HEALTH OF THE PEOPLE AND ENVIRONMENT IN THE LAKE VICTORIA BASIN (HOPE-LVB) PROJECT EVALUATION

April 2018

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Cover Photo: Primary school children at a HoPE-LVB project site in, Zinga, Uganda. Photo credit: David López-Carr
HEALTH OF THE PEOPLE AND ENVIRONMENT IN THE LAKE VICTORIA BASIN (HOPE-LVB) PROJECT EVALUATION: SOLUTIONS FOR HEALTHY PEOPLE AND A HEALTHY PLANET

April 2018

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DISCLAIMER

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ABSTRACT

This evaluation examines the evidence on the effectiveness and scalability of the Health of the People and Environment in the Lake Victoria Basin (HoPE-LVB) model of integrated population, health, and environment (PHE) community development in Kenya and Uganda. The project aimed to increase access to sexual and reproductive health services and improve maternal and child health care practices while reducing threats to biodiversity conservation in project communities. It also aimed to scale up the PHE model at the local, national, and regional levels through institutionalizing PHE in government development planning.

Data for the evaluation came from key informant interviews, focus group discussions, and an analysis of existing data and documents. Findings suggest notable successes and some areas for improvement. Stakeholders consistently perceived that HoPE-LVB’s PHE model added value to family planning/reproductive health, maternal and child health, livelihoods, governance, natural resources management, and conservation. Key informants and secondary analysis revealed positive outcomes from institutionalization, sustainability, and expansion of the model. Secondary data analysis revealed that the project made remarkable progress in achieving its objectives in health, family planning, sanitation, livelihoods, and conservation.

This report suggests several ways in which enhanced coordination and resources shared among stakeholders at different scales could improve project outcomes in situ. A focus on advocacy and project development at regional and national levels is recommended for successful PHE scale-up.
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<th>Acronym</th>
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<tr>
<td>ANC</td>
<td>Antenatal care</td>
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<td>BMU</td>
<td>Beach Management Unit</td>
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<td>CIDP</td>
<td>Country Integrated Development Plan</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>FGD</td>
<td>Focus group discussion</td>
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<td>HoPE-LVB</td>
<td>Health of the People and Environment in the Lake Victoria Basin</td>
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<td>IDEA/PRB</td>
<td>Informing Decisionmakers to Act/Population Reference Bureau</td>
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<td>IUCD</td>
<td>Intrauterine contraceptive device</td>
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<td>KI</td>
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<td>LVB</td>
<td>Lake Victoria Basin</td>
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<td>Non-governmental organization</td>
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<td>PHE</td>
<td>Population, health, and environment</td>
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<td>RH</td>
<td>Reproductive health</td>
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<td>Saving and Credit Cooperative Organization</td>
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<td>Sexual and reproductive health</td>
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<td>UPDF</td>
<td>Ugandan People’s Defense Force</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VHT</td>
<td>Voluntary Health Teams</td>
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<td>Water, sanitation, and hygiene</td>
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EXECUTIVE SUMMARY

The Health of the People and Environment in the Lake Victoria Basin (HoPE-LVB) project was launched to enhance environmental conservation in the Lake Victoria Basin in Uganda and Kenya, increase the reproductive health (RH) of the men and women in the lake region through the uptake of family planning (FP) services, and improve maternal and child health (MCH) in project communities. This was made possible through the combined efforts of the Pathfinder staff and supporting partners in the Lake Victoria Basin (LVB).

The project targeted some of the most vulnerable communities — characterized by a confluence of population growth on diminishing resources and high disease burden — in two highly vulnerable nations with the audacious goal to accelerate rural fertility, health, and development transitions while improving environmental conservation in some of the most challenging contexts globally. The notion of “if it works here it will work anywhere” is one of high risk and high reward. It is one of hope. The project’s acronym proved prescient.

This evaluation examines the evidence on the effectiveness and scalability of the HoPE-LVB model of integrated population, health, and environment (PHE) community development in Kenya and Uganda. The project aimed to increase access to sexual and reproductive health (SRH) services and improved MCH care practices while reducing threats to biodiversity conservation in project communities. Phase I of the project (2011-2014) focused on testing models for integrating those PHE interventions that had the potential to be scaled to surrounding areas of the LVB. Pathfinder International implemented Phase II (2014-2017), which focused on scaling up the model in Uganda and Kenya at the local, regional, and national levels.

The evaluation used primary data collection methods featuring key informant interviews (KIIs) and focus group discussions (FGDs). The primary data was complemented by a desk review of key project documents and publications, project internal evaluations, and secondary analysis of existing project data, including a baseline survey dataset and performance monitoring data.

The team conducted 23 FGDs and 37 KIIs. To compare and contrast sites at different stages in the project, all core Phase I and Phase II communities in Uganda and Kenya were selected for FGDs. Five FGDs were conducted in an old and new project site in Kenya; in Uganda, 13 were conducted in an old site and seven in a new site. Evaluation limitations included limited quantitative data, and limitations in the qualitative sample design, including a modest control arm.

In consultation with USAID evaluation technical officers, the evaluation team developed the following three questions to guide the evaluation:

1. What are stakeholders’ perceptions of HoPE-LVB project model’s “value-added” to FP/RH, maternal and child health, livelihoods, governance, natural resources management or conservation?
2. Has the HoPE-LVB project’s explicit focus on systematic planning for scale-up resulted in positive outcomes of institutionalization, sustainability and expansion of the model?
3. To what extent did the HoPE-LVB project achieve its objectives as measured by its key performance indicators/results?

RESULTS

Question 1: Stakeholders’ perceptions of HoPE-LVB project model’s “value-added”
Discussions with respondents suggest that the key value the HoPE-LVB project added was its capacity to make people appreciate the relationship between population, health, and environment. Informants highlighted that HoPE-LVB significantly changed the quality of life among people in the project’s areas of jurisdiction in both Uganda and Kenya, including populations traditionally more set in their ways, such as men in regard to gender norms and fishermen in respect to livelihoods.

With the introduction of the project, communities were trained in water and sanitation, FP, antenatal care (ANC), and the importance of giving birth at suitable health centers. A majority of respondents in both countries emphasized that FP was one of the key aspects that influenced most people in the intervention communities. FP training helped control the number of children in the target communities, which implied that there was less pressure on households to sustain an unmanageable number of children. Additionally, more women were now involved in income-generating activities. There was also a marked increase in access to ANC and health worker-assisted deliveries, leading to the anecdotal reduction in maternal and related infant mortality.

The project influenced gender norms and roles in both countries’ project sites. A majority of respondents, especially those in the Uganda project sites, noted that their relationships with their partners had significantly improved due to the fact that women were now contributing to the well-being of their households. As a result, women’s bargaining power in the households immensely improved.

The project led to the emergence of youth leaders who were involved in training others in their respective areas, especially through dramas and public talks. Women especially benefitted from this.

Many households in project communities diversified incomes by practicing modern farming methods. Members of the target communities were introduced to the concept of saving some of the money they earned through formation of Saving and Credit Cooperative Organizations (SACCOs), helping to expand income-generating activities. Women in both countries learned to make affordable energy-efficient cookstoves for commercial purposes, reducing respiratory infections, deforestation, and improving livelihood diversification.

Most respondents also said governance of health care in the households improved in project areas in both countries. This was made possible in part by the regular restocking of health centers with relevant drugs. More men were now involved in health issues concerning their households; indeed, more men started accompanying their wives during antenatal visits and began testing for HIV/AIDS together.

**Question 2: Scale-up outcomes of institutionalization, sustainability, and model expansion**

The findings suggested that advocacy messages had been effective, evidenced by observations that people at the community level generally understood the PHE concept. Informants largely agreed that HoPE-LVB’s systematic planning for scale-up resulted in positive outcomes of institutionalization, with Voluntary Health Teams (VHTs), Beach Management Unit (BMUs), young mothers, youth groups, and model households/farmers highlighted as successful vehicles for scale-up.

The model household concept and exchange visits among communities within and across nations were widely considered as a successful approach for scaling up PHE to surrounding communities. Both were paramount in demonstrating the PHE concept in practice as tangible and meaningful. The findings largely indicated that VHTs and members of model households supported others by serving as role models and teachers from whom the community could learn and emulate. Informants explained that skills imparted to the community members had multiplied effects in their communities.

Findings revealed a positive PHE expansion outside project communities, especially among aspects of the project that were compelling for livelihood improvement and were easily adopted. As a result, two-thirds of respondents agreed that community training events would continue even after project closeout as there is a built-in incentive to retain capacity for improved livelihoods. In the fishing sector, it was
particularly evident that the PHE approach had spilled over to other communities due to effective BMU networks.

Respondents overwhelmingly agreed that communities wholly embraced the idea of FP and that it was an issue they had scarcely dealt with previously.

Most local government officers from the fisheries, environment, and health sectors claimed that the PHE approach helped them to do their work more effectively through increased engagement with stakeholders and by offering more efficient and holistic interventions. Data indicate growth in the health sector, especially in FP and emergency health care, with most people benefiting from these services. Approximately two-thirds of VHTs, youth groups, and BMU members agreed that the training was more important than funding as a vehicle for enhancing sustainability. More than half of key informants reported engaging in capacity building in which they supported each other by developing a regional (Eastern African) PHE manual, conducting a regional training, developing project concept notes, and drafting plans for advocacy meetings to convene climate change task forces and the national environmental management authorities to train them in PHE. A large majority of FGD respondents have also been engaged in different role-sharing skills acquired from the project, with community members as teachers and role models. Skills shared ranged from environmental conservation activities to FP, management, and population interventions. Last, Kenyan government key informants frequently noted the opportunity for PHE scale-up in the Ministry of Devolution and Planning’s strategy for coordinating development plans between the national and county governments.

The following were widely shared by FGDs and KII as HoPE-LVB’s most effective aspects:

- Messaging
- Value-added
- Cross-sector integration
- Compelling and easily scalable PHE activities (e.g., FP, sanitation, improved fishing and farming)
- Exchange visits and BMU networking
- Model households
- Identifying champions at multiple levels
- Advocacy
- Capacity building
- Institutionalization

Respondents noted the following issues as the least effective project aspects:

- **Funding:** Lack of funds limited project scope and scale up.
- **Time:** Project duration was insufficient to enable key changes needed in some cases and to ensure sustainability and scale-up.
- **Ambitiousness:** The project was too ambitious in some cases, given time and financial constraints.
- **Information dissemination:** The project could have used posters, radio shows, videos more effectively to catalyze scale-up.
- **Institutionalization:** PHE is not yet fully institutionalized.
  - Lack of key partners, support, and financing at the national government levels.
  - Need a clearly defined coordinating body to integrate PHE.
Devolution of planning to the county level is new in Uganda; PHE national government institutionalization in Kenya, to be coordinated with new county governments, remains a challenge.

Local civil society and non-governmental organization (NGO) partners could have been more engaged.

- **The role of NGOs:** Some NGOs important to initiate the project played less off a role toward the end, and NGOs that will remain after project closeout are critical to sustainability.

- **Monitoring and evaluation (M&E)**
  - A lack of integrated indicators limits ability to measure value-added.
  - M&E data collection and analysis could be improved through university partnerships.

**Question 3: Outcomes achieved**

Improved FP, MCH, skilled deliveries, and expanded latrine coverage have been effective according to nearly all informants. On average, during the four-year project duration (2012-2016), deliveries at health facilities increased six-fold in Uganda and five-fold in Kenya. During implementation, on average, FP utilization increased by six times in Kenya and three times in Uganda. Attendance of ANC at least once during pregnancy also increased, from an average of 88 percent in both countries at the time of the baseline to 95 percent in Uganda and 99 percent in Kenya.

Impressive progress has been achieved in increasing household access to safe drinking water, sanitation, and hygiene in both countries, though Kenya recorded more improvement. Household access to safe drinking water, having a functional latrine, and having a clothesline each increased by about 70 percent in Kenya from a low of about 10 percent at baseline; the corresponding increase in Uganda was about 40 percent. There was only a modest increase in the number of households with hand-washing facilities (15 percent in Uganda and 26 percent in Kenya).

Outcomes were more mixed in livelihood diversification and conservation. HoPE-LVB’s efforts to increase fish stocks in Lake Victoria yielded a steady increase in the Nile Perch fish catch in the project sites while the tilapia fish catch has remained fairly stagnant. All the communities visited had created tree nurseries. In Uganda, tree cover increased on 97 hectares (which initially had less than 50 percent tree cover), though at the same time there was tree cover loss on 257 hectares. In Kenya, tree cover increased on 30 hectares but reduced on 7 hectares (Internal Endline Evaluation Report, 2017). However, tree planting has been mainly adopted by model households, with more than two-thirds in both countries having adopted the activity. Households adopted alternative sources of livelihood, including energy-efficient cookstoves, participation in SACCOs, and vegetable growing. In Kenya and Uganda, respectively, 98 percent and 87 percent of the households used energy-efficient stoves. In Kenya, 58 percent of surveyed households were engaged in SACCOs and 50 percent were engaged in vegetable growing. The corresponding numbers in Uganda were 20 percent and 18 percent.

A key component of the project was community capacity building through training of model households and other community groups, such as BMUs and VHTs, to become PHE champions so they could in turn sensitize and encourage other community members to learn and adopt the good practices. Communities have also formulated their own by-laws to enforce good behavior; these range from protecting fish breeding areas to child immunization and ANC attendance.

While there remains considerable potential for further PHE adoption in communities, the degree to which PHE practices spread organically to neighboring communities and across regions through site visits and meetings is also striking. Having achieved a PHE government mandate at the East Africa regional level, the national level in Kenya and Uganda, and the sub-national level would seem to exceed reasonable donor expectations for the project. HoPE-LVB’s legacy portends high potential for vigorous
PHE adoption in the region and for viable expansion to other similarly vulnerable regions in need of dynamic integrated development strategies.

The importance of women’s central role in PHE solutions is evidenced by the project’s multiple successes. It is women who bear a disproportionate burden in childrearing and guide the outsized opportunity of steering children on a healthy, sustainable path. Women are also often the primary managers of day-to-day household chores, sanitation and food preparation, and ensuring dietary diversity through home gardens. They often prove more frugal and nimble managers of household resources than men, and when given the opportunity, become successful entrepreneurs. It is women who demand to have control over their bodies and are instrumental in accelerating demand for contraception. In governance and business, it is women who appreciate the moral imperative of gender equity. Championing girls’ and women’s education and empowerment are moral imperatives unto themselves and core Sustainable Development Goals.

A key value-added by the HoPE-LVB project was its capacity to compellingly convey the relationship between population, health, and environment to key stakeholders at multiple scales. Vital rural livelihoods in the developing world depend on sustainable household food production. People managing their livelihoods understand the vicious cycle of climate change, environmental degradation, illness, and rapid population growth; indeed, they must manage these diverse challenges every day. Therefore, they appreciate that climate-smart, sustainable resource management, disease prevention, and FP represent a virtuous cycle. While the context — ecological, cultural, political, and economic — will change across diverse ecological and livelihood geographies, the core message remains universal.

Successful PHE expansion will identify champions and key stakeholders at all geographical scales, among government, non-government, and civil society networks, and across population, health, and environment thematic areas. Strategic messaging will retain the core PHE message, which has proven effective when tailored to the local human and physical geographical context.

Model households and exchange visits were paramount in demonstrating the PHE concept in practice and for providing living laboratories for sharing ideas, skills, and knowledge. Future PHE projects could successfully frame community development projects around model households. As above, the core concept tailored to local conditions would usefully inform “who, what, and where” communities and model households are selected and cultivated.

Scale-up of easily adopted aspects of HoPE-LVB occurred naturally in project communities and neighboring communities, including conservation measures, sanitation, and FP. Because people had acquired the skills that will remain with them and for which there is built-in incentive to retain in the form of improved livelihoods, most respondents agreed that community training will continue after the project exits. Some of the most important PHE outcomes are the least costly, with some requiring no up-front capital expenditure whatsoever. This is a valuable lesson of high applicability to other potential PHE sites.

Improved M&E will be critical to successfully facilitating the scale-up of HoPE-LVB best practices. Evaluation design, data collection, and analysis could be improved through university partnerships. There is a great need to monitor, evaluate, and analyze the relative value-added of PHE integrated interventions as opposed to the uncoordinated aggregation of single-sector approaches. University partnerships could increase M&E quality while potentially decreasing costs and freeing up time for implementers to continue their efforts. A lesson learned is the importance of integration with diverse university, government, and non-government partners, and the importance of a scientific evaluation of value-added for achieving sustainability and scale-up.

RECOMMENDATIONS
National government

- Provide additional resources to undertake intensive advocacy and technical assistance at all levels and provide support and supervision at the community level.
- Continue project successes by funding PHE trainers through sustainable line item government funds, groomed by HoPE-LVB, to target more islands and remote areas in a bid to increase the project’s effect.
- Continue to work on demystifying misconceptions around some of the PHE issues and continue advocacy and training.
- Prioritize institutionalization by engaging all sectors at all pertinent scales to ensure scale-up and continuity. The project’s positive outcomes of institutionalization (e.g., VHTs, BMUs, young mothers, youth groups, and model households/farmers) were realized through collective involvement of Pathfinder staff and district-level government technical officers. It is critical to continue this partnership institutionalization at all levels.
- Continue HoPE-LVB support that is critical to sustainability and scale-up, especially in Uganda, where government support systems remain weak and disjointed. Withdrawal of the project at this time is likely to reverse some of the gains made, particularly in the areas of FP and RH.

Sub-national government

- Work with local champions and model households to scale up to surrounding communities. Project communities and neighboring communities alike have embraced the PHE approach, as have some organizations near HoPE-LVB sites. This is an indication of a need for scale-up so that some of the villages not reached at the project’s onset can be brought on board. Model households have an important role to play in this effort. PHE work plans could usefully involve the training of existing model households to collaborate with government ministries in training and developing new model households.
- Create and promote a truly multi-sectoral PHE steering committee within local governments. This will help ease communication with heads of households and help identify what does not work and why, facilitating resolution of issues.
- To realize sustainability of the HoPE-LVB project, place PHE under the oversight of the local government, which will help with technical oversight support long after closeout.
- Promote PHE in the Country Integrated Development Plans. The findings revealed that the PHE approach has helped many local government officers from different departments do their work effectively. They were able to engage with stakeholders and the community, which enhanced integration through PHE activities.

Agricultural ministries

- Provide funding to help boost some of the farming activities with water tanks and solar pumps to sustain them during droughts. Water conservation interventions, for example, could help support tree nursery projects during dry seasons.

Health ministry

- Build on advances in upgrading health centers.
- Champion VHT work to be implemented effectively through enhanced integration with government health centers.
- Ensure continuity of health access at the community level.
• Follow project successes at local levels in tackling the structural supply chain constraints with all parties to ensure essential FP services and drugs are available to all, including a variety of FP methods (e.g., condoms, pills, injectables, and intrauterine contraceptive devices).

Implementing partners

Scale-Up

• Actively involve the local government in the implementation of the HoPE-LVB concept. This will ensure technical support to aid in facilitating continuation of the projects in the communities.
• Ensure proper linkages with the relevant ministries to conduct refresher training for VHTs, BMUs, youth groups, and model households. This will ensure continuity of these activities under the guidance of the local government technical staff. To enhance ownership, initiate a secretariat body in the community to play an oversight role in ongoing community-level activities.

Design

• Develop better selection criteria to ensure all model households “measure up” to the task.
• Improve M&E in every sector by developing value-added measures and partnering with universities. Most project evaluation samples are too small and too thematically focused to permit a statistical probability analysis of relations among observed patterns and trends. Resources to conduct augmented mixed-methods research remain scarce for projects; university partnerships can complement and enhance these efforts.
• M&E can be done on a quarterly basis to help bring out the integrative indicators and aid improvement of data collection and analysis. Partnerships with universities could improve M&E — and could result in cost-savings for implementing partners.
• Research, plan, and initiate projects that are not overly ambitious, and design them based on the realities of the human and environmental contexts. The tree project, which appeared viable prima facie, eventually failed because environmental challenges such as drought were insufficiently considered.

CORE PRIORITIES

Based on the recommendations above, several core priorities emerge for governments and implementing partners to consider for the successful expansion of PHE in East Africa and elsewhere:

• Retain the core PHE message but tailor it to local needs and contexts. For example, a fishing community with higher HIV prevalence may usefully promote condom use as a priority contraception.
• Grow the model households network. Work with current model households and government ministries to scale up organically.
• Foster local and regional exchange visits through a central PHE organizing body.
• Strategically develop and disseminate information materials (e.g., posters, pamphlets, videos) and develop media campaigns for advocacy scale-up (e.g., radio shows, interviews, events) through partnership with an expert PHE implementation organization, such as Population Reference Bureau (PRB).
• Enhance stakeholder engagement at all levels through a centralized PHE coordinating body empowered by the national government. Cross-stakeholder fertilization was successful in the project, yet great opportunity remains to build on this success.
• Identify and engage champions and promote exchange visits among them.
• Train advocates to train other advocates, focusing on expanding the model household network to communities throughout the region.

• Invest in institutionalization to expand on the project’s efforts. Engage and lobby leadership and assist in drafting work plans and laws. International organizations such as PRB and Pathfinder can usefully coordinate with national and regional PHE champions in government.

• Partner with universities to advance the science behind PHE value-added. M&E can be improved and done more cost-effectively using universities. Doing so also trains students, who can become PHE advocates, researchers, and implementers.
I. INTRODUCTION

EVALUATION PURPOSE

This external evaluation complements an internal evaluation conducted by the implementing partner, Pathfinder International, to examine evidence on the relative effectiveness and scalability of the Health of the People and Environment in the Lake Victoria Basin (HoPE-LVB) project. The project defines effectiveness as increased access to sexual and reproductive health (SRH) services and improved maternal and child health (MCH) care practices while reducing biodiversity conservation threats. By scalability, the project means the relative potential to be institutionalized locally and replicated regionally. Given the United States Agency for International Development (USAID) Office of Population and Reproductive Health’s (GH/PRH) commitment to support activities that link family planning (FP) and population dynamics to resilience, environmental sustainability, and state stability,¹ the findings of this evaluation provide important evidence to guide USAID’s strategic investments in this area.

HoPE-LVB’s basic premises are that by operationalizing the population, health, and environment (PHE) approach, the quality of life of people living in the project areas will be improved. The project theory of change states:

> HoPE-LVB’s long-term goal is to reduce key threats to biodiversity conservation and ecosystem degradation in the Lake Victoria Basin, while simultaneously improving reproductive health — an important factor affecting the quality of life, as these are interdependent needs. Change in these two goal areas increases the resilience of some of the region’s poorest people, as well as that of the lake, wetland, and forest ecosystems, which contribute to overall basin functionality. An integrated approach to effecting change also helps to promote gender equality, responds to the multi-faceted challenges of isolated communities, and increases awareness of issues relating to environmental conservation. In order to create such change, we believe there is a need for community-centered interventions to be undertaken in an integrated manner and at scale, coupled with buy-in and support from stakeholders at multiple levels, including national and regional. (HoPE-LVB Theory of change, p.1)

Target audiences

The target audiences for this evaluation include the following:

- USAID, and particularly PRH and other USAID offices, bureaus, and missions globally that are currently supporting or considering expanding work on integrated PHE programming
- Other governmental and institutional donors seeking to advance implementation of sustainable development or their own sectoral goals that might be more efficiently or effectively achieved through integrated approaches
- Local, national, and regional governments and other stakeholders in East Africa that are tasked with supporting the implementation of sustainable development, health, and conservation
- Technical communities of implementers in the areas of FP; climate change resilience; agriculture; food security; environment; MCH; water, sanitation, and hygiene (WASH); and integration
- Technical communities interested in implementation science and scaling up

¹ Per Rationale 3 of the FP/reproductive health (RH) program as stated in the GH/PRH priorities for 2014-2020.
EVALUATION QUESTIONS

In consultation with USAID evaluation technical officers, the evaluation team developed three questions to guide the evaluation:

1. What are stakeholders' perceptions of HoPE-LVB project model's “value-added” to FP/RH, maternal and child health, livelihoods, governance, natural resources management or conservation?

2. Has the HoPE-LVB project's explicit focus on systematic planning for scale-up resulted in positive outcomes of institutionalization, sustainability and expansion of the model?

3. To what extent did the HoPE-LVB project achieve its objectives as measured by its key performance indicators/results?
II. PROJECT BACKGROUND

The HoPE-LVB project’s long-term aim was to reduce threats to biodiversity conservation and ecosystem degradation in the Lake Victoria Basin (LVB) while increasing access to SRH services to meet the needs of women and couples for contraception and improve MCH in project communities. The basic premises of the project are that by operationalizing the PHE approach, people’s quality of life will be improved. The project received support from diverse sources, including the David and Lucile Packard Foundation; the John D. and Catherine T. MacArthur Foundation; USAID, through its Evidence to Action (E2A) project; the Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) project (University of Rhode Island); Informing Decisionmakers to Act/Population Reference Bureau (IDEA/PRB), and Global Health Fellows Program; the Barr Foundation; and the Winslow Foundation. Pathfinder International was the main implementing agency.

Phase I of the project (2011-2014) focused on testing models for integrating PHE interventions with potential to be scaled to surrounding areas of the LVB. An important, relatively novel aspect of this PHE effort was its emphasis on “keeping the end in mind,” using guidance and technical support from ExpandNet, supported by USAID. This meant ensuring that integration could continue in current communities and also be replicated, as relevant, throughout the LVB via existing structures, including the LVB Commission of the East African Community.

Phase II (2014-2017) was implemented in Uganda and Kenya. Since its inception, HoPE-LVB has followed an adaptive process to determine how best to introduce proven interventions to communities integrated among multiple sectors to maximize the collective effect. The project identified and implemented a series of interconnected interventions representing pertinent PHE sectors for adoption by communities, local governments, national, and regional governments.

