POPULATION, HEALTH, AND ENVIRONMENT
VOICES
STORIES FROM PHE CHAMPIONS, MODEL HOUSEHOLDS, AND POLICY MAKERS IN THE LAKE VICTORIA BASIN OF THE EAST AFRICAN COMMUNITY
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ABOUT THE BOOKLET

These stories and photos are from policy makers and champions of an integrated approach to development known as Population, Health, and Environment (PHE), which focuses on the interconnectedness between human health and environmental health. PHE programs improve primary health care services such as family planning and reproductive health, while also helping communities conserve biodiversity, manage natural resources, and develop sustainable livelihoods. When these issues are addressed simultaneously, communities thrive. This collection highlights the experiences of PHE stakeholders and champions in the Lake Victoria Basin.

The stories are an inspiration to anyone struggling to understand why PHE is important. Any donor or development partner who is looking for reasons to invest in PHE can find answers right here. For program designers and developers of integrated PHE approaches, this collection provides an overview of key components to consider while designing your package. Policy makers will find evidence they need to push for integrated policies and approaches.

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We would like to acknowledge Elizabeth Futrell and Daniel Adero for interviewing the individuals whose stories are featured. We also thank the team that reviewed this booklet: Dr. Doreen Othero, Amy Lee, Sarah Harlan, Cheryl Lettenmaier, and Mwikali Kioko.
FOREWORD

The East African Community (EAC) is confronting major public health challenges associated with escalating communicable and non-communicable diseases, high unmet need for family planning and reproductive health services, high maternal mortality ratio and child mortality rates. The growing population is also increasing demand for critical natural resources and services and unsustainable consumption patterns, resulting in deforestation, poor agriculture and land use practices, air and water pollution, and overfishing. These health and environmental challenges are interrelated and require multi-sectoral solutions.

The Lake Victoria Basin Commission (LVBC) designed the Population, Health and Environment (PHE) programme to address these interrelated concerns in an integrated manner through interventions that have been tried and tested. Integration ensures collective and positive influence on population growth, health and environmental conservation patterns by improving health and enhancing resilience of communities, helping balance environmental protection, natural resource use and human well-being.

The PHE approach could be integral to meeting the post 2015 Sustainable Development Goals (SDGs). In addition, opportunities exist for the PHE community to collaborate with other environment and development sectors such as the resilience and climate change communities, which are looking at environmental change and community response, to demonstrate the benefits that PHE integration can provide.

This booklet brings together a collection of stories from various stakeholders who have taken part in the LVBC PHE program, ranging from policy makers, community members, and civil society organizations. They are stories of challenges, triumphs, lessons learnt, and best practices that they have encountered while implementing the program.

I hope that all stakeholders will find an opportunity to interact with these stories and get a clear understanding of the journey the PHE Program has walked. Some of these stories will be handy for those who may want to review their health and environment policies, those who want to start a PHE program, improve on their program, and even community members who wish to become PHE Champions.

Dr. Ali Said Matano
Executive Secretary
Lake Victoria Basin Commission
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The Lake Victoria Basin supports about 40 million inhabitants and is endowed with a huge natural resource base upon which its inhabitants depend for their livelihoods. However, the resources are being exploited, resulting in interconnected challenges, including rapid population growth, poverty, and land degradation. There are numerous health and environmental conservation initiatives within the basin, but there is no collective effort to curb the challenges that affect those living and working in the basin; hence gains are not as great as they could be. This prompted the EAC countries to establish the Lake Victoria Basin Commission (LVBC).

