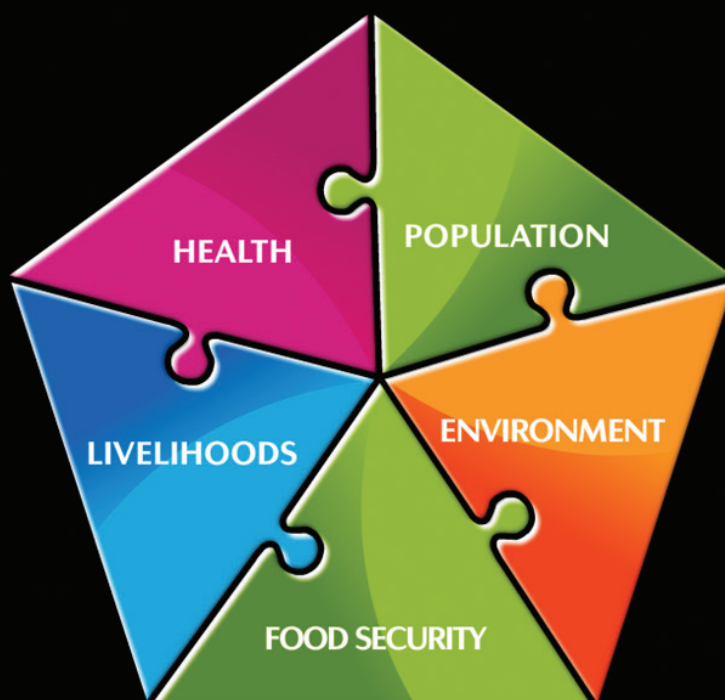


POPULATION, HEALTH, AND ENVIRONMENT WORKING TOGETHER

PRESENTATION GUIDE



AN **ENGAGE** PRESENTATION

ACKNOWLEDGMENTS

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POPULATION REFERENCE BUREAU

The Population Reference Bureau **INFORMS** people around the world about population, health, and the environment, and **EMPOWERS** them to use that information to **ADVANCE** the well-being of current and future generations.

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Presentation Guide

POPULATION, HEALTH,
AND ENVIRONMENT
WORKING TOGETHER

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Supplemental Materials

These supplemental materials are designed to help users make the most of *Population, Health, and Environment Working Together* in conjunction with the user guide for all PRB ENGAGE presentations. After reviewing these supplemental materials, you will know how to:

- Identify opportunities to use this ENGAGE presentation with various audiences.
- Respond to frequently asked questions about the presentation.
- Foster dialogue with audiences about key messages in the presentation.
- Select appropriate and relevant data for a customized DataFinder handout.
- Create a PowerPoint that matches the look of this ENGAGE presentation.

Presentation Goals

The goal of *Population, Health, and Environment Working Together* is to increase support for the integrated population, health, and environment approach (PHE).

To achieve this goal, the presentation is designed to improve individuals' understanding of how PHE addresses the complex and interrelated challenges in the areas of family planning, access to health services, natural resources, and livelihoods faced by rural families and communities in developing countries.

Target policy audiences include government policymakers; donors who support reproductive health, gender, and environment efforts; health and environment sector leaders; program officials; journalists; and others.

Specific objectives of the presentation are to:

- Explain how the PHE approach works to improve health, livelihoods, food security, and natural resources worldwide.
- Highlight success stories from select PHE projects around the world.
- Foster discussion among audience members about the needs for increased investment in integrated PHE projects.

Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in family planning, health, and environment at all levels—in academic, policy, and community settings. The target audiences for this presentation are:

- **Primary:** Government policymakers at all levels and development donors who are in a position to allocate resources and advance PHE on the policy and program agenda.
- **Secondary:** All of those who influence high-level policymakers—news media, civic and religious leaders, program officials, and other community leaders.

Using the Presentation With Different Audiences

The ENGAGE presentation is designed to be used in a variety of settings or environments, especially as we approach 2015, when attention will be focused on whether countries have reached the Millennium Development Goals. Some ideas to reach different audiences with the presentation are listed below.

Policyholders

- Educating policymakers about the importance of investing in PHE.
- Demonstrating the success and efficiency of the PHE approach.

Family Planning Advocates

- Educating advocates about the mutually reinforcing relationship of family planning, health, and environment.
- Reaching individuals who attend community health days, conferences, or stakeholder meetings with information about the PHE approach.
- Highlighting how the PHE approach works for both men and women to improve lives and protect natural resources.

Civic and Religious Leaders

- Educating civic and religious leaders about the benefits that the PHE approach can have for families and communities.
- Sustaining policy dialogue with local leaders, including civic and religious leaders at local seminars and events.

The Media

- Educating the news media on the successes of the PHE approach, using the ENGAGE presentation as a teaching tool.
- Providing a basis for television and radio talk shows, accompanied by local exposure for discussions and questions about PHE.

