

Sustaining Child Survival: *Many roads to choose, but do we have a map?*



**Background document for the Child Survival
Sustainability Assessment (CSSA)**

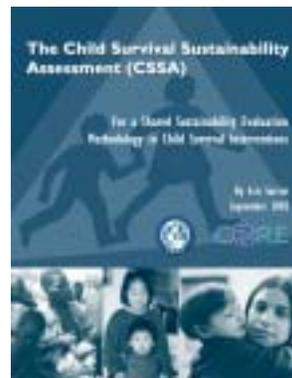
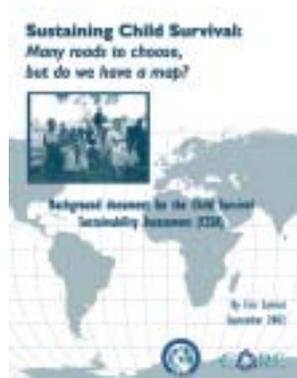
**By Eric Sarriot
September 2002**



“Sustaining Child Survival: many roads to choose but do we have a map?” presents the context, design and results of the CORE-CSTS Sustainability Initiative Study from which the Child Survival Sustainability Assessment (CSSA) methodology is built.

The CSSA is presented in the following volume of the Sustainability Initiative: “The Child Survival Sustainability Assessment (CSSA): For a shared sustainability evaluation methodology in Child Survival interventions.”

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The Core Group, a membership association of U.S. NGOs, strengthens local capacity on a global scale to measurably improve the health and well-being of children and women in developing countries through collaborative NGO action and learning. For further information on the Child Survival Collaborations and Resources Group, please visit the CORE website: <http://www.coregroup.org>*

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PREFACE

There are few qualities more sought after in health and development programs than the sustainability of our interventions. Child health professionals in the PVO child survival community have little interest in temporary results. They strive for improved health and health behaviors that significantly outlast the programs. No concept is more debated, often generating more heat than light, or is conceptualized in more diverse ways. We all talk about sustainability, value and desire it, work hard to attain it, and struggle to find indicators that will demonstrate it. But, are we all talking about the same thing? Webster's New World College Dictionary, third edition, gives eight definitions of the word "sustain." Each gives an insight into what development professionals understand sustainability to be:

1. "To keep in existence; keep up; maintain or prolong"—This is the "impossible dream" of sustainability. All projects come to an end. We have to accept that in no case will every one of the good things we are doing continue after the project end point.
2. "To provide for the support of"—We sometimes flippantly attribute to our donors the sustainability definition: "Find another donor." The ability to find other sources of support, however, is indeed valid evidence of strengthened capacity. A prime means of achieving sustainability is to strengthen local partner ability to obtain support from diverse sources.
3. "To support from or as from below; carry the weight or burden of"—This is a beautiful way of expressing the concept of local or community ownership. We wish that all development programs would result in support from below (the community and family) rather than dependence on support from above (government, donors, PVOs/NGOs).
4. "To strengthen the spirits, courage, etc. of; comfort, buoy up; encourage"—Sustainability at the community and family level has more to do with attitude and motivation than technical factors. The best gifts we can give to our community partners are hope and belief in themselves.
5. "To bear up against, endure, withstand"—If it were not for adversity, development programs would not exist. Often, in severely deprived areas, the fact that any part of a project continues is sufficient to claim sustainability.
6. "To undergo or suffer [an injury, loss, etc]"—In "failed" programs, there is always some retrievable value, even if the program only lives on in "lessons learned" that make other programs more effective.
7. "To uphold the validity or justice of"—Ongoing advocacy is a wonderful manifestation of sustainability.
8. "To confirm; corroborate"—An axiom of evaluators is "If it is not documented, it did not happen." There are an incredible number of good things done in child health development programs that need to be unveiled. If it is not documented, it did indeed happen, but will not lead to donor support, will not receive deserved acclamation, will not be learned from, and will not be replicated.

Health care processes do not continue after completion of programs unless effectiveness is demonstrated in improving health in the community, nor is health positively impacted without establishment of good health care processes. Community partner capacity is not strengthened without enablement of effective interdependent relationships, or vice versa. A truism in sustainability is that "You can't have one without the other." The interconnectedness of sustainability extends to governmental policies and processes, and to economic, environmental, and social factors. Sustainability is a complex concept with many

interconnected facets. ADRA and others in the CORE Group of child survival PVOs, with assistance from CSTS, are working to define sustainability in a way that will make the concept clearer, and of more practical use. The framework presented in this document is a significant step in the process. It is the hope of all of us in the child health and development community that, as the concept of sustainability evolves, it will not be a mere intellectual exercise, but will result in improved health of mothers and children in developing countries.

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The open and supportive environment created by Kate Jones and her team at USAID, has a good deal to do with the fact that it was started at all.

I am deeply indebted to all my colleagues at CSTS, who have suffered much abuse along the long process of this work. Particular thanks to Deborah Kumper for assistance only equaled by patience and understanding.

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LIST OF ABBREVIATIONS

AI	Appreciative Inquiry
CBO	Community Based Organization
CBD	Community-based distribution
CHC	Community Health Committee
CDD	Control of Diarrheal Diseases
CHW—CHV	Community Health Worker—Community Health Volunteer
CS	Child Survival
CSGP	Child Survival Grants Program—administered by USAID/DCHA/PVC
CSSA	Child Survival Sustainability Assessment
CSTS	Child Survival Technical Support project
CORE/the CORE Group	The Child Survival Collaboration and Resources Group—a coalition of US-based PVOs working in Child Survival
DHT/DHMT	District Health Team / District Health Management Team
DIP	Detailed Implementation Plan (a document developed by a CS project after the award of a grant)
FP	Family Planning
HIS	Health Information System
IMCI	Integrated Management of Childhood Illnesses
c-IMCI	Community based Integrated Management of Childhood Illnesses
f-IMCI	Facility based Integrated Management of Childhood Illnesses
ISA	Institutional Strength Assessment – an organizational assessment tool developed by CSTS to assess the capacity of a PVO to support Child Survival projects
IUCN	International Union for the Conservation of Nature
JHSPH	Johns Hopkins School of Public Health
KPC	Knowledge Practices and Coverage survey; a basic tool to assess the health situation on Child Survival indicators
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NGO	Non Governmental Organization (in USAID/BHR/PVC language, used in this document, refers to local organizations, as opposed to PVOs.)
PCN	Pneumonia Case Management
PLA	Participatory Learning and Action; a participatory approach to conduct evaluation and to engage actions with communities.
Rapid CATCH	A selection of 13 Child Survival indicators suggested for use in all projects, by CORE and CSTS.
PVO	Private Voluntary Organization (in USAID/BHR/PVC language, used in this document, refers to US-based non-governmental and charitable organizations)

LIST OF ABBREVIATIONS

RFA	Request for Application—an annual document issued by USAID/DCHA/PVC to solicit PVO applications for CS projects and provide guidance
RH/FP	Reproductive Health/Family Planning
SPSS	Statistical Package for the Social Sciences
UNDP	United Nations Development Program
USAID	The United States Agency for International Development
USAID/BHR/PVC	USAID/Bureau of Humanitarian Response / Office of Private and Voluntary Cooperation (until 2002)
USAID/DCHA/PVC	USAID/Division of Democracy, Conflict and Humanitarian Assistance/Office of Private and Voluntary Cooperation (since 2002)
VHC	Village Health Committee

EXECUTIVE SUMMARY

“The sustainability concept we adopt has consequences: our interpretation of the concept directs our focus to certain indicators at the neglect of others.”

—Bossel; Report to the Balaton Group (1)

“The development of models and indicators, which will achieve reliability and validity, requires sound and rigorous qualitative research.”

—McKinlay; The promotion of health through planned sociopolitical change: challenges for research and policy (2)

This report describes in detail the context, design and results of the CORE-CSTS Sustainability Initiative—a qualitative research effort led by the Child Survival Technical Support Project (CSTS) and the Child Survival Collaborations and Resources Group (CORE) to improve the approach to sustainability, its evaluation and planning, in the PVO (Private Voluntary Organization) Child Survival community.

SUSTAINABILITY IN THE CONTEXT OF CHILD SURVIVAL

Sustainability has been a major concern of international health program professionals for a long time, but most notably since the 1990s. (3-5) It is of particular importance to the Child Survival projects operated by Private Voluntary Organizations (PVOs) under the United States Agency for International Development (USAID) Child Survival Grants Program (CSGP), as these projects target child mortality in some of the poorest countries and regions of the world. Private Voluntary Organizations (PVOs) have been implementing child survival (CS) projects in developing countries through the CSGP since 1985.(6;7) The need for effective community-based Primary Health Care (PHC) programs to become sustainable and reach scale has led to increasing emphasis on project sustainability. (6;8-11) This increased emphasis has, however, met unequal results: (6;7)

- On one end, CS projects have considerably evolved over the years. They have moved away from direct implementation to work through strategic partnerships, capacity building, and efforts to enhance the financial sustainability of basic services. (7) End-of-project (11;12) and post-intervention case studies(13) also describe some positive results of PVO projects in terms of sustainability.
- On the other end, echoing the recurrent literature’s questioning of sustainability of Primary Health Care programs (3-5;14), a recent review of CSGP projects found that most projects had not satisfactorily addressed the problem of sustainability of health services and functions by the end of their grant period, according to their own evaluation reports. (7)

Finally, the advancement of a research agenda and the improvement of evaluation systems have been hindered so far by the lack of conceptual clarity that has clouded the evaluation of sustainability in CS programs.(15)

THE CORE-CSTS SUSTAINABILITY INITIATIVE

These observations gave CSTS and CORE the impetus to launch the CORE-CSTS Sustainability Initiative, a qualitative research which included the following steps:

- A systematic review of the literature,
- Content analysis of 21 interviews led with leading CS practitioners in the PVO community,

- A questionnaire—the Critical Issues survey—administered to 50 CS professionals associated with CORE or the PVO community,
- A project sustainability self-assessment questionnaire sent to two groups of CS project managers.

LITERATURE OVERVIEW

The literature makes a strong case for the relevance of sustainability in child health interventions, with the general observation that sustainability of health programs in developing countries remains an unresolved issue in many ways. (4;14;16) The value of sustainability is based in large part on concerns for the welfare of future generations in a universe with finite resources at our disposal, very much in line with the thinking that has emerged about sustainable development.(1;3;17-19) This somewhat self-evident reason to give proper emphasis to the issue of sustainability is amplified by considerations specific to health programs in developing countries. (16)

A good deal of effort has been placed on clarifying definitions and proposing models for the exploration of sustainability. (3;4;16;20;21) Different conceptual approaches (definitions) support the development of different models. Models are essential to representing a complex reality, exploring relationships and predicting outcomes. (22) They are essential to the development of meaningful research questions, or the definition of indicators of complex processes such as sustainability. (1;3;18;19)

The first definitions and models—largely based on Bossert’s landmark research—focused on institutionalization. (4;23) Subsequent definitions have evolved to become more relativist, open to a greater variety of mechanisms for maintaining health benefits to a population. (5;24-26)

Some of the models, for example those influenced by the health promotion movement(27), emphasize community processes of appropriation as the main driver of sustainability. (28-30) We found the model of Shediak-Rizkallah to be the most appropriate to start our investigation because of its openness and clarity. (16)

While all these models offer some insights into programmatic approaches to sustainability and may be applicable to Child Survival projects to a greater or lesser extent, they have, however, very seldom been used effectively for evaluation and research purposes.

In terms of evaluation research, our review of the literature has identified two groups of publications of interest: first, landmark studies of the sustainability of health programs in developing countries and, secondly, studies that provide insights into original methodological directions for evaluation and research on sustainability.

Bossert and Lafond identified national program-level and external aid factors of sustainability. (4;5) Different authors provide additional and overlapping insights into factors of sustainability in community-based interventions, through individual case studies or reviews of groups of projects. (12;31-42)

Researchers have not only tried to identify the determinants of sustainability, but also to demonstrate that sustainability can be observed at all. Of note is the recent post-intervention sustainability study in Bolivia and Bangladesh, where Seims found evidence of sustainability from PVO operated CS interventions: (13)

- continuation of project activities as long as ten years after the end of funding,
- capacity built in the (US) PVOs with expansion of activities in new countries,

- creation and development of (local) NGOs,
- institutionalization of lessons within the countries' Ministry of Health (MOH),
- continued activities of community organizations and volunteer health workers,
- sustained impact in communities.

The last level of research and analytical efforts addresses measurement and predictability. Most research on sustainability applies case studies, reviews, and exploratory qualitative approaches. Very few studies have been designed to make use of statistical tools of investigation. Such studies face obvious limitations in developing a satisfactory sample size, when projects are the units of analysis. They are also constrained by the limited number of variables that can be managed in complex analytical models, especially with small sample sizes, and the generation of valid quantitative variables to represent the elements of the analytical model.

Some of the efforts to improve evaluation standards and provide some means of predicting the likelihood of sustained outcomes have been directed at the development of sustainability indexes, including through statistical regression models. (43;44) Building indexes is a possible step for bringing sustainability studies from exploratory research to evaluation, and to tackle the question of predictability: how likely is it that a program assessed today will have sustained results tomorrow? Experiences of this type have been conducted in family planning programs (43), but not in Child Survival.

Overall, there is still only limited empirical research on the sustainability of primary health care and community-based health programs in developing countries, and the existing models have seldom been used to advance evaluation research or planning efforts. Two observations can be made about the advancement of a "sustainability agenda" in primary health care:

- Tools are slowly being developed, in and out of the PVO community, to address issues related to sustainability (for example institutionalization and capacity building (45;46), community ownership, participation and competence (47-49)).
- At the same time, it is apparent – both from our literature review and from debates within the PVO community – that organizing the questions in a manageable framework and allowing comparisons and heuristic learning has become a necessity if progress is to be made on the research questions being asked by CS professionals. (15;33) Specific yet shared models are needed, if only because "when indicators are chosen in a conceptual vacuum, it is very difficult to tell how important or how relevant they are to what people want to achieve."(50)

The CORE-CSTS Sustainability Initiative study was initiated in September 2000 and conducted in the context of a daily involvement in the experience of the PVOs through CSTS' relationship with CORE, individual PVOs, and the CSGP as a whole. The research aims were exploratory and the approach highly participatory, from the definition of the study aims and questions, to the development of the tools. Its central question was, Can a common framework be developed, allowing for the expression of diversity, yet allowing PVOs to assess performance on sustainability, share lessons, and have a leading role in the sustainability agenda?

Results are presented for the informant interviews and survey on critical issues, on one end, and for the project sustainability self-assessment on the other, before synthesizing the salient lessons that can be applied to the development of a tool.

RESULTS OF THE INFORMANT INTERVIEWS AND SURVEY ON CRITICAL ISSUES

The analysis of our informant interviews and responses to the critical issues questionnaire provide useful lessons on the relevance of and questions about sustainability in our community of investigation, on PVO strategies and results which advance sustainability, and on the parameters of evaluation that should be taken into consideration.

RELEVANCE OF SUSTAINABILITY

The relevance of sustainability to the Child Survival agenda is unanimously recognized and it is strongly rooted in the finality of CS projects' service to communities in need. For example, respondents to the critical issues questionnaire almost unanimously agreed with statements making sustainability part of what makes a project "truly effective."

It is not the importance of sustainability that leads to expressed skepticism, but our ability to address it programmatically through projects in a meaningful fashion and in all circumstances. Forty-three percent (43%) of the critical issues (CI) survey respondents think that, "a project approach to health programs in developing countries is not compatible with high expectations for the demonstration of sustainable results."

Reservations are expressed about what the focus of a project should be in different situations. The sense of the community's needs, for example, comes unsurprisingly as a foundational value of our PVO respondents and informants, even for some of those endorsing sustainability as a *sine qua non* of project funding. A small majority of respondents think that PVOs should not work in situations where sustainability is "clearly an unreachable goal." A larger majority considers that "direct implementation of interventions by PVOs is necessary when all other stakeholders are either unable or unwilling to serve the needs of a specific disfavored population."

Additional concerns are expressed about the risk of a disconnect between what sustainability should mean for the communities and how it can be translated in bureaucratic requirements.

"[If] it's just to salute the objectives and the requirements of data reporting, I think it's meaningless, ... It doesn't empower the people. I mean those are the things that have to change, and I'm becoming more aware of that ... I'm finished with writing picture perfect reports."

STRATEGIES AND RESULTS

Working through partnerships and building capacity are central strategies for US-based PVOs trying to achieve sustainable health results. Three primary types of partners are essential to consider—Ministry of Health (MoH) structures, local Non Governmental Organizations (NGOs), and communities (including community structures).

Partnership with MoH structures emerges both from necessity and opportunity: the necessity to overcome the risk of gridlock in project implementation and the opportunity it creates for sustained results. For most respondents, partnership with health districts is strongly motivated by the pursuit of sustainability. But immediate pragmatic concerns for implementation gridlock is at least equally important issue for half of our respondents.

Our respondents also recognize the need to coordinate CS interventions to national policies and priorities. This does not translate, however, into an unconditional demand for an alignment of PVO interventions behind government structures, particularly when the commitment of the latter is questionable.

Partnering and developing the capacity of local NGOs is recognized as a key strategy for sustaining child health, and this goes far beyond transferring basic technical skills for the delivery of services:

- As a strategy, NGO capacity building fits within the larger development of civil society and democracy, which will create the conditions that will improve the sustainability of Child Survival.
- Ninety percent (90%) of respondents believe that “building vision and commitment” in local NGO partners is “equally or more crucial to the prospects of sustainability” than developing technical and managerial capacity.

But capacity building for partner organizations in and of itself does not summarize sustainability.

“Capacity building and sustainability, in my mind, are very different in that sustainability -- if true benefits or some other important achievement are, in fact, being sustained – [is] inherently good. Whereas capacity is not inherently good, it has to be used effectively to contribute to a higher order result...”

Capacity building plays its part along with other developmental changes: Developing accountability between service providers and communities, for example, is a condition for improving the sustainability of interventions through supply and demand mechanisms (e.g. improving the quality of services). With this, comes a strong consensus on the fact that building relationships between stakeholders justifies a specific allocation of resources.

Improving the viability of local organizations is another important element influencing CS work in the long term. This relates to financial viability, but also to other issues defining a dependency profile of these organizations: organizational linkages and relationships for support, advocacy, access to information and technical assistance, etc.

“And in terms of sustainability, I’d want to look at how does the local Ministry of Health staff relate to those community institutions. Is there a strong link in terms of their working together? Are the community institutions supporting, say, the mobile clinics that the Ministry of Health workers have? Do the Ministry of Health workers depend and work together with these community institutions when they have to do Public Health education campaigns?”

The three questions from the critical issues survey—below—obtain a high percentage of agreement and illustrate some of the complexities that come in partnership for capacity building efforts.

CI Survey Statements	Agreement	N=50 (unless specified)
<ul style="list-style-type: none"> When local NGOs are built too quickly through a project, they can become dependent organizations and very unlikely to carry on their own vision in the future. 	88%	—
<ul style="list-style-type: none"> Developing the technical skills and management know-how of a local NGO partner is an immediate need for child survival projects, but—in terms of prospects for sustainability—building vision and commitment is an equally important or even a more crucial issue. 	90%	49
<ul style="list-style-type: none"> Increasing the demand for quality health services will not in itself improve the sustainability of health interventions, without developing the accountability of the health systems at the same time. 	96%	—

In terms of working with communities, our study participants—informants and respondents—generally convey agreement about four main ideas:

1. That whatever the level of enthusiasm for community participation may be, “buy-in” and ownership by the community is essential to sustaining efforts in Child Survival interventions.
2. That development in non-health sectors creates conditions favorable to sustainable health.
3. That communities are more likely to support health interventions strategies that are linked to *their* perceived development needs, health related or not.
4. That the development of community capacity, through community organizing and development, is essential to maintaining individual healthy behaviors and community engagement behind health issues.

There is a large consensus on the idea that using community participation to gather support for project activities without a true community development approach can be just as unsustainable as any other approach. This is translated in different ways, as illustrated by the general agreement to the two following questions.

CI Survey Statements	Agreement	N=50 (unless specified)
<ul style="list-style-type: none"> Interventions relying on community participation (for example to mobilize human resources such as volunteers, promoters, club leaders, etc.), can be just as unsustainable as any other, if they are only driven by the desire to gather support for their activities, but are not grounded in a community development approach 	86%	49
<ul style="list-style-type: none"> Efforts to build the organizational management and communication capacity of community-based organizations (CBOs) will have important results for the sustainability of child health gains, because of the huge role they play in strengthening communication, support, and cohesiveness within the community of intervention 	94%	47

There is first—of course—recognition that the general conditions addressed by community development (poverty, education, agriculture, environment, community organization, etc.) have their own impact on achieving and maintaining health benefits. Our informants refer to literacy, agricultural and food diversification, and water and sanitation programs as examples of complementary development interventions which have increased the prospect for sustainable health benefits.

There is also an underlying belief in the potential of communities, a potential which can be enhanced or revealed through appropriate approaches, and which can sustain the health benefits at the community level. The following statement from one of our informants would be widely supported by others: “*with a little guidance, [if] you give people the opportunity, they’ll come up with plans better for them and their communities than we could come up with.*”

This leads of course to discussion of both participation and capacity building at the *community level*.

Community participation and ownership are mentioned numerous times in our interviews and are generally considered essential to the effectiveness and sustainability of interventions. The social and cultural changes represented by “community ownership” are essential to the sustainability of community-based health interventions. In projects involving Community Health Workers (CHWs), for example, community development work to establish community ownership, accountability, and incentives, is for many participants equally or more important than technical training and support of the CHWs. Sixty percent of our respondents consider that “long term community support and incentives need more efforts [to maintain the performance of CHWs over time] since technical supervision and training are insufficient.”

In terms of community capacity building, respondents were asked to state—on a scale—which of two different strategic approaches was most likely to improve the sustainability of a health intervention at the community level. Overall, 84% of our respondents supported community organizing as an approach more important (58%) or as important (26%) to sustainability than IEC (information education and communication) efforts to promote the adoption of appropriate health behaviors. This strong consensus behind the value of general community development to support long term health progress is reflected in the following quote from one informant:

“If ... our intervention has aimed at strengthening the way the community’s addressing that problem, then we’re going to be sustainable... If we are trying to change behaviors, in four years, we’re not going to be able to do that...”

On the evaluation of sustainability

A set of questions and comments from our informants specifically addressed the evaluation of sustainability.

Measurement is still problematic because of a perceived intangibility of sustainability, and because of the multiple dimensions and pieces that play a part in making health achievements durable. A difficulty in measuring sustainability is also identified by the agreement of a majority of our respondents (80%) to the proposition that long-term results of projects “*may only become obvious long after end-of-project evaluation has taken place.*” Finally, not only is sustainability difficult to measure, but—in the experience of our informants—it is sometimes quite unpredictable: a single uncontrollable event can undermine an entire strategy. On the other hand, unplanned-for local processes can dramatically and positively affect long-term prospects.

“And it actually turned -- it was completely unintentional in terms of where we would go next with it... It wasn't exactly a mistake, but it wasn't necessarily an intended strategy. So that was kind of an example for me about -- it became sustainable without meaning to be.”

Key directions from our participants for assessing sustainability can be summarized:

- Sustainability is inseparable from progress toward high level health and development goals.
“... when you go into a community they're not just concerned about health, they're concerned about other things. So if you can help them address various issues I think that's more sustainable.”
- Sustainable results represent progress between transitional stages, rather than the achievement of a fixed state.
- Any model of sustainability “has to work” for the local stakeholders. The best mechanisms for maintaining activities have no value unless they are meaningful in the local context and to the local stakeholders.
The solution... is one that the community says “Yes, this is a solution -- this is a problem we've identified; this is the solution we want.” We shouldn't use our standards for success so much. The model has to work.”
- Attribution of sustainable results to a single agent, intervention, or project, is unlikely to be realistic. Sustainability evaluation is strongly process-oriented and looking at projects' contributions to larger processes. There is relative consensus (77% agreement) on a complex statement offering that sustainability evaluation should try to assess a project's “*contribution*” to sustainability, and that attribution of results to “one single intervention or stakeholder” is a very difficult task.

A fundamental contribution of projects to processes that will sustain health gains is the development of enabling conditions and local opportunities. A series of nine questions in the CI survey asked directly which elements should be taken into consideration to declare a health intervention “sustainable.” The stronger agreement is for general conditions created by the project. The elements that received the highest level of recognition represent conditions improved by the project, which create an enabling environment for greater and lasting health impact (improving the functionality of local systems, creating opportunities, fostering interdependency and relations in local systems), rather than for those elements referring to immediate resource dependencies. Another illustration is that a majority of respondents support that sustainability means leaving behind a more functional (local) organization, with a greater ability to conduct its *overall* mission, and not just maintain the performance *directly* linked to the initial project activities (Table 1).

Table 1. Scope of capacity building through sustainability-committed interventions

Propositions:		
<p>“In a project partnering with a district health system in malaria control and management, a genuine commitment to sustainability means that—at the end of the project—the district system will be left with a greater capacity</p> <p>... to conduct malaria control and management activities effectively, regardless of the result for other areas of intervention of the health system</p> <p>- VS. -</p> <p>... to define its priorities and to perform more effectively in the wide range of areas of its mandate for service to the population</p>		
	Agreement	
<ul style="list-style-type: none"> • The project should affect more the larger organizational capacity than the activity-specific capacity. • The project should affect equally activity-specific capacity and wider-organizational capacity. • The capacity built should be activity-specific to a greater extent • (Includes: Capacity built should be totally activity-specific) 	<p>60%</p> <p>21%</p> <p>19%</p> <p>2%</p>	N=50

RESULTS OF THE SELF-ASSESSMENT

The Child Survival Project Self-Assessment Survey (SA survey) is the third and final component of the Sustainability Initiative. It targeted CS projects for which an evaluation phase was planned. Responses came back from 22 projects out of 42 (52.4 % response rate). Its aim was also exploratory, to examine project managers’ expectations about the sustainability of their intervention, and the perceived achievements on pertinent intermediary results.

The organization of the responding CS project has been working in the region of intervention in health programs for 8.6 years on average. Most projects (20/22) are planned within at least a two-grant cycle timeframe in a rural environment. The survey explored factors affecting achievements (project and organizational factors, as well as country and community of intervention factors), key project strategies, expectations for the sustainability of activities and benefits, and achievements on intermediary results.

On a scale from minus five (very negative) to five (very positive), project and organizational factors are assessed with a median score of respectively 2.4 and 2.2, while country and community factors have a lower median score of 0.7 each.

Eighteen out of 22 projects recognize a strong commitment to the project by the MoH. Some factors in the country and community of interventions are judged critically for a number of projects:

- Fourteen projects recognize a high level of instability among essential staff in its structure.
- Sixteen projects agree that “MoH cadres face a lot of external pressures competing with rational resource allocation.”

- Sixteen projects work in a context of “scarcity of qualified human resources.”
- Projects have faced internal political instability (10 projects), non-peaceful international relations (4 projects), or civil unrest (7 projects) during their implementation of the intervention.
- A little under half of our respondents (10 projects) identifies as a constraint the “diversion of funds or resources in organizations involved in health care and social services in the country.”
- The community of intervention did not have a “culture of participation and effective community organizing pre-existing the project” (9 projects) or a “culture favorable to addressing issues of gender in development” (13 projects).
- In terms of the economic situation perceived by project respondents, none can identify with conditions of growth and economic improvement for the poor, and 12 projects judge their situation as “poor with recent aggravation of economic conditions.”
- Conditions were generally perceived as very low on human development and modest on the respect of human rights.

In terms of strategies, all participating projects consider a wide range of stakeholders with a direct responsibility or supportive role for sustaining their accomplishments:

- Projects identify from five to 15 “active partners” (eight on average) as currently working with them.
- 20 out of 22 projects identify more than three groups as having a role in maintaining activities and benefits after the grant period.
- All projects see their role at least equal or more important in capacity building than in direct implementation. Four out of 22 projects do not take any direct implementation role at all. They engage in multiple partnerships in order to advance sustainability, in which local NGOs and CBOs play a key role.
- Most projects (18/22) see their capacity building role equally divided between technical and management issues.

An additional series of questions referred to the sustainability expectations of the projects and their intermediary achievements.

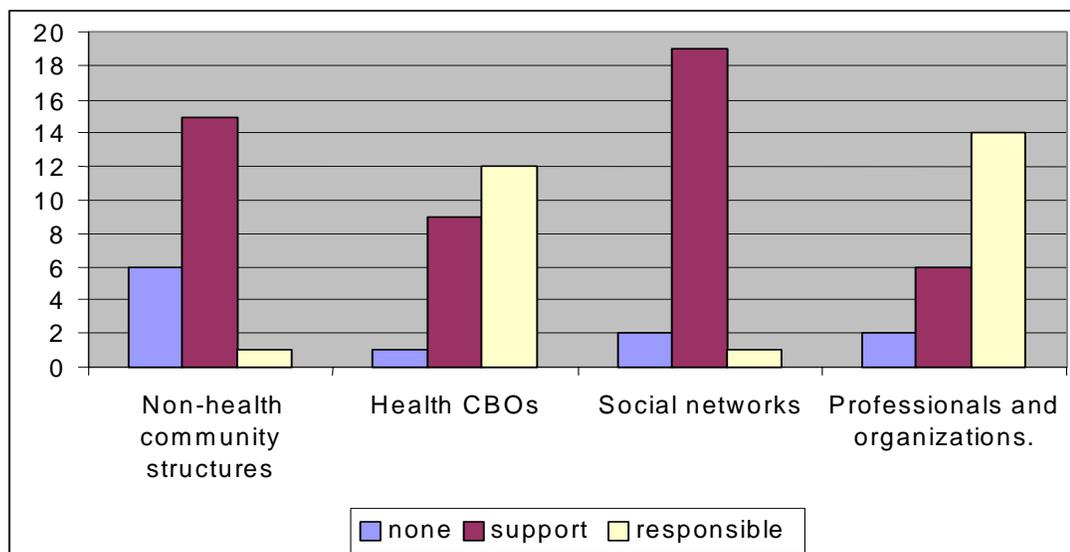
Overall, seventeen projects expect both activities and benefits to be maintained (Table 2).

Table 2. Expected project sustainability outcomes (N=22)

	Very Unlikely	Unlikely	Likely	Very Likely
Achieved benefits maintained or higher two years after end of grant	0	3	11	8
Activities continued two years after end of grant	0	2	11	9

The maintenance of activities beyond the grant period relies heavily on governmental structures and, in equal proportion, on local NGOs or CBOs. An important supportive role is given to social networks and community structures (cooperatives, schools, etc.) for maintaining the health gains. The role of these different structures is, however, mutually supportive and complementary, often sharing the responsibility of the activities in the long run (Figure 1).

Figure 1. Number of projects giving a role to community organizations, social networks and professional providers in the maintenance of benefits after the life of the project



The self-assessment addressed the project's achievements on intermediary results influencing the sustainability of their work. The questions were about the level of capacity achieved—in the project, in local organizations and communities—about the cultural acceptance of the intervention, and about the securing of long-term financial resources and equipment. Responses are generally skewed toward positive perceptions. Three of these elements, however,—partner capacity, securing resources, and maintaining equipment and structures—are assessed more critically by most respondents.

At the organizational level, there is a clear gap in assessed capacity between project and local partner (CBOs, NGOs, or health districts). Median capacity scores on a scale from minus five to five are respectively 2.7 and 0.3 for project and local partner. Among six organizational capacity areas, the most important gap between project and partner is in financial management.

At the community level, projects generally report improvements in terms of capacity and acceptance of the child survival behaviors. Most respondents, however, consider projects as sharing the responsibility for these community changes with other stakeholders.

Eighteen out of 22 projects report some measure of achievement toward financial sustainability through one of the following mechanisms:

- developing the experience of local partners in grant application and management,
- diversification of the sources of funding through a local NGO or CBO,
- developing the experience of local partners in fund-raising,
- increasing cost-recovery from service users,
- cost sharing of key activities by different stakeholders,
- improving the collaboration with the private (for profit) sector,

- improving government funding for key activities.

But only eight of these 18 projects feel strongly confident about these achievements. Overall, the median score for securing financial resources is low (0.4).

The essential findings of the self-assessment are the generally positive expectations for sustainability of a majority of respondents, in spite of difficult contextual conditions. Respondents generally have positive perceptions of their immediate project and PVO organizational environment, and report active and multiple capacity building efforts, at times disengaging their project totally from the implementation of activities. Achievements on building local partner capacity and in securing long-term resources are, however, generally assessed modestly and put respondents' expectations in question.

Additionally, although measures were limited to very exploratory self-assessment questions, these questions were relevant to all responding projects and revealed common critical areas of performance affecting maintenance of results.

CONCLUSION: APPLICABLE LESSONS FROM THE STUDY

This study provides many lessons and insights, from the opinions expressed in the interviews, areas of consensus and debate in the critical issues survey, and in the responses to the self-assessment. Diversity, limited predictability and multidimensionality characterize the range of PVO experiences with sustainability. Shared values and common elements of definition emerge, however, to give meaning to the concept in the context of Child Survival.

Some of the key lessons of the three study components can be summarized:

- Although it sounds like a tautology, the finality of child survival – improving the health of children, particularly children living in poverty – is a cornerstone of any health intervention claiming to be sustainable.
- There is not one linear model, but a number of approaches to achieve sustainable results. A final “sustained impact” is the result of complex and multi-dimensional interplay.
- There are strong external factors outside of the reach of projects and PVOs that influence sustainability. Measuring progress on these external conditions is a crucial part of assessing the prospect of sustainability in CS interventions.
- “Sustainable results” can often not be reliably predicted. They seem to be due to successful local “negotiations,” supported by favorable conditions which a project can *support*, but not necessarily *control*.
- Elements of definition for sustainable programs that gather a strong consensus from PVOs fit within the general heading of “creating an enabling environment”: “building functionality,” “creating opportunities,” or “developing relations and inter-dependency.”
- Capacity building in local partners is essential, but sustainability depends on many other factors. Increasing the viability of local organizations is another important element, whether it relates to financial viability, or other elements of an organization's “profile of dependency”: organizational linkages and support relationships, advocacy coalitions, access to information and technical assistance, accountability, etc.

- Improvements in social cohesion (e.g. accountability) or community competence and capacity need to be better understood and better evaluated, but are cornerstones of sustainability.
- The processes through which health information is diffused or services are provided are extremely important to sustain health gains. Quality, equity, efficiency, or technological appropriateness all contribute to (or constrain) the durability of these benefits.
- Helping a local system progress toward sustainable health becomes the pertinent role for projects.
- Sustainability planning, at the Child Survival project level, must find its place within the larger issue of Sustainable Development.
- Although projects are *only* contributors to progress toward the next transitional stage, this contribution is essential in favoring or hindering lasting impact.

Considering the wide distribution of responsibilities for the maintenance of health outcomes, these lessons suggest a system perspective assessing and defining sustainability in Child Survival projects.

For projects, sustainability can be defined as a contribution to the advancement of certain conditions which enable actors of a local system to negotiate roles and responsibilities in order to achieve lasting health gains.

The individuals, communities and local organizations constitute a **local system** with their environment, and it is ultimately their **coordinated social interactions and efforts**, based on the understanding of their own health and development, which will lead to **lasting health impact**.

The logic of this definition takes into account the loss of control over local processes inherent to project approaches, which places the immediate determinant of sustainability—a local process of negotiation, role definition and engagement—outside of the full control of a PVO. The responsibility of a PVO is not lessened by this recognized loss of control. CS projects are in a critical position to advance key conditions in the local system in which they intervene, if not directly then by helping the local communities and stakeholders address these conditions.

Planning and evaluating for sustainability in CS project requires a model, based on a system perspective and taking into account different dimensions in an integrated and systematic approach. It should, however, make ample room for representing and measuring the diversity of issues PVOs must address on a case-by-case, contextual basis.

This is the purpose of the Child Survival Sustainability Assessment (CSSA) methodology presented in the companion volume, “The Child Survival Sustainability Assessment (CSSA). For a shared sustainability evaluation methodology in Child Survival interventions.”

INTRODUCTION AND ORGANIZATION OF THIS DOCUMENT

INTRODUCTION

This report describes the “CORE-CSTS Sustainability Initiative,” a qualitative research effort led by the Child Survival Technical Support Project (CSTS) and the Child Survival Collaborations and Resources Group (CORE) to improve the approach to sustainability—its evaluation and planning—in the PVO (Private Voluntary Organization) Child Survival community. The Child Survival Sustainability Assessment (CSSA), a tool for systematically integrating sustainability in evaluation plans of CS interventions, was developed from the study findings and is presented in a separate volume¹.

The CORE-CSTS Sustainability Initiative was launched in September 2000, following a series of meetings and exchanges within the PVO community and its partners. It was led by CSTS in collaboration with the CORE monitoring and evaluation (M&E) working group. Through a qualitative research approach, it explored the explicit and implicit models of sustainability under which PVO Child Survival projects learn from their achievements and failures. The study involved a review of the literature, interviews, and questionnaire surveys of development professionals working in the PVOs of the CORE Group. This report presents findings from each component of the study, as well as the overall findings which have contributed to the development of the proposed planning and evaluation methodology.

One of the main goals of the study was to explore whether enough commonalities could be found in the views and experiences represented in the PVO community to contribute in the design of a shared evaluation and planning framework. Building on prior analyses and lessons from the literature, it was hoped that such a tool could help improve the sustainability design of projects, improve cross learning between organizations and projects, and—in fine—contribute to sustainable health impact in developing countries.

ORGANIZATION OF THE DOCUMENT

The context and impetus for the CORE-CSTS Sustainability Initiative are presented in the first two chapters:

- The first chapter presents a summary of the Child Survival context and previous efforts made by CS GP, CORE and CSTS to advance the issue of sustainability, through a range of activities.
- The second chapter reviews the relevant literature on sustainability in Primary Health Care (PHC) and evaluation research questions.

The third chapter presents the study aims and the methodology of the three components of the research.

The next chapters systematically describe the key findings of the study:

- The fourth chapter presents results from the two first components of the study: the interviews and the survey questionnaire of “opinion leaders” in the PVO community.
- The fifth chapter addresses the third component of research—a self-assessment on sustainability sent to a group of CS projects.

¹ “The Child Survival Sustainability Assessment (CSSA): For a shared sustainability evaluation methodology in Child Survival interventions.”

The sixth chapter summarizes the salient findings of the study and discusses how they can be used to develop an evaluation framework that can be shared by a range of innovative and diverse PVO interventions to improve child health.

CHAPTER 1. CHILD SURVIVAL, CORE, CSTS AND THE IMPETUS FOR THE SUSTAINABILITY INITIATIVE

The CORE-CSTS Sustainability Initiative has come from the convergence of interests of different groups working in close collaboration on the questions that define the Child Survival agenda. We discuss the context of Child Survival and what defines the Child Survival PVO community, as coalesced through the Child Survival Grants Program (CSGP), particularly through the CORE Group and the CSTS project. We briefly review key findings and questions from the 2000 CSGP Program Review and different meetings held in 2000 that have increased attention to sustainability in CS projects, and invited what has become the Sustainability Initiative.

1.1 CONTEXT: CHILD SURVIVAL, THE CSGP AND THE CHILD SURVIVAL PVO COMMUNITY

About 12 million children under the age of five die every year in developing countries, most of them from treatable or preventable illnesses. About 70% of these deaths are caused by five illnesses: malnutrition causes or underlies about 54% of these deaths, pneumonia is responsible for 19% of this mortality, diarrhea 19%, measles 7% and malaria 5%. Additionally, perinatal mortality now causes 18% of the deaths. (51)

Child survival is the term used for programs which aim is to reduce the deaths of infants, children and also mothers in the most disadvantaged of the world's population. Community-based Child Survival programs emerged as a specific focus on international health following the conference on Primary Health Care and the Alma Ata declaration.(52;53)

The role of PVOs and their relationship with donor agencies has evolved with time. Traditional forms of international investment in health and development involved bilateral aid packages negotiated between countries. In the case of US bilateral aid, this has been channeled through in-country USAID missions. The next type of programs, mission- or centrally-funded, involved focused contracts with large collaborating agencies. PVOs have been involved as sub-contractors or research implementation sites to these large programs, such as PRITECH, PRICOR, the Quality Assurance Project, BASICS, and others.(54-61) In 1985, USAID/BHR/PVC started the Child Survival Grants Program (CSGP) as an effort to specifically target child health in developing countries through grants allocated directly to US-based PVOs with field presence in developing countries.

At the onset of the Sustainability Initiative, the CSGP was supporting 72 Child Survival Projects (CSPs), operated by 29 Private Voluntary Organizations (PVOs), in 36 Countries. All PVOs having implemented CS projects under the CSGP at one point or another have formed a coalition through a membership organization: the CORE Group. CORE is structured around a board and a number of working groups, it sponsors meetings, training events, and publications to advance learning and expertise in Child Survival. In terms of activities, initially 90 percent of the PVO effort went to immunization, nutrition, and control of diarrheal diseases. While these three interventions still account for about 50 percent of the total effort, PVOs have progressively included other interventions in this portfolio such as maternal and newborn care (up to about 20 percent), malaria, and pneumonia case management (together, 25 percent of the effort), or HIV/AIDS. In recent years, issues of sustainability have been emphasized more and more, particularly through capacity building at multiple levels: individual knowledge and behaviors, financial viability of services, and development of institutional capacities in partners. (6)

CORE is directly interested and involved in questions relating to partnership, capacity building, sustainability and scale, and has partnered with CSTS on several occasions through its Monitoring and Evaluation (M&E) working group. This partnership prepared the grounds for the Sustainability Initiative. Some of these preliminary steps are presented in the next section.