At the start of Phase I, the project team believed that the support and capacity required for key stakeholders to adopt integrated PHE interventions in the LVB at meaningful scale would be achieved in three ways: implementing a pilot project in two LVB countries (Uganda and Kenya); advocating for the benefits of such an approach at multiple levels throughout the life of the project, including with regard to regional influencers such as the LVB Commission; and carefully documenting the process and results achieved to support advocacy and adaptive project management.

The HoPE-LVB project targets areas of Kenya and Uganda that are characterized by fragile human and environmental health conditions. (See Table 1 and Figure 1) Furthermore, population momentum (i.e., continued population growth following fertility decline due to a youthful population) in these areas remains high, with associated challenges of generating jobs for a growing population that will be entering the labor force in the coming years.

PHE is designed to help meet health care needs and infrastructure development for rapidly urbanizing populations while minimizing the detrimental environmental impacts of increased economic and population pressures on natural resources. In this context, targeting the most vulnerable populations where PHE is in especially high demand makes implementation challenging. For example, HoPE-LVB’s main Phase II expansion site in Kenya was Homa Bay County, home to more than 1 million residents facing many serious challenges. Under-5 child mortality is dominated by preventable diseases, including malaria, which accounts for 36 percent of the deaths, diarrhea (15 percent of deaths), and acute respiratory complications (also 15 percent). Additionally, the county’s 27 percent HIV prevalence rate far exceeds the national average of 6 percent. Lack of staff and medical equipment at health facilities means most people do not have adequate access to health care. Environmental issues include high rates of deforestation, diminished soil fertility, widespread use of prohibited fishing gear, and increased frequency and magnitude of weather anomalies consistent with climate change. More than half the
population lives below the poverty level. Women and children disproportionately suffer poverty due to low education levels, virtually absent control of land, and scarce employment opportunities.

Table I. HoPE-LVB Intervention Areas in Uganda and Kenya

<table>
<thead>
<tr>
<th>District</th>
<th>Division</th>
<th>Sublocation</th>
<th>Est. Population</th>
<th>Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UGANDA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wakiso</td>
<td>Bussi sub-county</td>
<td>Bussi</td>
<td>3,100</td>
<td>Bussi HCIII, Rapha</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gulwe</td>
<td>6,900</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tebankiza</td>
<td>2,200</td>
<td></td>
</tr>
<tr>
<td>Mayuge</td>
<td>Jaguzi sub-county</td>
<td>Jaguzi</td>
<td>2,818</td>
<td>Jaguzi HCII</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sagitu</td>
<td>2,517</td>
<td>Sagitu HCII</td>
</tr>
<tr>
<td><strong>KENYA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suba</td>
<td>Gwassi</td>
<td>Nyandiwa</td>
<td>5,160 (1,720 households)</td>
<td>Italian Scouts Dispensary (L2), Magunga Sub District Hospital (L4)</td>
</tr>
<tr>
<td>Rachuonyo</td>
<td>Rakwaro</td>
<td>Rakwaro</td>
<td>5,200 (1,733 households)</td>
<td>Kendu District Hospital (L4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kobala</td>
<td>2,600 households</td>
<td>Miriu HC (L2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Achuodho</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Karachuonyo</td>
<td>Oraing’kogweno</td>
<td>3,100 households</td>
<td>Olando dispensary (L2)</td>
</tr>
</tbody>
</table>

Source: Pathfinder International.
Although similar to Kenya in many development indicators, Uganda has one of the highest population growth rates in the world, 3.2 percent. One in three Ugandan women who wish to stop having children lack access to modern contraceptive methods, and approximately 6,000 women die from avoidable childbirth-related causes. As in Kenya, the project site in Uganda targeted areas in dire need for PHE interventions, including Jaguzi sub-county, which has a population of 9,223, a total fertility rate of 7.1, and an annual population growth rate approaching 4 percent, exceeding the national average. Livelihoods revolve around fishing, with more than 90 percent household involvement. Another site, Mayuge district, has approximately 400,000 people and an estimated 3.5 percent growth rate, and less than half the population has access to safe water sources.

**PHASE I OBJECTIVES**

**Objective 1**: By 2014, improve SRH and maternal neonatal child health (MNCH) outcomes among populations living in LVB project sites.

**Objective 2**: By 2014, increase community capacity to sustainably manage LVB-related ecosystem resources to improve livelihood, environment, and well-being in LVB project sites.

**Objective 3**: By 2014, increase public and policymakers’ support for the implementation of integrated PHE strategies in the LVB, including project sites.

In Phase II, HoPE-LVB built on Phase I partnerships with project community champions to equip them to support project expansion to neighboring communities. The objective of model expansion was to
improve the lives of more people in new communities and evaluate to what extent the HoPE-LVB PHE model, following rigorous scalability criteria, could be successfully replicated. To achieve this, the project built the capacity of Phase I community champions to deliver PHE training to others.

**PHASE II OBJECTIVES**

**Objective 1:** Deepening and expanding implementation of current HoPE-LVB interventions to improve SRH and MNCH outcomes while increasing capacity to sustainably manage natural resources for improved food and livelihood security.

**Objective 2:** Refining and packaging the HoPE-LVB PHE model approach for dissemination and facilitate capacity building of other organizations to replicate the model.

**Objective 3:** Advocating for and supporting the process of institutionalizing the HoPE-LVB model in regional, national, and local government systems and non-governmental organizations (NGO)s around the LVB.
III. EVALUATION METHODS AND LIMITATIONS

The evaluation used mainly qualitative methods, supplemented by existing quantitative data, to assess project-level outcomes and the relative success of scale-up activities. Primary data collection methods included key informant interviews (KIIs) and focus group discussions (FGDs). This primary data was complemented by a desk review of key project documents and publications, project internal evaluations, and secondary analysis of existing project data consisting of a baseline survey dataset and performance monitoring data.

The team designed qualitative tools to capture aspects related to understanding the value-added of PHE, learning best (and suboptimal) practices, building political commitment for PHE, building capacity to implement integrated approaches to health and development, and promoting learning during Phase I of project model testing. Secondary data analysis focused on HoPE-LVB performance in PHE outcomes in project communities as measured by quantitative change following interventions.

SITE AND SAMPLE SELECTION

The team conducted 23 FGDs and 37 KIIs. The statement of work (SOW) called for 20 KIIs; the evaluation team nearly doubled this as we discovered key informants (KIs) we believed were important to interview for a more thorough evaluation.

To compare and contrast sites at different stages of implementation, all core Phase I and Phase II communities were selected for FGDs in Kenya and Uganda. Five FGDs were conducted in an old and new project site in Kenya; in Uganda, 13 were conducted in an old site and seven in a new site.2 FGDs in Kenya included youth groups, Beach Management Unit (BMU) group leaders, model households groups, Voluntary Health Teams (VHTs), and women’s groups. The number of KIIs and the proportion of key individuals to the project represented by our KII sample are a thorough and robust qualitative sample that allowed for reasonable conclusions of majority/minority opinion among the group of greatest importance to and knowledge of the project. Similarly, the 23 FGDs included many people in project communities who were key to HoPE-LVB’s success.

ETHICAL CONSIDERATIONS AND HUMAN SUBJECT PROTECTION

We conducted our research with the highest ethical considerations and with participant anonymity. All interviews began with a statement to potential participants requesting consent.

Evaluation Limitations

Limited quantitative data. While sufficient quantitative data was available to reliably measure changes in several key indicators relating to MCH, sanitation, livelihoods, and conservation, limitations included a lack of well-defined indicators, especially for livelihoods and conservation, and limited household and longitudinal data. The team appreciated the availability of internal monitoring data that was sufficient in quantity and quality for a meaningful analysis of PHE performance.

Limitations inherent in the sample. Our sampling of KIs and FGDs focused on people and communities directly involved in the project. This is the obvious group to target for data collection, but remains a biased sample design without a sufficient control. Although the team went above and beyond the SOW to include KI and FGD controls, they were limited in number. Furthermore, time and

2 In Kenya, FGDs were conducted in Rachuonyo, Homa Bay, Siaya, and Bondo. In Uganda, FGDs were conducted in Jaguzi and Zinga.
resource constraints meant the team did not collect random household sample data; therefore, we cannot measure with statistical significance the change in project measures at household or community levels.

**Limitations inherent in qualitative data.** Qualitative sampling focusing on project partners and households facilitates an in-depth understanding of processes. Our KI and FGD sample was carefully selected to include a large proportion of individuals directly involved in the project. However, samples were insufficiently large (and non-random; see below) to reliably, with statistical significance, determine correlations among patterns and processes observed.

**Limitations due to a modest sample control arm.** The team completed a thorough series of interviews with the most project-relevant KIs and FGDs. However, these informants were a select non-random group, so we could not meaningfully extrapolate responses beyond the groups themselves.
IV. FINDINGS

EVALUATION QUESTION 1

What are stakeholders’ perceptions of HoPE-LVB project model’s “value-added” to FP/RH, maternal and child health, livelihoods, governance, natural resources management or conservation?

Discussions with respondents suggest that HoPE-LVB’s key value-added was its capacity to make people appreciate the relationship among PHE processes (PHE approach), at the household and community levels (i.e., project model households, youth, mothers, VHTs, and BMUs) and among a broad range of technical personnel at multiple levels. Indeed, a majority of interviewees said HoPE-LVB had significantly changed the quality of life among people in project areas in Uganda and Kenya. To a large extent, this was made possible by the project’s participatory approach, which engaged district line departments, women, youth, young mothers, BMUs, and VHTs. Rather than simply seeking to highlight one aspect of development, the PHE approach emphasized the connection between population, health, and environment as central to the transformation of lives.

Some district technical personnel emphasized that the PHE approach helped them bridge the gap between what their departments were trying to address in the different communities. They highlighted the uniqueness of the model’s capacity to combine issues related to PHE to transform lives of hitherto poor people by undertaking interrelated development interventions:

“There is a lot of value addition in the PHE approach [compared to the] relative sector approach. You see with the PHE approach I get a number of things under one umbrella; I will look at the health aspect, how it relates to population and environmental conservation. Personally, I would go for the PHE approach.” — County Health Officer, Kenya

“[The PHE approach] is a very good collective tool to bring about community development. It brings resources together to disseminate a holistic message. It optimizes the utilization of resources. It helped to bring the planning unit and the health departments together … That is how we managed to get some resources for PHE this year.” — District Natural Resources Director, Uganda

“The [PHE] approach is good because it addresses all the important welfare aspects of a human being in a holistic manner. Even for [those of] us who are health workers, when we are implementing our activities, aspects that are not directly health-related somehow become indispensable …” — District Health Officer, Uganda

“What I can say is that HoPE-LVB is the only project which has been embedded in the community for a long time. It is the only project that the community talks about. The Project’s approach is quite interesting. They are able to get ideas from the people — their approach is fully participatory. It is very different from what we are used to in government — which is top-down …” — District Fisheries Officer, Uganda

A. Did the project influence gender norms and roles in the communities?

Before HoPE-LVB began, women’s empowerment in the target sites was minimal. As is common in many traditional African societies, women do not to speak in public. Beyond this, most women were not allowed to leave their homes alone or to join progressive groups. Therefore, men were making most major decisions that affected household well-being.

Overall, HoPE-LVB positively influenced changes in gender norms and roles in both Uganda and Kenya project sites. At the beginning of implementation, most men were against allowing women to collaborate
with the project. In fact, some of the first women who joined HoPE-LVB were severely punished by their husbands. Project architects strategically involved men to ensure that women were not barred from joining key activities, including FP and MCH, as well as economic and livelihood development activities, such as energy-efficient cookstove production, agricultural and livestock diversification, and aquaculture.

This was a landmark achievement, with women becoming more valued and many men accepting the new empowered roles among women. A majority of respondents, especially those from the Uganda project sites, highlighted that their relationships with their partners had significantly improved, as women were now contributing toward the well-being of their households. As a result, women’s bargaining power in households improved immensely. Men suddenly realized that involving women in income-generating activities would make them more responsible partners. One of the first economic activities that involved both men and women was the establishment of tree nursery beds. Women were also actively involved in vegetable-growing, which reduced the pressure on men, who formerly had to provide money to sustain their households. Most women indicated that they sold extra vegetables and earned additional income from the activity; they used this money to contribute to sustaining their households. One male FGD participant in the Jaguzi model households in Uganda remarked,

“I knew the responsibility of the wife was cooking. Looking for money was the business of the man. I got to learn that if a woman is not involved in the control of the household income, she does not fully contribute to the production processes nor [is she] mindful of how well household income is spent. The situation is now different. We decide together with my wife on all financial matters.”

FP training also helped to introduce child spacing and address an unmet need in the target communities. Adopting the approach implied less pressure on households to sustain multiple children. Respondents revealed that there was more harmony in the households because with fewer unplanned children, men received more attention from their wives. More women started discussing with their partners issues relating to the number of children they should have and when they should conceive.

On Zinga Island, Uganda, a majority of mothers in FGDs pointed out that FP helped them appear more attractive to their partners because they were able to maintain their “good looks” by embracing child spacing. Before this intervention, several men had sought prostitutes because their partners (i.e., mothers of their children) were spending most of their time looking after newborn babies and their bodies had changed from so many births and child-rearing. One of the young mothers on the island commented,

“Now I feel well and I look good. I also spaced our children and now I have more time for my husband. I make him juice and baby him too because I do not have a child to baby. I have one child and our child does not share our bed.”

B. Did the project influence youth empowerment, development, and leadership in the communities?

Youth empowerment, development, and improvement in leadership skills were perceived as a critical aspect of HoPE-LVB. Although there were notable challenges to the achievement of these objectives, the project appeared to have inspired a transformation of youth mindsets in both Kenya and Uganda. To a great extent, prior to HoPE-LVB, youth in the intervention sites were less empowered, impoverished, and lacked leadership skills. Young people in the target sites had resorted to spending most of their time playing games such as Ludo (a board game), cards, and gambling. Overall, the project led to youth empowerment, development, and leadership in the communities that embraced the scheme.

The project fostered the emergence of youth leaders who became involved in training others in their respective areas, mostly through drama and public talks. Women especially learned how to speak in
public, which they had feared to do before HoPE-LVB. This was particularly pronounced in Zinga, as one female in a mixed-youth (i.e., both girls and boys) FGD explained,

“Other groups come from different areas and we teach them. They come from areas such as Bussi. We taught them how to make energy-saving cookstoves, cleaning their homes, making drying racks. We also learned a lot from other communities. For example, we visited other fishing communities, such as Kyanjaazi and Katiko, and we realized that they were cleaner than ours.”

The fact that the various training sessions brought together youth and other older community members gave young people a rare opportunity to learn from experienced individuals who were willing to nurture them. The key issues they focused on included FP, gender roles, and alternative income-generating activities. One female FGD participant from the Active Model Household at the Rachuonyo site in Kenya revealed,

“The training gave us ground for dialogue between the old and the young. We usually have forums where we share freely on family planning issues, gender roles, income-generating activities, and many more. So the youths are able to open up and talk about issues that are affecting them. This makes it easy for us to solve our problems.”

The project also addressed youth and income. In all intervention areas, youths’ income status was initially low, and they had no culture of savings. HoPE-LVB trained young people in alternative income-generating activities, such as vegetable, fruit, and tree cultivation, beekeeping, fish cage farming, construction of energy-efficient cookstoves, and modern farming methods. A key achievement was the shift from fishing for younger, smaller fish to more mature, larger fish, which fetched more income. This also shielded youth from government operatives arresting people involved in illegal fishing. The project helped youth, who were now earning more income, form Saving and Credit Cooperative Organizations (SACCOs), helping them learn how to save and access credit to expand their income-generating activities. As a result, a majority of youths in both countries began to shift their thinking from how to get by today to how to guarantee a bright future. Indeed, a male participant in a mixed-youth FGD in Jaguzi, Uganda, pointed out,

“Youth don’t think about short-term benefits like gambling anymore. We encourage them to engage in productive activities for a bright future. We now farm, which we did not do before. We think long term. We think of how our families will be in the future. We don’t want to repeat the mistakes of our parents. We have changed our attitudes. We think about what sort of family we want and how we expect to earn. We involve ourselves in hard work.”

Informants reported that, through intensive training, HoPE-LVB empowered some youth groups that had been present before implementation began. Although these groups had been involved with different projects, they were easily integrated into HoPE-LVB. Leveraging their persistence facilitated internalizing and popularizing the PHE approach among youths in project communities. This catalyst from building on pre-existing groups was particularly pronounced in project sites in Zinga, Uganda, and Bondo, Kenya, project sites. As one male participant in a mixed-youth FGD in Bondo said,

“We started working with HoPE-LVB project in 2015…. Our activities were almost similar, maybe the approach was different but at least we had the concept. This made it easy for us to
learn and implement their activities through the PHE approach that they trained us on. We realized that all these activities are interrelated and so this was an opening to reach out to a wider population with these newly learned skills.”

C. Did the project’s livelihood component change economic power in the households?

Although the challenge of improving livelihoods in project households continues in Uganda and Kenya, revelations from KIs (e.g., beneficiaries, district technical personnel, project implementers) suggested significant overall progress toward the achievement of project objectives. Before HoPE-LVB, fishing was the main source of households’ livelihoods. Because governments began monitoring for illegal fishing practices, many fishermen were arrested and others lost their equipment to government security agencies, crippling the economic status of affected households.

To a large extent, the project helped transformed economic power in households in Uganda and Kenya. Commencement of HoPE-LVB was opportune, because intervention sites had alternatives in place by the time the government decided to crack down on illegal fishing practices. In both Kenya and Uganda, the project supported fish farmers to establish breeding cages in a bid to stop them from depending on fish from Lake Victoria. This improved household earnings, as farmed fish produced more income than traditional fishing. Even after factoring in the challenges of preventing other fishermen from encroaching on their fish, they still earned more from the breeding cages.

Additionally, many project households diversified their incomes by practicing modern farming methods. This involved introducing new crops such as fruits and vegetables for both household consumption and commercial sale. The introduction of fertilizers and increased crop spacing improved yields. With knowledge acquired from HoPE-LVB trainers, households began raising goats and cattle, keeping bees, and growing trees for commercial purposes. Due to improved earnings from agricultural yields, some in Zinga abandoned fishing as their mainstay, and farmers in both countries noted positive benefits from these food production interventions:

“We have learned how to space our plants and realized they yield more. Before acquiring knowledge from the project, a bunch of bananas would go for as little as 1,000 shillings; now we can get as much as 20,000 per bunch.” — Male FGD participant, Zinga BMU, Uganda

“We were taught that we should plant drought-resistant trees and crops like cassava and millet. We have taught the community how to make kitchen gardens; for those with space, they can have their kitchen gardens by their homes or have sack kitchen gardens. From our kitchen garden, we now have a surplus to sell. This has improved our livelihoods.” — Female FGD participant, Active Model Household, Bondo, Kenya

As it did for youth groups, the project helped form SACCOs to introduce these community members to the concept of saving some of the money they earned. Because their incomes had significantly improved, they were able to save newly earned money and re-invest it to expand their income-generating activities, over and above the costs of taking care of other household needs, such as paying school fees for their children. One female respondent in a mixed-youth FGD in Jaguzi exemplifies the benefits of the SACCO:

“With the SACCO I learned to save. If I earn 5,000 shillings today, I spend 3,000 shillings and save 2,000. Later, when I don’t have enough money, I go there and get money for food or for school fees. My children are rarely chased away from school. With the vegetable garden, I have a source of income.”

Some women in both countries developed affordable energy-efficient cookstoves for commercial purposes. They traveled to communities that did not know about such stoves, popularizing the idea and creating a wider market for their product. Women’s groups led the effort to produce and sell the
stoves. Women KIs involved in the process were largely positive about this activity, citing multiple benefits regarding empowerment, income generation, disease prevention, conservation, sanitation, and sustainable farming. They reported, for example, that they could make the equivalent of several dollars a day working together to produce stoves, giving them a productive activity that raised their status in the community. They also praised other benefits, including a reduction in upper respiratory illnesses in their households, conservation of fuelwood, and using ashes to sanitize latrine effuse, which can be utilized as a crop fertilizer. Still, many lamented the difficulty of market access for selling the stoves.

The development of model households was core feature of HoPE-LVB. Because these households had transformed themselves from poverty-stricken homes to ones earning higher incomes, other community members wished to emulate them. The research team visited these households, which make themselves available for so others can learn modern farming practices, and observed remarkable economic transformation, as the pictures below illustrate.

An officer at a Uganda secretariat confirmed that HoPE-LVB had significantly transformed the economic status of households in fish breeding areas because they were now earning more from mature fish and from the crops grown to supplement their incomes. “Fish breeding areas have embraced aquaculture and [are] yielding money,” he said. “They earn up to 300,000 Ugandan shillings a week [$84] from selling fish and also have tomatoes, bananas, and other crops. This program is really reducing poverty.”

D. Did the project improve governance of health care in the households?

According to FGD participants, prior to the introduction of HoPE-LVB most women had never attended antenatal check-ups during pregnancy — and when they did, most men did not accompany them. To complicate the situation, most mothers preferred seeking services of traditional birth attendants. Furthermore, most mothers did not have access to a variety of FP methods; however, after the project began, women used numerous methods, including condoms, pills, injectables, and intrauterine contraceptive devices (IUCDs). Although some mothers complained about the side-effects of IUCDs, they overwhelmingly appreciated the introduction of the other contraceptive methods.

Similar patterns were found for HIV/AIDS, which was more prevalent in fishing communities. KIs said most people residing on islands were afraid to test for HIV. Along with FGD participants, they said the overall state of hygiene was very poor and rudimentary before HoPE-LVB began. FGDs noted that most households did not have latrines, drying racks, or rubbish pits (this was corroborated by Pathfinder internal data and documentation), and said it was common to see rubbish spread across the landscapes of targeted communities. Exacerbating the sanitation situation, most people defecated in Lake Victoria or in bushes, which increased the incidence of fecal-borne diseases. Informants said poor sanitation
resulted in women losing their lives during childbirth and regular outbreaks of sanitation-related diseases, such as cholera.

According to the majority of respondents, health care management and outcomes largely improved in project households in both countries. In part, this was enabled by regular restocking of relevant drugs at health centers. More men became involved in household health issues, including accompanying their wives during antenatal visits and testing for HIV/AIDS together.

The project trained communities in WASH, FP, antenatal care (ANC), and the importance of giving birth at suitable health centers. Community members were advised that improved hygiene standards would reduce the incidence of diseases and lower the cost of health care. The project took advantage of the existing VHTs, which were thoroughly trained before being deployed to train new VHTs and other community members. This approach augmented the effect of project interventions, resulting in more households constructing pit latrines, excavating rubbish pits, and making drying racks. On Zinga and Jaguzi Islands in Uganda, it was evident that constructing pit latrines and rubbish pits had made communities more hygienic than neighboring areas. At the BMU in Chwowe, Kenya, one female FGD participant explained,

“The project has trained us on [WASH] and in turn, we have also trained the population on hygiene issues like clean drinking water, having dish racks, digging rubbish pits for disposing of rubbish. On sanitation and toiletry, we have emphasized washing hands after visiting the toilet.”

Most respondents (e.g., beneficiaries, district technical personnel, project implementers) in both countries emphasized that FP influenced behavioral change in HoPE-LVB communities. Trained project members learned the importance of managing family size for achieving higher and more sustainable levels of household and community livelihoods, well-being, and health. During FGDs, most participants revealed that, after training, a majority of women were attending four antenatal visits and giving birth with the assistance trained health personnel. Moreover, mothers now made sure that their newborn babies were immunized. One key implementer, a project coordinator, noted,

“Many of the women have adopted the idea of having manageable family sizes and as a result, the family planning uptake has shot high. If you could go into the records of the health facility most women are now using the modern family planning methods to space their children and have manageable family sizes.”

Challenges

Evidence from our findings suggested great progress, but it also revealed challenges in implementing the PHE approach. Although it was evident that it was crucial for the health, environment, fisheries, and planning departments to work together, in most cases this did not materialize as optimally as hoped. As a result, in some instances disjointed activities made it difficult to operationalize the approach.

The project did train community volunteers to help popularize the PHE approach, but the lack of facilitation for training sessions, lack of transport, and lukewarm reception accorded to some of the trainers hampered implementation.
It was also revealed that, although HoPE-LVB community volunteers did an outstanding job of convincing others about the importance of FP, sometimes these people discovered that some services were not available at their health units. This demoralized trainers and community members alike.

Although people in the intervention islands embraced the idea of engaging in alternative income-generating activities and some activities (e.g., energy-efficient cookstoves) were considered successful, the market for their agricultural products remained inadequate. For example, when the evaluation team found rotting oranges when it visited model households in Jaguzi, citrus farmers revealed that the market was inadequate, mainly because they could not transport their fruits to the mainland. Most groups desired to expand income-generating activities but lacked resources to optimally achieve such expansion.

**EVALUATION QUESTION 2**

*Has the HoPE-LVB project’s explicit focus on systematic planning for scale-up resulted in positive outcomes of institutionalization, sustainability and expansion of the model?*

Informants largely agreed that HoPE-LVB’s systematic planning for scale-up has resulted in positive outcomes of institutionalization at local, national, and regional levels. At local levels, scale-up was supported by groups such as the VHTs, BMUs, young mothers, youth groups, and model households/farmers. These diverse groups have increased buy-in and provided diverse outlets for the PHE message to be shared.

At the county and district levels, scale-up outcomes were made possible through involvement by natural resource, health, fisheries, and other officers who helped train communities following PHE plans developed at the district, county, and sub-county levels. Scale-up focused on designing this approach with the end in mind, which meant the project needed to carefully consider what was to be scaled up. Therefore, the project team redesigned affordable interventions based on multiple scales and partner needs and requirements. KIs noted that donor flexibility and technical input from partners were key to the success of this effort.