ADDITIONAL CONSIDERATIONS

You can make this presentation more interesting to your audience by adding information about local experiences and practices, especially those that apply to your audience. Some areas to consider when analyzing your audience:

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience does not understand any technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be unfamiliar to some audience members.

Presentation Script

The presentation opens to a black screen with presentation title. Press Control + F to enter full screen mode. (Use Escape to exit full screen.)

Slide 1

Title slide - When ready to begin, press the forward keyboard arrow.

→ **Click Forward 2**

Integrated Population Health Environment Projects are improving the lives of women and families around the world. The lives of women like Rukia...¹

Like many rural women, Rukia faces challenges providing for her family and keeping her family healthy, and diminishing natural resources are making this more difficult.

→ **Click Forward 3**

Rukia lives in a small agricultural village in Tanzania, which borders Saadani National Park.²

→ **Click Forward 4**

For many generations, coastal families have been dependent on fishing for food and income, but overfishing and the use of unsustainable fishing methods now threaten this way of life.

→ **Click Forward 5**

In the inland villages around Saadani National Park, poor farming practices and recurrent drought make it hard for farmers to make a living and feed their families.

→ **Click Forward 6**

And the small amount of fertile land outside of the park must be divided among the growing number of families who want to grow crops, making many plots too small to support a household.

→ **Click Forward 7**

After providing for the household's immediate needs (such as food, water, fuel, and child care), women like Rukia often have little time or resources available to access health services for themselves or their children.

→ **Click Forward 8**

Basic health services that many women want, such as maternal and child health services and access to family planning, are out of their reach. For women who want to delay or space their pregnancies or don't want to have any more children, lack of family planning programs can result in early childbearing, unintended pregnancies, and larger-than-desired family size.

→ **Click Forward 9**

Communities are affected too: large families mean that the local population has grown, and with it so have the demands on local resources, including land, fuelwood, building materials, and fish.

→ **Click Forward 10**

These challenges that women like Rukia face are all connected, making it difficult to address any one of the problems alone.

→ **Click Forward 11**

Health, livelihoods, food security, environment, and population are all important pieces of this puzzle.

In response to these interrelated challenges, many organizations have developed integrated approaches that respond to the health, livelihood, and environment needs of communities.

→ **Click Forward 12**

This approach is often called Population, Health, and Environment, or PHE.

PHE initiatives use integrated approaches to improve access to health services, including voluntary family planning and reproductive health, while helping communities to manage natural resources and conserve the critical ecosystems on which they depend.

→ **Click Forward 13**

The PHE approach has been tested by environmental and health organizations in diverse locations, across multiple continents, and the dots on this map mark PHE projects conducted over the last several years.

These projects have proven effective for improving the lives of people in a variety of ways.

→ **Click Forward 14**

PHE projects often work with people beyond the reach of health systems in remote and hard-to-reach areas.

→ **Click Forward 15**

They have proven to be more effective than single-sector efforts, saving organizations and communities time;

→ **Click Forward 16**

They are often more responsive to people's priority needs thus gaining greater community support;

→ **Click Forward 17**

And they often lead to greater involvement of men in health and women in environment and livelihood aspects of projects.

→ **Click Forward 18**

Let's travel around the world to five projects and see how select results illustrate the benefits of the PHE approach...

→ **Click Forward 19**

In southwestern Madagascar, Blue Ventures, a conservation organization working with remote rural communities to protect marine areas, has helped health services reach previously inaccessible and underserved communities.

The villages in this area are extremely isolated and transportation and communication are great challenges.

→ **Click Forward 20**

Blue Ventures began working on marine conservation in this area in 2003, promoting sustainable octopus fisheries, community-based aquaculture, and improved fishing practices. In the course of working closely with communities, Blue Ventures consistently heard from women about their health needs and in particular about the lack of availability of reproductive health services.

→ **Click Forward 21**

At the same time, Blue Ventures, along with the community, worried about the long-term sustainability of their work in the face of the rapidly growing coastal population and the growing demand for marine resources.

→ **Click Forward 22**

In response, Blue Ventures integrated health initiatives into their existing activities and established the area's first clinic providing women with a variety of health and family planning services.³

→ **Click Forward 23**

Recent data illustrate the high demand for services in this remote area. The graph shows that contraceptive use increased from only 10 percent before the project began to 55 percent by 2013.⁴

→ **Click Forward 24**

The Blue Ventures model of building on existing conservation programming to deliver health services allows both their health **and** conservation messages to reach a larger audience. This integration has also increased their conservation impacts.

Through the clinics, the project has built stronger relationships with women and reached them with conservation messages and activities, when before women were unlikely to attend local conservation meetings. This is important because women play a large role in the use of local resources and can be powerful partners for conserving them.

→ **Click Forward 25**

In addition to increasing women's involvement in conservation, PHE projects have successfully increased men's involvement in family planning and reproductive health.