The Lake Victoria Basin Commission (LVBC) is a specialized institution of the East African Community (EAC) whose mandate is to coordinate, promote, facilitate, and strengthen the capacity of stakeholders and program implementers around the Lake Victoria Basin by piloting best practices in health and environmental management across the region. For example, the Commission coordinates the design and implementation of an integrated Population, Health, and Environment (PHE) program across the Lake Victoria Basin, applying integrated solutions to interlinked health and environmental challenges in the basin. LVBC operates under the following vision and mission:

- **Vision:** A prosperous population living in a healthy and sustainably managed environment providing equitable opportunities and benefits
- **Mission:** To promote, facilitate and coordinate activities of different actors towards sustainable development and poverty eradication of the Lake Victoria Basin
Population, Health, and Environment (PHE) is an approach to development that integrates health and environmental conservation initiatives in order to realize collective successes for greater conservation and human welfare. PHE operates with the assumption that people, their health, and the environment are interrelated and interdependent; changes in one realm affect the others.

PHE approaches bring a holistic, integrated set of activities and services to the communities in response to unmet community needs for improved health services, livelihoods, and natural resource management. PHE projects strive to simultaneously improve access to health services and assist communities to manage their natural resources in ways that improve their health and livelihoods and conserve the critical ecosystems upon which they depend. The underlying philosophy is fundamentally one of integration and multisectoral partnerships.
The LVBC coordinates the implementation of a PHE program based on the above premise, with the ultimate goal of contributing to the sustainable development of the Lake Victoria Basin. The LVBC PHE program aims to strengthen regional coordination, knowledge management, and advocacy as key elements in adoption, sustainability, and success of PHE interventions. The program appreciates the need for engagement of stakeholders at different levels to ensure sustainability and maximum impact. For this purpose, the LVBC PHE program has established various policy and program structures at the regional, national, and sub-national levels. In many cases, the smallest units of administration—households—are central to these processes.

The program recognizes that integration occurs at both the program design level and the implementation level. Each stakeholder, from policy maker to community member, plays an important role. The program identifies and works with champions—people who believe that integrated PHE programming can address the region’s most pressing health and environmental challenges—at all levels as key influencers and advocates. These champions are drawn from the communities where the program is being implemented within the EAC partner states, and their work is coordinated by the LVBC. In their communities, PHE champions have turned their homes into PHE demonstration sites, or “Model PHE households.” This booklet documents the voices of regional PHE champions, from policy makers to community members.
Stories from Policy Makers

The East Africa region is faced with numerous challenges that call for effective policies, especially on environmental management, health, and population. Policy and decision makers are critical stakeholders. The integrated PHE approach demands support from decision makers for cross-sectoral collaboration, and LVBC collaboration at regional, national, and local levels across the program.

Members of the Sectoral Council of Ministers for the Lake Victoria Basin, Entebbe, Uganda in June 2018

Photo by
Lake Victoria Basin Commission
The Lake Victoria Basin is experiencing rapid population growth, poverty, and land degradation. With support from USAID Kenya/East Africa, LVBC designed the Population, Health, and Environment (PHE) program to address these multifaceted health and environmental challenges in an integrated manner.

PHE addresses rapid population growth and health through voluntary family planning and livelihood improvement, maternal and child health, malaria control, and prevention of HIV and other communicable diseases. The PHE program also addresses environmental issues through controlled fishing, re-forestation, management of protected areas and other environmental conservation measures.

This is done in an integrated manner, building synergies across sectors and efficient use of scarce resources. We have witnessed wildlife rangers visiting communities around protected areas carrying in one hand their guns and in the other mosquito nets, vaccines and fortified flour for people living with HIV. When they reach homesteads, they educate household members on wildlife conservation as well as malaria, immunisation, and safe childbirth practices. All these being done by one person leads to efficient use of available human resource.

Communities that are embracing the integrated PHE Program have seen numerous benefits including greater access to reproductive health services, greater involvement of men in family planning decisions, greater participation of women in environmental conservation, and greater participation of women and youth in income generating activities.

Through the PHE approach, LVBC is adding value to its environmental conservation programs, building capacities of communities to address their health and environmental issues holistically, and sensitizing policy and decision makers to embrace this integrated approach through policy and budgetary support.