Notable progress has also been made at the national level, in Kenya, a national PHE policy steering committee was set up and is expected to spearhead PHE activities. In Uganda, a PHE national work plan was developed and the National Population Council is funding the coordination of PHE activities in line ministries as well as financing and supporting hosting the PHE national network’s activities and meetings. KIs in both nations were overwhelmingly noted the importance of visits to project sites for informing the work of PHE policy steering committees and national PHE-related work plans. However, KIs in both countries claimed to urgently need an overarching national policy to support coordination, resource mobilization, and implementation for the PHE model to be fully institutionalized at all levels. At the regional level, KIs said Hope-LVB was a pioneering PHE program, becoming a learning lab — a site for other researchers, practitioners, and residents to learn best practices — and working toward PHE scale-up. Summarizing this achievement, one KI, a regional leader, noted,

“This prompted the need to see PHE in the rest of the nations. Presidents, prime ministers of different nations, and the policymakers were convinced. In return, they bought in to the PHE concept, which they mandated us to scale up and modify according to the local environment.”

Findings demonstrated a systematic planning for scale-up through capacity building. PHE modules developed collectively by Pathfinder staff and regional stakeholders were a salient example. One female regional government official commented,

“We have supported each other. We developed a regional PHE manual and through this, we have held a good training for the region. The LVB Commission provided materials. At the regional level we further scaled up and developed our own advanced PHE modules, so we
ended up having more than Pathfinder had, and when they have training they want to use our PHE modules so we end up sharing our modules and also share staff. We have also come up with project concept notes, which we shall use in the upcoming advocacy meeting in October, which will bring together the climate task forces as well as the national environmental management authorities from all six countries to train them on PHE.”

Another KI, a regional leader, echoed the effectiveness of regional scale-up activities:

“At [the] African level, I am a member of the regional technical working group, government and civil society, and in regional policy steering committee for secretaries of land ministries, which Pathfinder also attends. Decisions taken by us are discussed with the Council of Ministers of water, environment, health and African affairs and finance from six countries, and then adopted by all member states. If [there are disagreements], then heads of states decide once annually. PHE is discussed at this level. We have a strategic plan for PHE.”

A. To what extent has the HoPE-LVB model had any influence outside the project communities? Explain.

Project best practices were shared through a host of mechanisms. Informally, information spread through interactions among project community members and people in surrounding communities. The PHE message was particularly effective when delivered through model households, community exchange visits, and BMU meetings. Scale-up was especially effective when activities required little or no funding and showed immediate and demonstrable benefit, such as FP, basic sanitation interventions, and sustainable farming and fishing activities. Overall, findings revealed that these message vehicles were critical to a positive PHE expansion outside the project communities, as summarized by one male KI, a sub-county officer in Kenya:

“On my visit, I was in a region outside [the] HoPE-LVB project site. The farmer had been supported by World Vision for water, but he kept referring to what he had learned about PHE from another person who had visited HoPE. He tried to copy a model household with water harvesting and is currently implementing that.”

The model household concept was widely considered a successful approach for scaling up PHE to surrounding communities. The project selected model households based on criteria involving evidence of and capacity for the adoption of PHE approaches. Chosen households received targeted training in PHE as “living labs” that served as a visible, tangible example that neighboring households and, ultimately, neighboring communities, could replicate. The findings largely indicated that VHTs and members of model households supported others by serving as role models and teachers from which the community could learn and emulate. KIs said learned skills had multiplied effects within their communities. For example:

“I visited a model household in Rakuaro and you could see the integration of the PHE approach from older to younger.” — Sub-county leader, Kenya

“We have tried to emulate some of the PHE indicators, such as proper hygiene and FP. We have in a way become models in our communities, although there is a sensitization gap. Our neighbors are curious about the improvements in our homes but need to be sensitized [to] them to come and learn.” — PHE Champion, Uganda

Model households have also been a vehicle for spreading influence outside project communities. A male sub-county officer in Kenya summarized the importance of the concept:

“In Migori County, we have seen some households picking up ideas of the model homes. It has spread more than we have expected. The concept of the model home has worked to expand to Migori and in Siaya [and] there may be more influence [in] neighboring communities.”
In some Ugandan sub-counties, however, many respondents could not apply or implement the household model approach because they were renting homes and needed the landlord’s approval to implement certain PHE activities. This limited PHE implementation in these areas.

In addition to model households, KIs highlighted the power of exchange visits for capacity building. Notable results have been realized, particularly in areas neighboring project sites. This process is exemplified in Kenya’s Homa Bay County, where officials have supported PHE community projects since 2013. In the ensuing four years, KIs claim, the level of PHE understanding has increased tremendously. For example, a female health official noted,

“Before, you could call for meetings and very few would turn up and ... the few who [did] turn up ... would not sit through the meetings. But now you call for a meeting and the number is overwhelming, and they will sit through the session.”

Similarly, a sub-county official noted the importance of site exchange visits in the rapid adoption of the PHE approach in Homa Bay:

“We have made visits to Jaguzi and Uganda, and we exchanged ideas and saw for ourselves the health-seeking behavior of our counterparts. We came back and held a meeting to bring all Homa Bay BMUs together — organized by HoPE. It was very productive, with a presentation of findings and then an interactive session with Q-and-A. One area that came out clearly is how they form monitoring control and surveillance. Now they can go out and patrol. I think the outreach was very good for us.”

In the fishing sector, it was particularly evident that the PHE approach had spilled over to other communities, especially in Kenya, which has a highly active and organized network of information-sharing among BMUs. For example, fishermen and women in nearby lake communities knew about PHE practices through discussion with people familiar with HoPE-LVB. In some cases, they integrated PHE on their own volition in conjunction with the government’s main poultry-rearing and fish-farming projects in their communities.

KIs revealed notable increases in fish catches as a result. Now, many claimed, fishermen did not have to travel long distances to get fish. KIs also said protection of breeding sites had improved. Nearly all BMU respondents attested that this has helped protect fish species that were becoming extinct. Neighboring BMUs also borrowed the idea of a PHE approach connected with sustainable fishing practices and were implementing them in their ports. One chairperson of a BMU, like many of his colleagues, said he now engaged in farming, a novel activity for most fishermen. The success of farming for food security and as an income supplement has influenced other fishermen to try farming. In Uganda, for example, fishermen adopted alternative income-generating activities, so much so that some have abandoned fishing entirely. Overall, locals said income increased and there was less pressure on the lake. Similarly, a Pathfinder staff member stated,

“Scale-up in other project sites is evident. For example, nine community-based organizations have adopted it in part or in whole without the support of the project. The support came in terms of orientation and they went out to get their own communities; YASCO [Yala Swamp Community Conservancy Organization] is a self-scaling-up group and there are seven others (Kombo, Yebicon, Teltel, friends of Yala, Denge outreach, Nyiego, and Urdi groups). Some are bordering [project sites] and some are far, but [all] learned through the VHTs. This was made possible through exchange visits.”

Respondents overwhelmingly agreed that project communities wholly embraced the idea of FP, and that this notably influenced neighboring communities. The effectiveness of the FP message was particularly remarkable because, previously, it had scarcely been discussed openly, if at all. This change was especially
pronounced among Muslim households in Uganda. FGD participants in Kenya and Uganda suggested that the great majority of women in both countries’ project sites were now using FP and were advocating for smaller families, with the rationale that they could provide better care if they had fewer children. Consistent with the several-fold increase in diverse FP methods in project sites reported in the team’s analysis of secondary data, KIs discussed how, for example, condom dispensers at most of the BMU offices in Kenya were a prominent testament to how men were also embracing FP.

Despite limited institutionalization, findings indicated that scale-up has occurred naturally in neighboring communities among project aspects that were compellingly successful, and cheaply and easily adopted. These activities required little or no funding and had immediate, demonstrable benefit, such as basic sanitation interventions and low (or no) capital investment in sustainable farming and fishing techniques in which potential adopters could visibly observe BMUs or model household success in reducing infections and improving farming yields and fish catches.

Scale-up is also evident in the appearance of funded projects borrowing the PHE approach. An example is an environmental project funded by the Norwegian government and implemented in conjunction with the International Union for Conservation of Nature. One KI explained that the Norwegian government had commented that there were insufficient quality environmental outcomes, so PHE was added to the project to compensate. KIs noted the value-added and that “all are singing the praises of PHE.” They said homes are now more resilient because of the PHE training.

Similarly, the Danish Family Planning Association, an NGO, received funding from the Danish government. Its officials visited the project sites twice, observed and learned details of the PHE household model, applied it in their area of intervention, and later applied for funds through the National Environment Management Authority in Homa Bay, Kenya. Now a similar model is being implemented in two communities beyond the original HoPE-LVB sites. These examples demonstrate the value-added in disbursing project funds among diverse partners and in diverse regions not originally affiliated with the project.

However, for sustainability of HoPE-LVB, many argued there was a need to place the project more squarely within the operations of national and local government structures. A national-level KI in Kenya discussed the importance of institutionalization for sustainability:

"Sustainability and integration are amorphous to Pathfinder. The value addition as an integrated approach is not in any of their documents. Without that, it is a useless project and this was likened to a PHE project in Rwanda: When donor funding ended, it died."

B. Which activities will continue when the HoPE-LVB project comes to an end? What will be your role? Which ones will not continue? Why?

More than two-thirds of FGD participants agreed that community training would continue even when the project exited because the people had acquired skills that would remain with them and for which there was built-in incentive (i.e., improved livelihoods) to retain. KIs said the activities that would continue were also the ones that scaled up most easily: those that were inexpensive and compelling to implement (e.g., improved fishing and farming, sanitation, and FP). Most informants believed that Dialogue Days, in which PHE best practices were shared and discussed, would be maintained, as would MCH and FP activities. Similarly, most KIs said environmental conservation and protection of the breeding zones would likely continue. However, a small minority believed that, while most aspects of PHE would be sustained, other aspects such as tree planting would not do well or probably end due to drought and because some community members were tenants who could not implement these concepts without the approval of their landlords. One BMU leader asserted, for example:

"The issue of the need for resources to run some of these activities as well as the need to incentivize people to be at [the] negotiating table may pull down some of these activities."
One male KI, a sub-county officer in Kenya, noted the difficulty of sustainability:

“We would really love to sustain these activities but, from experience, our people are not keen on sustaining most of these project activities. [Though] much [of] it is beneficial to them, especially when the funders exit, it is the nature of our people.”

C. What skills and benefits have you and your team directly gained from the PHE project? How have you utilized the skills gained in promoting FP and PHE?

The evaluation found that the PHE approach helped officers from local government fisheries, environment, and health departments work more effectively. Most KIs cited increased engagement with stakeholders and the community — with enhanced integration through PHE activities — as a key reason for increased effectiveness. Stakeholder coordination and integration provided an opportunity to visit communities, track action points, plan, and offer sufficient, viable, and culturally appropriate interventions as a team. Acquired skills also helped local governments plan for environmental challenges. In Kenya, for example, with changes in county governments nationwide occurring at the time of the evaluation, many KIs expressed hope that the PHE approach would be adopted by the county assembly and be included in the Country Integrated Development Plan (CIDP) for the following five years.

Findings revealed that nearly all BMUs had benefitted from capacity building in conservation. Substantial emphasis on correct fishing gear was promoted to protect biologically and economically important fish species. However, prior to the project, there were challenges in both countries to gaining buy-in from personnel in the Ministry of Fisheries and fishermen. Through training and acquired skills, the ministry worked with BMUs on demarcating critical fish habitats and training people on the importance of protecting breeding zones. Community members overwhelmingly appreciated this effort.

The data indicates improvement in health care, especially in FP and in emergency health care, with respondents claiming that nearly all project participants benefited from these services. Community members have been practicing skills gained from HoPE-LVB training events. Corroborated by the team’s secondary data analysis and according to many respondents, there were many neonatal deaths and delivery complications prior to the project, but these have diminished due to increased medical visits and improved emergency management. KIs reported that nutrition had improved and cases of malnutrition had declined, as communities have become aware of the need for balanced diets. However, one KI, a female sub-county officer in Kenya, noted the absence of financial incentives as a potential challenge for adoption and sustainability:

“The only challenge is that it is on-the-job training and there is no monetary motivation attached to it, so sometimes the technical personnel shy away from taking responsibilities to reach out to the community. But this is a minor issue.”

Nevertheless, approximately two-thirds of VHTs, youth groups, and BMU members agreed that the training was more important than funding as a vehicle for enhancing sustainability. According to many KIs, acquired skills could easily be used in the scale-up of the PHE approach in other areas and even sustain existing activities. Training has been made possible through linkages to the facilities and partners with which the project collaborated, such as ministries of health, agriculture, and environment. However, to a lesser extent, model households felt that a need remained for extra funding to sustain output during droughts (e.g., with water tanks and solar pumps).

D. What aspects of the HoPE-LVB project have been most effective? Why?

In general, findings suggest that community involvement in action plans and project activities encouraged communities to implement the activities themselves and report results. FGD and KII respondents said the following were the project’s most effective aspects:

- Messaging
- Value-added
- Cross-sector integration
- Compelling and easily scalable PHE activities (e.g., FP, sanitation, improved fishing and farming)
- Exchange visits and BMU networking
- Model households
- Identifying champions at multiple levels
- Advocacy
- Capacity building
- Institutionalization

KIs readily noted aspects of the project that they considered to be the most effective, including **messaging, value-added, sectoral integration, compelling PHE activities, networking, and advocacy**. For example, a BMU coordinator in Kenya explained, “Coming from fisheries, PHE has been a milestone. For a while, a lot of focus had been on specific issues in isolation.” They continued:

“[Fishermen] are more concerned with resource use; looking at health and other development aspects has not been a concern. First, most were not accessing primary health and FP was not properly taken care of. Fishermen had multiple sex partners and sex diseases such as HIV. PHE brought together fisherfolk to understand we have to work together — the man and the wife — and FP is discussed together. Second, PHE brought in the concept [of] how long will they continue to fish this way? What if the resources become depleted? We can’t depend on this entirely. We need to fish wisely. Breeding habitats must be protected, and you can get food from other resources [such as] farming [and] making improved energy-saving stoves. This came out clearly. Third, many did not use toilets or wash hands. They mostly washed after meals not after toilets or before meals. The concept of washing with soap after using the toilet reduces the incidence of infections. This has assisted the reduction of infectious diseases.”

Another Kenyan BMU leader explained the significance of the PHE approach for **BMU networking**:

“Before in fisheries, there was co-management of the resources with the communities, but it failed. But under PHE, it has been very successful. This is because, under PHE, the community is trained first, then they plan and implement what they can manage. And they did it successfully.”

The findings revealed that **model households** were paramount in demonstrating the PHE concept in practice as tangible and meaningful. Model households, according to informants, were key in supporting efficient and meaningful scale-up within and outside project communities.

The findings suggested that **advocacy** messages had been clear, evidenced by observations that people at the community level generally understood the PHE concept. The HoPE-LVB exchange visits were particularly effective because they provided platforms to share ideas, skills, and knowledge transfer.

KIs discussed the importance of **PHE messaging**, the **value-added of cross-sector integration**, **capacity building** for young mothers, youth groups, and the household model, which have positively affected **institutionalization** and, ultimately, PHE outcomes. One Ugandan sub-county officer noted the benefits of each:

“I deal with fisheries, but I now appreciate how P, H, and E go together and it helps me show the importance of my work beyond just fisheries and also to solve problems with other stakeholders that are meant to be solved together rather than separately. Households rely on natural resources for livelihoods, so P, H, and E are all together for them, so it just makes sense that the different government stakeholders at the local outreach level would also integrate P, H, and E. Also, energy-efficient stoves have been embraced positively by the people.”
Improved FP, MCH, skilled deliveries, improved fishing and farming techniques, and sanitation projects (e.g., expanded latrine coverage) have been effective, compelling PHE activities facilitated by model household capacity building, according to nearly all informants. Commenting on the latter, a female sub-county health officer in Kenya said,

“I remember when we started we [had] the ratio of one toilet to 10 homes, so the others would go to the bush. It was that bad but now the coverage is good. They have really tried in the area of a model household.”

The Kenyan Ministry of Devolution and Planning has developed a strategy for coordinating CIDPs from the national to the country level. Several national and regional KIs were excited about this opportunity to leverage PHE champions to scale up PHE throughout Eastern Africa. Although a unique opportunity for regional PHE institutionalization and scale-up exists in the region, it will be crucial to resolve several challenges for effective scale-up. These are discussed in the next section.

E. What aspects of the HoPE-LVB project have been least effective? Why?
According to FGD and KII respondents, the following issues, whether exogenous or endogenous to the project, emerged as the least effective aspects of HoPE-LVB. As we note below, some of these were, in other contexts, among the more effective aspects of the project.

**Funding.** Lack of funds limited project scope and scale-up.

**Time.** Project duration was insufficient to enable key changes needed in some cases and to ensure sustainability and scale-up.

**Ambitiousness.** The project was sometimes too ambitious, given time and financial constraints.

**Information dissemination.** The project could have used more posters, radio shows, and videos to catalyze scale-up.

**Institutionalization.** PHE is not yet fully institutionalized.
- Lack of key partners, support, and financing at the national government levels.
- Lack of a clearly defined coordinating body to integrate PHE.
- Devolution of planning to local governments remains an opportunity and a challenge.
- Local civil society and NGO partners could have been more engaged.

**The role of NGOs.** Some NGOs that were key in initiating HoPE-LVB played less of a role toward the end. These could have remained more engaged to ensure an organizational and institutional presence.

**Project design and implementation.** Some aspects of the project design, including considering exogenous factors (e.g., climate change, institutional challenges, selection of communities, and pathways to scaling up regionally) could have been more effective.

**Monitoring and evaluation (M&E).** A lack of integrated indicators limited the ability to measure value-added, and quantitative data was minimal in sample quantity and limited in sample design.

Additional details include:

Regarding project design, implementation, scope, and scale-up, some KIs argued that project coverage was too limited for both Kenya and Uganda. Responses from model household members highlighted that only a few villages were chosen (i.e., the majority were excluded). One VHT leader in Kenya illustrated a dire need for project expansion to other regions:

“Some of the community members we are serving have been pointing fingers at us, accusing us of not being aggressive. One day a community member asked what kind of leaders are we? We
cannot even influence the project to cover more villages so that more of our people can benefit."

Furthermore, some KIs claimed that the approach/criteria used to select model households was not carefully conceived. Most of the model households were VHTs, but some did not measure up to the concept. One sub-county leader in Kenya said,

“You even wonder how they were selected! There should be better criteria for selection of model households. Sincerely, if you find someone without a latrine, then that person should perhaps not be a model household. A group from the Ministry of Health that visited Jaguzi found that one of the model households did not have a latrine! That was so embarrassing!”

To reconcile some of these concerns and to facilitate scaling up, some KIs noted that it would have been useful for HoPE-LVB to set up a centrally located mainland site from which other communities could easily visit and learn. Regarding financing, several districts and county KIs noted the great potential value in sponsoring key stakeholders’ attendance at PHE-related government meetings. They argued that including PHE advocates at these meetings — for the cost of one day’s work plus food and transportation for each person — could have changed the tenor of the conversation and yielded a huge return on investment.

Challenges outside of the project included funding limitations and logistical challenges noted at the local government level. Some informants claimed that funds were sent from the national level to the county and district levels, but that local governments failed to sufficiently distribute the funds to extension officers at the county or sub-county levels. We noted a similar limitation above in the local provision of FP services.

In terms of appropriately matching goals with project duration and logistical planning (in this case regarding weather), KIs noted some cases in which HoPE-LVB was overly ambitious. For example, with tree and ground coverage activities, the targeted numbers of trees were planted but a pronounced drought killed most of them. A youth group leader in Kenya explained,

“The project was ambitious with tree and ground coverage. We targeted to plant so many trees without considering the climate. We planted and there was a pronounced drought and most trees died.”

The lesson learned here, claimed some informants, was that climate change needed to be factored into project design and that even if the trees had survived, it would have taken many years beyond project closeout before benefits could be enjoyed. Similarly, a government KI in Uganda noted the importance of increasing project duration in the critical area of FP:

“FP is a sensitive area. Once the community has been capacitated, we leave it to them to decide. In some areas, it worked very well but in others, they still want to have many children. Two years is not a lot of time.”

In some cases, informants argued, suboptimal project goal achievement was not a question of needing more time but rather better planning. For example, some informants were sorry that the project for making energy-efficient stoves for household cooking included no component for making energy-saving kilns for smoking fish, despite operating in an area with a target population of fishing households.

Regarding information dissemination, several local government KIs noted that HoPE-LVB could have made better use of posters, radio shows, and videos to catalyze scale-up. These KIs agreed these resources, when utilized, were extremely effective and cost very little. Posters, pamphlets, and videos, they claimed, were particularly effective because they used diagrams and pictures of key PHE concepts and could be distributed to a virtually endless number of communities. Informants also noted that radio
shows strategically placed before or after popular programs were effective for other campaigns, and encouraged future investments. KIs said radio was particularly effective because it eliminated geographical distances, which challenged spearheading PHE in remote communities. A government KI in Kenya shared their thoughts on the importance of these vehicles for disseminating project concepts:

“One of my recommendations to the project was in terms of publications in my engagement with the project. We had some publications, but I was feeling we could have sold this information to a larger population and further afield (e.g., with audio-video we captured from model households to share widely).”

In terms of challenges of continuing collaboration with NGOs, informants at the regional and national levels cited the importance of maintaining integrated coordination with all parties involved to ensure the sustainability of project activities. Some informants said lack of communication and personal misunderstandings exacerbated this problem.

Similarly, the project could have improved logistics when its efforts included government partners. For example, some BMU informants reported that HoPE-LVB suffered from uncoordinated efforts with Ugandan People’s Defense Force (UPDF) patrols in Uganda. With little communication and collaboration with relevant departments, the UPDF did not know what fishing gear was prohibited and occasionally made inappropriate arrests. Also, some BMUs were disbanded because of political interference while others were allowed to patrol the lake. In some instances, communities stopped protecting breeding areas, and sometimes the UPDF did not recognize them. These challenges sometimes made BMU members feel that their efforts had been for naught. Consequently, few people were fishing in areas with regular army patrols and some fishermen left the islands. As a government KI in Kenya said, “What has not worked well is that … officers above us — the minister, secretaries — have not been sensitized enough. At that level, it would be desirable to know what PHE is.”

Although KIs said institutionalization was successful, in some instances, findings suggested more active involvement by the government extension network and its extension officers would have supported project success. One KI, a regional government official in Kenya, gave an example of this challenge:

“[A] Major weakness is on HoPE-LVB through the Danish Family Planning Association PHE project, ‘Pambazuko-the dawn,’ funded in Kenya, whose model embraces rights-based issues and resilience. Pambazuko would be the project to measure the science. If you ask HoPE-LVB to draw the circles of P, H, and E, indicators of integration are lacking. How can you say that the integrative is superior to the vertical approach? Why am I saying this? If I talk to HoPE-LVB for three hours they will only mention local government once. We don’t want it to end when it ends. They have planted staff at the community level. What will happen when they leave? I raised this with HoPE-LVB several times; we need meaningful government involvement.”

In terms of partner communication and coordination, the evaluation found that it was sometimes unclear who should take credit, as PHE brought different sectors together. Some wanted to know how they could bring these groups together to work as a team without feeling superior. Health was predominant in HoPE-LVB; even donors would devote more effort to health than agriculture. Others asked how to reconcile the egos of the different stakeholders. Some tried to encourage teamwork by working through the steering committee. One regional-level officer based in Kenya illustrated this challenge by saying,

“When a fisheries officer talks about family planning, we know there is change but who takes the credit? Some changes take time to realize, especially conservation. Maybe our contribution will grow and we will see that in 10 years’ time.”

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KIs said M&E could be improved to help determine who deserved credit for successes. With a multi-sectoral approach, it can be difficult to attribute who contributed what. In other cases, specific and reliable indicators were lacking, even internally within categories. For example, one informant argued that this was a problem in activities focused on nutrition. Fishermen claimed their catch improved, but said it was difficult to determine how much of this was directly attributable to the project. Tree planting was another example, with some KIs saying it perhaps should not have been one of the main indicators. Six months of monitoring is anachronistic for trees, or even for ground cover planting. Monitoring of crop harvests could also have been improved, informants said. Officials at the national and regional levels officials said, in general, there was a great need to monitor, evaluate, and analyze the relative value-added of PHE integrated interventions as opposed to the uncoordinated aggregation of single-sector approaches. University partnerships, some national and regional KIs argued, could increase M&E quality, potentially decreasing costs, and free up time for continued implementation efforts.

A regional government KI in Kenya, speaking about M&E, noted the importance of integration among diverse government and non-government partners, as well as the importance of a scientific evaluation of value-added for achieving project activity sustainability and scale-up:

“I hope this report helps design a Phase III, but let’s not do so without the science first. Before we do it, let’s be sure that HoPE-LVB is cheaper to implement than other models we’ve had around. Let’s also be sure that we are actually monitoring and evaluating.”

The sections above, which discussed the most and least effective project components, made suggestions about what should be prioritized for successful and sustainable PHE in HoPE-LVB locations and for scale-up elsewhere. Some aspects appeared to be both least and most effective; in these cases, the team attempted to specify and contextualize in greater detail. Furthermore, while the primary goal was to capture aspects of the project design, we also discussed outside influences repeatedly noted by KIs, such as funding. Below, we highlight additional comments about priorities for PHE sustainability and expansion.

**F. What are priorities for successful and sustainable PHE in the future here and in expanding to neighboring communities?**

Informants discussed the need for additional resources, which many claimed were at least initially required for intensive sensitization at different levels and to provide support and supervision, especially at the community level. KIs also advocated for national-level support to coordinate programs and for army patrols to ensure that limited resources were utilized properly. Furthermore, some KIs said the government should provide technical officers to do technical work, especially instead of devoting resources to non-technical people (e.g., army patrols).

The findings also revealed limited influence on other communities before PHE. However, with the project-supported PHE Champions Club in Uganda’s Mayuge District, which charged a membership fee of 20,000 shillings (about $6), a committee was formed to promote sustainable PHE investments. In Kenya, however, a model household leader reported that a gap remained in PHE adoption:

“As individuals, we have tried to emulate some of the PHE indicators, such as proper hygiene and FP. We have in a way become models in our communities, although there is a sensitization gap. Our neighbors are curious about the improvements in our homes but need to be sensitized for them to come and learn.”

