductive health investments, capacity building and awareness, and increased leadership and collaboration. The first projects that the Packard Foundation funded were located in the Philippines, Madagascar, Tanzania, and Mexico.1 In 2001 the Packard Foundation began investing in Population-Environment (PE) activities in Ethiopia by funding LEM Ethiopia’s project, “Towards A People Based Environment, Population and Development Integrated Project.” The following document will provide an overview of and recommendations for the Packard Foundation’s involvement in integrated PHE projects in Ethiopia.

Historical Background of the Packard Foundation’s PHE Investments in Ethiopia

The Packard Foundation has been working in Ethiopia on Population and Reproductive Health for over 10 years. The foundation focuses its investments in 4 of the 9 regional states in Ethiopia. The 4 states within which Packard works are Amhara, Oromia, Tigray and Southern Nations, Nationalities and People’s Region (SNNPR).

The Packard Foundation’s investment in LEM Ethiopia’s PE project was initially funded for 3 years and focused on increasing family planning usage, developing skills in environmentally friendly livelihood activities, and linking population and environment organizations and agencies to increase networking and collaboration. The LEM Ethiopia and Packard Foundation partnership continues to the present day with LEM receiving funding for the above mentioned project through 2007 and then developing an integrated PHE project that has been funded for the past 3 years.

In 2007 the Packard Foundation partnered with USAID to fund the “Population, Health and Environment: Integrated Development for East Africa” conference in Addis Ababa, Ethiopia. The Population Reference Bureau and LEM Ethiopia sponsored the conference. This event brought together practitioners, donors and decision makers to discuss integrated approaches for East Africa. A major outcome from this conference included the Packard Foundation’s Population and Reproductive Health program in Ethiopia’s commitment to funding integrated projects to pilot the PHE approach in Ethiopia. As a result, Packard solicited proposals from existing grantees that were already implementing adolescent reproductive health (ARH) programs with Packard funding. The foundation was interested in learning how and if an integrated PHE approach can assist in achieving ARH goals and objectives.

Over the past 3 years the Packard Foundation has funded six PHE projects in Ethiopia. Three of the six projects were completing initial phases of adolescent reproductive health projects and received funding from Packard to integrate environmental-focused and livelihood interventions in the next phase. The remaining three included seed funding for a national PHE Ethiopia Consortium focused on building capacity and awareness on integrated PHE approaches, LEM Ethiopia’s pilot PHE project developed from the original PE work funded by Packard, and Engenderhealth’s pilot project integrating family planning activities into an existing conservation program implemented by MELCA Ethiopia.

Initially, the foundation’s interest in population and environment activities in Ethiopia focused on reducing population pressure on the environment. The foundation hoped to inform people of the environmental consequences of population growth and include integrated investments as part of a larger advocacy initiative to incorporate reproductive health into the overall poverty alleviation and development policy of the government (PASDEP). As current integrated projects funded by Packard reflect, the foundation’s interest in integrated approaches in Ethiopia has evolved to focus less directly on the reduction of population growth and pressure and more on achieving long-term family planning and reproductive health outcomes. The current projects include livelihood development as a central strategy to achieving these outcomes.

**PHE and Livelihood: The Ethiopian Context**

PHE projects in Ethiopia were funded before many practitioners felt confident in what PHE is and how to develop an integrated project. However, all felt this was an opportunity to meet the needs of the communities within which they work and therefore took on the opportunity.

The organizations that began implementing PHE projects in Ethiopia with Packard funding are community development organizations that all felt integrating population, health and environment interventions made sense for meeting community needs. Three out of the six grantees are, “large scale community based organizations with wider community reach. They cover the whole zone or region. The reason why we selected piloting with these institutions is their presence and possibility for scalability. The fact that they have existing multi-sector interventions is another reason for PHE.” (Yemeserach Belayneh) These organizations are Guraghe People’s Self Development Organization, Relief Society of Tigray and Consortium of Christian Relief and Development Agencies. The other grantees include two conservation organizations (LEM Ethiopia and MELCA Ethiopia) and the PHE Ethiopia Consortium.

In many of the communities that the PHE projects have been implemented the organizations doing this work are the only or the main organization working there. All of the organizations either implemented programs in other sectors or were searching for ways to meet the needs of the community. The opportunity to implement integrated projects has allowed for some organizations to make their existing work more efficient and others to finally address additional pressing needs of the community.

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In order to implement PHE projects two organizations hired new staff to cover expertise that did not exist (GPSDO hired a soil conservation staff person and LEM Ethiopia hired health staff). CCRDA and REST have both health and environment programs so they worked with the PHE project to integrate and partner within these programs. Finally, MELCA worked to partner with government health offices and Pathfinder International to develop the health components of their work.

After the first year of funding, the PHE grantees met to discuss what PHE meant for the Ethiopian context. This meeting was initiated because, according to the Ethiopian practitioners, existing definitions (GHFP, USAID, PAI, etc) did not fit the Ethiopian context. After a half day workshop the following definition was created and in November 2009 officially adopted by Ethiopia’s PHE Ethiopia Consortium as its definition for PHE:

“Population, Health and Environment (PHE) interventions in Ethiopia are a holistic, participatory development approach whereby issues of environment, health and population are addressed in an integrated manner for improved livelihoods and sustainable well being of people and ecosystems.”

The focus of the definition is on livelihoods as all of the grantee organizations noted that without addressing community livelihood needs (livelihoods that are dependent on natural resources that need to be protected or sustainably managed) they would not be able to achieve long term community development goals. They identified the following reasons for the need to focus on livelihoods:

1. 80% of Ethiopians rely on subsistence agriculture and livestock for their main source of income. If interventions do not include environmental protection and rehabilitation along with alternative livelihoods community members will focus on meeting their basic needs (food, clothing, health, etc) which may result in activities that are not sustainable for long term community and ecosystem health.

2. The population is growing at a rate of 2.5% per year, which means it is expected to double in 28 years. Also, according to the 2005 Demographic Health survey, the total fertility rate (TFR) is 5.2 births per woman. This combined with Ethiopians’ reliance on the land has to lead to organizations reporting inadequate availability of land to meet household livelihood needs resulting in food insecurity, rural-urban migration, increased HIV/AIDS transmission, reduced land productivity due to over farming, deforestation due to transition to farmland or over harvesting of timber resources, and continuing harmful traditional practices (HTPs) like early marriage for girls and female circumcision.

Almost all of the individuals working on PHE in Ethiopia that were interviewed for this document indicated that livelihood and economic development are key components to achieving success in development work. When people’s economic needs are not met they won’t have the

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Our family size is too large and we do not have enough income for fertilizer and improved seeds – need to feed and clothe family and have no money to buy these.” Silte Woreda Community Member

ability or willingness to accept change in other areas. They will do whatever they can to feed themselves and their family, which could compromise all other project goals (health, environment, population, etc).
II. Methodology of Assessment

From 2008 to 2010 the Packard Foundation partnered with the Public Health Institute’s Global Health Fellows Program (GHFP) to host a USAID-funded GHFP Fellow in its Addis Ababa office. This fellow was a PHE Technical Advisor working to provide technical assistance to Packard grantees and others in Ethiopia implementing PHE projects. This assessment is the final report from that fellowship and was initiated by the interest of the fellow and Packard Foundation’s Ethiopia Country Representative. It has been conducted in order to gather “reflections” from existing documents and current PHE practitioners in Ethiopia on their PHE work as funded by the Packard Foundation. It is also an opportunity to inform the PHE community of what projects exist, how PHE is being implemented in Ethiopia, and allow for follow up on the PHE work once the PHE Fellow has left Ethiopia.

The current PHE projects Packard has invested in received funding from the foundation within the last 3 years and, therefore, any results are preliminary and impact cannot be formally measured. This is primarily due to a combination of the recent start of the projects and lack of adequate skills or emphasis on data collection.

The following methodology was used for this informal assessment of Packard’s first 3 years investing on PHE in Ethiopia:

- Program document review (Proposals, reports, and media)
- Key Interviews with Packard Ethiopia Staff
- Key Interviews with Grantee Organization Staff and Board

Program Document Review
This consisted of the following:
- Proposals submitted for the current project, next phase project (if applicable) and previous proposals submitted within the last 10 years.
- Community Education Materials
- Training Manuals Created for the PHE work
- Interviews of staff and community for outside publication
- Online articles written and distributed
- Field visit reports.
- Site visit reports written by Packard staff

Key Interviews of Packard Ethiopia Staff
Sahlu Haile was interviewed as he initiated the Packard Foundation’s involvement in PE and PHE activities in Ethiopia.