Lake Victoria Basin Commission is optimistic that the change being witnessed courtesy of the PHE program will last and become sustainable in the East African Community countries.
I come from a fishing community along the River Nile, just before entering Sudan from Uganda. We have had great difficulty when it comes to issues of environmental conservation and natural resource management. However, when I visited Bussi Island on Lake Victoria, I got a totally different story.

What tickled my mind is the fact that through the Population, Health, and Environment program, the fishing communities have taken it upon themselves to conserve some specific areas of the lake, around the swampy areas, which are breeding spaces for the fish. They used to have problems catching fish, because there was overfishing. They were only catching small fish. But they now catch big fish and actually make a lot of income from it. They are policing their water bodies to ensure that nobody uses fish nets, which are not recommended. They enforce it among their communities, including those who come from other islands.
We work with communities at the regional, district, ward, and village levels here in Tanzania. We started our PHE program in Simiyu region in 2015 with the training of champions from Maswa and Itilima Districts. These were our pilot areas. These champions were trained on HIV, gender, food, nutrition, and health, including malaria prevention and family planning.

PHE is an integrated approach, a holistic approach to development. People, their environment, and their health are interrelated. Initially the Lake Victoria Environmental Management Programme (LVEMP) was working on the environment but not population and health. After PHE was introduced, more people have become aware of their health and the importance of child spacing. So PHE as a holistic approach has sensitized people that there is a great relationship between people, their health, and their environment. Even staff in health centers testify that after the introduction of PHE, the number of communicable diseases has declined. And the number of women going to clinic for delivery has increased. Husbands now are now accompanying their women to the clinics.

PHE is not only based on healthier environments or healthier populations, but it also has a great impact on the socio-economic life of the people. Families now have vegetable gardens around their houses, and they have constructed improved latrines with tip-taps for hand washing. Some people, for instance, did not know of the importance of growing fruit trees in their compounds, but after the introduction of PHE, they have so many fruit trees. These trees have actually proved to be an important source of income for the families when they sell the products, hence improving their economic status.

As a community development officer, I see that there is a great opportunity for integrating PHE into environmental programs, because people will be able to conserve their environments in a wider scope.
If you walked around the Mt. Elgon National Park, you’d realize that most of the communities that touch the national park are poor. Most times, the people think of going to the park to cut the poles to sell them to buy soap. They want to poach for meat, because they cannot afford to buy meat at the butcher, or sell the meat so that they can buy a book for their child. But in our conservation awareness education, we tell them that before they destroy the national park, they should know that this national park is a source of income to the government through tourism. It’s why there are roads around, hospitals with medicine, and schools for their children to go to. The community conservation department is a link between the park and the communities. The communities, too, know that there is a link between population, health and environment—if you destroy one, then there is another that will be affected.

We really need to ensure that the communities know the link between population, health, and environment, because they neighbor the national park. For example, they should be sensitized that grazing in the national park is wrong. Somebody will say, “But why?” So you have to explain that if you took your livestock to the national park and then the livestock interacted with buffalos, and then the buffalos have a disease—it’s a way of connecting disease from the wildlife to their livestock, which they can get from either meat or milk. These issues are all connected.

Family planning is one of the things we’re bringing to our conservation education and awareness program. Among the challenges the national park is facing is encroachment for settlement, for agriculture, because of the very high population around the national park. People always look at the national park as vast land. “Why are we squeezed here when there’s free land there?” So it is our work to tell these communities that you need to manage your families based on the little that you have so that you don’t have to conflict with the national park.

If we continue with scaling up PHE programs to other areas, we will bring more harmony. I suggest that we engage local politicians. I have read where they’ve involved the East African legislative assembly. Those are high-profile leaders, but we need local leaders to be engaged. If they are brought on board, I’m sure we will be more successful than we are now.
Generally, due to our norms and cultural backgrounds, it used to be men who made decisions at the household level. But as you can see, as more women are being educated, it’s both men and women who now make decisions about how many children to have. You can see now a number of families really differ from urban areas to rural areas. In a family where people are more educated, where women are employed in the formal sector, you’ll find that the family size is much smaller. But in rural areas where women are uneducated or have less education compared to men, you’ll find the family sizes are bigger, having, say, seven or more children. That is because sometimes women have inadequate knowledge on reproductive health, the impact of birth spacing. They also do not have decision-making power over how many children to have.

