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AFRICA BIODIVERSITY COLLABORATIVE GROUP

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Introduction

Supported by the U.S. Agency for International Development (USAID), the Africa Biodiversity Collaborative Group (ABCG) promotes the benefits of integrated Population, Health and Environment (PHE) programs. ABCG recognizes that human population growth contributes to biodiversity loss in sub-Saharan Africa, and at the same time there are positive human health and well-being impacts resulting from biodiversity conservation.

In November 2019, the ABCG PHE working group (including staff from Conservation International, The Jane Goodall Institute and World Wildlife Fund) convened an expert group to explore the definition of integration with respect to PHE, the various ways to measure integration and approaches to promote integrated PHE successes. Building on the findings from that meeting, this PHE reference sheet is designed to help conservation teams test assumptions and measure progress of integrated PHE projects over time. This tool can also help with potential project design and implementation of integrated cross-sectoral PHE projects.

Definition of Integration

There are many definitions of the PHE approach and how conservation, health and development practitioners create programming to achieve synergistic biodiversity conservation and human health and well-being outcomes. The working PHE definition adopted here is:

- A strategic holistic approach to meeting people’s needs for health including family planning and reproductive health and maintaining restoring ecosystem services for greater environmental and social impact at multiple levels.

Conservation Measures Partnership’s 2020 Learning Initiative reaffirmed that PHE can, ultimately, achieve greater and longer-lasting conservation outcomes than would likely occur without integration. When barriers to family planning are removed and contraceptive needs are met, women and girls can exercise their reproductive rights, leading to healthier timing and spacing of pregnancies, improved health of women and their children, and more time and energy to engage in education, conservation, and livelihood activities (CMP 2020.) Birth spacing allows women to be healthier, which leads to positive outcomes for the entire family, and a healthier family uses resources more sustainably.

Proposed Indicators

The proposed baseline indicators below are for consideration in designing PHE projects. These are not meant to be exhaustive but to provide a minimum set of indicators to include in PHE programming. For more extensive indicators, please refer to the PHE Monitoring and Evaluation Guide Second Edition (Moreland *et al.*, 2018.)

- Biodiversity indicators
 - Number of hectares conserved
 - Number people trained in conservation
- Family Planning and Reproductive Health (FP/RH)
 - Contraceptive years protection –estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period
 - Number of first time FP/RH users and method mix percentage (including long-acting methods)
 - Number of men and women counseled on FP methods and reproductive health
 - Number of men and women visiting health facilities to access FP/RH resources each quarter with improved access to healthcare facilities
 - Number of health facilities receiving ongoing FP/RH resources from the project.
 - Number of men and women who report understanding the link between family planning and birth spacing, and its role in supporting a healthy family
- Impact of integration
 - Percent increase from baseline in community support for environmental programming
 - Percent increase from baseline in male support and involvement in family planning
 - Percent increase from baseline in female involvement in environment and natural resource management (NRM)
 - Percent increase from baseline in community member awareness and knowledge in health and conservation best practices
 - Percent increase from baseline in youth understanding and support for FP/RH and NRM activities
 - Percent increase from baseline in participation in health and conservation activities

- Percent increase from baseline of households using fuel-efficient stoves exclusively (not using previous stove as well)
- Increased resilience (see box on Resilience)
- Percent increase from baseline in leadership positions held by women in community-based conservation committees and institutions
- Percent increase from baseline in community members' ability to do a long-term life planning for improved family and environmental health
- Percent increase from baseline in participation in livelihood/savings and loans groups

Resilience and PHE

Resilience is often defined as the ability of individuals or communities to cope or adapt to environmental and other shocks and stressors. Research findings have shown that including FP/RH and Maternal and Child Care in holistic community development projects can build individual, household and community resilience (PRB 2019.) Integrated projects present unique opportunities to strengthen community resilience through risk reduction, livelihood diversification, creating community involvement and trust, improving governance structures, and strengthening women's involvement in decision-making and positioning them as agents of change (De Souza 2014.) For women, PHE projects may help: offer new livelihood skills and economic opportunities in their communities; opportunities to participate in more leadership roles in their communities; include diverse perspectives from all segments of society to ensure participatory planning; build capacities needed to adapt to disasters, conflict and other shocks; and introduce participatory ways to manage gender and social/power dimensions.

Questions to Consider for Qualitative Indicators

Realistically the majority of integrated information comes from qualitative research, through focus group discussions and Knowledge, Attitudes and Practices (KAP) questions. Suggested questions include:

- How has support for family planning increased in your community?
- What do you think about family planning?
- What are your experiences, beliefs, and feelings about different methods of birth spacing?

Learning Questions

- How does access to health services (specify services based on the project design) affect one's decisions regarding long term life planning?
- How do these decisions affect community member participation in project conservation activities and outcomes?
- What conditions are necessary to achieve these positive effects?
- What are the linkages perceived by project beneficiaries among family planning/reproductive health and conservation?
- Does and under what conditions does an integrated approach lead to increased participation in both family planning and natural resource management interventions?

- In what ways can an integrated approach lead to efficiencies in human and financial resources for project management?

Best Practices for Designing an Integrated Project

When designing an integrated project, it is helpful to think about project integration at the following levels:

- **Programmatic Activities:** Ensure clear and measurable project goals, associated with strong indicators for each component and shared results, underpinned by a set of joint learning questions, with continuous on the ground implementation that supports project integration outcomes.
- **Operations:** Establish effective management and coordination among partners, including collaboration with government agencies, and other stakeholders.
- **Branding and Communications:** Deliver consistent branding among partners, aligned messaging, in order for both health and conservation actors to understand and speak to the integrated nature of the project. It is very helpful for the communities to be able to interact with a single project, rather than all the different organizations that may be collaborating on the project.

To operationalize an integration approach at all levels, a project team may want to consider establishing an Integration Working Group. The purpose of this group is to harmonize across partners and within the project; ensure project collaboration at all integration levels and conduct regular trainings and meetings to ensure partners share a common understanding of integration topics and implement activities accordingly.

Working with Marginalized Groups

Based on ABCG PHE activities, these best practices can help practitioners when working with marginalized groups such as Indigenous Peoples, to reach out to the “hard to reach” communities to increase adoption of the FP/RH best practices in conservation contexts.

- Train and strengthen capacity of trusted members of communities such as traditional birth attendants, to reach out to women and increase knowledge and adoption of best practices on reproductive health and family planning.
- Train adolescent boys and girls to conduct peer-to-peer awareness raising in their community to increase knowledge on reproductive health issues and risks and consequences of adolescent pregnancies.
- Identify male champions and promote their active participation to disseminate integrated messages and model best practices relating to family planning/reproductive health, actions to improve family wellbeing and ecosystem health.
- Promote gender equality and women’s empowerment at all levels to increase women and girls’ capacity to engage actively in the decision-making processes on sustainable development in their community, natural resources management and climate change adaptation.

Conclusion

This PHE Reference sheet is intended to assist program planners design projects that improve human health and biodiversity conservation outcomes. To achieve these ambitious goals, PHE makes sense as a community-driven approach that meets the needs of men and women holistically and mirrors how they live their lives.

References

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