→ **Click Forward 26**

In Ethiopia, the Guraghe People's Self-Help Development Organization (known as GPSDO), integrated conservation and livelihood activities into the organization's reproductive health education and community-based family planning program.⁵

→ **Click Forward 27**

GPSDO compared results in their integrated PHE project area with an area where they were implementing only their reproductive health program.

→ **Click Forward 28**

As this graph shows, husbands in the integrated PHE project areas were four times more likely to support use of family planning than husbands in the area that received only the reproductive health intervention.

When men communicate with their wives and partners about using contraception or planning their next child, family planning use increases.

→ **Click Forward 29**

In addition, the women in the integrated intervention areas were almost four times more likely to earn an income than the women in the reproductive-health-only areas and more than three times more likely to use energy-saving stoves.

→ **Click Forward 30**

Alternative income-generation activities and energy-saving stoves can decrease both the economic and time burden on women, improving their health and leading to more participation in household and community decisionmaking.

→ **Click Forward 31**

And with more time, income, and a manageable family size, families can invest in health, food, and education for each child, empowering the next generation.

→ **Click Forward 32**

The population, health, and environment approach can be more efficient and effective than single-sector efforts. For example...

→ **Click Forward 33**

In the Philippines, PATH Foundation Philippines, or PFPI, tested whether there are more improvements in both coastal resource management and reproductive health outcomes by delivering these services in an integrated manner, as opposed to delivering either alone.⁶

→ **Click Forward 34**

Community-based distributors of family planning supplies shared integrated messages about reproductive health and environmental management, and youth volunteers and peer educators encouraged youth to be stewards of the environment **and** their sexual behaviors.

→ **Click Forward 35**

In the PHE program site, youth were more likely to wait to have sex, or if sexually active, use contraception compared with a site with reproductive health messages only.

→ **Click Forward 36**

PFPI's PHE interventions have also led **to** increases in food security of rural communities.

The communities where PFPI works are dependent on coastal and marine resources as a source of food and livelihoods,

→ **Click Forward 37**

so PFPI has focused their central theme on managing marine resources and ensuring people's access to an affordable and sustainable supply of food from the sea.

→ **Click Forward 38**

Results show a greater decrease in the proportion of households dependent on fishing in PHE communities than in the resource-management-only communities.

And the PHE communities showed more improvement in knowledge of the dangers of using cyanide and dynamite in fishing.

→ **Click Forward 39**

Many environmental organizations have found that meeting priority needs of communities by including health and livelihood interventions with their conservation programs increases the support of local communities for biodiversity conservation.

→ **Click Forward 40**

The Jane Goodall Institute (JGI) uses this approach in the villages surrounding Gombe National Park in western Tanzania, where Jane Goodall first began her chimpanzee behavioral research more than 50 years ago.⁷

→ **Click Forward 41**

Over time, the forest around the park had been cut down and seriously degraded, largely due to an influx of refugees from neighboring countries. The population had grown more rapidly than the land and natural resources could support,

→ **Click Forward 42**

...placing increasing pressure on the resident endangered chimpanzees.

JGI's community-centered conservation program (TACARE) initially focused on protecting chimpanzees and their habitat by establishing tree nurseries and creating woodlots to slow down the rate of trees being cut around the park.

→ **Click Forward 43**

As they worked with the local villagers, JGI staff learned more about the daily challenges facing the communities, including the desperate need for health and sanitation services. It became clear that long-lasting conservation could only be achieved by also addressing these more immediate needs.

→ **Click Forward 44**

JGI was able to mobilize its existing networks to train community-based educators to provide HIV/AIDS prevention and treatment, family planning counseling and education, and reproductive health services, reaching over 200,000 people with family planning messaging, and resulting in over 9,000 people adopting a family planning method.⁸

→ **Click Forward 45**

By focusing on health and other livelihood needs, JGI has built trust and strong partnerships with the communities, leading to significant conservation gains, including more than 440,000 acres of community land set aside for conservation.⁹

→ **Click Forward 46**

We've highlighted just a few examples, but many PHE projects have demonstrated similar success in addressing complex and connected challenges related to population, health, livelihoods, food security, and environment.

→ **Click Forward 47**

Back in her village in Tanzania, Rukia and her community have benefited greatly from the USAID-funded Pwani project, implemented by the University of Rhode Island's Coastal Resources Center. The Pwani Project integrates population, health, and environment in the area where Rukia lives.

→ **Click Forward 48**

As a peer educator, Rukia educates other community members about the connections between their health and the environment. She demonstrates and teaches women ways to generate sustainable sources of income, and she helps couples plan their families, choose the timing and spacing of their pregnancies, and have the number of children they want.

→ **Click Forward 49**

Rukia has improved the health and economic prospects of herself, her family, and her community while protecting the environment upon which they all depend.

→ **Click Forward 50**

We've seen examples of how communities are benefiting from the PHE approach, but these projects are reaching a relatively small number of the many families around the world facing these complex and interrelated challenges.

