



PHE partnerships guide

Assessing and developing organisational capacity for PHE partnerships

Version 1

blue ventures
beyond conservation

PHE Population
Health
Environment
Madagascar Network

About this guide

This guide consists of 15 chapters covering the core **values**, **skills** and **knowledge** needed to develop and implement effective cross-sector Population-Health-Environment (PHE) partnerships. You have downloaded **chapter 2 - Assessing and developing organisational capacity for PHE partnerships**. If you wish to download other chapters or the entire guide please visit the Madagascar PHE Network's website [here](#).

This guide is primarily designed for use by the staff of environmental organisations wishing to develop cross-sector PHE partnerships with health service providers in line with priority community needs and their organisational missions. Many chapters will also be relevant to the staff of health organisations wishing to develop cross-sector PHE partnerships with environmental organisations working in under-served zones. And of course livelihoods-focused organisations working at the interface of sustainable development and natural resource management are also ideally placed to develop and implement collaborative PHE initiatives with relevant partners.

This guide draws on the PHE implementation experiences of Blue Ventures and other members of the Madagascar PHE Network in order to provide practical advice structured in a conversational format with case study examples. As such it should be highly relevant to organisations working in Madagascar and much material will be applicable to organisations working in other countries as well.

This guide is accompanied by various complementary resources including an integrated PHE community outreach tool (illustrated PHE story cards) available via the Madagascar PHE Network's website [here](#). Please note that a comprehensive online library of documents relating to PHE programming has been collated by the Population Reference Bureau and can be found [here](#).

This guide should be considered a living document and as such it will be updated regularly. Please don't hesitate to contact Blue Ventures (pheinfo@blueventures.org) if you have any suggestions for improvement or requests for elaboration. We look forward to incorporating your feedback into future versions of this guide.

Credits and acknowledgements

This guide was written and produced by Laura Robson, Blue Ventures' Health-Environment Partnerships Manager.

Thanks to all Madagascar PHE Network members who provided case study examples of various aspects of their PHE partnerships for this guide. Thanks also to the following members of Blue Ventures' health and conservation teams who provided valuable input and feedback on the content and structure of this guide: Caroline Savitzky, Dr Vik Mohan, Nicholas Reed-Krase, Urszula Stankiewicz, Charlie Gough, Rebecca Singleton and Kitty Brayne.

Valuable feedback on the content of this guide was also received from the following organisations via a PHE training and experience sharing workshop held by the Madagascar PHE Network in March 2016: Association Cétamada, Catholic Relief Services, Centre ValBio, Community Centred Conservation, Conservation International, Durrell Wildlife Conservation Trust, Honko Mangrove Conservation & Education, JSI/MAHEFA (now Mahefa Miaraka), Madagascar Fauna & Flora Group, Madagascar Wildlife Conservation, Marie Stopes Madagascar, MIHARI Network, Ny Tanintsika, Population Services International, Reef Doctor, SEED Madagascar (formerly Azafady), Stony Brook University, USAID Mikolo, Voahary Salama, Wildlife Conservation Society and WWF. The photo on the cover page of this guide was taken by Jean-Philippe Palasi at that PHE training and experience sharing workshop. All other photo credits can be found on top of the photos included throughout this guide.

This guide should be referenced as follows: Robson, L. (2017) *PHE partnerships guide*. London, UK / Antananarivo, Madagascar: Blue Ventures Conservation.

2. Assessing and developing organisational capacity for PHE partnerships

By the end of this chapter you should:	This chapter may be of particular relevance to:
<ul style="list-style-type: none"> Have a picture of your organisation’s existing capacity for PHE partnerships (based on your organisational values, skills and knowledge) Have a plan for developing your organisation’s capacity for PHE partnerships 	<ul style="list-style-type: none"> Managers of environmental organisations Managers of health organisations

Before proceeding any further through this guide, please take a moment to self-assess your existing organisational capacity for PHE partnerships using the following questionnaire. Note that the questionnaire is simply intended to be used as a prompt for facilitating reflection on your organisational attributes and expertise, so it’s quite rudimentary. This exercise should allow you to identify some capacity development priorities, and then focus on the chapters of this PHE partnerships guide that are most pertinent to your organisation’s needs.

Would you like more support with this process? Blue Ventures can facilitate organisational capacity self-assessment and reflection sessions. To find out more please contact pheinfo@blueventures.org.