The findings further pointed to a need to access islands and remote areas. Located in fragile ecosystems, and lacking government services and economic integration, these locales have a great need for PHE programs. Trained champions in these areas could create more awareness.
Other KIs talked about the need to use local media outlets to extend the reach of PHE messages at strategic times, such as before the news, when creating programs. This has worked well in Uganda, according to some KIs, who noted theatre groups performing at places such as schools, churches, women’s groups, and youth groups. Informants said engaging other platforms, such as county climate change and environment communities, could provide opportunities to share PHE concepts.

Approximately two-thirds of FGD participants agreed advocacy needed to be scaled up. Community members at HoPE-LVB sites have embraced PHE and demonstrated how this can be done, providing an example of how to successfully reach out to other areas. KIs said that policymakers could include PHE in county development plans. Exchange visits at project sites would allow observers to see how the same concept is adapted and applied in different places. Similarly, less than 30 percent of KIs thought it was necessary to target program implementers from ministries dealing with PHE-related topics to help in training. Bringing program implementers together for a PHE seminar or workshop could help the HoPE-LVB reach additional areas, informants said.

More than 90 percent of KIs agreed it was important to scale up the model household component before scaling up at the local government level, because the households were where decisions were being made and where real issues for women, children, and all adults could be addressed. Many agreed that people learned best by observing real-life examples in action; the model households provided this.

Findings further demonstrated the need to establish multi-sectoral PHE steering committees within national and local governments, as was done in Kenya’s Homa Bay County in the departments of agriculture, water and sanitation, health, education, environment, women, youth, and culture. County officials said it has proven to be a good model to scale up in both Kenya and Uganda, and that the multi-sectoral approach brought it all together, including women and youth empowerment, promoting communication with heads of households, helping identify what does not work and why, and facilitating resolution of issues.

**Challenges**

Informants enumerated many challenges, including those discussed in previous sections. Below, we summarize the challenges KIs cited most frequently; they are presented in the same order as the results sections above.

**There is still great opportunity for increased household and community adoption of PHE activities and lessons.** More PHE advocacy to all stakeholders will be important to foster a holistic intervention approach among the various fields and stakeholders.

**Some project beneficiaries could not practice the household model because they lived in rentals.** Also, to fully realize sustainability, KIs said the project needed to be placed within the operation of the local government that will help with technical oversight support.
Sustainability must be emphasized more. Many KIs noted this need, as most of the local communities are still challenged with dependency. In other words, once the project leaves, the activities in the communities die out.

VHTs must be properly integrated at government health centers before the project ends. Some KIs commented that VHTs do not feel fully recognized by government institutions, especially during activities that call for their services at the community level.

There were practical limitations. Some KIs noted that activities such as tree planting did not do well because of seasonal rivers. Also, as noted above, beneficiaries who were tenants could not implement some of the model household activities without landlord approval.

Financing. KIs noted the lack of funds to support training. They also said the VHTs needed training materials, stipends, and transportation to the communities where they conducted meetings and training events.

Working with local governments. KIs said linkages needed to be created with local government entities, primarily through extension officers, to help support program success. They also noted funds wired to local government needed a system of checks and balances to ensure the money was used for the intended purpose(s).

Inadequate resources at the local government level. Informants said local government often lacked the means to support implementation.

More advocacy on the PHE approach in remote areas that most need PHE and PHE champions. Many KIs noted how important it was for policymakers to embrace the PHE approach in national and county development plans. This way, it could be expanded into remote areas where project development was more urgent but also more expensive.

Very few local government staff outside the project were aware of the PHE approach. The project has not conducted a capacity analysis to determine how other stakeholders are performing in their oversight roles. Therefore, it is difficult to determine to what degree the sustainability of these initiated projects will remain after HoPE-LVB ends.

EVALUATION QUESTION 3

To what extent did the HoPE-LVB project achieve its objectives as measured by its key performance indicators/results?

A. FP/RH/MCH

Despite the progress made over the last 15 years, both Uganda and Kenya face many formidable challenges in their health sectors, particularly in MCH. For example, as shown in Figure 2, the 2016 Uganda Demographic and Health Survey (DHS) found that the country’s maternal mortality rate was 336 per 100,000 live births, while the 2014 Kenya DHS revealed a rate of 362, improved from 520 in 2008-09 and 506 in 2003. The DHS reports further indicate that, respectively, 25 percent and 38 percent of the mothers in Uganda and Kenya deliver without the assistance of a skilled provider (Figure 3).

Regarding modern FP methods, only 35 percent of married women in Uganda used FP (UDHS, 2016) compared to 53 percent in Kenya (KDHS, 2014). Compared to the previous decade, this is an increase of 10 percent in Uganda and 22 percent in Kenya.

In the area of child health, the 2016 Uganda UDHS showed that one of every 14 children would die before their fifth birthday; in Kenya, the figure was one in 19 children. The situation is often worse among populations living in remote rural areas, such as the islands covered by HoPE-LVB. For example,
the 2016 Uganda UDHS showed that on the country's islands in Lake Victoria, teenage pregnancy (which is a major factor in maternal mortality) was around 48 percent, almost double the national average of 25 percent.

Figure 2. Trends in Selected MCH Indicators in Uganda and Kenya

Figure 3. Trends in Deliveries at HoPE-LVB-Supported Health Facilities

Source for Figures 2 and 3: 2016 Uganda DHS and 2014 Kenya DHS.
Synthesis of the M&E data Pathfinder collected during implementation confirmed the dire situation in project areas at start-up, but found substantial progress had been made in improving some of the MCH indicators in the targeted communities in Uganda and Kenya.

In both Uganda and Kenya, there was a clear positive trend in the number of mothers who delivered at health facilities. On average, deliveries at health facilities increased six-fold in Uganda and five-fold in Kenya (Figure 3). The increase was particularly strong during Phase I; during Phase II, the number of deliveries stagnated or even decreased in some project-supported health facilities. It should be noted that project interventions and support were most intense during Phase I, which largely explains the wavy trends.

Utilization of modern FP methods, as measured by FP revisits (Figure 4), showed similar trends, although growth was much stronger in Kenya than Uganda. During implementation, FP utilization increased, on average, six times in Kenya and three times in Uganda.

**Figure 4. Trends in FP Use at HoPE-LVB-Supported Health Facilities**

Baseline and endline survey results showed that attendance of ANC at least once during pregnancy also increased, from an average of 88 percent in both countries at the time of the baseline to 95 percent in Uganda and 99 percent in Kenya at the endline. However, Figure 5) shows that full ANC attendance (i.e., at least four times during pregnancy) has remained stagnant or even decreased.
B. WASH

Notable progress was made in increasing household access to safe drinking water and WASH, but Kenya recorded the most improvement. For example, although household access to safe drinking water, having a functional latrine, and having a clothesline increased by about 70 percent in Kenya (from a low of about 10 percent at baseline), the increase in Uganda was only about 40 percent (Figure 6). It is also important to note that although there was progress in all the targeted areas in both countries, there was only a modest increase in the number of households with hand-washing facilities (15 percent in Uganda and 26 percent in Kenya), suggesting a high risk of a total relapse once the project closes.

Figure 6. Trends in Safe WASH Practices in HoPE-LVB-Supported Sites

Source: Endline survey data.
Results showed that HoPE-LVB significantly improved the health practices of individuals and households in the intervention communities. This was especially true in Kenya, even though communities there were in many respects worse off than their Ugandan counterparts at baseline. The positive trends were also echoed several times in the FGDs and KIIs. For example, a VHT member on Zinga Island in Wakiso District in Uganda said,

“Before the project, community members used to decampaign family planning, but now most people are using it. Mothers now deliver at health facilities, although they have to travel to distant facilities outside Zinga Island because the health facility here does not have a maternity ward. Only emergency deliveries [occur] at our health facility.”

The qualitative data from FGDs also showed that the improved health practices positively affected communities’ health outcomes in project areas. Communities reported reduced incidences of maternal and infant deaths, reduced transmission of HIV from mother to child. Incidences of diarrheal diseases and malaria, which were quite common, had also dropped. Other frequently reported outcomes from the uptake of FP/manageable households included increased capacity of households to meet basic needs such as educational expenses for children, improved feeding, strengthened spousal relationships due to better general hygiene (both body and surroundings), and less stress from having fewer children to care for. The following comments from KIs in Uganda illustrate these improvements.

“There are [many] fewer deaths of mothers and babies during labor because women are delivering in health facilities. This has also helped reduce mother-to-child transmission of HIV.”
— Model Households, Jaguzi, Mayuge District, Uganda

“Family planning has improved relationships in households. Love among couples has increased because they now have more time for each other and for their children … and also because of improved personal hygiene among couples.” — VHT, Zinga Island, Wakiso District, Uganda

C. Conservation and livelihoods
HoPE-LVB undertook several initiatives to build community capacity in conservation and management of their natural resources. Before the project, deforestation was widespread, and fish stocks had fallen drastically due to fishing of immature fish and destruction of breeding grounds. The project carried out intensive sensitization of communities through the BMUs and the model households to raise awareness and appreciation of the need to conserve and manage natural resources better. It engaged communities in widespread tree planting, preparation of tree nurseries, identification and protection of fish breeding zones, and the introduction of alternative income-generating activities to reduce pressure on the lake and to improve livelihoods. The four primary areas conservation and livelihood interventions — fisheries management, tree planting, cookstoves, and alternative livelihoods — are described below, followed by an examination of community capacity to develop and sustain the activities.

Fisheries management
M&E data presented in Figure 7 (next page) appears to indicate that project efforts to increase fish stocks in Lake Victoria yielded mixed results. Although there has been a steady increase in the Nile Perch fish catch in project sites, the tilapia fish catch has remained fairly stagnant. The reasons for this are varied. Most community members and KIs reported that fish stocks had increased, but this might not have been reflected in the increased catch because army patrols on the lake put many fishermen who lacked the right fishing gear out of business — and most of these fishermen were fishing for tilapia. KIs based their argument on the fact that fishermen with the right gear were catching big fish that they could not have caught prior to the project interventions.

Community members also observed that fish stocks had not increased as much as they should have because rogue elements still connived with some BMU members to carry out illegal fishing in the breeding zones. They further argued that army patrols did not recognize or even appreciate the need...
for breeding zones, and let fishermen who supposedly had the right gear violate the protected areas. District officials also mentioned this, indicating a lack of coordination among agencies, which should be complementing each other’s efforts.

Figure 7. Average Daily Fish Catch per Landing Site in Bussi, Uganda

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Nile Perch (Kg/day)</th>
<th>Tilapia (Kg/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2013</td>
<td>12.632</td>
<td>100.77</td>
</tr>
<tr>
<td>Q4 2013</td>
<td>18.75</td>
<td>191.4</td>
</tr>
<tr>
<td>Q1 2014</td>
<td>27.37</td>
<td>104.8</td>
</tr>
<tr>
<td>Q2 2014</td>
<td>27.19</td>
<td>112.3</td>
</tr>
<tr>
<td>Q3 2014</td>
<td>60.66</td>
<td>123.6</td>
</tr>
<tr>
<td>Q4 2014</td>
<td>50.23</td>
<td>198.9</td>
</tr>
<tr>
<td>Q1 2015</td>
<td>70.60</td>
<td>165.0</td>
</tr>
<tr>
<td>Q2 2015</td>
<td>61.64</td>
<td>144.5</td>
</tr>
<tr>
<td>Q3 2015</td>
<td>113.9</td>
<td>102.5</td>
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<tr>
<td>Q4 2015</td>
<td>107.6</td>
<td>122.4</td>
</tr>
<tr>
<td>Q1 2016</td>
<td>145.0</td>
<td>117.5</td>
</tr>
<tr>
<td>Q2 2016</td>
<td>96.57</td>
<td>121.1</td>
</tr>
<tr>
<td>Q3 2016</td>
<td>52.025</td>
<td>98.53</td>
</tr>
<tr>
<td>Q4 2016</td>
<td>53.31</td>
<td>110.2</td>
</tr>
</tbody>
</table>

Source: HoPE-LVB M&E data.

Tree planting
HoPE-LVB introduced tree planting across all the project areas, and anecdotal data showed it was widely embraced by communities. All the communities visited had created tree nurseries, providing another source of livelihood, particularly for youth. However, available data from mapping done between 2010 and 2015 revealed mixed results. In Uganda, tree cover increased on 97 hectares (which initially had less than 50 percent tree cover), but there was tree cover loss on 257 hectares. In Kenya, tree cover increased on 30 hectares but decreased on 7 hectares. (Internal Endline Evaluation Report, 2017). However, as the Endline Report noted, attributing such changes directly to the project may not be prudent, because no actual baseline was conducted. Still, data showed that model households were the primary adopters of tree planting, particularly in Uganda, where 79 percent of model households practiced agroforestry (compared to only a third of non-model households). In Kenya, 90 percent of model households practiced agroforestry (compared to 71 percent of non-model households). These results seem to confirm the mapping data, which showed that the rate of deforestation was far higher than the rate of afforestation in Uganda while the converse was true in Kenya.

Cookstoves
While agricultural and livestock expansion remain pressures on local forests, demand for wood fuel is another cause of deforestation. In response, HoPE-LVB introduced energy-efficient cookstoves, which are environmentally friendly and healthier to use. Data from the endline survey showed near universal adaptation of the technology, particularly in Kenya, where 98 percent of the households indicated they used of the stoves (compared to 87 percent in Uganda).

Alternative livelihoods
To reduce overdependence on fishing and minimize activities that are destroying the environment (e.g., burning charcoal), the project initiated and supported a variety of alternative livelihood activities in each of project site. These activities included commercial nursery tree beds, apiaries, weaving, energy-efficient stove production, mushroom growing, weaving, and baking. Figure 8 illustrates that many households,
particularly in Kenya, are now engaged in an alternative livelihood of one form or another (in addition to
to their main source of livelihood). SACCOs and vegetable growing were the most popular alternative
livelihood sources. In Kenya, 58 percent of the surveyed households were engaged in SACCOs and 50
percent were engaged in vegetable growing. In Uganda, the figures were 20 percent and 18 percent,
respectively.

**Figure 8. Households Engaged in Alternative Livelihoods in HoPE-LVB-Supported Sites**

![Bar chart showing households engaged in various alternative livelihoods in HoPE-LVB-Supported Sites]

Source: Endline Survey data.

**D. Community capacity**

A key component of HoPE-LVB was community capacity building through training of model households
and other community groups, such as BMUs and VHTs, to become PHE champions so that they could
sensitize and encourage other community members to learn and adopt the good practices. For example,
according to project reports, HoPE-LVB built the capacity of BMUs to identify and protect fish habitats
and their entire ecosystems to restore fish stocks. In addition, BMUs were trained in delivery of
information about RH, sanitation, and alternative livelihoods. Some of the BMUs also served as VHTs;
others were model households. This also applied to other individuals or groups that served as PHE
champions. To enforce good behavior, communities also formulated their own by-laws; these range
from protecting fish breeding areas to child immunization to ANC attendance.

**Challenges**

**FP/RH/MCH**

Although the project made tremendous progress in FP/RH/MCH, systemic challenges limited outcomes.
For example, only a narrow range of FP methods are available, which reduces options — especially for
women, some of whom may not be able to use certain methods. Other methods, particularly permanent
ones, are available only in far-off health facilities, rendering them inaccessible due to the costs involved.
Access to such methods is possible only when the project covers the associated costs.

Stockouts of some FP methods appeared widespread, especially at community-based service provider
points, and health facilities were often far away and not easily accessible, especially as some clients
sought to obtain services at night. In some locales, project advocacy led to upgrades at some health
facilities, which qualified them for certain services and commodities. However, many of the facilities
never had modern FP methods in stock, which raised the issue of sustainability after project closeout.
With respect to maternal health, there were two outstanding challenges limiting access to services. First, the local facilities were often quite far away. For example, some communities on Zinga Island in Uganda are more than 15 km away from the one health facility on the island; this is exacerbated by the lack of public transport. Unless mothers use boda-boda (passenger motorcycle transport), which are quite expensive, there is little chance they access the facility. Next, while births in health facilities increased markedly, especially in less remote areas, most facilities on the islands are level 2 health centers, which are not supposed to provide delivery services; however, referring expectant mothers to far-off facilities, particularly in case of emergencies, is often not a viable option.

**Natural resources management and livelihoods**

Although communities generally adopted many of the useful project practices, such as fishermen taking up alternative livelihoods to reduce pressure on the lake, they still faced challenges, especially finding ready markets for their products given the poor and expensive means of transport to the big markets on the mainland.
V. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

The project targeted some of the most vulnerable communities — characterized by a confluence of population growth on diminishing resources and high disease burden — in two highly vulnerable nations with the goal to accelerate rural fertility, health, and development transitions while improving environmental conservation in some of the most challenging contexts globally. The notion of “if it works here it will work anywhere” is one of high risk and high reward. It is one of hope. The project’s acronym proved prescient.

Of 188 nations, Uganda ranks 121 on the United Nations Development Programme’s Human Development Index and 163 on its Gender Inequality Index; the corresponding rankings for Kenya are 146 and 135 (2015). The development potential among Kenyan and Ugandan women remains largely untapped due to unequal educational and employment opportunities, social inequities, and poor RH service quality and access. This enormous challenge presents an outsized opportunity for interventions that empower women, lower fertility, and increase economic well-being while enhancing human and environmental health. Enter HoPE-LVB.

With this potential in mind, we must pose several questions. To what extent did the project achieve its goal to develop and test a PHE model that could be scaled up and replicated? What worked well, what worked less well, and why? Looking to the future, can the model be scaled up? If so, by whom, and what roles must actors assume to achieve scale-up? Can project successes be replicated in other regions, locations, and ecosystems? If so, what aspects of the project could be usefully changed or modified?

While there remains considerable potential for further PHE adoption in communities, also striking is the degree to which PHE practices spread organically to neighboring communities and across regions through site visits and meetings. The project’s impact on regional- and national-level PHE advocacy and institutionalization was remarkable. To have achieved a PHE government mandate at the East African regional level, the national level in Kenya and Uganda, and at the sub-national level would seem to exceed reasonable donor expectations for the project. HoPE-LVB’s legacy portends high potential for vigorous PHE adoption in the region going forward and for viable expansion to other similarly vulnerable regions in need of dynamic integrated development strategies.

The importance of women’s role in PHE solutions is evidenced by HoPE-LVB’s multiple successes. It is women who bear a disproportionate burden in childrearing and who guide the outsized opportunity of steering children on a healthy and sustainable path. It is women who are often the primary managers of day-to-day household chores, sanitation, food preparation, and ensuring dietary diversity through home gardens. Women also often prove more frugal and nimble managers of household resources and, when given the opportunity, are more likely to become successful entrepreneurs. And it is women who demand control over their bodies and are instrumental in accelerating demand for contraception. In governance and business, women appreciate the moral imperative of gender equity. Championing girls’ and women’s education and empowerment are moral imperatives unto themselves and core Sustainable Development Goals. Evidence from this and other PHE projects suggests that a focus on women’s health, empowerment, and livelihoods can also provide beneficial livelihood and conservation outcomes (Hahn et al, 2011; Mohan and Shellard, 2014; López-Carr and Ervin, 2017).

A key value-added by HoPE-LVB was its capacity to compellingly convey the relationship between population, health, and environment to key stakeholders at multiple scales. It is evident that HoPE-LVB significantly changed the quality of life of people in project areas in both Uganda and Kenya while offering...
hope for environmental sustainability. The PHE message can be effective in other regions, globally sharing challenges of rapid population growth, dwindling natural resources, climate change, high disease burden, and gender inequity. The integrated message works. People intuitively understand the narrative of how PHE processes interact. Scientists and government officials cleave these topics into diverse fields or divisions. People do not. Vital rural livelihoods in the developing world depend on sustainable household food production. People managing their livelihoods understand how climate change, environmental degradation, illness, and rapid population growth create a vicious cycle; indeed, they manage these diverse challenges daily. Therefore, they appreciate that climate-smart, sustainable resource management, disease prevention, and FP represent a virtuous cycle. While the context — ecological, cultural, political, and economic — will change across diverse ecological and livelihood geographies, the core message remains universal.

HoPE-LVB’s scale-up efforts suggest the importance of institutionalization in government ministries and adoption and expansion through local livelihood groups and model households. Women’s groups, youth groups, fishermen groups, and others, as well as members of model households, support other groups by serving as role models and teachers that households and neighboring communities emulate and from which they can learn. Through these efforts, communities come to own PHE by formulating by-laws to enforce good behavior, ranging from protecting fish breeding areas and encouraging child immunization to promoting ANC attendance. PHE applied elsewhere would surely adapt to local contexts in developing additional by-laws in line with local PHE needs. Skills imparted to community members had multiplier effects within their communities, and even expanded outside project areas. The successful expansion of this model will identify champions and key stakeholders at all geographical scales, among government, non-government, and civil society networks, and across the PHE thematic areas. Strategic messaging will retain the core PHE message that has already proven effective, tailored to the local human and physical geographical context.

Model households and exchange visits were paramount in demonstrating the PHE concept in practice and in providing living laboratories for sharing ideas, skills, and knowledge. Future PHE projects could successfully frame community development projects around model households. As above, the core concept tailored to local conditions would usefully inform the “who, what, and where” of how communities and model households are selected and cultivated.

Scale-up of easily adopted project activities (e.g., conservation measures, sanitation, and FP) occurred naturally in project communities and neighboring communities. Because people acquired skills with built-in incentives to retain (e.g., improved livelihoods), the majority of respondents agreed that community training events would continue after HoPE-LVB ends. Some of the most important PHE outcomes are the least costly, with some requiring no up-front capital expenditure. This is a valuable lesson of high applicability to other potential PHE sites.

Improved M&E will be critical to successfully facilitate the scale-up of project best practices. Evaluation design, data collection, and analysis could be improved through university partnerships. While sufficient quantitative data was available to reliably measure changes in several key indicators relating to MCH, sanitation, livelihoods, and conservation, limitations included a lack of well-defined indicators, especially in livelihoods and conservation, and limited data. These limitations prevented the project from formally achieving its goal of “testing models for integrating these PHE interventions that had the potential to be scaled to surrounding areas of the LVB.” While multi-method analysis revealed seemingly convincing PHE value-added, a scientific model was not tested. Although model testing was beyond the scope of HoPE-LVB, it can be accomplished and would be of immense value to informing effective PHE expansion. The evaluation team appreciated that internal monitoring data was made available — and that it was of superior quantity and quality than data from many prior PHE projects.
A multi-sectoral approach calls for a research design capable of ascertaining the relative contribution of each sector. In some cases, specific and reliable indicators were lacking, even internally within categories, including food production, conservation variables, and nutrition outcomes. There is a great need to monitor, evaluate, and analyze the relative value-added of PHE integrated interventions as opposed to the uncoordinated aggregation of single-sector approaches. University partnerships could increase the quality of M&E while potentially decreasing costs and freeing up time for project implementers to focus on implementation. A lesson learned is the importance of integrating with diverse university, government, and non-government partners, and the importance of a scientific evaluation of value-added for achieving sustainability and scale-up.

The following aspects of the project will be key to effective scale-up in East Africa and elsewhere:

- Messaging
- Value-added
- Cross-sector integration
- Compelling and easily scalable PHE activities (e.g., FP, sanitation, improved fishing and farming)
- Exchange visits and BMU networking
- Model households
- Identifying champions at multiple levels
- Capacity building
- Advocacy
- Institutionalization

The following issues emerged as the most salient least effective aspects of the project and provide important lessons learned for future PHE projects:

- **Funding**: Lack of funds limited project scope and scale up.
- **Time**: Project duration was insufficient to enable key changes needed in some cases and to ensure sustainability and scale-up.
- **Ambitiousness**: The project was too ambitious in some cases, given time and financial constraints.
- **Information dissemination**: The project could have used posters, radio shows, videos more effectively to catalyze scale-up.
- **Institutionalization**: PHE is not yet fully institutionalized.
  - Lack of key partners, support, and financing at the national government levels.
  - Need a clearly defined coordinating body to integrate PHE.
  - Devolution of planning to the county level is new in Uganda; PHE national government institutionalization in Kenya, to be coordinated with new county governments, remains a challenge.
  - Local civil society and NGO partners could have been more engaged.
- **The role of NGOs**: Some NGOs important to initiate the project played less off a role toward the end, and NGOs that will remain after project closeout are critical to sustainability.
- **M&E**
  - A lack of integrated indicators limits ability to measure value-added.
  - M&E data collection and analysis could be improved through university partnerships.
RECOMMENDATIONS

The results of this evaluation are important for USAID and partner efforts to improve PHE community development programs in East Africa and globally. The team suggests the following recommendations for achieving sustainable and successful PHE expansion. Recommendations directly relating to each of the evaluation questions have been included in the Findings section of this report. General recommendations can be found below. They have been grouped by those that apply to national and sub-national government institutions, ministries, and implementing partners.

**National government**

- Provide additional resources to undertake intensive advocacy and technical assistance at all levels, and provide support and supervision at the community level.
- Continue project successes by funding PHE trainers through sustainable line item government funds, groomed by HoPE-LVB, to target more islands and remote areas in a bid to increase the project's effect.
- Continue to work on demystifying misconceptions around some of the PHE issues and continue advocacy and training.
- Prioritize institutionalization by engaging all sectors at all pertinent scales to ensure scale-up and continuity. The project’s positive outcomes of institutionalization (e.g., VHTs, BMUs, young mothers, youth groups, and model households/farmers) were realized through collective involvement of Pathfinder staff and district-level government technical officers. It is critical to continue this partnership institutionalization at all levels.
- Continue HoPE-LVB support that is critical to sustainability and scale-up, especially in Uganda, where government support systems remain weak and disjointed. Withdrawal of the project at this time is likely to reverse some of the gains made, particularly in the areas of FP and RH

**Sub-national government**

- Work with local champions and model households to scale up to surrounding communities. Project communities and neighboring communities alike have embraced the PHE approach, as have some organizations neighboring HoPE-LVB project sites. This is an indication of a need for scale-up so that some of the villages not reached at the project’s onset can be brought on board. Model households have an important role to play in this effort. PHE work plans could usefully involve the training of existing model households to collaborate with government ministries in training and developing new model households.
- Create and promote a truly multi-sectoral PHE steering committee within local governments. This will help ease communication with heads of households and help identify what does not work and why, facilitating resolution of issues.
- To realize sustainability of the HoPE-LVB project, place PHE under the oversight of the local government, which will help with technical oversight support long after project closeout.
- Promote PHE in the Country Integrated Development Plans. The findings revealed that the PHE approach has helped many local government officers from different departments do their work effectively. They were able to engage with stakeholders and the community, which enhanced integration through PHE activities.

