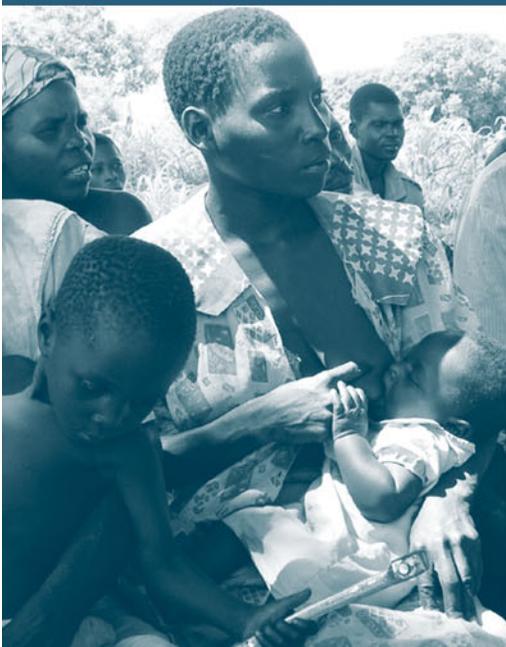


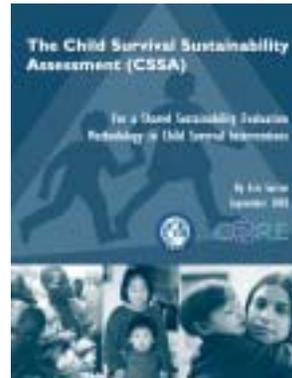
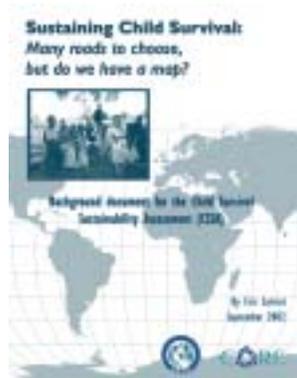
The Child Survival Sustainability Assessment (CSSA)

For a Shared Sustainability Evaluation
Methodology in Child Survival Interventions

By Eric Sarriot
September 2002



“The Child Survival Sustainability Assessment (CSSA): For a shared sustainability evaluation methodology in Child Survival interventions” is the result of the CORE–CSTS Sustainability Initiative. The design and results of this study are examined in the background document for this publication, “Sustaining Child Survival: Many roads to choose, but do we have a map?” background document for the Child Survival Sustainability Assessment (CSSA).”



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The Core Group, a membership association of U.S. nongovernmental organizations (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 Web site at <http://www.coregroup.org>.*

PREFACE

There are few qualities more sought after in health and development programs than the sustainability of our interventions. Child health professionals in the private voluntary organization (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; we 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 ends.
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's 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 to express 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 self-confidence.
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 is an incredible number of good things in child health development programs that need to be unveiled. If it did indeed happen but is not documented, it 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. The Adventist Development and Relief Agency (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 more useful. The framework presented in this document is a significant step in the process. It is our hope 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 the improved health of mothers and children in developing countries.

Jay Edison

Retired ADRA International Director for Health

Former chair of the CORE Monitoring and Evaluation Working Group

Former chair of the Interagency KPC Revision Task Force

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Particular thanks to Jay Edison (ADRA) as the lead-person for the CORE–CSTS Sustainability Initiative in the CORE M&E working group and Eric Swedberg from Save the Children USA.

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TABLE OF CONTENTS

PREFACE	III
ACKNOWLEDGMENTS	V
LIST OF TABLES	IX
LIST OF FIGURES	XI
LIST OF ABBREVIATIONS	XIII
EXECUTIVE SUMMARY	1
INTRODUCTION	11
Child Survival and The CORE–CSTS Sustainability Initiative	11
Key Lessons from the CORE–CSTS Sustainability Initiative	13
THE CHILD SURVIVAL SUSTAINABILITY ASSESSMENT (CSSA)	19
The Child Survival Sustainability Assessment framework	19
<i>First dimension: Primary health goals of the local system</i>	<i>24</i>
<i>Second dimension: Local organizational capacity and viability</i>	<i>26</i>
<i>Third dimension: Community and social ecological systems</i>	<i>29</i>
<i>Threats</i>	<i>33</i>
The Child Survival Sustainability Assessment process	34
<i>Stage 1-Define the system to be assessed and its goals</i>	<i>35</i>
<i>Stage 2-Identify elements and objectives</i>	<i>38</i>
<i>Stage 3-Choose indicators and performance criteria</i>	<i>38</i>
<i>Stage 4-Measure and map indicators</i>	<i>40</i>
<i>Stage 5-Combine indicators and build indices as needed</i>	<i>41</i>
<i>Stage 6-Review results and assess implications</i>	<i>41</i>
Measurement tools and examples of indicators for the three dimensions	42
<i>Existing tools and instruments</i>	<i>42</i>
<i>Illustrative examples of indicators and performance criteria</i>	<i>47</i>

DISCUSSION: POTENTIAL OF THE CSSA AS A TOOL.....	60
Relationship to current thinking across disciplines.....	60
<i>System thinking and multidimensional models in Sustainable Development.....</i>	<i>60</i>
<i>Business management.....</i>	<i>61</i>
Strengths and weaknesses of the CSSA	62
<i>Strengths of the tool.....</i>	<i>63</i>
<i>Challenges and needed refinements.....</i>	<i>64</i>
CONCLUSION: IMPROVING SUSTAINABILITY EVALUATION, WHAT FOR?.....	66
The challenge of child health: Scale and impact.....	66
Strengthening the recognition of PVOs by measuring their contribution to sustainable health.....	67
Next steps: Management, policy, and research questions	67
<i>Management and accountability.....</i>	<i>68</i>
<i>Policy and research.....</i>	<i>69</i>
BIBLIOGRAPHY	72
ANNEXES.....
Annex 1: Some existing resources for assessment or monitoring and evaluation in the first dimension of the CSSA framework	76
Annex 2: Some existing resources for assessment or monitoring and evaluation in the second dimension of the CSSA framework	77
Annex 3: Some existing resources for assessment or monitoring and evaluation in the third dimension of the CSSA framework	78