Increased support and commitment from policymakers, implementers, funders, and local decisionmakers will ensure the sustainability and growth of the integrated PHE approach, and will improve many more lives.

Using Handouts

CREATING A CUSTOMIZED DATAFINDER HANDOUT

DataFinder is a database managed by the Population Reference Bureau that provides data for hundreds of variables around the world, located at www.prb.org. DataFinder allows you to:

- Search hundreds of indicators for hundreds of countries around the world.
- Create custom reports, charts, and maps.
- Download, print, and share.
- Create custom tables in three easy steps, for countries and world regions.
- Compare a wide array of places for one indicator, and display the results as a customizable map, ranking table, or bar chart.

Please see the ENGAGE Presentations User Guide for additional instructions about using DataFinder.

The following suggested indicators from DataFinder relate to the regional data and issues raised in the presentation. All indicators may not be available for all countries:

- Demographics:
 - Population Mid-2012
 - Total Fertility Rate
- Economic:
 - Population Living Below US\$2 per Day
 - Women as % of Nonfarm Wage Earners
- Education:
 - Primary School Completion Rate, by Gender
 - Secondary School Enrollment, Gross, by Gender
- Environment:
 - Natural Habitat Remaining
 - Population Using Improved Sanitation, by Region
- Health:
 - Undernourished Population

- Reproductive Health:
 - Contraceptive Use Among Married Women Ages 15-49, by Method Type
 - Demand for Family Planning Satisfied
 - Unmet Need for Family Planning, by Region
 - Use of Modern Contraception Among Married Women, by Income Quintile

You can also use DataFinder to create charts and maps or profiles of multiple countries. Definitions and sources for each indicator are available online.

Using the Key Messages Handout

The Key Messages handout is a short handout that includes visual “snapshots” from the ENGAGE presentation. The handout is intended to be succinct, serving as a good visual aid for the presentation as well as a readable document. We encourage you to use this handout when giving the presentation to an audience, as well as a customized DataFinder handout with data specific to your country context.

The Key Messages handout is shown on the following pages.

Population, Health, and Environment Working Together

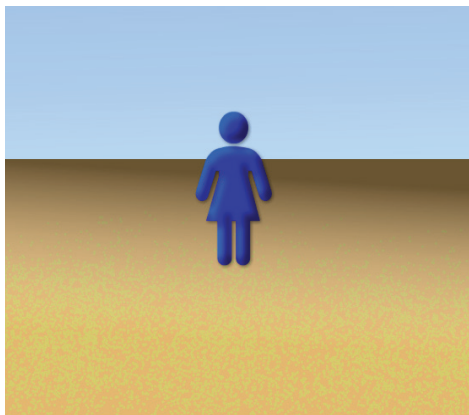


Key Messages

Integrated Population Health Environment Projects are improving the lives of women and families around the world.

Communities like the ones around Saadani National Park in Tanzania face challenges providing for their families and keeping them healthy, and diminishing natural resources are making this more difficult.

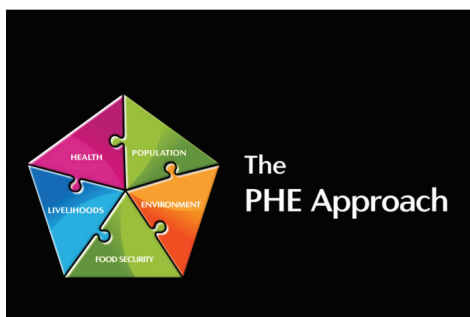
After providing for the household's immediate needs (such as food, water, fuel, and child care), women often have little time or resources available to access health services for themselves or their children.



Basic health services, such as maternal and child health services and access to family planning, are out of their reach. For women who want to delay or space their pregnancies or don't want to have any more children, lack of family planning programs can result in early childbearing, unintended pregnancies, and larger-than-desired family size.

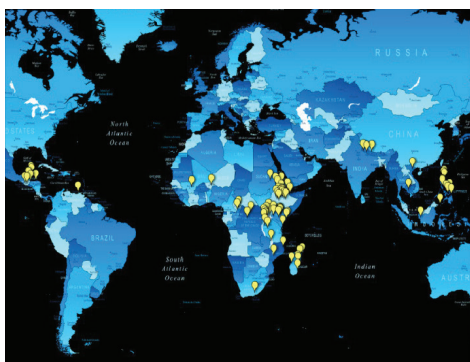


Communities are affected too: large families mean that the local population has grown, and with it so have the demands on local resources, including land, fuelwood, building materials, and fish.



These challenges are all connected, making it difficult to address any one of the problems alone. Health, livelihoods, food security, environment, and population are all important pieces of this puzzle.

Population, Health, and Environment, or PHE, is an integrated approach to improving access to health services, including voluntary family planning and reproductive health, while helping communities to manage natural resources and conserve the critical ecosystems on which they depend.