INTEREST OF USAID/DCHA/PVC/CSGP² FOR SUSTAINABILITY

CSGP has demonstrated some interest in sustainability since the beginning of the grants program. PVC's mission is to "Increase [the] capacity of PVC's PVO partners to achieve sustainable service delivery." And one of its Strategic Objectives relates to increasing the capacity of local partners. Prior to the RFA for FY98 (Grant Cycle CS-XIV), guidelines referenced the areas of partnership, capacity building, and sustainability in general terms—and these concepts were woven throughout the guidance. RFA guidelines for CS-XII grantees, for example, referenced these areas in sections on program priorities and review criteria. DIP (Detailed Implementation Plan) guidelines for this same group asked grantees to outline their sustainability plan, but did not ask them to discuss partnership issues or capacity building strategies in depth. After 1998, there have been increasing requirements for specific language on capacity building, partnership and sustainability in applications and DIP guidelines. (6)

In addition to directives and guidelines, analyses of final evaluation documents have been periodically conducted to assess sustainability of CS projects, and DCHA/PVC has fine-tuned the language in its evaluation guidelines each year to reflect the current thinking on sustainability. (8-10)

This evolution has paralleled that of the PVO community itself. (11;62) The following sections present findings from the 2000 Program Review and then the Sustainability Dialogue day (an event sponsored by CSTS and CORE in March 2000), as they have directly influenced the conduct of this study.

PVO CS PROGRAM REVIEW

CSTS conducted a review of all final evaluations from projects ending in 1998 and 1999 (grant cycles CS-X and CS-XI). (7) This review found evidence across the portfolio of Child Survival projects that sustainability is being addressed in the areas of individual behaviors, financial viability of services, and development of institutional capacities in partners. But its overall conclusion was that most projects had not put sufficient sustainable systems in place to provide for continuation of the project without additional external funding. There were virtually no projects that had satisfactorily addressed the problem of sustainability of health services and functions by the end of the grant period, according to their own evaluation reports.

THE SUSTAINABILITY DIALOGUE MEETING: INITIAL PLATFORM FOR A NEW RESEARCH INITIATIVE

CSTS and CORE sponsored the "Sustainability Dialogue" meeting on March 20, 2000.(15) Some of the questions raised by participants to the Sustainability Dialogue were:

- The need for a common language for talking about sustainability.

² At the onset of the Sustainability Initiative, the Child Survival Grants Program was administered within USAID's Bureau of Humanitarian Response / Office of Private and Voluntary Cooperation, which has since become the Division of Democracy, Conflict and Humanitarian Assistance/ Office of Private and Voluntary Cooperation. In 2002 CSGP has now moved to be administered under the Bureau for Global Health.

- The absence of specific tools/frameworks that can be used in planning for sustainability and measuring whether any project activities actually proved sustainable.
- The double-edged sword of identifying a common set of “sustainability indicators,” which might constrain interventions without having established their validity.
- The need to define the specific role of PVOs in the context of project sustainability.

This meeting was followed up with a breakout meeting during the CORE Spring meeting 2000 a few months later. The recommendations that came out of these meetings were critical in identifying the next steps for research and launching the Sustainability Initiative. The first step required a review of the literature, to examine systematically definitions, models, and evaluation-research efforts about sustainability in Primary Health Care.

1.2 THE IMPETUS FOR THE SUSTAINABILITY INITIATIVE: COLLABORATIVE THINKING ON SUSTAINABILITY

–TO THE POINT–

The CORE Group, CSGP and CSTS have worked collaboratively to advance collective thinking about sustaining child health. Some of the lessons from this work have set the stage for launching the Sustainability Initiative:

- ❖ Recent research (13) and review of Child Survival project evaluations (6;7) demonstrate efforts, innovations and a measure of success for PVOs in USAID’s Child Survival Grants Program (CSGP). But this is counterweighed by a general insufficiency in the development of sustainable systems to maintain the health benefits to children.
- ❖ Identified constraints to advancing the sustainability agenda have been both programmatic (the length of grant cycles for example) and methodological. Evaluation research for collective learning is faced with a dearth of reliable and validated indicators.
- ❖ The identification of indicators is difficult – and could potentially be biased or dangerous – because “when indicators are chosen in a conceptual vacuum, it is very difficult to tell how important or how relevant they are to what people want to achieve.” (50)
- ❖ The need for a common language and a shared evaluation framework, to measure – and learn – from successes and failures has been seen as an essential step to the advancement of research.

CHAPTER 2. CONTEXT: SUSTAINABILITY AND PRIMARY HEALTH CARE IN THE LITERATURE

Sustainability is not a new issue, but the last ten to twenty years have seen an increasing number of publications about it. (3-5;16;32;63;64) Our review of the literature finds support for the continued relevance of the issue, with the general observation that sustainability of health programs in developing countries remains an unresolved issue in many ways(14). A good deal of effort has been placed on clarifying definitions and proposing models for the exploration of sustainability (3;16). But there is still only limited empirical research, and few of the models have been used to advance evaluation research or planning efforts. What the available studies and general exchanges of information sometimes summarized in the gray literature reveal is some consensus on factors of sustainability affecting health programs from different levels. (11;65)

For Child Survival programs, some positive findings are presented from a post-intervention study commandeered by CORE in two countries (13), but the available tools or models are not at the point of offering practical assistance in evaluation and systematic program design for sustainability. (25;26;66) Some of the efforts—at least in health and family planning programs, if not Child Survival—to improve evaluation standards and provide some means of predicting the likelihood of sustained outcomes have been directed at the development of sustainability indexes. (44) We report on the indexes suggested or developed in the literature, but have to conclude that Child Survival programs still lack the tools to systematically assess sustainability in a manner that will help their design and management questions.

This literature review section will thus start by reviewing the relevance, definitions and existing models of sustainability – including outside of primarily health care programs in developing countries when appropriate to our effort – before synthesizing evaluation research efforts on sustainability.

–TO THE POINT–

Lessons from the literature:

- ❖ Positive health outcomes can have no real impact on children’s well being and development unless they are maintained over time, even if and when external assistance is reduced.
- ❖ Definitions and understanding about sustainability have evolved in the last 20 years, to take into consideration different perspectives, and the reality of the relatively slow process of economic and social change in developing countries.
- ❖ Best and “worse” practices are being learned on a case-by-case basis, and slowly informing the development of more or less complex and comprehensive analytical models.
- ❖ The complexity of models, the multi-factorial nature of sustainability, and the practical difficulty of measuring delayed post-intervention outcomes have constrained evaluation research on sustainability.
- ❖ Interesting contributions to the evaluation of sustainability have been made, but program managers and policy makers have very limited options for informing decisions based on reliable measures of progress toward sustainability.

2.1 RELEVANCE OF SUSTAINABILITY IN PUBLIC HEALTH FOR DEVELOPING COUNTRIES

The importance and relevance of sustainability for health programs in developing countries is somewhat self-evident.(4;5;11) This self-evidence seems to be based in large part on a rationale of concern for the welfare of future generations in a universe with finite resources at our disposal, very much in line with the thinking that has emerged about sustainable development.(1;3;17-19)

The importance of sustainability in health programs can also be more explicitly justified, according to Shediac-Rizkallah (16), by three main reasons:

1. Because the disease (health conditions) that a program was established to address remains or recurs.
2. Because activities may not have reached full fruition after an initial heavy start-up investment.
3. Because inappropriate and abrupt termination of programs will diminish community support and trust for future programs.

There are additional specific reasons to value the sustainability of preventive and health promotion work (in which CS projects are frequently involved): (16)

1. Behavioral and social change is slow and needs an environment in which change is supported and reinforced.
2. Educational messages and other intervention activities need to remain in place for the coming-of-age of new generations.

Related reasons to place value behind the concept of sustainability—particularly when behavior change is involved—are the slow timeline along which some changes move from a small initial group to a larger community, and then the second timeline along which behavior changes finally demonstrate impact on morbidity and mortality.(16;20;67;68)

Finally, one unquestionable source of interest for sustainability is the fact that donors and leading international agencies have recognized its value and are increasingly demanding that grantees show the same level of concern in their applications. (10;69;70) Russell (64) reviews approaches to sustainability / sustainable development for USAID. While noting that a focus on sustainability would require a change of priorities and approaches, she also reports evidence of USAID’s concern about sustainability as early as 1979.

A discussion of the relevance of sustainability leads directly to a consideration of how it is defined and conceptualized by different players, and the following section will present an overview of definitions and models from the Public Health literature.

2.2 DEFINITIONS AND MODELS OF SUSTAINABILITY

There is an abundance of definitions and models, and we will try to present a synthesis of the different perspectives they represent. The concept of sustainability in health programs first emerged from the definition offered by sustainable development (“meeting the needs of the present without compromising

the ability of future generations to meet their own needs” (17)). But a clearer and more specific definition is needed when this definition is applied to specific sectors of society, particularly about health. (3)

Our review shows an evolution of the definitions and models, which started with a donor perspective equating sustainability at the end of a grant period with institutionalization of programs in national institutions.(4) The definition evolved toward more relativistic definitions, open to a greater variety of mechanisms for maintaining health benefits to a population (5;24). The remaining difficulty is in operationalizing and using these concepts of sustainability to improve measurement (evaluation) and decision-making (management and policy) for the range of interventions experienced in Child Survival.

DEFINITIONS

Sustainability has been defined in a great many ways through different terms, as routinization, durability, institutionalization, incorporation, capacity building, viability, etc. (16;20) This semantic abundance reflects the great number of perspectives through which sustainability can be examined. Sustainability is to some extent the concern of all players of health in development, each with a different focus:

- Donors, who have become weary that without appropriate planning, important projects collapse overnight once external support is withdrawn (4;5)
- National health systems, which require that existing programs be sustained in decentralized structures, where more and more of the management responsibility is being delegated. (71;72)
- The sustainability of local NGOs, which will maintain Child Survival services is a key strategic issue for PVOs³ and one on which more and more emphasis is placed. (46;73-76)
- Beneficiary communities, where the focus is not limited to the area of service delivery but also refers to issues of individual or household level behaviors, and environmental changes in the neighborhoods, work place, schools, etc. (11;16;77)

In the literature, these perspectives are translated in three overlapping types of definition, which we will review:

1. Program continuation through a final transfer of responsibility (institutionalization).
2. A progressive balance between capacity and external needs of local stakeholders.
3. The continued pursuit of a goal (a health benefit) through different strategies.

A. Program continuation through a final transfer of responsibility (institutionalization)

Bossert’s landmark paper offered a definition of sustainability as, “*the continuation of activities and benefits at least three years after the life of the project.*” (4)

This definition is still being used in recent publications. (20;23) It reflects the perspective of a donor agency, and has similarities with definitions from other agencies, such as the World Bank (78), in that the

³ International PVOs may also have concerns about their own organizational sustainability, irrespective of concerns for sustaining health gains at the population level, but this falls outside the scope of this work (see section ‘Clarifying the focus of this study’).

end of a grant period or loan can be clearly established, and the institutionalization of a program within national structures is the bottom line for evaluating sustainability.

The advantage of this type of definition is its relative clarity. However, while the end of a grant period is simple enough to establish, and operational measures of institutionalization are emerging (25;45), there is no particular rationale for measuring institutionalization at any given point after the end of the grant. There is no published empirical evidence to assume that continuation two years after a grant is more or less meaningful than continuation after one, three, or five years, and in which context. There are no reports about the predictors of genuine long-term continuation (for example ten or 20 years for services such as immunization, which need to be available to all future generations). In fact, the most certain outcome measurable two or three years after the end of a grant is probably non-sustainability, rather than sustainability itself. Failure is not only easier to predict than success (24), it is also easier to measure.

B. A balance between capacity and external needs

Other definitions introduce a notion of relative progress, rather than the absolute outcome described in the preceding definitions. (5;24;66) They also consider sustainability as a more relative concept, acknowledging that external assistance may need to be maintained over a relatively long period. Both Foster and Lafond, for example, make reference to minimizing (rather than ending) external inputs. (5;65) They refer to capacity built in, or maintenance of services through a wide array of local stakeholders, and not only health care systems. They describe a progressive shift in responsibility and capacity (24;66) and propose that the adverse effects on objectives and outcomes of these transfers needs to be considered in the sustainability equation. (25)

These approaches to defining sustainability open different perspectives. They appear to accept that full (economic) independence of health care systems and programs of developing countries is an unrealistic and unpractical goal while substantial external assistance needs are still clearly felt in major areas of development and the economy.

These definitions do not, however, provide more easily verifiable measures of sustainability.

C. The continued pursuit of a goal (a health benefit) through different strategies

Shediac-Rizkallah offers a definition which synthesizes a diversity of concepts and approaches about sustainability, specifically in health promotion programs. (16)

For her, sustainability refers to the general phenomenon of continuation of a health-enhancing program, and she offers three main mechanisms through which this can be observed:

1. The maintenance of health benefits achieved through the initial program.
2. The continuation of program activities within an organizational structure (institutionalization).
3. The maintenance of health benefits through building the capacity of the recipient community.

This definition focuses on the ultimate benefit for the communities, and makes no assumptions about what mechanisms are appropriate or not for the maintenance of these benefits. Because it stems from a Health Promotion perspective (in the sense defined in the Ottawa Charter for Health Promotion (27)), it recognizes a wide array of stakeholders as responsible for the sustainability of health programs. In that regard it is similar to definitions discussed in the preceding section. But it is even more open in terms of

defining roles and responsibilities of stakeholders. It does not presume, for example, that an initial program should necessarily end, and it thus accepts that originally external players may become internal ones over time. Of all the definitions considered in this review, it is the least biased toward the perspective of any given agency or type of player.

This approach does not solve the measurement problems of sustainability either, but because of its focus on the ultimate result, and its relative lack of presumptions, it has provided the initial framework for this exploratory study (see Conceptual Framework in the next chapter).

As now illustrated, sustainability is a term that can be approached through different perspectives. This not only affects the term itself, but also a range of related concepts, such as organizational capacity, viability and performance. Any and all of these terms need to be clarified each time they are used, if there is to be any meaningful dialogue. In the next section we try to clarify the meaning of these terms, starting with capacity. This will help delineate the boundaries of our research.

D. Language traps about sustainability—clarifying the focus of the Sustainability Initiative study

According to a recent and comprehensive review of capacity building in the health sector (79;80), capacity is essentially the ability to pursue one's goals. It refers to a range of organizational functions which support the performance of an institution or system. In this perspective, viability – financial or otherwise – is one of the key functions of organizational capacity. Thus organizational (or system) viability is part of organizational capacity, which supports organizational performance.

Other authors reverse this picture and focus on the durability of the organization itself. (46) In this case, organizational viability is supported by the capacity of the organization to manage itself, and to perform services or activities, which can be funded or sold. (74;75;75) Here, organizational performance is a part of organizational capacity, which supports organizational viability.

While we realize that all these concepts are inter-related, it is necessary to clarify which perspective will be taken in this document. The concept of organizational sustainability that is of interest in this study fits within the primary concern of sustaining health for children in developing countries. Organizational sustainability *per se*, for example the viability of a US-based PVO, is not part of the scope of this work, and is best dealt with through other resources. Organizational viability is of interest if/when it is part of a strategy for improving and maintaining the health status of women and children in a developing country, for example through local NGOs or community associations, whose own sustainability—then and only then—becomes a programmatic concern. For this reason, we will consider *organizational capacity* as the underlying set of organizational functions which allow the delivery of services and activities by an organization, in order to achieve its objectives. And, we will consider *organizational viability* as the status of this organization's dependence vis-à-vis its external environment. (One could conceive of an organization highly developed in its own administration and highly effective in performing certain services, yet entirely dependent on an original external sponsor. This would be a case of high performance, high capacity, but questionable organizational viability.)

Having now clarified some of the language that helps us conceptualize sustainability, we must now consider how definitions are refined into models for analysis, research and evaluation.

MODELS OF SUSTAINABILITY

In this section, we will examine why models matter, and what models are available for comprehending sustainability of health (or comparable) programs in developing countries.

A. Why models matter

Models are essential ways of representing a complex reality under investigation. They do not so much try to describe reality, as to schematize the interactions between its identifiable parts. (22) Their role is to help investigate relationships and predict outcomes (22) and they are essential to the development of meaningful research questions, or the definition of indicators of complex processes such as sustainability. (1;3;18;19) As they clarify relationships and assumptions, models of sustainability vary with the perspective of the researcher or agency conducting the evaluation. (78)

B. Review of existing models

We have already presented the main definitions available in the literature. We will now rapidly examine some of the corresponding and major models proposed for the study of sustainability.

The models we have reviewed can generally be described in four categories, which we will briefly present:

1. The first models focus on the institutionalization of programs.
2. Others consider sustainability in the framework of achieving lasting health impact at the population level.
3. Another group of models, with a strong focus on community-based health promotion, centers on adoption and institutionalization issues at the community level.
4. Finally, Shediac-Rizkallah's definition translates into a simple model with three possible sustainability outcomes.

SUSTAINABILITY AS INSTITUTIONALIZATION

One example of a model focusing on institutionalization is the Africa Child Survival Initiative model of 1990 (23) built on Bossert's landmark research (4) and presented in Appendix 2. It defines a sustainable outcome (institutionalization of project activities in a national organization) expected to be achieved through key objectives, to which particular activities (program implementation factors) can be related. Driven by a definition of sustainability as institutionalization, it focuses particularly on capacity building in national governmental or non-governmental institutions. The strength of this first model is its relative simplicity, and the fact that it is based on a previous study of the factors of institutionalization. The World Bank's rather complex model for the sustainability of social services organizes factors of sustainability in a similar manner centering organizational and external environment factors around project processes (78) (See Appendix 3).

SUSTAINABILITY AS A COMPONENT OF POPULATION LEVEL IMPACT

The next series of models get more complex as they look further into the sustainability of health outcomes at the population level.

The model for health and family planning in USAID projects of the Office of Sustainable Development deserves some attention. (25) It starts at the top with a high level impact (“improved health status and decreased fertility”), achieved through a second level outcome (“improved use of health and FP services and/or appropriate practices in a sustainable fashion”). This outcome is itself achieved through four (third level) results (“access,” “quality,” “demand,” and “sustainability”). Sustainability itself is then broken down into the sustainability of systems (“financial sustainability,” “institutional capacity” and “enabling environment”) and the sustainability of demand (“enabling environment,” “attitude” and “ability to pay”). The principal factors considered and indicators used in this model are summarized in Appendix 4 and Appendix 5.

The strength of this model is its thoroughness in identifying indicators for the various levels and dimensions. Some flaws can be identified for the purpose of advancing our analysis: first, indicators of community response focus almost exclusively on participation in program activities, and very little on questions of ownership and community competence, which would influence CS projects (often operating at the community level). Secondly, access, quality and demand are on the same order of results as sustainability in this model, and this is probably open to debate (one could consider access, quality and demand to be in themselves factors of sustainability).

Other authors recommend a similar systematic approach to sustainability as a component of impact in program evaluation. Two examples can be cited. First, a consultative workshop held between PAHO and the CORE Group recommended that sustainability be considered with effectiveness and spread in program evaluation. (33) Secondly, the RE-AIM evaluation framework suggests to factor in Adoption, Implementation and Maintenance—the sustainability component—(“AIM”) with Reach and Efficacy (“RE”) in order to evaluate impact. (26)

SUSTAINABILITY AS APPROPRIATION BY COMMUNITIES

Other models exist, referring to community processes of appropriation as the main driver of sustainability. Some of these models are taken outside of the health sector in developing countries. Renaud and al. (28) offer a thorough review of different models for the appropriation of community based health promotion programs (among those are Goodman and Steckler’s (29) and Bracht’s (30)) and then offer their own model for institutionalization of community interventions. Institutionalization takes place after completion of a process going through different stages: awareness, adoption, implantation, ownership, incorporation, and finally institutionalization. Honadle et al. are interested in social development and propose a model for self-sustainability of social interventions at the community level (see Appendix 6) (24)

These models do not offer the level of detail of the health and family planning model presented above, but they provide insights and a needed focus to community-owned and community-based processes for sustainability, which may apply a great deal to PVO-implemented CS interventions.

SUSTAINABILITY AS A MULTIFORM OUTCOME

Finally, Shediac-Rizkallah's model (16) simply organizes three general categories of factors and links them to the three-pronged definition of sustainability presented in the definition section (see Appendix 7). (16) Factors in the project design (negotiation, effectiveness, duration, financing, type, training), factors in the organizational setting (institutional strength, integration, leadership), and factors in the community environment (socioeconomic-political environment and participation), interact to influence sustainability, which is achieved through a continuation of the initial program, or its institutionalization within a new (local) organizational structure, or through the development of the capacity of the recipient community.

This model can be applied to a broad range of interventions and makes few assumptions about the mechanisms of maintenance of the health benefits to the population. It served to develop the initial framework of analysis which has guided this study (see next chapter).

While all these models offer some insights into programmatic approaches to sustainability and may be applicable to Child Survival projects to a greater or lesser extent, they have very seldom been used effectively for evaluation and research. In the next section we will review the literature on evaluation research on the sustainability of health programs in developing countries.

2.3 EVALUATION RESEARCH ON SUSTAINABILITY

Our review of the literature has identified two groups of publications of interest for this study: first, landmark studies of the sustainability of health programs in developing countries and, secondly, studies that provide insights into original methodological directions for evaluation and research on sustainability. Some of the studies in the second group are not based in developing countries, but are reported for their methodological value.

Table 3 summarizes the major publications presented in this literature review, and identifies the study approaches where applicable. The table illustrates, among other things, the limited empirical base for the study of sustainability in health programs of developing countries.

Studies often take one or both of the following directions: 1- assessing whether programs leave behind any sustainable elements, and 2- identifying the influential factors which support or constrain sustainability. Qualitative research tools dominate the field of research in program sustainability, as quantitative and statistical approaches are constrained by different issues discussed later in this paper. One of the first lessons from the available literature is that there are elements of consensus on factors of sustainability affecting health programs at different levels.

Table 3. Summary of major publications reviewed on sustainability in health and development

Ref.	Approach, definition and models	
(3;16;20)	Define sustainability concepts between routinization, durability, institutionalization, incorporation, capacity building, viability, etc. Shediac-Rizkallah considers sustainability from the health promotion perspective.	
(24);(28)	Focus on community appropriation processes	
(25)	Multi-level framework for mapping indicators in Health and Family Planning USAID projects. Sustainability itself is broken down into the sustainability of systems and the sustainability of demand (see Appendix 4 and 5)	
(1)	Indexes developed or suggested in sustainable development	
(45)	Measuring institutionalization	
(33);(26)	Suggested approaches to including a sustainability dimension in health impact studies.	
(81)	UNDP proposes a checklist to assess program sustainability	
Ref.	Approach, definition and models	Specific study methodology
(4);(20); (23))	Based on the work of Bossert, consider sustainability as institutionalization from a donor agency perspective	Country studies; systematic analyses of nine factors of sustainability
(78)	A World Bank perspective (lender / donor agency) of institutionalization; suggests checklist	Study of 557 WB social programs
(5)	Lafond considers sustainability as a balance between capacity and external needs.	Case studies of Save the Children programs in five countries
(24) (31)	Health and development perspectives on sustainability. More PVO and community-based perspectives on the issue.	Lessons learned from case studies, multi-project reviews, symposiums
(13)	USAID/BHR/PVC-funded post-intervention study in Bangladesh and Bolivia by Seims for the CORE group.	Two post intervention case studies identifying sustained elements of past PVO programs
(78) (32)	Observational studies with statistical analysis to identify factors influencing sustainability of different domestic and international health programs	Observational studies and regression analysis on perceptions of sustainability or maintenance of health indicators over time
(43)	The Evaluation Project builds sustainability indexes at the organizational, program and outcome levels.	Developing an index through national data sets available from 56 countries, using regression models
(82)	USAID Office of Governance and Democracy monitors a Sustainability Index for NGOs in countries of the former Soviet Union.	Ongoing monitoring of NGO sustainability scores assigned by "experts" at the country level

There are also positive experiences in spite of a general feeling of frustration about the long term of foreign aid-supported programs. Beyond this, there is still a dearth of methodologically sound replicable studies which go further than efforts to compile lessons learned from individual evaluation reports. The more elaborate research approaches refer back to the need for applicable (pre-intervention) and shared models.

SPECIFIC RESEARCH ON THE SUSTAINABILITY OF HEALTH PROGRAMS IN DEVELOPING COUNTRIES

Lessons about sustainability of health programs in developing countries are learned through evaluation of individual projects, reviews of evaluations from different projects (using documents' reviews, interviews, observations), comparative case studies at the country program level, in-depth country studies, and forums of experience sharing and consensus. (4;5;13;31) We present below some of the major efforts presented in the literature.

A first group of studies focuses on identifying factors of sustainability. We report some of the lessons shared by these studies, with more details about Bossert's (4) and Lafond's (5) papers. The most recent field study is that of La Rue Seims (13), trying to identify what elements are sustained more than two years after the end of funding of CS projects, and it is also presented briefly.

A. Research on the factors of sustainability for health programs in developing countries

Bossert (4) studies five USAID country programs from Central America and Africa. These studies emphasized qualitative approaches such as interviews of key informants or document review. He systematically analyses nine elements: pre-project health sector conditions, project design, inputs, outputs, outcomes at the end and three years after the end of project, concurrent activities by other national and international players, and unintended consequences of the project. Sustainability is understood as the institutionalization of foreign assistance interventions (see discussion of models) and the study is able to reveal both contextual and project factors associated with it:

- perceived effectiveness;
- integration in ongoing structure (also goal structures that are consistent with project goals, strong leadership and relatively high skill levels);
- development of funding mechanisms (at the national and local cost recovery levels);
- strong training components;
- mutually respectful negotiating process, allowing for redesign of projects with extensive national participation.

Lafond (5) conducts five national case studies of Save the Children programs on the sustainability in the health sector from 1991 to 1993. She looks at macro-systems factors and outcomes. She focuses on five contextual factors of sustainability (economic conditions, international aid system, local political climate, health care market, and country history), and identifies four investment 'gaps' as detriments to sustainability:

1. favoring capital spending;
2. the dominance of "non-user" stakeholders;

3. a short-term perspective of investment benefits;
4. the coveting of control over resources leading to inefficient use of resources and the undermining of capacity building efforts.

These observations are followed by recommendations to try and counterbalance the risk of misplaced investments.

Different authors provide additional and overlapping insights into factors of sustainability in community-based interventions, through individual case studies or reviewing of projects' experience. (12;31-42) These can lead to suggested next steps in research, as is the case with the 1999 IMCI meeting report of the CORE Group (see Appendix 8). (33)

Some positive factors are identified across these different studies relating to interventions at the community level, Child Survival or health promotion intervention frequently involving community health workers (CHWs) or community agents of varying responsibilities:

- selection of community workers by the communities,
- absence of financial remuneration by the projects,
- high personal motivation of active community volunteers and a support structure providing bi-directional support and motivation across all levels,
- participation and decision-making at the community level,
- regular (monthly and annual) workshops and refresher training,
- the value of coordination with local health systems.

B. Post-intervention identification of elements sustained

The post-intervention review of BHR/PVC-funded Child Survival Projects in Bangladesh and Bolivia from 1985–1997 (13) explores whether elements of sustainability could be identified two to four years after the end of USAID funding, through a review of documents and field visits in two countries. Its primary focus is different from an exercise of identification of positive and negative factors. The review first tries to answer whether sustainability has occurred at all, before exploring influential factors.

Seims found evidence of the following elements of sustainability:

- continuation of project activities as long as ten years after the end of funding,
- capacity built in the (US) PVOs with expansion of activities in new countries,
- creation and development of (local) NGOs,
- institutionalization of lessons within the countries' Ministry of Health (MOH),
- continued activities of community organizations and volunteer health workers,
- sustained impact in communities.

In terms of influential factors, national policies, economic stability and development are found to affect the pattern of sustainability in both countries.

The studies we have presented are helpful in demonstrating that:

1. Positive and lasting results can be identified even years after the end of grant funding, at least in some cases. This balances somewhat the general perception of a lack of post intervention sustainability frequently reported in the literature.(4;81;83)
2. Factors affecting sustainability both positively and negatively, from different levels (donors, host countries, project, and community) have started to be recognized.

New factors can almost be added on to this list with each evaluation report that is concluded. Foster actually reviewed evaluation reports from Child Survival programs and provides an inventory-type list of positive and negative factors of sustainability. (65) While lists of factors are helpful in suggesting ‘dos and don’ts’ in program design, they do not amount to a coherent approach to evaluation for improved planning and design.

Before presenting how the Child Survival community has advanced its own sustainability agenda and helped set the stage for this study, it is useful to review methodological contributions to the study of sustainability. The qualitative approaches dominate the literature we have reviewed thus far; other methodological contributions of importance need to be presented at this stage.

Interesting methodological contributions to sustainability research

Very few studies have been designed to make use of statistical tools of investigation. We will review some of the methods and findings relevant to our own concerns. The first and obvious limitations are in developing a satisfactory sample size, when projects are the units of analysis; the limited number of variables that can be managed in complex analytical models, especially with small sample sizes; and finally the generation of valid quantitative variables to represent the elements of the analytical model.

Finally we will discuss the effort made to develop sustainability indexes, with the purpose of predicting the likelihood of achieving sustained outcomes.

A. Quantitative/statistical approaches

Regression analysis models have been suggested (78) and used (32;63), with samples of varying sizes to identify the factors significantly impacting sustainability of programs. In some cases regression analysis is the first step to identifying factors that will be used to construct an index of sustainability. (43) These are presented in the next section. We present two studies using statistical regression, one in North America, and one in Africa.

O’Loughlin (63) surveyed 189 respondents having operated a community-based heart health promotion intervention in the US, and studied the correlates of sustainability through a phone-administered survey, where sustainability is self-assessed by the respondent. She finds the following factors as independent and positive correlates of perceived sustainability:

- the intervention used no paid staff (95% confidence interval of the Odds Ratio (OR: 1.8 – 7.5),
- the intervention was modified during implementation (OR: 1.4 – 5.0),
- there was a good fit between the local provider and the intervention (OR: 1.2 – 5.0),
- there was a “program champion” (OR: 1.2 – 4.4).

In Uganda, Katarbarwa looks at the self-sustainability of a community-directed onchocerciasis control program.(32) He defines sustainability as the maintenance of benefits above a certain threshold during the last years of implementation of a program and creates four sustainability scales based on the level at which objectives were maintained over time. Leaders and volunteers from 23 communities answered a questionnaire with seven items about the health education of the volunteers, the mode of selection of site and volunteers, the incentives and scope of work for volunteers, the involvement of community leaders in Primary Health Care (PHC), and the involvement of volunteers in other PHC activities. Though the sample size is extremely small, the author finds a positive and significant effect in a regression model of the selection of volunteers by community-members on all sustainability scales. A weak negative correlation is found between the use of incentives for volunteers and sustainability, as well as between the involvement of volunteers in other PHC activities and sustainability. The author acknowledges that additional factors may fail to demonstrate significance because of a lack of power of the study.

In such studies, the demonstration of the significance of specific factors is constrained by the difficulty of achieving a high sample size when units of analysis are projects and not individuals. This potential lack of power is compounded by the complexity of the models proposed to study sustainability, and the number of variables this entails. Finally, assessing the reliability and validity of indicators of meaningful concepts is always going to be a major challenge. (78)

With this in mind, these studies are, however, innovative and they suggest directions that can be taken. Katarbarwa actually identifies independently verifiable measures of the maintenance of benefits: coverage maintained at different levels over time. O'Loughlin's measure of program sustainability is the perception of a respondent about the program, but she is able to recruit a substantial sample of programs and thus increases the statistical power to identify significant factors in her study.

The next set of research efforts focuses on building indexes in order to evaluate what has been achieved through a program and attempt to predict an outcome.

B. Indexes of sustainability: toward predictive measures

Building indexes is a possible step for bringing sustainability studies from research to evaluation. At this point, the question becomes one of predictability: how likely is a program to be sustained? If a valid index can be built, it may help compare projects and assess a project's progress toward sustainability across time. (43) This can lead to design and implementation corrections during the life of a program (as opposed to a "post mortem" assessment of accomplishments and their factors). Indexes are already proposed or used in other sectors of development where sustainability is considered a major issue. (1;18;19;50;84;85))

The first approach to assessing sustainability through a standardized, reproducible approach comes in the form of checklists, which can be turned into a list of indicators and possibly used to build an index. We give three examples below:

- The UNDP suggests a loose list of 28 questions rated from one to three ("yes, no, not sure") on six dimensions of sustainability: relevancy, acceptability, economic viability, environmental stability, implementation and monitoring strategy, and post-implementation operation and maintenance plans. (81)
- Using sources from the literature, the experience of experts in the field and lessons from a study of 557 World Bank social programs over the world, the World Bank proposes a sustainability checklist consisting of 20 indicators organized in four categories (continued delivery of services

and benefits, maintenance of physical infrastructure, long-term institutional capacity, and support from key stakeholders; see Appendix 9). (78) The authors suggest that these indicators can be scored on a scale according to their level of realization. An index of sustainability can be built from these scores.

- The USAID Office of Governance and Democracy actually tracks an NGO Sustainability Index for the countries of the former Soviet Union over time. (82) The purpose of the Index is to monitor the evolution of the viability of the NGO sector as a whole between countries, and within countries over time. Seven dimensions are identified as contributing to the sustainability of the NGO sector: legal environment, organizational capacity, financial viability, advocacy, public image, service provision, and NGO infrastructure. A set of questions is offered to help respondents informed about each local situation score each dimension on a seven point scale. The seven-point scale comes with a generic description of what each point corresponds to, in order to standardize scoring between respondents. Combining the scores across the seven dimensions, a final NGO Sustainability Index is produced.

Work is ongoing to improve sustainability in family planning programs, notably by reinforcing a market approach to service delivery. (44) In terms of evaluation and the development of indexes, the following example from the Evaluation Project deserves some attention because of the approach it chose to build sustainability indexes at the organizational, program and outcome levels. (43) We will describe how the authors build and calculate a program sustainability index, as the approach is similar for the outcome sustainability index.

Knight et al. (43) use national data sets available from 56 countries for the years 1982, 1989 and 1994 to conduct a cross-sectional time series regression analysis of independent variables defined in their model, over the dependent variable of “contraceptive access” (representing Program Sustainability). The regression coefficients provide the weight that will be given to each country’s values for the factors retained in the Program Sustainability Index. Some of the factors are based on indicators available at the country level (e.g. Total Fertility Rate two years prior), while others are derived from scored questions (e.g. Management index or Involvement of other ministries in family planning). The index is used to compare programs across countries and – as one of the factors is the amount of USAID funding in family planning – to predict the evolution of the index with and without USAID funding.

While this effort is methodologically elaborate, a literature search does not reveal major follow up work and use of the indexes. Questions of validation of the indexes, replicability, reliability of the component indicators, and availability of the country level data remain. It is, however, one of the most advanced developments of a standardized measurement of sustainability.

What we can conclude from this review is that some lessons are being learned about the determinants of sustainability through case by case experiences, evaluations and through the few systematic studies that have been undertaken over the years. In terms of ways to assess sustainability during the life of an intervention -- at the time when corrective measures can still be taken -- some methodological inroads have been made, although not at the useful level for individual projects (but rather national levels programs). But considering the stated level of interest on the issue, research and evaluation on sustainability in health programs, and particularly in Child Survival, are still in their infancy. Efforts at analysis, reflection and dialogue of recent years in the Child Survival community suggest that progress on sustainability assessment as a programmatic endeavor is constrained by both conceptual and methodological elements. As discussed in the previous chapter, this perception has certainly fed into the concerns of the PVO Child Survival community.

Thus, two processes are ongoing and complement each other:

- Tools are slowly being developed, in and out of the PVO community, to address issues related to sustainability (for example institutionalization and capacity building (45;46), community ownership, participation and competence (47-49)).
- At the same time, it is apparent – both from our literature review and from the debates with the PVO community – that organizing the questions in a manageable framework, allowing comparisons and heuristic learning has become a necessity.

Specific yet shared models are needed, if only because “when indicators are chosen in a conceptual vacuum, it is very difficult to tell how important or how relevant they are to what people want to achieve.”(50) This importance of models “providing a common currency of language and enabling decision-makers to be aware of the choices available” (86) is relayed by authors focusing on methodological questions (22) as well as by those tackling sustainability specifically.(1) Building a common language, particularly for evaluating and learning, is a necessary step if the CS community is to build its knowledge base through what Shediac-Rizkallah refers to as a “cumulative process across different locations, populations and health problems.”(16)

The CORE-CSTS Sustainability Initiative was introduced as a qualitative research effort to explore the possibility of developing such an organizing framework, in order to improve sustainability in the evaluation and the planning of CS interventions. The chosen research method, which is described in the next chapter, followed the proposition that “the development of models and indicators, which will achieve reliability and validity, requires sound and rigorous qualitative research.”(2)

CHAPTER 3. METHODOLOGY OF THE CORE-CSTS SUSTAINABILITY INITIATIVE

The goal of the Sustainability Initiative—to discover and organize the implicit and explicit models through which PVOs pursue sustainability through and in Child Survival interventions—required a step-by-step and iterative qualitative research approach. This chapter describes the study design, the initial framework used to give a direction to this exploratory study, the assumptions that were made in the research approach, the particular position of the lead researcher, as investigator and partner/colleague of the informants and respondents, and the general strengths and weaknesses of the research method.

–TO THE POINT–

To explore the values and models (implicit or explicit) which underlie PVO approaches to sustainability, an essentially qualitative approach was chosen:

- ❖ Key informants in CORE and the PVO community were interviewed;
- ❖ An opinion survey questionnaire was designed and sent to the constituents of the CORE Group members;
- ❖ Child Survival Project managers completed a thorough self-assessment of their project's achievements toward sustainability.

Since our purpose was to explore, understand and discover, our initial conceptual framework was as “open” and inclusive of different possible approaches as possible.

3.1 STUDY AIMS

The aims of the study were:

1. To explore the dominant models of sustainability planning and the factors of sustainability of health programs considered implicitly or explicitly by the PVO professionals⁴ developing, overseeing or managing Child Survival projects.
2. To determine what consensus exists among PVO Child Survival professionals on critical issues, or problematic questions, which relate to the sustainability of health programs in developing countries.
3. To explore how Child Survival project managers rate the sustainability of their actual field projects across different dimensions of evaluation, and determine what dimensions of evaluation are of shared relevance to the different projects.
4. Based on the findings, to define the parameters of a framework for sustainability planning and evaluation, which could be shared by different CS projects while respecting individual programmatic realities.

⁴ We use the terms “project managers” and “project backstops” to refer to two types of PVO professionals:

Project “managers”, working at the field level – in developing countries – in charge of the day to day implementation and coordination of CS projects.

Project “backstops”—sometimes called program officers—working in the US and specifically charged with the provision of support and guidance to the field projects. In general, these PVO staff tend to represent a more experienced, educated and senior group of health professional, with numerous years of experience across different countries.

–TO THE POINT–

The central question of the CORE-CSTS Sustainability Initiative is:

- ❖ Can a common framework be developed, allowing for the expression of diversity, yet allowing PVOs to assess performance on sustainability, share lessons, and have a leading role in the sustainability agenda?

3.2 STUDY DESIGN

This study was designed as exploratory within the relatively cohesive “world” of the US-based PVOs working in Child Survival. These organizations are connected through their collaboration in the CORE Group or their implementation of projects under the CSGP (see Chapter 1). The investigation was led by the author, working in the CSTS project, which interacts on an almost daily basis with some or all of these PVOs. Staff of CSTS review or are otherwise involved with the project documents produced from applications to final evaluations.

The sustainability initiative was also a participatory effort in many regards. The first chapter describes how the research agenda was designed through a series of forums and joint activities. The CORE monitoring and evaluation (M&E) working group had a designated representative actively involved in steering this research. The participation of PVO members in the design and implementation of the study was continued through the identification of informants, and the review and adaptation of the survey tools, notably through group activities held during a “M&E Update Workshop” of November 2000.

Figure 2 describes the iterative steps of investigation and analysis involved in the study, where qualitative information fed into the design of two questionnaire surveys. It was conducted through three distinct and chronologically overlapping components:

- Component 1: Semi-structured informant interviews:

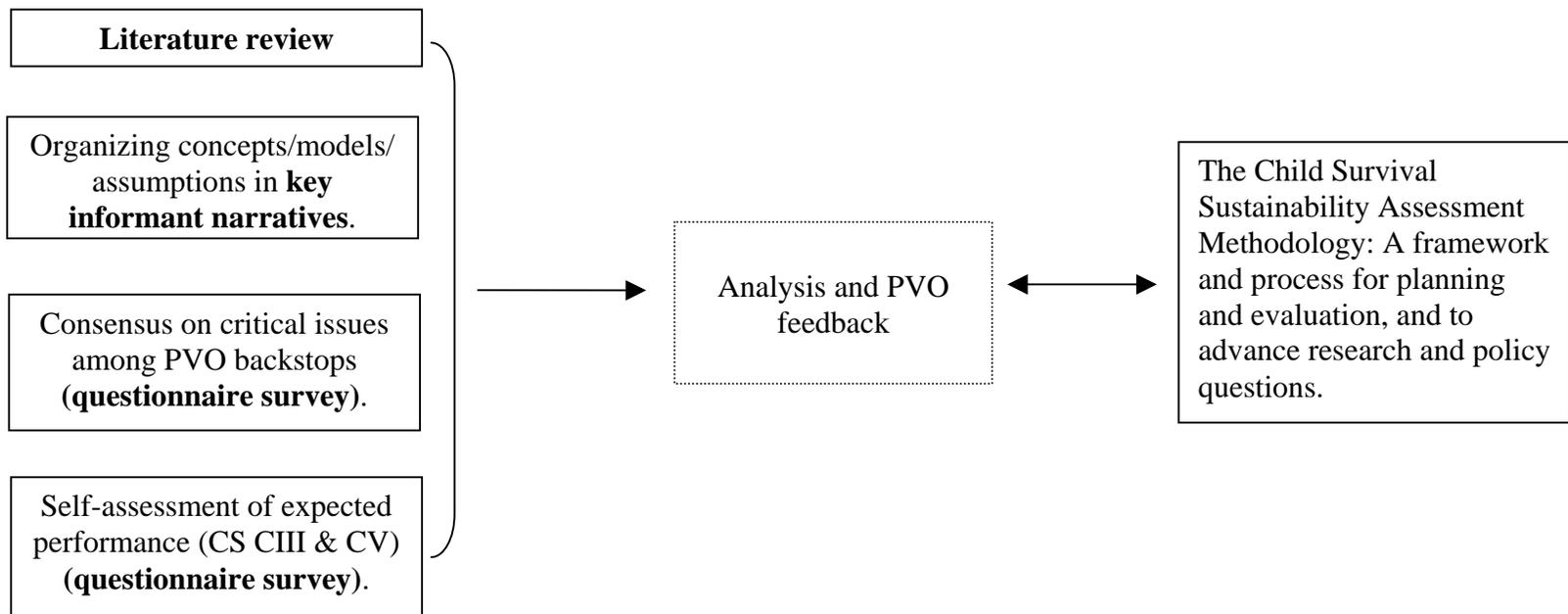
After a review of the literature, semi-structured interviews were conducted with key informants in the PVO community in order to elicit project narratives and experiences, and to discover schemas, assumptions and questions about sustainability in CS and other primary health care projects in developing countries.