Yemeserach Belanyeh was interviewed, as she has been the Ethiopia Country Representative since Fall 2008 and oversaw the management of these grants and the PHE Technical Advisor from the Packard office.
Key Interviews of Packard Grantees and Sub Grantees
Interviews were completed throughout the month of August 2010. Two staff people from each grantee organization were interviewed except GPSDO where only one staff was interviewed. This was due to the illness of the second staff member originally scheduled for an interview. One staff person was interviewed from each CCRDA sub grantee except for Addis Development Vision where two people arrived for the interview.

Each interview lasted approximately 45 minutes. The list of individuals is located in Appendix I. A list of questions asked during the interview is in Appendix II.
III. Packard Foundation PHE Projects

The Packard Foundation’s investment (approximately US $1.5 million) in PHE in Ethiopia is nearly 3 years old. Therefore, the projects are relatively young and the results are still unknown in terms of substantial outcomes and overall impact. The following project details have been gathered from proposals, annual reports, donor site visit and monitoring reports, and program staff interviews.
<table>
<thead>
<tr>
<th>Grantee</th>
<th>Region(s)</th>
<th>Zone(s)</th>
<th>Woreda(s)</th>
<th>Date(s) of Grant(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMIDA</td>
<td>Southern Nations, Nationalities and People’s Region</td>
<td>Wolayta</td>
<td>Damot Gale</td>
<td>June 2009 – June 2012</td>
</tr>
<tr>
<td>South Ethiopia People’s Development Association (SEPDA)</td>
<td>Silte Development Association</td>
<td>Silte</td>
<td>Hulbarega</td>
<td>June 2009 – June 2012</td>
</tr>
<tr>
<td>Hadiya Development Association</td>
<td>Southern Nations, Nationalities and People’s Region</td>
<td>Hadiya</td>
<td>Ghibe</td>
<td>June 2009 – June 2012</td>
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<tr>
<td>SEPDA TOTAL</td>
<td></td>
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<tr>
<td>Wolayta Zone Development Association</td>
<td>Southern Nations, Nationalities and People’s Region</td>
<td>Wolayta</td>
<td>Soddo Zuria</td>
<td>June 2009 – June 2012</td>
</tr>
<tr>
<td>CCRDA TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guraghe People’s Self Development Organization (GPSDO)</td>
<td>Southern Nations, Nationalities and People’s Region</td>
<td>Guraghe</td>
<td>Ezha, Gummer, Getto, Cheha, Moheria Aklil, Endegagn, Enemor ena Ener, Abeshtighe, Kebena and Wolkitte town</td>
<td></td>
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<tr>
<td>LEM Ethiopia</td>
<td>Oromia and Amhara</td>
<td>North Shoa</td>
<td>Girar Jarso in Amhara and Ensaro in Oromia</td>
<td>November 2008 – November 2011</td>
</tr>
<tr>
<td>Engenderhealth – MELCA Ethiopia</td>
<td>Oromia Region</td>
<td>Bale</td>
<td>Dinsho</td>
<td>May 2008 – May 2010</td>
</tr>
<tr>
<td>Relief Society of Tigray (REST)</td>
<td>Tigray</td>
<td>South and Mekelle</td>
<td>Alamata rural and urban, Ofla, Korem, E/mekhoni Maichew, Raya Azebo, Enderta, Alaje and Mekelle</td>
<td>March 2008 – March 2011</td>
</tr>
</tbody>
</table>
**Consortium for Christian Relief Development Association (CCRDA)**

CCRDA received funding from the Packard Foundation to integrate PHE interventions into the 2nd phase of their existing adolescent sexual and reproductive health projects that Packard began funding in 2003. CCRDA is the management organization working with 9 organizations within the Southern Nations and Nationalities People’s Region (SNNPR) to improve integrated Population, Reproductive Health and Environment knowledge, skills and practices of young people in Ethiopia. CCRDA focuses on capacity building, IEC materials, technical support, M&E, and capital costs for the 8 implementing organizations. The projects are implemented in 12 woredas and 43 kebeles located in 5 zones.

The projects funded through CCRDA take a strong youth development approach with strategies that include the development or strengthening of youth clubs, providing FP and RH information and services, integrating HIV/AIDS awareness and voluntary testing and counseling (VTC), and environmentally friendly livelihood and nutrition activities like youth or family run indigenous fruit tree nurseries. All use education and awareness through community gatherings, workshops and IEC materials. Further, all involve the integration of government health and agriculture agencies and their extension workers to implement and sustain the work. CCRDA works with grantees on the latter to use integrated planning processes in order to create integrated messages, joint implementation to create cost efficiencies and partnerships.

The strategies of each organization are very similar in terms of activities included in their PHE work. All created in and out of school PHE youth clubs, which integrated existing environment, girls’, and health clubs. All of the projects integrated environmentally friendly alternative livelihood activities into their existing youth development and reproductive health strategies. The types of activities varied based on the communities, resources and their economies.

**Addis Development Vision (ADV)**

ADV works in 6 kebeles of the Siltie woreda in the Silte Zone of SNNPR. The project targets women, children, youth and disabled individuals with a focus on reducing food insecurity caused by environmental degradation and soil erosion, improving access to drinking water, reducing harmful traditional practices (HTPs), and addressing high unmet need of the community due to a lack of access to family planning information and services. The project aims to integrate RH, environment and population interventions into their existing ASRH work. They do this by partnering with government offices and extension workers to create integrated community messages and cost efficiencies through joint planning and implementation.

**COMMIDA**

COMMIDA was originally working with CCRDA on ASRH with an HIV/AIDS emphasis funded by Irish AID. COMMIDA chose to work with CCRDA to develop this work into an
integrated PHE project. The decision was due to perceived organization and cost efficiencies that could be achieved with an integrated approach in two adjacent kebeles.

COMMIDA received funds to work in 8 kebeles within the Damot Gale woreda in Wolayta Zone. The project targets girls, married young women, farmers and youth with a focus on alleviating HTPs (polygamy, FGC, and sexual violence), reducing youth migration due to a lack of livelihood options, improve access to RH information and services and unmet need, and address the lack of access to drinking water.

**Guraghe Zone Development Association (GZDA)**

GZDA was originally working with CCRDA on ASRH/HIV/AIDS programs funded by Irish AID. GZDA chose to work with CCRDA to develop this work into an integrated PHE project. The decision was due to perceived organization and cost efficiencies that could be achieved with an integrated approach.

GZDA is working in the Mareko, Meskan, Sodo woredas and Butajira Town of the Guraghe zone in SNNPR. The project is targeting women and youth with a focus on reducing HTPs, addressing unemployment-related rural-urban migration of youth, addressing food insecurity of female led households, and improving access to reproductive health services and information.

**IMPACT Association for Social Services and Development**

IMPACT is working in the Gedebano-Gutasre-Welene and Kebena woredas in the Guraghe zone. The project targets adolescents with a focus on eliminating HTPs, reducing HIV transmission, reduce the rapid environmental degradation, address poverty, and reduce food shortages. IMPACT engages in youth clubs who are working on the projects, addressing health issues, environment awareness raising on how it affects the livelihood of the community, tree planting for rehabilitation and nutrition (indigenous fruit trees), family planning education and distribution targeting youth, and establishing referral linkages for youth to access reproductive health and family planning services.

**Southern Ethiopia’s People’s Development Association (SEPDA)**

SEPDA is a sub-contracting organization administering funds received from CCRDA to work with 3 (HDA, KDA and SDA) of its 22 member National Development Associations in implementing the project. SEPDA’s role is collecting and consolidating reports and documenting best practices of the projects and providing technical support.

The three NDAs that SEPDA is implementing PHE projects are all ASRH projects with an HIV/AIDS focus that are integrating population and environment interventions. They operate in the Kambata-Tambaro, Hadiya and Silti zones of the SNNPR. They target youth through in and out of school programs and developing youth forestry groups, PHE and girls clubs to raise
awareness and engage in demonstration sites to learn how to maintain indigenous trees in the area. The programs initiated HIV/AIDS-focused community conversations and now the programs are utilizing these venues to discuss population and environment issues. They are developing water points, improving media messaging, treating and rehabilitating fistula patients, and training service providers in integrated PHE messages.