I’m working at the Ministry level—that is the policy level. We influence policy making to ensure that throughout the planning and implementation of different programs, there is adequate participation of both men and women and that women are given enough changes or spaces in decision making. Therefore, when it comes to the grassroots level, different programs, different projects, are being implemented by considering and ensuring that gender is being mainstreamed. There is enough awareness-raising on gender issues. There is enough awareness-raising on Population, Health, and Environment.

PHE is an integrated approach aimed at achieving sustainable development. It is a unique approach because it requires multisectoral approaches or multi-sectoral integration of population, health, and environment. When you talk about population, and reproductive health in particular, you are talking about both men and women. Therefore, it is very important to consider the issue of gender equality, because both men and women need to make decisions: When to have families, how many children to have, birth spacing, what kind of family planning methods to use. It is very, very important for both of them to take part in the decision-making processes. You talk about environment, you talk about reproductive health, you talk about livelihoods at the same time. People can see the connections. Then they start to implement different activities with an integrated approach, and you can see the impact.
Community members are at the center of all PHE programs. They influence, and can be profoundly affected by, program outcomes. PHE approaches explicitly recognize that people and communities are inextricably linked to the ecosystem in which they live and are hence key to a program’s success.

Mrs. Pascasie Butoyi from Burundi hosts PHE stakeholders at her home. Here she is showing the importance of having hand washing facilities next to toilets.

Photo By Daniel Adero, 2017
My home is just adjacent to the demonstration site leased out by the Dushigikirane Community Driven Development (CDD) group. Whenever I saw the members convene there weekly, I got curious to know what they used to do at the site every day. One day in January 2016, I passed by. I was warmly welcomed by Ms. Gloriose Nduwimana, one of the PHE champions and a member of the Dushigikirane CDD. Since then the PHE champions made it a habit to always pass by my home when coming to their site to carry out their usual activities of watering their tree seedlings, tending the kitchen garden, checking their fodder, tilling their contour, and more.

In February 2016, I started with putting up a kitchen garden in front of my house, and this has transformed the standard of living in my family. My husband got interested, too, when she saw me putting this up, and he joined to help. I planted cabbages, tomatoes, and kale all on a very small piece of land. We had been informed of the need for a kitchen garden by PHE champions. To better our nutrition, we bought a hybrid goat. We maintain a very clean well-made dish rack at the back of our house where we have planted agroforestry trees and done fodder on contours towards the valley at the back of our homestead.

My first harvest of cabbages shocked me. I harvested one cabbage that weighed 5.5 kilograms—something that I had never seen since I was born. I have never bought vegetables, tomatoes, and onions for our family consumption since I started practicing PHE.
Mbuke John
PHE Champion, Maswa District, Simiyu Region
United Republic of Tanzania

PHE has helped me a lot. It has educated me, and my family has become better due to the program. Initially, my family used to stay in a very harsh and tough environment. But since I joined PHE, life has changed. We have improved our nutrition. Our environment has improved. How we bring up our children had changed. I adopted kitchen gardening, and through that, I have been able to constantly get an income from the sale of produce. With these proceeds, I started saving and constructing a better house. I used to stay in a very bad house where we were being rained on. Now I have built a house, and my children and I no longer need to worry when the rains are coming.

PHE for me is people, their lives, and their environments. PHE sensitizes and educates people from ward to ward on keeping environments clean, having toilets and bathrooms, tip taps, compost pits, family planning, nutrition, and how to bring up children and healthy families. Out of PHE, I have adopted sunflower farming. With our simple machine, we are able to extract our own sunflower oil, and now I am sensitizing my community on sunflower farming, both for family and commercial use. PHE in essence has helped make my life better. We do not fall sick rapidly as before, our environments are clean, and, more so, I have a better family.
I’m a community leader. At the same time, I work as a pastor. I work with the Pentecostal Evangelist Mission of Africa Church. At the moment, I’m the chairman and PHE champion. We do a lot of sensitization with the community in regards to family planning, health, and conservation.