**Agricultural ministries**

- Provide funding to help boost some of the farming activities with water tanks and solar pumps to sustain them during droughts. Water conservation interventions, for example, could help support tree nursery projects during dry seasons.
Health ministry

- Build on advances in upgrading health centers.
- Champion VHT work to be implemented effectively through enhanced integration with government health centers.
- Ensure continuity of health access at the community level.
- Follow project successes at local levels in tackling the structural supply chain constraints with all parties to ensure essential FP services and drugs are available to all, including a variety of FP methods (e.g., condoms, pills, injectables, and intrauterine contraceptive devices).

Implementing partners

Scale-Up

- Actively involve the local government in the implementation of the HoPE-LVB concept. This will ensure technical support to aid in facilitating continuation of the projects in the communities.
- Ensure proper linkages with the relevant ministries to conduct refresher training for VHTs, BMUs, youth groups, and model households. This will ensure continuity of these activities under the guidance of the local government technical staff. To enhance ownership, initiate a secretariat body in the community to play an oversight role in ongoing community-level activities.

Design

- Develop better selection criteria to ensure all model households “measure up” to the task.
- Improve M&E in every sector by developing value-added measures and partnering with universities. Most project evaluation samples are too small and too thematically focused to permit a statistical probability analysis of relations among observed patterns and trends. Resources to conduct augmented mixed-methods research remain scarce for projects; university partnerships can complement and enhance these efforts.
- M&E can be done on a quarterly basis to help bring out the integrative indicators and aid improvement of data collection and analysis. Partnerships with universities could improve M&E — and could result in cost-savings for implementing partners.
- Research, plan, and initiate projects that are not overly ambitious, and design them based on the realities of the human and environmental contexts. The tree project, which appeared viable prima facie, eventually failed because environmental challenges such as drought were insufficiently considered.

CORE PRIORITIES

Based on the recommendations above, several core priorities emerge for governments and implementing partners to consider for the successful expansion of PHE in East Africa and elsewhere:

- Retain the core PHE message but tailor it to local needs and contexts. For example, a fishing community with higher HIV prevalence may usefully promote condom use as a priority contraception.
- Grow the model households network. Work with current model households and government ministries to scale up organically.
- Foster local and regional exchange visits through a central PHE organizing body.
- Strategically develop and disseminate information materials (e.g., posters, pamphlets, videos) and develop media campaigns for advocacy scale-up (e.g., radio shows, interviews, events) through
partnership with an expert PHE implementation organization, such as Population Reference Bureau (PRB).

- Enhance stakeholder engagement at all levels through a centralized PHE coordinating body empowered by the national government. Cross-stakeholder fertilization was successful in the project, yet great opportunity remains to build on this success.

- Identify and engage champions and promote exchange visits among them.

- Train advocates to train other advocates, focusing on expanding the model household network to communities throughout the region.

- Invest in institutionalization to expand on the project’s efforts. Engage and lobby leadership and assist in drafting work plans and laws. International organizations such as PRB and Pathfinder can usefully coordinate with national and regional PHE champions in government.

- Partner with universities to advance the science behind PHE value-added. M&E can be improved and done more cost-effectively using universities. Doing so also trains students, who can become PHE advocates, researchers, and implementers.
ANNEX I. SCOPE OF WORK

Assignment #: 350 [assigned by GH Pro]

Global Health Program Cycle Improvement Project -- GH Pro

Contract No. AID-OAA-C-14-00067

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)

Date of Submission: 12-22-16

Last update: 11-8-17

Amendment #2

I. Title: Health of the People and Environment in the Lake Victoria Basin (HOPE-LVB) Project

II. Requester / Client

☐ USAID/Washington
Office/Division: PRH / PEC

☐ USAID Country or Regional Mission
Mission/Division: / 

III. Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)

☐ 3.1.1 HIV  ☐ 3.1.4 PIOET  ☐ 3.1.7 FP/RH
☐ 3.1.2 TB  ☐ 3.1.5 Other public health threats  ☐ 3.1.8 WSSH
☐ 3.1.3 Malaria  ☐ 3.1.6 MCH  ☐ 3.1.9 Nutrition
☐ 3.2.0 Other (specify):

IV. Cost Estimate: (Note: GH Pro will provide a cost estimate based on this SOW)

V. Performance Period

Expected Start Date (on or about): May 30, 2017

Anticipated End Date (on or about): January 26, 2018

VI. Location(s) of Assignment: (Indicate where work will be performed)

Washington D.C., Kenya and Uganda
VII. Type of Analytic Activity (Check the box to indicate the type of analytic activity)

**EVALUATION:**

- **Performance Evaluation** (Check timing of data collection)
  - [ ] Midterm
  - [ ] Endline
  - [ ] Other (specify):

  *Performance evaluations* encompass a broad range of evaluation methods. They often incorporate before–after comparisons but generally lack a rigorously defined counterfactual. Performance evaluations may address descriptive, normative, and/or cause-and-effect questions. They may focus on what a particular project or program has achieved (at any point during or after implementation); how it was implemented; how it was perceived and valued; and other questions that are pertinent to design, management, and operational decision making.

- **Impact Evaluation** (Check timing(s) of data collection)
  - [ ] Baseline
  - [ ] Midterm
  - [ ] Endline
  - [ ] Other (specify):

  *Impact evaluations* measure the change in a development outcome that is attributable to a defined intervention. They are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

**OTHER ANALYTIC ACTIVITIES**

- [ ] Assessment
  *Assessments* are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

- [ ] Costing and/or Economic Analysis
  *Costing and Economic Analysis* can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

- [ ] Other Analytic Activity (Specify)

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**PEPFAR EVALUATIONS** *(PEPFAR Evaluation Standards of Practice 2014)*

**Note:** If PEPFA-funded, check the box for type of evaluation

- **Process Evaluation** (Check timing of data collection)
  - [ ] Midterm
  - [ ] Endline
  - [ ] Other (specify):

  *Process Evaluation* focuses on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? *(PEPFAR Evaluation Standards of Practice 2014)*

- **Outcome Evaluation**
  *Outcome Evaluation* determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness, but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? *(PEPFAR Evaluation Standards of Practice 2014)*

- **Impact Evaluation** (Check timing(s) of data collection)
  - [ ] Baseline
  - [ ] Midterm
  - [ ] Endline
  - [ ] Other (specify):

  *Impact evaluations* measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons...
are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

Economic Evaluation (PEPFAR)
Economic Evaluations identifies, measures, values and compares the costs and outcomes of alternative interventions. Economic evaluation is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. Main types of economic evaluation are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?

VIII. Background
If an evaluation, Project/Program being evaluated:

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Health of the People and Environment in the Lake Victoria Basin (HOPE-LVB) Project through USAID/Evidence to Action (E2A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Award/Contract Number:</td>
<td>OAA-A-11-00024</td>
</tr>
<tr>
<td>Award/Contract Dates:</td>
<td>9/11-9/19</td>
</tr>
<tr>
<td>Project Funding:</td>
<td>Approximately $2,000,000 total project. Approximate E2A funding $1,500,000</td>
</tr>
<tr>
<td>Implementing Organization(s):</td>
<td>Pathfinder International, ExpandNet; Osienala-Friends of Lake Victoria (Phase 1); Conservation Through Public Health (Phase 1); Nature Kenya (Phase 2); Population Reference Bureau and University of Rhode Island/CRC (BALANCED Project)</td>
</tr>
<tr>
<td>Project/Activity AOR/COR:</td>
<td>Patricia McDonald (AOR); Erin Mielke (Alt. AOR)</td>
</tr>
</tbody>
</table>

Background of project/program/intervention:

With funding from the David and Lucile Packard Foundation, the John D. and Catherine T. MacArthur Foundation, USAID, the Evidence to Action project, the Barr Foundation and Winslow Foundation, Pathfinder International is currently implementing the second phase of the Health of People and Environment-Lake Victoria Basin (HoPE-LVB) project (2014-2017) in Uganda and Kenya. The project’s long-term aim was to reduce threats to biodiversity conservation and ecosystem degradation in the Lake Victoria Basin, while simultaneously increasing access to sexual and reproductive health services to both meet women’s and couples’ need for contraception and improve maternal and child health in project communities. From the start, the project has followed an adaptive process to determine how best to introduce proven interventions to communities from multiple sectors in an integrated fashion to maximize their collective effect.

Through this iterative process, the project identified and implemented a set of interrelated interventions representing the population, health, and environment (PHE) sectors for adoption by communities, local governments, national and regional governments. Phase I of the project (2011-2014) focused on testing models for integrating these PHE interventions that had the potential to be scaled to surrounding areas of the Lake Victoria Basin (LVB). An important, relatively unique aspect of this PHE effort has been its emphasis from the beginning on “keeping the end in mind, “using guidance
and technical support from ExpandNet, supported by USAID. This has meant ensuring that integration can both continue in current communities and also be replicated, as relevant, throughout the LVB via existing structures, including the LVB Commission of the East African Community. To this end, in Phase II, the project is focusing on:

- **Objective 1**: Deepening and expanding implementation of current HoPE-LVB interventions to improve Sexual and Reproductive Health (SRH) and MNCH outcomes while increasing capacity to sustainably manage natural resources for improved food and livelihood security;
- **Objective 2**: Refining and packaging the HoPE-LVB PHE model approach for dissemination and facilitate capacity building of other organizations to replicate the model;
- **Objective 3**: Advocating for and supporting the process of institutionalizing the HoPE-LVB model in regional, national, and local government systems and NGOs around the LVB.

Phase I of the project, which was implemented from 2011-2014, tested models for integrating population, health and environment (PHE) interventions that have the potential to be scaled up to surrounding areas of the Lake Victoria Basin.

Strategic or Results Framework for the project/program/intervention (paste framework below)

If project/program does not have a Strategic/Results Framework, describe the theory of change of the project/program/intervention.

At the start of Phase I, the project team believed that the support and capacity required for key stakeholders to adopt integrated PHE interventions in the LVB at meaningful scale would be achieved through: 1) implementing a pilot project in two LVB countries – Uganda and Kenya; 2) advocating for the benefits of such an approach at multiple levels throughout the life of the project, including with regard to regional influencers such as the LVB Commission; and 3) carefully documenting the process and results achieved, in order to support both advocacy and adaptive project management. The project team further believed that a cross-sectoral implementation team would be able to implement, advocate, and document its processes successfully enough to achieve the required support and capacity to implement this model at a broader scale in LVB. Additionally, this group would work in close partnership with stakeholders at all levels, including project funders. The ultimate success of the project’s efforts depended on the following: the acceptability of the HoPE-LVB’s PHE approach to communities and governments who could ensure the implementation of project interventions; basic health systems functioning in project areas; the absence of major natural disasters during the project period; and the effectiveness of PHE integration “champions” who could advocate for this approach at broader scale. The project team expected that champions, such as those in model households (who are vanguards for nonstandard positive behaviors) would be leading catalysts for community-wide behavior change that promotes critical positive health and conservation practices.

In Phase II, the HoPE-LVB team is maintaining close partnerships with Phase I project communities and champions and equipping them to support the expansion of project interventions to new neighboring communities. The objective of this expansion work is not only to improve the lives of more people in new communities, but also to test how the HoPE-LVB model, as packaged based on a set of rigorous scalability criteria, can be successfully expanded. To this end, the proposed project set
out to build the capacity of Phase I community champions to provide PHE training to others. Once this has been achieved, the project has been sharing its knowledge and building the capacity of other organizations to deliver the HoPE-LVB model and its carefully chosen minimum set of activities. Project staff have been engaging partners who are well placed to adopt the model, show a willingness to embrace PHE both at the project level and executive levels, and can generate alternative funding sources for sustainability. Advocating for the benefits of PHE at multiple levels is required for key stakeholders to build commitment to funding and implementing the HoPE-LVB model at meaningful basin-wide scale. The project is conducting targeted advocacy towards regional policy-making bodies such as the LVBC, as well as with a bottom-up approach from the community level to the national level including members of parliament in both countries and sector-relevant ministries, to call for more support and enabling policies towards such programs.

**Phase I Project Objectives:**

Strategic Objective: Develop and demonstrate/test a model for PHE integration in Kenya and Uganda LVB sites that can be adopted and scaled up by communities, local, and national governments, Lake Victoria Basin Commission (LVBC) and other stakeholders in the LVB region.

- **Objective 1:** By 2014, improve SRH and maternal neonatal child health (MNCH) outcomes among populations living in LVB project sites.
- **Objective 2:** By 2014, increase community capacity to sustainably manage LVB-related ecosystem resources to improve livelihood, environment and well-being in LVB project sites.
- **Objective 3:** By 2014, increase public and policy makers’ support for implementation of integrated PHE strategies in the LVB, including project sites.

**Phase II Project Objectives:**

- **Objective 1:** Deepen and expand implementation of current HoPE-LVB interventions to improve SRH and MNCH outcomes while increasing capacity to sustainably manage natural resources for improved food and livelihood security.
- **Objective 2:** Refine and package the HoPE-LVB PHE model approach for dissemination and facilitate capacity building of other organizations to replicate the model.
- **Objective 3:** Advocate for and support the process of institutionalizing the HoPE-LVB model in regional, national, and local government systems and NGOs around the LVB.

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

Geographic areas include phase I and phase II communities (and corresponding health facilities, districts/counties) in Uganda and Kenya.

Target groups include select community groups, select health facilities, and leaders and decision-makers from local, sub-national, national and regional levels. Target groups for scale up also include civil society organizations (CSOs) and governments that have received technical assistance from the project and have their own additional geographic coverage.
IX. Scope of Work

A. Purpose: Why is this evaluation or analysis being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

Pathfinder International is planning to conduct an internal evaluation of the project whose areas of focus are (i) internalization of new knowledge gained during the project life through assessment of any knowledge, attitude, practice (KAP) changes that have happened at the community level and district level (ii) demonstration of ownership of project-supported interventions and willingness and ability to sustain them, and (iii) documenting how understanding of whether ownership and advocacy from the community level up – a key project strategy - has been an effective way of convincing higher level policy and decision makers of the value of the project’s integrated approach. The internal evaluation will employ a number of methods such as:

- In-House analysis of qualitative data e.g. case stories and stakeholder meetings
  - Focus group discussions with community groups e.g., young mothers, women’s groups, youth groups, Beach Management Units (BMUs), model households, VHTs, model farmers etc.
  - Key informant interviews with key stakeholder at various levels, i.e., at Regional, National, district, sub county and community level as well as health facilities (HF) in charge
  - Review of progress reports
  - Review of activity reports per project sites
- Secondary analysis and compilation of quantitative project data (Conducted by Pathfinder Uganda & Kenya M&E team, supported by Pathfinder HQ Research and Metrics Unit and project evaluation consultants Lynne Gaffikin and Sam Sellers)
  - Review and analyze comprehensive monthly reports per site which include data on health facility services, outreaches, and community services provided
  - Review and analyze fisheries data
  - Look at model household data
  - Reviewing the inventory of communication materials and technical tools developed by the project and examining the value of the HoPE-LVB project to the global learning community for PHE.

Specifically, the internal evaluation plans to conduct 20 focus group discussions (FGDs) i.e. 2 per project site in both Kenya and Uganda, with the 5 community groups (Model Households, Village Health Teams, Beach Management Units, Young Mothers, Women's groups, Youth Groups and Model farmers). In addition, it will conduct 20 key informant interviews (KIIs) (10 in Kenya and 10 in Uganda) with key persons that the project has worked with.

The quantitative analysis is already completed while the qualitative analysis is expected to be finished by the beginning of May. Pathfinder can share these results with the external evaluation team.

An external evaluation will complement the internal evaluation by enhancing the evidence base on the effectiveness and scalability of the HoPE-LVB model. By effectiveness, HoPE – LVB project means increased access to sexual and reproductive health services and improved maternal and child healthcare practices, while simultaneously reducing threats to biodiversity conservation. By scalability, the project means the potential to be locally institutionalized and regionally replicated. Given USAID GH/PRH’s commitment to support activities that link family planning and population dynamics to resilience,
environmental sustainability, and state stability (per Rationale 3 of the FP/RH program as stated in the GH/PRH priorities for 2014-2020), the findings of this evaluation will provide important evidence to guide USAID’s strategic investments in this area.

B. **Audience:** Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

- USAID, and particularly PRH and other USAID offices, bureaus and missions who are currently supporting or considering expanding work on integrated PHE programming
- Other governmental and institutional donors seeking to advance implementation of sustainable development, or their own sectoral goals that might be more efficiently or effectively achieved through integrated approaches
- Local, national and regional governments and other stakeholders in East Africa who are tasked with supporting the implementation of sustainable development
- Technical communities of implementers in the areas of FP/climate change resilience/agriculture/food security/environment/MCH/WASH/integration
- Technical communities interested in implementation science and scaling up.

C. **Applications and use:** How will the findings be used? What future decisions will be made based on these findings?

The evaluation findings will be used to inform USAID and external audiences on the evidence of multi-sectoral integration to help meet multiple Sustainable Development Goals (SDGs). The findings will inform design and support of future expansion and institutionalization investments in PHE approaches as a means to reposition integrated FP/RH into broader development and SDGs and other USAID development objectives.

The findings on the particular issue of scaling up will feed into ongoing advocacy efforts for the inclusion of the HoPE-model PHE integrated approach into the sustainable development agenda. In addition, for in-country FP/RH programs, all the areas of future PRH program focus could apply the findings as relevant, especially in the areas of social norms and behavior change communication (SBCC) and FP and other sector’s workforces (e.g. capacity building for an integrated PHE approach).

D. **Evaluation/Analytic Questions & Matrix:**

a) Questions should be: a) aligned with the evaluation/analytic purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.), they must be incorporated into the evaluation/analytic questions. **USAID policy suggests 3 to 5 evaluation/analytic questions.**

b) List the recommended methods that will be used to collect data to be used to answer each question.

c) State the application or use of the data elements towards answering the evaluation questions; for example, i) ratings of quality of services, ii) magnitude of a problem, iii) number of events/occurrences, iv) gender differentiation, v) etc.
<table>
<thead>
<tr>
<th>Evaluation/Analytic Question</th>
<th>Research Methods</th>
<th>Application or Data Use</th>
</tr>
</thead>
</table>
| 1 What are stakeholders’ perceptions of HOPE-LVB project model’s “value-added” to FP/RH, maternal and child health, livelihoods, governance, natural resources management or conservation? | - Focus group discussions with community members  
- Key informant interviews with local, national and regional stakeholders  
- Desk review of project documents | - Information on gender equitable norms including male involvement in FP/MCH and women’s involvement in livelihood/income generation activities  
- Information on empowerment of youth in integrated aspects of their lives |
| **Areas for consideration:** | | |
| - Project affect/influence on gender norms and roles in the communities  
- Project affect/influence on youth empowerment, development, & leadership in the communities  
- Project’s livelihood component to effect change related to economic power in the household  
- Project’s effect on the governance of health care in the household | | |
| 2 Has the HOPE-LVB project’s explicit focus on systematic planning for scale-up resulted in positive outcomes of institutionalization, sustainability and expansion of the model? | - Key informant interviews with local, national and regional stakeholders  
- Desk review of project documents | - Information on whether the project has designed a model with strong potential for sustainability, institutionalization and expansion  
- Information on horizontal and vertical scale-up of the HOPELVB model and cross-sectoral collaboration |
<p>| 3 What project level and community outcomes did the HoPE-LVB project achieve in terms of FP/RH/MCH and conservation/livelihoods? | - Review of trend analysis of data for key performance monitoring indicators (new FP users, couple years if protection (CYP), facility deliveries, etc.) conducted by the project team. Some analyses have already been conducted on this data. | - Magnitude of changes in project indicators for FP, facility-based delivery, fish catch etc. over the project period. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Did the HoPE-LVB project achieve its objectives as measured by its key performance indicators/ results?</th>
<th>Desk review of key source documents (PMP, theory of change (TOC), log frame, proposal docs, workplans, budgets, project reports, study reports including baseline, midterm review, etc., policy documents, TA/trip reports)</th>
<th>Demonstrate whether targets have been met for key indicators (to be specified) over the course of the project. Differences by age, gender, etc. will be examined. Document results achieved within and across sectors, and achievements related to advocacy/policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Area for consideration:</strong> Monitoring tools that should be in place in similar projects to measure performance and evaluate outcomes</td>
<td>- Trend analysis of data for key performance monitoring indicators (to be specified)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facility survey</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Interviews with project staff (program and M&amp;E) (N.B: Qualitative data collected under the other evaluation questions will also provide insights for this question)</td>
<td></td>
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</tbody>
</table>

### E. Methods

Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the evaluation/analytic questions and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

#### General Comments related to Methods:

An outcome evaluation using mainly qualitative methods is proposed to assess the outcomes and scale-up experience of the HOPE-LVB initiative. Primary data collection methods will include key informant interviews, and focus group discussions. The evaluation will also include a desk review of key project documents and publications, project internal evaluations and secondary analysis of existing project data (baseline survey dataset and performance monitoring data).

Given the design of the project “with the end of scaling up in mind”, it is important that the evaluation captures some aspects related to building of political commitment for PHE, building capacity to implement integrated approaches to health and development and promoting learning during the first phase of testing the model. Evaluation should review documentation of how the model was implemented and the tools created to support its replication because this documentation would form the basis for future adoption at scale.

The evaluation will utilize only qualitative data collection and analysis. This will include:

- A review of the quantitative and qualitative analyses from the internal evaluation
- Review of other project documentation

Conducting 20 FGDs and around 20 KIIs, i.e., 5 FGDs in an old and new project site in both Kenya and Uganda. In Uganda the FGDs will be conducted in Jaguzi and Zinga while in Rachuonyo and Bondo. In Kenya among the following groups: Youth group, BMU group leaders, Model households group, VHTs, and Women’s groups. In addition 10-15 KIIs will be conducted in each country. (See specifics below).
Document and Data Review (list of documents and data recommended for review)

This desk review will be used to provide background information on the project/program, and will also provide data for analysis for this evaluation. Documents and data to be reviewed include:

- Annual project work plans and reports
- Project Performance Management Plan
- Study reports (baseline study conducted in Phase I, midterm review, Phase II rapid assessment)
- Project briefs and publications outlining technical strategies and achievements
- Policy documents for policies enacted with support of HOPELVB
- Other relevant documents such as PHE/HoPE Steering Committee meeting minutes, etc.
- Scaling up strategies from February 2015
- Technical assistance trip reports as available
- Project internal evaluations and assessments

Much of this desk review has already been conducted and can be made available to the evaluation team.

Secondary analysis of existing data (This is a re-analysis of existing data, beyond a review of data reports. List the data source and recommended analyses)

<table>
<thead>
<tr>
<th>Data Source (existing dataset)</th>
<th>Description of data</th>
<th>Recommended analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathfinder internal evaluation data</td>
<td>Pathfinder is completing an internal evaluation of PHE HOPE LVB project. Quantitative and qualitative data will be shared with GH Pro Evaluation Team.</td>
<td></td>
</tr>
</tbody>
</table>

Key Informant Interviews (list categories of key informants, and purpose of inquiry)

Local, national and regional stakeholders: obtain insights on:

- How the process of PHE policy change occurred and how the project contributed to these changes
- How the project model and outcomes are being perceived and valued at various stakeholder levels (relevance, social acceptability, easy to install)
- Whether the HOPE-LVB “model” has been successfully promoted for wider adoption at national and regional levels – i.e. expansion to new areas and new populations; institutionalization in policies, programs, budgets, etc.; evidence of improved collaboration across sectors, uptake and felt ownership of PHE

Key Informants include:

- HOPELVB project staff
- Field staff
- HQ staff
- Scaling up technical team
  - USAID HOPE –LVB management staff
  - Subnational Officials (county/district PHE steering committee)
  - National Officials (PHE steering committees/networks)
  - Regional (LVBC) stakeholders
  - Policymakers and institutional representatives
  - Community resource group leaders/members (e.g., BMUs, young mothers and other youth groups, women’s groups, CHWs/VHTs, farmer groups)
  - Local leaders (group leaders, model HH cluster leaders)
  - CSOs that are replicating the HoPE-LVB model

**Focus Group Discussions in select areas** *(list categories of groups, and purpose of inquiry)*

Four sites are recommended for conducting FGDs. Up to five FGDs per site will be conducted. FGDs will be designed to include the groups listed below.