NDAs working under SEPDA to implement integrated PHE:

- Haddiya Development Association (HDA)
- Kembatta Development Association (KDA)
- Silte Development Association (SDA)

**Wolayta Development Association**

WDA was originally working with CCRDA on ASRH project with an HIV/AIDS focus funded by Irish AID. WDA chose to work with CCRDA due to perceived organization and cost efficiencies that could be achieved with an integrated approach.

WDA is implementing the PHE project in the Soddo Zuria woreda of the Wolayta Zone. The project targets youth and women with a focus on eliminating HTPs, building awareness on the impacts of traditional farming techniques that reduce land productivity and increase unemployment, slowing deforestation, and improving access to basic health and sanitation services.

**Reflections on Successes**

The following reflections were gathered from staff interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

- CCRDA indicated after engaging in an internal program mapping exercise they realized their projects overlapped. PHE has allowed them to address the overlap and be more efficient with their resources.
- There are mandatory clubs in each school and teachers are assigned to each club. **PHE relieves the teachers and allows them to focus on academic affairs** because they no longer have three or four clubs as they are Integrated Population, Health and Environment (IPHE) clubs and teachers facilitate in rotation. This also allows them to have one meeting on many issues rather than several meetings on different issues which allows for time saving to focus on academic affairs.
- An added value to the IPHE clubs and integrated discussions is the girls’ clubs have started selling sanitary pads at a reduced price. This encourages their use due to more awareness and affordability, reduces menstruation-related stigma and improves school attendance and reduces the drop out rate of female students.
- **Boys started joining girls’ clubs**, which created additional value for girls’ club activities and parental discussion on taboo issues like sexuality and sexual rights. They began
joining as a result of the IPHE clubs, which allowed for a platform to talk about issues that many boys were not learning about when the clubs were separated. This is an added value for the PHE work done by the CCRDA grantees.

- Incidences of gender based violence appear to have decreased due to vigilant group movement in and around schools after formation of girls clubs
- Health education sessions in both in and out of school girls’ clubs with the Health Extension Worker (HEW), HEW counseling on sexuality issues, peer to peer communication, and organizing parent days in school to educate them about how PHE is affecting their personal life has improved parent-child communication. Parents and students are encouraged to discuss family economy, health, and lifestyle. These activities have resulted in parents asking kids about life and encouraging education and understanding its value.
- Latrine construction at homes and schools has resulted in improved hygiene and sanitation. There are also reported improved habits of washing hands after going to the toilet in project areas.
- Target groups are reporting they think about the importance of tree species (indigenous and fruit) for nutritional value and soil health.
- CCRDA reported that people have historically not perceived women as having the ability to do good work and bring in larger incomes. The sub grantees with CCRDA implement environmentally friendly income generating and skill building activities targeting females. The activities (cattle raising, raising seedlings, etc) generally are not traditional “female-focused” activities (sewing, knitting, etc). While some of the girls’ clubs are engaged in activities like sanitary pad sales, tea, knitting, etc many women are also being engaged in new income generating activities. These interventions and raising/diversifying a household’s income appear to be changing traditional attitudes towards women and their role in the household and community.

- The organizations all created integrated planning and advisory committees including representatives from local government offices (health, agriculture and rural development, women’s affairs, youth and sports, etc). These committees assisted in the planning and continue to assist in the implementation and monitoring of the project. These joint activities have improved the relationships among all of the actors involved including the implementation organization.
- Development Agents work out of the Ministry of Agriculture and Rural Development office and Health Extension Workers (HEWs) work out of the Ministry of Health. All of the PHE projects receiving Packard Foundation funds include interventions that involve integrating the work of the DA’s and HEWs. The staff from the organizations that were interviewed identified this integration and partnership as creating cost efficiencies for the government offices because they shared resources and costs to implement their work (transportation, staff time, community activities, etc).

Areas for Improvement

The following reflections were gathered from staff interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

- Interviewees indicated that there is not enough money allocated for M&E activities. Therefore, some of the grantees have not been capturing outcomes of their work.
Indicators are primarily process indicators (i.e. number of people participating) they are not measuring how their health interventions are causing behavior change. They are not capturing who is using health services as a result of the program.

- Several smaller organizations reported **not having enough funds to cover basic costs** for completing the project. Several reported the inability to travel between kebeles and/or woredas because a lack of transportation. Weather conditions made it nearly impossible to walk and the length of time walking did require affected their productivity. Many indicated the need for a motorbike.

- Several organizations did not receive enough money in the grant to complete the interventions and support basic office supplies for their staff. Reports were either handwritten or typed in a local computer/print shop as they did not have funds for a computer and/or internet. This can affect the sustainability of this work if organizations are not given the capacity to implement the project. Consideration of **covering adequate overhead costs to ensure organizational effectiveness is important**.

- Several CCRDA sub grantees indicated a top-down approach to project design and identification of target areas. CCRDA took this approach in order to attempt to create a standardized PHE approach across all projects and this is why the organizations accepted but recommended future projects allow them to work with the community to identify appropriate interventions and specific target areas. **Allowing for community level involvement in the project design, implementation and monitoring can create more buy-in, community ownership and, ultimately, sustainability.**

- Interviewees discussed the complexity of understanding how to integrate approaches. Many had **difficulty understanding what integration is** and how it fits with their project even after being trained. While they expressed confusion they did indicate where they saw the integration in their project (HEWs and DAs work, IPHE Clubs, etc). Also, several indicated that they expected to have fast results and were surprised to learn the long-term investment required to see actual results from an integrated PHE approach.

- There is concern that the projects are only funded for 3 years. It is **difficult to see impact in this short period and would like investments to last beyond 3 years** so they can understand the true impact, if any, of an integrated approach in the implementation communities.

- Several individuals stated that **time limitations and limited access to internet** inhibited their ability to stay informed about PHE and learn more about existing projects.
**Population, Health and Environment Ethiopia Consortium (PHEEC)**

PHE Ethiopia Consortium is the PHE Ethiopia Consortium that was established in May 2008 in response to commitments made at the 2007 PHE Conference held in Addis Ababa. This network initially received seed funding from the Packard Foundation that was administered by Engenderhealth until the network was officially established and legally recognized.

After PHE Ethiopia Consortium registered itself, it received support from the Packard Foundation for 2.5 years in August 2009. The goal of this project is to strengthen Population Health and Environment (PHE) integration initiatives in Ethiopia and contribute towards the national sustainable development of the country by encouraging partnerships, building capacity based on members’ identified needs, strengthening existing relationships with government agencies, encouraging understanding of population, health and environment interrelationships in Ethiopia, experience sharing and networking, and fostering peer mentoring.

The target group for this project is 38 full and 2 associate network members and organizations implementing PHE projects in Ethiopia. Interventions for this project include field visits and experience sharing, mapping current PHE projects in Ethiopia, facilitating social networking activities, enhancing resource and capacity building website, and training journalists to understand and report on integrated approaches and issues in Ethiopia.

**Reflections on Successes**

The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

- **Engaging in advocacy to integrate family planning and population into environment, climate change and poverty alleviation strategies and capacity building of network members and decision makers improves understanding of PHE integration** from practitioners to policymakers. This has been learned through PHE Ethiopia’s involvement in forums, networks, international and national conferences, national advocacy days and offering capacity building workshops and activities.
- PHE-Ethiopia Consortium has developed a website, [http://www.phe-ethiopia.org](http://www.phe-ethiopia.org) to engage members and partners in online networking and capacity building. The website carries updated policy, research and program documents. It also offers a web forum for online discussions. PHE Ethiopia Consortium has offered regional workshops to build awareness of online networking, capacity building and the use of the PHE Ethiopia Consortium website, Response from members has been encouraging and PHE Ethiopia Consortium has exceeded its 3 year target of reaching more than 5000 visitors to its website in its first year of funding.
- **Experience sharing and social/professional networking creates opportunities for improvement for PHE knowledge and skills and partnerships** for integrated PHE work.
- Member organizations implementing PHE projects that have demonstrated community involvement in the planning, implementing and monitoring of interventions are showing great promise in community buy-in, involvement and sustainability.
The member organizations that are implementing a watershed approach to their integrated interventions in terms of planning and implementation are showing improvement in government involvement and comprehensive approaches to community needs. For instance, organizations implementing these models (i.e. Relief Society of Tigray or Ethio Wetland and Natural Resources Association (not Packard grantee)) are able to respond to water needs, income generation, improving soil conservation, microfinance activities, and empowering women and improving health through the establishment of clean water points.