The first time I got involved in PHE was in 2015 when I met with Dr. Doreen from the Lake Victoria Basin Commission. She came to visit Mt. Elgon National Park, and as team leader, I was told to invite groups that were working in Mt. Elgon National Park to attend a training in Kitale.

What interested me is how the family or the community can be involved in family planning, in conservation issues, in terms of tree-planting, health, and education. The community has responded well. When you talk about family planning, some people do not want to hear about it. But now since we normally have dialogue meetings monthly, we have tried to sensitize and educate them in terms of having little families so that they may be able to educate and feed them.
Before PHE was introduced to us, most of us had little or no clue about some of its components, including environmental conservation. We were just farmers, and we would just dig all over along the river banks and within our own compounds without any particular style. We did not care about conservation, even tree planting. But now the PHE project has helped me in a great way. It has exposed me to many things like family planning, family health, good nutrition, and tree planting. I have also learned about the importance of conserving the environment. Right now in my compound, I have started a bee-keeping project as a result of the lessons I learned from PHE. Personally I can attest that the PHE project is very good and has helped me in my own personal aspirations.

I have a family of six: two children, my mother, and my niece. I am able to take care of them because the expenses for our needs are not so much due to planning. My firstborn is 13 years old, and the second is one year and four months. Because of the proper spacing, I am able to take care of them easily as opposed to if I had many children who were not properly spaced. I would not have been able to educate them and provide for their daily needs.
COMMUNITY MEMBER

Kakai Sylvia
PHE Champion, Mt. Elgon National Park (Lake Victoria Basin Commission) Republic of Uganda

PHE has changed my life: I am healthier now, my children are healthy, and we have peace in our home. I used to give birth yearly before adopting family planning. I learned about it at a PHE sensitization and training workshop organized by the Lake Victoria Basin Commission. My children looked malnourished, and people ridiculed us.

Since 2014 when I became a PHE champion, our lives and our family have changed. My health has improved, I have regained my body weight and my face is shining once again. Now my children are healthy—even my husband—we are healthy. Now we know the benefits of family planning. In our group, we are doing nursery beds and are planting coffee and banana trees. We are also teaching the community about soil and water conservation. People now know how to manage their land. We are teaching the community about energy-saving stoves. We are also doing income-generation activities like village savings and credit. Now all the members in the whole sub-county, they are coming out of poverty.

When I trained as a PHE champion in 2014, I went back and mobilized my Village Health Teams, and we formed a group called Wushuyo Village Health Team, a farming and tree planting group. By that time, we had 30 members, and right now, we have 62 members. Most of the mothers are now going for family planning methods, especially injectables, and they know how to use condoms. The younger mothers know very well how to use female condoms.
The communities living around Mt. Elgon National Park in Kapchorwa, because of the growing population, used to encroach the park for hunting and for firewood. They created a very big conflict between the communities and the park rangers. They looked at each other as enemies. That was before the launch of the PHE program. As a result of the training this program provided for the communities and the environmental conservation agencies in 2015, PHE champions were identified and trained.

Before the training, these communities living adjacent to Mt. Elgon National Park had never learned anything about health. There was poor hygiene and sanitation. People did not have latrines. They just used to go to the forest. Mt. Elgon has a water tower that serves both the Kenya side and the Uganda side. So when these communities defecated in the forest, when it rained, all the human waste moved to the water bodies, and after that, the communities went there, fetched water, and drank. The consequence was that there were a number of communicable diseases like cholera, diarrhea, scabies. Most of the time, you’d find them going to the hospital. The same communities do not know to boil water. When the program came in, many communities were sensitized to promote health. When we maintain health, we reduce 80% of diseases, which come through poor hygiene and sanitation.