The PHE approach has been tested by environmental and health organizations around the world. PHE projects often work with people beyond the reach of health systems in remote and hard-to-reach areas. They have proven to be more effective than single-sector efforts, saving organizations and communities time. They are often more responsive to people's priority needs thus gaining greater community support. They often lead to greater involvement of men in health and women in environment and livelihood activities.

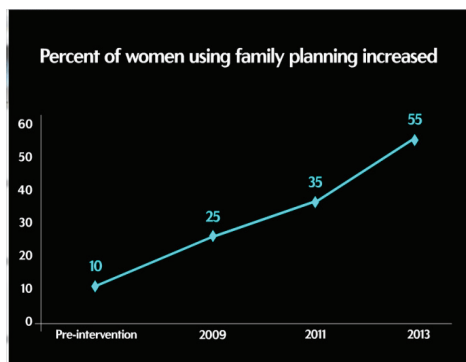
Let's visit five of these projects...



In southwestern Madagascar, Blue Ventures, a conservation organization working with remote rural communities to protect marine areas, has helped health services reach previously inaccessible and underserved communities.

Working closely with communities, Blue Ventures heard from women about the lack of availability of reproductive health services.

At the same time, Blue Ventures, along with the community, worried about the long-term sustainability of their work in the face of the growing coastal population and the growing demand for resources.



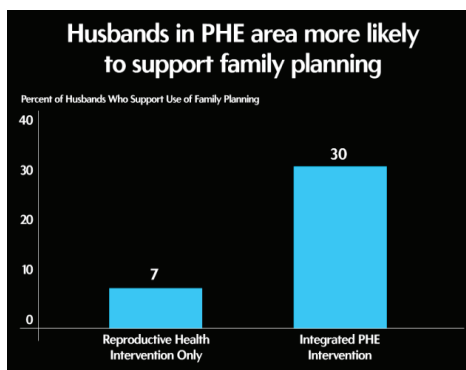
In response, Blue Ventures integrated health initiatives into their existing activities and established the area's first clinic providing women with a variety of health and family planning services.¹

Recent data illustrate the high demand for services in this remote area. The graph shows that contraceptive use increased from only 10 percent before the project began to 55 percent by 2013.²



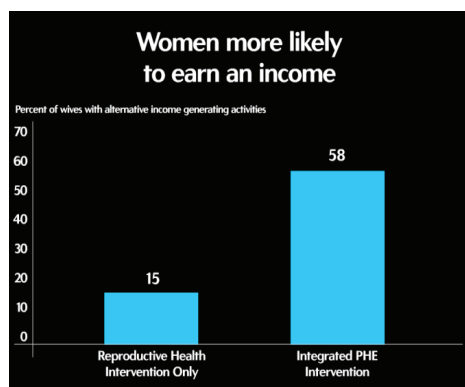
The Blue Ventures model of building on existing conservation programming to deliver health services allows both their health and conservation messages to reach a larger audience.

Through the clinics, the project has built stronger relationships with women and reached them with conservation messages and activities when before women were unlikely to attend local conservation meetings. This is important because women play a large role in the use of local resources and can be powerful partners for conserving them.

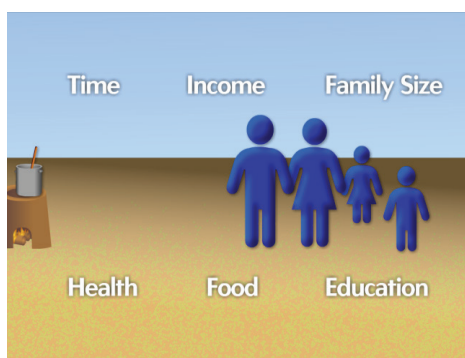


In Ethiopia, GPSDO integrated conservation and livelihood activities into their reproductive health and community-based family planning program.³ GPSDO compared results in their integrated PHE project area with an area where they were implementing only their reproductive health program.

Husbands in the integrated PHE project areas were four times more likely to support use of family planning than husbands in the area that received only the reproductive health intervention. When men communicate with their wives and partners about using contraception or planning their next child, family planning use increases.



Women in the integrated intervention areas were almost four times more likely to earn an income than the women in the reproductive-health-only areas and more than three times more likely to use energy-saving stoves.



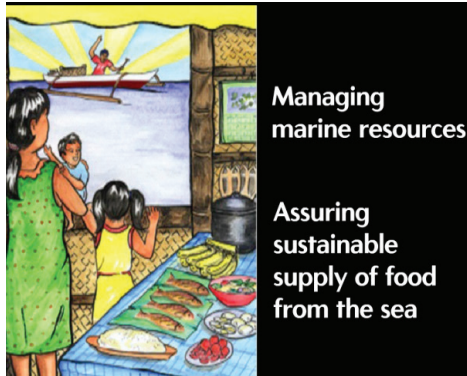
Alternative income-generation activities and energy-saving stoves can decrease both the economic and time burden on women, improving their health and leading to more participation in household and community decisionmaking.