Improving income of the community and women appear to be creating more buy in for the PHE approach at the community level in Ethiopia. PHE Ethiopia Consortium also cited well-documented projects outside of Ethiopia where integration is bringing synergy in women’s empowerment, poverty alleviation, etc and the need to adapt this to the Ethiopian context.

Ethiopia’s previous poverty reduction strategy, “Plan for Accelerated and Sustained Development to End Poverty,” (PASDEP) called on multiple sectors to achieve development goals and the PHE approach attempts to do that by integrating sectors and creating cost and resource efficiencies. It also created linkages between sectors that communities can relate to. The current Growth and Transformation Plan (GTP) talks specifically about population and environment issues and integrating cross-sectoral issues that affect women and youth. According to PHE Ethiopia, many current and developing policies are highlighting the need for cross-sectoral integration to enhance program efficiency. The PHE approach is one of many approaches that can help meet new and emerging policy objectives.

PHE Ethiopia Consortium has become very active in climate change activities at the policy and practical levels. It has engaged in national level discussion regarding population, health and climate change. It has partnered with the United Nations Population Fund (UNFPA), Population, Action International, National Climate Change Forum, Climate and Health Working Group, Oxfam America, and CCRDA to hold meetings, field visits, awareness raising sessions and discussions on these topics. The multi-sector nature of the issue of climate change has allowed PHE Ethiopia Consortium to play a significant role in advocating for integrated approaches to climate change adaptation strategies and policies.

Areas for Improvement

The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

- The network has observed that organizations need to take time to complete baseline assessments in order to identify major problems of a community. Projects that have been designed based off of baseline assessments respond to community needs more than those planned with a top-down approach involving the organization and just government agencies.
- The network indicated that several member organizations that have been trained in PHE project design continue to implement single sector approaches. The network would like to assist these members in developing partnerships with organizations working in different sectors within the same communities in order to increase the potential for
integrated approaches implemented through organizational partnerships. This would be a great opportunity to understand how to create such partnerships and see results from this type of a PHE project. However, the network is still having challenges in doing this. Interviewees said they felt a **lack of clear ideas on how to encourage these partnerships** within the network and strategies for helping members understand and create buy in to these methods to be the greatest challenge.

- The network works with members to document their success stories however, there appears to be **low skill level in monitoring, evaluating and communicating results**. PHE Ethiopia Consortium sees the lack of skills in both the network and among its members.
- PHE Ethiopia Consortium reported that a **lack of coordination at the national level** among sector offices (Ministry of Health, Ministry of Agriculture and Rural Development, etc) increases challenges at the grassroots level to integrate programs.
- PHE Ethiopia Consortium finds it challenging to report on success stories and create buy-in for the PHE approach when there is **very little data supporting this from the projects** in Ethiopia. This reflects either a lack of funding or capacity within implementing organizations for monitoring and evaluation or both.
- PHE Ethiopia Consortium reported that many organizations interested in integrated PHE approaches lack the language capacity to train local staff. Effective understanding of project design, monitoring and evaluation and linkages between p, h, e **require manuals in local languages**.
- The Packard Foundation, Irish AID and Swedish International Development Agency have funded integrated PHE work in Ethiopia but the funding is still limited. PHE Ethiopia Consortium indicated very **little availability of funds for new PHE projects or continuing existing projects**.
**Guraghe People’s Self Development Organization (GPSDO)**

GPSDO’s PHE project implemented from 2008 – 2010 was the second phase of their Packard funded Adolescent Reproductive Health (ARH) project. The PHE project was implemented in 9 woredas of the Guraghe Zone in the SNNPR. The project focused on increasing ARH knowledge of in and out of school youth, supporting girls’ education and youth skill building activities, improving access to family planning services, and improving community livelihoods by integrating environmental protection and ARH activities.

Results reported from the project showed GPSDO exceeding their projected goals as measured by their process indicators. Community members reached through ARH awareness raising activities exceeded 100% of the organization’s projected target, youth and families trained in income generating activities exceeded 100% of the projected target, and the number of people trained to integrate environmental activities into RH activities exceeded 100% of the projected target.

Indicators that moved beyond measuring the process of the project included the change in the implementing communities’ CPR from 7% in 2008 to 15% in 2010. The number of new family planning clients served increased by over 26,000 during the project period. Finally, 93% of the girls receiving education support from GPSDO received motivational awards.

The indicators above show preliminary outcomes that deserve more research in order to understand GPSDO’s program impact on these positive results versus other community factors that may have contributed to their apparent success. There are little results shown from the environmental activities. The successes above may reflect the integration of environmental activities on the family planning and/or girls’ education successes. They may also reflect insufficient monitoring of the environmental activities. More outcome indicators are needed to understand the behavior change, if any, of those reached by GPSDO interventions.

The first two phases of GPSDO’s project worked closely with government offices and, in particular, extension workers including health extension workers (HEWs) and development agents (DAs) to implement interventions. They also partner with schools to implement interventions like youth groups, youth livelihood activities and youth-led community outreach. The first phase of the PHE project (second phase of the ARH project) was very large scaled, covering a large geographic area and feedback from Packard and representatives from various field visits was for the project to focus interventions in order to get better results for scaling up.

The project received funding from Packard Foundation for a third phase through 2013. This next phase is focused in a smaller project area and will integrate a cultural preservation component to the existing project’s alternative livelihood, environmental rehabilitation, family planning and reproductive health activities. This component will utilize existing cultural resources to implement the project and assist GPSDO in improving its effectiveness while preserving existing cultural institutions. These resources are Guraghe cultural institutions that play an important role in organizing people and serving as centers of local regulation. GPSDO will use such institutions for delivering FP and reproductive health information and services to reach young people and
underserved women. They will use them to integrate discussions and activities surrounding environmental rehabilitation, health, family planning, women and girls’ empowerment and alternative livelihoods. The project strategy mainly focuses on working with the community organizations and affiliated government institutions to improve the knowledge and RH/FP status of the community and ensure sustainability of the program. Traditional institutions include churches and mosques, Yejokas which are traditional judicial and administrative councils that lead local gatherings when people meet to discuss on social, political, economic, and cultural issues, Ekubs which are saving and credit associations, Gazes which are cultural structures of working together, and Iddirs which are mutual aid associations where individual members routinely contribute money for the main purpose of obtaining reciprocal aid in finance and service for personal needs.

Reflections on Successes
The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

- The PHE program has increased **women’s involvement in environmental conservation activities** through integrated messages, activities and outreach completed by the PHE clubs, HEWs and DAs.
- **Male involvement in family planning issues has increased** due to increased understanding of linkages between P,H,E and livelihood created through the integrated activities and messages of the DAs and HEWs.
- Male involvement and advocacy in family planning issues has **increased the number of family planning users**
- Integrating school programs, women’s literacy programs, and reproductive health improves ARH results and livelihoods
- Obtaining buy-in to utilize community based reproductive health agents (CBRHAs) **assists HEWs in achieving Health Extension Program (HEP) RH goals**
- Training of youth in different IGAs reduces ARH problems, environmental degradation and contributes to overall development efforts.
- GPSDO staff indicated that conducting various skill trainings in the beneficiaries’ local areas allows the project activities to be **implemented with minimum resources, creates a sense of community ownership and enables sustainability of the interventions.**

Areas for Improvement
The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

- **Need to do awareness creation activities in a more targeted way** with more tailored messages targeting women, youth and young couples so they can bring about behavioral change among youth.
- **Need to address the expectation for payment for involvement in program activities** by community members (i.e. per diem) in order to make better use of project funds.
- **CBRHA’s lack funds to cover transportation costs**, which makes their support for HEWs in achieving FP/RH goals challenging.
• GPSDO reported a **shortage of long-term contraceptive methods** like Implanon and the inability to meet the demand of the community that affected their work and how they were able to teach about available methods and accessing them.
• **Need to consolidate dispersed project activities** in selected model areas to have better results because the first phase was very large in scope with many new activities added to the GPSDO practice. This spread the staff knowledge, skills and time thin.
**LEM Ethiopia**

LEM Ethiopia has been working with the Packard Foundation on population-environment (PE) activities within Ethiopia since 2001. LEM’s PE activities funded by Packard evolved in 2008 to a PHE project also funded by Packard. The PHE project is funded through 2011 and implemented in one woreda in Amhara region and a second in Oromia region. This project’s focus is “to contribute to the realization of sustainable livelihoods, where economic efficiency, ecological integrity and social equitability will be guaranteed by the PHE approach at the community level and thus create a demonstrable model for Ethiopia to be scaled up nationally.” The project is implemented by organizing workshops, trainings, field visits and by practical demonstrations on how to address the linked problems in collaboration with health and agricultural extension workers, teachers, students and target communities.