Another challenge we are facing is how to reduce the poverty level. Many girls drop from school when they are still very young, and they get married. Because of the poverty level, they find somebody who is rich. The rich people give these girls money, and you find girls getting married. We are now advocating for an option to ensure that poverty in these communities in Mt. Elgon National Park is addressed.

The LVBC PHE program is being implemented in two districts in Uganda—Kapchorwa and Mbale. We are seeing that the program is good and just needs to be strengthened and scaled up more than the level where we are, such that even the communities where the program is not being implemented can also learn.
PHE programs improve health and enhance community resilience, by balancing environmental protection, natural resource management, and health practices, including family planning.
The Lake Victoria Basin Commission (LVBC) works with program staff at various governmental and non-governmental organizations in program design, implementation, monitoring and evaluation. These implementers have an intimate understanding of the needs and priorities of the communities in which they work, and their program experience yields a wealth of knowledge and lessons learned about what works, what doesn’t, and why.

Kitchen gardening in Burundi.

Photo by Daniel Adero, 2017
The environment from where you harvest the food—you need to take care of it like you take care of yourself. It feeds you; feed it back. I came up with a project of planting fruit trees in the communities in Bugesera. There are many water bodies in this part of Rwanda, and we have the highest food insecurity in the country. This is the most waterlogged place in the country. We get floods when it rains, and we get drought, and people go without food. When you plant trees—simple science and photosynthesis—the trees take the carbon dioxide. They give you food.

I grew up as a refugee child without a mom and dad. I used to graze cattle when I was six years old in the village where I grew up. Imagine a person not able to get medication, a person sleeping on an empty stomach. A person failing to get a blanket. A person failing to get shelter. I know it. I know how it feels. I can’t stand it. Every day I wake up and ask myself, “How much am I contributing to the welfare of other people?” That’s why I wake up to go to work every day.

We cannot do without nature. We are nature. And nature is us. We need to take care of each other. That’s PHE for me.

My project emphasizes enterprise through income-generation activities. There’s no way you’re going to ensure a sustainable livelihood for people where they do not have financial resources. For ladies—for example, mothers who are pregnant—they need to access facilities and services. That requires money. To have a sustainable education system for community, you need to have money. To be assured of nutrition and food security, you need to have money as well. The reason we’re emphasizing that these environment projects are sustainable for income generation is to have financial sustainability for a project.
I’ve been working for the past three years as a Team Leader on a PHE project called Endangered Ecosystems of Northern Tanzania. We are operating in 20 villages now. We are working with the Maasai pastoralists. People in that landscape are resistant to changing some of their health behaviors, but since the project began, I have seen some changes in latrine uptake. Some of the bomas did not have latrines, but now people are building them along with tip taps for handwashing. They are also trying to change their understanding and are more motivated with family planning. The groups that run local Community Conservation Banks (conservation-focused savings schemes) provide an occasion for people to discuss family planning. Through these kinds of talks, people get briefed, and they understand issues better, which brings positive results. To me, PHE is generally integration, like having various pieces, and then trying to put them together for the betterment of our lives. I have been working in the Maasai landscape for 10 years now. Being with the pastoralists, getting to know more about their ways of life and serving their needs, keeps me motivated and moving every day.
I was born in Mirama, Bugendana Commune, Gitega Province, in Burundi. Over the years of my work, I have been involved in the field of sustainable development and humanitarian aid. Population, Health, and Environment is one of the key projects at Association Villageoise d’Entraide et de Développement Communautaire (AVEDEC). AVEDEC is a local non-governmental organization which works in Burundi and focuses on drinking water supply, hygiene and sanitation, environment and food security.

The PHE project is considered as an entry-level approach to sustainable development because it encompasses the three essential dimensions for the development of a household with immediate and tangible results.