Organisational capacity and attributes self-assessment questionnaire

Values

Read these statements and give your organisation an honest score from 1 to 3 where 1 = no resonance with your organisational culture, 2 = some resonance with your organisational culture, 3 = full resonance with your organisational culture.

1. Listening and responding to communities

In my/our organisation...

- a) ... organisational priorities reflect community priorities. a) Score:
- b) ... communities are treated as experts with understanding and skills to contribute. b) Score:
- c) ... grants and work plans are responsive to community needs. c) Score:

Total score for this section:

Average score for this section (total score / 3):

2. Upholding reproductive rights

In my/our organisation...

- a) ... all staff believe that couples and individuals should be able to choose freely and responsibly the number, spacing and timing of their births without coercion or discrimination. a) Score:
- b) ... all staff believe that equal relationships between men and women in matters of reproduction are

important, and that this requires mutual respect, consent and shared responsibility for sexual behaviour and its consequences. b) Score:

c) ... no staff are motivated to provide family planning services due to concerns about population growth. c) Score:

Total score for this section:

Average score for this section (total score / 3):

3. Working with courage and humility

In my/our organisation...

a) ... we're prepared to "think outside of the box" and experiment with new approaches including working across sectors if appropriate. a) Score:

b) ... we collaborate with partners in a respectful and transparent way. b) Score:

c) ... we're not afraid to be self-critical and change our approach if something doesn't work. c) Score:

Total score for this section:

Average score for this section (total score / 3):

Skills

Read these statements and give your organisation an honest score from 1 to 3 where 1 = no experience, 2 = some experience, 3 = sufficient experience to be able to work effectively.

4. Building effective cross-sector partnerships

a) Exploring a partnership based on shared objectives and complementary expertise. a) Score:

b) Formalising a partnership with clearly defined roles and responsibilities. b) Score:

c) Implementing a partnership with activities fully integrated across different sectors. c) Score:

Total score for this section:

Average score for this section (total score / 3):

5. Fundraising for PHE partnerships

a) Communicating the benefits of cross-sector initiatives (vs. single-sector initiatives) to funders. a) Score:

b) Fundraising for sector-specific activities to be implemented as an integrated programme. b) Score:

c) Fundraising for an integrated cross-sector programme. c) Score:

Total score for this section:

Average score for this section (total score / 3):

6. Integrated programme management

a) Coordinating activities and budgets across workstreams. a) Score:

b) Integrating health and environmental topics within community outreach activities. b) Score:

c) Cross-training staff to work in an interdisciplinary way.

c) Score:

Total score for this section:

Average score for this section (total score / 3):

7. Monitoring and evaluation of PHE initiatives

a) Developing a PHE programme theory (or theory of change).

a) Score:

b) Monitoring health outcomes e.g. using service delivery records (number and type of contraceptives distributed) to calculate couple years of protection provided and estimated number of unintended pregnancies averted.

b) Score:

c) Monitoring environmental and cross-cutting outcomes e.g. community-based natural resource management plans in place, women's participation in natural resource management meetings, household livelihood diversity, household food security, etc.

c) Score:

d) Capturing most significant change stories or testimonies from community members.

d) Score:

Total score for this section:

Average score for this section (total score / 4):

8. External communications about PHE partnerships

a) Communicating the connections between unmet family planning needs, food insecurity and environmental degradation.

a) Score:

b) Communicating the benefits of increasing access to voluntary family planning services and upholding reproductive rights.

b) Score:

c) Communicating the "added-value" benefits of PHE as a holistic cross-sector approach.

c) Score:

Total score for this section:

Average score for this section (total score / 3):

Knowledge

You can either try to answer the following questions as a team and then score yourselves compared to the model answers that follow, or you can just give yourselves a score based on the expertise that you know you have within your organisation currently: 1 = no knowledge, 2 = some knowledge, 3 = sufficient knowledge to be able to teach others.