LEM engaged in a joint mid term evaluation with partnering government offices. According to reports, the evaluation results from the project interventions include improved natural resources conservation and agricultural diversification, an increase in the number of reproductive age women who are using family planning services, improved hygiene and sanitation situation, 70% of target communities have been reached with messages on population, health, and environment issues, and the CPR in the target communities has increased by more than 20% since the beginning of the project’s baseline assessment. These results were learned through informal discussions with households, discussions with agricultural extension workers and HEWs, and Kebele leaders. Data gathering included individual and group interviews and reports from the interviews include integration has helped them to make things easier and understand that these issues are not just the issue of HEWs

**Reflections on Successes**

The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

- The mobilization and awareness development to reach more communities by model farmers, agricultural extension workers and health extension workers has helped health extension workers reach reproductive age women at the health posts rather than traveling from house to house. Women are more able to go to the health post with the support of their husbands whereas before there was little understanding from the husbands.
- Increase in communities’ CPR by 20% from beginning of project
- Religious leader support was created through increasing understanding of the linkages of household size, health and livelihoods and their buy-in increases family planning use
Areas for Improvement

The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

• There is very little women’s involvement in the interventions. LEM had the community identify farmers to be reached through the project without indicating women were needed which resulted in primarily male farmers benefitting from the project. LEM has received funding from SIDA to implement an integrated PHE project in one additional woreda. This project has been designed based on lessons learned from the Packard funded project and LEM is targeting 400 farmers in interventions and 200 of which must be female farmers.

• There has been low enforcement of policies and strategy implementation mechanisms
• There is a prioritization of single sector approaches in government offices and by other development organizations, which poses challenges to integration.
• Shortage of long lasting contraceptive methods and low awareness of long-term services seems to discourage the reproductive age women in rural communities.
• Programs need to address taboos and misinformation in order to involve young couples and single youth. Current family planning users are those women who already have four or more children and not youth or young couples. LEM may need to further leverage its environment activities to involve young couples and youth and then include FP/RH information in those activities to address taboos and misinformation.
MELCA Ethiopia - Engenderhealth

Engenderhealth became involved in the PHE work in Ethiopia because of its principle to engage in innovative approaches to get men, women and families to access reproductive health services, meet their reproductive health needs, and have a better quality of life. At the 2007 conference in Addis Ababa Engenderhealth committed with a group of organizations to support PHE initiatives in Ethiopia. Therefore, Engenderhealth assisted in supporting the PHE Ethiopia Consortium with Packard funds until it was established and used additional Packard funds to support a pilot PHE project implemented by MELCA Ethiopia in the Bale Mountains.

MELCA Ethiopia is a conservation organization dedicated to youth development and when it engaged in HE work family planning and reproductive health were new to the organization. MELCA implemented an integrated PHE project with Packard Foundation funds starting in Spring 2008 through Spring 2010 in the Dinsho woreda of the Bale Zone in the Oromia Region. The project focused on building skills and awareness about the linkages between PHE to create both project and policy level change. The main strategy was to integrate population activities into their existing conservation and youth development activities. MELCA implemented the PHE activities project through its existing youth development and environmental education program entitled, “SEGNI,” or “Social Empowerment through Group and Nature Interaction.” SEGNI empowers youth as “eco-advocates” through a 5-day nature excursion in the Bale Mountains National Park, whereby selected elders transfer cultural and ecological knowledge to approximately 20 participants 12 times each year. MELCA worked to integrate HEW and development agent involvement with the youth clubs established as a result of each SEGNI outing and to partner with extension workers to develop integrated strategies in order to support each other in achieving their project goals. The advocacy piece of this project worked to involve regional and national level decision makers in supporting integrated strategies that will ultimately protect the biodiversity, natural resources and unique culture of the Bale Mountains’ communities.

Reflections on Successes

The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

- Previously untargeted Islamic leaders’ proved essential in terms of getting community buy in for family planning and reproductive health service. This was achieved through integrated PHE community discussions and connecting the need for these services to overall health outcomes and livelihood needs.
- MELCA provided workshops to schools and government agencies, which encouraged them to create joint plans to manage nurseries, develop integrated youth clubs and develop integrated messages for students. These facilitated reaching new audiences with integrated PHE messages and creating cost efficiencies and work efficiencies in implementing HEW and DA activities.
• MELCA provided trainings for the health extension workers and 3 development agents (livestock, agriculture and natural resources) on the linkages between PHE. These government outreach workers then provided trainings with MELCA guidance at the woreda level. MELCA then facilitated a process for developing joint implementation plans. As a result, MELCA observed the **DAs and HEWs working together and discussing integrated messages**. For instance, when the DAs talked about their work (natural resources, agriculture or livestock) they also discussed health issues.

• MELCA reported to have not been working with the health and population clubs at schools before their PHE project. Also, they had never worked with HEWs at the community level. Further, at the government level MELCA was not working with health and population offices. **Engaging in integrated approaches has opened new partnership opportunities for the organization.**

### Areas for Improvement

The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

• MELCA provided advocacy trainings for government officials in the local, regional and national levels. MELCA staff report that the response was positive but it is difficult to measure response. A tangible result from the workshops came at the woreda level when MELCA received support in implementing its project after the workshops. However, MELCA staff reported they had difficulty measuring the response from the federal level workshops. They contacted attendees who came from universities and asked them what they did with that workshop and they report that they are working and teaching in an integrated manner. MELCA staff interviewed indicated they would have liked to have a better way to measure the results from their advocacy workshops.
Relief Society of Tigray (REST)

REST’s PHE project is also a second phase adolescent reproductive health project funded by the Packard Foundation starting in 2008 through 2011. The project is implemented in all 10 woredas of the Southern region and Mekelle town of the Tigray Regional State. The objective of this project is to increase availability and accessibility of community based adolescent focused RH services.

REST’s PHE model is implemented under their Watershed Model. It is a comprehensive model that has been implemented by REST since 2005. This model uses Woreda-level watershed plan(s) that guide implementation of the health, family planning, livelihood, conservation, water and agriculture activities. The planning committees have representatives from all sectors, which allow for more understanding, cooperation and partnership. The Implementers’ Committee (Development Agent, Health Extension Worker, Education Committee Representative, Youth Peer Educators, and Kebele Chairpersons) develops the Watershed Plan at the Kebele-level, which is sent to the Technical Committee (Health Office, Education Department, Associations, Agriculture, Social Affairs, Women Affairs, Youth, Rural Access Road, Water, and REST) at the Woreda level for edits, approval process and compilation with other Kebele plans to create a woreda-level watershed plan which is approved by the Woreda Council.

Once the plans are approved REST provides field staff to assist in their implementation. This includes building the capacity and understanding of the extension workers and creating and implementing workplans that ensure the integrated watershed plans create integrated, on the ground activities (DA and HEW cost efficiencies and integrated messaging, etc).

Reflections on Successes

The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.

- REST staff interviewed reported that initially the project grouped people together to build skills and provide income-generating opportunities. After initial evaluation they realized this approach was not working and concluded it is due to Ethiopians’ habit of not working together. They changed their approach to target individuals under the watershed plan and feel they are achieving more success in this manner.
- As a result of the peer educators, there have not been any early marriages in the project area since REST began intervening, violence has been reduced, HIV/AIDS transmission has reduced, and there is increased access to RH and FP services by Adolescents.
- REST identified disabled youth late but it is currently working with approximately 90 youth with disabilities and giving them training on ARH and HIV/AIDS. REST is also trying to link deaf youth with Sebeta which is an organization working with the deaf.

