

Our PHE quality charter



About this PHE quality charter

This PHE quality charter sets out the standards (and the associated validation criteria) that lead to high quality PHE partnerships according to Madagascar PHE Network members.

The purpose of this PHE quality charter is to:

- Document the shared values and commitment to human rights of Madagascar PHE Network members
- Enable quality assurance of PHE partnerships across Madagascar while the number of these PHE partnerships increases
- Strengthen organisational reflection / learning and peer exchange
- Generate recognition of the quality of the work of Madagascar PHE Network members
- Provide leadership to the international PHE community with regards to PHE quality standards (this is the first PHE quality charter of its kind)

Shared values and commitment to human rights

The signatories of this PHE quality charter are united in their commitment to human rights, including:

- Reproductive rights (the right of all individuals to choose freely the timing, number and spacing of their births, without coercion or discrimination - with access to comprehensive information and a wide range of contraceptive options)
- Natural resource management rights (the right of communities to manage the natural resources on which their livelihoods depend, in accordance with laws such as GELOSE in Madagascar)
- Gender equality (the right of men and women to be treated equally in all aspects of society, and to not be discriminated against according to their sex - with equal participation in decision-making on family health and natural resource management)

The signatories of this PHE quality charter are also united in their values, particularly with regards to their **environmental ethics** and their respectful participation in cross-sector PHE partnerships.

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PHE quality standards and associated validation criteria

PHE quality standard	Associated validation criteria		
A clearly articulated shared	Not started	In progress	Standard reached
vision encompassing both health and environmental components, developed in direct response to community priorities and shared by all partners	No shared vision / different visions among partners / single- sector visions / undocumented vision	Cross-sector vision in development / community consultations in progress / shared vision but not yet articulated	Sitution conforming to the description on the left (check by reviewing the vision)
Joint planning and coherent coordination of activities at all levels (HQ, regional office, communities), rather than sector-specific activities being implemented in parallel / isolation	Not started	In progress	Standard reached
	No coordination of activities / organisations working in isolation	Coordination of activities at some levels but not all	Sitution conforming to the description on the left (check by reviewing activity plans)
Integrated community outreach (linking health and environmental topics) whenever this enables broader community participation and progress towards gender equality*	Not started	In progress	Standard reached
	No integrated community outreach (only single-sector messages and activities)	Occasional but not regular integrated community outreach (linking health and environment themes)	Sitution conforming to the description on the left (check by reviewing activity records)
Robust monitoring, evaluation and learning systems using common indicators and collecting community testimonies, with regular sharing via the PHE network's online portal	Not started	In progress	Standard reached
	No robust system / indicators not common with other PHE network members / no collection of community testimonies / no sharing	Monitoring system in development / commitment to tracking common indicators and collecting community testimonies / starting to share via the portal	Sitution conforming to the description on the left (check by reviewing portal account, results data and community testimonies)

*For example, leveraging natural resource management forums to engage men in discussions about family health with the aim of building their support for the uptake of health services / using health-focused women's groups as an entrypoint for involving them in natural resource management efforts with the aim of increasing the representativeness of community management associations.

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Validation systems for this PHE quality charter

Three validation systems have been proposed, which can be used sequentially / simultaneously depending on the capacity and interest of PHE network members. All members have been invited to express their commitment to the PHE quality charter by signing it. Members with active PHE partnerships are now invited to self-assess their compliance with the PHE quality standards using the validation criteria detailed above. Finally, we envisage peer accreditation of these self-assessments during regional learning exchange visits facilitated by the PHE network coordinator.

Signatory commitment

PHE network members can sign the PHE quality charter as a way of signalling their commitment to upholding its standards.

- ✓ Quick and easy to sign
- \checkmark $\,$ Allows PHE network members not currently participating in PHE partnerships to signal their commitment
- × Doesn't promote organisational reflection and learning nor peer exchange
- × Low level of quality assurance (as just a commitment)

Self-assessment

PHE network members can self-assess and self-declare their compliance with the PHE quality standards using the validation criteria detailed above. This self-asssessment should be repeated periodically (e.g. every six months) and action plans can be developed for quality standards not yet reached.

- ✓ Encourages self-reflection
- \checkmark A quality assurance process based on trust without the need for peer exchanges
- × The validity of this quality assurance system depends on the honesty of network members

Peer accreditation

PHE network members can mutually evaluate and validate the quality of their PHE partnerships during regional learning exchange visits using the validation criteria detailed above. This accreditation should be repeated periodically (e.g. annually) and action plans can be developed for quality standards not yet reached.

- ✓ Promotes organisational learning and peer exchange
- ✓ Strengthens relationships between network members
- ✓ The most solid quality assurance system (transparent peer assessment)
- × Funding required for exchange visits
- × Sensitive facilitation and clear guidelines needed to avoid overly generous evaluations

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The signatories of this PHE quality charter





Population Health Environment Madagascar Network

www.phemadagascar.org