LIST OF TABLES

Table 1:	Terminology of the CSSA framework	22
Table 2:	Suggested elements/issues for sustainability in the first dimension:	25
Table 3:	Suggested elements/issues for sustainability in the second dimension: Local institutional capacity and viability	27
Table 4:	Suggested elements/issues for the third dimension:.....	30
Table 5:	Suggested threats to CS sustainability planning	34
Table 6:	Vision, goals and first elements of Bétioky Sud Child Survival Sustainability Assessment	49
Table 7:	Illustrative performance criteria on an indicator in Dimension 1 of the CSSA: Measles immunization coverage	50
Table 8:	Illustrative performance criteria on an indicator in Dimension 1 of the CSSA: Quality (continuity/availability) of maternal health services in health facilities	50
Table 9:	Illustrative performance criteria on an indicator in Dimension 2 of the CSSA: Financial viability of community development association.....	51
Table 10:	Illustrative performance criteria on indicators in Dimension 2 of the CSSA: Indicators of Community Health Committee (CHC) capacity and viability.....	52
Table 11:	Illustrative performance criteria on indicators in Dimension 3 of the CSSA: Community participation in CHCs.....	53
Table 12:	Selected elements from World Vision’s Transformational Development Indicators .	54
Table 13:	Selected elements of the scorecard matrix for Social Sustainability from World Vision’s Transformational Development Indicators (Indicators in Dimension 2 of the CSSA: capacity, financial and nonfinancial viability of CBOs).....	55
Table 14:	Illustrative performance criteria on indicators in Dimension 3 of the CSSA: Functionality of VHCs (Village Health Committees).....	57
Table 15:	Threat analysis for a project and local NGO partner in the three dimensions of the CSSA.....	58

LIST OF FIGURES

Figure 1: Essential steps of the CORE–CSTS Sustainability Initiative and the development of the CSSA 12

Figure 2: What projects can do—Marking the difference between potential sustainability and effective sustainable health..... 14

Figure 3: Child Survival Sustainability Assessment (CSSA) framework—Main dimensions and components 21

Figure 4: Local system of Bétioky Sud Child Survival Sustainability Assessment 48

LIST OF ABBREVIATIONS

AI	Appreciative Inquiry
CBO	Community-based organization
CBD	Community-based distribution
CHC	Community Health Committee
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	Nongovernmental Organization (in USAID/BHR/PVC language, used in this document, refers to local organizations, as opposed to PVOs.)

LIST OF ABBREVIATIONS

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, nongovernmental, and charitable organizations)
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

“I’m reluctant to venture [how PVOs should promote sustainability] because it would call for them to come together and to begin to define what their shared vision is. If they can’t agree on that, then how is it going to be operationalized?”

Informant, Sustainability Initiative

“Systems of performance management and progress assessment are important to effective management of human activity, but just because good measures of a given issue are not available, it does not necessarily follow that the issue should be ignored.”

International Institute for Sustainable Development (1).

This volume presents the Child Survival Sustainability Assessment (CSSA) methodology: An evaluation framework and process to systematically approach Child Survival (CS) interventions from the standpoint of sustainability. The CSSA is an outcome of the CORE–CSTS Sustainability Initiative, a qualitative research effort led by the Child Survival Technical Support (CSTS) project and the Child Survival Collaborations and Resources Group (CORE) with the private voluntary organization (PVO) CS community.

The CSSA is presented as a tool helping CS interventions, notably PVO CS interventions, better integrate their plans and monitoring and evaluation (M&E) systems under the overarching purpose of achieving sustainable child health gains. It seeks to do so through a realistic and contextually relevant systematic approach, yet expecting to increase the ability of the CS community as a whole to be accountable, to learn about and to communicate our common responsibility to the children today and tomorrow.

BACKGROUND: A NEED FOR IMPROVING SUSTAINABILITY AND ITS DEFINITION IN THE CONTEXT OF CHILD SURVIVAL

The CORE–CSTS Sustainability Initiative is presented in details in the background volume for this document.¹ The study stemmed from a range of observations and reflections:

- On one end, CS projects have considerably evolved over the years, moving away from direct implementation to work through strategic partnerships, capacity building, and efforts to enhance the financial sustainability of basic services. The projects funded by USAID’s Child Survival Grants Program (CSGP) have increasingly been asked to account for their capacity building and sustainability strategies, from the application stage to the final evaluation (2;3). Qualitative observational studies (4) and examination of case studies (5;6) also describe meaningful contributions of the PVO community to the goal of sustaining child health.

¹ Sarriot E., *Sustaining Child Survival: Many roads to choose, but do we have a map? Background document for the Child Survival Sustainability Assessment Methodology. Child Survival Technical Support project, The Child Survival Collaborations and Resources Group, September 2002*

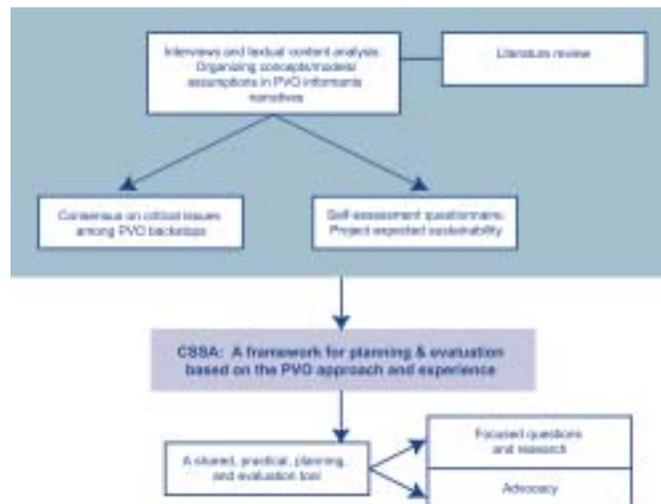
- On the other end, echoing the recurrent literature’s questioning of sustainability of Primary Health Care programs (7–10), a recent review of CSGP projects found that most projects had not satisfactorily addressed the problem of sustainability of health services and functions by the end of their grant period, according to their own evaluation reports (3).
- The development of a research agenda has been hindered so far by the lack of conceptual clarity that has clouded the evaluation of sustainability in CS programs (11).

THE CORE–CSTS SUSTAINABILITY INITIATIVE

In September 2000, CSTS and CORE launched the CORE–CSTS Sustainability Initiative in collaboration with the Johns Hopkins School of Public Health, a qualitative research that included the following steps (Figure 1):

- A systematic review of the literature,
- Content analysis of 21 interviews conducted with recognized 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.

Figure 1: Essential steps of the CORE–CSTS Sustainability Initiative and the development of the CSSA



The study provided many lessons and valuable insights described in the background document (and briefly summarized in the introduction of this volume). Some of the main lessons of the Sustainability Initiative, in terms of improving the parameters of sustainability evaluation in CS interventions, are summarized in box 1.

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 multidimensional interplay.
- There are strong external factors outside 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 interdependency.”
- 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” such as organizational linkages and support relationships, advocacy coalitions, access to information and technical assistance, and accountability.
- 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 of 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.

OFFERING A DEFINITION OF SUSTAINABILITY RELEVANT TO CS PROJECTS

Based on the lessons of the Sustainability Initiative, the following definition of sustainability as it relates to the CS projects can be offered:

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 that will lead to lasting health impact.

The logic of this definition encompasses 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 where they intervene, if not directly, then by helping the local communities and stakeholders address these conditions. Planning and evaluating for sustainability in CS project, hence, requires a new model, taking into account different dimensions in an integrated and systematic approach. This is the function of the proposed Child Survival Sustainability Assessment methodology presented in this volume.