And with more time, income, and a manageable family size, families can invest in health, food, and education for each child, empowering the next generation.



In the Philippines, PFPI has tested whether there are more improvements in both coastal resource management and reproductive health outcomes by delivering these services in an integrated manner as opposed to delivering either alone.⁴

In the PHE program site, youth were more likely to wait to have sex, or if sexually active, use contraception compared with a site with reproductive health messages only.



PFPI's PHE interventions have led to increases in food security of rural communities.

The communities where PFPI works are dependent on coastal and marine resources as a source of food and livelihoods, so PFPI has focused their central theme on managing marine resources and assuring people's access to an affordable and sustainable supply of food from the sea.



Results show a greater decrease in the proportion of households dependent on fishing in PHE communities than in the resource-management-only communities. And the PHE communities showed more improvement in knowledge of the dangers of using cyanide and dynamite in fishing.

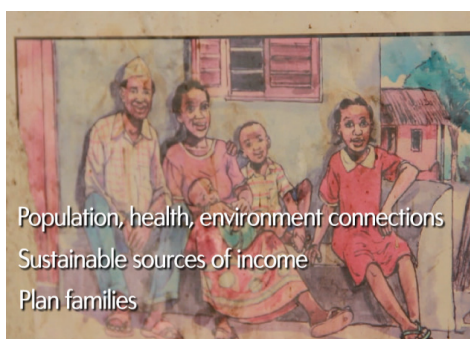


The Jane Goodall Institute's (JGI) community-centered conservation program (TACARE) initially focused on protecting chimpanzees and their habitat by establishing tree nurseries and creating woodlots to slow down the rate of trees being cut around the park. As they worked with the local villagers, staff learned more about the daily challenges facing the communities, including the desperate need for health and sanitation services. It became clear that long-lasting conservation could only be achieved by also addressing these more immediate needs.



JGI was able to mobilize its existing networks to train community-based educators to provide HIV/AIDS prevention and treatment, family planning counseling and education, and reproductive health services.

By focusing on health and other livelihood needs, JGI has built trust and strong partnerships with the communities, leading to significant conservation gains, including more than 440,000 acres of community land set aside for conservation.⁵



Back in her village in Tanzania, Rukia and her community have benefited greatly from the USAID-funded Pwani project, implemented by the University of Rhode Island's Coastal Resources Center. The Pwani Project integrates population, health, and environment in the area where Rukia lives.

Peer educators teach community members about the connections between their health and the environment, demonstrate and teach women ways to generate sustainable sources of income, and help couples plan their families, choose the timing and spacing of their pregnancies, and have the number of children they want.



We've seen examples of how communities are benefiting from the PHE approach, but these projects are reaching a relatively small number of the many families around the world facing these complex and interrelated challenges.

Increased support and commitment from policymakers, implementers, funders, and local decisionmakers will ensure the sustainability and growth of the integrated PHE approach, and will improve many more lives.

Handout References

1. Alasdair Harris et al., "Integrating Family Planning Service Provision Into Community-Based Marine Conservation," *Oryx* 46, no. 2 (2012): 179-86.
2. Vik Mohan, Laura Robson, and Caroline Savitzky, *Safely Community Health Programme: Year 6 Report* (London: Blue Ventures Conservation, 2013), accessed at www.blueventures.org/conservation/community-health.html.
3. PHE Ethiopia Consortium, *The PHE Difference, Evaluation Results From the GPSDO Integrated Project*.
4. Leona D'Agnes et al., "Integrated Management of Coastal Resources and Human Health Yields Added Value: A Comparative Study in Palawan (Philippines)," *Environmental Conservation* 37, no. 4 (2010): 398-409.
5. JGI Africa Programs, 2013 cumulative data.

Using the PowerPoint Template

After giving the ENGAGE presentation, you may want to continue your presentation with slides that are more closely tailored to your objective or your audience. For this purpose, we have created a PowerPoint slide template that will enable you to make slides that match the look of the ENGAGE presentation. This template is available on the CD-ROM as a file titled *Population, Health, and Environment PowerPoint Template.ppt* and can be downloaded from the website at www.prb.org/Multimedia/Video/2014/engage-population-health-environment.aspx.

When you open the PowerPoint file, you can customize the white text in the center of the slide and add your organization or project logo to the top right corner. We encourage you to add text that is specific to population, health, and environment in your country, your PHE project, or ways that you would like your audience to support PHE.

Discussion Guide

After giving the ENGAGE presentation, you may have the opportunity to engage the audience in a discussion. We encourage you to share data specific to population, health, and environment in your country, and make the discussion specific to addressing these issues within your country context. Sample discussion questions are listed below:

WHY PHE?

1. Were you aware of the links between family planning, health, livelihoods, and environment? What did you learn today about these relationships?
2. How can the integrated population, health, and environment approach improve lives in your country?
3. Why would you implement the PHE approach instead of single-sector projects?
4. What are some of the benefits of the integrated PHE approach?