9. Community-based natural resource management

a) What are the key general objectives of community-based natural resource management?

a) Score:

b) What is the main governance tool that can be used for community-based management in your country of operation?

b) Score:

c) What is the main legal framework in place for supporting community-based management in your country of operation?

c) Score:

Total score for this section:

Average score for this section (total score / 3):

10. Family planning

a) What is contraception?

a) Score:

b) What are some of the benefits of family planning?

b) Score:

c) List as many contraception methods as you know:

c) Score:

d) State the duration of protection they offer:

d) Score:

e) Rank them in approximate order of effectiveness:

e) Score:

f) List some possible negative effects of hormonal contraception methods:

f) Score:

Total score for this section:

Average score for this section (total score / 6):

11. Health service delivery

a) Give an example of community-based health service delivery:

a) Score:

b) Give an example of mobile health service delivery:

b) Score:

c) Give an example of facility-based health service delivery:

c) Score:

Total score for this section:

Average score for this section (total score / 3):

12. Health-promoting behaviours

Give an example of a behaviour you could promote to...

a) ... prevent transmission of STIs/HIV:

a) Score:

b) ... protect against malaria:

b) Score:

c) ... prevent diarrhoea:

c) Score:

d) ... prevent and/or treat dehydration relating to diarrhoea:

d) Score:

e) ... improve pregnancy outcomes:

e) Score:

f) ... support premature babies or those with low birth weight:

f) Score:

g) ... enhance newborn development:

g) Score:

h) ... improve child survival (in relation to common illnesses):

h) Score:

Total score for this section:

Average score for this section (total score / 8):

13. Behaviour change approaches

a) What factors help determine behaviours?

a) Score:

b) Is information dissemination sufficient to change behaviour?

b) Score:

c) Which approaches are effective for supporting critical thinking and behaviour change?

c) Score:

Total score for this section:

Average score for this section (total score / 3):

14. PHE linkages and messages:

a) What are some key PHE linkages that you could discuss with communities?

a) Score:

b) What are some umbrella themes that you could use to reinforce key PHE linkages?

b) Score:

c) How would you describe the social and environmental benefits of couples spacing their births and attaining their desired family sizes?

c) Score:

Total score for this section:

Average score for this section (total score / 3):

Model answers for knowledge questions

Compare your answers to the model answers below and give yourself a fair score from 1 to 3 where 1 = no knowledge, 2 = some knowledge, 3 = sufficient knowledge to be able to teach others.

9. Community-based natural resource management

a) *Ensure that natural resources are available for livelihoods, food security and nutrition; put communities in charge of management efforts to ensure that management plans are adapted to their needs and supported locally; conserve biodiversity and safeguard ecosystem health.*

b) *In Madagascar: dina (customary law) created and enforced by local communities.*

c) *In Madagascar: GELOSE (gestion locale sécurisée) is a policy that transfers natural resource management rights from central government to local communities.*

10. Family planning

a) *A woman gets pregnant if a man's sperm reaches and fertilises one of her eggs. Contraception (literally "against conception") tries to stop this happening by keeping the egg and sperm apart (for example, by using a barrier), by stopping the release of eggs or by stopping a fertilised egg from implanting in the womb (for example, by using synthetic hormones). Many couples choose to use contraception in order to prevent pregnancy and/or to plan their families (for example, to space their births).*

b) *Family planning can: prevent pregnancy-related health risks for women; prevent closely spaced pregnancies and associated health risks for women and babies; prevent unsafe abortions; reduce maternal and child mortality*

(*by around 25% or more in low-resource settings*); allow girls and women to pursue educational and income-generating opportunities; allow parents to invest more in each child (e.g. schooling, nutrition and medical care).

c) Male condoms, female condoms, combined oral contraceptive pills, progestogen-only pills, progestogen injections, hormonal implants, intra-uterine devices, vasectomy (male sterilisation), tubal ligation (female sterilisation), withdrawal (coitus interruptus), standard days method, lactational amenorrhoea method, sympto-thermal fertility awareness method, diaphragms

d) Condom = single act of sexual intercourse, pill pack = one month of protection, injection = twelve weeks of protection, implant = up to three years of protection (can be removed earlier), intra-uterine device = up to ten years of protection (can be removed earlier), tubal ligation = permanent, vasectomy = permanent, withdrawal = each act of sexual intercourse, standard days method = ongoing, lactational amenorrhoea method = up to six months, sympto-thermal fertility awareness method = ongoing, diaphragm = each act of sexual intercourse (reusable)

e) Typical use failure rates (% of couples who would get pregnant if using this method for one year - taking into account when users fail to use a method consistently or correctly): implant = 0.05%, vasectomy = 0.15%, tubal ligation = 0.5%, copper intra-uterine devices = 0.8%, sympto-thermal fertility awareness method = 1.8%, lactational amenorrhoea method = 2% (perfect use), depo-provera injections = 6%, pills = 9%, standard days method = 12%, diaphragms = 12%, male condoms = 18%, female condoms = 21%, withdrawal = 22%

f) Possible negative effects of hormonal contraception methods include nausea, breast tenderness, mood changes, depression, headaches, weight gain, decreased sex drive, irregular / breakthrough / prolonged bleeding, heavier and more painful periods with intra-uterine devices, it can take several months for fertility and menstrual periods to return after injections. In resource-poor settings where PHE initiatives are implemented, the risks of unintended pregnancy are much higher than in areas with good healthcare and this impacts upon the risk-benefit ratio of contraceptive use.