THE CHILD SURVIVAL SUSTAINABILITY ASSESSMENT (CSSA): TOWARD A SHARED SUSTAINABILITY ASSESSMENT FRAMEWORK FOR CS PROJECTS

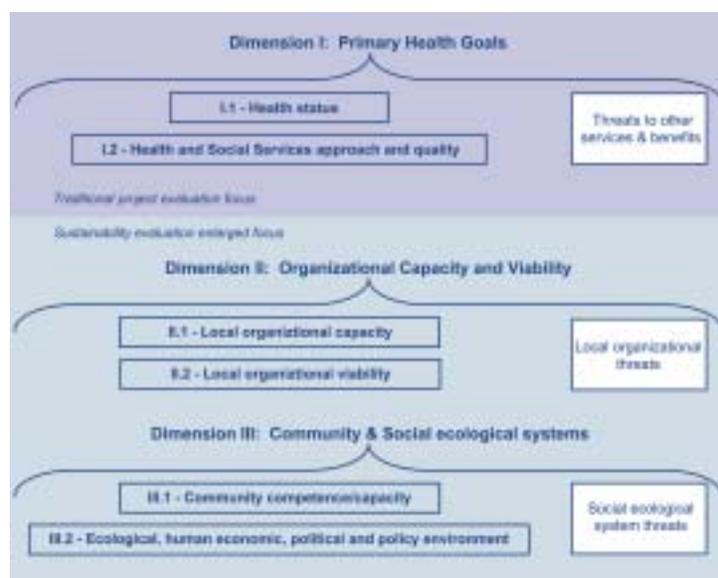
The CSSA methodology proposes both a *framework*, which allows approaching systematically the shared dimensions of evaluation on which progress can be measured, and a *process* for a participatory sustainability assessment with communities and local partners. The process starts with the consideration of the communities, institutional stakeholders, and environment, which define a “local system” expected to own the process of improving health beyond the life of a project. This systematic approach allows framing a vision and defining consistent goals for sustainability along dimensions shared by all projects, but identifying locally the contextually relevant issues within these common dimensions. It can guide further planning of project activities on the results of the assessment.

The framework’s three main dimensions and their respective components are presented in box 2 and displayed in figure 3.

Box 2: The three dimensions of the CSSA and their components

1. The first dimension consists of elements reflecting the *primary health goals* of the local system:
 - The first component is the population’s *health status* (or proxies, such as immunization coverage).
 - The second component consists of elements in the health and social services approach and quality, which will influence the durability of any health improvement, such as access, effectiveness, equity, appropriateness and fit of the activities.
2. The second dimension consists of elements reflecting *local organizational capacity and viability*:
 - The first component of this second dimension represents the *organizational capacity*, which needs to exist in the local partner(s) to maintain performance.
 - The second component represents the *organizational viability* or the profile of dependency of this key local partner. Dependency relates not only to financial viability, but also to the other essential types of support on which an organization may depend to continue existing and fulfilling its mission.
3. The last dimension addresses the conditions in the *community and the social ecological systems* in which the project evolves:
 - Its first component refers to *community capacity* and the overlapping elements of *cultural acceptance* and *social cohesion*. All these elements can be viewed under the umbrella concept of *community competence* (12).
 - The second component includes a number of elements within the *environment* of the project in the largest sense: national policies, the economic and political environment, and the environmental and human development situation. These elements are frequently, but not always, outside of a project’s scope of intervention. They may, however, be relevant to a sustainability assessment within a CS project, as they indicate important transitional stages of development, which PVOs cannot ignore.
4. Completing this framework is an added dimension of threat identification. Some issues are far beyond the control of a PVO and its partners and can place threats on even the best plans for sustainability. These risks need to be understood for what they are and may warrant contingency plans.

Figure 3: Child Survival Sustainability Assessment framework—main dimensions and components



For each component within the three dimensions, the framework suggests issues that a given project may want to include in its assessment, as it builds a coherent picture of how sustainability ought to be addressed in its context.

The essential element of validity of the framework is that progress along these dimensions—as defined through locally meaningful indicators—should describe an improvement in the conditions under which durability has an increasing prospect, while lack of progress along these dimensions indicates a decreasing prospect for durable health impact.

While the framework may be used differently by different organizations, the CSSA suggests a six-stage participatory process² to build and implement an evaluation plan.

The six suggested stages are as follows:

1. Define the system to be assessed, its vision and goals
2. Identify elements/general objectives for the local system
3. Choose indicators and performance criteria measuring progress on the determined elements
4. Measure and map the status of the indicators combining the appropriate evaluation tools
5. Combine the indicators and build indices as needed
6. Review results and propose programmatic intervention (including specific project objectives) or policies.

The CSSA does not offer directives, or ready-made indicators for project sustainability, but it supports the systematic development of a “dashboard” of sustainability, within which practitioners will develop, experiment with, and refine the necessary measurement tools.

IDENTIFYING MEASUREMENT TOOLS AND INDICATORS IN THE DIMENSIONS OF THE CSSA

The CSSA is strongly based on PVO-shared values and experience. It does not offer a new measurement tool, but seeks to integrate assessment tools already in use in the CS community.

This volume presents an overview of the types of evaluation tools available to make measurements in the different dimensions. Some elements of evaluation (e.g., health outcomes) have standardized quantitative indicators and widely available survey tools (13). But many other elements of evaluation (e.g., organizational capacity and community processes) require qualitative indicators obtained from nonstandardized measurement tools. Efforts are still ongoing to refine the evaluation of these elements throughout the Public Health community.

For the various types of measurement tools available, the CSSA suggests building performance criteria describing stages of progress on any given indicator from “minimal,” “emerging,” “medium,” “promising,” to “strong” contribution to sustainability. Given the multidimen-

² This process has been adapted from the work of the International Union for the Conservation of Nature (IUCN) in the field of Sustainable Development (18).

sionality of the questions raised by sustainability, the complexity of the issues and the diversity of measurements that can be made, the development of performance criteria will help managers and evaluators:

- Synthesize the information about a given dimension, if appropriate, by combining indicators into an index score,
- Compare progress toward sustainability on elements of a different nature, assessed through different tools, thus deriving programmatic implications,
- Establish comparisons across sites and projects for the sake of cross-learning, benchmarking and improving evaluation tools, and research questions.

POTENTIAL OF THE CSSA AS A TOOL

The approach of the CSSA is congruent with other evaluation trends in Public Health (14), Sustainable Development (15), and business management (16). One of the strengths of this process is that it has been used successfully in rural development with communities and local partners, through a participatory process familiar to most PVOs (17;18).

The CSSA has been presented to PVO staff on different occasions, including in the field. A workshop report is available about the first training conducted in Mali in November 2001 on planning for sustainability using the CSSA (19). The dimensions of evaluation and their content, as well as the participatory process and system approach to assessment, have generally been well accepted by those who have been introduced to the framework. Some questions have been raised about the balance between the comprehensiveness and the simplicity of the tool, usually accompanied by recommendations that sustainability planning focuses on one specific element, which varies with the commentator's experience and specific concerns (such as institutionalization, capacity, or financial viability). This goes back to the original motivation for the Sustainability Initiative: the fragmentation of models. As it stands, the CSSA allows focusing on financial viability issues, or institutionalization, or ownership at the community level, or the quality-demand equation of service delivery, depending on the situation. However, it forces planners to think systematically and integrate evaluation plans. It can also help evaluators look for critical gaps in a sustainability strategy.