Areas for Improvement

The following reflections were gathered from staff and board interviews, report and proposal reviews and analysis of site visit reports by Packard staff.
• There has been vagueness between the daughter-parent relationships learned during work done on early marriage cancellation. REST learned that if the issue is openly discussed among parents, children and concerned bodies, a **healthy daughter-parent relationship can develop even after early marriage cancellation.**

• The Women’s Association (WA) is playing a major role in advocating and taking legal measures when sexual violence against women has happened. REST has learned that **collaborating with WAs has assisted in cancelling unwanted early marriages.**
IV. Recommendations For the Way Forward

From Ethiopian Practitioners for Other Practitioners

The following recommendations were provided through interviews of staff from the organizations receiving funds to implement PHE projects. These are recommendations and advice for other organizations implementing or interested in implementing an integrated PHE project. The author and the interviewees identified specific organizations in some of the recommendations that should take the lead in these areas.

Plan for Self Sustaining Programs

Many practitioners within Ethiopia discuss the amount of outside funds provided to Ethiopia and the impact that has on creating dependency of communities and the government on outside funding. This issue was brought up during interviews as a barrier to sustainability as many local governments that commit to sustaining the work do so under the assumption that more outside funding will be available. It was recommended that organizations working in the communities should include in their planning activities that allow them to work with local government offices to affect routine planning of sectors and ministries. PHE projects should incorporate local planning processes in their program approach in order to include local government offices and also make their actions sustainable because they are aligned to local planning documents, policies, and hopefully in the future budget allocations. If integrated approaches are included in this planning process then long term sustainability of integrated activities can occur.

PHE Ethiopia Consortium should assist in facilitating this process with implementing organizations.

Encourage Integration at Local Government Level (Woreda-Level)

Similar to the above recommendation, interviewees felt that programs should include activities that encourage integrated activities and collaboration among the woreda-level offices. It was also recommended the PHE Ethiopia Consortium facilitate this process by providing simple guidance on how to integrate sectors and providing forums for organizations that have successfully done this to share their experiences. PHE Ethiopia Consortium can do this by hosting an “idea exchange forum” where common themes can be identified by sector agents (HEW, DA, etc) and organizations can assist in helping the sector agents identify the impact of their work on other sectors.

The Population Reference Bureau (PRB) provides capacity building on policy communications and documentation. This is an area where PRB can support Ethiopia practitioners in how to work with local government officials. Also, USAID’s BALANCED project which supports capacity building for PHE projects would be a great partner in building the capacity of organizations on how to partner, within project implementation and planning, with local government offices in order to encourage integration at the local level.
**PHE Projects Should Always Include Education and Awareness Activities Targeting Community Leaders and Decision makers**

Education and awareness are key components to community buy in, enabling environment for activities and sustainability of projects. According to those interviewed projects should include these activities and target youth (next leaders), schools, decision makers and policymakers. There were additional activities that were recommended and they included exchanges and workshops. When educating decision makers and policymakers the organizations should link the PHE Approach to existing development policies (i.e. GTP).

Education and awareness activities were recommended also because there is a high turnover of government staff at every level. Therefore, ongoing education and awareness activities will assist in maintaining knowledge in government agencies regarding integrated PHE activities.

PHE Ethiopia Consortium should provide these activities. This is an area PRB and Population Action International (PAI) would be ideal partners.

These activities can also facilitate the identification and development of PHE Champions.

**Practitioners Must Support and Strengthen the PHE Ethiopia Consortium**

There are many needs among practitioners regarding building their capacity and understanding of integrated PHE approaches. The list of needs include understanding integration on a conceptual and practical level and understanding policy documents. Interviewees identified the PHE Ethiopia Consortium as the appropriate venue for offering this capacity building.

Recommendations that interviewees felt the PHE Ethiopia Consortium could be the lead on included holding meetings with donors to increase awareness of PHE and support for projects in Ethiopia, offering experience sharing visits for practitioners to learn from one another, and host discussions among practitioners on the PHE approach and their experiences.

**Involving Implementing Communities in Planning, Implementation and Monitoring Creates Buy In and Sustainability**

Interviewees reported that to have a successful project there must be participation of the community in all phases of the project cycle. Several of the organizations interviewed felt their project did not do this and this was a lesson learned for them while others did this and have experienced community buy in and active involvement. Those interviewed stated that every place is different geographically and culturally and only people from that local area understand their context. Therefore, people on the ground and in the community should develop the proposal and project. The planning process should include different stakeholders and buy in from higher officials.

**Need to Involve Youth**

Youth were discussed at length during interviews. Almost all of those interviewed stated that youth must be a target as they are the future of Ethiopia and the next leaders. PHE projects integrate ideas, concepts and activities which can give youth exposure to information and skills that will help their decision making. Targeting youth increases opportunities for smaller families,
long-term engagement in environmentally-friendly livelihood practices and large scale healthy decision making. There was a strong sense that there needed to be stronger youth center support and increased importance in hiring youth to run activities. Youth run activities will also help them generate incomes along with being role models and examples to their peers.

Develop and Implement Meaningful Monitoring and Evaluation Processes

PHE is a new approach in Ethiopia and lessons and successes need to be learned and documented. In order to have program projects that are substantive enough that you can talk about and sell them there must be strong monitoring and evaluation that reflects the substance of the project. Having strong monitoring and evaluation processes will help organizations be clear in terms of their project goals and reasoning behind interventions. Further, organizations need to know why and how their project will be measured and need clear indicators.

One of the biggest problems identified by interviewees is documentation. Organizations are doing great work but they lack the skill to document that work and tell the story.

The Packard Foundation should emphasize the importance of gathering and documenting results in order to assist its grantees in successful project implementation and engaging future funding sources. Capacity building in this area should be offered by PHE Ethiopia Consortium and the BALANCED Project as a form of follow up to the 2008 PHE Monitoring and Evaluation training that was provided by MEASURE Evaluation in Addis Ababa. Finally, PHE Ethiopia Consortium should provide assistance in communicating results in partnership with PRB and PAI.

Do Not Adopt New Programs but Allow Existing Activities to Evolve into a PHE Approach

Many individuals felt that there is a misunderstanding that each organization needs to offer all expertise in a PHE project. For instance, an organization that has focused on reproductive health interventions suddenly feels pressure to offer environmental interventions. Interviewees advised to not diversify expertise and run the risk of losing the quality of the work that is already being done. They said that finding partnerships to enhance the existing work through an integrated approach is better. The Packard Foundation should assist in developing partnerships among grantees in order to create efficiencies and integrated successes. PHE Ethiopia Consortium should also facilitate partnerships among network members.

Interviewees indicated that practitioners should have a good model for their project and clear understanding of the model themselves. Organizations need to be clear about what they are doing, why and how it will be measured. This can be achieved by taking time before the project begins to develop the project conceptually. These skills can be developed through capacity building activities offered by PHE Ethiopia Consortium and/or the BALANCED Project.

Plan to Tell Your Project’s Story

There needs to be skills built in storytelling. Those interviewed reported that practitioners need to include in their project planning time to tell their project’s story. Small case studies can help
highlight the successes and lessons learned from projects. This will help build understanding and support for the PHE approach in Ethiopia.

One interviewee recommended building PHE practitioners’ capacity in digital storytelling so they can share to larger audiences on their websites, via email, via the PHE Ethiopia Consortium, etc.

**Recommendations from Ethiopian Practitioners for Donors**

Grantee organization staff and Packard staff interviewed offered recommendations and advice to donors interested in starting or continuing to invest in PHE in Ethiopia. Below is their advice.

**Support PHE Awareness and Capacity Building Activities**

There have been several capacity building trainings (M&E, Project Design, PHE Policy Communications, PHE IEC Messages and Materials, etc) and there needs to be more. The interviewees said that donors should understand the importance of building the capacity of target communities as well as organization staff and government workers. Encouraging experience sharing, skill building trainings, and distance education are helpful ways to build the capacity and awareness of local leaders, government workers and organization staff.

The number of capacity building trainings by international partners (BALANCED, MEASURE Evaluation, USAID, PRB, etc) may lead to the conclusions that either more is needed or the manner in which these activities are offered should change. In this case a combination of the two should occur. Traditional capacity building activities should continue but supported by innovative follow up and long term planning (online technical assistance, capacity building of the PHE Ethiopia Consortium staff to offer technical assistance, etc).