**FGDs in Uganda (5 per project site)**

### Jaguzi project site - Old site

1. Jaguzi Youth group
2. Jaguzi BMU group leaders
3. Jaguzi Model households group
4. Jaguzi VHTs
5. Jaguzi Women’s group – Basokakwavula Women’s group

### Zinga project site – New site

1. Twezimbe Youth Group
2. Zinga VHTs
3. Model household’s members
4. Zinga Young mother’s group
5. Zinga BMU leaders group

**FGDs in Kenya (5 per project site)**

### RACHUONYO - Old Site

1. Tanyoka Groups; team lead Elsa Amayo- 0727 415 545
2. Model households Group; Team lead Isaack Nyalando- 0712 533 787
3. CHVs; Team lead; Hilda Agandi -0722 996 819
4. Buogi Mak buogi; Lugwagwani BMU Suba – team lead Martin- 0724 269 362

### Bondo - New Site

1. MHH Bondo;Roselida Onditi – Team lead -0720 399 479
2. Wambasa Youth Groups; Ayieko- 0701 766 933
3. Usigu CHVS groups; Hellen Laja– 0724 145 401
4. Sika BMU Mageta Island; Elijah- 0720 864 160

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HoPE-LVB PROJECT EVALUATION / 50
Group Interviews (list categories of groups, and purpose of inquiry)

Community resource group leaders/members (BMUs, young mothers and other youth groups, women’s groups, CHWs/VHTs, farmer groups): obtain insights on:

- What changes they have observed in health, conservation, natural resources management and livelihoods in their communities, and how the project has influenced these changes
- How the project has facilitated changes in gender-equitable norms (male involvement in FP/MCH, improved marital relations, women’s involvement in livelihood activities/income generation and natural resource management) and empowerment of youth to exercise agency in integrated aspects of their lives, including non-environmentally destructive alternative income generation
- How the project model and outcomes are being perceived and valued by communities (relevance, social acceptability, easy to install)
- Whether the HOPE-LVB model is being adopted at household/community and district/county levels (horizontal scale-up)

Where appropriate, KIIs can be clustered into small group interviews, provided there are no power differentials among respondents and all members feel comfortable voicing their opinions within the group. (See KII list above)

List or describe case and counterfactual:

<table>
<thead>
<tr>
<th>Case</th>
<th>Counterfactual</th>
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</table>

X. Human Subject Protection

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the analytic work evaluation, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the evaluation at any time without consequences. Only adults can consent as part of this analytic activity evaluation. Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB. The only time minors can be observed as part of this analytic activity evaluation is as part of a large community-wide public event, when they are part of family and community attendance. During the process of this analytic activity evaluation, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

An Informed Consent statement included in all data collection interactions must contain:
• Introduction of facilitator/note-taker
• Purpose of the evaluation/assessment
• Purpose of interview/discussion/survey
• Statement that all information provided is confidential and information provided will not be connected to the individual
• Right to refuse to answer questions or participate in interview/discussion/survey
• Request consent prior to initiating data collection (i.e., interview/discussion/survey)

XI. Analytic Plan
Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data it to be triangulated (if appropriate). For example, a thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

All analyses will be geared to answer the evaluation questions. Additionally, the evaluation will review both qualitative and quantitative data related to the project/program’s achievements against its objectives and/or targets.

Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location, whenever feasible. Other statistical test of association (i.e., odds ratio) and correlations will be run as appropriate.

Thematic review of qualitative data will be performed, connecting the data to the evaluation questions, seeking relationships, context, interpretation, nuances and homogeneity and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., project/program performance indicator data and surveys, and country specific surveys (i.e., DHS, MICS, HMIS data, etc.) will allow the Team to triangulate findings to produce more robust evaluation results.

The Evaluation Report will describe analytic methods and statistical tests employed in this evaluation.

XII. Activities
List the expected activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and Deliverables may overlap. Give as much detail as possible.

Background reading – Several documents are available for review for this analytic activity. These include HoPE-LVB proposal, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data, as well as survey data reports. This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation.
Team Planning Meeting (TPM) – A four-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:

- Review and clarify any questions on the evaluation SOW
- Clarify team members’ roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and finalize evaluation questions
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation work plan for USAID’s approval
- Develop a preliminary draft outline of the team’s report
- Assign drafting/writing responsibilities for the final report

Briefing and Debriefing Meetings – Throughout the evaluation the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include the all Evaluation Team experts, but will be determined in consultation with the Mission. These briefings are:

- Evaluation launch, a call/meeting among the USAID, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, and review the initial schedule and review other management issues.
- In-brief with USAID/DC, as part of the TPM. At the beginning of the TPM, the Evaluation Team will meet with USAID/DC to discuss expectations, review evaluation questions, and intended plans. The Team will also raise questions that they may have about the project/program and SOW resulting from their background document review. The Team Lead will meet with USAID in DC, while the Evaluation Specialist will join in as feasible via phone. The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.
- In-brief with USAID/Uganda and Kenya. These meetings will be confirmed during the Launch Call with USAID/DC.
- Workplan and methodology review briefing. At the end of the TPM, the Evaluation Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the Evaluation report(s) will be discussed.
- In-brief with project to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team.
- The Team Lead (TL) will brief the USAID weekly to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
- A final debrief between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID. During this meeting a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the Evaluation Team will prepare a PowerPoint Presentation of the key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report. (Note: preliminary findings are not final and as more data sources are developed and analyzed these finding may change.)
Stakeholders’ debrief/workshop will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the Mission, and will not include any information that may be deemed sensitive by USAID.

Fieldwork, Site Visits and Data Collection – The evaluation team will conduct site visits to for data collection. Selection of sites to be visited will be finalized during TPM in consultation with USAID. The evaluation team will outline and schedule key meetings and site visits prior to departing to the field.

Evaluation/Analytic Report – The Evaluation/Analytic Team under the leadership of the Team Lead will develop a report with findings and recommendations (see Analytic Report below). Report writing and submission will include the following steps:

- Team Lead will submit draft evaluation report to GH Pro for review and formatting
- GH Pro will submit the draft report to USAID
- USAID will review the draft report in a timely manner, and send their comments and edits back to GH Pro
- GH Pro will share USAID’s comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH Pro
- GH Pro will review and reformat the final Evaluation/Analytic Report, as needed, and resubmit to USAID for approval.
- Once Evaluation Report is approved, GH Pro will re-format it for 508 compliance and post it to the DEC.

The Evaluation Report excludes any procurement-sensitive and other sensitive but unclassified (SBU) information. This information will be submitted in a memo to USAID separate from the Evaluation Report.

Data Submission – All quantitative data will be submitted to GH Pro in a machine-readable format (CSV or XML). The datasets created as part of this evaluation must be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. It is essential that the datasets are stripped of all identifying information, as the data will be public once posted on USAID Development Data Library (DDL).

Where feasible, qualitative data that do not contain identifying information should also be submitted to GH Pro.

XIII. Deliverables and Products
Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

<table>
<thead>
<tr>
<th>Deliverable / Product</th>
<th>Timelines &amp; Deadlines (estimated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch briefing</td>
<td>July 14, 2017</td>
</tr>
<tr>
<td>In-brief with USAID in DC</td>
<td>August 7, 2017</td>
</tr>
<tr>
<td>Workplan and methodology review briefing</td>
<td>August 15, 2017</td>
</tr>
<tr>
<td>Workplan (must include questions, methods, timeline, data analysis plan, and instruments)</td>
<td>August 16, 2017</td>
</tr>
<tr>
<td>In-brief with HOPE-LVB project</td>
<td>August 11, 2017</td>
</tr>
<tr>
<td>Routine briefings</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

HoPE-LVB PROJECT EVALUATION / 54
Out-brief with USAID/DC with Power Point presentation  
November 20, 2017

Findings review with IP with Power Point presentation (via web-conference)  
November 20, 2017

Draft report  
Submit to GH Pro: November 30, 2017  
GH Pro submits to USAID: December 5, 2017

Final report  
Submit to GH Pro: January 1, 2017  
GH Pro submits to USAID: January 3, 2017

Raw data (cleaned datasets in CSV or XML with data dictionary)  
December 5, 2017

Report Posted to the DEC  
January 26, 2018

Estimated USAID review time  
Average number of business days USAID will need to review Report? 15 Business days

XIV. Team Composition, Skills and Level of Effort (LOE)

Evaluation/Analytic team: When planning this analytic activity, consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leaders for evaluations/analytics must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation Specialist, who should have evaluation methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with methodological expertise related to the
- Note that all team members will be required to provide a signed statement attesting that they have no conflict of interest, or describing the conflict of interest if applicable.

Team Qualifications: Please list technical areas of expertise required for this activity

List the key staff needed for this analytic activity and their roles. You may wish to list desired qualifications for the team as a whole, as well as for the individual team members.

Expertise in: PHE/integrated health w/non-health projects with focus on community-based natural resource management/fisheries or conservation, alternative livelihoods.; sustainability/scale up, policy/advocacy; FP/RH, MNCH, gender; qualitative and quantitative and new M&E methods (i.e. realist evaluation techniques, implementation science, complex adaptive systems methods, etc.)

Cross-sectoral Specialist /Team Lead: The Cross-Sectoral Specialist will serve as the technical expert on this team and will be the Team Lead. S/he should have significant experience conducting project evaluations and/or assessments.
**Roles & Responsibilities:** As the team lead, s/he will be responsible for (1) providing team leadership; (2) managing the team’s activities, (3) ensuring that all deliverables are met in a timely manner, (4) providing quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis from a cross-sectoral perspective, (5) serving as a liaison between USAID and the evaluation/analytic team, (6) leading briefings and presentations, and 6) being the lead author on the evaluation report. As the technical lead, s/he will be responsible for providing expertise on integrated PHE interventions, including SRH, MNCH, livelihoods and other related environmental issues, as well as policy and advocacy for these interventions.

**Qualifications:**

- Minimum of 10 years of experience in public health, which includes experience in implementation of in USAID population and health activities in developing countries.
- At least 10 years of experience in evaluation and familiarity with USAID M&E procedures and implementation, including evaluations preferably in health
- Experience in cross-sectoral evaluation and cross-country synthesis of information to help capture the unique nature and complexity of the cross-sectoral/cross-country PHE approach
- Strong knowledge, skills, and experience in PHE programs, preferably in Africa
- Good writing skills, with extensive report writing experience
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Experience working in Africa, and experience in Kenya and Uganda is desirable
- Familiarity with USAID policies and practices, including M&E procedures and implementation

**Evaluation Specialist**

The Evaluation Specialist will serve as a member of the evaluation team, providing quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. S/He will oversee the training of all engaged in data collection, insuring highest level of reliability and validity of data being collected. S/He is the lead analyst, responsible for all data analysis, and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. S/he will also lead review of trend analyses of data for key performance monitoring indicators. S/He will participate in all aspects of the evaluation, from planning, data collection, data analysis to report writing.

**Roles & Responsibilities:**

- Desk review of Pathfinder’s analyses of indicators and other forms of project documentation
- Liaise with Pathfinder to review project monitoring data
- Provide quality assurance on evaluation methodology, including development of sound data collection instruments
- Assure adherence to data collection and data management protocols
- Lead analyst of quantitative and qualitative data, and provide oversight on all data analyses
- Assist with developing data collection tools and with data analysis. Contribute to evaluation report writing
Qualifications:

- Strong knowledge, skills, and experience in qualitative and quantitative data collection and analysis.
- Demonstrated experience using data analysis methodologies, and triangulating with quantitative data.
- Strong data interpretation and presentation skills.
- Excellent organizational skills and ability to keep to a timeline.
- Experience in analysis, synthesis and translation of cross-sectoral and cross-country data and information to help capture the unique nature and complexity of the project.
- Proficient in English.
- Good writing skills, including extensive report writing experience.
- Familiarity with USAID health programs/project.
- Familiarity with USAID M&E policies and practices.
  - Evaluation policies
  - Results frameworks
  - Performance monitoring plans.

Number of consultants with this expertise needed: 1

Research Coordinator/Assistant (one per country):

The Research Coordinators/Assistants will facilitate in-country data collection efforts. S/he will also support the Evaluation Team with all logistics and administration to allow them to carry out this evaluation. To support the team, s/he will be able to efficiently liaise with Pathfinder staff, arrange in-country transportation, provide translation services as needed, and insure business center support, e.g. copying, internet, and printing. S/he will work under the guidance of the Team Leader to make preparations for field work, and arrange meetings and appointments. S/he will conduct programmatic, administrative and logistics support tasks as assigned and ensure the processes move forward smoothly.

Roles & Responsibilities:

- Liaise with Pathfinder to organize and facilitate FGDs and KIIs.
- Facilitate FGDs and KIIs.
- Translate and transcribe KIIS and FGDs, and perform other analyses as directed by the Team Lead.
- Arrange in-country transportation, lodging and workspace as needed by the Evaluation Team.

Qualifications:

- Experience compiling data and information from project management reports, implementation of surveys, and transcribing data from key informant interviews, and focus groups discussion.
- Experience arranging logistics (room rental, car hire, airline reservations, hotel bookings, etc.).
- Fluency in English and local language(s) is required.
- Knowledge of key actors in the health and environment sectors and their locations including the project stakeholders.

Number of consultants with this expertise needed: 2.
Other Staff Titles with Roles & Responsibilities (include number of individuals needed):

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Roles &amp; Responsibilities</th>
<th>Qualifications</th>
<th>Number of consultants with this expertise needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translator</td>
<td>Facilitate FGDs and KIIs</td>
<td>Fluency in English and local language(s) is required</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Translate and transcribe KIIs and FGDs, and perform other analyses as directed by the Team Lead</td>
<td>Experience translating during data collection exercises with knowledge of technical areas related to PHE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Update translated data collection tools as required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or analytic activity.

☐ Yes – If yes, specify who:
☐ Significant Involvement anticipated – If yes, specify who: Clive Mutunga, Population, Environment and Development Advisor, PRH, will serve as a member of the evaluation team. He will provide technical expertise in the evaluation process. He will serve as a liaison between Evaluation Team and HoPE-LVB team to ensure sharing of data and information, coordination of field activities. Clive will also serve as a liaison of the evaluation team with USAID missions in Uganda and Kenya, and with Washington. He will support Key Informant Interviews in Uganda and Kenya as needed.
☐ No

Staffing Level of Effort (LOE) Matrix (Optional):

This optional LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH Pro can assist you to complete this table.

a) For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.

b) Immediately below each staff title enter the anticipated number of people for each titled position.

c) Enter Row labels for each activity, task and deliverable needed to implement this analytic activity.

d) Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.

e) At the bottom of the table total the LOE days for each consultant title in the ‘Sub-Total’ cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

Level of Effort in days for each Evaluation/Analytic Team member
<table>
<thead>
<tr>
<th>Activity / Deliverable</th>
<th>Evaluation/Analytic Team</th>
<th>Translator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Team Lead/PHE Specialist</td>
<td>Evaluation Specialist</td>
</tr>
<tr>
<td>Number of persons →</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1 Launch Briefing</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>2 HTSOS Training</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3 Desk review</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>4 Travel to DC</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5 In-brief with USAID/DC</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>6 Preparation for Team convening in-country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Travel to Kampala</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>8 In-brief with USAID/Uganda</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>9 Team Planning Meeting</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>10 Workplan and methodology briefing with USAID (remote)</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>11 Eval planning deliverables: 1) workplan with timeline analytic protocol (methods, sampling &amp; analytic plan); 2) data collection tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 In-brief with project</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>13 Data Collection DQA Workshop (protocol orientation/training for all data collectors)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>14 Prep / Logistics for Site Visits</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>15 Kenya RCA returns to Kisumu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Data collection / Site Visits (including travel to sites)</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>17 Transcribe qualitative data</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>18 TL travel to Kampala from Kisumu</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>19 Data check &amp; synthesis</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>20 TL travels home</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Activity / Deliverable</td>
<td>Evaluation/Analytic Team</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Team Lead/PHE Specialist</td>
<td>Evaluation Specialist</td>
</tr>
<tr>
<td>Number of persons →</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>21 Secondary data analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Data analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Debrief USAID/DC with prep (via web-conference)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Debrief IP with prep (via web-conference)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Draft report</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>26 GH Pro Report QC Review &amp; Formatting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Submission of draft report(s) to USAID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 USAID Report Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 USAID manages Stakeholder review (eg, IP(s), government partners, etc) and submits any Statement of Difference to GH Pro.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Revise report(s) per USAID comments</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>31 Finalize and submit report to USAID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 USAID approves report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Final copy editing and formatting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 508 Compliance editing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Eval Report(s) to the DEC</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total LOE</strong></td>
<td><strong>68</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>

If overseas, is a 6-day workweek permitted

- [ ] Yes
- [ ] No

**Travel anticipated:** List international and local travel anticipated by what team members.

The evaluation will be conducted in and around the Kisumu, Kenya and Kampala, Uganda. The TPM will be held in Kampala. Once data collection begins, the Evaluation Team will split up with half the
team working from Kampala and the other sub-team working from Kisumu. The Team Lead will begin data collection in Uganda, and then move to Kenay to do data collection, while the Evaluation Specialist oversees and conducts the remainder of data collection in Uganda.

XV. Logistics

Visa Requirements - List any specific Visa requirements or considerations for entry to countries that will be visited by consultant(s):

Both Kenya and Uganda visa can be obtained online.

List recommended/required type of Visa for entry into counties where consultant(s) will work

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Type of Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>✚ Tourist</td>
</tr>
<tr>
<td></td>
<td>✚ Business</td>
</tr>
<tr>
<td></td>
<td>✚ No preference</td>
</tr>
<tr>
<td>Kenya</td>
<td>✚ Tourist</td>
</tr>
<tr>
<td></td>
<td>✚ Business</td>
</tr>
<tr>
<td></td>
<td>✚ No preference</td>
</tr>
</tbody>
</table>

Clearances & Other Requirements

Note: Most Evaluation/Analytic Teams arrange their own work space, often in conference rooms at their hotels. However, if a Security Clearance or Facility Access is preferred, GH Pro can submit an application for it on the consultant’s behalf.

GH Pro can obtain **Secret Security Clearances** and **Facility Access (FA)** for our consultants, but please note these requests processed through USAID/GH (Washington, DC) can take 4-6 months to be granted, with Security Clearance taking approximately 6 months to obtain. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. If Security Clearance or FA is granted through Washington, DC, the consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

If **Electronic Country Clearance (eCC)** is required prior to the consultant’s travel, the consultant is also required to complete the **High Threat Security Overseas Seminar (HTSOS)**. HTSOS is an interactive e-Learning (online) course designed to provide participants with threat and situational awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. [Note: The course is not required for employees who have taken FACT training within the past five years or have taken HTSOS within the same calendar year.]

If eCC is required, and the consultant is expected to work in country more than 45 consecutive days, the consultant may be required to complete the one week **Foreign Affairs Counter Threat (FACT) course** offered by FSI in West Virginia. This course provides participants with the knowledge and skills to better prepare themselves for living and working in critical and high threat overseas environments. Registration for this course is complicated by high demand (consultants must register approximately 3-4 months in advance). Additionally, there will be the cost for additional lodging and M&E to take this course.
Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH Pro workspace and travel (other than to and from post).

☐ USAID Facility Access (FA)
   Specify who will require Facility Access: __________________________________________

☐ Electronic County Clearance (ECC) (International travelers only)
   □ High Threat Security Overseas Seminar (HTSOS) (required in most countries with ECC)
   □ Foreign Affairs Counter Threat (FACT) (for consultants working on country more than 45 consecutive days)

☐ GH Pro workspace
   Specify who will require workspace at GH Pro: __________________________________________

☐ Travel -other than posting (specify): GH Pro will arrange international travel. The Evaluation Logistic consultant will arrange travel in Uganda and Kenya.

☐ Other (specify): __________________________________________

Specify any country-specific security concerns and/or requirements

XVI. GH Pro Roles and Responsibilities
GH Pro will coordinate and manage the evaluation/analytic team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the evaluation/analytic team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review methods, workplan, analytic instruments, reports and other deliverables as part of the quality assurance oversight
- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is internal, then copy editing/formatting for internal distribution.

XVII. USAID Roles and Responsibilities
Below is the standard list of USAID’s roles and responsibilities. Add other roles and responsibilities as appropriate.

<table>
<thead>
<tr>
<th>USAID Roles and Responsibilities</th>
</tr>
</thead>
</table>

**USAID** will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

**Before Field Work**
- SOW.
Develop SOW.
Peer Review SOW
Respond to queries about the SOW and/or the assignment at large.

- **Consultant Conflict of Interest (COI).** To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV’s for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.

- **Documents.** Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.

- **Local Consultants.** Assist with identification of potential local consultants, including contact information.

- **Site Visit Preparations.** Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.

- **Lodgings and Travel.** Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

**During Field Work**

- **Mission Point of Contact.** Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team’s work.

- **Meeting Space.** Provide guidance on the team’s selection of a meeting space for interviews and/or focus group discussions (i.e. USAID space if available, or other known office/hotel meeting space).

- **Meeting Arrangements.** Assist the team in arranging and coordinating meetings with stakeholders.

- **Facilitate Contact with Implementing Partners.** Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team’s arrival and/or anticipated meetings.

**After Field Work**

- **Timely Reviews.** Provide timely review of draft/final reports and approval of deliverables.

**XVIII. Analytic Report**

Provide any desired guidance or specifications for Final Report. (See *[How-To Note: Preparing Evaluation Reports](#)*)

The **Evaluation/Analytic Final Report** must follow USAID’s Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the USAID Evaluation Policy).

- The report should be approximately **35 pages** (excluding executive summary, table of contents, acronym list and annexes).
- The structure of the report should follow the Evaluation Report template, including branding found here or here.
- Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.
- For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found here.

**USAID Criteria to Ensure the Quality of the Evaluation Report (USAID ADS 201):**

- *Evaluation reports should be readily understood and should identify key points clearly, distinctly, and succinctly.*
- *The Executive Summary of an evaluation report should present a concise and accurate statement of the most critical elements of the report.*
- *Evaluation reports should adequately address all evaluation questions included in the SOW, or the evaluation questions subsequently revised and documented in consultation and agreement with*
USAID.

- Evaluation methodology should be explained in detail and sources of information properly identified.
- Limitations to the evaluation should be adequately disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people’s opinions.
- Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
- If evaluation findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

Reporting Guidelines: The draft report should be a comprehensive analytical evidence-based evaluation/analytic report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.

The findings from the evaluation/analytic will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:

- Abstract: briefly describing what was evaluated, evaluation questions, methods, and key findings or conclusions (not more than 250 words)
- Executive Summary: summarizes key points, including the purpose, background, evaluation questions, methods, limitations, findings, conclusions, and most salient recommendations (2-5 pages)
- Table of Contents (1 page)
- Acronyms
- Evaluation/Analytic Purpose and Evaluation/Analytic Questions: state purpose of, audience for, and anticipated use(s) of the evaluation/assessment (1-2 pages)
- Project [or Program] Background: describe the project/program and the background, including country and sector context, and how the project/program addresses a problem or opportunity (1-3 pages)
- Evaluation/Analytic Methods and Limitations: data collection, sampling, data analysis and limitations (1-3 pages)
- Findings (organized by Evaluation/Analytic Questions): substantiate findings with evidence/data
- Conclusions
- Recommendations
- Annexes
- Annex I: Evaluation/Analytic Statement of Work
- Annex II: Evaluation/Analytic Methods and Limitations ((if not described in full in the main body of the evaluation report)
- Annex III: Data Collection Instruments
- Annex IV: Sources of Information
  - List of Persons Interviews
  - Bibliography of Documents Reviewed
  - Databases
  - [etc.]
− Annex V: Statement of Differences (if applicable)
− Annex VI: Disclosure of Any Conflicts of Interest
− Annex VII: Summary information about evaluation team members, including qualifications, experience, and role on the team.

The evaluation methodology and report will be compliant with the USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports

The Evaluation Report should exclude any potentially procurement-sensitive information. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USIAD separate from the Evaluation Report.

All data instruments, data sets (if appropriate), presentations, meeting notes and report for this evaluation/analysis will be submitted electronically to the GH Pro Program Manager. All datasets developed as part of this evaluation will be submitted to GH Pro in an unlocked machine-readable format (CSV or XML). The datasets must not include any identifying or confidential information. The datasets must also be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. Qualitative data included in this submission should not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses and other confidential information that can easily lead to identifying the respondent should not be included in any quantitative or qualitative data submitted.

XIX. USAID Contacts

<table>
<thead>
<tr>
<th>Primary Contact</th>
<th>Alternate Contact 1</th>
<th>Alternate Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Clive Mutunga</td>
<td>Shelley Snyder</td>
<td></td>
</tr>
<tr>
<td>Title: Population, Environment and Development Technical Advisor</td>
<td>Health Development Officer</td>
<td></td>
</tr>
<tr>
<td>USAID Office/Mission: GH/PRH/PEC</td>
<td>GH/PRH/PEC</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:cmutungamua@usaid.gov">cmutungamua@usaid.gov</a></td>
<td><a href="mailto:ssnyder@usaid.gov">ssnyder@usaid.gov</a></td>
<td></td>
</tr>
<tr>
<td>Telephone: 202.808.3847</td>
<td>571.551.7052</td>
<td></td>
</tr>
<tr>
<td>Cell Phone (optional): 571.527.7565</td>
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</tbody>
</table>

List other contacts who will be supporting the Requesting Team with technical support, such as reviewing SOW and Report (such as USAID/W GH Pro management team staff)
<table>
<thead>
<tr>
<th></th>
<th>Technical Support Contact 1</th>
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<tr>
<td>Name:</td>
<td>Amani Selim</td>
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<tr>
<td>Title:</td>
<td>Evaluation Technical Adviser</td>
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<td><a href="mailto:aselim@usaid.gov">aselim@usaid.gov</a></td>
<td></td>
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<tr>
<td>Telephone:</td>
<td>571.551.7528</td>
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<tr>
<td>Cell Phone (optional)</td>
<td>571.721.9577</td>
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</table>

**XX. Reference Materials**

Documents and materials needed and/or useful for consultant assignment, that are not listed above

**XXI. Adjustments Made in Carrying out This SOW after Approval of the SOW**

*(To be completed after Assignment Implementation by GH Pro)*

Question 3 was subsumed under Question 4 in both the Tools and Evaluation Matrix and within the Technical Report. The restructuring was approved by USAID during the Tools and Evaluation Matrix review and during the in-country TPM meeting.

**Original:** Evaluation Question 3: What project level and community outcomes did the HoPE-LVB project achieve in terms of FP/RH/MCH and conservation/livelihoods? Evaluation Question 4: Did the HoPE-LVB project achieve its objectives as measured by its key performance indicators/ results?

**Revised:** Evaluation Question 3: To what extent did the HoPE-LVB project achieve its objectives as measured by its key performance indicators/ results?

**Timelines & Deadlines:** Dates for the final deliverable have shifted throughout the period of performance with agreement from USAID Washington during the data collection and analysis due to
the increase in KIs and receipt of the internal HoPE LVB Evaluation data on October 4, 2017, and GH Pro final technical report review process.