- Component 2: Questionnaire survey of experienced CS professionals on “critical issues”:

Based on the review of the literature and the still ongoing informant interviews, a questionnaire was designed to survey experienced CS professionals about critical issues—paradoxes, problematic or controversial questions—relating to sustainability. Individual opinions and perceptions were explored through this component.

- Component 3: Sustainability self-assessment by managers of two groups of projects within the CSGP:

Figure 2. The CORE-CSTS Sustainability Initiative for a Child Survival Sustainability Assessment (CSSA) Methodology



A self-assessment questionnaire was designed to survey how two groups of projects in the CSGP portfolio perceived their achievements in terms of sustainability and the influential factors facilitating or constraining these achievements.

3.3 CONCEPTUAL FRAMEWORK

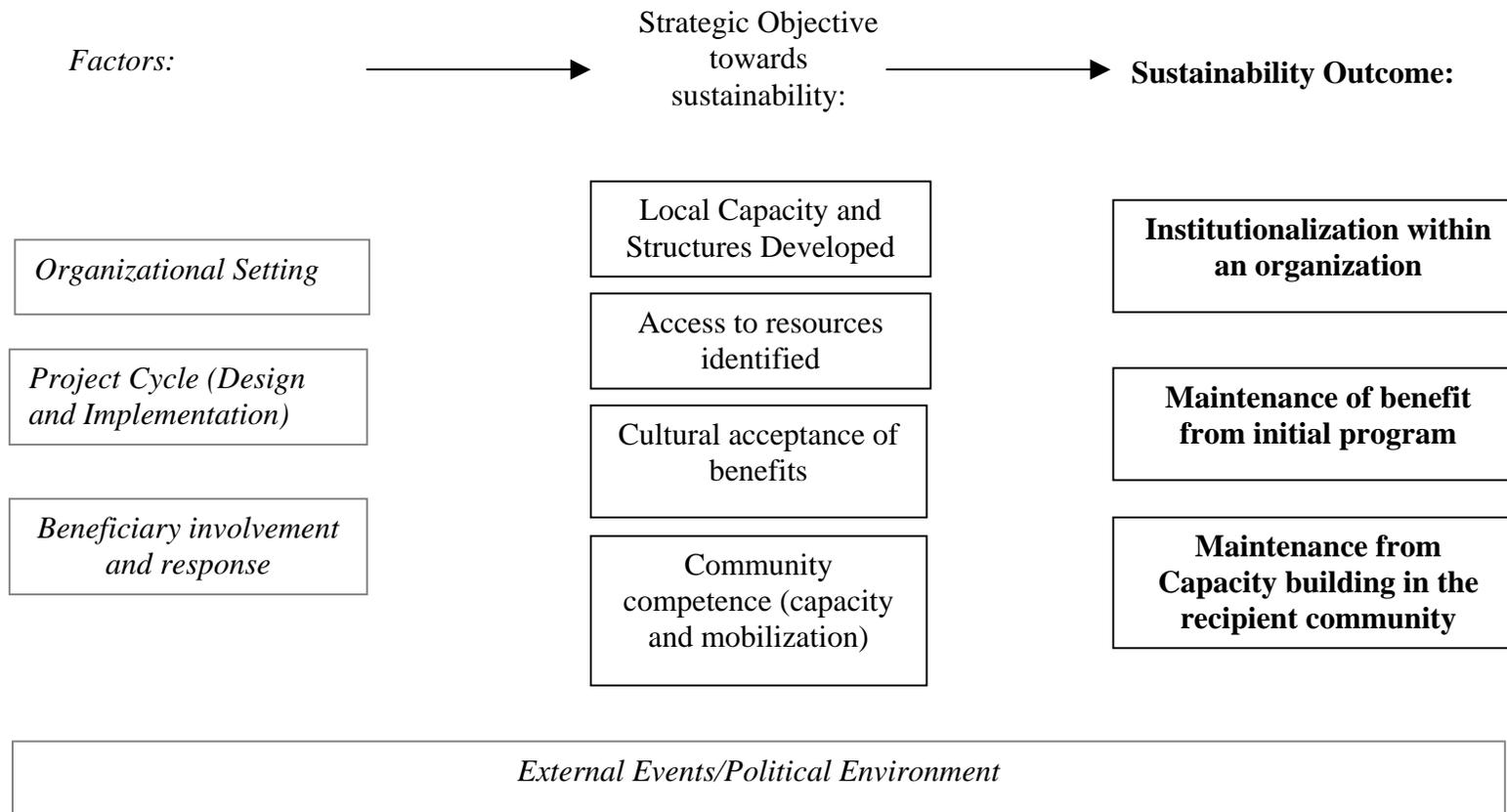
Given the exploratory nature of this study, it was important to start with a conceptual framework as open as possible, in order to be receptive to the paradigms and models that the interviews were to elicit. At the same time, it was necessary to have a starting model to be clear and specific in the use of language.

The conceptual framework of the study built heavily on the models reviewed in the literature (see Chapter 2). This framework (Figure 3) suggested that sustainability is achieved through one of three possible outcomes. The final impact of reaching these outcomes is the sustained improvement of the health of a target population.

The three possible outcomes are those defined by Shediac-Rizkallah (16):

- The maintenance of health benefits achieved through the initial program.
- The continuation of program activities within an organizational structure (institutionalization).
- The maintenance of health benefits through building the capacity of the recipient community.

Figure 3. Initial conceptual framework of the CORE-CSTS Sustainability Initiative



The next level down consists of objectives more immediately accessible to projects, and contributing to achieving the outcomes. Those types of objectives are organized in terms of:

1. Capacity-building within organizations and development of local structures.
2. Ensuring access to appropriate resources.
3. Promoting the cultural acceptance of health benefits.
4. Capacity building within the community.

From the models reviewed we identified four types of factors, which will influence the achievement of these objectives:

1. Organizational setting.
2. Design and implementation.
3. External factors (at the local, national, and international levels).
4. Responses and involvement of the project beneficiaries.

This framework was helpful in clarifying the language to initiate this study, and in designing the self-assessment questionnaire. As the research progressed and results were analyzed, we moved away from its structure and developed a new framework, more adapted to project planning and evaluation, based on the lessons learned provided by the participants.

3.4 HYPOTHESES AND ASSUMPTIONS

This study was not designed to test—validate or invalidate—research hypotheses, but to explore shared values and implicit models underlying a diversity of experiences. It did, however, make two assumptions:

- The first assumption was that the participants to the study shared a common “PVO CS culture,” had common references in terms of knowledge, field experience and purpose. Given the high level of interaction, movement of personnel and exchanges between the PVOs (much increased in recent years through CORE), this seemed like a reasonable assumption.
- The second assumption was that the professionals targeted through our interviews and critical issues survey formed a group of experts or opinion leaders in their professional community. The assumption carried that, if there is a common purpose of sustainable health pursued by PVOs, our respondents had the experience base to judge when this purpose was being fulfilled in PVO interventions and when it was not. In other words, their collective experience could serve as the knowledge base for providing meaning and validity to a shared evaluation tool.

3.5 METHODOLOGY OF THE PVO KEY-INFORMANT INTERVIEWS

The purpose of the interviews was to gather a substantive body of textual narrative from people considered as “key informants,” and as such particularly knowledgeable about the PVOs’ practices and

purpose in Child Survival. The sampling approach was purposive and the data collection and analysis techniques adapted to textual analysis.

INFORMANTS

Twenty-one informants were recruited into this component of the study representing professionals from small and large PVOs, with years of involvement in primary health care and Child Survival programs in developing countries. They were identified in a purposive sampling approach, either because they were known to CSTS or CORE as particularly interested in the topic of sustainability, or because their programs were identified by their peers in the PVO community as deserving attention, or simply through nomination by peers including those already interviewed. The list of informants is provided in Appendix 1.

DATA COLLECTION

An “ethnographic field guide” was designed to guide semi-structured interviews, which were conducted between October and December 2000. Interviews lasted between 45 minutes and one hour. They were conducted for the most part over the phone and, in some cases, face to face. Interviews were recorded and transcribed in a text file. Tapes and transcripts were coded to respect anonymity. Overall, a rich text narrative of over 1,000 pages was produced and analyzed.

ANALYSIS

The narrative of the interviews was collected in text files and regrouped as one ‘hermeneutic unit’⁵ in the Atlas t.i. analysis software package. (87) Textual data analysis methods based on Grounded Theory⁶ were used with iterative references to the narrative, coding of text segments, organizing or cross-referencing codes⁷, writing memos and notes and making specific queries.

The interviews overlapped with the phase of design of the critical issues questionnaire survey and contributed to the writing of its questions. The next section addresses the method used for the critical issues survey and is followed by the presentation of the results.

3.6 METHODOLOGY OF THE CRITICAL ISSUES SURVEY

The critical issues questionnaire survey was designed as a complementary research component to the interviews. It reached a wider group of Child Survival professionals in the PVO community in order to explore the dominant opinions about problematic and controversial questions.

⁵ “Hermeneutic unit” is a term used in Atlas t.i. to refer to a connected body of information, in this case the textual data (primary data sources), as well as codes and memos added by the researcher through the analysis process. This allows retrieval of segments of text across all documents regrouped in the hermeneutic unit, based on code selection or code cross-referencing.

⁶ See section on strengths and weaknesses of the study for more references on Grounded Theory.

⁷ Overall, 146 codes were created and organized into ten “families” of codes. The data in the hermeneutic unit ended up including 135,183 code entries.

RESPONDENTS

The PVO Child Survival community connected through the CORE Group and served by the CSTS project is a relatively small world of professionals. Our sampling strategy was for this reason once again purposive⁸.

Respondents⁹ were approached by electronic mail. The questionnaire was sent to a list of 108 list of contacts in PVOs managing or having previously managed CS grants. This list is maintained by CSTS and updated regularly for quick identification of PVO contacts. Some of these contacts are not involved in CS programmatic questions and were not expected to respond¹⁰.

Considering the small universe under investigation, the response was considered above expectations, with 50 respondents returning a completed questionnaire. (The questionnaires were anonymous and did not identify by which distribution list the participants had been contacted). Respondents belonged to 31 different PVOs, from the smallest to the largest of the 36 member organizations of CORE. This represents almost all the PVOs served by CSTS.

The final group of respondents was judged highly representative of the PVO professionals actively engaged in CORE Group activities and involved in advancing the PVO Child Survival agenda. The characteristics of the respondents are summarized in Table 4.

⁸ Random sampling is the recognized approach used to study characteristics of a large population by the random selection of a smaller but statistically representative sample of individuals. This did not fit our need, which was to obtain the opinions of a select group of individuals in the PVO community, specifically those professionals with experience, specialized and dedicated to primary health care and Child Survival. While CS project backstops were our main target, we realized that, in some organizations, the lines between some consultants and PVO staff are blurred and that the former sometimes operate in the role of the latter. Additionally, while the professionals working at a headquarters central level are usually the most experienced in the organization, we also realized that very experienced and qualified people could be working at the field level, yet contributing actively to their PVO's reflection on sustainability. Without a much more complex and involved recruitment process it was not possible to adequately survey all these groups. A simple purposive approach was chosen to reach all of our primary targets and beyond.

⁹ We refer to the study participants that were interviewed as "informants," and to those who responded to a questionnaire as "respondents."

¹⁰ In a second step, the questionnaire was also sent by CORE to all the subscribers of its listserve: PVO members in the field and in the US, but also consultants, members of Collaborating Agencies and USAID personnel interested in the work of CORE. The two lists overlap considerably but our goal was to reach widely into the PVO CS community to enrich our exploration (purposive sampling). It was expected that the first list would provide most responses, and that a few more would be gleaned from the second source.

Table 4: Characteristics of respondents to the critical issues questionnaire

Characteristics	N=50
Position of respondent <ul style="list-style-type: none"> US-based position (CS project backstop¹¹ or other) Field-based CS project position (manager or other) Consultants and members of collaborating agencies 	38 9 3
Sex <ul style="list-style-type: none"> Female Male 	26 24
Respondents' experience: <ul style="list-style-type: none"> Median number of years of professional life in CS Median number of years lived in developing countries 	12 7

DATA COLLECTION

Based on questions in the literature and opinions listed during the interviews, a first and extensive list of propositions was developed. After a process of review and testing with CSTS staff and PVO volunteers not targeted by the study, the list was shortened to 74 questions.

Most of the questions directly tested the level of agreement to a simple proposition on a four-point Likert scale from “strongly disagree” to “strongly agree.” For example, respondents indicated to what degree they agreed with the statement, “A project approach to health programs in developing countries is not compatible with high expectations for the demonstration of sustainable results.”

Other questions represented “logical propositions” linking more than one affirmation through a relation of causality or opposition; for example, “improving sustainability can mean having developed the capacity of an organization to manage financial risks and crises, or accessing diversified sources of funding, because some Public Health interventions will always require external financial support.” This sort of questioning was important to explore agreement on relationships between concepts, which are at the root of the models used by the respondents in their thinking about sustainability.

Two other types of questions were offered to assess the respective value of complementary or opposing propositions. Examples of the three types of questions are provided in Illustration 1, and the full questionnaire is available in Appendix 10.

¹¹ See chapter 1 for a definition of this term.

Illustration 1—Types of questions in the critical issues questionnaire survey

Example of the first type of question (critical issues questionnaire):

	strongly disagree	disagree	agree	strongly agree
However important it may be, good leadership cannot be manufactured, so Child Survival projects trying to achieve sustainability should focus on areas such as technical and management skills, where they can have a demonstrable impact.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Example of the second type of question (critical issues questionnaire):

Statements A and B reflect a difference of opinion on what the motivation of the PVO should be for working with the District Health Team (DHT):

Statement A	“The partnership of Child Survival projects with health districts is key to <i>improving the sustainability</i> of the delivery of quality health care.”
Statement B	“The partnership of Child Survival projects with health districts is key to <i>avoiding opposition and gridlock</i> with the health authorities during implementation.”

Mark your agreement with these two positions as suggested below:

<input type="checkbox"/> Agree with A only , but <i>not B</i>	<input type="checkbox"/> Agree with B more than with A	<input type="checkbox"/> Agree with <i>neither A nor B</i>
<input type="checkbox"/> Agree with A more than with B	<input type="checkbox"/> Agree with B only , but <i>not A</i>	<input type="checkbox"/> Agree with A and B equally

Example of the third type of question (critical issues questionnaire):

Mark the following scale according to how much you lean toward a proposition or another as best completing the statement

<p>“In a project partnering with a district health system in malaria control and management, a genuine commitment to sustainability means that—at the end of the project—the district system will be left with a greater capacity...</p> <p>... to conduct malaria control and management activities effectively, regardless of the result for other areas of intervention of the health system.</p>	<input type="checkbox"/>	<p>... to <i>define its priorities</i> and to perform more effectively in the <i>wide range</i> of areas of its mandate for service to the population.</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

ANALYSIS

Responses were numerically coded and entered into the SPSS software. (88) Simple univariate analysis was conducted. The results were recoded to obtain the percentage of overall agreement to the questions. The process of analysis made complementary use of the interview and questionnaire data, and the results are presented together for these two components of the study in the next chapter.

3.7 METHODOLOGY OF THE SUSTAINABILITY SELF-ASSESSMENT SURVEY

RESPONDENTS

Two groups of projects among the 72 projects of the CSGP were targeted for the self-assessment survey. These projects started in 1997 (CS XIII) and 1999 (CS XV) and were planning, respectively, their final and mid-term evaluations. Additionally, in three cases, a PVO decided that a CS project from another group of projects (awarded on another year) should be included in the survey. These three projects were kept in the final analysis. (The list of projects actively surveyed is available in Appendix 13.)

Responses came back from 22 projects out of 42 actively targeted (52.4 % response rate). The responses were provided by a CS project manager or health coordinator (13 responses), a national country director (3 responses), or a US-based project backstop staff (6 responses).

Respondents essentially self-selected, but they were comparable to non-respondents on all criteria available from CSTS project databases (see Appendix 12). The 22 responding projects from 16 PVOs operate on three continents in all programmatic areas and are comparable to the 72 active projects, at least on criteria available for examination.

QUESTIONNAIRE DESIGN

The areas of investigation and the questions covered in the SA survey were developed progressively starting from the initial conceptual framework, through the review of the literature, the beginning of the interviews, and consultations with PVO participants. The questions were derived from existing assessment tools (84), or—in their absence—from concept and review papers (29;45;89;90).

Most dimensions of assessment were based on a four-point Likert scale. For example, organizational capacity assessment questions such as, “the local partner operates with a functional governance and decision-making structure” were answered from “strongly disagree” to “strongly agree”, with no neutral category. Questions on community competence and community capacity were thought to be better explored by including a neutral category, through a five-point scale. For example, a community capacity question, such as “the project’s influence on the general sense of connection and belonging with the place and people in the community” was answered from “very negative” to “very positive”, with a neutral “no influence” response category).

As a proxy to pre-testing, the SA questionnaire was circulated and discussed with a number of PVO members. Some of its elements were used during a monitoring and evaluation update workshop. Efforts to shorten the questionnaire were limited by competing recommendations to expand different sections. In the end, it was decided to keep a broad set of assessment dimensions to preserve the exploratory nature of the study, but to shorten the list of questions in each dimension. For example, the organizational capacity of the project and its main partner is assessed through a series of 12 questions, from the 70 to 80 that can be found in organizational assessment tools. Twelve (12) questions about community capacity were

selected based on suggestions from the literature, as no validated tool was available as a template. Respondents were also asked a series of questions about the factors encountered at the onset of the project in its design (16 questions), in the PVO organizational setting (9 questions), in the host country (9 questions), and in the community of the intervention (7 questions).

The questionnaire was translated into Spanish considering the number of projects in Latin America. For all projects targeted, PVO staff at headquarters providing support to the projects were contacted to ensure that the English questionnaire could be used accurately by the respondents.

DATA COLLECTION

The SA questionnaire was sent in January 2001 through PVO headquarters or directly to field projects. Follow-up emails were sent and each PVO headquarter contact (backstop) was called at least once to encourage responses. Confidentiality clauses and informed consent introduced the questionnaire questions. Twenty-two responses were received.¹²

ANALYSIS

Responses were entered into the SPSS statistical analysis software.⁽⁸⁸⁾ To obtain a score in a dimension of evaluation, the scores on all questions in that dimension were averaged. In some cases, responses had to be re-coded when the direction of the question was opposite to other questions in the same dimension.

To assess organizational capacity (the project's or the partner's), six areas of capacity were explored through a short list of questions extracted from capacity assessment instruments:

- Technical capacity (2 questions),
- Strategic planning and management (5 questions),
- Organizational learning, information systems and communication (4 questions),
- Human resources management (1 question),
- Financial management (1 question),
- Administrative and supervision support systems (2 questions).

Responses were averaged by capacity area (e.g. average of five questions for strategic planning and management), and the responses to the 12 questions were averaged to provide an overall project capacity score.

As two Likert scales had been used (one with four points, and one with five), average scores were all re-scaled from minus five (most negative score) to five (most positive score), with zero being a neutral average response, in order to compare the performance on the different dimensions of assessment. The same treatment was made of the four categories of factors addressed at the end of the questionnaire: project implementation factors, organizational factors, country factors, and community factors. All results presented in Chapter 4 are reported after re-scaling.

¹² An additional response came after a presentation of preliminary results and had to be rejected.

3.8 STRENGTHS AND WEAKNESSES OF OUR METHOD

Referring to sustainable development, Bossel posits in his report to the Balaton Group that “the sustainability concept we adopt has consequences: our interpretation of the concept directs our focus to certain indicators at the neglect of others.”(1) We agreed with that position and found it important to approach our investigation in a process both rich qualitatively and open in terms of theories, in order to explore a complex concept which sends us back to many interactions and perspectives.

Both strengths and weaknesses can be identified in this approach.

STRENGTHS OF THE METHODOLOGICAL APPROACH

A. Qualitative approach

Our approach was based on Grounded Theory, which emphasizes processes, action, social interactions, and problematic situations and where “truth is a pragmatic concept,” judged by its usefulness and applicability.(91) Grounded theory puts strong value in the actors’ viewpoints, in this case PVO professionals with experience in managing and supporting (“backstopping”) Child Survival interventions. An open initial conceptual framework allowed us to elicit experiences, perceptions, and relations between complex processes at the root of sustainable health and development. Grounded theory as a social science methodology allows generating theories. This fitted our need to develop a shared framework. It sees continuity between everyday and scientific thought, which is appropriate for looking at the human and organizational processes involved in sustaining child health interventions. Finally, another central element of the approach we used is that “theory is inductively derived from the study of the phenomenon it represents.” This allowed us to value and learn from practical experiences, even if they were reported by our informants and not directly observed. A similar approach was used by Nathan to explore the involvement of NGOs in advocating for health equity. (92)

B. The position of the researcher and the investigative process

The process of data collection and analysis has been described above. “Formal” research processes and daily work interactions with PVO staff and PVO documents were, however, intertwined. As narratives were analyzed and questionnaires developed, for example, discussions with PVO staff also took place. The CSTS Project provides technical assistance to the PVOs and to the CSGP, and has continued to do so during the study. The research was conducted in the context of a daily involvement in the experience of the PVOs. This involvement included reviews and discussions of PVO documents (applications, implementation plans, evaluation reports), frequent discussions with PVO CS “backstop” staff or consultants, and consultations about the study itself and its tools. This situation is quite different from that of a distant and “objective” analyst, but more appropriately described as that of a participant observer of the work and reflections of PVOs. This was actually perceived as an advantage and strength of the study.

Qualitative data analysis traditionally seeks to use “emic” definition of terms, that is: the precise words given to reflect a particular symbol or meaning by a population being investigated. (93;94) In this study, the purpose was to find the common denominator, the possible conceptual overlaps, expressed through the different experiences of a very learned population of study. Informants used terms such as “social capital”, “knowledge development”, “capacity building”, “institutionalization”, “financial sustainability”, “empowerment”, etc. The narrative of the interviews—focusing on experience—was extremely helpful in identifying the overlapping concepts and the nuances. But the “pragmatic” focus of the study—expected

to advance the development of an evaluation tool—provided a direction to the analysis. The organization of concepts into dimensions practically allowing planning and evaluation took precedence over a more classically anthropological classification of the concepts.

The final result was a rich set of data, particularly qualitative data, which is expected to contribute a strong content validity to our proposed framework.

STUDY LIMITATIONS

Limitations are identified in terms of potential biases and measurement questions, particularly for the self-assessment survey.

A. Potential biases

Bias is a difficult question in a qualitative study where it may be hard to assume that an objective and absolute truth exists, from which findings would depart. But, even if the “truth” about sustainability may never come totally in focus, a systematic bias would exist if the nature of the enquiry—from the selection of informants, to the methods of data elicitation and of their analysis—led to systematically ignore crucial concepts and experiences, or systematically over-emphasize particular concepts favored by the investigator, over unfamiliar concepts brought forth by the informants. One of the first way to address bias in research is to systematically consider its possibility. (94) Some potential sources of bias of recruitment and response can be suggested for all components of the study.

Potential bias in the selection of informants and respondents

Our recruitment strategy was non-probabilistic and purposively included experienced informants for interviews. For the critical issues survey, we targeted and obtained a high response rate from respondents belonging to a small universe of investigation. In both cases, the sampling approach fits that of a qualitative study exploring the opinion of experts, which is used both in management (95)), Public Health policy and ethnographic studies. (91;96-98) This limits the possibility to make generalizations outside of the study population. Given the involvement of PVOs in defining concepts (99) and advancing innovative models in health and development (11;100), however, there is a strong basis to expect that findings—if internally valid with the experience of our study population—can be meaningful and valuable to a larger international health community.

In terms of the self-assessment survey, two potential recruitment biases must be kept in mind. First, the projects targeted by the survey shared a lot of common features, by virtue of their funding through the CSGP. Then, project managers that truly perceived their achievements to be sustainable may have been more inclined to respond than managers who felt more critical about their project’s achievements, or more skeptical about the entire issue. We did not find any substantial difference between the profile of the respondent and non-respondent projects, but the possibility of a self-selection of projects performing “better” in terms of sustainability cannot be discarded.

Potential bias of response

In terms of the interviews, the researcher’s perception is that it would be hard to find a group of informants less intimidated by the research process. The CI survey respected anonymity and is unlikely to have carried with it a substantial response bias.

The situation is somewhat different for the self-assessment. Although projects responded to CSTS directly for the most part (instead of through their organizational hierarchy) and confidentiality clauses were clearly presented in a consent form, some respondents may have still felt that the information would be shared within or outside of their organization, and this may have biased their responses. Additionally, respondents might be biased in their assessment of projects in which they are heavily invested and for which they have high hopes.

Self-assessment as a methodology has its own constraints, even when respondents have no proclivity to alter their scores up or down due to an unspoken agenda (e.g. impressing a hierarchy or a donor agency). One of the major identified issue with self-assessment is the phenomenon of response shift bias (101-103), which is beyond the focus of this document.

It is reasonable to assume, however, that a combination of these factors partly explains the high expectations for sustainability outcomes expressed in the self-assessment survey (see Chapter 5).

B. Validity of measurements

The main question of validity refers to the specific dimensions of the self-assessment survey, where we used lists of questions as scales in order to obtain an average score as, for example, on organizational capacity.

The content validity of the questions was built through a strong reference to prior literature and inputs from the study participants themselves. In the case of community capacity, expert consultations referenced in the literature have provided the basis for the questions selected.(29;90) In the case of organizational capacity, the questions were extracted from more comprehensive tools, tested, and used in actual capacity assessment exercises. The assessment questions were probably the best we could devise, but their use as scales is not validated through recognized quantitative procedures of reliability and validity assessment. (104-106)

This leaves some questions open about what we measured. For example, we have described very similar scores for questions on community competence and community capacity (see Chapter 5). But the distinction between these two concepts, and the pertinent tools for their measurement are far from being fully clarified or validated. The perception of a respondent about demonstrations of a capacity expressed by the community may be translated into the same scores for the two types of questions we offered. In other words, we may have been measuring the same thing, or at least overlapping dimensions through two sets of questions. In comparison, we had a larger experience base to develop our organizational capacity questions from. And there is little doubt that our questions about technical capacity and about financial management capacity addressed two very distinct dimensions. Responses demonstrated much greater variability on these questions.

Overall, given the complex reality we were dealing with, where the number of variables is possibly greater than the number of units of study, and given the state of current evaluation science for the dimensions we needed to explore, our measures provided the exploratory data we needed with strong elements of validity, essentially due to a strong content validity.

CHAPTER 4. RESULTS FROM THE OPINION LEADERS' INTERVIEWS AND SURVEY ON CRITICAL ISSUES

PRESENTATION OF THE RESULTS

The two first components of the research were a series of interviews of key informants in the PVO community and a questionnaire survey on critical issues regarding sustainability. The interviews fed into the design of the questionnaire and oriented some of the questions, and the findings coming from the two tools are closely intertwined and mutually complementary. As has been done in comparable qualitative studies (107) the results of these two components are presented together in this chapter.

It is important to be reminded of the aims of this study. We sought to explore the diversity of experiences of Child Survival PVO practitioners to see what common basis could be drawn upon to plan and assess sustainability. We are not presenting an inventory of project strategies and a review of their accomplishments. For this readers are better referred to other sources. (6;7;11;13) This being kept in mind, we can present a first series of results.

4.1 SUSTAINABILITY: RELEVANT YET QUESTIONED

Table 5 and relevant analyses from the narrative of the interviews show the relevance and importance of sustainability to the PVO work in Child Survival. They also bring some light on the complex responsibility of PVOs and the importance of finding balance between competing project agendas, particularly on related issues such as capacity. Finally first elements of understanding about the conditions under which sustainability remains relevant to PVO projects working in impoverished conditions are helpful in starting to give a consistent meaning to the concept.

Table 5. Agreement to the critical issues survey statement

CI Survey Statements	Agreement	N
1. Truly effective child survival projects are those that demonstrate a diffusion of lessons and practices through the local structures that will take on the activities after the international PVO phases out.	96%	49
2. Diffusion of knowledge, norms and practices through community social networks or from one generation to the next within families, is an important sustainable result for child survival interventions.	98%	50
3. PVOs should no longer be in the business of direct implementation of child survival interventions, as this approach creates dependencies and is not sustainable	62%	50
4. Projects should not get funded when no constructive engagement of government or civil society is expected by the end of a project, and sustainability is clearly an unreachable goal.	69%	49
5. Direct implementation of interventions by PVOs is necessary when all other stakeholders are either unable or unwilling to serve the needs of a specific disfavored population	82%	50
6. Direct implementation of child survival interventions by PVOs remains necessary when innovative approaches need to be developed, before their effectiveness can be demonstrated to other partners and stakeholders	58%	50
7. The benefit to children and mothers in the community is what ultimately matters. Capacity building at any level should be judged according to its ultimate contribution to this final benefit	68%	50
8. Equity is not disconnected from sustainability; in a general sense, <i>true</i> sustainability requires a reduction in disparities	83%	48
9. Measures of sustainability should ultimately be validated by measures of improvement in human and social development.	90%	48
10. Planning for sustainability requires lining up child survival interventions with national priorities and policies set by national administrative and health authorities	78%	50
11. The MoH structures in developing countries can be unreliable and unstable, and child survival projects should avoid relying too heavily on these structures.	35%	49
12. Interventions not supported by governmental structures are not sustainable and should not be funded.	27%	49
13. It is the duty of PVOs to work and plan for sustainability independently of government structures, when these structures do not demonstrate interest for the long-term needs of the communities	65%	49
14. There is quite a bit of difference between official policies and the genuine political will of health system officials. Projects must build their sustainability strategy on the genuine political will of their partners, and not simply on official discourse	88%	50

RECOGNIZED IMPORTANCE OF SUSTAINABILITY

There is a unanimous consensus, demonstrated by the participation and multiple comments of the informants, on the fact that sustainability is relevant and important to the Child Survival agenda. Respondents to the critical issues questionnaire quasi-unanimously agreed with statements valuing sustainability in CS interventions and making it part of what makes a project “truly effective” (Questions 1, 2—Table 5). This general support for the importance of sustainability in the CS agenda is equally apparent from responses to a host of other questions, but it is also mitigated by controversial questions about when and how sustainability ought to be a central programmatic focus, as well as by enduring questions about the meaning of the concept.

CHALLENGES TO THE CENTRALITY OF SUSTAINABILITY

Challenges come through in questions about the implications of a project approach, and through comments about situations or perspectives that put the emphasis on sustainability planning in question.

Forty-three percent (43%) of the CI survey respondents think that, “a project approach to health programs in developing countries is not compatible with high expectations for the demonstration of sustainable results.”

Additional questions addressed the issue of time and resources needed for addressing sustainability through a project approach. There is an overall consensus that improving sustainability requires time. All respondents to the CI survey feel that, “PVOs with a longer field presence can maximize the opportunities for capacity building, coaching and leadership development, thus increasing the prospect of sustainability of their interventions.” Most respondents (90%) agree that partnership and capacity building mean taking a “slower path” than focusing on delivering results. This also applies to building relationships between providers and communities. While most are obviously concerned about the feasibility of achieving sustainable results in short timeframes and with insufficient resources, others are concerned by the risk of dependencies created when too much time and too many resources are expended by a project.

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ **The relevance of sustainability to the Child Survival *agenda* is unanimously recognized, but critical questions and controversies are raised about its programmatic translation in Child Survival *Projects*.**

There were several comments expressing skepticism about the feasibility of sustainable achievements in some situations, or about certain issues (for example where any kind of mechanical equipment is concerned). Some informants voice that sustainability does not have the same importance for all projects.

“I think sustainability is a high order objective, but I don’t think that it necessarily should be a focus of every project.”

The situations where sustainability can be seen as secondary, for some, are those in which there are dire needs, due to poverty or disasters, in the communities of intervention. Even though a small majority (62%) of respondents think that PVOs should not be involved in project direct implementation at all, and should not work in situations where sustainability is “clearly an unreachable goal (69%),” a larger majority (82%) still considers that “direct implementation of interventions by PVOs is necessary when all

other stakeholders are either unable or unwilling to serve the needs of a specific disfavored population.” (Questions 3, 4, 5–Table 5)

The sense of community needs comes unsurprisingly as a foundational value of our PVO respondents and informants, even for some of those endorsing sustainability as a *sine qua non* of project funding. The desired dialogue-based relationship between PVOs and communities, much emphasized by our informants, makes them very aware of the communities' daily-struggle perspective.

“The community, on the other hand, obviously wants what they can get, I mean, if they're in need of health services, they're not in a position to stand back and say, well it's not sustainable so let's not do it.”

This introduces the notion of a difference in perspectives about valuing sustainability. A number of informants are concerned about sustainability being advanced from the “ivory towers” of academia and funding agencies, far removed from the disorderly and challenging reality of “the field.” While supporting the importance of sustainability, informants point to a risk of disconnect between what it should mean for the communities and how it can be translated in bureaucratic requirements for projects.

“[If] it's just to salute the objectives and the requirements of data reporting, I think it's meaningless, ... It doesn't empower the people. I mean those are the things that have to change, and I'm becoming more aware of that ... I'm finished with writing picture perfect reports.”

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ **The sense of the community's needs comes unsurprisingly as a foundational value of our PVO respondents and informants, even for some of those endorsing sustainability as a sine qua non of project funding.**
- ❖ **A small majority of respondents think that PVOs should not work in situations where sustainability is clearly an unreachable goal.” A larger majority considers that “direct implementation of interventions by PVOs is necessary when all other stakeholders are either unable or unwilling to serve the needs of a specific disfavored population.”**

Another situation where sustainability is not necessarily accepted as a first priority is when innovations need to be developed. The informant who provided the following quote was referring to donor-originated requirements.

“I slightly agree that the emphasis on sustainability can be overdone, such that it stifles maximum creativity. But generally, I mostly agree that it's good to emphasize it.”

This sentiment was echoed in some of the consultations held with PVO participants throughout the study period. And for almost half of our respondents, bringing innovations to the field is one of the conditions in which direct implementation by PVOs can still be necessary (Question 6–Table 5).

These observations are closely related to how sustainability is approached or defined. This will be revisited throughout our presentation of the study findings, but some first elements on this topic must be presented now.

FIRST QUESTIONS ABOUT DEFINITIONS

Faced at the beginning of the interviews with very open-ended questions, informants came back frequently to the need to specify how sustainability was defined, and referred to concepts such as benefit (or outcome) sustainability, program sustainability, organizational sustainability, financial sustainability, etc. Participants emphasize a different perspective of sustainability based on their individual experiences. The complexities of the sustainability concept are also a source of skepticism for a few. Confronted in their own narratives with the different intervention levels concerned by sustainability and the diversity of perspectives from which it can be considered, some informants convey a sense of frustration with the complexity of a concept that needs to be applied to the more immediate and straightforward project concerns for disease reduction. It is not the importance of sustainability that leads to expressed skepticism, but only the ability to address it programmatically in a meaningful fashion and in all circumstances. References to eradication programs, past (smallpox) or present (polio) are made to express a wishful call for a simple, fully satisfactory and measurable definition of sustainability.

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ It is not the importance of sustainability that leads to expressed skepticism, but our ability to address it programmatically through projects in a meaningful fashion and in all circumstances.

Informants agree strongly however in describing what is *not* sustainable, and in portraying elements that fit within a common long-term vision of sustainability, when they refer to practical experiences. This is also somewhat observed from responses to the CI survey (see again questions 1 and 2—Table 5). The following quote is illustrative of how experience helps define what sustainable projects are:

“I’ve worked with a lot of projects over the last... ten years. Some I managed myself, some I backstopped. I don’t know if I could bring up particular projects <as example of sustainable programs>, but there are some themes that have come out of it, or there are some let’s say, characteristics, about the ones that I thought ... made a difference, and ones I thought were nice but ... didn’t really change the way they do business there for the longer term involvement”

The scope of what can define sustainability emerges from the textual narrative. The following quote conveys a lot of the elements described by our informants as defining sustainability in CS interventions.

“[Organizational sustainability], to me, isn’t the point of sustainability. When we think of sustainability in [our PVO], we think more in terms of, especially at the community level, a well-functioning health system. ... We should be able to say, ... this is a community that -- through these 12 years of work -- understands what the health issues are, for maternal [and] child mortality; understands why moms and kids die and knows what they can do about it. And they understand the value of their community health workers and the training the community health workers have gotten. ... I look on it kind of as a social system. It’s like a well-functioning social system that almost becomes part of the local culture. The community health worker is identified as an important person in the community. The kids -- if you start with kids when they’re 5, 6, 7, 8 years old, they’re going to be ... almost 20 by the time that’s over with -- ... have really been immersed in this whole community health system and seeing women with complicated labor transported in the middle of the night to the health center and seeing their class mates, their brothers and sisters, with diarrhea and pneumonia being treated and ... being told by their parents that ... these kids usually were dying when this happened. But now we have community health workers, and they help us in how we transport the kids. ... So for me, that would be the goal of 12 years, to ... make that cultural change that would leave a well-functioning health system intact,

working well; coordinating well into the local health units ... local health posts, and just that whole system working. ... My idea would be that the project ends and all those things continue to happen. But to me, that's much more important than the organizational sustainability or any of the things we often think of."

The first and last sentences of this quote were kept to emphasize another point. The importance of developing the capacity of local institutional partners, or that of the PVO itself, is recognized by all our informants and respondents. A number of comments indicate, however, that not all in the PVO community are ready to take institutional capacity development objectives at face value, or make them a proxy for sustainability goals, without enough demonstration of a health and development impact at the community level. Similar results are observed in the CI survey. Respondents make it clear that institutional capacity building and organizational sustainability can only be *means* to achieving *goals* at the level the health and development of communities (Questions 7, 8, 9—Table 5).

These first results provide a sense of how the relevance of sustainability to the participants in the study is strongly rooted in the finality of their projects' service to communities in need. There is a strong consensus that sustainability for CS projects is highly interrelated with fundamental development issues, but controversies arise about its preeminence in dire situations, or when PVOs are trying to demonstrate the feasibility of innovations. There is some concern about the risk of sustainability being translated in bureaucratic ways. This is echoed in the desire to see progress toward sustainability in health programs validated in terms of human and social development. For some there is also a sense that institutional capacity building can be over-emphasized without due consideration to the true finality of interventions at the population level.

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

Participants to the Sustainability Initiative express that:

- ❖ The relevance of sustainability is strongly rooted in the finality of the projects' service to communities in need.
- ❖ Defining progress toward sustainability in health programs needs to be validated in terms of human and social development.

Findings about capacity building are further described in the next section, where we consider some of the strategies recognized by the study participants to lead to sustainable achievements.

4.2 RECOGNIZED STRATEGIES AND INTERMEDIARY RESULTS TOWARD SUSTAINABLE ACHIEVEMENTS

In the narratives of the interviews, as in our survey questions, endpoints for project planning (sustainability goals), intermediary results, objectives, and strategies are often intertwined. For example, informant narratives may address, in the same vein, working in partnership (a principle or a strategy), capacity building, institutionalization and ownership (as objectives in their own right, or as strategies to achieve a higher level result). In terms of our exploring the value-base of an implicit evaluation framework, these inter-related questions are better presented and analyzed together. Tables 4-7 present some of the salient responses to questions about strategies and results toward sustainable achievements in this section, which we present along with relevant comments from our informants. This narrative is

extremely rich and we will focus on the central and overarching themes of working with communities and partnership with local institutions to build capacity and organizational viability.

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ **There is not one linear model, but a number of approaches to achieve sustainable results. A final “sustained impact” is the result of complex and multi-dimensional interplay.**

WORKING WITH LOCAL INSTITUTIONS

A. Partnership

We present key lessons on work through two main types of partners addressed by our informants: partnership with Ministry of Health structures (MoH) and partnership with non-governmental organizations (NGOs). (A number of comments and CI survey questions referred more specifically to community-based associations (CBOs) and community health workers (CHWs) and are presented in the following section on community development.)

Partnering with MoH structures

Collaboration and partnership with the MoH, frequently at the district level, is an important and recognized project approach, spontaneously referred to by almost all informants. It is also a source of difficulties and constraints in intervention implementation. The narrative from our informants suggests that at times it could be a choice of necessity, because of donor requirements or because of the difficulties that can be created for projects by local authorities.

One question in the CI questionnaire explored how much the choice of partnership was dictated by pragmatic concerns for the immediate implementation of interventions, and how much of it was a choice based on a concern for sustainability. Respondents answered on a scale, where one end of the scale stated a pragmatic justification for a partnership with MoH structures (“to avoid gridlock”), and the other a concern for sustainability as the main justification for partnership. Overall, for 84% of the respondents, partnership with health districts is motivated either equally by sustainability and immediate pragmatic concerns, or by a stronger belief in sustainability benefits than by a pragmatic concern for implementation gridlock (35% and 49% respectively). But partnership is also recognized as a pragmatic way to avoid implementation gridlock (to an equal or greater measure than the concern for sustainability) for half of the respondents overall (Table 6).