HOW TO IMPLEMENT PHE

5. What are some strategies for integrating population, health, and environment?
6. What kinds of innovative partnerships help your organization to implement the PHE approach?
7. What do you see as some of the challenges in implementing an integrated PHE approach?

FOR HEALTH AND FAMILY PLANNING ORGANIZATIONS

8. How might you integrate conservation into your work?

FOR CONSERVATION ORGANIZATIONS

9. How might you integrate voluntary family planning and health into your work?

FOR ADVOCATES

10. What actions can you take to increase support for the PHE approach?

FAQs

Often, audience members have questions about the presentation. Some of these questions may be specific to the actual presentation (data, pictures, figures, sources of information) while other questions may be related to the content of the presentation.

Below are some frequently asked questions and scripted answers:

QUESTIONS ABOUT THE PRESENTATION

- Q.** Are the photos and videos in the presentation really of the projects that you are describing?
- A.** All of the footage in the presentation is of the communities who are benefiting from the PHE projects being described. We received footage from project staff and partners, as well as journalists and documentarians who have visited the projects.
- Q.** Have the people in the photographs and videos in your presentation given their consent?
- A.** We have the legal right to use every photograph and video that was included in this presentation.
- Q.** Is Rukia a real person?
- A.** Rukia is a real woman who lives in Mkalamo village, next to Saadani Park in Tanzania. Rukia is a PHE peer educator who has been profiled by the BALANCED Project and has participated in a documentary about the benefits of the PHE approach. To read more about Rukia: http://balanced.crc.uri.edu/sites/default/files/Rukia_Seif.pdf.
- Q.** Why don't you show PHE projects in my country?
- A.** The projects shown in the presentation were selected to illustrate the benefits of the PHE approach, but there are many other PHE projects around the world. To view the PHE map and learn more about these projects, visit: <http://goo.gl/maps/aibdE>. The PHE Project Map was created by the Population Reference Bureau (PRB) to visually identify and describe current and recent efforts focused on PHE integration in developing countries. The highlighted projects actively address a component of population and reproductive health in combination with environmental projects and programs. Projects that ended before 2005 are not included, and the map may not be a comprehensive list of all projects. To add a project to the PHE Project Map, please contact Rachel Yavinsky at ryavinsky@prb.org.

QUESTIONS ABOUT THE PHE APPROACH

- Q.** How can the PHE approach bring health services to remote and underserved communities?
- A.** Health organizations can reach previously inaccessible and underserved communities by partnering with conservation organizations, which are more likely to be operating in and around the most remote communities. The existing relationships that the conservation organizations often have with the remote communities may reduce the time required for project start-up. In addition, working with conservation organizations in communities that have not previously had access to family planning can increase social acceptability and communication within communities on the sensitive topics. In areas where open discussion of reproductive health and family planning may be a sensitive topic for religious or cultural reasons, PHE programs provide a broader context for addressing these issues.

- Q.** How can the PHE approach lead to greater involvement of men in health and women in environment and livelihood aspects of projects?
- A.** PHE projects can increase participation of men and women in sectors outside of those they would traditionally be involved in, increasing the impacts of the projects. Males, who may initially get involved in the program through conservation/natural resource management activities, then gain exposure to the health components of the program. Women and girls initially involved with health-focused activities become involved in natural resource management.
- Q.** How can the PHE approach help conservation organizations to gain greater community support?
- A.** The PHE approach allows conservation organizations to build good will by addressing needs that are priorities for communities, including health and livelihoods. Integrated projects are also better able to address priority needs because they are designed to target community concerns in multiple sectors. In return, communities may be more willing to engage in natural resource management activities.
- Q.** How is the PHE approach more efficient than single-sector projects?
- A.** Single-sector projects often work with the same community partners without coordinating efforts. A single organization or multiple partnered organizations carrying out a PHE project can coordinate to prevent duplication of efforts and wasting of resources, as well as promote interventions that have cross-sector benefits. Using combined teams of PHE specialists, instead of separate health and environment teams, and hosting cross-sectoral events and trainings can reduce the community fatigue that can occur when community leaders are asked to participate in multiple single-sector activities. Although it is difficult to measure the results of these efficiencies, PHE practitioners report that integrated projects help them to use organizational and community time and resources more efficiently.
- Q.** Why are not there more PHE projects?
- A.** Population, health, and environment challenges are connected in communities around the world, but they have not been connected where projects often begin. Many of the donors who fund development projects are either focused on one sector or have divisions for sector-specific funding. Professionals who plan and run projects are traditionally trained in specific disciplines. Governments have separate departments or ministries responsible for population, gender, health, and environment. Encouraging donors, government decisionmakers, and program planners to support integrated projects and form cross-sectoral partnerships can help spread the PHE approach to more communities.
- Q.** Why do you focus so much on family planning, when there are so many health issues that communities face?
- A.** Yes, there are many important issues that communities (we) face and many PHE projects also focus on water and sanitation and children's health, as well as family planning. But family planning is a cost-effective, proven strategy to improve the lives of families and communities, and an important element of achieving development goals.