Valid indicators and reliable measurement tools are still needed in most dimensions of the framework as it stands. Because it integrates measurement tools, instead of adding new "metrics" for sustainability, however, the CSSA will be able to benefit from current and future advances while providing a common structure for communication and exchange of experiences. Because the CSSA is a flexible methodology, PVOs and their local partners may use it to bring to light larger issues from the "global agenda," such as the Millennium Development Goals (20) or the Child Rights' agenda (21), when this is contextually meaningful and feasible.

IMPROVING SUSTAINABILITY EVALUATION IN CHILD SURVIVAL, WHAT FOR?

Sustainability—in spite of cyclical fads in the concerns expressed about capacity versus immediate results in health and development work—remains an unavoidable priority because of

a group of issues. These issues are: the new relative threats to Child Survival (7), the fate of the many more children who will come after those targeted by today's programs (22), and the "wellness" of these surviving children as suggested by Foster (11). Reason dictates that what has been achieved must be maintained, while new threats are addressed. True impact is measured over time, and interventions that are not based on durable models will not reach true impact. Similarly, the growing concern with going to scale will have limited relevancy if program models are not sustainable at the initial project stage.

At this stage of the health transition in many developing countries, improving sustainability may be the critical determinant in achieving true impact. Improvements remain limited and isolated without good evaluation.

NEXT STEPS FOR CS MANAGERS, RESEARCHERS, AND POLICYMAKERS

There are two distinct ways to consider the potential evolution of the CSSA as a contribution to improving sustainability evaluation in Child Survival: First as a tool for project management and accountability, then as a guide to policy and research.

In terms of PVO project management and accountability, improving evaluation through the use of a systematic methodology can have certain benefits:

- The first potential benefit of the CSSA is to shed more light on PVO contributions and improve how they are valued.
- A clear methodological approach to sustainability assessment will allow PVOs to be both realistic about what can be achieved and accountable to all their constituents.
- Improved evaluation in all relevant dimensions improves the accountability of *all* stakeholders, local actors, host countries, PVO grantees and donors, by being more explicit about achievements and constraints.
- Finally, a systematic system assessment approach will improve programmatic and management decisions.

Good policy and program development require good evaluation and valid indicators. But "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" (18). A shared evaluation model can help us move from assumptions to evidence and practical learning to improve both research and policy.

Some of the research questions will have to address the timelines for observing different transitions in different contexts; the types of capabilities at various levels, which best predict sustained health gains; and the critical stages (thresholds) in local development process, which increase the predictability of sustainable health. The possibility and the benefits of the postintervention studies sometimes advocated (11) will be enhanced if evaluation and data collection are systematic and share common points of reference. For the moment, we have little empirical evidence on which to base project plans for phasing out. Only progress in evaluation can help answer questions about effective phase-out strategies.

ADVANCING SUSTAINABILITY EVALUATION IN CHILD SURVIVAL, BEYOND THE “RIDICULOUS” AND THE “SUBLIME”

In conclusion, exploring such a complex issue as sustainability and proposing a tool for improving its evaluation force us to step back and consider it again in the current context of child health in developing countries. In practitioners’ discussions about sustainability, there is a tendency to vacillate between two extremes: On one side, always asking for more sustainability from PVOs operating with short timeframes and limited funding (the “sublime”); on the other side, dismissing sustainability as simply irrelevant to project approaches (the “ridiculous”).

The case for the relevance of sustainability as a condition to achieve true Public Health impact is strong (7;22–24). When sustainability is appropriately defined, the argument is still strong, even at the project level, since external resources are finite and are generally conditional on larger and unpredictable geopolitical shifts.

A balanced policy question about sustaining primary health care and Child Survival might be, “Are we currently living with unrealistic expectations within nonvalidated guidelines?” The recent report to the World Health Organization (WHO) on macroeconomics and health (25) states that “the highest priority is to create a service delivery system at the local (“close-to-client”) level . . . that can reach the poor” (where PVOs have demonstrated their competitive advantage!) It is then essential to be more systematic in demonstrating what can be done by PVO projects, through what strategies, for what *long-term* gains, at what speed, and at what cost. Bringing evaluation to the level where it can inform policy decisions is a necessary step to move from debate to learning. We cannot ignore fundamental evaluation dimensions simply because we still struggle with their measurement or because they require us to examine the benefits of health promotion interventions beyond health outcomes (26), as proposed in two dimensions of the CSSA framework.

A final reason to encourage planning for sustainability truly from the onset of projects (and improving our evaluation systems) comes from the communities themselves, who have shown that their support for health promotion, in a general sense, increases when it is linked to their overall long-term development. Being teachable and accountable about what progress we are able to contribute as partners of communities struggling for a healthy, viable future, firmly planted in their own hands, is a moral as well as a programmatic imperative.

INTRODUCTION

This volume introduces the Child Survival Sustainability Assessment (CSSA) methodology, which consists of an organizing framework and a specific process to guide an assessment exercise. While further field implementation and experimentation will be needed before such a tool takes its full shape, it offers a first practical and systematic way to really “plan sustainability from the start” in Child Survival projects.

In this introduction, we briefly summarize how the CSSA came to be developed through the CORE–CSTS Sustainability Initiative.

CHILD SURVIVAL AND THE CORE–CSTS SUSTAINABILITY INITIATIVE

The CORE–CSTS Sustainability Initiative has been a qualitative research effort, started in summer 2000, following the Sustainability Dialogue and other efforts sponsored by CORE, CSTS or USAID’s Child Survival Grants Program (CSGP) (4;6;11). The background, design, and results of the study are presented in a first document serving as the background to this presentation of the Child Survival Sustainability Assessment framework.³