Table 6. Dominant motivation for CS project partnership with health districts

Propositions:		
“The partnership of child survival projects with health districts is key to improving the sustainability of the delivery of quality health care.”		
-vs-		
“The partnership of child survival projects with health districts is key to avoiding opposition and gridlock with the health authorities during implementation.”		
	Agreement	
<ul style="list-style-type: none"> • <u>Sustainability</u> is either the only or the dominant motivation for partnership with a DHT. 	49 %	N=50
<ul style="list-style-type: none"> • <u>Pragmatism and sustainability</u> are equal motivations for partnering with a DHT. 	35 %	
<ul style="list-style-type: none"> • Partnership is predominantly a <u>pragmatic</u> choice 	16 %	

Questions 10 to 14 (Table 5) explored how a sustainability concern in project planning should guide issues such as project funding and project design with regards to partnership with a MoH. The consensus is that PVOs must align their interventions to national health policies, but that they should have a keen eye for engaging in partnerships when conditions are genuinely favorable to the long-term benefit of the populations. The provocative proposition that MoH structures are unreliable and that—consequently—CS projects should avoid depending too much on them is rejected by a strong majority of respondents. But the recognized need to coordinate CS interventions to national policies and priorities does not translate into an unconditional demand for an alignment of PVO interventions behind government structures, particularly when the commitment of the latter is questionable. In fact, most respondents disagree with the proposition that lack of governmental support should prevent project access to funding.

Once again, as seen in the first results’ section of this chapter, it is the ultimate satisfaction of the population health needs that provides the standard for designing interventions with greater or lesser MoH involvement. A small majority of respondents (65%) consider that PVOs have the duty to work independently of government structures when this is warranted by these structures’ lack of response to the needs of the community.

<p>–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–</p> <ul style="list-style-type: none"> ❖ Partnership with MoH structures emerges both from necessity and opportunity: the necessity to overcome the risk of gridlock in project implementation, and the opportunity it creates for sustained results. ❖ The recognized need to coordinate CS interventions to national policies and priorities does not translate into an unconditional demand for an alignment of PVO interventions behind government structures, particularly when the commitment of the latter is questionable.

Partnering with non-governmental organizations (NGOs)

Partnership and skills transfer to local NGOs is another major strategy referred to by our informants. Almost all respondents to the CI survey agreed that “local NGOs should be developed and supported in order to take over the important role that PVOs have played in child health in developing countries.” They also almost unanimously agreed on the point, “developing the capacity of local NGOs fits within a larger strategy of development of civil society and democracy, which will create the conditions that will improve the sustainability of PVO efforts for Child Survival.”

However, a number of informants mentioned limitations to partnership strategies and suggested that a local NGO can be supported without making genuine progress toward sustainability. A main reason for this is the creation of dependencies. This was also recognized by a large majority of the CI survey respondents (Question 15—Table 7). Because many informants referred to the importance of the leadership and vision expressed in partner NGOs for the sustainability of the interventions, one of the CI survey question addressed whether issues softer than technical and managerial capacity development, such as building “vision and commitment” were “equally or more crucial” to the “prospects of sustainability.” Ninety percent (90%) of respondents agreed with this proposition (Question 16—Table 7).

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

Partnering and developing the capacity of local NGOs is recognized as a key strategy for sustaining child health.

- ❖ **As a strategy, NGO capacity building fits within the larger development of civil society and democracy, which will create the conditions that will improve the sustainability of Child Survival.**
- ❖ **Ninety percent (90%) of respondents believe that “building vision and commitment” in local NGO partners is “equally or more crucial to the prospects of sustainability” than developing technical and managerial capacity.**

These are salient and specific observations relating to the partnership work conducted with MoH structures and NGOs, but they are not complete without the consideration of a wider range of questions about capacity building discussed below. Related implications specific to evaluation questions are presented in a following section.

B. Capacity building

Capacity building is one of the dominant themes coming from the interviews. It comes as a clear rejection of what are considered “old ways of doing business,” where PVOs created “parallel systems” to the services of a MoH. Capacity building does not simply take place with MoH or NGO structures, but with a broad range of partners. It starts with individuals and continues with organizations.

“We’re trying to build the capacity of the Ministry of Health staff rather than ... have a parallel system where you have <PVO> staffs who are doing a lot of the work with the communities. What we’re trying to, instead, is work with the Ministry of Health staff. And I think that’s the model that can work... Capacity building is targeted to communities or community structures (households, CHWs, CBOs, village pharmacies), health systems’ structures, quite often at the district level, or at local NGOs, in addition to private or traditional health providers, although not as frequently.”

Table 7: Agreement to the critical issues survey statement

CI Survey statements	Agreement	N=50 (unless specified)
15. When local NGOs are built too quickly through a project, they can become dependent organizations and very unlikely to carry on their own vision in the future.	88%	--
16. Developing the technical skills and management know-how of a local NGO partner is an immediate need for child survival projects, but – in terms of prospects for sustainability – building vision and commitment is an equally important or even a more crucial issue.	90%	49
17. When donors are concerned about sustainability, projects should be held accountable for the quality of the capacity built in partner organizations or staff, but they cannot be held accountable for how this capacity will be used by these partners once the project funds end.	57%	49
18. Increasing the demand for quality health services will not in itself improve the sustainability of health interventions, without developing the accountability of the health systems at the same time.	96%	--
19. If we are really concerned about sustainability, improving the relationship between communities and health care providers justifies a specific allocation of resources, even if, for example, a training plan for the health district staff would have to be implemented more slowly because of the diversion of resources.	92%	49
20. Health programs operating with a Sustainable Development approach should, at a minimum, demonstrate that their strategies do not increase the dependency of their local partners on a single and insecure source of funding.	84%	49
21. Participation has become a 'buzzword' in development, but—in reality—its relationship to sustainability is a bit philosophical and probably stronger in the eyes of the professionals working in development, than for the communities themselves.	33%	48
22. In terms of the sustainability of health interventions, communities will maintain the activities leading to an improvement of their health status, regardless of whether the participation process was "genuine" or not in the eyes of development advocates.	68%	47
23. Interventions relying on community participation (for example to mobilize human resources such as volunteers, promoters, club leaders, etc.), can be just as unsustainable as any other, if they are only driven by the desire to gather support for their activities, but are not grounded in a community development approach.	86%	49
24. Efforts to build the organizational management and communication capacity of community-based organizations (CBOs) will have important results for the sustainability of child health gains, because of the huge role they play in strengthening communication, support, and cohesiveness within the community of intervention.	94%	47
25. Improving personal and organizational relationships that will improve the functionality of local systems will have long-term results for health programs. These results may only become obvious long after an end-of-project evaluation has taken place.	80%	49
26. Sustainability evaluation should only try to assess how a child survival project contributes to overall efforts towards Sustainable Development, because it is very difficult to attribute a sustained result to any one single intervention or stakeholder.	77%	48

Informants make also frequent references to capacity building not simply within local organizations, but also between local stakeholders, particularly between health services and communities. This can impact the access to and the coverage of services, the accountability of the health services, or the coordination of efforts. Informants see a critical role for PVOs at this interface level.

In the CI survey, there is a strong consensus on the fact that building relationships between stakeholders justifies a specific allocation of resources, and that developing accountability is a condition for improving the sustainability of interventions through supply and demand mechanisms (Questions 18,19—Table 7). Improving the quality of health services—a strategy frequently mentioned—is commonly presented along with efforts to increase the demand for services, thus creating a virtuous loop, which relies on improving accountability and continued capacity building (i.e. supervision) to be sustained.

But in spite of the dominant voice heard supporting capacity building as a central element of the sustainability strategy of PVOs, some reservations and controversies are also expressed, both through the interviews and the CI survey.

The following logical proposition was submitted in the CI survey: “When donors are concerned about sustainability, projects should be held accountable for the quality of the capacity built in partner organizations or staff, but they cannot be held accountable for how this capacity will be used by these partners once the project funds end.” As a complex statement, respondents could disagree with any or all of its parts, but had to accept its entirety to signify agreement. This proposition split the respondent group almost in two halves but had a modest majority agreeing to it (Question 17—Table 7).

For these 57% of our respondents at least, PVOs lack control—and have a limited responsibility—over the ultimate result of capacity building efforts. This also means that, at least for this group, capacity building in and by itself does not summarize or ensure sustainability.

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ **Although it is a central issue, capacity building for partner organizations in and by itself does not summarize sustainability. Just over half of our respondents feel that “projects should be held accountable for the quality of the capacity built in partner organizations or staff, but cannot be held accountable for how this capacity will be used by these partners once the project funds end.”**
- ❖ **Capacity building plays its part along with other developmental changes: Developing accountability between service providers and communities, for example, is a condition for improving the sustainability of interventions through supply and demand mechanisms (e.g. improving the quality of services).**
- ❖ **With this, there is also a strong consensus on the fact that building relationships between stakeholders justifies a specific allocation of resources.**

This line of thinking can be found in some of the comments from our informants.

We have previously presented a quote from one of the interviews, placing the relative value of organizational sustainability in perspective with other elements of great importance for sustainability. The following quote drives the point further by differentiating between capacity building and sustainability:

“Capacity building and sustainability, in my mind, are very different in that sustainability -- if true benefits or some other important achievement are, in fact, being sustained – [is] inherently good. Whereas capacity is not inherently good, it has to be used effectively to contribute to a higher order result.

So, I fundamentally disagree with ... a results framework or the type of thinking that has capacity building at the very top. But ... that really is [about] capacity building and not sustainability.”

Another specific area where capacity building leads to some controversy is the issue of leadership. All seem to agree on the value of leadership, but the consensus breaks about whether PVOs can target leadership development through their interventions. Informants give examples of key people having, through the right amount of leadership or personal charisma, given a unique and promising direction to interventions, and generally created conditions favorable to the sustainability of CS interventions. The weight of the influence of such individuals on the question of sustainability is rated very highly by these informants. Respondents to the CI survey almost unanimously agree that “leadership is essential to the sustainability of projects.” But half of them agree that, “however important it may be, good leadership cannot be manufactured, so Child Survival projects trying to achieve sustainability should focus on areas such as technical and management skills, where they can have a demonstrable impact.”

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ Some factors recognized by many as contributing heavily to end-of-project sustainability fit within the category of processes, whether it be a “style” of project management (a “way to do business”), or personal factors such as leadership, commitment, and attitude of staff in partner organizations.
- ❖ One debate among our participants is whether processes, such as building leadership are accessible to planned interventions.

In conclusion, our study participants have internalized and support the value of capacity building as a key strategy of CS projects. What is suggested in the controversies, which we have described, is that PVOs do not – as a coherent group – embrace local organizational development objectives as sufficient intermediate results toward sustainability in and of themselves. And although leadership is recognized by all as essential to sustainability, there is a debate about whether PVOs can effectively target leadership development in their interventions. They do, however, place a lot of emphasis on the development of relationships between stakeholders, in particular accountability relationships between health structures and communities.

The issue of organizational capacity is complementary to—sometimes overlapping with—that of organizational viability (see Chapter 2, “Language traps about sustainability”), for which we now present some of our findings.

C. Reducing organizational dependencies/Improving organizational viability

In this section we present observations on financial viability issues, as well as other factors of organizational viability discussed by our informants.

In the interviews, as in the literature, sustainability is often related to improving the financial viability of a local partner or the financial viability of its interventions. Informants refer to cost recovery schemes for

the delivery of health services under the Bamako Initiative, financial self-sufficiency of village pharmacies, or the financial autonomy of local organizations (NGOs) supported by the PVO. Health insurance schemes, collaboration with the profit sector, or integration of health with micro-credit interventions are also mentioned. The identification of appropriate technologies and cost-effective approaches to service delivery and interventions are also mentioned—more often as negative examples or as concerns—as strategies complementary and contributing to financial sustainability.

Two questions in the CI survey specifically addressed financial sustainability issues. A large majority of respondents supports the view that projects should diminish “the dependency of their local partners on a single and insecure source of funding” (Question 20 – Table 5), or correspondingly support appropriate financial risk management and funding diversification strategies because “some interventions will always require external financial support.”

Our analysis of the narrative has progressively suggested a link between a range of issues affecting the autonomy of local organizations. Financial viability is one condition that PVOs refer to and try to improve in their local partners. But local organizations are also seen to have other needs where their dependency on a PVO project needs to be decreased or balanced.

“And in terms of sustainability, I’d want to look at how does the local Ministry of Health staff relate to those community institutions. Is there a strong link in terms of their working together? Are the community institutions supporting, say, the mobile clinics that the Ministry of Health workers have? Do the Ministry of Health workers depend and work together with these community institutions when they have to do Public Health education campaigns?”

Few informants referred to an absolute cut-off between PVO and local partner, but referred to increasing linkages between local organizations themselves, or between these organizations and other stakeholders of development (MoH, development and donor agencies), or between organizations (for example government health structures) and communities.

Informants suggest different approaches in their respective PVOs for dealing with this issue. Some prefer identifying partners with a pre-existing competence and stability, and building their capacity in Child Survival, while others seek partners whose organization is built in many areas through the project partnership. But whether the linkage is a financial relationship, a technical assistance relationship, a relationship allowing advocacy or leveraging of physical resources or any other type of support, the common pattern is in the change from a single source, insecure dependency, to a diversified, risk-distributing dependency profile.

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ **Improving the viability of local organizations is another important element influencing the long term of CS work. This relates to financial viability, but also to other issues defining a dependency profile of these organizations: organizational linkages and relationships for support, advocacy, access to information and technical assistance, etc.**

WORKING WITH COMMUNITIES

A number of comments from the interviews and questions from the CI survey referred to PVOs’ strategies at the community level, which is naturally an essential part of Child Survival interventions. We will first present findings about the engagement of communities in Child Survival interventions, starting with

community participation, continuing with observations about the related concept of community ownership and the social changes that go with this, and finally specific questions and comments relating to community-based organizations (CBOs). But the understanding of PVOs about how working with communities affects sustainability in Child Survival goes beyond community involvement in health interventions. We will present findings that emphasize the interplay between community development and the sustainability of health interventions.

A. Engaging the communities in Child Survival and health interventions

Community participation

Community participation and ownership are mentioned numerous times in our interviews and are generally considered essential to the effectiveness and sustainability of interventions. A number of our informants' comments would support that *“with a little guidance, [if] you give people the opportunity, they’ll come up with plans better for them and their communities than we could come up with.”*

Beyond the general interest of all our informants for community participation, some differences of perspectives on its nature and relationship to sustainability are apparent. In our CI survey, for example, a third of the respondents support the statement that community participation is a “buzzword” in development, with a relationship to sustainability more meaningful to development professionals than to the communities (Question 21—Table 7).

Other informants, however, see value in a “genuine” or “true” participation, as opposed to a “token participation” of local communities or local stakeholders. For them, participation is meant to build ownership, but “token participation” is likely to lead to an illusion of ownership, rapidly disproved once the external leadership and motivation are withdrawn, hence fatal for the prospect of sustainability. “True participation” is referred to as a central condition of sustainability, as well as a defining characteristic of the best of what PVOs can do. Even if it escapes traditional evaluation measures, “genuine participation” can be perceived in the field and is a promising ingredient for sustainability:

“At the mid-term it was clear to the evaluator, to myself, to everybody, that there was just something kind of really special going on here.”

We approached the question of participation through the CI survey. A majority of respondents (68%) takes the pragmatic route and supports that “communities will maintain the activities leading to an improvement of their health status, regardless of whether the participation process was ‘genuine’ or not in the eyes of development advocates” (Question 22—Table 7).

The larger consensus appears (83% agreement), however, with the statement that using community participation to gather support for project activities without a true community development approach, can be just as unsustainable as any other approach (Question 23—Table 7).

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ **There is a large consensus with the idea that using community participation to gather support for project activities without a true community development approach can be just as unsustainable as any other approach.**

Overall, respondents take community participation very seriously, but generally agree that it is not a guarantee for sustainability unless it is grounded in a sound community development approach. Beyond this, there seem to be two main lines of thinking about community participation: one that is more pragmatic, and one which places more value in the quality of community participation that is promoted. The development of community ownership is the main mechanism by which participation is linked to sustainability.

Community ownership and social change

The importance of ownership is mentioned by our informants as a change in the local culture and in the social norms of the community, as an outcome of community involvement and participation.

Part of community ownership represents a cultural acceptance of health norms and health care-seeking behaviors, along with increased responsibilities of the community in health affairs. This is reflected, for example, in increased demand for health care services or health education, and an increased demand for quality of services at the basis of accountability relationships. A previous quote offered that projects ought to leave behind “*a well-functioning social [and health] system that almost becomes part of the local culture*” and that this would change the expectations of community members about what can be done about health issues. The mutually reinforcing values of improved quality of care and increased demand for services are frequently considered in projects’ sustainability strategies, and our informants frequently referred to this increased demand as one achievement to be pursued. Initially, increased demand is just the translation of individuals adopting or experimenting the new behavior. At some point, it becomes the expression of a larger local cultural change and is thought to indicate something about the sustainability of the intervention. The following quote is about health education becoming the “norm,” an element of quality and service, which credit associations are expected to maintain:

“[Credit associations] still maintain that [health] education component, for a variety of reasons. Some of them, the clients simply demand it... Some organizations have independently developed additional topics because of client demand.”

The basis for the maintenance of health or other development committees which projects rely upon to sustain their interventions is also based on this sense of ownership from the community, on their recognizing these structures within what defines community life.

“These committees are pretty much now entrenched. They are part of community life. And so they will stay and be active.”

A lot of a CS project’s work—and its sustainability strategies—is carried out with and through community-based organizations (CBOs) and/or community health workers (CHWs). We now present some specific observations related to community-based organizations

Working with community-based organizations (CBOs) and community health workers (CHWs)

Informants make references to a wide range of CBOs having a stake in the sustainability of Child Survival efforts: health committees, development committees, village pharmacies, community development associations, associations of CHWs, etc. Most respondents to the CI survey (94%) agree with a complex statement linking CBO capacity development to the sustainability of child health gains, through the strengthening of elements of community capacity (communication, support and

cohesiveness). (Question 24—Table 7) Capacity development for CBOs involves technical issues, management, communication, leadership, and governance.

Our informants describe work carried out with CHWs generally through CBOs, through local NGOs or through MoH structures. One question in the CI survey explored the respective importance of developing technical supervision versus community-owned incentive and support systems, in order to maintain the performance of CHWs over time.

Ninety percent (90%) of respondents think that in order to maintain the performance of CHWs over time, “establishing long-term support and incentives through the community” is more important than (60%) or equally important to (30%) “technical training and support” (Table 8). Additionally, most respondents (88%) agree with the view that financial compensation to CHWs can be sustained if the mechanism of compensation is developed by the community itself.

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ **The social and cultural changes represented by “community ownership” are essential to the sustainability of community-based health interventions. This sense of ownership can be translated into community incentives, even financial, for the work of health volunteers.**
- ❖ **In projects involving Community Health Workers (CHWs), community development work to establish community ownership, accountability and incentives, is for many participants, equally or more important than technical training and support of the CHWs.**

These responses support the idea already salient in the findings about community participation that strong community development processes are essential to sustainable health achievements. The next section addresses the multi-sectorial dimension of community development as it relates to Child Survival for our study participants¹³.

¹³ The definition of Community/Household component-IMCI led by CORE, CSTS and BASICS (99) took place in the same period as the CORE-CSTS Sustainability Initiative, and was—for this reason—not addressed in the study. The integration of a “multi-sectorial platform of development” in the C/HH-IMCI framework, among other concepts, certainly point to overlaps with the Sustainability Initiative, which should encourage further examination.

Table 8. Maintaining CHW performance

Propositions: To maintain the performance of CHWs over time, the main focus needs to be on the continuation of effective technical supervision and on-site training – VS. – Technical training and support are insufficient to maintain the performance of CHWs over time; we need to focus more strongly on establishing long-term support and incentives through their community.		
	Agreement	
<ul style="list-style-type: none"> • Long term community support and incentives need more efforts for sustainability since technical supervision and training are insufficient • Long term community support and incentives are just as important for sustainability than technical supervision and training. (equal agreement to both statements) • Technical supervision and training is more important for sustainability than long term community support and incentives. • Neither. 	60% 30% 6% 4%	N=50

B. Interplay between other sectors of community development and sustaining Child Survival

Two statements from the CI survey illustrate a lot of what our informants presented in the interviews about the relationship between community development and the sustainability of Child Survival. A very large consensus is formed on the ideas that CS interventions should be linked to the “essential perceived needs of the community” as a meaningful sustainability strategy, and that community development strategies advance the conditions “where communities can maintain efforts at improving their health.”

Many of our informants share the feeling that, “the chances of sustainability are maximized by the [health] program existing within a bigger [development] program.”

The following quotes by two of our informants are strong commentaries against the idea of isolated CS programs, as opposed to CS programs integrated with other development interventions:

“They couldn’t sell it to me. It’s creating an island of excellence in a sea of chaos and underdevelopment”

“I think it’s a huge mistake that ... donors have created. Because donors say, You’ve got Child Survival. What are [the] interventions [that] you’re going to do? Malaria, pneumonia and immunizations... Well, then good. Well, five years from now, what does that leave you?”

These comments may reflect the fact that CSGP funds are allocated to specific disease-targeted activities, and that PVOs have to use their own funds to integrate CS activities with other development interventions such as literacy, or water and sanitation. Beyond this, they certainly reflect the proclivity of many PVOs for integrated development approaches to address Mother and Child Health.

There is of course recognition that the general conditions addressed by community development (poverty, education, agriculture, environment, community organization, etc.) have their own impact on achieving and maintaining health benefits. Our informants refer to literacy, agricultural and food diversification, water and sanitation programs, as examples of complementary development interventions, which have increased the prospect for sustainable health benefits.

Not only do programs improving development conditions impact on health in the long-term, but the comments from our informants suggest that one important mechanism for maximizing sustainability is the linking of Child Survival interventions to other perceived development priorities in the community. Some examples are credit with health education programs, or gardening projects and nutrition or micronutrient interventions. To maintain community involvement and sustain benefits, a health intervention can evolve into a full-fledged development program; a health committee can become a broader development committee.

One informant illustrates the synergistic ways in which the linkage between a health program and an economic development program can maintain the benefits of health behavior change interventions. Not only is a credit intervention a substrate to maintain the health intervention – supporting the durability of the intervention – but, at the human level, a process of self-empowerment is seen as the source of sustained behavior change – the durability of the health benefits:

“And a lot of this we feel comes through the self-confidence enhancement of managing their own loans, doing better at their own businesses, being given information and feeling themselves being able to take better control and implement better decisions about the health and nutrition of their children. But at the same time, we’re seeing local organizations that I think are genuinely more energized because they’re in the driver’s seat.”

This sense of empowerment, which here benefits the maintenance of healthy behaviors, is related to a greater sense of control over life by community members. This relates to the concept of the community capacity being built, which best supports the sustainability of Child Survival.

C. Developing community capacity

Some comments from our informants and at least one question from the CI survey relate the sustainability of Child Survival achievements to what can be referred to as community capacity building.

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

Study participants convey agreement in four main ideas:

- ❖ Whatever one thinks about community participation, “buy-in” and ownership by the community is essential to sustaining efforts in Child Survival interventions.
- ❖ Development in non-health sectors creates essential conditions for sustainable health gains.
- ❖ Communities are more likely to support health interventions strategies that are linked to their perceived development needs.
- ❖ The development of community capacity, through community organizing or other approaches, is essential to maintaining individual healthy behaviors and community engagement behind health issues.

The first comment suggests that without community capacity building, individual behavior changes are unlikely to be maintained over time:

“If ... our intervention has aimed at strengthening the way the community’s addressing that problem, then we’re going to be sustainable... If we are trying to change behaviors, in four years, we’re not going to be able to do that... changing a behavior[s] is a very complicated kind of thing that needs time and needs a lot of resources, ... once your grant is over, then it’s over, and people go back to their old ways.”

A question from the CI survey reinforces the sense that community capacity is central—in this case more important than health education—to sustaining the benefit of health interventions. Respondents were asked to state—on a scale—which of two different strategic approaches was most likely to improve the sustainability of a health intervention at the community level. Overall, 84% of our respondents supported community organizing as an approach more important (58%) or as important (26%) to sustainability than IEC (Information Education Communication) efforts to promote the adoption of appropriate health behaviors (Table 9).

Finally, some informants made the point that part of their sustainability strategy for Child Survival interventions was to develop them side by side with other types of projects (for example through civil society development grants). This allows PVOs to build the community capacity that is necessary to sustain health gains, but that CS interventions in themselves do not have the resources to affect.

In conclusion, differences in strategies and specific areas of expertise notwithstanding, our study participants—informants and respondents—generally convey agreement about four main ideas:

1. That whatever the level of enthusiasm for community participation may be, “buy-in” and ownership by the community is essential to sustaining efforts in Child Survival interventions.
2. That development in non-health sectors creates conditions favorable to sustainable health.
3. That communities are more likely to support health interventions strategies that are linked to *their* perceived development needs, health related or not.
4. That the development of community capacity, through community organizing and development, is essential to maintaining individual healthy behaviors and community engagement behind health issues.

Table 9. CI survey questions—Sustaining community behavior change

<p>Propositions: Strategic approach most likely to improve sustainability at the community level:</p> <p>Strong Information Education and Communication effort, using social mobilization techniques, using local NGO staff to train volunteers to disseminate messages, to encourage selected behaviors and monitor compliance with the recommendations.</p> <p>– VS. –</p> <p>Participatory Learning and Action activities, exploring many issues and problems in the life of the village, integrating health into community organizing strategies to help the communities address all of their most pressing problem.</p>		
	Agreement	
<ul style="list-style-type: none"> • Community organizing alone or more than IEC efforts is more likely to improve sustainability • Community organizing is equally likely to improve sustainability as IEC efforts • IEC efforts alone or more than community organizing are more likely to improve sustainability • Neither 	<p>58%</p> <p>26%</p> <p>14%</p> <p>2%</p>	N = 50

4.3 ON THE EVALUATION OF SUSTAINABILITY

Our informants were asked questions about the evaluation of sustainability, but many of our findings come by inference from the narratives they provide about their accomplishments and lessons learned. Questions from the CI survey presented in Tables 8-9 provide a complement of information. Our observations are first of references to difficulties in measuring but also predicting sustainability, and then a consideration of the parameters of evaluation suggested by the data: the level and process through which sustainability goals are meaningfully defined for our participants, and the nature of the role to be played by projects in order to achieve a sustainable health impact.

DIFFICULTIES IN MEASURING AND PREDICTING SUSTAINABILITY

A. Difficulty in measuring

Comments from some informants echo the discussions that had preceded the Sustainability Initiative and indicate that measurement is still problematic because of a perceived intangibility of sustainability, and because of the multiple dimensions and pieces that play a part in making health achievements durable.

A difficulty in measuring sustainability is also identified by the agreement of a majority of our respondents (80%) to the proposition that long-term results of projects “may only become obvious long after end-of-project evaluation has taken place.” This actually relates to a difficulty in predicting sustainability, for which additional observations can be made.

B. Unpredictability

Many narratives from our informants convey a sense of unpredictability in the pursuit of sustainability in CS projects. This unpredictability seemed to affect both negative and positive achievements.

Negative influence of uncontrolled external factors

The first and perhaps principal factor of unpredictability resides with an overbearing weight of external factors. Informants frequently relate unsatisfactory results in terms of durability to changes occurring outside of project control. Economic downturn, epidemiological catastrophe (e.g. HIV), political shifts, natural disasters, human factors, organizational problems (MoH staff turnover), and reversals in national health policies (a change in direction or pace in health care reform and decentralization), can all undermine years of work toward a sustainable impact.

Uncontrollable changes in the environment can have an overbearing importance on the sustainability of the project, even when positive efforts have been made. In the following example, the informant is making the point that, although a PVO had focused on capacity building and financial viability development strategies, changes in the environment had negative consequences that undermined years of progress.

“. . . six years ago, they were financially better off than they are now. And that's not because they're worse at spending money or because they have squandered it in any way. It's simply because the money from the government has dried up, there's been droughts. And so then the people are poorer and then there's been a tremendous amount of deaths because of HIV/AIDS.”

The combined weight of these external factors can appear to doom the relevance of any project sustainability plan.

“We never even got to the point there where sustainability was an issue. I mean, <the country> is not sustainable!”

An important point in these narratives is that a single one of these factors (for example a MoH leadership or policy change) and not just a conjunction of problems, can undermine an entire strategy and years of sound work on its own.

This notion of an ultimate lack of control does not only play negatively, but also accounts for some positive results toward sustainability.

Unplanned success

Informants occasionally report successes in terms of locally sustainable processes that had not been anticipated or planned, at least not in the way they took form.

“And it actually turned -- it was completely unintentional in terms of where we would go next with it... it turned out to be a longer-term reproductive health and violence project, including HIV prevention, which ... wasn't exactly a mistake, but it wasn't necessarily an intended strategy. So that was kind of an example for me about -- it became sustainable without meaning it to be.”

Participants even refer back to project evaluation documents about these unplanned successes. Some references are made to community groups taking over project goals and activities (for example through

coalitions and associations) and admitting that a project proposal “contained little direction for how sustainability was to be achieved,” or referring to the sustaining of some activities as a “surprising program result.”

One idea conveyed from some informants is the sense that projects are at times able to witness local processes, particularly at the community level, taking a life of their own, and truly positively affecting the prospect of sustainability of the intervention. The next quote illustrates how sustainability can emerge from the community seeing its needs beyond what the project planned to offer. The project felt it had a clear strategic approach, but obviously did not anticipate how specifically the community would respond:

“So [the project] took a concerted effort to work with 30 communities ... and visited them ... The communities then developed this ... committee, which then helps direct the work of the volunteers and helps in making decisions about what the community needed to do. And it was in those discussions that one of the things that emerged was, ‘well you (a.k.a. the project) only come so often and we really need to take this on ourselves.’ ... Every one of these 30 communities has developed this care and prevention [team] that meets on a regular basis and looks at community issues and works on strategies for dealing with issues that they come up with. These committees are pretty much now entrenched. They are part of community life. And so they will stay and be active.”

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

- ❖ **Not only is sustainability difficult to measure, but—in the experience of our informants—it is sometime quite unpredictable: A single uncontrollable event can undetermined an entire strategy. On the other hand, unplanned for local processes can dramatically and positively affect the long-term prospects.**

Given the difficulties related to unpredictability and measurement problems, the following section presents findings about the parameters of evaluation which emerged from the comments and responses of our study participants.

FINDING PARAMETERS OF EVALUATION

Pertinent evaluation parameters emerge from an analysis of the narrative of the informants, and responses to some complementary questions from the CI survey. The data suggest that, to a great extent, sustainability evaluation refers to measuring progress along transitional stages, and that goals have to be defined contextually and locally to be meaningful. Finally we observe some lessons suggested about what meaningful project responsibility for and contribution to sustainability can be considered in CS interventions.

A. Sustainability is related to higher-level health and development goals

Informants not infrequently relate discussions about the sustainability of a CS intervention to the larger health impact for the population, beyond the initial program intervention focus. The following quotes from two informants speak against a narrow programmatic focus when dealing with sustainability, and suggest the need to look at the “bigger picture:”

“I think PVOs should have the freedom and the flexibility and the support to pursue those elements of the program where they think they can make the greatest contribution to achieving

improvements in maternal and child health and reductions in maternal and child mortality on a larger scale.”

“ I can't use [project resources] ... to improve the routine ... immunization system. Now that doesn't make sense at all, does it?”

The linkage made by informants is not only about higher-level health goals, but also about development in general. This echoes our previous observations about the relationship between development and sustainable health.

“... when you go into a community they're not just concerned about health, they're concerned about other things. So if you can help them address various issues I think that's more sustainable.”

As for the 90% of our respondents who see the ultimate validation of sustainability evaluation through measures of human and social development (Question 9—Table 5), the gist of these and other comments is that sustainability thinking forces an examination of progress at a larger level. Sustainability is associated with a general sense of progress in health and in development.

B. Sustainability is related to progress and transitions

This idea of progress attached to sustainability comes with the idea of transitions described by our informants. Examples of achievements for sustainability provided by our informants—the positive deviance model in nutrition programs, credit with education, or examples of NGO coalition building – are all presented with new sets of questions and challenges about their sustainability, once a certain level of success has been achieved. One achievement *“then leads to something else.”*

This may mean reaching a new stage and considering new forms of support, based on the progress made at some point.

“What are we going to do? The one thing we know for sure is it's not realistic to think you're going to always work yourself out of a job. It's not that. We're thinking more ... that there's some support that will be needed and so how do we build, then, more regional supports...”

The same idea of moving through transitional stages is found not only in the eyes of the PVOs but also in the eyes of the community. The following example is reported as an exchange with a community leader by one of our informants:

“Well, our kids just don't die of malaria and measles and pneumonia.” I said well, what does that mean to you? He said, “Well, it means we can't have these kids just hanging around the yard and the house. We'd better get them to school and get them educated.”

These ideas, that sustainability is related to higher level results on one end, and that it refers to progress between transitional stages is reflected in some of our respondents' answers on sustainability evaluation.

C. Sustainability goals are defined locally

Comments and responses emphasize the importance of defining sustainability goals in context and by local stakeholders.

Sustainability goals vary with the situation; “The model has to work”

CI survey respondents agree in majority with the idea that “the social and economic context of the country of intervention” determines the level of responsibility of PVOs for sustaining interventions. And the agreement is almost-unanimous (98%) with the proposition that “PVOs should define sustainability according to what can be expected given the initial conditions faced by a project team.”

The important point of observation and analysis is that the context does not only determine what strategies will work, but how the end-goal of evaluation ought to be defined.

Some further comments on how to define sustainability goals—accessible to evaluation—stress that goals have to be expressed by local stakeholders, the PVO, and also the community itself.

“I think it should be up to the PVO to... define what sustainability should mean in that context and to take it from there.”

“I think the leading questions should be looking at the parameters that the community identified, looking at the linkages and collaborations that were put together, at what point would we declare victory and we can measure?... The solution... is one that the community says “Yes, this is a solution -- this is a problem we’ve identified; this is the solution we want.” We shouldn’t use our standards for success so much. The model has to work.”

“The model has to work” indicates that the model has to work for the communities that will see the future of the intervention. This is another level of the “buy-in” already discussed, a buy-in on the end-point, as there is a buy-in on the strategies and activities.

D. Evaluation: processes and project contribution to sustainability

Most respondents (92%) agree that “sustainability evaluation is about processes as much as outcomes.” Perhaps even more telling is the relative consensus (77% agreement) on a complex statement offering that sustainability evaluation should try to assess a project’s “contribution” to sustainability, and that attribution of results to “one single intervention or stakeholder” is a very difficult task. (Question 26—Table 7)

–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–

Key suggestions from our participants for assessing sustainability can be summarized:

- ❖ Sustainability is inseparable from progress toward high level health and development goals.
- ❖ Sustainable results represents progress between transitional stages, rather than the achievement of a fixed state.
- ❖ Any model of sustainability “has to work” for the local stakeholders. The best mechanisms for maintaining activities have no value unless they are meaningful in the local context and to the local stakeholders.
- ❖ Attribution of sustainable results to a single agent, intervention, or project is unlikely to be realistic. Sustainability evaluation is strongly process-oriented and looking at project contributions to larger processes.

Following are findings on the nature of what projects can contribute to sustainable health.

E. The contribution of projects: enabling conditions

A series of nine questions in the CI survey asked directly which elements should be taken into consideration to declare a health intervention “sustainable.” Agreement to these questions is presented in Table 10.

The stronger agreement for elements defining an intervention as “sustainable” is for general conditions created by the project, rather than for those elements referring to immediate resource dependencies. The group of elements that received the highest level of recognition represents conditions improved by the project, which enable a greater health impact (improving the functionality of local systems, creating opportunities, fostering interdependency and relations in local systems, and creating an enabling environment). Elements generally associated with sustainability (low requirement on resources, exclusive dependence on local resources, institutionalization in national policies) receive a lower level of agreement. In fact the exclusive dependence on local resources is only agreed upon by a third of the respondents as an element defining a sustainable intervention.

Table 10: Elements of appreciation for defining a “sustainable intervention”

Project achievements	Agreement
1. improving the functionality of local systems	96%
2. creating opportunities for individuals and systems	96%
3. fostering inter-dependency and relations in local systems	90%
4. creating an enabling environment (social, political, or physical)	88%
5. improvement of the population health status	59%
6. decreasing local dependencies in favor of multiple lower-intensity dependency	57%
7. integrated in national policy or program	57%
8. Low requirement on resources	55%
9. only depends on local resources	33%

The fact that only 59% of respondents selected “improvement of the population health status” as a defining element is probably due to a difference of interpretation of the question. Some respondents may have thought that this is a condition for the effectiveness and that, in itself, it does not define its sustainability. Whereas other respondents may have thought of it as a necessary pre-condition to qualifying an intervention as sustainable (see previous findings on the relationship between sustainability and higher-level health impact).

Additional responses to the CI survey or comments from our informants provide more light on how developing functionality, creating opportunities, fostering interdependency and relations, and creating an enabling environment, are essential elements of appreciation for project evaluation.

Relationships and interdependencies

We have already presented comments from our informants about improving relationships between health services and community structures. Other relationships are created through the development of health committees with improved community participation, and then through inter-connections between committees and health district management teams. These relationships can involve accountability (e.g. between facilities and health committees), assistance and capacity building (e.g. supervision of CHWs by a health district), or mutual support (e.g. coalitions, volunteers' associations).

“But when you do the work and make the relationship productive or at least a semi-working relationship, a lot of good stuff can happen that wouldn't happen otherwise, which obviously would contribute to sustainability, too.”

What responses to survey questions (Table 8; Question 25 – Table 5) and many of these comments suggest is that strong relationships of interdependency are essential sustainability achievements of a program.

Creating opportunities and improving the functionality of local systems

One of the points made during the interviews, but also in group discussions along the process of the study (see Chapter 1) was that the role of PVOs is at times “*to demonstrate what is possible.*” Some local capacities appear to be latent, both within communities and local organizations. A meaningful project achievement toward sustainability is sometimes described as the emergence in these groups of awareness about their own efficacy, and the ability to take on new roles.

Improving the functionality of local systems relates both to capacity development within elements of the system, and to the improved cohesion between these elements, which we have already mentioned.

“I would try to look at how are they responding to health priorities in their communities, what are they doing and what are they actively doing to address their needs. You look at those structures as an institution, how are they functioning? I mean, how do they make decisions? Are they ... broad based, and are they really involving members of their communities? Are they involving other health providers, even traditional health providers such as traditional healers, or traditional birth attendants?..”

Another question in the survey addressed how the functionality of a local structure should be improved. A scenario was offered asking what capacity a health district should have developed after collaborating with a malaria project claiming a “genuine commitment to sustainability.” The question asked whether capacity building for sustainability should lead to activity-specific increased capacity, or to a broader improvement in the capacity of the partner to serve its general mission.

The assumption behind the question was that building activity-specific capacity would intuitively be perceived to improve the durability of the program activity. But what the majority of respondents support as the meaningful accomplishment of a project committed to sustainability, is the strengthening of a capacity that supports the general mandate and mission of the partner. The consensus suggests that sustainability means leaving behind a more functional organization, with a greater ability to conduct its overall mission, not just maintain the performance directly linked to the initial project activities (Table 11).

Table 11. Scope of capacity building through sustainability-committed interventions

<p>Propositions:</p> <p>“In a project partnering with a district health system in malaria control and management, a genuine commitment to sustainability means that—at the end of the project—the district system will be left with a greater capacity...</p> <p>... to conduct malaria control and management activities effectively, regardless of the result for other areas of intervention of the health system</p> <p>-VS-</p> <p>... to define its priorities and to perform more effectively in the wide range of areas of its mandate for service to the population</p>		
<ul style="list-style-type: none"> • The project should affect more the larger organizational capacity than the activity-specific capacity. 	60%	N=50
<ul style="list-style-type: none"> • The project should affect equally activity-specific capacity and wider-organizational capacity. 	21%	
<ul style="list-style-type: none"> • The capacity built should be activity-specific to a greater extent (Includes: Capacity built should be totally activity-specific) 	19% (2%)	

A similar observation was made when discussing community development and CS sustainability. It was the broad view of community’s capacity to improve its situation that was espoused by respondents, not simply the transmission of health knowledge and practices. When building sustainability, the functionality of the systems—their capacity in a broad sense—is what is to be built.

Developing enabling conditions

The range of issues gathering strong consensus in Table 10, about which we have just presented additional findings—fostering relations, creating opportunities, and improving the functionality of systems—all refer to conditions, enabling conditions for the conduct of the work impacting on health.

We have referred to project sustainability achievements related by our informants that were unplanned or unforeseen. This lack of explicit planning for a local buy-in process in one form or another was not equated in the narrative to a lack of relationship between the project’s work and the final result. Rather, informants conveyed that projects had contributed processes—active engagement of communities, opening forums for dialogue, organizing and relating structures to one another—which had led to the final outcome. Even though the mechanism for this final outcome came as a surprise to the PVO, the conditions in which this mechanism was made possible were at least in part created by the project.

<p>–INTERVIEWS AND CRITICAL ISSUES SURVEY HIGHLIGHTS–</p> <p>❖ A fundamental contribution of projects to processes that will sustain health gains is the development of enabling conditions and local opportunities. This is particularly translated in terms of capacity within and relationships between local players.</p>

If we trust the premise that our study participants share a collective experience and purpose for the sustainability of Child Survival in developing countries, these findings from the two first components of the Sustainability Initiative are rich in lessons for practical applications to sustainability evaluation. We

will bring together these lessons in the last chapter, after a review of the findings from the third and last component of the study, the sustainability self-assessment of CS projects.

CHAPTER 5. RESULTS OF THE SUSTAINABILITY SELF-ASSESSMENT

The Child Survival Project Self-Assessment Survey (SA survey) is the third and final component of the Sustainability Initiative. It targeted CS projects, among the 72 active projects, for which an evaluation phase was coming up. Its aim was also exploratory, to examine project managers' expectations about the sustainability of their intervention, and the perceived achievements on pertinent intermediary results.

The results that are presented in this chapter are descriptive in particular of the capacity building strategies that CS projects operate through broad partnerships, and of the overall conditions in which they work (in project and in organization; in community and in country). Respondents have positive expectations for the sustainability of activities and ultimate health benefits to the population. They look critically, however, at some results, which would determine the achievement of a sustainability outcome. Generally low scores are given to the capacity built with the local partner, the securing of long-term financial resources and the securing of equipment ownership and maintenance. Financial management and strategic management are the two areas of capacity where partner capacity is lacking the most.