Voluntary family planning is important to the PHE approach because of the broad impacts of family planning. When couples are better able to achieve their desired family size, this not only benefits families' health and well-being, but contributes to better management and conservation of natural resources. PHE initiatives mainly operate in remote and ecologically sensitive landscapes where communities often have the greatest need for family planning. In these areas, population growth can place unsustainable pressure on biodiversity as more land is cleared for farming, waters are over-fished, and harvesting of natural resources is increased to support the livelihoods of growing populations.

QUESTIONS ABOUT FAMILY PLANNING

- Q.** Some people say [family planning | small family size] is just some Western idea being forced onto developing nations by outsiders. What do you think about this statement?
- A.** Women from all countries have a mind and a will of their own and their ability to plan their families should be recognized and respected. Twenty-two percent of married women in sub-Saharan Africa have an unmet need for family planning, meaning that they want to delay their next birth or not have any more children but are not using any form of family planning. Unmet need for contraception can lead to unintended pregnancies, which pose risks for women, their families, and societies; in turn, these can harm economic growth and development for many nations. The Maputo Protocol, which was developed by African countries through the African Union, supports Article 14: Health and Reproductive Rights, which states that “parties shall ensure that the right to health for women, including sexual and reproductive health is respected and promoted which includes: the right for women to control their fertility, the right for women to decide whether to have children, the number of children and the spacing of children; the right to choose any method of contraception; the right to family planning education and the right to adequate, affordable and accessible health services including information, education and communication programs to women, especially in rural areas.”
- Q.** Some people say that family planning is an instrument of population control to keep poor people from having too many children. What do you think about this statement?
- A.** We are against population control, and we oppose coercion in reproductive health matters. We want to reduce the number of unintended pregnancies because unintended pregnancies have higher risks of poor health outcomes for mothers and babies. By promoting family planning, we hope that women and couples can choose the timing, spacing, and size of their families, leading to better health and well-being for the family, community, and ultimately the entire nation.
- Q.** Some people say that women want to have large families. Do many women in the communities in the presentation want to limit the number of children they have?
- A.** Each woman should be able to make her own decision about future pregnancies. Many women want to avoid a pregnancy but lack access to contraceptive methods. We believe that women want to make the best decision about each pregnancy, for themselves and for their families, and that sometimes that decision is to use family planning to either space or limit the number of children they have. By reducing barriers to family planning, we can ensure that women who want access to family planning are not being denied the right to choose what is best for them and their family.

Additional Resources

THE PHE APPROACH

The BALANCED Project, *PHE Field Implementation: A Simple PHE Resource Guide/Compendium for Practitioners* (Narragansett, RI: Coastal Resources Center).

The BALANCED Project, “PHE Lessons Learned From the BALANCED Project,” *BALANCED Newsletter* 1, no. 5 (2013).

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The Wilson Center, “Healthy People, Healthy Environment” (2013), accessed at www.newsecuritybeat.org/healthypeople/#.UIQ_Kj_xAll

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Alasdair Harris et al., “Integrating Family Planning Service Provision Into Community-Based Marine Conservation,” *Oryx* 46, no. 2 (2012): 179-86.

Vik Mohan, Laura Robson, and Caroline Savitzky, *Safidy Community Health Programme: Year 6 Report* (London: Blue Ventures Conservation, 2013), accessed at www.blueventures.org/conservation/community-health.html.

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PHILIPPINES, PATH FOUNDATION (PFPI)

BALANCED Project, *Research Brief: Assessing the Benefits of Integrating Family Planning and Environmental Management Activities—Lessons Learned From the Philippines* (Narragansett, RI: Coastal Resources Center): 5.

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Jane Goodall Institute, "JGI Impact 2011," accessed at www.janegoodall.org/impact/2011.

Victoria Rossi, Grace Lusiola, and Aysa Saleh-Ramirez, "Mainstreaming HIV Programming Into Natural Resource Management and Economic Growth Activities," *AIDSTAR-One Case Study Series* (August 2012), accessed at www.aidstar-one.com/resources/case_study_series/jgi_tanzania#tab_1.

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Jason Bremner, *Population and Food Security: Africa's Challenge* (Washington, DC: Population Reference Bureau, 2012), accessed at www.prb.org/Publications/Reports/2012/population-food-security-africa-part1.aspx.

Carl Haub and Toshiko Kaneda, *2013 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2013), accessed at www.prb.org/Publications/Datasheets/2013/2013-world-population-data-sheet/data-sheet.aspx.

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3. Alasdair Harris et al., "Integrating Family Planning Service Provision Into Community-Based Marine Conservation," *Oryx* 46, no. 2 (2012): 179-86.
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9. JGI Africa Programs, 2013 cumulative data.