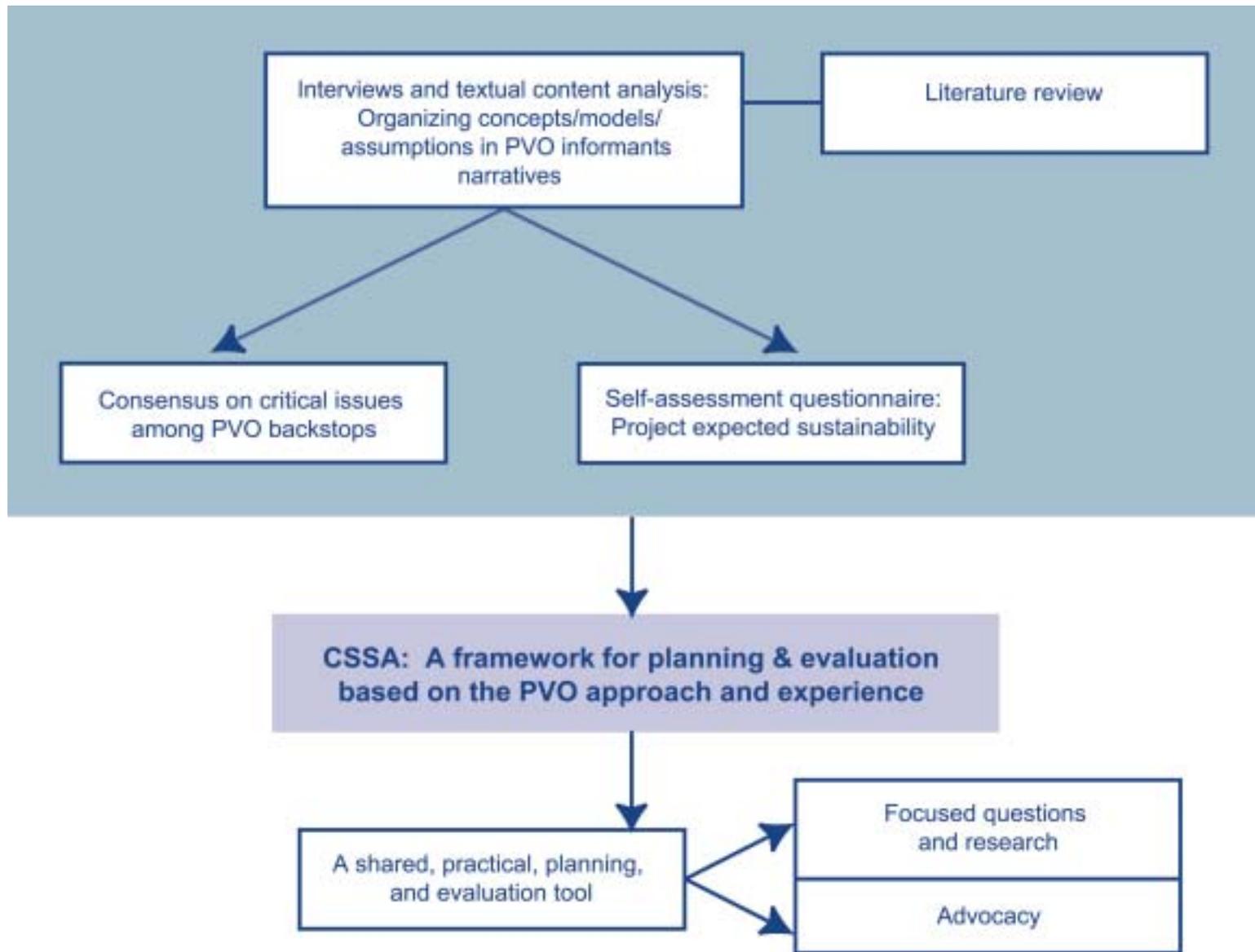
The Child Survival community gathered around the CORE Group has had positive results in terms of health gains for children of developing countries. Some of these achievements are reached with positive elements of capacity and sustainability built locally, as demonstrated by case studies or research (4–6). But advances on a “sustainability agenda” have been slowed by the diversity of understanding of the concept of sustainability and the absence of a clear and shared evaluation model (2;3;11;27).

In an effort to take a practical step in answering some of these unresolved questions, CSTS and CORE launched the CORE–CSTS Sustainability Initiative. The main goal of this essentially qualitative study was to answer the question, “Can a common framework be developed, allowing for the expression of diversity, yet allowing PVOs to assess performance on sustainability, share lessons learned, and have a leading role in the sustainability agenda?”

Figure 1 illustrates how the study has led to the development of the framework presented in this volume, and the following section briefly summarizes some of the lessons that were learned through the Sustainability Initiative. For more details, the reader is referred to the accompanying volume.

³ Sarriot E., *Sustaining Child Survival: Many roads to choose, but do we have a map? Background document for the Child Survival Sustainability Assessment Methodology. Child Survival Technical Support project (CSTS), The Child Survival Collaborations and Resources Group (CORE), September 2002.*

Figure 1: Essential steps of the CORE–CSTS Sustainability Initiative and the development of the CSSA



KEY LESSONS FROM THE CORE–CSTS SUSTAINABILITY INITIATIVE

The Sustainability Initiative was essentially a qualitative exercise, and the compilation of lessons it has provided suggests a direction for defining, planning, and evaluating sustainability as relevant to Child Survival, and probably to other primary health care projects as well.

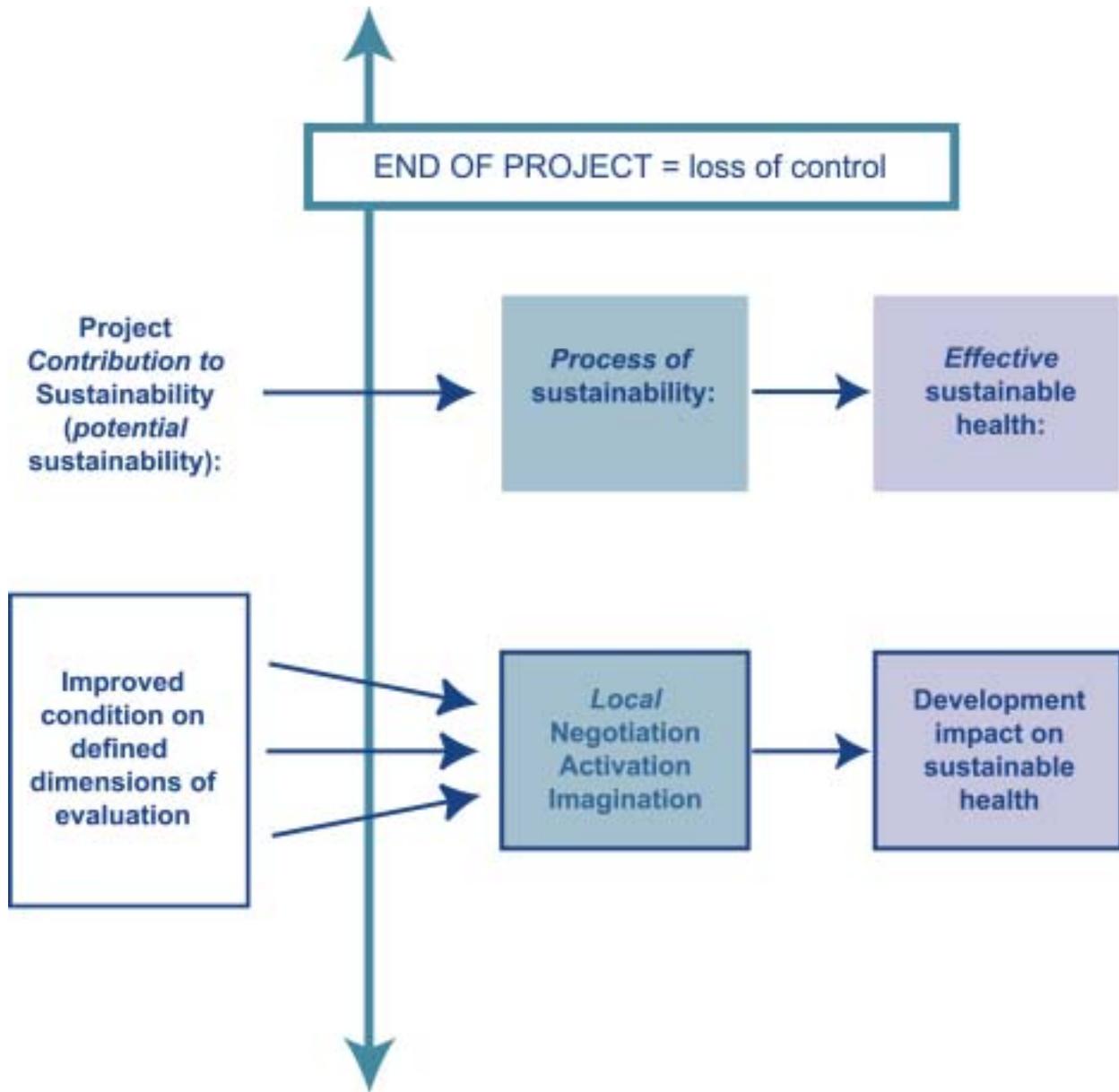
These lessons crystallize an emerging definition of sustainability in Child Survival interventions, presented in box 3. Our effort to construct a framework shared across projects and organizations had to make room for these different lessons and the complexities they brought at each level.