Before examining these findings, we present general information about the PVO and project presence in the field, the perceived conditions in which they carry out their work (organizationally and environmentally), and the partnership and capacity building strategies they engage in.

5.1 PVO AND PROJECT PRESENCE

The organization of the responding CS projects has been working in the region of intervention for an average of 9.3 years, with an involvement in health programs in the same region for 8.6 years on average.

Most projects (20/22) are planned within at least a two-grant cycle timeframe¹⁴. Eight of the projects are following on a previous phase and plan on a third cycle of intervention (the questionnaire did not ask whether the plan was to apply for another grant from USAID). Twelve projects are planned around two grant cycles: five are currently following on from a previous phase, and seven are new but planning for a follow-on phase.

Most of them (19/22) are implemented in a predominantly rural environment and three are implemented in an urban or mixed urban and rural environment.

5.2 FACTORS FACED BY THE PROJECT

Table 10 shows responses obtained on four types of factors observed by projects at onset or during implementation. Average scores by type of factor remain on the positive side in general (scores over zero on our scale from minus five to plus five). Project and organizational factors are assessed overall with a median score of respectively 2.4 and 2.2. Country and community factors have a lower median score of 0.7 each (Table 12).

¹⁴ These projects were awarded four-year grants.

Table 12. Median and inter-quartile range for scores on project, organizational (PVO), country and community factors

Score [scaled from -5 (very negative) to +5 (very positive)]	Median	[25 th percentile	75 th percentile]
Project Factors	2.4	[1.3	3.4]
Organizational Factors	2.2	[0.9	3.2]
Country Situation Factors	0.7	[-0.6	1.7]
Community Factors	0.7	[-0.5	1.8]

More details are provided below about the initial factors encountered by the responding projects.

PROJECT AND (PVO) ORGANIZATIONAL FACTORS

Most of the propositions (see questionnaire in Appendix 11) describing positive conditions in the project design or in the host PVO are recognized as valid by respondents for their own experience, yielding a positive overall score for these two categories of factors. This expresses very positive perceptions about the project and organizational context in which the intervention was developed.

Questions about partners, their involvement in project design and the “fit” between the project and the partners’ mission are scored particularly high. Twenty respondents respond that their project is “adaptable”. Fifteen projects respond that they have a clear phase-out plan. Twenty-one projects relate to having a clear capacity building strategy and a clear linkage between their intervention and community development goals.

ENVIRONMENT

Two types of questions referred to the environment in which the project was developed. A first series of questions addressed country and community factors, under the same model as project and organizational factors. Three additional questions were asked about economic situation, basic human rights and general human development conditions. The responses reflect contextual difficulties fitting the reality of work in developing countries. Responses to the two types of questions are presented.

A. Local factors (host country and community)

Country factors questions were related to MoH policies and attitudes, and to the general stability of the host country. Community factors questions related essentially to institutional partner and community openness and fit with the intervention. The overall scores on these two types of factors remain in the positive range, but lower than observed for project and organizational factors.

In the following section we examine some of the specific findings about host country, local partner and community factors, and will then examine additional stand-alone questions about the economic situation, basic human rights and general human development conditions met by the projects.

Although 18 out of 22 projects recognize a strong commitment of the MoH to the project, 14 recognize a high level of instability among essential staff in its structure. Sixteen projects agree that “MoH cadres

face a lot of external pressures competing with rational resource allocation,” and still a little under half of our respondents (10 projects) identify as a constraint the “diversion of funds or resources in organizations involved in health care and social services in the country.” Sixteen projects again work in a context of “scarcity of qualified human resources.” And 14 projects have faced internal political instability (10), non-peaceful international relations (4), or civil unrest (7) during their implementation of the intervention.

In terms of an initial main local partner, there is a relatively even split between projects targeting partners with prior expertise (12) and projects choosing novice partners without “prior expertise in the area of intervention” (10). Thirteen projects report that their local partner had not “developed strong accountability mechanisms” before the start of the project.

In terms of the community, according to our project respondents, the intervention was perceived as relating to its most vital needs from the onset in nearly all projects (21). The community had “clear and accepted leadership structures” from the onset, and these leadership structures did not “strongly resist change on development issues” (respectively 17 and 16 responses). The community of intervention did not, however, have either a “culture of participation and effective community organizing pre-existing the project” or a “culture favorable to addressing issues of gender in development” for respectively nine and 13 of the respondents.

B. Economic, human development and human rights conditions

In terms of the economic situation perceived by project respondents, none can identify with conditions of growth and economic improvement for the poor, and most observe an aggravation. The situation is judged as follows:

- “Poor with recent aggravation of economic conditions” (12 projects),
- “Stagnating economic situation” (4 projects),
- “Economic growth without improvement for the poor” (6 projects),
- “Growth and economic improvement for the poor” (0 project).

Table 11 presents the perceived situation on human rights and human development conditions. A majority of respondents also score these two issues on the low end of the response scale (respectively 13 and 17 projects at or below the mid-range of the scale—Table 13).

Overall, respondents report difficult but not extreme conditions in the environment of their intervention. They have generally positive perceptions about the conditions in which their organization supports their work and the design mechanisms of their projects.

Table 13. Perceptions about the region of intervention’s situation on human rights and human development (education, basic health and social services)

Human Rights					
	No respect for human rights issues	↔	Some respect for human rights, with limitations	↔	Strong respect for human rights
Score	(1-2)	(3-4)	(5)	(6-7)	(8-9)
N (22)	2	3	8	5	4
Human development					
	No functional structures	↔	Mid-level	↔	Effective structures and systems for a large part of the population
Score	(1-2)	(3-4)	(5)	(6-7)	(8-9)
N (22)	3	6	8	3	2

5.3—PARTNERSHIP AND CAPACITY BUILDING STRATEGY

In this section, we consider how projects described their role in capacity building. All projects see their role in capacity building as more or equally important than in direct implementation; and nearly one out of five have no role in implementation at all. The effort in capacity building takes place at the individual, organizational, and institutional level (cross-organizational), on both technical and managerial issues. The respondent PVO projects most often identify the health district as their main partner for the purpose of the assessment, but a broader question about partnership strategies reveals a wide and multi-level partnership effort, particularly with NGOs and CBOs.

We first present findings on the partners of CS projects, and then the results on the capacity building strategy questions.

PARTNERS

When asked to identify their main partner for the purpose of the self-assessment, 13 respondents name the health district, five choose a local NGO, two a CBO, and one a municipality. (One respondent chose to present health district, NGO and CBO on an equal footing as “the main partner.”) But the responses paint an even more complex picture. Projects actually work simultaneously with different types of partners (e.g. MoH and NGOs), and at different levels (e.g. district and regional levels of the MoH).

Respondents were asked to identify types of partners and the level of project effort in capacity building dedicated to each. Specific language was offered to define “active partner” and “capacity building.”

Projects identify from five to 15 “active partners”, with an average of eight partners. The most frequent primary partners (with a high level of capacity building effort) are:

- Community Health Workers (CHWs),

- District Health Teams (DHTs),
- Health facilities,
- Non Governmental Organizations (NGOs).
- Community Based Organizations (CBOs),
- Ministry of Health (MoH) at the central and regional level or another governmental structure,
- Providers of traditional medicine,
- For-profit organizations.

Additional partners identified are:

- Private care providers,
- Media,
- Academic institutions.

A partnership with MoH structures can take place with health facilities, at the district level, with regional or central structures. Projects identify an “active partnership” with three or more of these levels at the same time in 13 cases, two different levels in 7 cases, one level in one case and no active partnership with the MoH in one case.

–PROJECT SUSTAINABILITY SELF-ASSESSMENT HIGHLIGHTS–

All participating projects consider a wide range of stakeholders with a direct responsibility or a supportive role for sustaining their accomplishments:

- ❖ **Projects identify from five to 15 “active partners” (eight on average) as currently working with them.**
- ❖ **20 out of 22 projects identify more than three groups as having a role in maintaining activities and benefits after the grant period.**
- ❖ **The maintenance of activities beyond the grant period relies heavily on governmental structures and, in equal proportion, on local NGOs or CBOs.**
- ❖ **An important supportive role is given to social networks and community structures (cooperatives, schools, etc.) for maintaining the health gains.**

In terms of the community players and structures, projects work with CHWs, CBOs from the health sector, or other CBOs (development associations, cooperatives, etc.). Nine projects identify an active partnership with all three groups; nine work with two groups; two work with only one partner at the community level, and two do not identify any of these partners at the community level.

This presents the picture of a majority of projects working not only with multiple partners but also at multiple levels with these partners.

CAPACITY BUILDING EFFORT

Questions were asked about the distribution of the project’s role between direct implementation and capacity building, about the nature of the capacity building effort (technical vs. managerial), and about the

level at which capacity building takes place (individual, organizational, or institutional¹⁵). Results are presented in Tables 12-13 and Figure 3.

All projects see their role at least equally or more important in capacity building than in direct implementation. In fact, 15 projects see their role as predominantly a capacity building role, among which four do not consider any direct implementation role at all (Table 14).

A large majority of projects (18/22) see their capacity building role equally divided between technical questions and management issues. Four respondents give a higher weight to technical questions, but none consider technical capacity building their exclusive role (Table 15).

Finally, projects were asked to score the intensity of their effort in capacity building at three levels: “individual behaviors/skills,” “organizational systems,” and “institutional (inter-organizational) change” (all these terms were introduced and explained before the question).

Table 14. Distribution of projects’ roles between implementation and capacity building

Role of project	Direct implementation only	Direct implementation more than capacity building	Direct implementation and capacity building equally	Capacity building more than direct implementation	Capacity building only
N (total = 22)	0	0	7	11	4

Table 15. Type of capacity building by project (technical vs. managerial)

Role of project	Technical only	Technical more than managerial	Technical and managerial equally	Managerial more than technical	Managerial only
N (total = 22)	0	4	18	0	0

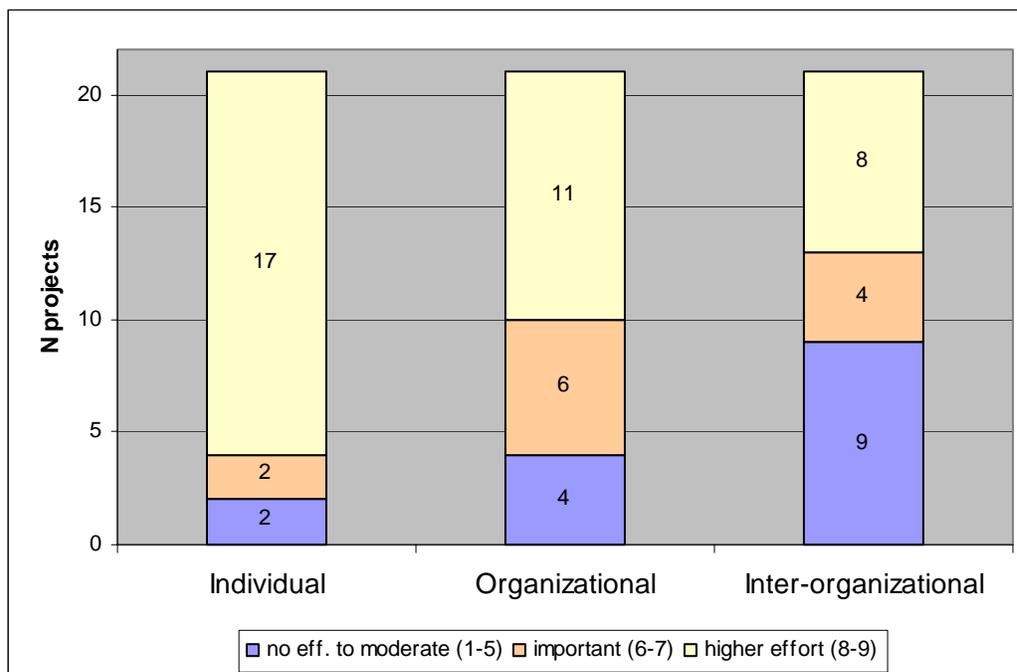
The results are presented in Figure 4, with a “higher effort” attributed to scores of eight and nine (on a scale from one to nine), “important effort” for scores of six and seven, and “no effort to moderate” for scores from one to five. Seventeen (17) of the 21 respondents to this question give themselves a “higher effort” score for individual capacity building, eleven (11) for organizational capacity and eight (8) for the institutional level.

¹⁵ Institutional capacity building was explained as being the “inter-organizational” level.

Figure 4. Capacity building effort of project at three levels: individual, organizational and institutional (inter-organizational)

Responses are categorized:

1–5, “no effort to moderate effort”; 6–7, “important effort”; 8–9 “higher effort”.



Projects focus a lot of energy on individual professional behaviors and skills. A majority of them also expend important efforts in organization systems. This effort expands not infrequently at the institutional, cross-organizational, level.

5.4 EXPECTED SUSTAINABILITY OF ACHIEVEMENTS

This section addresses the expected sustainability outcomes of the projects, and what group of actors they expect to have a substantial role in achieving sustainability. Table 14 presents the expected maintenance of both health benefits to the population, and project activities. Presentation of these results is followed by the identification of the stakeholders considered for their future continuation.

BENEFITS

Nineteen projects (19/22) feel that the maintenance of benefits is likely (11) or very likely (8). Only three feel that the achieved benefits are unlikely to “remain the same or at a higher level two years after the end of the current grant or its extension” (Table 14).

ACTIVITIES

Twenty projects (20/22) feel that activities are likely (11) or very likely (9) to continue “two years after the end of the current grant or its extension.” Only two projects feel that the activities are not likely to

continue. Most projects (18/20) also feel that their innovations will be taken up by other organizations in the country (Table 16).

Overall, seventeen projects expect both activities and benefits to be maintained, as five respondents differ on their expectations for the sustainability of benefits and activities.

Table 16. Expected project sustainability outcomes (N=22)

	Very Unlikely	Unlikely	Likely	Very Likely
Achieved benefits maintained or higher two years after end of grant	0	3	11	8
Activities continued two years after end of grant	0	2	11	9

These results reveal a general satisfaction with the expected sustainability outcome of the projects. Respondents also provided information on the future stakeholders expected to maintain activities and benefits.

STAKEHOLDERS FOR THE FUTURE

Figures 4-5 present the diversity of local actors that project managers consider when looking at the continuation of activities serving the community health needs, and the maintenance of the health gains achieved through a CS project. Professional health care providers or local NGOs (14 projects) and CBOs working in health (12 projects) are the main agencies expected to ensure the maintenance of benefits, with an important supportive role played by community social networks and structures (identified by 18 respondents). Community structures such as schools, development committees or cooperatives are also identified as supportive structures in 15 projects. Two projects identify community structures or social networks as the main groups responsible for the maintenance of benefits (Figure 5).

Figure 5. Role of community organizations, social networks and professional providers in the maintenance of benefits after the life of the project

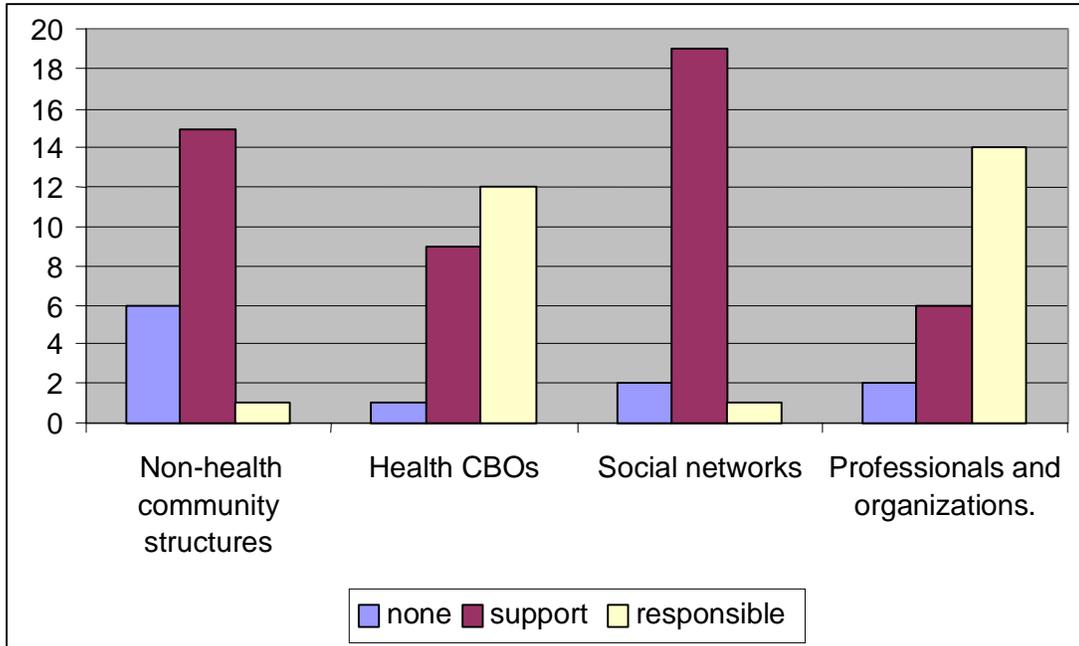
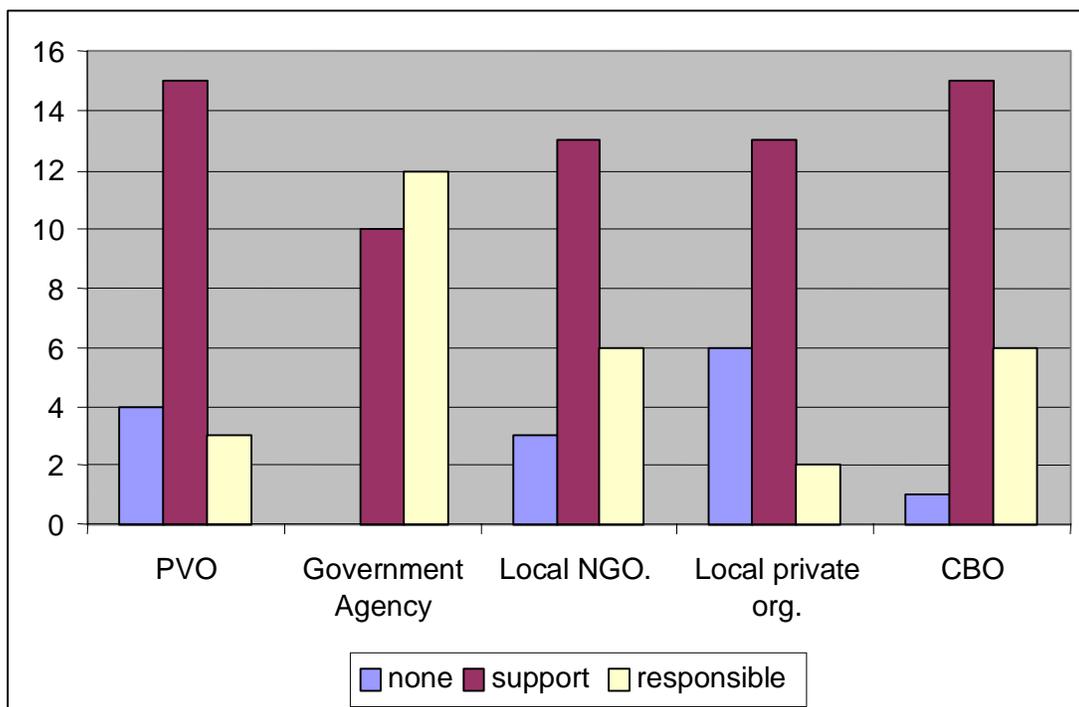


Figure 6. Role of institutional stakeholders in maintaining activities



Continuation of activities relies heavily on governmental structures (12 projects) and, secondarily on local NGOs (6 projects) and CBOs (6 projects). The role of these different structures is, however, mutually supportive and complementary, often sharing the responsibility of the activities in the long run. The PVOs themselves frequently keep a long term supportive role (15 projects), and three respondents stated they even maintain part of their responsibility for continuing the activities with the other players. Two projects identify a private organization as the main group responsible. And all stakeholders frequently keep a supportive role in maintaining activities (Figure 6).

–PROJECT SUSTAINABILITY SELF-ASSESSMENT HIGHLIGHTS–

The 22 PVO projects participating to the sustainability self-assessment (out of 72 active projects of the CSGP) have completed a clear shift away from direct and sole responsibility for the implementation of activities, as reflected by the identification of public health structures as a frequent first line partner. They engage in multiple partnerships in order to advance sustainability, in which local NGOs and CBOs play a key role. A small number of them have moved completely away from implementation, choosing to build the capacity of a public or private (NGO, CBO) structure to do so.

- ❖ All projects see their role at least equal or more important in capacity building than in direct implementation. Four projects out of 22 do not take any direct implementation role all.
- ❖ Most projects see their capacity building role equally divided between technical and management issues.

Whether in terms of benefits or in terms of activities one of the clear observations is that all projects consider a wide range of stakeholders with a direct responsibility or a supportive role for sustaining their accomplishments. In fact, 20 projects out of 22 identify more than three groups from the suggested list as having a role in maintaining activities and benefits¹⁶.

5.5 ACHIEVEMENT ON INTERMEDIARY RESULTS TOWARD A SUSTAINABLE OUTCOME

Our initial conceptual framework suggested that sustainability outcomes, in terms of activities or benefits, were achieved through different intermediary results, which we will now consider.

Tables 17-21 present the responses to questions about the level of capacity achieved, about the cultural acceptance of the intervention in local organizations and communities, and about the securing of long-term financial resources and equipment. The responses are generally skewed toward positive perceptions. Three of these elements, however, —partner capacity, securing resources, and maintaining equipment and structures—are assessed more critically by most respondents.

The following sections detail these results for organizational capacity development, securing resources and equipment, and community capacity building.

¹⁶ The question suggested that only one group be identified as being “directly responsible” for the maintenance of activities. This may have limited the number of stakeholders identified for this role. Even given this, six respondents identified more than one stakeholder for this question.

ORGANIZATIONAL CAPACITY DEVELOPMENT

Capacity within the project and within the main local partner was assessed through an identical list of questions exploring six areas of capacity (technical, strategic planning and management, organizational learning, information systems and communication, human resources management, financial management, and administrative and supervision support systems). Five additional questions assessed the level of institutionalization of the activities in the local organization (Table 17).

Table 17. Results: organizational capacity and institutionalization

[Average score for category of questions, scaled from -5 (very negative) to +5 (very positive)];
N=22

Assessment category	Median	[25 th percentile	75 th percentile]
Institutionalization of intervention	3.3	1.7	4.2
Developing capacity in project	2.7	1.1	3.8
Developing capacity in partner	0.3	-0.1	1.8

There is a positive perception of the project's capacity to manage itself and carry out its activities (median score of 2.7 on a scale from -5 to +5). The level of acceptance and fit of the activities with the local partner -- institutionalization -- is also scored positively overall, with a median score of 3.3. There is, however, a gap between partner capacity (median score of 0.3), and both of these scores.

The level of institutionalization of activities in the local partner is assessed more positively than the capacity of the local partner. Four of the five institutionalization questions (see questionnaire in Appendix 11) addressed recognition for the benefits of the intervention, support from influential stakeholders, fit between intervention and the partner's mission, and perception of effectiveness. But the fifth question ("the local partner has developed standard operating routines that integrate the core project activities"), that more closely refers to organizational capacity instead of acceptance, receives the lowest overall agreement of the five questions in this category.

–PROJECT SUSTAINABILITY SELF-ASSESSMENT HIGHLIGHTS–

- ❖ Overall, the level of institutionalization of activities in the local partner is assessed more positively than the capacity of the local partner.

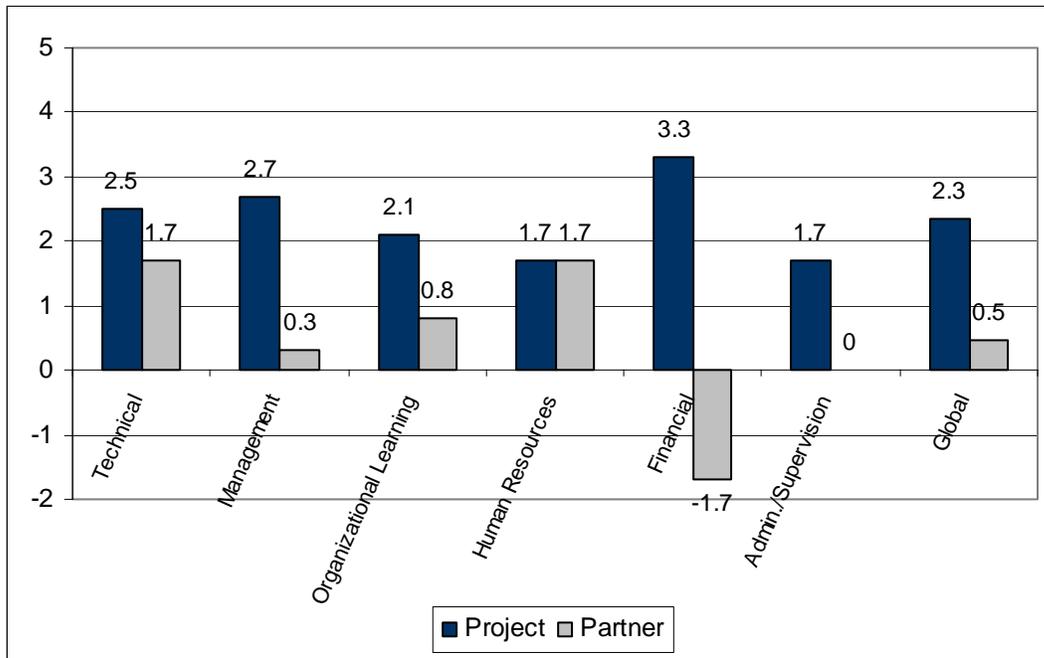
Figure 7 presents a desegregation of capacity scores in the six areas of capacity considered. It provides more detail on the difference in assessed capacity between project and partner.

The most important gap in partner capacity is in financial management, which is both the strongest project area (median score of 3.3) and the weakest partner area (median score of -1.7, with 12 projects out of 22 giving a negative score to the financial management question).

These results are observed whether the local partner is a health district, a local NGO, or a CBO. CBO scores tend, however, to be lower in all areas of capacity, except for technical capacity.

Figure 7. Compared median scores of project and its local partner in six areas of capacity

[Average score for category of questions, scaled from -5 (very negative) to +5 (very positive)];
N=22



The gap with the project remains noticeable with generally low partner capacity scores for strategic planning and management (project and partner median capacity scores of respectively 2.7 and 0.3), supportive functions of administration and supervision (1.7 and 0 respectively), and organizational learning (2.1 and 0.8).

The gap in scores is reduced for technical capacity (median scores for project and partner, respectively of 2.5 and 1.7) and disappears for human resource management capacity (median scores for project and partner of 1.7).

These results are an important finding and put in question the overall positive expectations of our respondents on the sustainability of their interventions, even given the positive results perceived in terms of partner buy-in and institutionalization. They show, however, a sense of efficacy at the project level, balanced across the defined areas of capacity, with perceived strength particularly in financial management, strategic management, and technical capacity.

–PROJECT SUSTAINABILITY SELF-ASSESSMENT HIGHLIGHTS–

There is a clear gap in assessed organizational capacity between project and local partner, from CBOs and NGOs to health districts:

- ❖ The most important gap in partner capacity is in financial management, which is both the strongest project area and the weakest partner area.
- ❖ There are also generally low partner capacity scores for strategic planning and management, supportive functions of administration and supervision, and organizational learning.
- ❖ Technical capacity and human resources management are the areas of highest performance in terms of closing the gap between project and partner capacity.

SECURING RESOURCES AND EQUIPMENT

Table 18 presents the results of two shorter sets of questions exploring how the projects are securing resources for the long term and how infrastructure and equipment maintenance are being planned and placed in the hands of the local partner.

–PROJECT SUSTAINABILITY SELF-ASSESSMENT HIGHLIGHTS–

Overall, 18 out of 22 projects report some measure of achievement toward financial sustainability through one of the following mechanisms:

- ❖ Developing the experience of local partners in grant application and management,
- ❖ Diversification of the sources of funding through a local NGO or CBO,
- ❖ Developing the experience of local partners in fund raising
- ❖ Increasing cost-recovery from service users,
- ❖ Cost sharing of key activities by different stakeholders,
- ❖ Improving the collaboration with the private (for profit) sector,
- ❖ Improving government funding for key activities.

But only eight of these 18 projects feel strongly confident about these achievements.

These two areas of assessment, along with partner capacity, receive some of the lowest overall scores. The median score for securing financial resources is 0.4 (inter-quartile range from –0.8 to 1.9), and 1.7 for equipment maintenance (Table 18).

Table 18. Results: financial resources and maintenance of equipment

[Average score for category of questions, scaled from -5 (very negative) to +5 (very positive)];
N=22

Assessment category	Median	[25 th percentile	75 th percentile]
Securing financial resources	0.4	-0.8	1.9
Maintenance of equipment and structures	1.7	0.6	1.7

Table 19 provides more information on the question of resources, which deserves further attention, considering the importance given to financial sustainability by many projects. While most projects (18/22) report some measure of achievement in improving long-term availability of resources to local partners for maintaining the activities, only one feels strongly about having increased the financial self-reliance of a local partner.

Seven questions (number 3 to 9 in Table 19) referred to specific achievements in terms of securing resources. Questions 1 and 2 referred to the diversification of funding sources through the PVO and the increase of financial self-reliance in the partner organization, in general terms. The results in Table 17 distinguish between strong and weak agreement with these general and specific financial results. A weak agreement might translate a moderate result or be a self-assessment bias translating project *effort* instead of a *result*. A strong agreement might be less biased toward effort and represent a perception more accurately reflecting a project achievement.

Sixteen (16) projects report some increase in the diversification of funds through the PVO itself, and 12 feel that they have “increased financial self-reliance” of their partner. But only one project strongly agrees with that proposition, meaning that, correspondingly, 21 projects (95 %) do not *strongly* feel that they have “increased financial self-reliance of its partner(s) in key activities.”

Table 19. Achievements on securing resources for the continuation of activities

Financial achievement	No agreement	Weak agreement	Strong agreement
1. The project has diversified the sources of funding supporting key activities through the PVO. (N=22)	6	12	4
2. The project has increased financial self-reliance of its partner(s) in key activities. (N=22)	10	11	1
3. The project has developed the experience of local partners in grant application & management. (N=21)	11	8	2
4. The project has diversified the sources of funding supporting key activities through its local partners (NGO or CBO). (N=22)	10	8	4
5. The project has developed the experience of local partners in fund raising. (N=22)	12	9	1
6. The project has increased cost-recovery from service user. (N=21)	10	7	2
7. The project has developed cost sharing of key activities by different stakeholders. (N=22)	6	12	4
8. The project has improved the collaboration with the private (for profit) sector for important activities. (N=21)	9	7	5
9. The project has improved government funding for key activities. (N=22)	13	8	1
	No agreement	Weak agreement	Strong agreement
Any of achievements 3 to 9	4	10	8

Eight (8) projects out of 22 voice a strong sense of performance on at least one specific question regarding the securing of access to resources. Overall, 18 projects report some measure of achievement with one of the following mechanisms:

- developing the experience of local partners in grant application and management,
- diversification of the sources of funding through a local NGO or CBO,
- developing the experience of local partners in fund raising,
- increasing cost-recovery from service user,
- cost sharing of key activities by different stakeholders,
- improving the collaboration with the private (for profit) sector,
- improving government funding for key activities.

Respondents report a modest sense of achievement in terms of improving financial sustainability through a wide range of mechanisms. This area remains critical and relatively weaker than the sense of capacity

developed within the project for example, or the capacity built in the community, which we will now present.

COMMUNITY LEVEL RESULTS

Tables 18-19 describe the perceived progress in community capacity observed by project respondents, as well as the level of influence of the project on community changes.

Achievements in terms of community competence, capacity and cultural acceptance are on the high end of the perceived achievements, with median scores between 2.3 and 2.5 (Table 20).

Projects were also asked to score how much of the change in community competence was due to the project or to other stakeholders. The question was set on a scale from 1 (mostly influence of other stakeholders) to 9 (mostly project’s influence) with 5 being a neutral category (equal influence of project and other stakeholders). Twelve (12) respondents give more weight to the influence of the project (see Table 21). But ten (10) respondents attribute changes in community competence to the project and other stakeholders in equal parts.

–PROJECT SUSTAINABILITY SELF-ASSESSMENT HIGHLIGHTS–

- ❖ Participating projects report positive changes in terms of community capacity and acceptance of the child survival behaviors and benefits.
- ❖ Most respondents see their project as sharing the responsibility for changes at the community level with other stakeholders.

Table 20. Community competence, capacity and cultural acceptance of the health benefits associated with the CS intervention

[Average score for category of questions, scaled from -5 (very negative) to +5 (very positive)];
N=22

Assessment category	Median	[25th percentile	75th percentile]
Developing community competence	2.5	1.4	3.1
Developing community capacity	2.5	1.2	3.3
Developing cultural acceptance	2.3	0.8	3.6

Table 21. Influence on changes in community competence

	Mostly other stakeholders	Dominant influence of other stakeholders	Equal influence of project and other stakeholders	Dominant influence of project	Mostly influence of project
N = 22	0	0	10	8	4

Overall, projects report important achievements in terms of changes in the communities, on the three dimensions explored.

Respondents are more satisfied with the results achieved in the project itself and at the community level than at the partner level. They recognize that projects have a strong influence on changes in the community, but are not the sole influence to be accounted for.

We present a tentative comparison between groups of projects with different sustainability expectations.

TENTATIVE GROUP COMPARISONS

The design of the study does not allow for a demonstrative comparative analysis between groups of projects, but the following observations can be made based on its small sample size, and suggest more investigations.

Projects can be categorized in three groups based on their expected sustainability outcomes (respondents answered on two questions, one on the sustainability of activities and one on the sustainability of benefits; see Table 14):

1. “High (perceived) sustainability”: projects where both activities and benefits are assessed as “very likely” to be sustained by the respondents (n=4),
2. “Low (perceived) sustainability”: projects where sustainability, of either activities or benefits, is considered unlikely by the respondents (n=5),
3. “Mid (perceived) sustainability”: projects somewhere in between these two groups (n=13).

There was no clear difference in the geographic region of intervention between the groups.

“High sustainability” projects obtain higher scores than the two other groups on most dimensions. The difference between the two extreme groups (high and low) is most important for the capacity of the local partner, the securing of resources, the community cultural acceptance and the institutionalization of the project intervention. (The middle group fits somewhere between the two end groups on most dimensions of assessment.)

The project capacity itself is scored higher than the partner’s in all groups. In the “high sustainability” group however, projects reduce the difference in capacity scores between project and partner. This “gap closure” is particularly important in technical capacity, financial management, human resources management and administrative/supervision support.

A positive difference in favor of the “high sustainability” group is also observable on the four types of conditions influencing performance (country, community, organization and project). The difference between “high” and “low sustainability” groups is moderate for country and community factors and much more important for the PVO organizational and project factors. The project respondents’ perception of the overall sustainability of their efforts seems to be influenced more by the PVO and project responses than by the difficulties encountered in the environment.

These findings are congruent with the relationship between the considered intermediary results and the achievement of a sustainable outcome. They also argue for a sense of a relative but existing responsibility of projects for achieving some measure of sustainability. Of course, given the nature of the study, group comparisons have only a suggestive value.

The essential findings of the self-assessment are the generally positive expectations for sustainability of a majority of respondents, in spite of difficult contextual conditions. Respondents generally have positive perceptions of their immediate project and PVO organizational environment, and report active and multiple capacity building efforts, at times disengaging their project totally from the implementation of activities. The most critical intermediary results to confirm their sustainability outcome expectations are in building the capacity of their local partner and in securing long-term resources.

We will now discuss the significance of the results to the three components of the Sustainability Initiative.

CHAPTER 6. DISCUSSION: APPLICABLE LESSONS FROM THE STUDY

This chapter discusses the lessons than can be drawn from our findings. The translation of these analyses into a tool, the Child Survival Sustainability Assessment (CSSA) methodology, is presented in the companion volume to this document.

Our findings suggest a direction for defining, planning and evaluating sustainability as relevant to Child Survival, and probably other primary health care projects. These findings suggest that sustainability, in projects, should be approached as a contribution to a local entity or system, by improving specific enabling conditions to the local processes that will sustain health gains. Sustained Child Survival, or sustained health impact, which is what PVOs pursue, is achieved through local processes never entirely within a project's control, but enabled through conditions to which projects must make significant contributions.

6.1 A MULTI-DIMENSIONAL CONCEPT ROOTED IN ITS FINALITY

Our study participants confirm that there are a number of approaches to achieve sustainable results. Positive achievements do not present themselves linearly, from inputs to outcomes. In fact, a final “sustained impact” is the result of a complex and multi-dimensional interplay at different levels. This was both voiced as opinions, and observed in the responses to the self-assessment.

What is common to the different approaches is their finality, which involves high level health and development progress, affecting the whole of the community life. Even if a project focuses on one single illness or issue, the accomplishment of its sustainability goals should not be detrimental to other health or development progress. Similarly, if a Child Survival project approaches health impact through gains in a specific population group, accomplishment of its sustainability goals should not be translated negatively in terms of equity.

6.2 BUILDING CAPACITY AND MUCH MORE

In terms of strategic intermediary results, particularly relevant at the level of a project, capacity building is a central point of focus, but sustainability depends on many other factors. For example, improvements in the cohesion between stakeholders or in community competence play an important part in the PVO sustainability strategy. Additionally, without due attention, technical, even managerial capacity can be developed while organizational viability fails to be ensured.

The viability of local organizations themselves is also more complex than the expression “self-reliance” sometimes conveys. Organizations depend on financial resources, but also on linkages and relationships for support, advocacy, and access to information and technical assistance. Part of the work of successful projects is to help find more stable and balanced support mechanisms for the mission and activities of their local partners. In other words, reducing a financial dependency quantitatively is not sufficient; organizational dependencies have to evolve qualitatively as well. (73)

Part of this evolution involves mutual relationships between stakeholders. Improving quality of services and increasing demand for services translate into mechanisms for sustainability only when relationships of accountability are also developed.(108;109)

As acknowledged in the CI survey, this will challenge relationships between PVOs and local partners, and not only the accountability relationships between different local partners. Issues of financial control and

possibly divergence in objectives can interfere with the need to increase the financial autonomy of a local organization. Clear objectives, conditionalities and steps to greater autonomy are going to be necessary if partners are going to agree on the path to sustained results.

6.3 DEALING WITH EXTERNALS AND UNPREDICTABILITY

Many external factors that influence sustainability remain outside the reach of PVOs and projects, although some can be targeted indirectly, for example through advocacy (e.g. amending policies). Whether amenable to being influenced by PVO projects or not, progress on these external conditions, or lack thereof, should be part of assessing the prospect of sustainability in CS interventions.

This reinforces the importance of a contextual approach to evaluation, but this also means that identifying different contextual stages of progress toward sustainable health is important in order to define meaningful sustainability ambitions for projects.

We have also seen that sustainable results, even positive ones, are not necessarily reliably predicted, even when attention has been paid to design. When observed, they are due to what can be referred to as successful negotiations between local stakeholders. But this negotiated distribution of roles at the local level is supported by favorable conditions, which the project has supported, although not necessarily controlled. Understanding the responsibility of projects on these conditions is something we were referred to regularly in the interviews.

6.4 IMPROVING CONDITIONS—ENABLING A LOCAL PROCESS

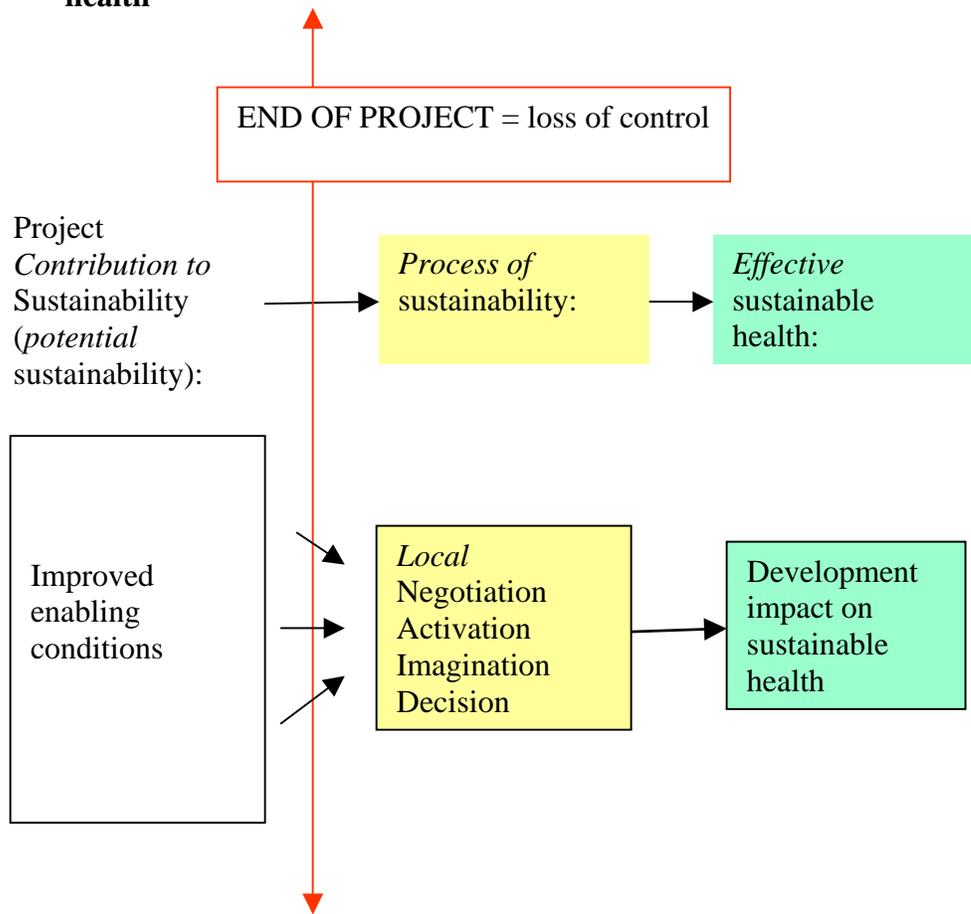
As we have observed, elements of definition for sustainable programs, which gather a strong consensus from PVOs fit within the general heading of “creating an enabling environment:” “building functionality,” “creating opportunities,” or “developing relations and inter-dependency.” We have seen how this even entails a broad perspective of what capacity building should be, over and beyond a project’s immediate need to see its activities supported. The maintenance of critical activities is to take place within an increased overall ability of local organizations, or communities, to advance their own mission or goals.