**Expand Beyond Oromia, SNNPR, Amhara and Tigray to Fund Integrated Projects**

All of the current PHE projects are implemented in these 4 regions. There is a strong opinion that PHE work needs to expand beyond these regions to target other areas with severe environmental degradation. This recommendation was made in response to regions that have severe environmental constraints (Gambella, Afar, etc).

**Need to Support Projects that Provide Basic Services and Needs**

This recommendation refers to the basic services and needs of both communities and the organizations implementing projects. In terms of communities, those interviewed identified the need to prioritize clean water, adequate health facilities, equipping schools with basic materials (books, tables, chairs, etc), and ensuring sanitary living conditions with funds directed towards latrine construction and water points for hand washing.

Several people interviewed explained that their project does not allocate funds for transportation between kebeles and woredas which, to be effective, require a motorbike especially in adverse weather. There is not funding for a computer to write reports and many staff end up borrowing partners’ computers, using public cafes, or handwriting documents. The limitation of a computer
makes documentation very challenging and combined with lack of effective transportation may not be the best use of staff time.

**Donors Need to Focus Funds towards Women, Youth, Children and Disabled People**

Similar to the recommendation to practitioners, interviewees feel strongly that youth and women need to be targeted in interventions. They recommended that donors focus funding towards these groups as well as children and disabled people. The reasoning is, again, youth are the leaders of tomorrow and comprise the majority of community populations. Women are particularly marginalized and projects that focus on them have shown great success while children and disabled individuals are adversely affected by community development needs.

**Support Programs with a Research Component**

Interviewees feel strongly that funds need to be allocated to allow for meaningful study on the effectiveness of programs. Donors that prioritize the use of control communities to compare to implementing communities are needed. The use of a control group identified that have similar circumstances to the communities in which projects are implemented will allow for organizations, donors and others to see what is working and what is not. This strategy will greatly improve the effectiveness of projects and the use of donor funds.

**Supporting Programs with Environmental Components Are Important for Ethiopia**

Those interviewed emphasized the importance of donor investments in environmental protection activities. Soil and water conservation activities were highlighted in particular due to their affect on the productivity of the entire country. Further, soil conservation will assist in reforestation efforts.

**Stronger Communication and Collaboration Among Donors**

Practitioners felt strongly that donors need to collaborate more with one another on projects and funding initiatives. They felt that pursuing individual donor objectives can take longer to achieve goals, confuse organizations working with many funding agencies, and is less than cost effective than creating partnerships with other donors.

**Donors Should be Willing to be Educated About New Approaches**

Interviews resulted in a strong feeling that donors need to be open to learning about various approaches and community needs. While practitioners need to maintain their capacity on best practices they also feel that donors should do the same and remain informed. In particular, it was recommended that donors get involved in network activities to learn about what is happening in the field.

**Support Documentation Efforts and Monitoring and Evaluation**

Donors need to allocate funds for projects to allow for documenting the project activities, successes and lessons learned. PHE is in the initial stages in Ethiopia and this is the time to document efforts in order for future efforts to learn and create effective programs.

In terms of monitoring and evaluation, all interviewees felt that the M&E budget was too small which hindered their ability to gather good data and results. They feel that along with increased
Donors should see PHE as an innovative approach and not a burden on resources. They need to understand it should not create competition between programs. “Donors should see PHE as an innovative approach and not a burden on resources. They need to understand it should not create competition between programs.” Yemeserach Belayneh, David and Lucile Packard Foundation

Packard Foundation Should Continue Supporting PHE Efforts
There is a sense among the grantees that the Packard Foundation initiated PHE in Ethiopia and, therefore, should continue to support projects. PHE is still young in Ethiopia and in order to garner additional donor support grantees feel they need more time to implement projects and show real results and successes of projects. If Packard continues to support PHE work that has started they will be helping to encourage new donor investments.

There was a sense that Packard Foundation is the main “Champion” of the PHE approach in Ethiopia.

Additional Recommendations

Need to Learn to Implement Policies
Policy was brought up throughout interviews. Some individuals interviewed stated that they felt policies did not support integrated activities and others felt very different. There was a disconnect that made it apparent that education on policies and how they do or do not enable integrated approaches is needed. One person interviewed recommended that there be support for practitioners to learn how to implement policies and that education of policies should include government officials.

PHE Ethiopia Consortium should offer seminars or other formats (articles, fact sheets, etc) that clarify national and regional policies that enable PHE activities. This will help practitioners and organization staff understand policies and clarify the confusion and discrepancies discovered during the interviews.

National-level Committee Needed
This recommendation was directed to the PHE Ethiopia Consortium. In order to facilitate local-level integration efforts, a national level government committee needs to be established in order to reflect planning at the grassroots level. The committee should comprise representatives from Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Women, and Population Office.
General recommendations by Author

Investments in New Initiatives Should Initially Focus on Capacity Building

After reviewing documents and completing the key interviews, it is apparent that many of the organizations received funding, began planning, and, in some cases, started intervening before they really understood what PHE is and how to effectively integrate interventions. In future initiatives by donors or organizations it may be a better use of funds and allow for better project design, implementation and evaluation if initial funding is focused on building the skills of the practitioners. This should include building the capacity of the PHE Ethiopia Consortium to provide quality technical assistance on integration, monitoring and evaluation, and project planning and design.

The capacity building and mentoring of the PHE Ethiopia Consortium should be supported by the BALANCED project as it is the primary organization offering capacity building in practical project implementation for PHE activities.

Improved Pre-Planning and Monitoring and Evaluation is Needed

In 2004 the Foundation for Success produced an article entitled, “Conventional Wisdom on Causal Linkages among Population, Health, and Environment Interventions and Targets,” that was written by Caroline Stem and Richard Margoulis. This article offered a review of PHE projects implemented up to that date and offered lessons learned and recommendations for the way forward. The following is an excerpt that highlights very little evidence from PHE projects due to a lack of documentation, ineffective planning for interventions and measuring their impact.

“In 2004, there was little evidence about impacts of PHE Projects and it was proposed that this is due to practitioners not clearly developing or documenting how they believe PHE interventions will lead to conservation or health outcomes. Therefore, they are not collecting the information that will provide evidence of impact. Preplanning is also an issue. Most practitioners appeared to be thinking about intervention impacts and measuring that after the interventions had already begun rather than thinking this through at the beginning. This brought into question as to whether the interventions that were being implemented were actually the most appropriate for what they were trying to affect.” Caroline Stem and Richard Margoulis, Foundation for Success P.2

As reflected in the recommendations and project descriptions above, PHE in Ethiopia is suffering from the same issues. Interventions are being planned and implemented without effective monitoring and evaluation systems, which results in potentially inappropriate or less effective interventions and little to no documentation of lessons learned.

Practitioners and donors need to invest time and resources in the initial stages of planning a program in order to establish effective monitoring mechanisms, the most appropriate interventions, and opportunities for documenting efforts throughout and after the implementation process.
Also, in this article the authors indicated that practitioners need to look beyond their sectoral indicators and improve their monitoring and evaluation by including integrated indicators to measure success and learn from their work. The article reflected that this may be a result of a lack of knowledge about integrated approaches and, therefore lack of understanding on how to use, identify or develop integrated indicators (i.e. the conservation and health benefits of energy efficient cook stoves).

Monitoring and evaluation needs were reported in various ways throughout reporting and interviewing processes. Both donors and practitioners interviewed indicated a need for more funding allocated to the M&E process, more thoughtful planning and implementation of M&E activities, and documentation reporting on successes and lessons learned for the greater development community. The average amount of money allocated for M&E efforts in the PHE projects funded by Packard in Ethiopia was 4% of the budget. This is less than half of what is recommended (10% of budget) by MEASURE Evaluation who facilitated Ethiopia’s Monitoring and Evaluation for Population, Health and Environment projects in November 2008. Further, most of the indicators reported focus on measuring processes and very few look at outcomes or behavior change.

**Improved Understanding of PHE and Consensus in Ethiopia is Needed**

The process of gathering information for this report resulted in a disconnect among practitioners and donors of what PHE is. It appears that many practitioners view PHE as an “environmental issue or approach”. It is unclear if this is how it was approached by the Packard Foundation at the initial phase or was nurtured by other actors. PHE is presented within the international PHE community as equal part population, health and environment and an emphasis may be given to one or more sectors based on an individual community’s needs.