Box 3: Emerging definition of sustainability in Child Survival interventions

Sustainability in Child Survival projects can be defined as 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, that will lead to **lasting health impact.**

Figure 2: What projects can do—Marking the difference between potential sustainability and effective sustainable health



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. This is illustrated in figure 2, showing that—by its nature—a project can never demonstrate sustained results until it has effectively lost control on the local processes that sustain health gains. Some of the key lessons from our study, presented below, help us understand what conditions projects can and should contribute to, and what parameters the evaluation of sustainability should take into consideration.

- ❖ **First, and although it sounds like a tautology, our participants have made clear that 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 multidimensional interplay.**

Both interview comments, from the Sustainability Initiative and responses to the project sustainability self-assessment, confirm that positive sustainable results do not present themselves linearly, from inputs to outcomes. 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 a single illness, the accomplishment of its sustainability goals should not be detrimental to other health or development issues. 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. For example, the Child Survival PVO community would hardly support gains in service financial viability linked to decreased services to the rural poor as genuine sustainability. *Primum non nocere*—first do no harm—on a population scale is the first criterion of sustainable health interventions.

- ❖ **There are strong external factors outside 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.**

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., new or improved 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 also means that identifying different contextual stages of progress toward sustainable health is important in order to define meaningful sustainability ambitions for projects.

- ❖ **“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.**

Our study has also brought to light 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. However, this negotiated distribution of roles at the local level is supported by favorable conditions, which the project has supported, although not necessarily controlled.

- ❖ 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.”
- ❖ Capacity building in local partners is essential, but sustainability depends on many other factors. Changing the profile of dependency of local organizations in order to increase their viability is another important element whether it relates to financial viability, organizational linkages and relationships for support, advocacy, 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.

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 and even managerial capacity can be developed while organizational viability fails to be ensured. 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.

The viability of local organizations 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 (28). 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 (29;30).

This allows a better understanding of how some participants recognize that many conditions contributing to end-of-project sustainability are 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.

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

The self-assessment results distributed widely the responsibility for maintaining activities and ultimate health benefits between multiple players. This involves a large range of public and private organizations and individuals. 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. 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.

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 gave 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. This, of course, sets the emphasis on local processes and requires our thinking to be strongly rooted in the consideration of local systems, much like the advocates of “empowerment,” as a condition for health impact have been suggesting (31).

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 a hold of key issues or activities with its own purpose for supporting them.

If the goal is to be shared by different local stakeholders, it probably has to be defined for an entity and a timeframe, which supersedes the timeline of a project itself. A project is meaningful in its strategy when it contributes to a sustainability plan for the entire local system. This may start simply with bringing awareness about the issue or helping local players function as a coherent system. This may mean achieving progress on a limited set of health indicators to “demonstrate what is possible.” But the project can only be a contributor to a 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 be frequently 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.

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. 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.

- ❖ **Sustainability planning, at the Child Survival project level, must find its place within the larger issue of Sustainable Development**

Since the broader conditions of development carry an overbearing weight on project outcomes, thinking in terms of sustainability forces projects to look at this “bigger picture.” This is in fact echoed in the PVO community work about household and community-based Integrated Management of Childhood Illness (IMCI), where the different elements rest on a multisectoral platform of development (32), and in the interest of the CS community for the Millennium Development Goals (20), which integrate health and other developmental goals and indicators.

- ❖ Although projects are *only* contributors to progress toward the next transitional stage, this contribution is essential in favoring or hindering lasting impact.

The role of PVO projects remains important in this process. In the self-assessment, for example, all projects describe a difficult country and community environment. But the PVO organizational context and the project design are important factors influencing 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 (26).

Different external agencies—PVO or other—working in the same geographical zone must come to a higher level of cohesion and coordination if gains are to be sustainable. The vision that brings convergence to their interventions must be or become the vision of the local actors.

This is a short synthesis of the consensus that emerged from the Sustainability Initiative, project documents, and many discussions, which are presented in substantial detail in the background document. The next challenge is to translate complex, multidimensional, and interrelated concepts and lessons into a tool useful to programmers and evaluators, while remaining faithful to the lessons that have been learned. This thinking has guided the development of the proposed framework for planning and evaluation of sustainability in Child Survival interventions: the Child Survival Sustainability Assessment.

THE CHILD SURVIVAL SUSTAINABILITY ASSESSMENT (CSSA)

The CSSA offers a *framework* to systematically approach shared dimensions of evaluation on which progress toward sustainable health is to be measured. It also provides a *process* that projects can use to lead a participatory assessment with communities and local partners.⁴ It does not add a new measurement tool, but allows and requires the use of various emerging or existing measurement tools already used by the PVO and CS communities.

This chapter will present:

- ✓ A description of the structure and constitutive pieces of the CSSA framework.

Three dimensions of evaluation shared by all interventions pursuing sustainable child health improvements, within which contextually specific elements must be identified for assessment and intervention.

- ✓ A description of the CSSA process.

A six-stage sustainability-focused, locally driven, participatory evaluation process for addressing child health.

- ✓ A discussion of some of the measurement issues and existing tools in the different dimension.

An overview of the existing resources for, and constraints to, measurement of the different dimensions as well as of the emerging tools and approaches.