This allows a better understanding of how some participants recognize conditions contributing to end-of-project sustainability, at the process level. This can mean improving the management and partnership style provided by a project (a “way to do business”), or personal factors such as leadership, commitment, and attitude of staff within project and partner organizations.

The central message is that improving sustainability requires a better articulation of what local negotiations or processes will have to take place after the end of a project in order to achieve a sustained impact. And, consequently, what conditions must be improved by a project to increase the likelihood of this successful negotiation. This points us to a difference between potential and effective sustainability (Figure 8). The *ability to sustain* – built through the conditions of the “local system” to which a project contributes – represents a potential positive future outcome (potential sustainability). The long-term development impact that we desire is effective sustainability—lasting health gains.

At the organizational level, we have already discussed the conditions—performance, capacity, viability, accountability—that are essential to enabling a successful local process.

Figure 8. Marking the difference between potential sustainability and effective sustainable health



At the community level, this means broadening the range of advances being considered. The local conditions—enabling conditions—sustaining community health go beyond the individual adoption of healthy behaviors. We need to consider also:

- The acceptance of new cultural norms supporting these individual healthy behaviors.
- A range of social changes or advances in community competence and capacity: the development of collective decision making, of community organizations and resources, spilling over to the strengthening of civil society, the improvement of social cohesion and the ability to deal more effectively with authorities and political leaders.

None of these issues are new to development professionals. The point that was driven clearly through our study is that all these elements are critical determinants to the sustainability of child health efforts. Behavior change interventions frequently target (and measure) individual knowledge and behaviors. The cultural dynamics, which enable and support individual decisions, are much less frequently considered. (67;68;110) Social change and the development of community capacity are just starting to be tackled in and out of the PVO community.¹⁷ (111;112)

6.5 A LOCAL SYSTEM PERSPECTIVE

The self-assessment presents a responsibility for maintaining activities and ultimate health benefits shared between multiple players, some of them directly responsible and many more having supportive roles. This involves government and private organizations, non-profit and commercial institutions, different levels within complex structures (e.g. public health services), other structures of public and civil society (media, academia, schools, governmental departments), and the entire range of individuals and structures at the community level. Our informants also mentioned a number of issues about the relationships between, and the coordination of these different players. Capacity building in and between these different players, and even more frequently developing their “ownership” of project goals and activities are central themes in considering sustainability.

This body of local stakeholders rooted in the local environment can be defined as a “local system,” a group whose overall capacity and purpose is greater than the sum of its parts.

If we consider the higher levels at which sustainability thinking is considered pertinent by our participants (in terms of health and development impact), and the importance they give to end-goals being “owned” and having to “work” at the local level, this places the emphasis on defining sustainability through the eyes of this local system. If sustainable health is to be achieved, it follows that it should be a shared pursuit of most, if not all these groups. This is what some evaluation reports present: local stakeholders realizing that a project will come to an end and starting to define for themselves how to make the best of what remains of its presence. Positive experiences convey the sense of this local system, or parts thereof, taking hold of key issues or activities with its own purpose for supporting them.

And if the end goal is to be shared by these different groups, it probably has to be defined for an entity and a timeframe, which supersedes the project itself. A project is meaningful in its strategy when it contributes to a sustainability plan for the entire local system. This may start with bringing awareness about the issue or helping local players function as a coherent system. This may mean achieving progress on some health indicators to demonstrate its feasibility. But the project can only be a contributor to a

¹⁷ See companion volume, “The Child Survival Sustainability Assessment (CSSA): For a shared sustainability evaluation methodology in Child Survival interventions.”

wider sustainability plan, which will have to be owned *in fine* by a broad range of local stakeholders. In fact, since two external players can frequently be working in the same geographic area, it would make little sense if their plans for sustainability made conflicting demands on the same set of local stakeholders.

6.6 PROJECTS, CONTRIBUTING TO PROGRESS TOWARD THE NEXT TRANSITIONAL STAGE

If the emphasis of sustainability planning is on the perspective of local stakeholders— a local system—the next question is, what is the pertinent role of a project?

Our informants referred us to a relationship between sustainability and progress between transitional stages. Building sustainability appears to mean never being quite there yet. What is achievable and sometimes achieved is a more stable situation, with less unstable dependencies and more local opportunities, but only for a limited foreseeable future. In fact, once a transition has been reached, the process of planning to reach and sustain the next level starts. Transitional stages are going to be defined in context, depending on the region, country, zone of intervention and stakeholders of the local system.

Helping a local system progress toward sustainable health becomes the pertinent role for projects. This requires planners to accept that external actors (CS projects or other) will become *contributors* to a local process, which will go from transition to transition. Whether a project lasts for four, five or eight years, it remains a brief event in the life of the zone of intervention and its actors—the local system—in terms of sustainable health. What becomes essential for a project is to work with the local stakeholders to map a reasonable course toward the greatest and most stable health impact within the realm of possibilities opened by the existing development stage, and then to identify the contribution that it can make.

This contribution should be reflected by an improvement of the conditions that determine the *ability* of the local system to *sustain* the health impact—and that is the sustainability built within the program.

– KEY LESSONS –

- ❖ **Helping a local system progress toward sustainable health becomes the pertinent role for projects.**

This means—as it transpired from interviews and surveys—that sustainability planning, at the project level, must find its place within the larger issue of Sustainable Development, since the higher level conditions of development carry an overbearing weight on project outcomes. This is part of the “bigger picture”, which sustainability refers projects to. This is in fact echoed in the PVO community work about household and community based IMCI, where the different elements rest on a multi-sectoral platform of development. (99) But, obviously, the higher the ambitions, the greater the number of stakeholders involved in meeting those ambitions.

Responses to the self-assessment, as to the first two components of the study, suggest that influence on the final results—hence the responsibility over the level of success—is shared between project and other players, whether from the local system, or other external players. Responsibility for the final results, positive and negative, is shared between project and actors of the local system. What our findings suggest is that local players can only support the efforts to maintain the final benefits when they also share the vision for their value.

But the role of PVO projects remains important in this. In the self-assessment, for example, all projects describe a difficult country and community environment. But the most notable difference in our tentative comparison between high and low sustainability score projects is in organizational and project factors. The PVO organizational context and project design are important factors of progress toward sustainability. Many of our informants referred to “old project practices”—creating parallel systems, inappropriately using financial incentives, etc.—dooming any hope for a sustained result. The fact that projects can only have a partial influence on final sustainable outcomes does not mean that their responsibility can be dismissed. The overwhelming consensus is that PVOs must continue to be accountable for their effort to build sustainability. What is needed is to chart out what this accountability entails, in practical and, as much as possible, measurable ways.(113)

Box 1: Key lessons from the Sustainability Initiative on the evaluation of sustainability in CS interventions

- Although it sounds like a tautology, the finality of child survival – improving the health of children, particularly children living in poverty—is a cornerstone of any health intervention claiming to be sustainable.
- There is not one linear model, but a number of approaches to achieve sustainable results. A final “sustained impact” is the result of complex and multi-dimensional interplay.
- There are strong external factors outside of the reach of projects and PVOs that influence sustainability. Measuring progress on these external conditions is a crucial part of assessing the prospect of sustainability in CS interventions.
- “Sustainable results” can often not be reliably predicted. They seem to be due to successful local “negotiations,” supported by favorable conditions which a project can *support*, but not necessarily *control*.
- Elements of definition for sustainable programs that gather a strong consensus from PVOs fit within the general heading of “creating an enabling environment,” and include “building functionality,” “creating opportunities,” or “developing relations and inter-dependency.”
- Capacity building in local partners is essential, but sustainability depends on many other factors. Increasing the viability of local organizations is another important element, whether it relates to financial viability, or other elements of an organization’s “profile of dependency”: organizational linkages and support relationships, advocacy coalitions, access to information and technical assistance, accountability, etc.
- Improvements in social cohesion (e.g. accountability) or community competence and capacity need to be better understood and better evaluated, but are cornerstones of sustainability.
- The processes through which health information is diffused or services are provided are extremely important to sustain health gains. Quality, equity, efficiency, or technological appropriateness all contribute to (or constrain) the durability of these benefits.
- Helping a local system progress toward sustainable health becomes the pertinent role for projects.
- Sustainability planning, at the Child Survival project level, must find its place within the larger issue of Sustainable Development.
- Although projects are – only -- contributors to progress toward the next transitional stage, this contribution is essential in favoring or hindering lasting impact.

6.7 CONCLUSION: A DEFINITION OF SUSTAINABILITY IN CHILD SURVIVAL

In conclusion, our observations suggest an emerging definition for sustainability, relevant to Child Survival projects, which has guided the development of a coherent and systematic evaluation approach.

DEFINITION

Sustainability in Child Survival projects is a **contribution** to the development of **conditions enabling** individuals, communities, and local organizations to express their potential, improve local functionality, develop mutual relationships of support and accountability, decrease dependency on insecure resources (financial, human, technical, informational), **in order for local stakeholders to negotiate their respective roles in the pursuit of health, wellness and development, beyond a project intervention.**

The individuals, communities and local organizations constitute a **local system** with their environment, and it is ultimately their **coordinated social interactions and efforts**, based on the understanding of their own health and development, which will lead to **lasting health impact.**

TOWARD A SHARED SUSTAINABILITY EVALUATION APPROACH IN CHILD SURVIVAL

The lessons from the CORE-CSTS Sustainability Initiative (see summary of salient points in Box 1) and the definition of sustainability they suggest, provide a positive answer to our initial question—“Can a common framework be developed, allowing for the expression of diversity, yet allowing PVOs to assess performance on sustainability, share lessons, and have a leading role in the sustainability agenda?”

There can be benefits, particularly improved collective learning, in agreeing on shared and critical dimensions of evaluation. But whatever tool is proposed will have to take into consideration the necessity to base plans on the consideration of local realities. This will start with the identification of the local entities that can effectively sustain child health gain, and continue with the contextual definition and selection of indicators of progress.

The companion volume to this document presents the Child Survival sustainability assessment (CSSA)—an evaluation framework and process integrating CS interventions’ strategies within a contextually realistic vision of sustainable child health.

BIBLIOGRAPHY

- (1) Bossel H. Indicators for Sustainable Development: Theory, Method, Applications. A report to the Balaton Group. 1999. International Institute for Sustainable Development.
- (2) McKinlay JB. The promotion of health through planned sociopolitical change: challenges for research and policy. *Soc Sci Med* 1993; 36(2):109-117.
- (3) Olsen IT. Sustainability of health care: a framework for analysis. *Health Policy and Planning* 13[3], 287-295. 1998.
- (4) Bossert TJ. Can they get along without us? Sustainability of donor-supported health projects in Central America and Africa. *Soc Sci Med* 1990; 30(9):1015-1023.
- (5) Lafond AK. Improving the quality of investment in health: lessons on sustainability. *Health Policy and Planning* 1995; 10(Supplement):63-76.
- (6) Child Survival Technical Support project. 2001 Child Survival Grants Program Review. 11-30-2001.
- (7) Child Survival Technical Support project. 1998-1999 Child Survival Grants Program Review. 9-25-2000.
- (8) CSSP. Review of Final Evaluations Sustainability Assessment for PVO Projects Ending in 1992. 1992.
- (9) CSSP. Review of Final Evaluations Sustainability Assessment for PVO Projects Ending in 1993. 1993.
- (10) United States Agency for International Development (USAID). Request for Applications (RFA)—Child Survival Grants Program. 9-4-2001.
- (11) Burkhalter B, Green CP. Summary Report: High Impact PVO Child Survival Programs Volume 1. BASICS, CORE, USAID, editors. 1998.
- (12) Powers Mary-Beth. Sustainability findings of 12 expanded PVO Child Survival projects. Draft. [ADRA, IEF, MIHV, PCI, PLAN, WV]. 6-19-1995.
- (13) Seims LK. A sustainability review of BHR/PVC-funded child survival projects in Bangladesh and Bolivia from 1985 to 1997: What's left after all these years? 4-28-2000. The Child Survival Collaborations and Resources (CORE) Group.
- (14) Claeson M, Waldman RJ. The evolution of child health programmes in developing countries: from targeting diseases to targeting people. *Bulletin of the World Health Organization Special Theme: Child Mortality* 78[10], 1234-1245. 2000.
- (15) Child Survival Technical Support project, CORE. Sustainability Dialogue, Calverton, MD, March 20, 2000. 2000.
- (16) Shediak-Rizkallah MC, Bone LR. Planning for the sustainability of community-based health programs: conceptual frameworks and future directions for research, practice and policy. *Health Educ Res* 1998; 13(1):87-108.
- (17) World Commission on Environment and Development. *Our Common Future*. 1987. New York, Oxford University Press.
- (18) International Institute for Sustainable Development (IISD). *Assessing sustainable development: Principles in practice*. Hardi P, Zdan T, editors. 1997.
- (19) Meadows D. Indicators and information systems for sustainable development. A report to the Balaton Group. 1998. The Sustainable Institute.
- (20) Thompson B, Winner C. Durability of Community Intervention Programs. Definitions, empirical studies, and strategic planning. In: Bracht N, editor. *Health promotion at the community level 2. New advances*. Sage Publications, Inc., 1999: 137-154.
- (21) Bracht N. *Health promotion at the community level 2. New advances*. 2nd. ed. ed. Sage Publications, Inc., 1999.
- (22) Singer JD. The Level-of-Analysis problem in international relations. *World Politics* 14[1], 77-92. 1961.

- (23) ACSI-CCCD Africa Child Survival Initiative—Combating Childhood Communicable Diseases, University Research Corporation. Sustainability Strategy. 1990.
- (24) Honadle George, VanSant Jerry. Implementation for Sustainability. Lessons from integrated rural development. Kumarian Press, 1985.
- (25) Office of Sustainable Development—Bureau for Africa—U.S. Agency for International Development. Health and Family Planning Indicators; Volume II: Measuring Sustainability. 2000.
- (26) Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Public Health* 1999; 89(9):1322-1327.
- (27) Ottawa Charter. The Ottawa Charter for Health Promotion. *WHO Reg Publ Eur Ser* 1992; 44:1-7.
- (28) Renaud L, Chevalier S, O’Loughlin J. L’institutionnalisation des programmes communautaires: revue des modèles théoriques et proposition d’un modèle. *Canadian Journal of Public Health* 1997; 88(2):109-113.
- (29) Goodman R, Steckler A. A model for the institutionalization of health promotion programs. *Family and Community Health* 1993;(11):63-78.
- (30) Bracht, Kingsbury L, Rissel C. A five-stage community organization model for health promotion: empowerment and partnership strategies. In: Bracht N, editor. *Health promotion at the community level 2. New advances.* Sage Publications, Inc., 1999: 83-119.
- (31) Maza Irma Ch.de, de Oliva Maritza M., et al. Sustainability of a Community-Based Mother-to-Mother Support Project in the Peri-Urban Areas of Guatemala-City. A La Leche League Study. 1997. La Leche League International and the U.S. Agency for International Development by the Basic Support for Institutionalizing Child Survival (BASICS) Project. Arlington, VA.
- (32) Katarbwa MN, Mutabazi D. The selection and validation of indicators for monitoring progress towards self-sustainment in community-directed, ivermectin-treatment programmes for onchocerciasis control in Uganda. *Ann Trop Med Parasitol* 1998; 92(8):859-868.
- (33) LeBan Karen, The CORE Group—The Child Survival Collaborations and Resources Group. Reaching Communities for Child Health: Partnering with PVOs in Integrated Management of Child Illness (IMCI); Proceedings of a workshop held at The Pan American Health Organization, Washington, D.C., February 24-26, 1999. 1999. Pan American Health Organization; Washington, D.C.
- (34) Gubler DJ, Clark GG. Community involvement in the control of *Aedes aegypti*. *Acta Trop* 1996; 61(2):169-179.
- (35) Sustainability of a community health worker program in Kasangati, Uganda.: 1994.
- (36) Continuing health education in CARE-assisted ICDS projects in India.: 1994.
- (37) Sustainability of child survival activities in 54 rural communities in Honduras: The impact of decreasing institutional resources on knowledge, practices, coverage.: 1994.
- (38) The Malawi drug revolving fund experience: Impact, sustainability and lessons learned.: 1994.
- (39) Atim C, Diop F. The contribution of mutual health organizations to financing, delivery, and access in health care in West and Central Africa: Summaries of synthesis and case studies in six countries. Technical Report No.19. 1998. Partnerships for Health Reforms, Abt Associates Inc.
- (40) Shiff C, Winch P, Minjas J. Rapport recapitulatif de la mise en oeuvre et de la perennisation des programmes de moustiquaires traitees avec un insecticide (MTI) pour la lutte contre le paludisme dans les zones rurales de l’Afrique: Lecons apprises du projet de moustiquaires de Bagamoyo en Tanzanie. 1997. Soutien pour l’analyse et la recherche en Afrique (SARA
- (41) Bhattacharyya K, Shafritz L, Graeff JA. Sustaining Health Worker Performance in Burkina Faso. 1997. BASICS.

- (42) Ndure KS. Best practices and lessons learned for sustainable community nutrition programming. 1999. Academy for Educational Development.
- (43) Knight R., Tsui A. Family Planning Sustainability at the Outcome and Program Levels. The Evaluation Project, editor. 1997. Constructing Indicators for USAID Strategic Planning. 1.
- (44) International Planned Parenthood Federation SI. The IPPF Western Hemisphere Region Transition Project; its aims and achievements. 2000.
- (45) Goodman R, McLeroy K, Steckler A. Development of level of institutionalization scales for health promotion programs. *Health Education Quarterly* 1993;(20):161-178.
- (46) MSH—Management Sciences for Health. Planning for Sustainability: Assessing the Management Capabilities of Your Organization. 2000.
- (47) Flynn B. Measuring community leaders' perceived ownership of health education programs: initial tests of reliability and validity. *Health Education Research* 1995;(10):27-36.
- (48) Rifkin SB, Muller F, Bichmann W. Primary health care: on measuring participation. *Soc Sci Med* 1988; 26(9):931-940.
- (49) Goepfing J, Baglioni AJJ. Community competence: a positive approach to needs assessment. *Am J Community Psychol* 1985; 13(5):507-523.
- (50) Najam A. Community level sustainability assessment—Dasudi, India: A case study based on the work of the IUCN/IDRC project on “Assessing progress towards sustainability”. 2000.
- (51) Gove S, WHO working group on guidelines for integrated management of the sick child. Integrated Management of childhood illness by outpatient health workers: technical basis and overview. *Bull World Health Organ* 1997; 75(Supplement 1):7-24.
- (52) WHO. Primary Health Care, International conference on Primary Health Care Alma-Ata, USSR. 1978. Geneva and New York, WHO, UNICEF.
- (53) International Conference on Primary Health Care. Declaration of Alma-Ata. *WHO Chron* 1978; 32(11):428-430.
- (54) Heiby J. Process and outcome evaluation: experience with systems analysis in the PRICOR project. *Operations Research: Helping Family Planning Programs Work Better*. Wiley-Liss, Inc., 1991: 395-410.
- (55) Nicholas DD, Heiby J, Hatzell TA. The Quality Assurance Project: introducing quality improvement to Primary Health Care in Less Developed Countries. *Quality Assurance in Health Care* 3[3], 147-165. 1991.
- (56) Jacobsen JE. The United States. Policies, programs, and financing since the International Conference on Population and Development. In: Forman S, Ghosh, R., Center on International Cooperation Studies in Multilateralism, editors. *Promoting reproductive health: investing in health for development*. Boulder, Colorado: Lynne Rienner, 2000: 251-277.
- (57) Centre for Development and Population Activities (CEDPA). An initiative to extend the control of diarrheal disease services through community based non-governmental organizations. 1-31. 1992. Arlington, VA, Management Sciences for Health, Technologies for Primary Health Care [PRITECH].
- (58) Management Sciences for Health [MSH]. Report of activities. 1992. Boston, Massachusetts, MSH.
- (59) Endsley S. Sustainability Task Force meeting, PRITECH. 1-42. 1991. Arlington, Virginia, Management Sciences for Health [MSH], Technologies for Primary Health Care [PRITECH].
- (60) Partnersip for Child Health Care. Basic Support for Institutionalizing Child Survival [BASICS]. Pathways and partnerships: BASICS contribution to child survival. -169. 1999. Arlington, Virginia, BASICS.
- (61) Newman J, Hatzell TA, Blumenfeld S, Nicholas DD, Heiby J. Assessing the quality of health services. Boerma JT, editor. 387-407. 1994. Liege, Belgium, Ordina Editions. *Measurement of maternal and child mortality, morbidity and health care: interdisciplinary approaches*.

- (62) Smith DJ. Child Survival Project Design and Implementation: Lessons learned from the IMO/ABIA States project in Nigeria. Africare, editor. 21-26. 1994. Nigeriana Publications.
- (63) O'Loughlin J, Renaud L, Richard L, Gomez LS, Paradis G. Correlates of the sustainability of community-based heart health promotion interventions. *Prev Med* 1998; 27(5 Pt 1):702-712.
- (64) Russel D. Theory and practice in sustainability and sustainable development. USAID center for Development Information and Evaluation, editor. PN-ABU-367. 1995.
- (65) Foster Stanley O. Sustaining the benefits of child survival collaboration: communities, governments, PVOs, CSSP, and USAID/BHR/PVC, Lessons learned 1991-1994. 9-18-1995.
- (66) Esselman J. Sustainability, Sustainable Development, and the Health Sector. Issue Paper No.1; Document No: PN-ABT-155. 1994. Research & References Services. USAID. Center for Development Information and Evaluation. Sustaining the Vision: Lessons for USAID's move toward sustainability and sustainable development.
- (67) Valente TW. Network models of the diffusion of innovations. Cresskill, NJ: Hampton Press, 1995.
- (68) Piotrow P. Health communication : lessons from family planning and reproductive health. Westport, Conn.: 1997.
- (69) Mehdi S. Health and Family Planning Indicators: A Tool for Results Frameworks. Office of Sustainable Development Bureau for Africa, USAID, editors. Volume 1 Measuring Sustainability.
- (70) World Health Organization, Division for Sustainable Development and Healthy Environments. Health Futures: Scenarios based health development guidelines. 2000.
- (71) Cassels A, Janovsky K. Strengthening health management in districts and provinces: handbook for facilitators. Geneva: World Health Organization, 1996.
- (72) McKee Meal. Organizational change and quality in health care: an evolving international agenda. *Quality in Health Care* 7, 37-41. 1998.
- (73) Fowler A. The virtuous spiral: A guide to sustainability for NGOs in international development. London: Earthscan Publications, 2002.
- (74) Lassen CA. The pillars of NGO financial sustainability: Options to create more sufficient, diversified, stable financing for your non-profit. 1999. USAID/BHR/PVC, Institute for Development Research, Freedom from Hunger Foundation, Lassen Associates.
- (75) Abt Associates, Pathfinders International. Fundamentals of NGO financial sustainability. 2001.
- (76) Ellsworth L. The Road to Financial Sustainability: How managers, government, and donors in Africa can create a legacy of viable public and non-profit organizations. Technical Paper No.85. 1998. USAID Office of Sustainable Development Bureau for Africa. SD Publication Series.
- (77) Aubel J, Samba-Ndure K. Lessons on sustainability for community health projects. *World Health Forum* 1996; 17(1):52-57.
- (78) Valadez J. Monitoring and evaluating project sustainability. In: Valadez J., Bamberger M, editors. *Monitoring and Evaluating Social Programs in Developing Countries; A handbook for policymakers, managers and researchers*. Washington D.C.: Economic Development Institute of The World Bank, 1994: 183-208.
- (79) Brown L, Lafond A, Macintyre K. Measuring Capacity Building. 2001. MEASURE Evaluation.
- (80) Lafond A, Brown L, Mcintyre K. Mapping capacity in the health sector: a conceptual framework. *Int J Health Plann Manage* 17[1], 3-22. 2002.
- (81) Khan A. Planning for and monitoring of project sustainability: A guideline on concepts, issues and tools. UNDP—UNOPS—SRL/97/101. 2000. UNDP Monitoring and Progress Review Division; Ministry of Plan Implementation. M&E Output No.21.

- (82) United States Agency for International Development (USAID) / Bureau for Europe and Eurasia / Office of Democracy and Governance. The 2000 NGO Sustainability Index for Central and Eastern Europe and Eurasia. Fourth edition. 2001.
- (83) Veron R. Sustainability and the 'New' Kerala Model. In: Parayil G, editor. Kerala, The Development Experience: Reflections on Sustainability and Replicability. London: Zed books, 2000: 212-229.
- (84) Ager A. The importance of sustainability in the design of culturally appropriate programmes of early intervention. *Int Disabil Stud* 1990; 12(2):89-92.
- (85) Guveya E, Kachote Freddie, Kokwe Misael, Prescott-Allen R. A system assessment in Zimuto communal lands, Zimbabwe. IUCN (The World Conservation Union) M&E Initiative, IUCN Regional Office for Southern Africa, editors. 1-113. 1999. Ref Type: Report
- (86) Cole DC, Eyles J, Gibson BL. Indicators of human health in ecosystems: what do we measure? *Sci Total Environ* 1998; 224(1-3):201-213.
- (87) Atlas.ti The Knowledge Workbench: Visual qualitative data analysis, management, model building. Berlin: Thomas Muhr, 1997.
- (88) SPSS for Windows. SPSS Inc., 1999.
- (89) Cottrell L. The competent community. In: Warren R, Lyons L, editors. New perspectives in the American community. Florence, KY: Dorsey, 1983.
- (90) Eng E, Parker E. Measuring Community Competence in the Mississippi Delta: The Interface between Program Evaluation and Empowerment. *Health Education Quarterly* 21[2], 199-220. 1994.
- (91) Titscher S, Meyer M, Wodak Ruth. Methods of text and discourse analysis. Sage Publications, 2000.
- (92) Fox J. The World Bank and Social Capital: contesting the concept. *Journal of International Development* . 1997.
- (93) Spradley JP. The ethnographic interview. Harcourt Brace Jovanovich College Publishers, 1979.
- (94) Bernard HR. Informants. *Research Methods in Anthropology—qualitative and quantitative approaches*. AltaMira Press, 1995: 165-179.
- (95) Reinke WA. Health Planning for Effective Management. New York: Oxford University Press, 1988.
- (96) Romney AK, Weller SC, Batchelder WH. Culture as Consensus: a theory of culture and informant accuracy. *American Anthropologist* 1896;(88):313-338.
- (97) D'Andrade R. The development of cognitive anthropology. Cambridge University Press, 1995.
- (98) The National Vaccine Advisory Committee. Strategies to sustain success in childhood immunizations. *JAMA* 282[4], 363-370. 7-28-1999.
- (99) Winch P, LeBan K, Kusha B. Reaching communities for child health and nutrition, A framework for household and community IMCI. 11-30-2001. The Child Survival Technical Support Project, The CORE Group, BASICS.
- (100) Akukwe C. The growing influence of non governmental organisations (NGOs) in international health: challenges and opportunities. *J R Soc Health* 1998; 118(2):107-115.
- (101) Rohs FR, Langone CA, Coleman RK. Response Shift Bias: A Problem in Evaluating Nutrition Training Using Self-Report Measures. 165-170. 2001. Society for Nutrition Education.
- (102) Howard GS, Daily PR. Response-shift bias: a source of contamination in self report measures. *Appl Psychol* [64], 144-150. 1979.
- (103) Cronbach LJ, Furby L. How should we measure "change"—or should we? *Psychol Bull* [74], 68-80. 1970.
- (104) DeVellis RF. Validity. *Scale Development: Theory and Applications*. Sage, 1991: 43-50.

- (105) Handwerker WP. Constructing Likert Scales: Testing the validity and reliability of single measures of multidimensional variables. *Cultural Anthropology Methods Journal* 8, 1-7. 1996.
- (106) Mahoney CA, Thombs DL, Howe Christine Z. The art and science of scale development in health education research. *Health Education Research* 10[1], 1-10. 1995.
- (107) Kempton W, Boster J, Hartley Jennifer. *Environmental values in American culture*. London: The MIT Press, 1995.
- (108) Howard-Grabman L. Bridging the gap between communities and service providers: Developing accountability through community mobilization approaches. *IDS Bulletin* 31[1], 88-96. 2000.
- (109) Cornwall A, Lucas H, Pasteur K. Accountability through participation; developing workable partnership models in the health sector. *IDS Bulletin* 31[1], 8-15. 2000.
- (110) Papa M, Singhal A, Sood S, Rogers EM. Entertainment-Education and Social Change: an analysis of social learning, collective efficacy, and paradoxical communication. submitted to *Journal of Communication*, editor. 1999.
- (111) Asthana S. Women's health and women's empowerment: a locality perspective. *Health and Place* 2[1], 1-13. 1996.
- (112) Figueroa ME, Kincaid DL, Rani M, Lewis G. *Communication for Social Change: A Model for Measuring the Process and its Outcomes*. Johns Hopkins Center for Communication Programs, editor. In Press. 2002. Baltimore, MD, Rockefeller Foundation Communication for Social Change Grantmaking Strategy.
- (113) Hawe P, Noort M, King L, Jordens C. Multiplying health gains: the critical role of capacity-building within health promotion programs. *Health Policy* 1997; 39(1):29-42.

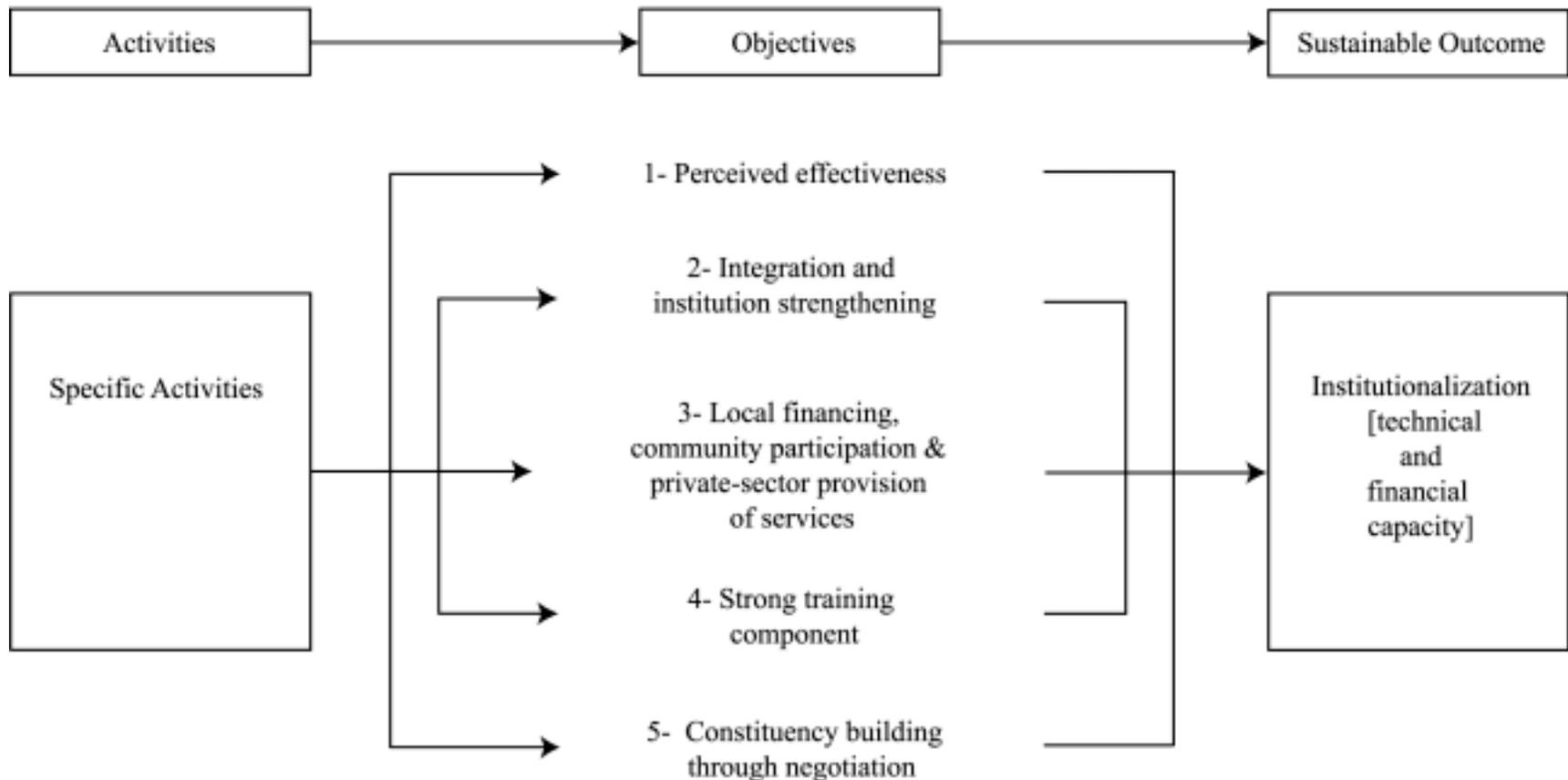
APPENDICES

APPENDIX 1: LIST OF INTERVIEW INFORMANTS

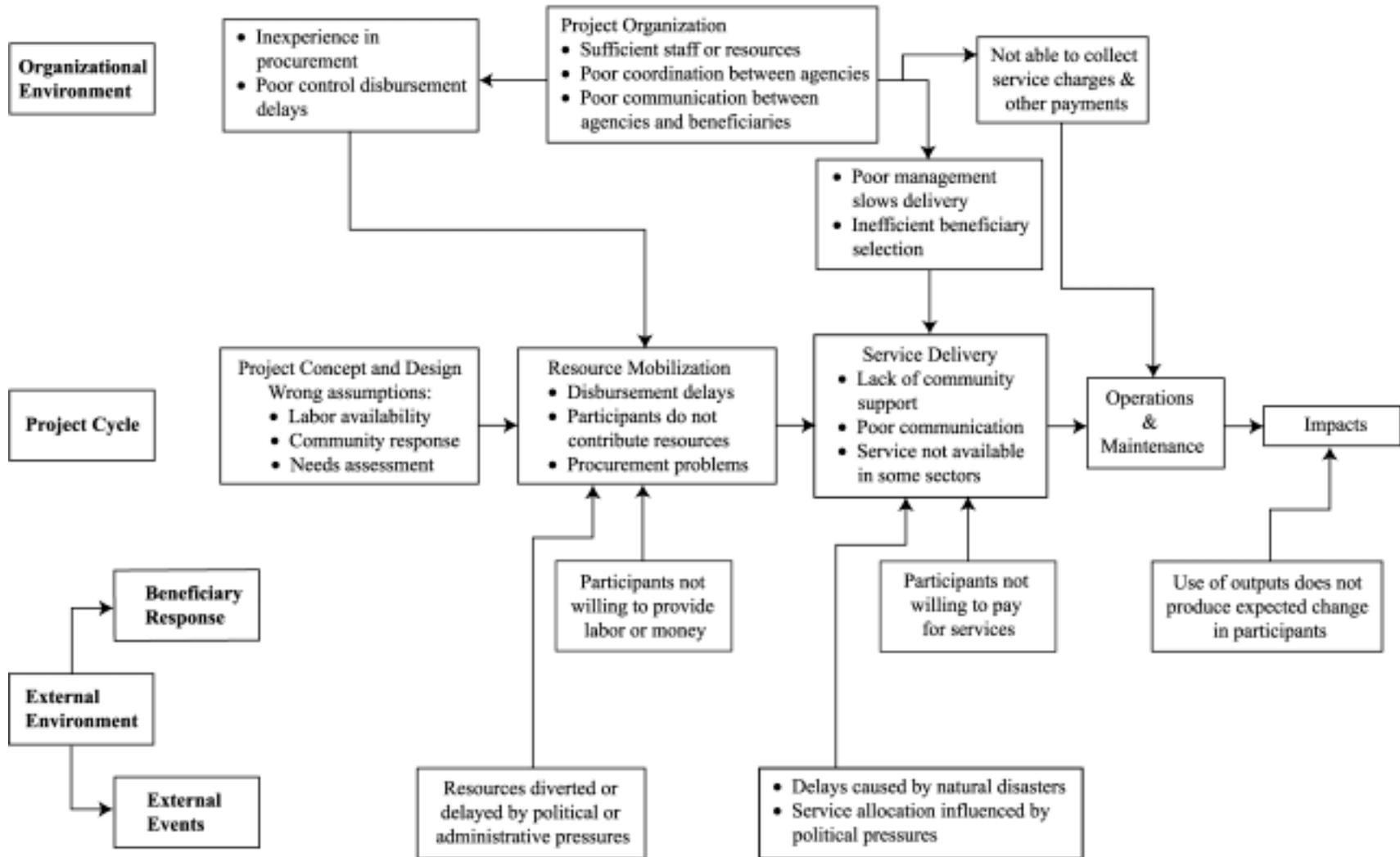
Bram Bailey	Salvation Army World Service Office (SAWSO)
John Barrows	International Eye Foundation (IEF)
Ellen vor der Bruegge	Freedom from Hunger
Larry Casazza	World Vision USA (WV)
Robb Davis	Freedom from Hunger
Jay Edison	Adventist Development and Relief Agency (ADRA)
Breda Gahan	Concern Worldwide International (CWI)
Fe Garcia	World Vision USA (WV)
Anne Henderson	World Vision USA (WV)
Mary Ann Javed	Christian Children Fund (CCF)
Jennifer Luna	Plan International
David Marsh	Save the Children USA (SC)
Mary Ann Mercer	Health Alliance International (HAI)
Janet Myers	International Rescue Committee (IRC)
David Newberry	Polio Eradication Initiative – CORE group / CARE
Karla Percy	Mercy Corps (MC)
Alfonso Rosales	Catholic Relief Services (CRS)
Sameh Saleeb	AFRICARE, Inc.
Eric Starbuck	Save the Children USA (SC)
Eric Swedberg	Save the Children USA (SC)
Reese Welch	Esperança

APPENDIX 2: SUSTAINABILITY STRATEGY MODEL OF ACSI-CCCD

Institutionalization and maintenance of services {ACSI-CCCD Africa Child Survival Initiative-Combating Childhood Communicable Diseases & University Research Corporation 1990 70 /id}



APPENDIX 3: A process model of sustainability factors in social development projects [Valadez J. 1994 67 /id]



APPENDIX 4: PROPOSED INDICATORS IN USAID PROJECTS

Proposed indicators for measuring sustainability of health and family planning in USAID projects (25)

SUSTAINABILITY OF SYSTEMS		Examples of indicators
Financial sustainability	Resource mobilization	<p><u>Mobilization of public resources</u></p> <ul style="list-style-type: none"> • % of vaccines paid for by national government • % of national health budget allocated to HIV/STD programs <p><u>Other indicators of general resource mobilization</u></p> <ul style="list-style-type: none"> • % of total health expenditures financed by donors • total per capita expenditure on health <p><u>Mobilization of private resources</u></p> <p>Cost Recovery</p> <ul style="list-style-type: none"> • % of total health expenditure recovered through various mechanisms of cost sharing • # of facilities with cost recovery in place • % of costs recovered through cost recovery (at point of service) • % of facility budget programmed at facility level <p>Social Marketing</p> <ul style="list-style-type: none"> • # of contraceptives sold through social marketing <p>Mobilization of private sector</p> <ul style="list-style-type: none"> • # of HIV/AIDS service delivery points operated by non-governmental entities • % of clients receiving FP services through private sector channels
	Efficient allocation and use of resources	<ul style="list-style-type: none"> • % of government health budget allocated to PHC • % of government expenditure allocated to PHC • personnel expenditure as a percentage of total recurrent health expenditure • % of recovery costs available for PHC
Institutional capacity	Planning and management	<ul style="list-style-type: none"> • existence of a strategic plan (from mission statement, vision, to strategies, human resource and budgeting plans, and personnel participation in planning) • presence of a system for preparing annual operational plans • presence of a manager whose job description includes responsibility for developing, revising, and assessing implementation of strategic and operational plans. • presence of a system for assessing the needs and preferences of clients and for adjusting services in response to identified changes
	Systems for human resources	<ul style="list-style-type: none"> • existence of personnel policies, rules and regulations consistently applied • presence of detailed, accurate, and up-to-date job descriptions • presence of a system for performance assessment • presence of a system for assessing staff training needs • presence of a system for assessing the effectiveness of staff training • presence of a manager whose job description includes reviewing job descriptions, policies, etc.
	Information systems	<p><u>Financial systems</u></p> <ul style="list-style-type: none"> • presence of an accounting system that regularly provides income/revenue data and cash flow analysis based on a specific service cost category