<table>
<thead>
<tr>
<th>Key Informant Interviews</th>
<th>Original Total</th>
<th>Final Total</th>
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<tr>
<td>HOPELVB project staff</td>
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<td>o Field staff</td>
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<tr>
<td>o HQ staff</td>
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<tr>
<td>o Scaling up technical team</td>
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<tr>
<td>USAID HOPE –LVB management staff</td>
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<tr>
<td>Subnational Officials (county/district PHE steering committee)</td>
<td>8</td>
<td>20</td>
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<tr>
<td>National Officials (PHE steering committees/networks)</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Regional (LVBC) stakeholders</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Policymakers and institutional representatives</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Community resource group leaders/members (e.g., BMUs, young mothers and other youth groups, women’s groups, CHWs/VHTs, farmer groups)</td>
<td>FGDs</td>
<td>FGDs</td>
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<tr>
<td>Local leaders (group leaders, model HH cluster leaders)</td>
<td>FGDs</td>
<td>FGDs</td>
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</table>
ANNEX II. DATA COLLECTION INSTRUMENTS

FOCUS GROUP DISCUSSION GUIDE- ACTIVE MODEL HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Moderator:</th>
<th>Note-taker:</th>
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<tbody>
<tr>
<td>Date of discussion:</td>
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<td>Project Site</td>
<td>Number of Participants:</td>
</tr>
<tr>
<td>Parish /Sub County (Name):</td>
<td>Village/area (Name):</td>
</tr>
<tr>
<td>Respondents: Active Model Household Members:</td>
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</table>

Background Statement on the HoPE LVB Project:

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The purpose of conducting the focus group discussion is “to assess how the model household approach has promoted integration for and scale up for P, H, E? E.g. improved uptake of FP services, MNH Outcomes, Immunization coverage, improved sustainable agricultural practices (organic farming, agroforestry, crop rotation, land use, water management etc.), livelihoods and sustainable fisheries”.

General Introduction by the FGD Moderator

I would like to thank each of you for agreeing to be a part of this focus group discussion. My name is …………………. I will be leading the discussion session. My colleague here is called …………………. will help in taking notes during the discussion. We also request you to allow the session to be audio-taped so that we do not miss any of the ideas. We would wish to inform you that there are no wrong or right answers in this discussion. Please be assured that your personal details or what you say as a person will not be used at any time. We will ensure confidentiality with regard to all the information discussed. Please note that your names will not be recorded in the notes; therefore you are encouraged to participate actively and to feel free during the discussion. If you have any concerns about the research or concerns about your rights and participation in the study, kindly contact the lead investigator Dr. Eileen Mokaya, EMokaya@pathfinder.org, +254704595288 / Co – Investigator Caroline Nalwoga, CNalwoga@pathfinder.org, +256 700629982 / The chairperson of the MUK IRB - DR. SUZANNE KIWANUKA, skiwanuka@musph.ac.ug, +256701-888-163/ +256-312-291-397)
Ask each participant to introduce him or herself. After the introductions, open up the discussion by using the guide below.

<table>
<thead>
<tr>
<th>Participant/Interview Number</th>
<th>Gender (M/F)</th>
<th>Age</th>
<th>Highest Level of Education</th>
<th>Household head Y/N</th>
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<tbody>
<tr>
<td>1</td>
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<td>12</td>
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<tr>
<td>#</td>
<td>Key Discussion Question</td>
<td>Some probing questions</td>
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<tr>
<td></td>
<td><strong>Topic 1: Value Add of being a model Household:</strong> The purpose of this topic is to establish the benefits of being a model household</td>
<td></td>
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</tr>
<tr>
<td>1.</td>
<td>What motivated you to become a model household?</td>
<td>Any new knowledge or skills you have learnt because of being a model household?</td>
<td></td>
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<tr>
<td>2.</td>
<td>What are the benefits of being a model household?</td>
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<td>3.</td>
<td>What are the commonly discussed topics by people visiting your model household and why?</td>
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<td>4.</td>
<td>How have you as a model household, supported others in being models?</td>
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<td></td>
<td><strong>Topic 2: Improved Uptake of Family Planning services:</strong> The focus of this topic is to assess to what extent as PHE contributed to improved uptake of Family Planning services</td>
<td></td>
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<tr>
<td>5.</td>
<td>How has HoPE LVB project addressed barriers to family planning?</td>
<td>Distance to the nearest health facility</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>In your opinion has HOPE LVB promoted uptake of family planning services?</td>
<td>Provider skills</td>
<td></td>
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<td></td>
<td></td>
<td>Provider attitude</td>
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<td></td>
<td>Opening hours, long waiting times</td>
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<td></td>
<td></td>
<td>Availability of FP commodities</td>
<td></td>
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<td></td>
<td>Confidentiality and privacy issues</td>
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<td>Financial constraints</td>
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<td></td>
<td>Religious beliefs and practices</td>
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<td>Cultural beliefs and practices</td>
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<td></td>
<td></td>
<td>Social status (including low status of women, male domination)</td>
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<td></td>
<td>Acceptability</td>
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<td></td>
<td></td>
<td>Increased knowledge</td>
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<td></td>
<td></td>
<td>Male involvement</td>
<td></td>
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<tr>
<td>6.</td>
<td>As a model households, how have you promoted family planning?</td>
<td>Are household members using FP services?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Benefits of family planning</td>
<td></td>
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<td>Birth plans (if applicable)</td>
<td></td>
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<tr>
<td>7.</td>
<td>How has the Hope LVB PHE project enabled you to promote family planning services?</td>
<td>Has PHE made it easy to talk about family planning especially among men and other groups?</td>
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<td></td>
<td></td>
<td>Integrated messaging including FP</td>
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<td></td>
<td></td>
<td>Increased knowledge and information on FP</td>
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</tbody>
</table>
8. In your households, what are the major factors that influence decisions to seek FP services?

- Partner support
- Distance from health facility and availability of transport means
- Perceptions of quality of services provided
- Provider attitudes
- Financial/economic
- Religious beliefs and practices
- Cultural beliefs and practices

9. What suggestions do you have for improving the FP services in this community?

- Accessibility, acceptability, availability
- Provider skills
- Provider attitude
- Male engagement

10. As a model household, how have you changed your health seeking behavior as a result of the Hope LVB project?

- ANC visits
- Skilled deliveries
- Postnatal visits
- Uptake of FP services
- Childhood immunization

11. As a model household, how has Hope LVB –PHE approach improved the feeding practices of your families:

(i) Children under 5 years
(ii) Pregnant women
(iii) Lactating mothers

- Improved agricultural practices
- Household food security
- Improved economic livelihood
- Alternative livelihoods

12. How has the Hope LVB project improved your knowledge and practices on sustainable farming?

Probe for mulching, crop rotation, organic farming, etc.

13. How has the Hope LVB project improved your knowledge and practices on good hygiene and sanitation practices at the household level?

Probe for latrine usage, safe drinking water and handwashing
Diarrhea incidences at the household level especially for children

14. How has the Hope LVB Project improved your knowledge and practices on sustainable farming?

15. What are some of the sustainable farming practices in this community?

16. How has PHE contributed to improved food security at the household level

17. How has HoPE LVB enabled you to improve your agroforestry practices?

- Probe for increased tree coverage at the household and community level,
<table>
<thead>
<tr>
<th>#</th>
<th>Key Discussion Question</th>
<th>Some probing questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- The type of tree species etc.</td>
<td>- Observed benefits of tree planting?</td>
</tr>
</tbody>
</table>
Topic 6: Scalability/Sustainability of HOPE LVB Initiatives

19 How have you influenced your neighbor to adopt the model household practice?

20 Would you continue being a model household after the end of the HOPE LVB project? If yes, why and how?

Topic 7: Challenges and Lessons Learned

21 As a model household what are some of the challenges/lessons learned of being a model household?

- What could be the possible solutions of overcoming these challenges?
- What advice would you give to other homes who want to become model households?
- How can households be motivated to remain model homes?

Thank you for participating
**FOCUS GROUP DISCUSSION GUIDE - BMU**

<table>
<thead>
<tr>
<th>Moderator:</th>
<th>Note-taker:</th>
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<tbody>
<tr>
<td>Date of discussion:</td>
<td>Venue:</td>
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<tr>
<td>Project Site</td>
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<tr>
<td>Parish /Sub County (Name):</td>
<td>Village/area (Name):</td>
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<td>Respondents: Community Members:</td>
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</table>

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Attendance sheet for the FGD

<table>
<thead>
<tr>
<th>Participant/Interview Number</th>
<th>Gender (M/F)</th>
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Focus Discussion Guide

#  Key discussion questions                      Examples of probing questions

Leadership and governance: This topic is intended to address how sustainable fishing practices are being promoted through BMU leadership

1  You have been working with the project for the past years, how has the project helped you understand the relationship between the P, the H and the E.
- Does any one of you belong to a MHH?
- How many of you are PHE champions? (FP champion, etc)
- Training in FP
- Training in sustainable fisheries.
- Training on alternative livelihoods
- Leadership and governance etc.
- Fish patrols, illegal fishing, record keeping etc

2  What capacity building efforts have you received from the project?
- Type of training received.
- Women taking up key leadership positions.
- Has there been improvement in the way BNUs are managing their affairs because of the project?
- Have they had any challenges in operationalization of by laws.
- Functional structures
- Inputs
  - Gender balance in the management committees
  - Roles of women on the BMU committees
  - Have you observed any changes in women having more income, from men being more involved in FP

3  How has the project contributed to strengthening your governance and management of BMUs?

4  How has the project enabled you to establish and strengthen existing bylaws/ enforcement of existing policies?

5  How is women involvement with BMU?
How are women involved in BMUs? What is women’s involvement in BMUs? Etc? And men’s?
Have there been any changes in the relationship between men and women that resulted from the project?
Are there women who have stood for elective positions in your community – for resource management for example (BMUs?)

Community empowerment: Looking at economic empowerment, capacity building, alternative livelihoods

6  How has the project interventions increased fish yields?
How do you know?
- Has this yield helped to increase your daily revenue?
- How has the PHE approach improved the fish catch Environmentally friendly income generating alternatives
- Sustainable agriculture
- Other IGAs

7  What other alternative sources of livelihoods has the project taught you?
<table>
<thead>
<tr>
<th>#</th>
<th>Key discussion questions</th>
<th>Examples of probing questions</th>
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<tbody>
<tr>
<td><strong>FP uptake</strong></td>
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</table>
| 8 | As a member of the BMU, are you comfortable talking about Family Planning? | - How has the project enabled you promote FP better?  
- Do you have teaching aid for FP.  
- Who are you comfortable to talk to?  
- How have you been passing on the messages  
- Referring clients for FP  
- Challenges they have been facing  
  - Making decisions jointly with their wives, from more women involved in NRM, etc? Please describe. |
| **Sustainability** |  |  |
| 9 | How has the project changed BMU attitudes towards family planning?  
How are BMUs empowering women? |  
| 10 | When the project comes to an end, how will the BMU members continue to implement the interventions that they have learnt from the project? |  
- Demarcation of FBZs  
- Plans to train other BMU members  
- BMU outreaches  
Advocacy  
| 11 | How have you influenced other BMUS to take on sustainable fisheries practices? What strategies have you used? |  
| 12 | Has the BMU been involved in Natural Resource Management at the landing sites e.g tree planting |  
- Tree species  

**Thank you for participating**
FOCUS GROUP DISCUSSION GUIDE – COMMUNITY MEMBERS

<table>
<thead>
<tr>
<th>Moderator:</th>
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</table>
# Focus Discussion Guide

## Some examples of probing questions

### Topic 1: Value Add of being a model Household: The purpose of this topic is establish the benefits of being a model household

<table>
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<tr>
<th>#</th>
<th>Key Discussion Question</th>
<th>Some examples of probing questions</th>
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<tbody>
<tr>
<td>1</td>
<td>How much do you know about the HoPE LVB Project?</td>
<td>How have you worked with the project?</td>
</tr>
<tr>
<td>2</td>
<td>Have you heard about the model household approach implemented by the HOPE project?</td>
<td>Any new knowledge or skills you have learnt because of being a model household?</td>
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<td></td>
<td>What are community attitudes/perceptions on model households?</td>
<td>Are their homes, farms or health better than others?</td>
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<tr>
<td>3</td>
<td>In your opinion, What motivates community members to become model households?</td>
<td>Are things people admire about them?</td>
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<tr>
<td>4</td>
<td>In your opinion what are some the benefits of being a model household?</td>
<td>Have their lives transformed?</td>
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<td></td>
<td>- Any new knowledge or skills you have learnt because of being a model household?</td>
<td>- Time, no support, they don't have enough information on to become a model household, there is no difference with other households etc.</td>
</tr>
<tr>
<td>5</td>
<td>What are some of the reasons/ factors that are making/hindering some community members from being model households?</td>
<td>- Distance to the nearest health facility</td>
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<td>- Distance to the nearest health facility</td>
<td>- Provider skills</td>
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<td>- Provider skills</td>
<td>- Provider attitude</td>
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<td>- Provider attitude</td>
<td>- Opening hours, long waiting times</td>
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<td>- Opening hours, long waiting times</td>
<td>- Availability of FP commodities</td>
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<td>- Confidentiality and privacy issues</td>
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<td>- Religious beliefs and practices</td>
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<td>- Religious beliefs and practices</td>
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<td>- Cultural beliefs and practices</td>
<td>- Social status (including low status of women, male domination)</td>
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<tr>
<td>6</td>
<td>In your opinion how are model households, supporting others to become model homes?</td>
<td>- Are family planning services acceptable in this community? etc.</td>
</tr>
</tbody>
</table>

### Topic 2: Uptake of Family Planning Services: The focus of this topic is to assess to what extent as PHE contributed to improved uptake of Family Planning services

<table>
<thead>
<tr>
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<th>Key Discussion Question</th>
<th>Some examples of probing questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Has the HoPE LVB Project been promoting family planning services in this community? If yes, how has the project done this? List if there are any other organizations doing the same</td>
<td>Name them</td>
</tr>
<tr>
<td>8</td>
<td>What are some of the barriers to accessing family planning services in this community?</td>
<td>- Distance to the nearest health facility</td>
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<td>- Distance to the nearest health facility</td>
<td>- Provider skills</td>
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<td>- Cultural beliefs and practices</td>
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<tr>
<td>9</td>
<td>How are family planning services promoted in this community?</td>
<td>- Are family planning services acceptable in this community? etc.</td>
</tr>
<tr>
<td>#</td>
<td>Key Discussion Question</td>
<td>Some examples of probing questions</td>
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<tr>
<td>10</td>
<td>How has the Hope LVB PHE project promoted family planning services?</td>
<td>- Does the community talk freely about planning family in health forums, community dialogues, in their homes</td>
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<td>- Benefits of family planning</td>
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<td>- Birth plans (if applicable)</td>
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<td>- Has PHE made it easy to talk about family planning especially among men and other groups?</td>
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<td>- Integrated messaging including FP.</td>
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<td>- Increased knowledge and information on FP.</td>
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<td>- Partner support</td>
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<td>- Distance from health facility and availability of transport means</td>
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<td>- Perceptions of quality of services provided</td>
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<td>- Provider attitudes</td>
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<td>- Male involvement</td>
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<td>- Accessibility, acceptability, availability</td>
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<td>- Male engagement</td>
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<td>11</td>
<td>In this community, what are the major factors that influence decisions to seek FP services?</td>
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<td>- Partner support</td>
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<td>- Male engagement</td>
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<td>12</td>
<td>In your opinion has HOPE LVB- PHE project promoted uptake of family planning services in this community?</td>
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<td>13</td>
<td>What suggestions do you have for improving the family planning services in this community?</td>
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<td>- Male engagement</td>
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<td>14</td>
<td>Generally, what is the health seeking behavior of people in this community?</td>
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<td>- When sick go to hospital</td>
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<td>- Prefer traditional healers</td>
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<td>- Prefer prayers from their religious leaders</td>
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<td>- Buy medicine from drug store</td>
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<td>- Skilled deliveries</td>
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<td>- Postnatal visits</td>
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<td>- Uptake of FP services</td>
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<td>- Childhood immunization</td>
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<td>- Increased knowledge on feeding practices</td>
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<td>- Kitchen gardens</td>
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<td>- Improved agricultural practices</td>
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<td>- Household food security</td>
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<td>- Improved economic livelihood</td>
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<td>- Alternative livelihood</td>
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<td>15</td>
<td>In your opinion, how has the community improved its health seeking behavior for mothers and children as a result of the Hope LVB project?</td>
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<td>16</td>
<td>In your opinion how has the Hope LVB – PHE approach improved feeding practices of model households or other community members:</td>
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<td>(iv) Children under 5 years</td>
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<td>(v) Pregnant women</td>
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<td>(vi) Lactating mothers</td>
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</table>

**Topic 3: Improved Maternal Health Outcomes:** The purpose of this topic is to determine to what extent as PHE contributed to improved MNCH outcomes

14 Generally, what is the health seeking behavior of people in this community?  

15 In your opinion, how has the community improved its health seeking behavior for mothers and children as a result of the Hope LVB project?

16 In your opinion how has the Hope LVB – PHE approach improved feeding practices of model households or other community members:  

   (iv) Children under 5 years  
   (v) Pregnant women  
   (vi) Lactating mothers

**Topic 4: Improved WASH practices:** The purpose of this topic is to determine to what extent has the Project contributed to improved hygiene and sanitation practices at the household level
Key Discussion Question

Has HoPE-LVB project supported WASH activities in your community? How many organizations are supporting WASH activities in this community?

What are the typical practices around water, sanitation and hygiene in this community?

How has the HoPE-LVB project improved the community's knowledge and practices on good hygiene and sanitation practices at the household level?

Some examples of probing questions

- Name and list them
- Probe for latrine usage, safe drinking water and handwashing etc.
- Probe for latrine usage, safe drinking water and handwashing
- Diarrhea incidences at the household level especially for children

Topic 5: Sustainable agricultural practices: The purpose of this topic is to assess how HoPE-LVB project has contributed towards sustainable agricultural practices at the household level

Generally, what are some of the sustainable agricultural practices being done in this community?

What are some of the common sources of livelihood in this community?

In your opinion, how has the Hope LVB Project improved the community's knowledge and practices on sustainable farming?

In your opinion, how has PHE contributed to improved food security at the household level?

How has HoPE-LVB enabled the community to improve agroforestry practices both at the community and facility level?

- Probe for increased tree coverage at the household and community level,
- The type of tree species etc.
- Observed benefits of tree planting?

Topic 6: Scalability/Sustainability of HOPE-LVB Initiatives

In your opinion, do you think households in this community would be interested in promoting model household approach? Why?

In your opinion what should the community to scale-up and the model household approach thus leading to model villages

Topic 7: Challenges and Lessons Learned

What challenges are there in implementing model households and PHE? What are some of the recommendations would you propose that would help model homes to remain active and for future PHE projects like HoPE-LVB?

How can households be motivated to remain model homes?

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## Focus Discussion Guide

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<th>Key Discussion Questions</th>
<th>Examples of Probing Questions</th>
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</thead>
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<tr>
<td>1</td>
<td>Did this group exist before the H-PE-LVB PHE Project started in 2012?</td>
<td>Trainings (Group dynamics, Sustainable Agric, Nursery management, Apiary management, VSL, FP)</td>
</tr>
<tr>
<td>2</td>
<td>If so, What were some of your key activities before the introduction of PHE project to the group?</td>
<td>Livelihood activities – Construction of Energy saving stoves</td>
</tr>
<tr>
<td>3</td>
<td>How has the HoPE project worked with your group?</td>
<td>Skills, livelihood/IGA, access to health services</td>
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<tr>
<td>4</td>
<td>What are some of the benefits you can attribute to the HoPE PHE Project?</td>
<td>Right to FP</td>
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<td><strong>Empowerment: This will be looking at how women have been empowered on decision making on FP and economically</strong></td>
<td>Confident to talk about FP in their family</td>
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<td></td>
<td>What have you learnt about family planning during your engagement with the project?</td>
<td>More knowledge on FP</td>
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<td>Usage of contraceptives</td>
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<td>Benefits FP</td>
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<td>5</td>
<td>How has the HoPE Project influenced access to FP among women?</td>
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<tr>
<td>6</td>
<td>How has the HoPE Project contributed to improved uptake of FP services?</td>
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<td>8</td>
<td>How has the project empowered women to make decision on their sexual reproductive health rights?</td>
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<td><strong>Resilience: This topic is intended to address how the project has enabled the women to cope in unexpected circumstances i.e. drought,</strong></td>
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<td>How has the project enabled you to cope with adverse changes in the environment, such drought, flood, disease outbreaks?</td>
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<td></td>
<td><strong>Leadership and governance: This topic is intended to address the involvement and participation of women on issues of leadership</strong></td>
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</tbody>
</table>
10 Are there any women who have stood for elective positions or are in Natural Resources Management committees in this community because of the project influence?

Are there any young mothers who have championed change for better services in this community? How have they done so?

**Sustainability**

12 Which project activity do you think will continue even after the project exit? Why do you think these activities will continue?

*Thank you for participating*
FOCUS GROUP DISCUSSION GUIDE – Young Mothers

<table>
<thead>
<tr>
<th>Moderator:</th>
<th>Note-taker:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of discussion:</td>
<td>Venue:</td>
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<tr>
<td>Project Site</td>
<td>Number of Participants:</td>
</tr>
<tr>
<td>Parish /Sub County (Name):</td>
<td>Village/area (Name):</td>
</tr>
<tr>
<td>Respondents: Community Members:</td>
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</tbody>
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# Key Discussion Questions

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<th><strong>Community Engagement</strong></th>
<th><strong>Examples of Probing Questions</strong></th>
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<td>1</td>
<td>Did this club exist before the HOPE PHE Project started in 2012?</td>
<td>Trainings (Group dynamics, Sustainable Agric, VSL, FP, MCH)</td>
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<td>What specific project activities have you engaged in as young mothers?</td>
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<td>How did the HoPE PHE project work with your club?</td>
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<td>2</td>
<td>What were some of your key livelihood activities before the introduction of PHE project to the club?</td>
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<th><strong>Empowerment</strong></th>
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<tr>
<td>4</td>
<td>What have you learnt about family planning during your engagement with the project?</td>
<td>More knowledge on Fp</td>
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<td></td>
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<td>Usage of contraceptives</td>
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<td></td>
<td></td>
<td>Benefits Fp</td>
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<td>5</td>
<td>How has HoPE contributed to your ability to make and influence decisions in your households?</td>
<td>Family planning</td>
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<td>Health of Mother and child</td>
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<td>Land use management</td>
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<td>Financial management</td>
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<td></td>
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<td>Improved relationships between couples</td>
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<tr>
<td>6</td>
<td>What is the impact of being involved in young mothers group to your individual lives and as a group?</td>
<td>Probe for changes in individual lives and as a group</td>
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<td></td>
<td>What are some of the additional benefits you can attribute to the PHE Project?</td>
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<th><strong>Resilience</strong></th>
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<td>How has the project enabled you to cope with adverse changes in the “environment”?</td>
<td>Droughts</td>
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<td>Floods</td>
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<th><strong>Leadership and governance</strong></th>
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<td>Are there any young mothers who have leadership positions in this community because of the project influence?</td>
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<td>9</td>
<td>Are there any young mothers who have championed change for better services in this community?</td>
<td>How did they do this?</td>
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**Sustainability**
Which project activities do you think will continue even after the project exit?

Thank you for participating
FOCUS GROUP DISCUSSION GUIDE – MIXED YOUTH (Male and Female) GROUP

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<th>Note-taker:</th>
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<td>Village/area (Name):</td>
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<td>How have you benefited from the HOPE project interventions?</td>
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<td>• Skills, activities engaged in.</td>
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<td>• Any positive behaviors taken on.</td>
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<td>• What skills have you acquired in promoting PHE?</td>
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<td>5</td>
<td>How do you think the project activities changed Youth access to contraception?</td>
<td>Source of information, Attitude of service providers</td>
</tr>
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<td>6</td>
<td>Are there any specific project activities that you feel were most effective in achieving family planning impacts?</td>
<td>Source of contraceptives (Pharmacies, drug shops, public HF, Private HF, community, peer, CHVs/VHTs)</td>
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**Natural Resource Management**

| 47 | In general, how do you think the community benefits from natural resource conservation? |                                                                                             |
| 8  | Do you feel like the community has increased capacity in managing resources due to the project? If so, in what way? |                                                                                             |
| 9  | What are the challenges that still exist in conserving natural resources around the community? |                                                                                             |
| 10 | Does your community manage natural resources differently now after the project activities? If so, how? (if need to – probe about tree plantings, kitchen gardens, water use, tilapia farms, etc.) |                                                                                             |

**Sustainability**

| 11 | In case the project ends, do they think the youth interventions shall continue |                                                                                             |
Phase 1 sites: Which project activities do you think will continue even though the project has ended? Why do you think these ones can continue? (Again may want to discuss fact that in we realize that in phase 2 sites the activities have just begun)

Phase 2 sites: What are the early signs you are seeing that some of the project activities might continue their own without external assistance, and why?