THE CHILD SURVIVAL SUSTAINABILITY ASSESSMENT FRAMEWORK

The Child Survival Sustainability Assessment framework offers a systematic approach to the selection of elements/issues⁵ to be assessed and from which project objectives will be identified. These issues fit within three main dimensions. The framework's three main dimensions are presented in figure 3 and box 4. Each dimension is broken down into two components, and this provides the basic structure within which elements of evaluation are organized. Box 5 discusses what can be called the "internal logic" of the CSSA framework.

Before specific elements can be identified in each dimension of the framework, the important work of definition of the local system and of its vision for sustainable health needs to take place. For each component within the three dimensions, the framework suggests elements/issues that a given project may want to include in its assessment, as it builds a coherent picture of how sustainability ought to be addressed in its context. An important work of selection and

⁴ The elements and structure of the framework stem from the Sustainability Initiative study. The process suggested for using the CSSA as a planning and evaluation tool is strongly indebted to the experience of the International Union for the Conservation of Nature (IUCN) with system sustainability assessment (15;17;18).

⁵ The terminology of the CSSA is explained in table 1 (see next pages).

prioritization will have to take place among elements and indicators. All these questions will be discussed in the section on the CSSA process.

Figure 3: Child Survival Sustainability Assessment framework—main dimensions and components

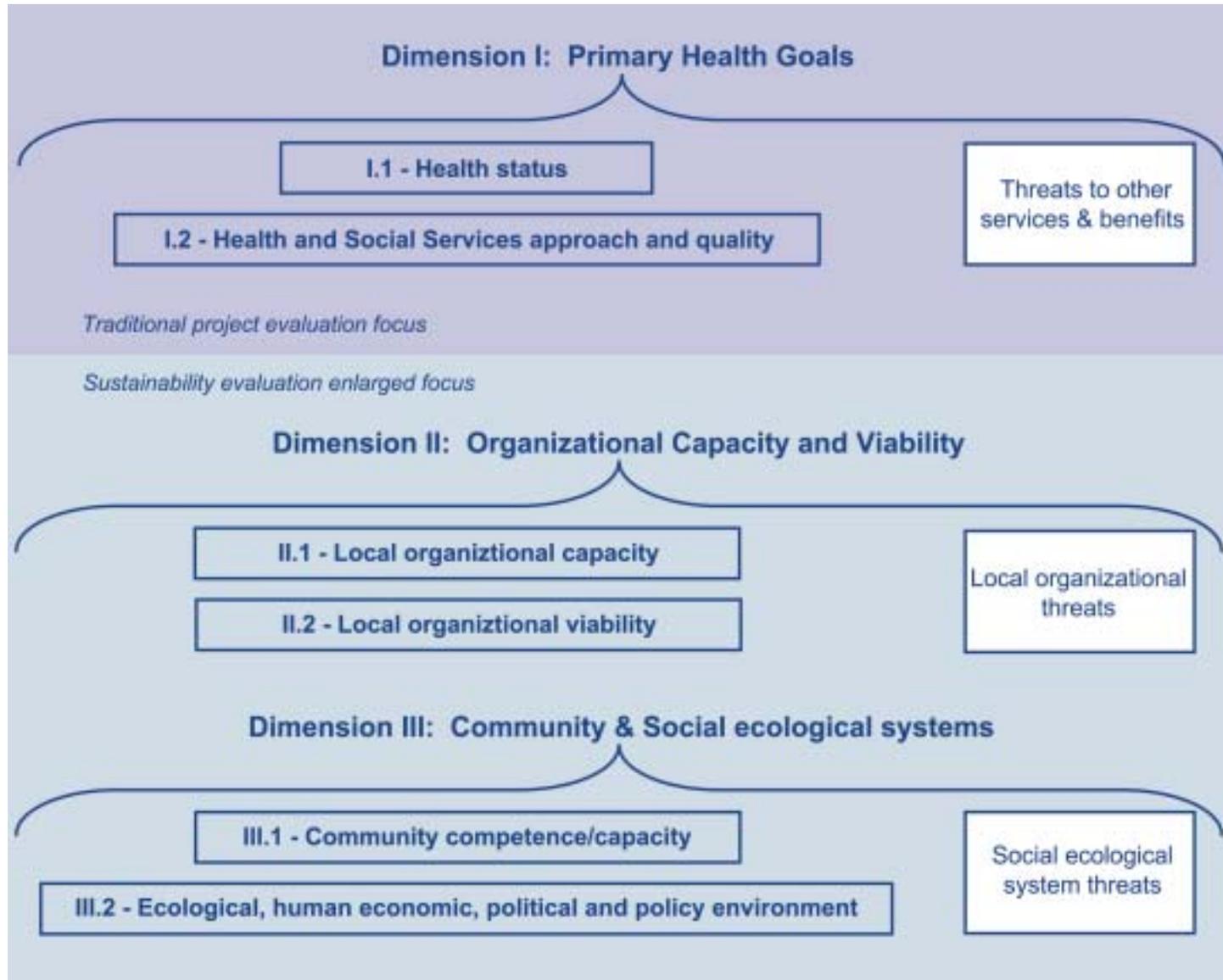


Table 1: Terminology of the CSSA framework

	Term	Description	Example
	Local system	Refers to the local stakeholders and communities brought together to map out their vision and goals for sustained health in the community; this local system also defines the level at which evaluation can take place in a meaningful way.	Villages, women associations, local authorities, rural development associations, health district and health posts, local socially active NGOs, and private sector partners brought around the table.
Shared by all projects	Dimensions	The CSSA framework has three complementary dimensions of evaluation.	Primary health goals, local organizational capacity and viability, and community and social ecological systems.
	Components	Major subdivisions within each dimension of the framework.	Organizational capacity and organizational viability are the two components of the second dimension of the framework.
Context and local system-specific	Elements/ Issues	Specific items of evaluation within components. For example, financial management capacity is an element of organizational capacity. Elements can have subelements. Objectives for the local system can be defined at the element or sub-element level.	Element within the second dimension: financial management capacity of health committee leadership. Subelements: i—capacity of health committees to plan annual expenditures; ii— capacity to account for funds disbursement
	Issue objective	A general objective for the local system.	“Improving the management capacity of health committees.”
	Indicator	A measure providing information on progress toward an objective	“Satisfactory financial audit passed according to project standards.”
	Performance criteria	Predefined stages of progress of an indicator toward a status most favorable to sustainability on the considered issue.	See Tables in “Measurement tools.”
Project specific	Project objective	A specific objective defined as a target by the project. A project objective is a specific and measurable contribution of the project to an issue objective of the local system	“Two years from now, 20 health committees will demonstrate the ability to plan expenditures and monitor disbursements through an annual financial audit conducted by the project.”