APPENDICES

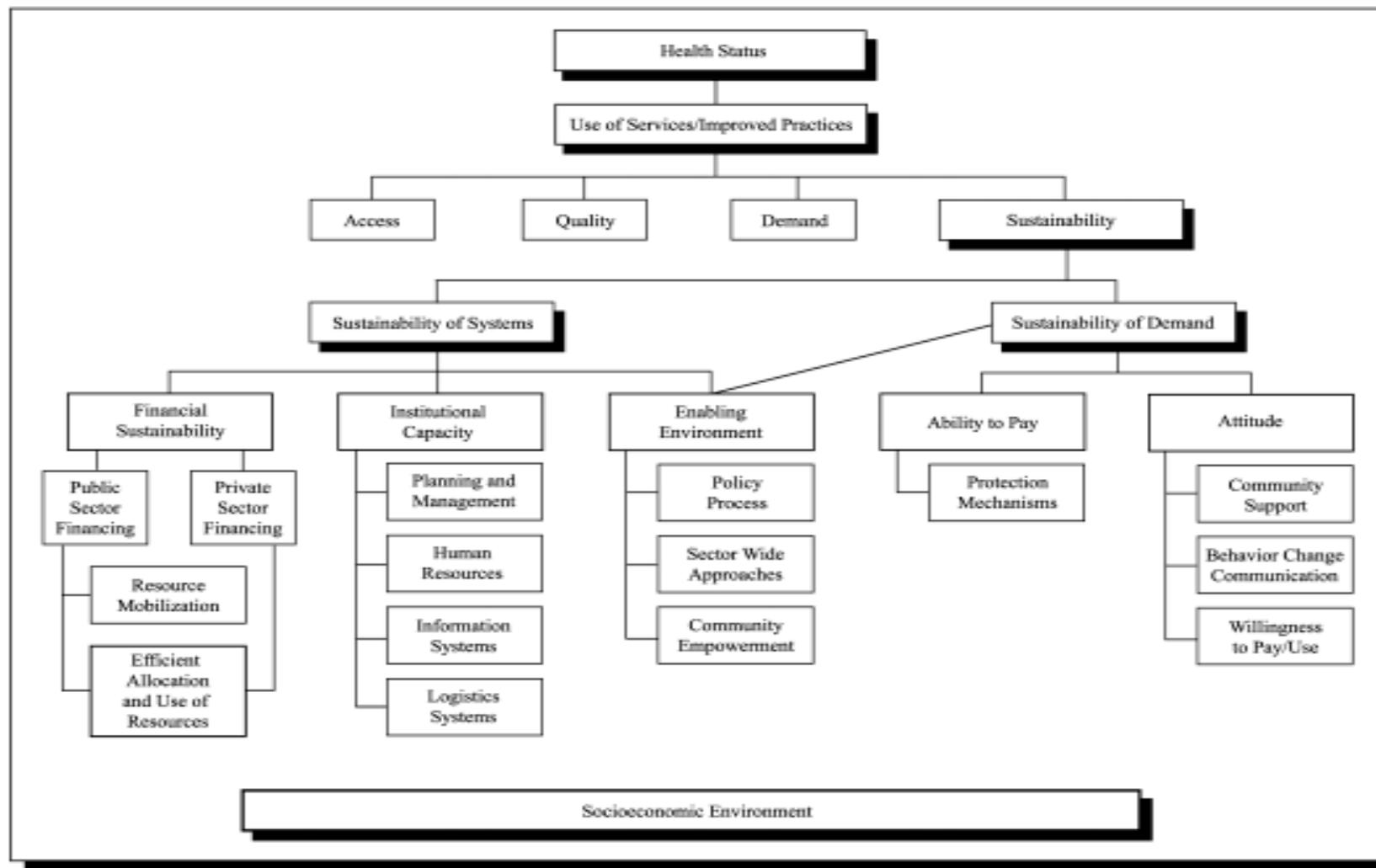
		<ul style="list-style-type: none"> • presence of a system for periodically reviewing the logistical needs and resources of the institution • presence of a system for tracking commodities and forecasting needs, including inventory and regular reporting of receipt and distribution of commodities • presence of a manager whose job description includes reviewing financial data
		<u>Programmatic information system</u>
		<ul style="list-style-type: none"> • presence of an information system that provides reliable information on clients and services • presence of a manager in charge of information systems
	Logistics systems	<ul style="list-style-type: none"> • presence of a manager whose job description includes resource management tasks
Enabling Environment	Policy Processes	<ul style="list-style-type: none"> • Presence of a policy-making body that conducts the necessary analysis of an issue and formulates a policy • Presence of a national policy that supports the health program objective(s) [Score on a scale] (eg. National maternal health strategy operationalized) • The degree of support provided for a given policy [Score on a scale] (eg. AIDS policy environment score)
	Sector-wide approaches	<ul style="list-style-type: none"> • Existence of a sector investment program, sector-wide approach, or similar program • Joint donor plans and programs in given regions [score on a scale from no coordination to full coordination and integration] • Ratio or technical assistance funded by donors that uses foreign versus national talent • Presence of a cross-sectoral strategy for diarrheal disease control that includes water and sanitation components
	Community empowerment	<ul style="list-style-type: none"> • Number of regions in which community decision-making structures operate to discuss health concerns or decide program management issues • Policy dialogues and formulation involves NGOs, community leaders, and representatives of the private sector and special interest groups. • Percentage of local communities with the following authorities: hiring/firing of staff, revenue generation and retention, and budget planning and implementation • Community satisfaction with a) their level of input into health system decision-making, and b) the health system in general (disaggregated by men and women) • Presence of health sector representation on non-health local/national government committees and/or presence of non-health sector representation on local/national health committees.
SUSTAINABILITY OF DEMAND		Examples of indicators
Ability to pay	Protection mechanisms	<ul style="list-style-type: none"> • Existence of exemptions, waivers, or other protection mechanisms (cross-subsidies, government equalization grants).
Attitude	Community support	<ul style="list-style-type: none"> • Percent of communities having functional local health committees that hold regular meetings • Percent of communities having some form of community based distribution system • Percent of the population (or men and women) that say it is “extremely important” [to practice preventive health behavior], e.g.: (A) To have children fully immunized against childhood illness by their first birthday; (B) For expectant mothers to make prenatal visits to a health facility; (C) To space the

APPENDICES

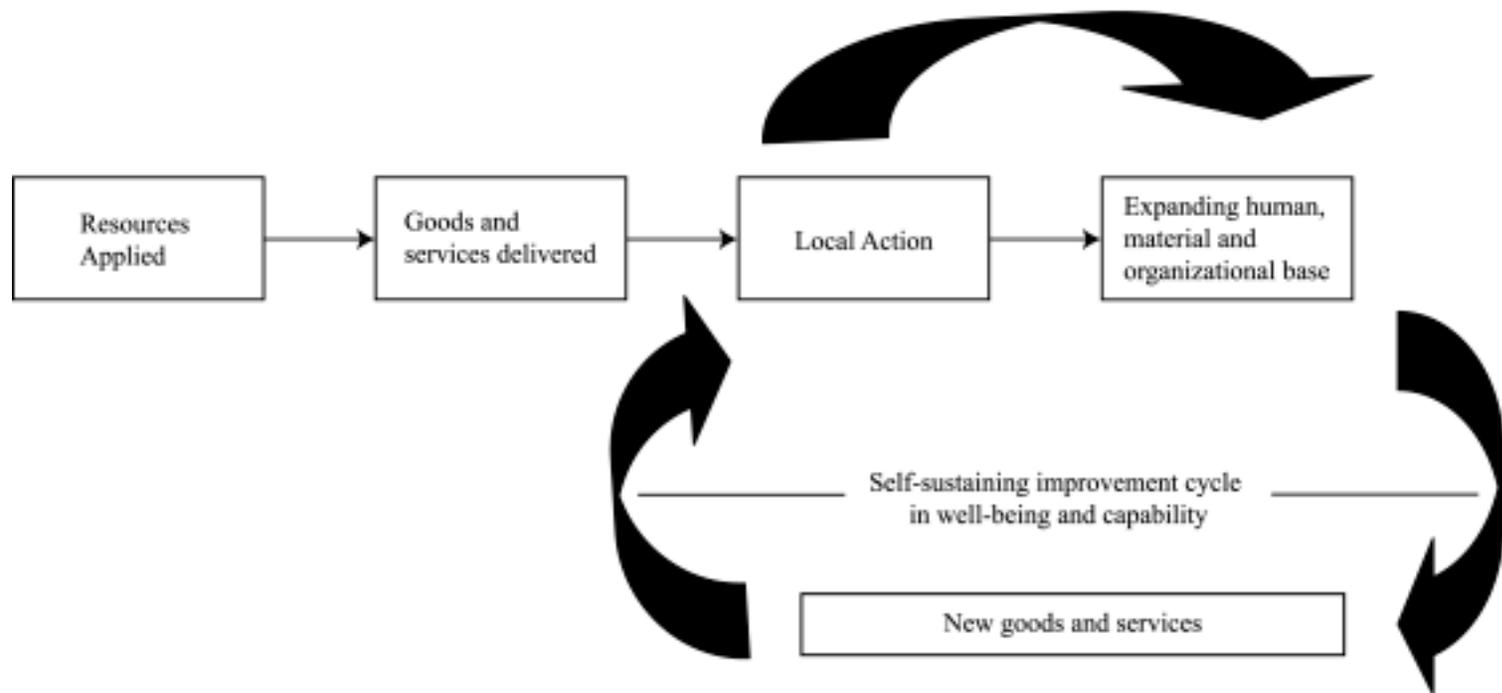
	<ul style="list-style-type: none">• births of their children; (D) To use accepted preventive measures against IDS/STDs
Behavior change communication	<ul style="list-style-type: none">• Existence of a long-term Behavior Change Communication (BCC) strategy for perpetuating demand for health and family planning services• Presence of a Behavior Change Communication (BCC) program directed toward health and family planning services and behaviors that is at least partially funded by the host country government• Presence of a government-endorsed organization responsible for implementation of a long-term of Behavior Change Communication (BCC) for health and family planning services
Willingness to pay/use	<ul style="list-style-type: none">• Difference between the percentage of households within 5 km. of a health facility using that facility and percentage of households from 5.1 to 10 km. from the facility using that facility in selected communities• Change in service delivery point use rates in the month prior to and following a change from no cost service delivery to a fee-for-service policy

APPENDIX 5: Conceptual framework for health and family planning in USAID projects{Office of Sustainable Development–Bureau for Africa–U.S. Agency for International Development 2000 69 /sd}

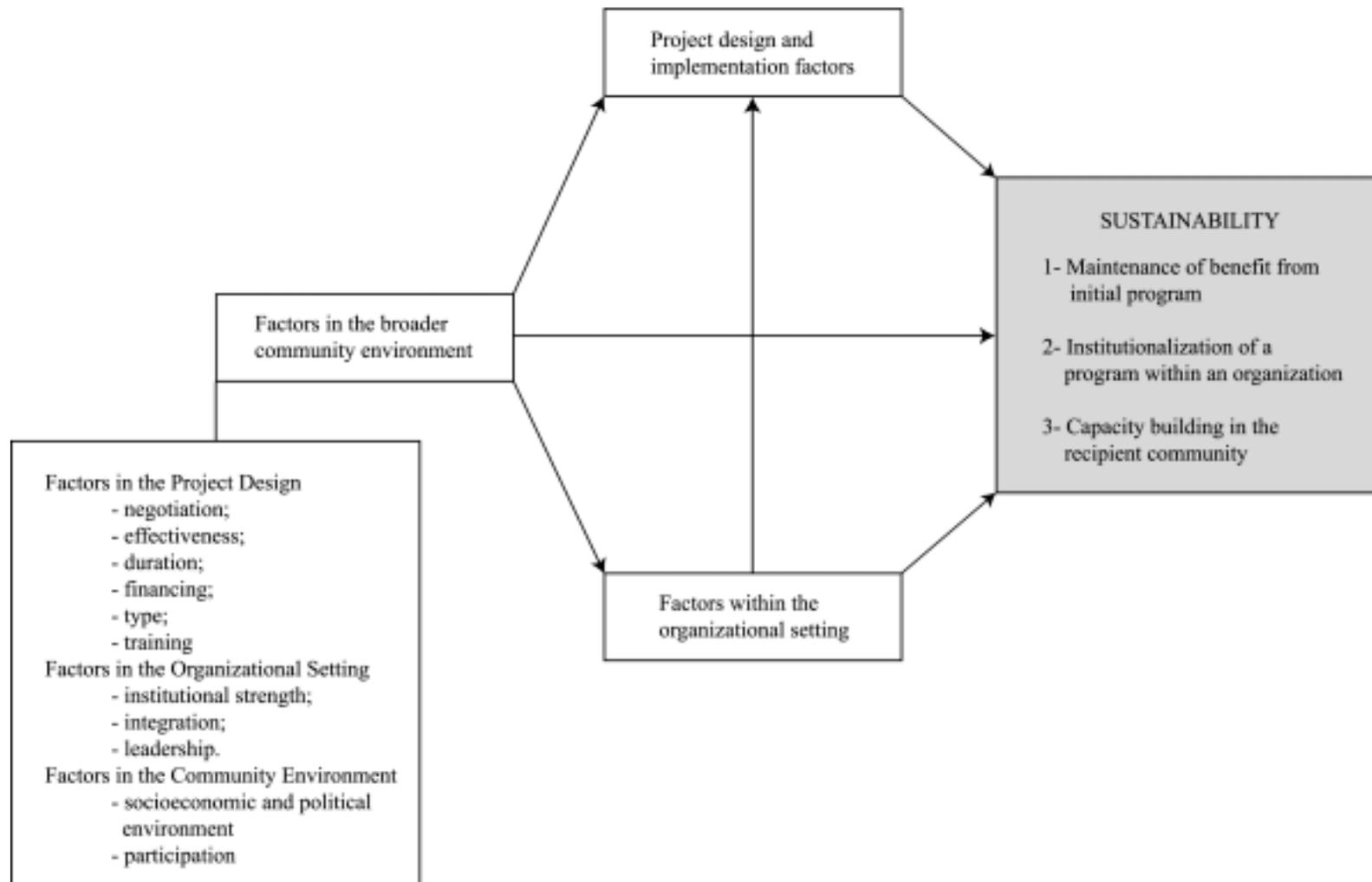
Figure 2. The Sustainability Conceptual Framework



APPENDIX 6: A development model of Implementation for Sustainability {Honadle George & VanSant Jerry 1985 68 /id}



APPENDIX 7: A framework for conceptualizing program sustainability {Shediac-Rizkallah & Bone 1998 18 /id}



APPENDIX 8. RESEARCH QUESTIONS SUGGESTED BY THE CORE GROUP

Research questions suggested by the CORE group, to be addressed by PVOs in Child Survival Programs (33)

Community Health Workers as a strategy	<ul style="list-style-type: none">• Which factors reduce CHW burnout?• Which incentive systems are sustainable by the community?• What are the most appropriate selection procedures to reduce CHW dropout?• What are the best ways to motivate and sustain CHWs after initial project start-up?
Other community institutions as a strategy	<ul style="list-style-type: none">• What are the community-driven strategies that promote sustainability?
Optimal models of community mobilization for health	<ul style="list-style-type: none">• What models are useful for assessing changes in community engagement and participation related to sustainable community management in health promoting activities? (a process of meta-analysis of PVO experiences is suggested as a starting point)• How can community norms be changed to become more supportive of healthy practices?• How can communities be mobilized in the absence of existing CHWs and local PVOs?

APPENDIX 9. SUSTAINABILITY OF SOCIAL PROGRAMS IN DEVELOPING COUNTRIES (78)

Indicator groups	Indicators
Continued delivery of services and benefits	<ul style="list-style-type: none"> • volume / stability of actual and intended benefits • efficiency of service delivery • quality of services / benefits • satisfaction of beneficiaries • distribution of benefits among economic and social groups
Maintenance of physical infrastructure	<ul style="list-style-type: none"> • Condition of physical infrastructure • condition of plant and equipment • adequacy of maintenance procedures • efficiency of cost-recovery and adequacy of operating budget • beneficiary involvement in maintenance procedures
Long-term institutional capacity	<ul style="list-style-type: none"> • capacity and mandate of the principal operating agency • stability of staff and budget of operating agency • adequacy of interagency coordination • adequacy of coordination with community organizations and beneficiaries • flexibility and capacity to adapt project to changing circumstances
Support from key stakeholders	<ul style="list-style-type: none"> • stability and strength of support from international agencies • stability and strength of support from national government • stability and strength of support from provincial and local government • stability and strength of support at the community level • ability of project to avoid becoming politically controversial

**APPENDIX 10. QUESTIONNAIRE AND INFORMED CONSENT FORM FOR THE SURVEY
ON CRITICAL ISSUES**

CORE-CSTS Sustainability Initiative
QUESTIONNAIRE # 1:
Opinions of the practitioners on critical issues

MS Word form-

January 4, 2001

Thank you for agreeing to respond to this questionnaire on critical issues about the sustainability of health programs in developing countries. This questionnaire is anonymous and confidential. It should take approximately one hour to read all the statements and provide your answers.

Why is your opinion important?

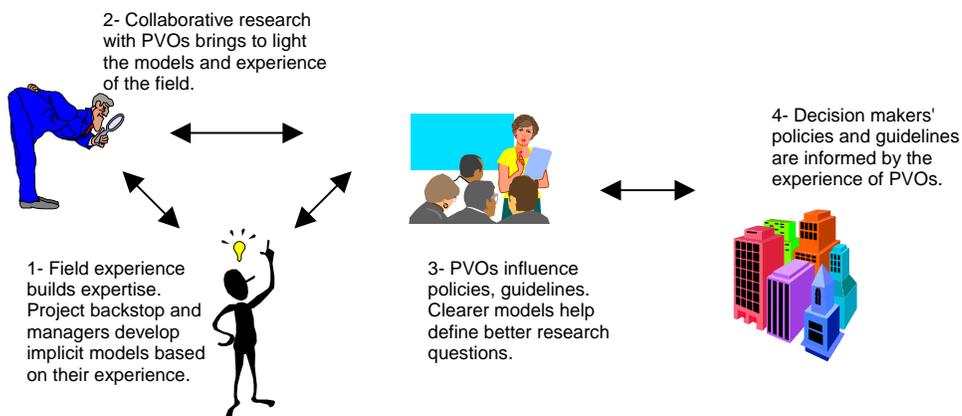
Figure 1 illustrates one way field programs can be influenced by theoretical models and policies.

Figure 1: From policies to field implementation: a linear view.



The CORE-CSTS sustainability initiative is based on the premise that expertise is built from experience. Professionals operate with theoretical models that they develop through time, although they are not always explicit models. As illustrated in Figure 2, research can help bring the field experience into the design of policies and guidelines.

Figure 2: A dynamic view of research, expertise, and policy design.



By participating in this survey, you will help us clarify the way sustainability is conceived and planned for among us; from there develop evaluation tools and research questions and provide informed PVO input to the larger health and development community, including donors.

Further clarification of this research’s purpose, risks and benefits, and confidentiality issues can be found in the Consent Form (page 3 and 4).

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

Please send the completed questionnaire with its consent form (page 3 and 4) to CSTS:

By email	By fax	By mail
csts@macroint.com	1-301-572-0983	Child Survival Technical Support Project (CSTS) ORC Macro Attn: Deborah Kumper 11785 Beltsville Drive Calverton, MD 20705 USA

Once again, thank you for your participation.

Dr Eric Sarriot
CSTS
Email: earriot@macroint.com
Tel: 301 572 0924
Fax: 301 572 0983

INSTRUCTION FOR ELECTRONIC RESPONSE:

You can answer this questionnaire directly on your computer if you use Microsoft Word, simply by clicking on the response fields that will appear shaded on your screen. (If you use **Word Perfect**, please let us know and we will send you the appropriate form.)

MAKE SURE TO SELECT ONLY ONE RESPONSE PER QUESTION – THE FIELDS ARE NOT AUTOMATIC

- **Example of appropriate answer** (the respondent clicked on 3):

<input type="checkbox"/> 1 strongly disagree	<input type="checkbox"/> 2 disagree	<input checked="" type="checkbox"/> 3 slightly disagree	<input type="checkbox"/> 4 slightly agree	<input type="checkbox"/> 5 agree	<input type="checkbox"/> 6 strongly agree
-------------------------------------------------	----------------------------------------	------------------------------------------------------------	----------------------------------------------	-------------------------------------	----------------------------------------------

- **Example of inappropriate answer** (the respondent changed his/her mind from “3” to “2”, but left both marked). **Please avoid this by clicking again on your previous answer to remove the "X" mark if you change your response.**

<input type="checkbox"/> 1 strongly disagree	<input checked="" type="checkbox"/> 2 disagree	<input checked="" type="checkbox"/> 3 slightly disagree	<input type="checkbox"/> 4 slightly agree	<input type="checkbox"/> 5 agree	<input type="checkbox"/> 6 strongly agree
-------------------------------------------------	---------------------------------------------------	------------------------------------------------------------	----------------------------------------------	-------------------------------------	----------------------------------------------

For open-ended questions, type your text in the appropriate shaded text field, as seen on screen:
<type in shaded area>

CONSENT FORM

Development of a framework for planning and evaluating the sustainability of child survival projects – critical issues survey.

Explanation of Research Project:

Purpose of the study:

This study is a first step towards developing a common and valid planning and evaluation framework for sustainability for Child Survival Projects (CSPs). Questionnaire #1 seeks to establish opinions and consensus of child survival professionals on critical issues relating to sustainability. ~~Questionnaire # 2 adresses how ongoing CSP activities are rated on specific objectives and factors of sustainability.¹~~

This study is being conducted by the Child Survival Technical Support project (CSTS) and the Johns Hopkins University School of Public Health, with the Health Professionals managing or backstopping Child Survival projects within the CSTS portfolio, or otherwise attached to the CORE group (Dr Jay Edison is the lead for this study in the CORE M&E working group) . Dr Peter Winch is the principal investigator in the School of Public Health. Dr Eric Sarriot is the investigation coordinator at CSTS.

Selection of informant:

You have been approached for this interview because of your experience with Child Survival projects in developing countries, and/or because projects under your responsibility as backstop or manager are approaching a mid-term or final evaluation phase.

Voluntary participation and confidentiality:

Your participation in this research project is completely voluntary. If you agree to participate, answering each questionnaire should take the following amount of time:

- questionnaire # 1: 40 mn
- ~~— questionnaire # 2:~~

You have the right to withdraw from the study at any time and to abstain from answering any question you do not wish to answer. Failure to participate or respond to any or all questions will obviously be without consequence for yourself, but it is hoped that your answers will be able to inform this research effort. The analysis will be conducted on a set of answers as a whole. No mention of project name, locality, organization or individuals involved will be made. Individual results relating to your opinions or the status of your project will not be communicated to anyone.

Risk / Benefit of participation

There is no risk attached to your participation and confidentiality of opinions expressed will be protected (see above).

By participating in this study you will help the community of Private Volunteer Organizations (PVOs) implementing Child Survival interventions improve its understanding and practice of sustainability, and – through this learning – improve the impact of your own current or future projects. As a participant in this study, you will be sent a copy of the final study report.

¹ Strike reference to the questionnaire not sent to Respondent.

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

Confidentiality of data

All records and data will be kept in the investigator's office at the CSTS project site, in a locked filing cabinet. They will then be archived with all CSTS project documents upon completion of the study until the end of the CSTS project.

Only the investigators will have access to the information and data will be entered without any identification of individuals (questionnaire # 1) ~~or specific project (questionnaire # 2).~~

Survey data, aggregated and void of identifiers will be available from CSTS for further analyses upon request, once the study has been completed.

Questions

You should ask the principal investigator listed below any questions you may have about this research. You may ask him questions in the future if you do not understand something that is being done. The investigators will share with you any new findings that may develop while you are participating in this study.

If you want to talk to anyone about this research study because you think you have not been treated fairly or think you have been hurt by joining the study, or you have any other questions about the study you call the principal investigator, Dr Peter Winch (Johns Hopkins University) at 410-955-9854, or Dr Eric Sarriot (Investigation Coordinator) at 301-572-0924, , or Leo Ryan (CSTS Project Director) at 301-572-0219, or call the Office for Research Subjects at (410) 614-1856 / FAX (410) 955-0258. [See CSTS address and contact information on page 2.]

Completed questionnaire(s)

Once you have answered the questions, please return the questionnaires to:
Dr Eric Sarriot, CSTS, ORC Macro, 11785 Beltsville Drive, Calverton MD 20705. If you have answered the questions in electronic format, please email the completed survey(s) to:
esarriot@macroint.com

If you agree to participate in this study please indicate so in the first question of the survey:

Investigator: **Dr Eric Sarriot**

Date: 01/02/2001

Note: This form has been approved by the Johns Hopkins Committee on Human Research on October 13, 2000, for the period from 10/13/00 to 10/12/01, CHR No. H-22-00-08-17-B. If you would like a stamped hard copy for your records, please send a request to Eric Sarriot at CSTS (address with instructions).

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

GENERAL INFORMATION (questions I to VII.3)

CONSENT: I have read the information on the consent form and I agree to participate in this survey:
 Yes No

I. What is your involvement in Child Survival Projects? (check all that apply)
 Field Project Manager Backstop of project at PVO headquarters
 Consultant in evaluation or program design Member of Collaborating Agency
 Other; Specify

(for electronic response ↑ remember to click in shaded area)

II. Sex: Female Male

III. Total number of years of involvement with Health Programs in Developing Countries: 	IV. Total number of years of residence in developing countries: 	V. Number of Child Survival projects (or comparable Primary Health Care / Mother and Child Health projects) with which you have had a significant involvement along the years :
------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

VI. Regions where you have experience in health programs (check all that apply):

<input type="checkbox"/> Sub-Sahara Africa	<input type="checkbox"/> North Africa & Middle East	<input type="checkbox"/> Eastern Europe
<input type="checkbox"/> South-Asia*	<input type="checkbox"/> South-East Asia	<input type="checkbox"/> Latin America & Caribbean

*[India, Pakistan, Nepal, Bangladesh]

VII. **[Answer only if you work in a PVO.** Otherwise skip to the next page.]
 For the following questions, place a check on the corresponding scale according to how you would best describe your organization.

VII.1- Place a mark on the scale according to the size of your PVO as compared to other PVOs belonging to CORE?

SMALLEST (single project; 1-2 people for support)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LARGEST (large number of field and support offices)
-------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	--------------------------	-----------------------------------------------------------------------------------------------------	---------------------------------------------------------------

VII.2- How would you describe your organization, in terms of involvement in Relief or Development work?

My organization does not work in relief at all.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Relief work is the major focus of my organization and is a part of every country program
My organization is not involved in development work at all.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Development is the major focus of my organization and is a part of every country program

VII.3- What types of interventions are developed in your PVO (from Health Intervention to Multi-sectorial interventions).

My organization has very little involvement in health , mostly incidental	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Health is a major technical focus for my organization. Every country program has a health component.
My organization tends to implement programs focused on one sector only .	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Every program / project my organization runs is multi-sectorial , covering activities in a range of sectors such as health, education, agriculture, etc.

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

DIRECTIONS FOR ANSWERING THE THEMATIC QUESTIONS (SECTIONS A TO K)

All following sections contain statements which relate to the sustainability of Child Survival projects in developing countries:

- Please express your agreement / disagreement with these statements, based on the opinions you have formed over the course of your professional experience.
- Some of these statements actually convey a complex idea or opinion. In this case, you should state how you agree with the *entirety* of the proposition (i.e. both statements and their suggested logical relation). If you disagree with any part or with the relation between two parts of a proposition, you should signify overall disagreement.
- You are not asked to provide answers about a specific project, or even your own organization, but to state how much the proposed statements might be applicable to Child Survival projects as a whole, or at least all those you have some knowledge of.
- Finally, no particular definition of sustainability is being offered, though different definitions may be inferred from the formulation of different questions. Simply state your agreement as each statement is offered.

A. Roles of PVOs; direct implementation and capacity building

Definitions:

- **“Direct implementation”** means any form of direct service delivery or implementation of activities to a beneficiary community by paid PVO staff, without mediation through a local partner, such as a district health team (DHT), a national non-governmental organization (NGO), or other.
- **“Capacity building”** refers to any determined effort to improve the knowledge, skills and competencies of individuals in an organization, or that of the organization as a whole.

	strongly disagree	disagree	agree	strongly agree
1. PVOs should no longer be in the business of direct implementation of child survival interventions, as this approach creates dependencies and is not sustainable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Direct implementation of interventions by PVOs is necessary when all other stakeholders are either unable or unwilling to serve the needs of a specific disfavored population.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Direct implementation of child survival interventions by PVOs remains necessary when innovative approaches need to be developed, before their effectiveness can be demonstrated to other partners and stakeholders.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Capacity building is done through daily project implementation, but cannot be measured effectively.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. The benefit to children and mothers in the community is what ultimately matters. Capacity building at any level should be judged according to its ultimate contribution to this final benefit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

B. Level of intervention for PVOs

	strongly disagree	disagree	agree	strongly agree
6. Projects should not get funded when no constructive engagement of government or civil society is expected by the end of a project, and sustainability is clearly an unreachable goal.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. Since larger health system factors bear heavily on the durability of project results, PVOs need to develop coalitions or otherwise conduct advocacy to change national or international policies when necessary.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. PVOs often lack the resources and the expertise to influence national policies. For this reason they should leave advocacy at the governmental level as the responsibility of funding and multilateral agencies.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. The responsibility of PVOs for sustaining interventions varies with the social and economic context of the country of intervention.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. Increasing the demand for quality health services will not in itself improve the sustainability of health interventions, without developing the accountability of the health systems at the same time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C. Collaboration and partnership with national structures in debate

In the process of designing sustainable health interventions, some health professionals, based on prior negative experiences, want to avoid activities that are not supported by the health system. Others, also because of their own past experience, are concerned about not relying too much on the health system, which they view as unstable and not very reliable.

Based on *your* own experience, how do you feel about the following statements that are made about collaboration with MoH structures?

	strongly disagree	disagree	agree	strongly agree
11. “Planning for sustainability requires lining up child survival interventions with national priorities and policies set by national administrative and health authorities.”	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. “Interventions not supported by governmental structures are not sustainable and should not be funded.”	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. “The MoH structures in developing countries can be unreliable and unstable, and child survival projects should avoid relying too heavily on these structures.”	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. “It is the duty of PVOs to work and plan for sustainability independently of government structures, when these structures do not demonstrate interest for the long-term needs of the communities.”	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. “There is quite a bit of difference between official policies and the genuine political will of health system officials. Projects must build their sustainability strategy on the genuine political will of their partners, and not simply on official discourse.”	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

- Statements A and B reflect a difference of opinion on what the motivation of the PVO should be for working with a District Health Team:

Statement A “The partnership of child survival projects with health districts is key to *improving the sustainability* of the delivery of quality health care.”

Statement B “The partnership of child survival projects with health districts is key to *avoiding opposition and gridlock* with the health authorities during implementation.”

16. Mark your agreement with these two positions as suggested below:

- Agree with **A only**, but *not B*
 Agree with **B more** than with A
 Agree with *neither A nor B*
 Agree with **A more** than with B
 Agree with **B only**, but *not A*
 Agree with **A and B equally**

***ALL RIGHT!
YOU ARE WARMING UP TO THIS SURVEY.***

Collaboration with national structures can also take place with local NGOs (non-governmental organization) and other groups. State your agreement / disagreement with the following statements:

	strongly disagree	disagree	agree	strongly agree
17. If we are really concerned about sustainability, improving the relationship between communities and health care providers justifies a specific allocation of resources, even if, for example, a training plan for the health district staff would have to be implemented more slowly because of the diversion of resources.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. Local NGOs should be developed and supported in order to take over the important role that PVOs have played in child health in developing countries.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. Developing the capacity of local NGOs fits within a larger strategy of development of civil society and democracy, which will create the conditions that will improve the sustainability of PVO efforts for child survival.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. When local NGOs are built too quickly through a project, they can become dependent organizations and very unlikely to carry on their own vision in the future.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. Developing the technical skills and management know-how of a local NGO partner is an immediate need for child survival projects, but – in terms of prospects for sustainability – building vision and commitment is an equally important or even a more crucial issue.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

D. Technical assistance

State your agreement / disagreement about the following statements:

	strongly disagree	disagree	agree	strongly agree
22. Employing expatriates as project managers is a prescription for non-sustainability after their departure.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23. Employing expatriates as managers can help projects operate rapidly with good standards of financial management; in turn, this will improve the project’s perceived and true effectiveness, and hence its sustainability.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24. Child survival projects have a limited amount of time to become operational and demonstrate their effectiveness. Providing expatriate staff in management functions can be key in implementing activities effectively and rapidly, and thus improving the sustainability of the intervention.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
25. Effective sustainability planning will require more efforts at developing management support systems in local structures, in addition to the development of technical skills of care providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
26. Leadership is a lot more difficult to define and develop than technical skills, but it is essential to the sustainability of projects.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. However important it may be, good leadership cannot be manufactured, so child survival projects trying to achieve sustainability should focus on areas such as technical and management skills, where they can have a demonstrable impact.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

28. Mark the following scale according to how much you lean towards a proposition or another as best completing the statement:

"Expatriates can improve the sustainability of interventions by focusing on ...

<p>... technical, administrative and logistical capacity building only</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>... non-technical capacity building only (e.g. by modeling personal and professional values and behaviors, through mediation of conflicts, etc..)</p>
	<p>Technical and non-technical capacity building <i>equally</i></p>	

You're making progress! LET'S LOOK AT A FEW QUESTIONS BEFORE MOVING ON TO COMMUNITY PARTICIPATION.

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

E. PVO accountability

State your agreement / disagreement about the following statements:	strongly disagree	disagree	agree	strongly agree
29. It is almost meaningless to speak about the sustainability of an <i>entire</i> project (for example, sustainability does not mean the same thing when one considers the maintenance of essential service structures or the continuation of the diffusion of knowledge and practices). Sustainability must refer to <i>specific elements of a project</i> .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
30. When donors are concerned about sustainability, projects should be held accountable for the quality of the capacity built in partner organizations or staff, but they cannot be held accountable for how this capacity will be used by these partners once the project funds end.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
31. PVOs should define sustainability according to what can be expected given the initial conditions faced by a project team.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
32. Sustainability evaluation should only try to assess how a child survival project <i>contributes</i> to overall efforts towards Sustainable Development, because it is very difficult to <i>attribute</i> a sustained result to any one single intervention or stakeholder.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
33. Many factors in program design and implementation can negatively affect the sustainability of activities and benefits. Planning and evaluation should focus more on identifying and limiting these negative factors, than trying to predict an outcome.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
34. Sustainability evaluation is about processes as much as outcomes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
35. A project approach to health programs in developing countries is not compatible with high expectations for the demonstration of sustainable results.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
36. Strategies designed to maintain a PVO's control over interventions or its access to new financial resources can sometimes be a major threat to the sustainability of its interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
37. Improving some condition related to sustainability is not enough; child survival projects must demonstrate results on all the elements that will determine the sustainability of the intervention or its benefits.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
38. Equity is not disconnected from sustainability; in a general sense, <i>true</i> sustainability requires a reduction in disparities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
39. Measures of sustainability should ultimately be validated by measures of improvement in human and social development.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

F. Sustainability endpoint

40. Mark the following scale according to how much you lean towards a proposition or another as best completing the statement

“In a project partnering with a district health system in malaria control and management, a genuine commitment to sustainability means that - at the end of the project - **the district system will be left with a greater capacity...**

... to conduct malaria control and management activities effectively, *regardless* of the result for other areas of intervention of the health system.

<input type="checkbox"/>									
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... to *define its priorities* and to perform more effectively in the *wide range* of areas of its mandate for service to the population.

41. Select or reject the following statements, as contributing or not to *your* definition of "a sustainable health intervention". If you answer yes, specify whether – to define an intervention as “sustainable” - the statement is a necessary condition, a sufficient condition, both or neither.

Definitions:

- A "**necessary condition**" must be present for a project to be considered sustainable.
- A "**sufficient condition**" is enough in itself for a project to be considered sustainable.

"I will consider a health intervention to be "sustainable" if it ..."	NO	YES	If yes, answer ⇒	Check as many boxes as appropriate:	
				necessary condition	sufficient condition
... improves the health status of a community.	<input type="checkbox"/>	<input type="checkbox"/>	⇒ If yes, check all that apply, if any ⇒	<input type="checkbox"/>	<input type="checkbox"/>
... does not require a lot of resources, or modern technology.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
... develops the functionality in the local system(s) involved in improving health in the community.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
... increases the opportunities of both individuals and systems to play their role in promoting the health of the community.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
... is entirely dependent on local resources.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
... favors the development of inter-dependency and improves relations in local systems.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
... creates a more enabling environment (social, political or physical) for health and for health initiatives in the community.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
... becomes part of a national policy or program.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
... decreases high-level dependency of the local systems to a single source, in favor of multiple but lower intensity dependencies.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

YOU HAVE COMPLETED MORE THAN 2/3 OF THIS QUESTIONNAIRE. CONGRATULATIONS!

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

G. PVO sustainability strategies

	strongly disagree	disagree	agree	strongly agree
42. <i>Truly effective</i> child survival projects are those that demonstrate a diffusion of lessons and practices through the local structures that will take on the activities after the international PVO phases out.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
43. Diffusion of knowledge, norms and practices through community social networks or from one generation to the next within families, is an important sustainable result for child survival interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
44. Improving sustainability can mean having developed the capacity of an organization to manage financial risks and crises, or accessing diversified sources of funding, because some public health interventions will always require external financial support.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
45. A meaningful sustainability strategy for the communities would be to link the goals of child survival interventions to the essential perceived needs of the community.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
46. Projects linking child survival interventions with community development will have greater sustainability, because they advance the conditions where communities can maintain efforts at improving their health.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
47. Health programs operating with a Sustainable Development approach should, at a minimum, demonstrate that their strategies do not increase the dependency of their local partners on a single and insecure source of funding.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
48. Improving personal and organizational relationships that will improve the functionality of local systems will have long-term results for health programs. These results may only become obvious long after an end-of-project evaluation has taken place.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

H. Project timeframe

	strongly disagree	disagree	agree	strongly agree
49. Projects with relatively short funding cycles of three to five years must choose between implementing activities to reach their objectives, <i>or</i> investing time and resources in building trust, involving partners, and developing capacity.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
50. PVOs with a longer field presence can maximize the opportunities for capacity building, coaching and leadership development, thus increasing the prospect of sustainability of their interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
51. The longer a PVO stays the more local communities and structures will rely on its external assistance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
52. When projects stay in place for a long period, dependencies are created, and everyone – PVO and local stakeholders – has reasons to keep things in place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

I. Community Participation in question

This coming series of questions broadly addresses community participation as it relates to sustainability, collaboration with community based organizations and the role of conflict in sustainability planning.

Based on your own experience state your agreement / disagreement with the following statements:

	strongly disagree	disagree	agree	strongly agree
53. In terms of the sustainability of health interventions, communities will maintain the activities leading to an improvement of their health status, regardless of whether the participation process was "genuine" or not in the eyes of development advocates.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
54. Interventions relying on community participation (for example to mobilize human resources in such as volunteers, promoters, club leaders, etc.), can be just as unsustainable as any other, if they are only driven by the desire to gather support for their activities, but are not grounded in a community development approach.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
55. Participation has become a 'buzz word' in development, but - in reality - its relationship to sustainability is a bit philosophical and probably more stronger in the eyes of the professionals working in development, than for the communities themselves.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

For the next question, let us consider that a PVO has decided start a Child Survival project in a rural district of a West African country, training CHWs in the treatment of malaria, promoting the use of bed nets, establishing Village Health Committees etc.

56. State your relative preference with the following strategic approaches suggested below for this PVO, as strategies **most likely to improve sustainability at the community level**:

Strategy A Strong Information Education and Communication effort, using social mobilization techniques, using local NGO staff to train volunteers to disseminate messages, to encourage selected behaviors and monitor compliance with the recommendations.

Strategy B Participatory Learning and Action activities, exploring many issues and problems in the life of the village, integrating health into community organizing strategies to help the communities address all of their most pressing problem.

- | | | |
|----------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Agree with A only , but <i>not B</i> | <input type="checkbox"/> Agree with B more than with A | <input type="checkbox"/> Agree with <i>neither A nor B</i> |
| <input type="checkbox"/> Agree with A more than with B | <input type="checkbox"/> Agree with B only , but <i>not A</i> | <input type="checkbox"/> Agree with A and B equally |

GREAT! YOU ARE ON THE HOME STRETCH.

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

Conflict and change

Different opinions can also exist in a PVO about the ways to approach the risk of conflicts. State your agreement or disagreement with some of these opinions, based on your experience.

	strongly disagree	disagree	agree	strongly agree
57. Conflict - either within the community itself or between the community and local political structures – must be avoided to ensure the sustainability of interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
58. Change and conflict are unavoidable steps in the process of sustainable development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
59. PVOs must learn to offer sound community development strategies to approach change and conflict between different groups (e.g. community groups, administrative authorities, health district, NGOs, etc.), if they want to improve the sustainability of their interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
60. Increasing the accountability of the people and organizations responsible for health care delivery will mean negotiating new roles, new regulation systems, and potentially the mediation of new conflicts, but it is necessary.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Working with community-based organizations (CBO’s)

Based on your own experience state your agreement / disagreement with the following statements:

	strongly disagree	disagree	agree	strongly agree
61. Efforts to build the organizational management and communication capacity of community-based organizations (CBOs) will have important results for the sustainability of child health gains, because of the huge role they play in strengthening communication, support, and cohesiveness within the community of intervention.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
62. Diversity of representation and democratic processes for the renewal of the leadership of community-based organizations are important for the sustainability of community-based interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
63. Building activities on the community’s traditional ways of organizing itself and establishing leadership is more sustainable than attempting to improve leadership patterns.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
64. Financial compensation of Community Health Workers can be sustained if the community develops the mechanisms of compensation itself.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

65. State your relative agreement with the following positions as suggested below:

Statement A To maintain the performance of CHWs over time, the main focus needs to be on the continuation of effective technical supervision and on-site training.

Statement B Technical training and support are insufficient to maintain the performance of CHWs over time; we need to focus more strongly on establishing long-term support and incentives through their community.