Since we started our PHE work, I have witnessed great results amongst the communities where we work. Rampant cases of diseases such as diarrhea and water-borne diseases have reduced significantly; agricultural production has increased amongst our members; and school dropout rate for girls, has really improved. All of this is based on the sensitization being done by our PHE champions. Family health has also improved due to work done on promoting good nutrition of children and the entire family. Other benefits from our PHE work have been recognized in improved and better use of natural resources; increased and sustainable household income through promoting income-generation activities; greater health services access as witnessed in increased health facility delivery; and increased community participation in general development issues.

Our work in PHE is aligned to our core activities and entails many activities including:
• Construction of hydraulic works—water sources, water supply system;
• Support to water management and governance;
• Capacity building of water users on the construction and maintenance of hydraulic structures; and
• Awareness creation on the promotion of hygiene and sanitation amongst others.
Our main mandate is to provide sexual and reproductive health and rights (SRHR) services in both Kisumu and Siaya County. In our integration efforts, we talk about environmental sustainability, how to adapt to climate change, and how to encourage health-seeking behaviour towards family planning. We know, of course, that family planning is directly linked to population growth. The SRHR project has been an integrated project from inception although Family Health Options Kenya (FHOK) has been mostly dealing with health programs and projects.

One of the key challenges in most African countries is rapid population growth. One of the ways to effectively deal with this issue is through talking to community members about family planning, sensitizing them, and creating awareness for them to be able to take up family planning. We know that if we are able to manage our population well, we will also be able to conserve our natural resources. That is how we link SRHR to environmental issues.

PHE is a good model. First of all, it saves time, because when you go out to a particular community to talk about PHE, you talk about health, population, and environment at the same time. It also saves resources. Instead of a health official visiting a community, and then later an environment official visiting the same community, PHE takes these messages together, saving on critical human and financial resources. Integration works. It might take time for one to see the benefits, but integration is a concept that definitely works. All we need is more resources to enable us achieve much more.
Model households are our center of integration. Why do we say they are the center of integration? What is so different about PHE in the first place? I might come in with my health interventions, another person comes in with their conservation and environment interventions, and someone else comes in with their family planning interventions. We are all feeding into the same kind of goal at the end of the day. We are reaching these communities.

What makes PHE different from those silo approaches is the fact that we bring everything in one package. PHE, I’ve realized, responds to people’s needs. Because human beings are not silos. Human beings are integrated in a way, so my health needs, my environment needs—they are interrelated. For us to show the impact or the value of integration, it is very key that we do it starting at the household level. That’s how model households come in very handy for us as the center of integration.

Every home in every community has the potential to become a model. But it’s all about the willingness and the understanding of the people in that household—especially the leaders in the home, whether a man or a woman. We need to have a champion in that home. When HOPE started with model households, we were looking at farmers’ households, because we needed households where we could put demonstration sites for agriculture, for WASH activities. We needed to see nutrition in the home. We needed to see a home that has improved health indicators for a child, for a mother. So we started looking at: Does this home have, for example, a pit latrine? Are they able to have hand-washing facilities? Are they able to have some bit of agriculture where a home that is not part of the project at this point can come and learn from?

That is how we started off. We have evolved over time. After the first year working with those homes, we had a meeting with the model households, and they agreed to grade themselves. Why did we do this? We didn’t want them to reach a point of comfort where they would think, “Everyone is a model home, or each one can be.” But we wanted to see them grow and grow and grow. And we also didn’t want to discourage those who were saying, “I don’t have enough land.” “My house is on a small plot.” “I cannot do this.” “I can’t do that.” We wanted to encourage those ones that felt they were not worthwhile or they couldn’t, and say, “You cannot be like X or Y, but you can start as A.”
SPOTLIGHT

EALA
East African Legislative Assembly

The East African Community (EAC) is an intergovernmental organization composed of six countries in the African Great Lakes region in eastern Africa: Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda. The East African Legislative Assembly (EALA) is a sub-organ of the larger East African Community, being the legislative arm of the Community.

PHE induction for East African Legislative Assembly (EALA) and National Parliaments within East Africa.

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