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COMPENDIUM OF EVALUATION FINDINGS

SUSTAINABILITY OF HEALTH CARE SYSTEMS

USAID assistance in health, nutrition, and family planning is intended to result in continuation of supported activities and benefits long after USAID funding has ceased. Ten contextual and project-specific factors are significantly associated with sustainability. Four factors—two of each type—are most influential: political environment, economic environment, perceived project effectiveness, and integration of the program or project activity into existing institutional hierarchies. Other factors influencing sustainability are strength of the implementing institutions, national commitment to identified goals and objectives, established financing, a training component, mutually respectful project negotiation, and community participation.

Background

USAID and its predecessor agencies have funded health-related assistance activities for more than 50 years. Some activities, such as the smallpox vaccination program undertaken with the U.S. Centers for Disease Control and Prevention and the World Health Organization in 1965-1967, were highly successful. Others, though successful in achieving objectives laid out in project assistance documents, did not have a measurable lasting impact on the health status of people in the USAID-assisted countries or on their health care systems.

In the mid-1980s, as the Agency began to devote greatly increased resources to both continuing and new health-related programs, the sustainability of all its assistance programs also became a major USAID concern. "Sustainability" is defined as continuation of program/project benefits and activities at least 3 years after termination of U.S. funding. To assess sustainability of health-related activities, CDIE reviewed U.S. assisted health, population, and nutrition programs undertaken between 1942 and 1988 in six countries: Guatemala, Honduras, Senegal, Tanzania, Thailand, and Zaire. The study identified factors that were associated with sustainability in at least three of those countries. The resulting report, *Factors Influencing the Sustainability of U.S. Foreign Assistance Programs in Health 1942-1989: A Six Country Synthesis* (November 1990), serves as the basis for this summary. More recent assessments of USAID's child survival and family planning programs reinforced many of these earlier findings.

Findings

• **Four factors most influential.** Two contextual and two project characteristic factors share top billing in terms of their influence on sustainability. They are economic context, political context, perceived project effectiveness, and institutional integration. Other factors are training, mutually respectful project negotiation, strength of the implementing institutions, national commitment, and community participation.

• **Economic and political contexts highly related to sustainability.** Associated with sustainability in all six countries studied, the economic and political contexts exerted a greater positive influence on sustainability than did the other two contextual factors. For example, Thailand's impressive economic progress and political stability contributed to the sizeable momentum achieved in health sector development. In contrast, weaknesses in the economies and governmental institutions of Tanzania and Zaire probably resulted in fewer clearly sustained activities and in activities sustained at lower levels of effectiveness than in the other countries.

The economic context included income levels, balance of payments, debt situation, institutional and capital endowment, and economic infrastructure. The political context encompassed governmental infrastructure, ability to collect and channel revenues, established administrative routines, skill levels of officials, decentralization, and governmental capacity to develop policy and plan and manage activities.

• **Effectiveness and integration strongest of the six project characteristic factors.** Both effectiveness and integration were associated with sustainability in all six countries. A project's ***reputation*** for effectiveness was key to sustainability, regardless of the scientific evidence to

support that perception. When available, evidence was typically in the form of outputs produced: health workers trained, facilities built or in operation, and consultations or other services delivered.

Sustainability was significantly more likely when projects were integrated into existing institutional hierarchies rather than operated either as an administrative hierarchy separate from the usual national implementing agency or as an autonomous unit within the existing structure. Vertical projects failed to develop a wide net of interested administrators, often relied heavily on foreign funding, and tended to generate institutional jealousies and turf fighting—all of which made such projects vulnerable to discontinuation once external support ceased.

- **Institutional strength and national commitment also important contextual factors.** Each factor was associated with sustainability in four of the six countries reviewed. Projects less likely to be sustained were implemented by weak, fragmented institutions with competing objectives, poor leadership, low skill levels, and unresponsive bureaucratic centralization. Although some projects implemented by weak agencies were sustained, they were not very effective.

National commitment to project goals is determined by a consensus among important decision makers and interest groups that the goals and objectives of a project are a national priority.

- **Financing and training also important project factors.** Each was associated with sustainability in five of the six countries studied. Most often, but not always, project sustainability seemed dependent, in part, on whether sources of funding—governmental budgets at various levels and/or cost-recovery mechanisms requiring payments from beneficiaries—were developed during the life of the project.

Projects with strong training components tended to continue after external support stopped. Subsequent to termination of foreign assistance, trainers tended to continue to train others and trainers and trainees formed constituency groups demanding continuation of the activity.

- **Respectful negotiation and community participation also related to sustainability.** In four of the six countries, projects that national officials considered imposed by USAID were less likely to be sustained than were those designed and approved through a mutually respectful negotiating process involving give-and-take between USAID and the host government.

Community participation influenced sustainability in three of the countries. However, its influence seemed indirect, in that it affected sustainability by enhancing the strength of other factors, for example, the willingness of beneficiaries to pay for services and assume some of the recurrent costs.

- **Health services were more sustainable** than other health-related projects. Ranked in descending order of their sustainability were health services, water projects, malaria control, nutrition, and family planning services. That ranking applied to all six countries studied.

Recommendations

- **Support long-term efforts to address both the economic and institutional contexts of health projects, at least in Africa.**

- **Integrate activities into established administrative structures.** The risks of creating a new, separate vertical unit with its own hierarchy, staff, and goals are great. If activities are not integrated at the outset, plans for their eventual integration should be incorporated into the project's design.

- **Aim for effective project implementation.** Pay attention also to the *perception* of project effectiveness by the beneficiaries and by local and national governmental officials. Constituent creation is important for continued funding, whether by government or by cost-recovery from serviced populations. Include base of continuing financial support in project design framework. Design projects so that national budgetary and/or cost-recovery mechanisms provide an increasing level of project funding throughout the life of the project and beyond.

- **Negotiate project design within a mutually respectful process of give and take,** and avoid actions which could lead to perceptions that the project is being imposed by USAID.

- **Include a strong technical training component in projects.**

- **Ensure significant community participation,** in part as a means of encouraging cost recovery and acceptability of services. Participation seems especially important when governmental institutions are weak or when changes in attitudes or behaviors are important for health improvement.

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