- Agree with **A only**, but *not B*
 Agree with **B more** than with A
 Agree with *neither A nor B*
 Agree with **A more** than with B
 Agree with **B only**, but *not A*
 Agree with **A and B equally**

CORE-CSTS Sustainability Initiative – ‘critical issues’ survey

J. Investing in projects

	strongly disagree	disagree	agree	strongly agree
66. The more money comes through a project, the less sustainable it is.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
67. Projects can demonstrate impressive and rapid results if they invest their time and resources energetically towards their performance objectives, but a genuine effort at partnership and capacity building for sustainability will require taking a slower path.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
68. When Child Survival projects operate with limited resources, they are unable to invest the time and the human resources needed to influence the human factors that condition development work in the long term.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

K. Working with donors

Frame of reference for this section:

- Consider the *entire* range of institutional donors and grant providers to the health programs you are familiar with.
- These questions refer to your *general* experience of working with donors for health programs in developing countries, not to the *exceptions* in this experience. In other words, answer the questions as referring to the *general climate* in which you are conducting your work.

	strongly disagree	disagree	agree	strongly agree
69. Donors demand visible and marketable aid programs whose outputs can be easily justified to their constituents; this forces PVOs to focus on immediate results and pay only lip service to sustainability.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
70. The investment of international aid money in health care facilitates the delivery of essential services, but it also allows donors considerable influence over national policy-making and budgeting, and reduces the self-reliance of the national health systems.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
71. One constraint for the sustainability of health programs in developing countries is that donor investments continue to place the needs of the development institutions themselves above the needs of health care beneficiaries.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
72. The emphasis of donors on capacity building in program design will ultimately improve the sustainability of child survival interventions as PVOs focus more on building the capacity of local partners.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
73. PVOs have to ensure their own survival and can be forced to choose between listening to the donors and taking time to listen to communities, sometimes with negative programmatic results in terms of sustainability.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
74. One of the limitations faced by PVOs in improving the sustainability of their interventions is the diversion of key staff efforts away from the development of local capacity and toward the need to satisfy the donors’ need for more and more complex information and paperwork.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

THANK YOU FOR YOUR TIME AND THOUGHTS. I LOOK FORWARD TO PRESENTING BACK TO YOU THE RESULTS OF YOUR REFLECTION IN A FEW MONTHS.

Please return this questionnaire to CSTS (address on page 2)

APPENDIX 11. QUESTIONNAIRE AND INFORMED CONSENT FORM FOR THE SELF-ASSESSMENT SURVEY

CORE-CSTS Sustainability Initiative
QUESTIONNAIRE # 2 for CS projects:
Sustainability Self-assessment Survey

January 5, 2001

Dear Colleague,

Thank you for agreeing to take part in the CORE-CSTS sustainability initiative and answering this self-assessment questionnaire about the sustainability of your project.

Let me first address these questions: **what is the purpose of this survey, and how will you benefit from answering?**

The self-assessment itself should benefit your project in two ways:

- ◆ The analysis of this survey will complement the other elements of this research¹, and help all of us frame a better template for defining, planning and evaluating sustainability in our projects. Each project will additionally benefit from the analysis of all the answers when the results are presented, and see how all the projects together are projecting their results.
- ◆ Projects may want to use parts of this tool to develop questions and measures for their coming evaluation, after having been led through a systematic analysis of their expected performance.

Remember, however, that this survey is not meant to substitute itself to a project evaluation in any way, but it can be useful to inform such an exercise. Because it targets not one project, but different cohorts of projects, it provides a broad range of questions, more than any one project would actually address in its own evaluation. But this is the way to start, in order to progress together.

- ◆ The entire exercise, and particularly this questionnaire, will help projects progress towards the development of better indicators, often asked for by donors.

But your next questions may be: **Is this survey just one more requirement placed on us? Why is the experience of all our projects with the complex issue of sustainability so important?**

First, this is an *initiative of the PVO community itself*. It has been launched by the CORE monitoring and evaluation working group and the Child Survival Technical Support project (CSTS) with funding from USAID/BHR/PVC. Participation in the survey is *totally voluntary as well as confidential* (see information in the consent form).

The answer to the second question is illustrated by figures 1 and 2. Figure 1 illustrates how field programs can be influenced by policies coming from the donors, when their experience is not valued enough.

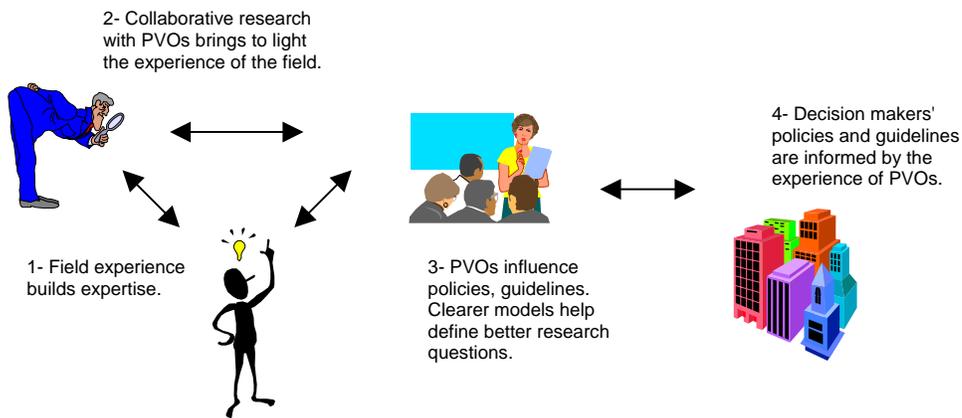
¹ If you need more information about this initiative, do not hesitate to call or send me an email.

Figure 1: From policies to field implementation: a linear view.



But, as illustrated in Figure 2, research can help bring the field experience into the design of policies and guidelines.

Figure 2: A dynamic view of research, expertise, and policy design.



By participating in this survey, you will help us clarify what we think we are achieving about sustainability as a PVO community. This will help us develop better tools for planning and evaluation, which we will be able to share. It will ultimately reinforce both the *quality* and the *visibility* of PVO interventions.

The consent form (pages 3 and 4) provides clear information about the confidentiality of the information you will provide, as well as the benefits (see above) and the risks (none) of participation in this survey.

This self-assessment survey is meant to be thorough and open to a variety of approaches and definitions of sustainability. It should take about an hour to be completed entirely.

Page 5 provides some clarification about language used in this questionnaire, instructions for answering electronically, as well as the address of CSTS where you should send your response directly.

Thanks again, and looking forward to sharing the results of this exciting initiative in a few months.

Eric Sarriot
CSTS
Email: earriot@macroint.com
Tel: 301 572 0924
Fax: 301 572 0983

CONSENT FORM

Development of a framework for planning and evaluating the sustainability of child survival projects – project self-assessment survey.

Explanation of Research Project:

Purpose of the study:

This study is a first step towards developing a common and valid planning and evaluation framework for sustainability for Child Survival Projects (CSPs). ~~Questionnaire #1 seeks to establish opinions and consensus of child survival professionals on critical issues relating to sustainability.~~ Questionnaire # 2 addresses how ongoing CSP activities are rated on specific objectives and factors of sustainability.²

This study is being conducted by the Child Survival Technical Support project (CSTS) and the Johns Hopkins University School of Public Health, with the Health Professionals managing or backstopping Child Survival projects within the CSTS portfolio, or otherwise attached to the CORE group (Dr Jay Edison is the lead for this study in the CORE M&E working group) . Dr Peter Winch is the principal investigator in the School of Public Health. Dr Eric Sarriot is the investigation coordinator at CSTS.

Selection of informant:

You have been approached for this interview because of your experience with Child Survival projects in developing countries, and/or because projects under your responsibility as backstop or manager are approaching a mid-term or final evaluation phase.

Voluntary participation and confidentiality:

Your participation in this research project is completely voluntary. If you agree to participate, answering each questionnaire should take the following amount of time:

- questionnaire # 1: 40 mn
- questionnaire # 2: 60 mn

You have the right to withdraw from the study at any time and to abstain from answering any question you do not wish to answer. Failure to participate or respond to any or all questions will obviously be without consequence for yourself, but it is hoped that your answers will be able to inform this research effort. The analysis will be conducted on a set of answers as a whole. No mention of project name, locality, organization or individuals involved will be made. Individual results relating to your opinions or the status of your project will not be communicated to anyone.

Risk / Benefit of participation

There is no risk attached to your participation and confidentiality of opinions expressed will be protected (see above).

By participating in this study you will help the community of Private Volunteer Organizations (PVOs) implementing Child Survival interventions improve its understanding and practice of sustainability, and – through this learning – improve the impact of your own current or future projects. As a participant in this study, you will be sent a copy of the final study report.

Confidentiality of data

All records and data will be kept in the investigator's office at the CSTS project site, in a locked filling cabinet. They will then be archived with all CSTS project documents upon completion of the study until the end of the CSTS project.

² Strike reference to the questionnaire not sent to Respondent.

Only the investigators will have access to the information and data will be entered without any identification of individuals (questionnaire # 1) or specific projects (questionnaire # 2).

Survey data, aggregated and void of identifiers will be available from CSTS for further analyses upon request, once the study has been completed.

Questions

You should ask the principal investigator listed below any questions you may have about this research. You may ask him questions in the future if you do not understand something that is being done. The investigators will share with you any new findings that may develop while you are participating in this study.

If you want to talk to anyone about this research study because you think you have not been treated fairly or think you have been hurt by joining the study, or you have any other questions about the study you call the principal investigator, Dr Peter Winch (Johns Hopkins University) at 410-955-9854, or Dr Eric Sarriot (Investigation Coordinator) at 301-572-0924, , or Leo Ryan (CSTS Project Director) at 301-572-0219, or call the Office for Research Subjects at (410) 614-1856 / FAX (410) 955-0258. [See CSTS address and contact information, next page.]

Completed questionnaire(s)

Once you have answered the questions, please return the questionnaires to:
Dr Eric Sarriot, CSTS, ORC Macro, 11785 Beltsville Drive, Calverton MD 20705. If you have answered the questions in electronic format, please email the completed survey(s) to:
esarriot@macroint.com

Investigator: Dr Eric Sarriot

Date: 01/02/2001

Note: This form has been approved by the Johns Hopkins Committee on Human Research on October 13, 2000, for the period from 10/13/00 to 10/12/01, CHR No. H-22-00-08-17-B. If you would like a stamped hard copy for your records, please send a request to Eric Sarriot at CSTS (address with instructions).

If you agree to participate in this study please indicate so by clicking “yes” after the consent statement:

“I have read the information on the consent form and I agree to participate in this survey.”

Yes

No

Instructions and information

1. Returning the survey

Once completed, please return this questionnaire directly to CSTS. Please keep a copy for your records and return another copy to CSTS. No individual project information will remain with the questionnaire, except those provided in the preliminary questions (next page).

By email	By fax	By mail
csts@macroint.com	1-301-572-0983	The Child Survival Technical Support Project (CSTS) Attn: Deborah Kumper ORC Macro 11785 Beltsville Drive Calverton, MD 20705 USA

2. Instructions for electronic response

You can answer this questionnaire directly on your computer if you use Microsoft Word, simply by clicking on the response fields that will appear shaded on your screen. (If you use **Word Perfect**, please let us know and we will send you the appropriate form.)

MAKE SURE TO SELECT ONLY ONE RESPONSE PER QUESTION – THE FIELDS ARE NOT AUTOMATIC

- Example of appropriate answer (**the respondent clicked on 3**):

<input type="checkbox"/> 1 <small>strongly disagree</small>	<input type="checkbox"/> 2 <small>disagree</small>	<input checked="" type="checkbox"/> 3 <small>slightly disagree</small>	<input type="checkbox"/> 4 <small>slightly agree</small>	<input type="checkbox"/> 5 <small>agree</small>	<input type="checkbox"/> 6 <small>strongly agree</small>
----------------------------------------------------------------	-------------------------------------------------------	---------------------------------------------------------------------------	-------------------------------------------------------------	----------------------------------------------------	-------------------------------------------------------------

- Example of inappropriate answer (**the respondent changed his/her mind from “3” to “2”, but left both marked**). Please avoid this by clicking again on your previous answer to remove the "X" mark if you change your response.

<input type="checkbox"/> 1 <small>strongly disagree</small>	<input checked="" type="checkbox"/> 2 <small>disagree</small>	<input checked="" type="checkbox"/> 3 <small>slightly disagree</small>	<input type="checkbox"/> 4 <small>slightly agree</small>	<input type="checkbox"/> 5 <small>agree</small>	<input type="checkbox"/> 6 <small>strongly agree</small>
----------------------------------------------------------------	------------------------------------------------------------------	---------------------------------------------------------------------------	-------------------------------------------------------------	----------------------------------------------------	-------------------------------------------------------------

For open-ended questions, type your text in the appropriate shaded text field, as seen on screen:
<type in shaded area>

There is an additional open field at the end of the questionnaire for any additional comment you wish to make, or question you feel has been overlooked in the survey.

3. Definition of some key terms used in the questionnaire:

- PVO** Private Volunteer Organization; in this study refers to international non-governmental organizations, such as yours, non-profit, with a governing body outside of the project country.
- NGO** Non Governmental Organization; refers to local / national organizations and non-profit associations, with a local governing body, registered and established in the country of intervention.
- [local NGO]**
- CBO** Community Based Organization; local association in the village, or neighborhood, working in the fields of health and/or development by involving local residents.
- Activities** Coordinated set of actions engaged, coordinated or supported by the project in order to achieve its strategy.
- Benefits** Any health-related promoted by the project in its community of intervention and explained in the project strategic plan (either provision of services, information, health behavior or direct health benefit). Will vary with each project.

◆ **PRELIMINARY QUESTIONS**

A- Who is completing this questionnaire?

- Project Manager Project headquarters backstop
 PVO³ Country Director Other, please specify:

B- Please specify which component of your project you will consider in this survey (If you feel that your entire project can be assessed consistently as a whole, simply specify its main intervention focus)⁴: [If unsure about this question see Clarification below.]

.....

Clarification: Before receiving this questionnaire, you should have been in touch with your headquarters' backstop to discuss which component of the project drives your strategy for sustainability. It could be one intervention area or a group of interventions within the project, which share sufficient strategies and resources to be considered as one component of the project, and for which consistent responses can be provided on this questionnaire⁵.

C- Years of presence of the PVO in the geographical region of intervention through any program:years

D- Years of involvement of the PVO in health programs in the area of intervention:years

E- Project start date (Month / Year):/.....

F- Does this project follow another health intervention in the same region?
 YES NO

G- Does this project plan to extend through another grant after the end of the current period?
 YES NO

H- World region of intervention:

<input type="checkbox"/> Sub-Sahara Africa	<input type="checkbox"/> North Africa & Middle East	<input type="checkbox"/> Eastern Europe
<input type="checkbox"/> South-Asia*	<input type="checkbox"/> South-East Asia	<input type="checkbox"/> Latin America & Caribbean

*[India, Pakistan, Nepal, Bangladesh]

I- Zone of intervention:
 Mostly rural Mostly urban

³ See definition of PVO page 5.

⁴ If you want to respond about two different components (not suggested), you should use a second copy of the blank questionnaire and mention that you are sending two completed questionnaires.

⁵ For example, your project may have a breastfeeding intervention, and a nutrition intervention. Though the two interventions are different, they may share similar strategies to approach and interact with the communities / mothers, involve the same unit of staff in your project, and rely on the same resources and strategies for the long term (e.g. women's association). In this case, it is reasonable for your project to complete the sustainability self-assessment with these two interventions as one "component of activities". Your project may also be involved in immunization, but, may rely for this on other partnerships, other resources, and different strategies altogether. It would be difficult to answer questions about sustainability consistently for the different interventions if they were considered together. In this case, immunization is a different component of the project. And you should choose which component is more important for you to assess.

1. EXPECTED POST PROJECT OUTCOMES

The following statements refer to your expectations about the continuation of the benefits⁶ and/or activities of your project after the end of the current grant period.

Please answer how likely each of the following statements are, in your best judgement, using the proposed scale from 1 (very unlikely) to 4 (very likely).

(Please focus on the activity component you have identified as driving the sustainability strategy of the project.)

	very unlikely 1	unlikely 2	likely 3	very likely 4
1. The achieved BENEFITS to the health of children (and/or mothers if applicable) will remain at the same or at a higher level in the community two years after the end of the current grant (or its extension).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ACTIVITIES currently supported by your project will be continuing two years after the end of the current grant (or its extension).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Programmatic INNOVATIONS brought by the project will be taken up by other organizations in the country and/or in other regions of the country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check whether the following groups will play no role, a support role, or will be directly responsible for the maintenance of benefits (question 4), or the continuation of activities (question 5). Attention: only one group should be identified as "directly responsible", but more than one can have a support role.

4. What role will the following groups play in maintaining the BENEFITS to the health of children (and/or mothers if applicable) after the end of the current grant (or its extension):	none	support role (check all that apply)	directly responsible (check <u>only one</u>)
◆ Non-health structures serving the community (e.g. schools, rural development organization).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Community health organizations (e.g. health committees, volunteer health workers, village pharmacies).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Social networks of the communities (for example parents, kin, peers, neighbors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Professional health care providers (public or private) or local non-governmental organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What role will the following groups play in continuing the ACTIVITIES currently supported by your project two years after the end of the current grant (or its extension).	none	support role (check all that apply)	directly responsible (check <u>only one</u>)
◆ The same PVO (your organization).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ A government institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ A local NGO. [see definition page 5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Local private organization(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Community-based organization(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁶ See definition of activity and benefit page 5.

6. Please provide up to two definitions of sustainability that would be the most meaningful for the component of your project considered in this questionnaire:

6.1

.....

.....

6.2

.....

.....

2. DEVELOPMENT OF COMMUNITY COMPETENCE

* *“The community”*: refers here to the groups of people with whom your project interacts as a whole. In fact, your project may intervene in different ‘communities’, and observe different results with each of these communities; but questions about what happens in “the community” refer to the general trends, the general evolution observed in the groups where your project is active, not the exceptions.

2.A- For these questions, please answer on the proposed scale about the evolution of different elements of community competence since the onset of the project, from 1 (very negative) to 5 (very positive). Note: A positive evolution does not have to be a responsibility or result of the project.

The evolution of the following elements has been ...	very negative 1	negative 2	no change 3	positive 4	very positive 5
1. the community’s ability to collaborate on the identification of its needs and problems...	<input type="checkbox"/>				
2. the community’s ability to achieve consensus on goals and priorities...	<input type="checkbox"/>				
3. the community’s ability to agree on ways and means to implement activities...	<input type="checkbox"/>				
4. the community’s ability to collaborate in activities supporting its development ...	<input type="checkbox"/>				

2.B- Check the scale to signify whether evolution on these elements has been mostly due to other stakeholder or mostly due to the project's influence:

“ The evolution of community competence is due...”

Mostly to other stakeholder(s) influence | | Mostly to the project's influence

To project and other stakeholder(s) influence equally

3. RESULTS IN CAPACITY-BUILDING AT THE COMMUNITY LEVEL

For each statement, please answer on the proposed scale from 1 (very negative) to 5 (very positive), about the influence the project has had on key areas of community capacity.

[note: “communities activities, interests or skills” in the following questions do not refer specifically to child survival activities, but to general activities and interests of the community.]

The project’s influence on the following elements has been ...

	very negative 1	negative 2	no influence 3	positive 4	very positive 5
1. ... effective participation of individuals in community activities	<input type="checkbox"/>				
2. ... the expression of diverse groups in the community leading to collective action on diverse interests...	<input type="checkbox"/>				
3. ...the style and effectiveness of Leadership in the community	<input type="checkbox"/>				
4. ...the development of practical skills within the community serving the purpose of its own development	<input type="checkbox"/>				
5. ... the quality and quantity of financial, social and informational resources available to the community	<input type="checkbox"/>				
6. ... the social and inter-organizational networks of the community	<input type="checkbox"/>				
7. ... the development of reciprocal relations throughout the overall social network of the community	<input type="checkbox"/>				
8. ... the general sense of connection and belonging with the place and people in the community	<input type="checkbox"/>				
9. ...the ability of the community to create or resist change regarding community turf, interests, or experiences	<input type="checkbox"/>				
10. ... the sense of shared community values	<input type="checkbox"/>				
11. ... the community capacity for critical reflection	<input type="checkbox"/>				
12. ...the ability for community organizations to self-analyze their efforts at change over time ...	<input type="checkbox"/>				

4. RESULTS ON CULTURAL ACCEPTANCE OF ACTIVITIES AND/OR BENEFITS

Please answer on the scale from 1 (strongly disagree) to 4 (strongly agree).

[Remember to focus your answers on the activity component driving your project sustainability strategy. You may not have ‘objective’ evaluation-based data on many of these questions, but please provide an answer based on your best judgement about the accomplishments of the project at this point.]

	strongly disagree 1	disagree 2	agree 3	strongly agree 4
1. The project is effective in progressing towards its key programmatic objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The project has increased the community demand for quality services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The project has substantially increased the perception of community members that their peers (kin, neighbors or colleagues) have adopted the key health behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The project has substantially improved the openness of community members towards discussing the benefits, activities, or services promoted by the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. As a result of the project’s activities, more community members (women or others) promote the new health behaviors as a norm through their circles of influence (children, friends, neighbors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Volunteers involved in promoting the services or benefits offered by the project are increasingly recognized and valued by their community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Community members assumed to have adopted the new behaviors are increasingly respected by their peers (kin, neighbors or colleagues).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The community increasingly associates the services / benefits promoted by the project with the satisfaction of some of its perceived most vital needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Community members perceive the benefits promoted by the project as overriding the costs associated with participation in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The project has encouraged a visible increase in community demand for accountability by service providers and the local health system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOU HAVE COMPLETED THE SECTION RELATING TO CHANGES AT THE COMMUNITY LEVEL. THE NEXT SECTIONS WILL ADDRESS CAPACITY ISSUES WITH REGARDS TO THE PROJECT TEAM AND THEN ITS MAIN LOCAL PARTNER

5. CAPACITY-BUILDING OF PROJECT TEAM

Please answer on the scale from 1 (strongly disagree) to 4 (strongly agree), on the following statements about the capacity built within your project team, during the period of this project.

	strongly disagree 1	disagree 2	agree 3	strongly agree 4
Technical capacity				
1. The project team has substantially developed its capacity to perform according to high technical standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The project team has substantially developed a culture of quality in the implementation of activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic planning and management				
3. The project team has developed its capacity for strategic planning, with a clear sense of mission, and the capacity to assess and respond to changes in its external environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The project team operates with a functional governance and decision-making structure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sound leadership is demonstrated among the project team, through delegation of authority, shared responsibilities and effective supervision systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The project team has developed a high sense of accountability both within the project and towards its stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The project team has developed a strong experience with monitoring, evaluation and the maintenance of useful management information systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational learning, information systems & communication				
8. The project team has developed its capacity to communicate effectively about its interventions, through the most appropriate media.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The project has developed its capacity for creating constructive partnerships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The project has developed its involvement in coalitions and networks, to leverage greater impact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The project team has developed its capacity to identify and resolve problems, and to manage conflict constructively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resources management				
12. The project has developed the capacity of its leadership to provide direction and support to its staff, implement appropriate staff development plans, and manage personnel problems constructively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial management				
13. The project regularly improves the cost-effectiveness of its operations, by managing its finances with high standards of security and soundness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support systems				
14. The project has developed its capacity to provide efficient logistic and administrative support for its interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The project has developed its capacity to operate efficient (informative and supportive) supervision systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. FUTURE OF PROJECT STAFF

What is your *best guess* about the future of the following people at the end of the current grant (or its extension):

After the current grant (or its extension) ends, the following people will be working... →	in the <u>same organization</u> (PVO), conducting health activities <u>in/for the same country</u>	in <u>another agency</u> (international, other PVO, or governmental) conducting health activities <u>in/for the same country</u>	in activities <u>unrelated to child survival</u>	<u>in/for another country</u>	Don't know
1. PVO headquarter staff currently supporting our child survival project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PVO country office staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PVO child survival project staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE COMING SECTIONS DEAL WITH YOUR MAIN LOCAL PARTNER

7. PARTNERS AND CAPACITY DEVELOPMENT AREAS

7.A- Project partners

Identify all the partners and partner levels with which your project is actively involved* (column 7.A.1), then rank these partners according to your project capacity building** effort (column 7.A.2). Start with “1” for the **organization which benefits from most of the capacity building effort** of your intervention. Then rank down (2,3, etc.) all the way to the last partner organization you have identified.

Definitions:

* **"actively involved"** means that you have ongoing relations with the partner for the purpose of designing, implementing the intervention or that you are actively coordinating the intervention with the partner. For example, a simple authorization to operate at the onset of the project, not followed by more active collaboration should NOT be defined as an active partnership]

** **“capacity building”** refers to any determined effort to improve knowledge, skills and competencies of individuals in an organization, or that of the organization as a whole, whether this effort is organized systematically with specific activities (training, meetings), or determined to take place through day-to-day ‘on the work’ coaching or supportive supervision. It must however be determined and acknowledged as a clear role for the project.]

	7.A.1- check all appropriate boxes	7.A.2- Rank organizations from 1 (most), then down (2,3, ...) in capacity building effort of the project
Central level of the Ministry of Health	<input type="checkbox"/>
Other Central Governmental institution.	<input type="checkbox"/>
Specify: _____		
Private (for profit) local institution	<input type="checkbox"/>
Specify: _____		
National media	<input type="checkbox"/>
Local Non Governmental Organization (NGO)	<input type="checkbox"/>
Local academic / research institution	<input type="checkbox"/>
Regional health authority	<input type="checkbox"/>
Health District	<input type="checkbox"/>
Private health care providers (physicians, pharmacists, nurses, etc.)	<input type="checkbox"/>
Peripheral health facilities (dispensaries, health posts)	<input type="checkbox"/>
Traditional / spiritual healers	<input type="checkbox"/>
Non-health Community-based organizations (development committee, rural association, women’s cooperative, etc.)	<input type="checkbox"/>
Health Community Based Organizations (e.g. Village Health Committees, etc.)	<input type="checkbox"/>
Community Health Workers / Volunteers (CHWs, VHV, TBAs, etc.)	<input type="checkbox"/>
Other		
Specify: _____	<input type="checkbox"/>

7.B- Capacity development focus of project

Language clarification for the next questions:

- ◆ **“Direct implementation”** should be read to mean any form of direct service delivery or implementation of activities to a beneficiary community by paid PVO staff, without mediation through or active collaboration with a local partner, such as a district health team (DHT), a local non governmental organization (NGO), or other.
- ◆ **“Project effort”** is your assessment of the use of all the project resources, human, financial, material, time, etc.

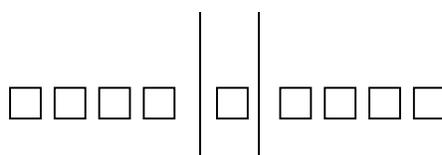


7.B.1 – Check the following scale according to the distribution of your project effort between direct implementation of activities and services and capacity building.

“Our project’s mission is...”

Direct implementation of services and activities ONLY.

No Systematic capacity building outside of project.



EQUAL effort in
direct
implementation and
capacity building.

Capacity building role ONLY.

No direct implementation of services or activities to the beneficiary communities.

The skills used to develop and implement a child survival project can be described, in very general terms, as of two types:

- ◆ **Technical:** Skills directly involved with the delivery of health care services, of health promotional activities (information, education, communication), and their supervision.
- ◆ **Management:** Skills involved with supporting, organizing and generally facilitating the implementation of the technical services. These involve financial management, management of human resources, the running of administrative support systems, developing the systems for organizational learning, reporting, and accountability.



7.B.2- Check the following scale according to the distribution of your capacity building effort between technical and management issues.

“The project is involved in ...”

... TECHNICAL capacity building ONLY.



... TECHNICAL
and
MANAGEMENT
capacity building
EQUALLY.

... MANAGEMENT capacity building ONLY.

In another perspective, capacity building can address individual behaviors or skills, organizational systems or larger institutional changes. A brief description is provided below before the next question.

- ◆ **Individual behaviors/skills:** this level focuses on individual skills, and includes such strategies as training to improve health worker skills, monitoring and supervision of health facility staff, etc..
- ◆ **Organizational Systems:** this level includes systems within partner organizations that might play an increased role in service delivery. Examples of strategies, which address organizational systems, might include developing a management information system, assistance in the development of an accounting system, or setting up an organization’s governance structure..
- ◆ **Institutional (inter-organizational) Change:** at this level of capacity development, a program may impact national or local policies, promote inter-organizational changes, inter-sectorial collaboration, or contribute to the development of a health coalition.



7.B.3 – Mark the intensity of your project effort in capacity building on the proposed scale:

	No project effort	←		Moderate project effort	→		Very important project effort
Individual behaviors/skills	<input type="checkbox"/>						
Organizational Systems	<input type="checkbox"/>						
Institutional (inter-organizational) Change	<input type="checkbox"/>						

8. INSTITUTIONALIZATION OF ACTIVITIES

8.A- Specify the main organization that you expect to continue (or support) the project's activities in the long run (after the end of the grant period. Select only one - the main - organization. For the next question it will be referred to as the **<local partner>**:

Choose only one =
<local partner>

NGO : Local Non Governmental Organization	<input type="checkbox"/>
DHT : Any local health system structure (usually District Health Team or Sub-district Health Team).	<input type="checkbox"/>
CBO: Community based organization [see definition page 5]	<input type="checkbox"/>
PRIVATE : Any private organization partnering with the project	<input type="checkbox"/>
OTHER; Specify:	<input type="checkbox"/>



8.B- For the organization you have identified (<local partner>), please answer on a scale from 1 (strongly disagree) to 4 (strongly agree) on the following statements:

	strongly disagree 1	disagree 2	agree 3	strongly agree 4
1. The <local partner > has developed standard operating routines that integrate the core project activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The <local partner > considers that the benefits of the intervention are well above their cost (in terms of financial cost, and human effort).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There is a convergence of support for the program continuance among the influential stakeholders of the <local partner> (authorities, governing structure, managers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There is a strong organizational fit between the intervention and the <local partner>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The <local partner > perceives the intervention to be generally effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. RESULTS IN PARTNER ORGANIZATIONAL CAPACITY

For this question, you need to remember the primary target of organizational capacity building of your project, as defined in the previous section (the <local partner>).

For each of the following capacity areas of the <local partner>, please answer on a scale from 1 (strongly disagree) to 4 (strongly agree) on the following statements.

	strongly disagree 1	disagree 2	agree 3	strongly agree 4
Technical capacity				
1. The <local partner> has substantially developed its capacity to perform according to high technical standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The <local partner> has developed a culture of quality in the implementation of activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic planning and management				
3. The <local partner> has developed its capacity for strategic planning, with a clear sense of mission, and the capacity to assess and respond to changes in its external environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The <local partner> has learned to operate with a functional governance and decision-making structure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sound leadership is demonstrated among the <local partner> staff, through delegation of authority, shared responsibilities and effective supervision systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The <local partner> has developed a high sense of accountability both internally and towards its stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The <local partner> has developed a strong experience with monitoring, evaluation and management information systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational learning, information systems & communication				
8. The <local partner> has developed its capacity to communicate effectively about its interventions, through the most appropriate media.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The <local partner> has developed its capacity for creating constructive partnerships at different levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The <local partner> has developed its involvement in coalitions and networks, to leverage greater impact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The <local partner> staff has developed its capacity to identify and resolve problems, and to manage conflict constructively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resources management				
12. The <local partner> has developed the capacity of its leadership to provide direction and support to its staff, implement appropriate staff development plans, and manage personnel problems constructively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial management				
13. The <local partner> has learned to improve the cost-effectiveness of its operations, by managing its finances with high standards of security and soundness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support systems				
14. The <local partner> has developed its capacity to provide efficient logistic and administrative support for its interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The <local partner> has developed its capacity to operate informative and supportive supervision systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOU ARE GETTING CLOSE TO THE END! NOW, SOME QUESTIONS ABOUT RESOURCES BEFORE THE LAST SECTION

10. RESULTS ON SECURING ACCESS TO RESOURCES

Answer the following statements (from strongly disagree to strongly agree) about the project's achievements on securing resources for the continuation of activities.

	strongly disagree 1	disagree 2	agree 3	strongly agree 4
1. The project has increased cost-recovery from service user.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The project has improved the collaboration with the private (for profit) sector for important activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The project has developed the experience of local partners in grant application & management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The project has diversified the sources of funding supporting key activities through the PVO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The project has diversified the sources of funding supporting key activities through its local partners (NGO or CBO).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The project has improved government funding for key activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The project has developed the experience of local partners in fund raising.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The project has developed cost sharing of key activities by different stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The project has increased financial self-reliance of its partner(s) in key activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. RESULT ON INFRASTRUCTURE DEVELOPMENT

For the following statements, please state your agreement on the proposed scale from 1 (strongly disagree) to 4 (strongly agree).

	strongly disagree 1	disagree 2	agree 3	strongly agree 4
1. The project has developed infrastructures or brought in the equipment (and/or vehicles) necessary to the continuation of activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The project is actively placing infrastructures or equipment and their maintenance in the hands of the <local partner > expected to make use of them in the long term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There is a plan for maintenance of structures and replacement of equipment beyond the term of the current grant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONGRATULATIONS! YOU HAVE REACHED THE LAST SECTION OF THIS QUESTIONNAIRE! YOU ARE ALMOST DONE!

The last series of questions addresses factors and conditions in the environment and design of your project. **It is very important for understanding the environment and constraints of your project.**

12. IDENTIFICATION OF INFLUENTIAL PROJECT FACTORS

The following questions address conditions within your organization and your region of intervention. They may also refer to the initial design of your project, but not to the project's achievements or to changes due to project implementation. Once again, the questions refer to *your perception* of these factors.

For all these last questions, state your agreement / disagreement on the scale from 1 to 4.

12.A- Factors in the project design and implementation mechanisms

	strongly disagree 1	disagree 2	agree 3	strongly agree 4
1. From the beginning, the sustainability plan was clearly articulated in the project strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The project was designed from the onset with a clear plan for phasing out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The project has a specific strategy for building capacity in people and organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The project has been designed to advance child survival along with other community development goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Strategic decisions for the project are made close to the level of implementation (project or field level) in general, with support from the country office and/or technical backstop in the US office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The fit of the intervention with the priorities of its partners (community, organizations) has been strong from the start.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The project identified early on a local "champion" for its activities. ["champion": person or organization with a strong inner motivation for the project goals and actively involved in advocacy and support.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Good or sound options for improving the sustainability of the intervention have sometimes been limited by the abundance of requests for information coming from our headquarters or from the donor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Our project is able to adapt its plan of action to changes in the environment or to other important factors when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The participation of beneficiaries in project evaluation or design is often more symbolic than real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. From its onset, the project has been developed with a view of building stronger relationships between key stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. A lot of effort was taken during the design phase of the project, in identifying the potentialities of the beneficiary communities and focusing the project's strategies on their maximization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. In effect, the project activities tend to develop knowledge and skills in people, more than structures or systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The project places a lot of emphasis in quality issues (in health services or other activities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Defining the project's objectives and strategies has involved a lot of negotiations with local partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The project makes very specific and conscientious efforts to value the expression of community needs, through the use of appropriate methods of investigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.B- General environment factors in the host country

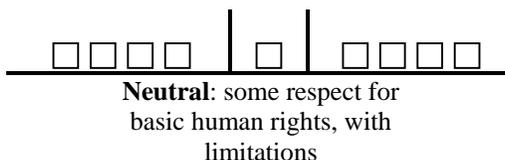
	strongly disagree 1	disagree 2	agree 3	strongly agree 4
1. There is a strong commitment of the MoH for the problems addressed by the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The MoH structure suffers from a high level of instability among essential staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The policies of the MoH concerning the areas of intervention of the project are clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The country has been stable politically during the life of the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The country enjoys peaceful relations with the international community in general.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There has not been important civil unrest during the life of the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There is a scarcity of qualified human resources in the region of intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. MoH cadres face a lot of external pressures competing with rational resource allocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Diversion of funds or resources has become a rare occurrence in organizations involved in health care and social services in the country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How would you define the economic situation of the area of intervention during the period of implementation of the project (check only one):

- poor with recent aggravation of economic conditions
 stagnating economic situation
 economic growth, without improvement for the poor
 growth and improved conditions for the poor

11. How is the region (district / department) of intervention doing in terms of respect of essential human rights?

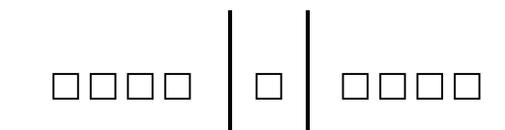
Very poorly: no respect for basic liberties, no freedom of expression, no respect of civic rights nor protection from discrimination, no possibility to appeal to the legal system against violation of personal rights, no capacity to organize, associate and limited capacity to communicate.



Very well: strong respect for basic liberties, freedom of expression, respect of civic rights and mechanisms of protection from discrimination, existing possibilities to appeal to the legal system against violation of personal rights, capacity to organize, associate and communicate ensured.

12. Considering the state of development of the country, how is the area of intervention (region / district / department) doing in terms of general human development (education, basic health and social services)?

Very poorly (no functional structures or systems, no educational or social services of any kind)



Very well (existing structures, functional systems, education and social services operating effectively for a large part of the population)

12.C- Initial factors found in the community of intervention

	strongly disagree 1	disagree 2	agree 3	strongly agree 4
1. From the onset, the community has perceived the project as related to the satisfaction of some of its most vital needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The main partner of the project - on which sustainability expectations are built - had a strong prior expertise in the area of intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The main partner of the project - on which sustainability expectations are built - had developed strong accountability mechanisms before the start of the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The community where the project intervenes has clear and accepted leadership structures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The community leadership structures strongly resist change, even on development issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The community where the project intervenes has a culture of participation and effective community organizing pre-existing project involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The community where the project intervenes has a culture favorable to addressing issues of gender in development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.D- Factors related to the PVO organizational setting

	strongly disagree 1	disagree 2	agree 3	strongly agree 4
1. The PVO has a commitment to a long-term presence in the country, through sponsorship funding or other mechanisms to ensure a long term funding beyond the period of the grant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The management support provided by the country office and other backstopping structures is favorable to the pursuit of the sustainability objectives of the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The PVO organization promotes mechanisms, which favor individual professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Our project or country program provides opportunity for building a strong sense of team belonging and cohesion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Our PVO has a culture of long term presence in the district / region of intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The country office of our PVO uses evaluation appropriately to develop more effective and more sustainable interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Our PVO has a clear phase out plan for its projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Our PVO country office is so preoccupied with its own survival that it often fails to really help projects make the best strategic decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Our PVO country office provides both strong direction and support to the projects when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Select the category that is the most appropriate to describe the project manager in your opinion:

- Native of the country Expatriate from occidental country
- Other; specify:

11. Staff in our project benefit from south-south exchanges*

[*exchanges and visits between projects from and to other country programs in developing countries, within the PVO or with other PVOs or comparable organizations.]

- Never Rarely Sometimes Often

12. The technical experts, national or expatriates, of the PVO in the country intervene as (check the most appropriate):

- Performer [direct management of project activities, requiring high expertise]
- Substitute [direct management of project activities poorly performed by national structures]
- Advisor [advising national human resources in charge of management of project activities]
- Mobilizer [facilitating the involvement of new national staff in the management of activities]

Thank you for your participation. I look forward to sharing with you the results of this survey and the future of this initiative.

Please send the completed questionnaire to CSTS (address on page 5).

Please use the following field for any additional comment or for any question overlooked by the questionnaire:

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APPENDIX 12. RESPONDENT AND NON-RESPONDENT PROJECTS IN THE SUSTAINABILITY SELF-ASSESSMENT SURVEY

	Respondent projects	Non-respondent projects
N of PVOs represented in target group of projects	21	
N of projects targeted	42 (see list Appendix 13)	
Target population [average, all projects – social marketing target population excluded]	Infants	27,836
	12-23mths	6,472
	24-59mths	2,277
	0-59mths	2,150
	WM15-49yrs	36,712
Intervention effort [range, all active projects in intervention area]		
	Control of Diarrheal Diseases (CDD)	[20%—100%]
	Pneumonia Case Management (PCM)	[15%—35%]
	Maternal and Neonatal Care (MNC)	[10%—40%]
	Breastfeeding (BF)	[10%—35%]
	Nutrition, micronutrients and Vitamin A (Nutr. Vit A)	[5%—65%]
	Malaria (Mal)	[20%—40%]
	Child Spacing (Chld Spac)	[10%—40%]
	Immunization (Imm)	[10%—40%]
	HIV/AIDS	[10%—30%]
N (projects)	22	20
N of PVO represented	16	13
N of projects belonging to “large PVOs”	12	15
Cohort group distribution	CS XIII: 7	CS XIII 11
	CSXV: 12	CSXV: 9
	CS XII, XIV, XVI: 3	others: 0
Regions of intervention	Middle East & Africa: ... 9	Middle East & Africa: 10
	Asia & South Asia: 6	Asia & South Asia: ... 4
	Latin America: 7	Latin America: 6
Average total project budget	total: \$ 1,430,429.00	total: \$ 1,343,959.00
	PVO match: \$ 429,282.00	PVO match: \$447,666.00
Project programmatic areas of activity (N projects)	CDD 19	CDD 17
	PCM 12	PCM 15
	Mat Neonat. 15	Mat. Neonat. 14
	Breastfeeding 10	Breastfeeding 6
	Nutr. Vit A 16	Nutr. Vit A 9
	Mal 8	Mal 9
	Chld Spac 9	Chld Spac 11
	Imm 7	Imm 13
	HIV/AIDS 5	HIV/AIDS 7

APPENDIX 13. LIST OF THE 42 PROJECTS (PVO AND COUNTRY) SURVEYED FOR THE SELF-ASSESSMENT (RESPONDENTS AND NON-RESPONDENTS)

PVO	Country	PVO	Country
1. ADRA	Yemen	IRC	Rwanda
2.	Zambia	MAP	Ecuador
2. Africare	Benin	MCDI	Bolivia
3.	Malawi		South Africa
4.	Tanzania	MCI	Honduras
5.	Uganda	PLAN	Burkina Faso
6. ARHC	Bolivia		Ghana
7. CARE	Bolivia		Kenya
8.	Kenya		Nepal
9.	Nepal	PSBI	Philippines
10. CRS	Honduras		Philippines
11. CWI	Bangladesh	PSI	Haiti
12. Esperanca	Peru		India
13. FOCAS	Haiti	SC	Ethiopia
14. HKI	Mali		Malawi
15. HOPE	Guatemala		Nepal
16.	Haiti	WRC	Mozambique
17.	Peru	WV	Ethiopia
18.	Uzbekistan		Indonesia
19. IEF	Bolivia		Philippines
20.	Ethiopia		South Africa