11. Health service delivery

a) In Madagascar: community health agents or Agents Communautaires (ACs).

b) In Madagascar: Marie Stopes Madagascar outreach teams, Marie Stopes ladies, etc.

c) In Madagascar: Centres de Santé de Base (CSBs), Blue Star, Top Réseau, etc.

12. Health-promoting behaviours

a) Condom use, testing and treatment

b) Sleeping under insecticide-treated mosquito nets, wearing protective clothing, covering water sources near the home

c) Using water purifying solution to treat drinking water, handwashing with soap or ash at critical times (after defecating and before preparing / eating food)

d) Administering oral rehydration solution

e) Attending antenatal check ups and giving birth with a skilled attendant where possible

f) Prolonged skin-to-skin contact between mother and baby (often known as “kangaroo care”)

g) Exclusive breastfeeding for six months following birth (no other liquids or solids given during this time)

h) Early and formal care-seeking for treatment of common childhood illnesses

13. Behaviour change approaches

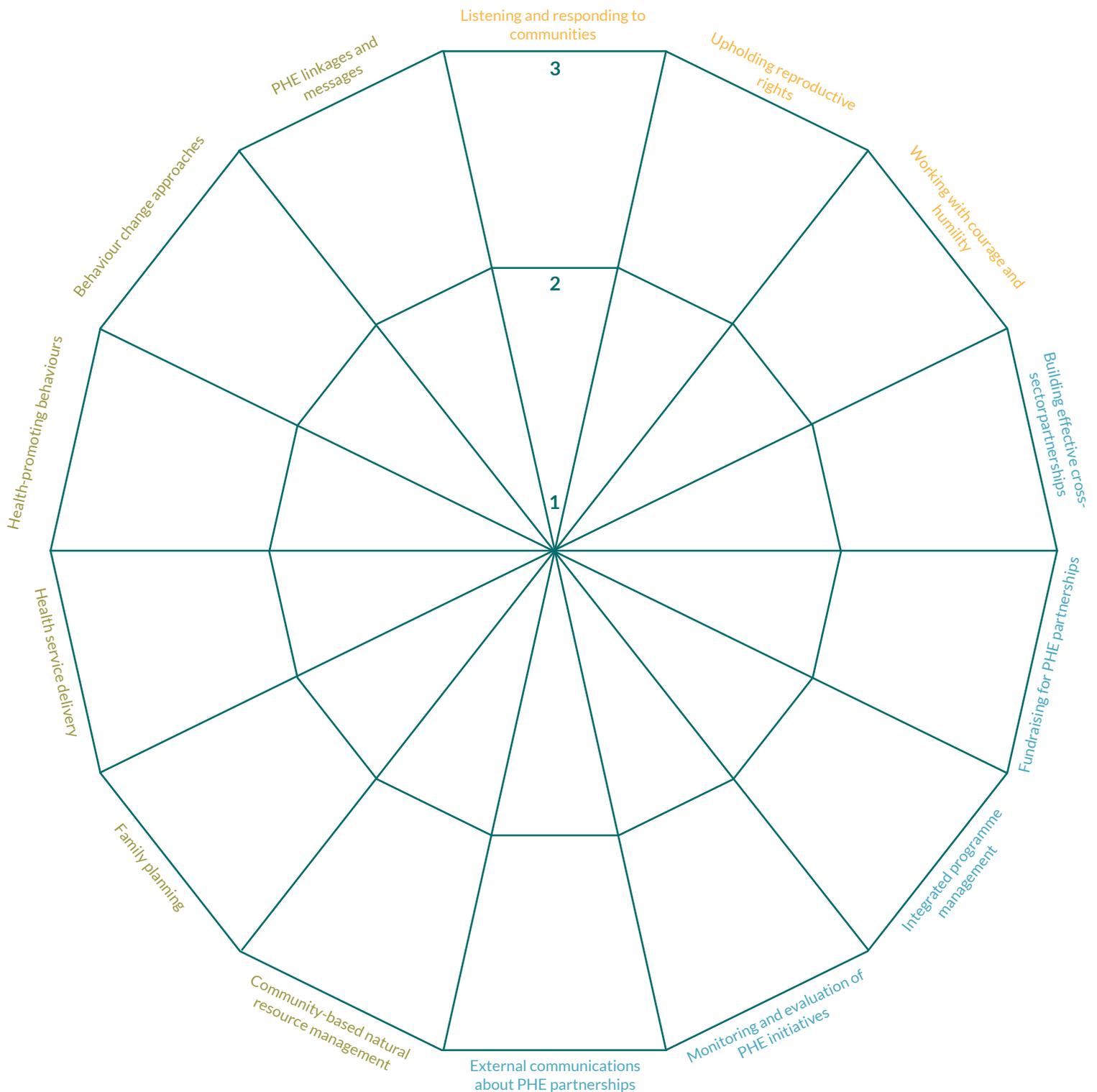
- a) Knowledge, attitudes, social norms and identities, social meanings and values, wider structural factors like gender relations, access to certain products
- b) Most often no! Knowledge is generally necessary but not sufficient for behaviour change to occur.
- c) Community meetings with time for individual testimonies and dialogue, facilitated small group discussions perhaps using storytelling techniques, interactive theatre workshops modelling and exploring the consequences of different behaviours, etc.