A decision among PHE practitioners and donors in Ethiopia must be made on what PHE is to them beyond the definition that was created. Currently, it is confusing and without a clear idea of what PHE is and consensus built it will continue to be confusing. Such confusion will hinder future funding opportunities and the effectiveness of programs.

As a result of the lack of consensus on what PHE is and coordination among practitioners there is a duplication of efforts. For instance, several organizations have developed their own training manuals on what PHE is. There is no indication that there was any coordination among actors in the development of the content or messages. If PHE practitioners seek to document efforts and garner more funding for PHE approaches in Ethiopia it is important to coordinate messages and content of manuals. Further, consensus on what PHE is should be created or donors approached may, once again, be confused.

The PHE Ethiopia Consortium should take the lead on clarifying what PHE is in Ethiopia compared to elsewhere and connecting the theoretical discussions on “what PHE is” to the on the ground efforts occurring.

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Better Planning for Sustainability of Projects Needed

All of the projects funded by the Packard Foundation involve the community and local government institutions in the process of their project. Many involve them in the planning, implementation and monitoring of the projects. Most reported that the sustainability is in the involvement and awareness of the government and community regarding the project and linkages between PHE. Only a few have specific sustainability plans for transfer of activities to government offices.

If the organizations and the Packard Foundation see value in integrating population, health and environment, it is recommended that future initiatives have more detailed plans for the final stages of the project and how it will be sustained after the organizations are finished. For instance, budget planning with the local government on how financing of the activities in the long term will take place. This can be a joint effort by the Packard Foundation and implementing organizations.

Finally, the PHE community and donors must be realistic about how much time is needed to create a sustainable project. As shown in Ethiopia, three years is insufficient.

Follow Up Specific Projects’ Experiences that May be Lessons for the Larger PHE Community

There were several results reported that could be exciting opportunities to showcase successes from PHE practice in Ethiopia. These pieces need further research in order to understand the actual result and its connection to the PHE intervention(s). Future investments should identify these as potential benefits of integration and include specific indicators and measures in M&E plans to better measure how projects are impacting these different issues. Areas that need further research include:

- PHE and religious leader buy-in creating community buy-in for and usage of family planning and reproductive health services (reported by LEM Ethiopia and MELCA Ethiopia)
- Significant increase in community CPR as a result of the PHE intervention(s) (reported by GPSDO and LEM Ethiopia)
- PHE impact in improved parent-child relationships (reported by REST and CCRDA)
- Implementing organization and government office cost efficiencies as a result of the PHE project(s) (reported by CCRDA)
- Improved livelihoods as a result of the PHE intervention (reported by GPSDO)
V. Conclusion

The future of the PHE projects in Ethiopia is unknown. While MELCA Ethiopia has completed its funding without securing future funding for its project, GPSDO has received funding for a 3rd phase, the PHE Ethiopia Consortium has funding through 2012, and the other projects are completing their final year of their original funding. As stated repeatedly in this report, the PHE projects in Ethiopia that have been funded by the Packard Foundation are still in early stages in terms of realizing outcomes and behavior change from the integrated PHE interventions. Ideally, additional funding will be invested in these projects in order to allow for realistic results to be learned from the PHE interventions in Ethiopia. However, in order to make these investments and obtain these results more resources need to be allocated to monitoring, evaluation, research and capacity building.

Realistically, resources to achieve all of the recommendations in this report are unlikely. Interested and committed practitioners, government agencies and donors need to work together to creatively partner in order to continue integrated activities that respond to community development needs. While the Packard Foundation is willing and interested in funding integrated approaches that realize reproductive health and family planning successes, it cannot be the only donor to support these approaches. However, its role in assisting in raising awareness of partners and other funding sources of the potentially exciting results from the first years of investing in PHE is important in order to continue the work it helped to start in Ethiopia 3 years ago.
### Appendix I: List of Individuals Interviewed

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
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<tr>
<td>Yemeserach Belayneh</td>
<td>IPHE Coordinator</td>
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<tr>
<td>Country Representative</td>
<td>Haddiya Development Association</td>
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<tr>
<td>The David and Lucile Packard</td>
<td>Foundation</td>
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<tr>
<td>Sahlu Haile</td>
<td>Genene Assefa</td>
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<tr>
<td>Sub-Saharan Africa Regional</td>
<td>Program Coordinator</td>
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<tr>
<td>Representative</td>
<td>IMPACT Association for Social Services and Development</td>
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<tr>
<td>The David and Lucile Packard</td>
<td>Foundation</td>
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<td>Foundation</td>
<td>Adamu Girma</td>
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<tr>
<td>Atsbeha Berhe</td>
<td>IPHE Coordinator</td>
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<tr>
<td>Reproductive Health Program</td>
<td>Kembatta Development Association</td>
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<td>Head</td>
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<td>Relief Society of Tigray</td>
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<td>Abebe Bekele</td>
<td>Mogues Worku</td>
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<td>Packard Reproductive Health</td>
<td>Executive Director</td>
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<td>Program Coordinator</td>
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<td>Consortium of Christian</td>
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<td>Senait Yilma</td>
<td>Lidya Balcha</td>
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<td>Project Officer</td>
<td>Cashier</td>
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<td>Yohannes Olango</td>
<td>Million Belay</td>
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<td>Project Coordinator</td>
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<td>COMMIDA</td>
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<td>Nurbegen Muzemil</td>
<td>Negash Teklu</td>
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<td>IPHE Project Coordinator</td>
<td>Executive Director</td>
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<td>Guraghe Zone Development</td>
<td>PHE Ethiopia Consortium</td>
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<td>Tadele Zewge</td>
<td>Hamza Dedgeba</td>
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<td>CBRHA Project Coordinator</td>
<td>IPHE Coordinator</td>
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<td>Addis Development Vision</td>
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<td>Freezer Abebe</td>
<td>Yetnayit Asfaw</td>
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<tr>
<td>IPHE Project Coordinator</td>
<td>Board Chair PHE Ethiopia Consortium</td>
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<td>Addis Development Vision</td>
<td>Acting Country Director</td>
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<td>Tigist Aklilu</td>
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<td>Guraghe People’s Self</td>
<td>Yohannes Alemayehu</td>
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<td>Development Organization</td>
<td>IPHE Project Coordinator</td>
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<td>Derebe Alemu</td>
<td>Wolita Development Association</td>
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Appendix II: General Interview Questions

1. What was the initial interest in PHE by your organization?
   a. Who was involved in the evolution and planning of your organization’s PHE work? Why?
2. What were your initial expectations for PHE? Have they changed? How?
3. How do you define PHE?
   a. What are the characteristics of PHE projects?
   b. What makes your project a PHE project?
4. Why PHE in Ethiopia?
   a. What are the opportunities for PHE In Ethiopia?
   b. What are the challenges?
5. Show PHE Ethiopia Consortium’s PHE definition and ask for reaction/thoughts.
   a. Why livelihood focus?
   b. Do you feel your project fits in with this definition?
   c. Is there anything missing?
   d. What else, besides a definition, would be helpful for PHE practitioners in Ethiopia?
6. Why were your implementing communities chosen for PHE?
7. How is the PHE project different from other projects that your organization implements?
8. Has the PHE project changed or evolved from the initial intent? Why or why not?
9. What is the M&E Process for data collection?
   a. Process for translating data
   b. How do the programs communicate results?
10. Is there a sustainability plan for the PHE work? If yes, can you describe it? (Who will implement, funding, what actors are involved in sustaining the work, etc) If no, why not?
    a. Does your organization have a long term interest in PHE?
11. What are your personal reflections on the PHE work your organization has been involved in?
    a. What has worked? Why or Why not?
    b. What has not worked? Why or Why not?
    c. What would you change? Why?
       i. How?
    d. What is next for PHE in your organization? In Ethiopia?
    e. What was the government’s role in planning, implementing, M&E etc?
       i. Has there been acceptance? Interest from the government agencies in PHE? Explain.
       ii. What do you recommend in engaging government agencies in projects?
    f. Recommendations for future practitioners
12. What do you recommend for future PHE initiatives in Ethiopia?
    a. In general?
    b. For practitioners?
    c. For donors?