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<tr>
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<th>Key Discussion Question</th>
<th>Some probing questions</th>
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<td><strong>Topic 1: Value Add of being a model Household: The purpose of this topic is to establish the benefits of being a model household</strong></td>
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<tr>
<td>1</td>
<td>What motivated you to become a model household?</td>
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<tr>
<td>2</td>
<td>What are the benefits of being a model household?</td>
<td>Any new knowledge or skills you have learnt because of being a model household?</td>
</tr>
<tr>
<td>3</td>
<td>What are some of the reasons/ factors that are making/hindering you from being active model households?</td>
<td>True, privacy, no support</td>
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<tr>
<td>4</td>
<td>How have you as a model household, supported others in being models?</td>
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<tr>
<td><strong>Topic 2: Uptake of Family Planning Services: The focus of this topic is to assess to what extent as PHE contributed to improved uptake of Family Planning services</strong></td>
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<td>5</td>
<td>What are some of the barriers to accessing family planning?</td>
<td>Distance to the nearest health facility, Provider skills, Provider attitude, Opening hours, long waiting times, Availability of FP commodities, Confidentiality and privacy issues, Financial constraints, Religious beliefs and practices, Cultural beliefs and practices, Social status (including low status of women, male domination)</td>
</tr>
<tr>
<td>6</td>
<td>Now that you not very active as a model households, do you still promote family planning services? / Ever since you left being a model household, do you still promote family planning services?</td>
<td>Are household members using FP services? Benefits of family planning Birth plans (if applicable)</td>
</tr>
<tr>
<td>8</td>
<td>In your households, what are the major factors that influence decisions to seek FP services?</td>
<td>Partner support Distance from health facility and availability of transport means Perceptions of quality of services provided Provider attitudes Financial/ economic Religious beliefs and practices Cultural beliefs and practices Acceptability Increased knowledge Male involvement</td>
</tr>
<tr>
<td>9</td>
<td>In your opinion has the HOPE PHE project promoted uptake of family planning services?</td>
<td></td>
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</tbody>
</table>
# Key Discussion Question

10 What suggestions do you have for improving the FP services in this community?

- Accessibility, acceptability, availability
- Provider skills
- Provider attitude
- Male engagement

**Topic 3: Improved Maternal Health Outcomes:** The purpose of this topic is to determine to what extent as PHE contributed to improved MNCH outcomes

11 How have you changed your health seeking behavior as a result of the Hope LVB project?

- ANC visits
- Skilled deliveries
- Postnatal visits
- Uptake of FP services
- Childhood immunization
- Improved agricultural practices
- Household food security
- Improved economic livelihood
- Alternative livelihoods

12 How has Hope LVB –PHE approach improved the feeding practices of your families:
   - Children under 5 years
   - Pregnant women
   - Lactating mothers

- Improved agricultural practices
- Household food security
- Improved economic livelihood
- Alternative livelihoods

**Topic 4: Improved WASH practices:** The purpose of this topic is to determine to what extent has the Project contributed to improved hygiene and sanitation practices at the household level

13 How has the Hope LVB project improved your knowledge and practices on good hygiene and sanitation practices at the household level?

- Probe for latrine usage, safe drinking water and handwashing
- Diarrhea incidences at the household level especially for children

**Topic 5: Sustainable agricultural practices:** The purpose of this topic is to assess how Hope LVB project has contributed towards sustainable agricultural practices at the household level

14 How has the Hope LVB Project improved your knowledge and practices on sustainable farming?

- Probe for mulching, crop rotation, organic farming, land use, etc.

15 What are some of the sustainable farming practices in this community?

16 How has PHE contributed to improved food security at the household level

17 How has HoPE LVB enabled you to improve your agroforestry practices

- Probe for increased tree coverage at the household and community level
- The type of tree species etc.
- Observed benefits of tree planting

**Topic 6: Scalability/Sustainability of HOPE LVB Initiatives**

19 Even though you are not active, would you encourage other households to become model homes?

20 Would you in the future consider becoming an active model home? If yes, why and how?

**Topic 7: Challenges and Lessons Learned**
# Key Discussion Question

21  What are some of the challenges model homes face?

What are some of the recommendations would you propose that would help model homes to remain active

Some probing questions

- What could be the possible solutions of overcoming these challenges?
- What advice would you give to other homes who want to become model households?
- How can households be motivated to remain model homes?

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<tbody>
<tr>
<td><strong>Family Planning</strong></td>
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</tbody>
</table>
| 1 | How have you been working /engaged with the HoPE-LVB project | • Creating FP awareness  
• Distribution of FP commodities  
• Referrals  
• Type of trainings (increased FP knowledge and use, PHE, etc) |
| 2 | What skills have you directly gained from the PHE project? | • PHE Integrated messages |
| 3 | How has your work on HoPE-LVB / PHE helped you to talk about FP? If so, how? | • Discussion on the method mix  
• Counseling for informed consent.  
• Attitude towards young people taking FP.  
• Did you learn anything about family planning that you didn’t know before, through the project? Do you think other people learned anything? If so, what?  
• Do you think the community attitude toward family planning has changed due to this project? If yes, can you give examples please. |
| 4 | How have you utilized the skills gained in promoting Family Planning and Population, Health and Environment? | • PHE trainings  
• Integrated outreaches and campfires/moonlights. |
| 5 | How do you think the project changed people’s access to family planning services? | |
| 6 | Are there any specific project activities that you feel were most effective in achieving family planning impacts? | |

### Community empowerment

<table>
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<tr>
<th>#</th>
<th>Key discussion questions</th>
<th>Examples of probing questions</th>
</tr>
</thead>
</table>
| 7 | How has the project improved uptake of FP and MNCH services utilization in your community | • Trainings / capacity building.  
• Where do women deliver and why? Etc. |

### Integration

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<tr>
<th>#</th>
<th>Key discussion questions</th>
<th>Examples of probing questions</th>
</tr>
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<tbody>
<tr>
<td>8</td>
<td>What are your thoughts on the importance of talking of about Population, Health and Environment in one go? i.e using an integrated program approach covering P,H, and E?</td>
<td>• Multipurpose approach e.g Modeling, saving, involvement in other activities etc</td>
</tr>
<tr>
<td>9</td>
<td>How have you as VHTs benefited from the PHE approach?</td>
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</tbody>
</table>

### Natural Resource Management
10 What are some of the natural resources in this community? (if need to – probe about tree plantings, kitchen gardens, water use, tilapia farms, etc.)

11 Does your community manage natural resources differently now after the project activities? If so, how?

12 What challenges exist in conserving natural resources around the community?

FP

13 Have there been any changes in the households because of PHEs? / What other changes do you see in the community from the HoPE project interventions?

- Do you feel like households in the community have enough food after crop harvests? Are you able to buy the food that you need?
- Have there been changes in hygiene in households due to project? If so, what?
- Has there been any increase in income as a result from the HoPE project activities?

Gender empowerment

14 • How have women’s lives been changed because of the project? And men’s?
 • Have there been any changes in the relationship between men and women that resulted from the project?

- Have you observed any changes in women having more income, from men being more involved in FP and making decisions jointly with their wives, from more women involved in NRM, etc.? Please describe.
- Are there women who have stood for elective positions in your community – for resource management for example (BMUs / VHTs/CHVs)

Sustainability

15 When the project ends, how will the VHTs/CHVs continue to do their work?

Phase 2 sites (e.g Zinga and Bwondah(UG) Bondo and Ndhiwa Sites only): What are the early signs you are seeing that some of the project activities might continue their own without external assistance, and why?

- What are some examples of community ownership of project activities?

Which project activities do you think will continue even though the project has ended? Why do you think these ones can continue? (Again may want to discuss fact that in we realize that in phase 2 sites the activities have just begun)

Thank you for participating
District / Sub County Leadership Key Informant Interview Questions

The purpose of this interview is to obtain information from key stakeholders related to the HoPE project in the Lake Victoria Basin (LVB) Region. We will ask your opinion about project activities and outcomes related to integration, sectoral activities, and specific strategies (i.e. gender and youth). Your responses will help the project understand its successes and challenges. [If the questions are being asked to someone who is not a community member, they need to be asked in a more general way, referring to the communities that the individual worked with – rather than the community that the individual is from]

[Note: The following needs to be stated to inform the interviewee of the purpose, risks and benefits of the interview and their approval to participate needs to be noted].

The information collected from various stakeholders like yourself will be collated and synthesized to provide a comprehensive picture of stakeholder opinions on this subject. Findings will be shared in various ways with interviewees and other interested parties. None of the information you provide will in any way be linked to you personally in anything distributed publicly. That is, your responses will be kept anonymous. If one of your statements is selected as an exemplary “testimonial”, it will be listed without any identifying information to link the statement to you personally. The interview will take about 1 hour. If you have any concerns about the research or concerns about your rights and participation in the study, kindly contact the lead investigator Dr. Eileen Mokaya, EMokaya@pathfinder.org, +254704595288 / Co-Investigator Caroline Nalwoga, CNalwoga@pathfinder.org, +256 700629982 / The chairperson of the MUK IRB - DR. SUZANNE KIWANUKA, skiwanuka@musph.ac.ug, +256701-888-163/ +256-312-291-397)

Can we proceed? ____________________________ (indicate interviewee approval)
Questions:

1. In your opinion, what are some of the benefits of PHE as an approach to programing?
2. Do you see PHE as a contributor to achieving SDGs?
3. How best can we strengthen the institutionalization and scale up of PHE?
4. In your opinion, how has the PHE interventions transformed the lives of the people in the community in which you serve?
5. In your opinion, were all the relevant stakeholders involved in promoting the PHE approach?
6. In your opinion, if we were to redesign the project all over again, what are some of the things we need to maintain and what are those that were irrelevant?
7. What are some of the lessons learnt in the implementation of HoPE LVB project?

# Key discussion questions

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<tr>
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<tbody>
<tr>
<td>1</td>
<td>In your opinion, what are some of the benefits of PHE as an approach to programing?</td>
<td>Probe for integrated plans with budget lines.</td>
</tr>
<tr>
<td>2</td>
<td>Do you see PHE as a contributor to achieving the Sustainable Development Goals? (Explain the meaning of SGDs⁴)</td>
<td>Policies in development or completed.</td>
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<td>Attitudes and perceptions on integration</td>
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<td>Positive outcomes-PH and E</td>
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<td></td>
<td>Value add in their view</td>
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</table>
Key discussion questions

3. How best can we strengthen the institutionalization and scale up of PHE?

4. In your opinion, how has the PHE interventions transformed the lives of the people in the community in which you serve?

Examples of probing questions

- Strengthen existing structures/platform/policies that Support PHE
- Annual work plan and budgets includes PHE
- Improved livelihood
- Reduction in disease burden /outbreaks
- Better natural resource management
- Positive health seeking trends
- What do you think is the greatest achievement / impact of HoPE LVB project from your opinion?

1. What changes in gender relations did you see as a result of the project? (positive or negative) (probe: men’s and women’s roles in livelihoods/income generation, joint decision-making on FP) Please explain the effects that might result from these changes.

   7a. How would you suggest that gender-related activities be changed in the future to incorporate lessons learned from this project?

2. Did you see any changes in youth empowerment as a result of the project? If so, what?

   8a. How would you suggest that youth-focused activities be changed in the future to incorporate lessons learned from this project?

3. What do you think was the greatest value addition from the project’s integrated approach?

   9a. What was the greatest challenge in value addition?

   9b. What do you think was the greatest value addition to family planning and sexual and reproductive health? In other words, what benefits do you think Pathfinder and the field we work in received from working in an integrated approach?

5. In your opinion, were all the relevant stakeholders involved in promoting the PHE approach?

6. In your opinion, if we were to redesign the project all over again, what are some of the things we need to maintain and what are those that should be dropped?

7. What are some of the lessons learnt in the implementation of HoPE LVB project?
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<tr>
<td>10a.</td>
<td>What achievements show the greatest evidence of community ownership of the project activities?</td>
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<tr>
<td>10b.</td>
<td>What do you think are the community conditions that need to be in place for this type of integrated project to be effective? In other words, what are the characteristics of the community that help this type of project succeed?</td>
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<tr>
<td>10c.</td>
<td>Where do you think HoPE/PHE activities will continue after the project ends? (in what districts/areas/communities)</td>
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The purpose of this interview is to obtain information from key stakeholders related to the HoPE project in the Lake Victoria Basin (LVB) Region. We will ask your opinion about project activities and outcomes related to integration, sectoral activities, and specific strategies (i.e., gender and youth). Your responses will help the project understand its successes and challenges. [If the questions are being asked to someone who is not a community member, they need to be asked in a more general way, referring to the communities that the individual worked with – rather than the community that the individual is from]

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Questions:

1. What has been your involvement with the HoPE project?
2. What would you say is the relationship between Population, Health and the Environment – how are they related?
3. Since you became a HoPE champion, what have been your biggest accomplishments in your role as an advocate for the PHE integrated approaches and the HoPE project more generally?
4. Do you think there are advantages to the integrated way that the HoPE project worked – in a way that combined the P, the H and the E? Please explain.
   4a. Are there disadvantages to this integrated PHE approach? Please explain.
   4b. Do you think the project achieved greater or different types of SRH benefits because it worked on P, H, and E together instead of separately? How so?
5. Are there any HoPE project activities that you or others feel made a difference in the challenges that people face in reproductive health care, family planning or maternal health in the community? In the way that people can access services or the way that they use services? Please explain specific activities.
   5a. Do you think that the project has changed the way that people (men or women or both) think about and use family planning? If yes, please explain how.
6. Are there any HoPE project activities that effectively improved the management of natural resources in the community? If so, which activities and how? (Circle below if those mentioned, otherwise write in)

   Mentioned without prompting (circle Y or N)
   a) Cook stoves [to reduce need for firewood]     Y/N
   b) Agro-forestry [to reduce need for firewood and improve soil quality/reduce erosion]  Y/N
   c) Strengthening BMU capacity [to reduce unsustainable/illegal fishing practices]      Y/N
   d) Promoting community environmental policy/law [to facilitate enforcement]           Y/N
   e) Increased livelihood opportunities/income [to reduce need to unsustainably use local natural resources]  Y/N
   f) Improved crop production/agricultural practices [to improve soil quality, reduce need for fertilizer and reduce incursion to wetlands] Y/N

7. Do you think any attitudes in the community changed towards environmental conservation from the project activities? If yes, please explain.
8. Were there any livelihood activities / Income generating activities as part of the HoPE project in the community? If so, what activities and what group/s in the community was/were involved? What do you think the effect of those activities were on the group/s that participated? Did it affect anyone else in the community?
9. Do you think that HoPE caused any changes in the lives of newborns or women having babies? If so, what kind of changes?
10. How do you think that women’s lives changed due to the HoPE project? How do you think men’s lives changed? Did anything change in the relationships between men and women? If so, what changed?
11. Do you think the project activities will continue now that the project itself has ended? If so, which activities? (For phase 2 sites, we may want to note to them that we realize the project has just begun, but do they see any signs of sustainability so far?)

   11a. What do you think will be the greatest challenge for the activities to keep going?
   11b. Are you going to continue to be involved in any activities in your household or the community? If so, which ones?
The purpose of this interview is to obtain information from key stakeholders related to the HoPE project in the Lake Victoria Basin (LVB) Region. We will ask your opinion about project activities and outcomes related to integration, sectoral activities, and specific strategies (i.e. gender and youth). Your responses will help the project understand its successes and challenges. [If the questions are being asked to someone who is not a community member, they need to be asked in a more general way, referring to the communities that the individual worked with – rather than the community that the individual is from]

[Note: The following needs to be stated to inform the interviewee of the purpose, risks and benefits of the interview and their approval to participate needs to be noted].

The information collected from various stakeholders like yourself will be collated and synthesized to provide a comprehensive picture of stakeholder opinions on this subject. Findings will be shared in various ways with interviewees and other interested parties. None of the information you provide will in any way be linked to you personally in anything distributed publicly. That is, your responses will be kept anonymous. If one of your statements is selected as an exemplary “testimonial”, it will be listed without any identifying information to link the statement to you personally. The interview will take about 1 hour. If you have any concerns about the research or concerns about your rights and participation in the study, kindly contact the lead investigator Dr. Eileen Mokaya, EMokaya@pathfinder.org, +254704595288 / Co – Investigator Caroline Nalwoga, CNalwoga@pathfinder.org +256 700629982 / The chairperson of the MUK IRB - DR. SUZANNE KIWNUKA, skiwanuka@musph.ac.ug, +256701-888-163/ +256-312-291-397)

Can we proceed? _____________________________ (indicate interviewee approval)
Questions:

1. As a PHE champion, how has the HoPE-LVB Project engaged you?
2. As a champion, what are the strategies you using to promote PHE?
3. What are some of those strategies that have worked in promoting PHE?
4. In your opinion, to what extent do you think the PHE approach is working within your community? (Probe for Explanation)
5. What are some of the challenges you have faced in promoting PHE?
6. What do you think are the recommendations for promoting PHE?
7. Do you think project ends, PHE will continue?
8. In your opinion have you succeeded in championing PHE? What are the measures of success?
9. In your opinion, how do you think PHE approach has improved the lives of people?
HOPE LVB PROJECT INTERNAL EVALUATION
FACILITY ASSESMENT FORM – PROVIDER SELF ADMINISTERED

The purpose of this (part of the) interview is to obtain information from health providers like yourself about the HOPE-LVB project implemented in your community. We will ask your opinion about project activities and outcomes at your health facility related to family planning, maternal, newborn and child health. Your responses will help the project understand its successes and challenges.

[Note: The following needs to be stated to inform the provider of the purpose, risks and benefits of the interview and their approval to participate needs to be noted].

The information collected from various health providers like yourself will be collated and synthesized to provide a comprehensive picture of stakeholder opinions on the HOPE-LVB project. Findings will be shared in various ways with interviewees and other interested parties. None of the information you provide will in any way be linked to you personally in anything distributed publicly. That is, your responses will be kept anonymous. If one of your statements is selected as an exemplary “testimonial”, it will be listed without any identifying information to link the statement to you personally. The questionnaire will take at most 30 mins to complete. If you have any concerns about the research or concerns about your rights and participation in the study, kindly contact the lead investigator Dr. Eileen Mokaya, EMokaya@pathfinder.org, +254704595288 / Co – Investigator Caroline Nalwoga, CNalwoga@pathfinder.org +256 700629982 / The chairperson of the MUK IRB - DR. SUZANNE KIWANUKA, skiwanuka@musph.ac.ug, +256701-888-163/ +256-312-291-397 )

I have read this explanation and understand the purpose of this study and how the results will be used. I consent to this research;

Signed: ........................................... Date: ..........................

Can we proceed? 1 ☐ Yes 2 ☐ Decline _______ (indicate interviewee approval) If declined, kindly sign _______

QUESTIONNAIRE
Name (Optional)

Fname ___________________
lname ___________________

1. What is your professional background?
   1 □ Medical officer
   2 □ Clinical officer
   3 □ Nurse
   4 □ Pharmacist/ Pharm Tech/Assistant
   5 □ Laboratory Tech/Assistant

2. Are you in charge of the facility / department?
   1 □ Yes
   2 □ No

3. How many years have you been practicing as health service provider / years of experience in health practice?

4. How long have you been at this health facility?

5. How long have you been in your current position?

6. Are you familiar with HOPE-LVB activities in this facility?
   1 □ Yes  2 □ No

6a) If yes please list which activities
   i) _______________
   ii) _______________
   iii) _______________
   iv) _______________
   v) _______________

7. Are any other organizations providing support to this facility?
   1 □ Yes  2 □ No

7b) If Yes who are they and what support do they provide (list top 4 if any)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Support</th>
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<tbody>
<tr>
<td>i) __________</td>
<td>________</td>
</tr>
<tr>
<td>ii) __________</td>
<td>________</td>
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<td>iii) __________</td>
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<tr>
<td>iv) __________</td>
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HoPE-LVB PROJECT EVALUATION / 114
8. Are you familiar with the concept of PHE (Population, Health and Environment)?

1 □ Yes 2 □ No

10. Has the HoPE LVB project supported this facility?

1 □ Yes 2 □ No 3 □ Not sure

9. According to you what is the purpose of PHE?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

11. In what year did HoPE LVB start supporting the health facility?

[ ] [ ] [ ]

a) What HoPE LVB activities have been done at the health facility?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

b) Please indicate how useful or not these have been

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

c) Explain briefly why

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

12. Orientation of all/part staff Implemented?

1 □ Yes 2 □ No

a) If yes was it 1 □ Useful 2 Mod useful 3 □ Not useful

b) Explain

__________________________________________________________________________

13. FP Training Implemented?

1 □ Yes 2 □ No

a) If yes was it 1 □ Useful 2 Mod useful 3 □ Not useful

b) Explain

__________________________________________________________________________

14. Maternal and Neonatal health (MNH Training Implemented?)

1 □ Yes 2 □ No 3 □ Not sure

a) If yes was it 1 □ Useful 2 Mod useful 3 □ Not useful

b) Explain

__________________________________________________________________________

15. Supportive Supervision Implemented?

1 □ Yes 2 □ No

a) If yes was it 1 □ Useful 2 Mod useful 3 □ Not useful

__________________________________________________________________________

16. What subject areas have been supported (at any time) by HOPELVB in this facility?
HOPE-LVB PROJECT EVALUATION / 116

17. Do you think the HOPE project has been effective in improving the quality of care in (any of) the subject areas below?

i) Management of MNH services
   □ Yes 2 □ No 3 □ Not sure
   Please explain ____________________________________________________

ii) Management of Family Planning
    □ Yes 2 □ No 3 □ Not sure
    Please explain ____________________________________________________

iii) Antenatal care
     □ Yes 2 □ No 3
     Please explain ____________________________________________________

iv) Normal labor & delivery and essential newborn care
    □ Yes 2 □ No 3 □ Not sure
    Please explain ____________________________________________________

v) Postnatal care
   □ Yes 2 □ No 3
   Please explain ____________________________________________________

vi) Emergency obstetric care
    □ Yes 2 □ No 3 □ Not sure
    Please explain ____________________________________________________

vii) Emergency neonatal care
     □ Yes 2 □ No 3 □ Not sure
     Please explain ____________________________________________________

viii) Infection prevention
      □ Yes 2 □ No 3 □ Not sure
      Please explain ____________________________________________________

ix) Immunization (Reach Every District)
    □ Yes 2 □ No 3 □ Not sure
    Please explain ____________________________________________________
ix) Immunization (Reach Every District) □ Yes □ No □ Not sure
     Please explain __________________________

18. What is your take on the numbers of youths seeking FP and MNCH services after the projects interventions □ Increased □ Decreased □ Remained the same
     a) Do the youths feel confident to speak with you about family planning? □ Yes □ No □ Not sure

19. Do you know of any feedback or anything clients like about this health facility that has come to your attention since the HOPE project started working with your facility?
     □ Yes □ No □ Not sure
     a) Please explain __________________________

20. Are the services still being provided at this facility after the training by HoPE LVB? □ Yes □ No □ Not sure
     a) If not, Why? __________________________

21. Any recommendations you would want to make to the project about how to better support health facilities?
     __________________________

THANK YOU FOR PARTICIPATING
ANNEX III. SOURCES OF INFORMATION


ANNEX IV. DISCLOSURE OF ANY CONFLICTS OF INTEREST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

As used in this Agreement, Sensitive Data is marked or unmarked, oral, written or in any other form, "sensitive but unclassified information," procurement sensitive and source selection information, and information such as medical, personnel, financial, investigatory, visa, law enforcement, or other information which, if released, could result in harm or unfair treatment to an individual or group, or could have a negative impact upon foreign policy or relations, or USAID's mission.

Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to Sensitive Data, and specifically I understand and acknowledge that:

1. I have been granted access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.

2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.

3. I agree to abide in all respects by 41, U.S.C. 2101 - 2107, The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.

4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household family members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.

5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.

6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.

7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to $5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).

8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to...
GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
PROJECT

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires
access to Sensitive Data.
9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that:
   (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure
   by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii)
   is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE
The undersigned accepts the terms and conditions of this Agreement.

[Signature]
June 17, 2017

Date

David Lopez-Carr
Professor of Geography

Name

Title
9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

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<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Richard Kibombo</td>
<td>Sr. Research Coordinator - in Uganda</td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>ONDOGO DONAVAN KEVINSY</td>
<td>RESEARCH COORDINATOR ASSOCIATE</td>
</tr>
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ANNEX V. SUMMARY BIOS OF EVALUATION TEAM

**David López-Carr, Team Leader**, is co-director of the University of California’s Global Health Center of Expertise on Planetary Health; director of the Human-Environment Dynamics Lab; and a professor in the Department of Geography at the University of California, Santa Barbara. He specializes in population, health, and environment dynamics, with a focus on fertility, migration, vulnerability mitigation, climate change land use-cover change, marine, forest and agricultural resource use, tropical conservation priority areas, and sustainable development in the developing world. He has authored more than 150 scientific publications thanks to several million dollars in funding from more than 50 fellowships, grants, and awards. He is a 2014 elected Fellow of the American Association for the Advancement of Science and 2017 awardee of the Research Excellence Award of the Population Specialty Group of the Association of American Geographers.

**Richard Kibombo, Evaluation Specialist**, is a Senior Research Fellow at Development Research and Social Policy Analysis Centre in Kampala, Uganda, and holds a master’s of science degree in statistics from the University of Wisconsin-Madison. He is an evaluation specialist and a social statistician with 24 years of work experience. His technical expertise, professional experience, and interests are mainly in the areas of reproductive health and education. He has provided his expertise to a wide range of local and international organizations, including USAID, RTI International, the U.K. Department for International Development (DFID), the International Development Research Centre, World Bank, Rockefeller Foundation, and the Hewlett Foundation.

**Wilson Asiimwe, Uganda Research Coordinator**, was a researcher at Makerere Institute of Social Research (MISR) between 2000 and 2010. In addition to his postgraduate education in demography, he has attended courses in entrepreneurship; research methods; institutional capacity development; monitoring and evaluation; governance; rural development; gender dimensions in development; project planning and management; social sector planning and management, and others. Mr. Asiimwe has done consultancy work for various international organizations, including Dexis Consulting Group; Research Triangle Institute, NORC at the University of Chicago, the Hewlett Foundation, USAID, the United Nations Educational, Scientific and Cultural Organisation; the Rockefeller Foundation; the Ford Foundation; the United Nations Human Settlements Programme; the Food and Agricultural Organization (FAO); and the World Economic Forum. When MISR changed its research agenda, he championed the founding of the Centre for Social Research to continue offering consultancy services to clients. Mr. Asiimwe was nominated for the 2012 Pearl of Africa Lifetime Achievement Award for his contribution to policy research.

**Donnavane Akinyi Ondego, Kenya Research Coordinator**, is a community development specialist with 10 years of experience in Kenya with faith-based and other international organizations implementing programs focusing on orphans and vulnerable children, microfinance activities with beneficiary communities, qualitative and quantitative research activities, training, girls’ mentorship, and behavior change/communication with youth. Mr. Donnavane has a master’s of arts in social development and management from Maseno University in Kenya.
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