14. PHE linkages and messages

- a) Connections between family planning decisions and household food security, family planning decisions and the sustainability of natural resource management efforts, family planning decisions and women's engagement in natural resource management efforts, community health and community engagement in natural resource management efforts, etc.
- b) Linking reproductive rights and natural resource management rights, promoting birth spacing alongside livelihood diversification and sustainable natural resource management, etc.
- c) When couples are able to space their births and attain their desired family sizes, they can generally provide better for their children (investing more in each child's education and making more food available per child). Family planning can also reduce women's childcare responsibilities, thus giving them more time to engage in alternative income-generating activities and/or natural resource management. When couples don't have access to contraceptive options they might end up having more children than they would choose, and this can put undue pressure on natural resources; giving couples access to voluntary family planning services can enable them to choose freely the number and spacing of their births, which can bolster local natural resource management efforts.

Organisational capacity and attributes self-assessment map

Mark an “X” in each segment to correspond with your average overall score for that **value / skill / knowledge** where 1 = inner ring, 2 = middle ring, 3 = outer ring. Note that the average overall score for each segment might sit somewhere between the rings.



This provides a visual representation of your organisational capacity and attributes for PHE partnerships that can be used to develop a tailored organisational PHE capacity development plan. The aim would be to pull all of the “X”s to the outer ring. Training and mentoring may be appropriate in segments where existing capacity is identified as being limited while accessing information and resources may be sufficient in segments where existing capacity is identified as being moderate or high.

Organisational capacity development planning template

Having completed a self-assessment of your organisational capacity and attributes for PHE partnerships, you may now wish to use the template below to map out how you plan to address your capacity development priorities.

Would you like more support with this process? Blue Ventures can facilitate organisational capacity development planning sessions and offers tailored follow up support packages. To find out more please contact pheinfo@blueventures.org.

	Initial capacity assessment score <i>(out of 3)</i>	Importance ranking <i>(high / medium / low)</i>	Information & resources <i>(tick if desired)</i> Readily available through the Madagascar PHE Network	Training sessions <i>(tick if desired)</i> Possible through the Madagascar PHE Network and/or BV support package	Tailored mentoring & quality assurance <i>(tick if desired)</i> BV support package available	Learning exchanges <i>(tick if desired)</i> Possible through the Madagascar PHE Network	Target date for advanced capacity to be developed <i>(month and year)</i>
Values							
Listening and responding to communities							
Upholding reproductive rights							
Working with courage and humility							
Skills							
Building effective cross-sector partnerships							
Fundraising for PHE partnerships							
Integrated programme management							
Monitoring and evaluation of PHE initiatives							
External communications about PHE partnerships							
Knowledge							
Community-based natural resource management							
Family planning							
Health service delivery							
Health-promoting behaviours							
Behaviour change approaches							
PHE linkages and messages							



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