Box 4: The shared dimensions and components of the Child Survival Sustainability Assessment framework

1. The first dimension consists of elements reflecting the *primary health goals* of the local system. (These elements are generally already part of a project evaluation at different stages.)
 - The first component is the population's *health status* (or proxies such as immunization coverage).
 - The second component consists of elements in the *health and social services approach and quality*, which will influence the durability of any health improvement, such as access, effectiveness, equity, appropriateness and fit of the activities.
2. The second dimension consists of elements reflecting *local organizational capacity and viability*. (The identification of the relevant local organizations is part of the assessment process discussed in the next section.)
 - The first element of this second dimension represents the *organizational capacity*, which needs to exist in the local partner(s) to maintain performance.
 - The second element represents the *organizational viability* or the profile of dependency of this key local partner. Dependency relates not only to financial viability, but also to the other essential types of support on which an organization may depend to continue existing and fulfilling its mission.
3. The last dimension addresses the conditions in the *community and the social ecological systems* in which the project evolves.
 - Its first element refers to *community capacity*, and the overlapping elements of *cultural acceptance* and *social cohesion*. All these elements can be looked at under the umbrella concept of *community competence* (12).
 - The second element includes a number of elements within the *environment* of the project in the largest sense: national policies, the economic and political environment, and the environmental and human development situation. These elements are frequently, but not always, outside of a project's scope of intervention. They may, however, be very relevant to a sustainability assessment within a CS project, as they indicate important transitional stages of development, which PVOs cannot ignore.
4. Completing this framework is an added dimension of threat identification.
 - Some elements cannot be addressed proactively by a project, even in indirect ways, and constitute threats to its sustainability. Others can appear as unwanted effects of well-meaning activities on elements that have not been considered. These elements need to be identified and flagged, and may suggest the need for decisionmaking at a higher level or the development of contingency plans.

Box 5: Internal logic of the CSSA

- ✓ Progress along the three dimensions of the Sustainability framework (CSSA) represents an improvement of the local conditions necessary for lasting health impact, which means increased sustainability.
- ✓ Depending on the local context and the nature of the project, the interplay between these dimensions and the elements that are relevant within each dimension will vary, as will the relative importance of specific elements and dimensions with regards to others. Projects will probably revise, adapt, and improve the definition/selection of elements along their lifetime, as well as revise, adapt and improve the definition/selection of the corresponding indicators of progress on these elements as learning takes place.
- ✓ The essential element of validity of the framework is that progress along these dimensions—as defined through locally meaningful indicators—should describe an improvement in the conditions under which durability has a higher prospect, while lack of progress along these dimensions indicates a lower prospect for durable health impact.

We will now look in more detail at the three dimensions, their components, and an indicative list of elements that may be considered for each of them.

FIRST DIMENSION: PRIMARY HEALTH GOALS OF THE LOCAL SYSTEM

Given the strong emphasis on the finality of Child Survival projects stemming from our study, a sustainability evaluation framework must start with the primary goals of Child Survival. This dimension is generally encompassed in traditional evaluation approaches, as part of a formative or final evaluation.

This essential dimension has two main components:

- Health status of the population, and
- Health and social services approach and performance.

An indicative list of elements one might choose to include as general objectives for the local system in this dimension is presented in table 2.

One thing to keep in mind is the importance of identifying a range of health issues, which—once improved—will reflect a meaningful health impact. This is traditionally done when PVOs conduct situation analyses to determine where their activities should focus. Some groups (projects and actors of the local system) may include mortality data, nutritional status, or proxy for health status, such as immunization coverage, in the list of issues. The 13 indicators identified by CORE in its Rapid CATCH list are naturally a good place to start for Child Survival (13). All identified elements may not materialize as targets of the PVO activities (project objectives), but all are relevant to sustainable health for the local system, and cannot be ignored.

Table 2: Suggested elements/issues for sustainability in the first dimension: Primary health goals of the local system

Population health status	Health and social services approach and quality
<ul style="list-style-type: none"> • Mortality and morbidity • Nutrition status • Knowledge, practices, and coverage 	<ul style="list-style-type: none"> • Competence of service providers (technical performance, interpersonal skills, and safety of procedures) in intervention areas • Efficiency and coverage of services • Accessibility of services/reach • Equitable distribution of benefits and/or services • Effectiveness and responsiveness to epidemiological situation • Continuity of care and amenities • Cost effectiveness of services • Use of appropriate technologies and cultural fit of activities • Fit and recognition of services with local stakeholders • Service delivery adaptability and responsiveness

The second component refers to the adequacy of services’ approach and performance to the pursued primary health goals. This may refer to health services, but also to activities, labeled here as “social services,” which include and are not limited to health communication, community outreach, support of community-based health promotion by a local NGO or health district, etc.

Many of the elements that may need to be addressed in this component refer to quality of care, but also to the “fit” and appropriateness of service activities (Table 2). Of course for each of these elements, the specifics of the local system and the project will determine which measures are appropriate to determine the status on any issue (see the section on the CSSA process). It must also be clear that—for this and the following dimensions—the list of elements is an evolving menu. No one should try to address all the issues in any dimension; strategic and rational thinking will guide the selection in context.

In terms of sustainability, these primary goals for the local system are the stepping stone on which our assessment model is built. If the services are not seen as effective and useful, local capacity is most likely to be diverted toward another purpose. (Perceived effectiveness was already one of the first factors to come out clearly from Bossert’s work (8)). Beyond perceptions, if health is not being improved, no amount of capacity building is going to be meaningful. If approaches to service delivery are not cost-effective, or culturally appropriate, or of good quality, their maintenance will be harder to achieve.

While progress is achieved in health behavior, coverage, status, and services performance, strengthening the two other dimensions will be equally crucial for sustainability.

SECOND DIMENSION: LOCAL ORGANIZATIONAL CAPACITY AND VIABILITY

The second dimension of our framework refers to the development of local organizations.

A. Why distinguish organizational capacity from organizational viability?

Organizational capacity and viability are two overlapping concepts that are frequently addressed as one in available evaluation tools.⁶ They both relate directly to conditions built or developed within and around local partner institutions, but they have different programmatic translations. For example, a lot of effort can be made to improve the capacity of a local organization to manage itself and conduct Child Survival activities, without improving the autonomy of the organization. The dependency of a local organization on a PVO can actually increase while its capacity to deliver services and manage itself increases. To increase the viability of such an organization, a specific set of programmatic efforts will have to focus on improving its connectedness and financial autonomy. For this reason, the CSSA framework distinguishes between the development of organizational capacity and viability (Table 3).

⁶ For more discussion of the overlap between capacity and viability of organizations, see the background document to this volume.

Table 3: Suggested elements/issues for sustainability in the second dimension: Local institutional capacity and viability

Organizational capacity (in key local partners)	Organizational viability
<p>Six areas of organizational capacity according to CSTS ISA tool⁷ (33):</p> <ul style="list-style-type: none"> • Technical capacity • Management and governance • Administrative and logistic procedures • Human resources management • Financial management • Organizational learning • Other 	<p>Financial viability</p> <ul style="list-style-type: none"> • Cost-recovery mechanisms and implementation of the Bamako Initiative • Mutual health insurance coverage • Independent identification of donors and submission of grant proposals by local NGOs/CBOs • Diversification of donor sources • Contingency plans for financial crises • Involvement in coalitions for leveraging resources • Local partner(s) connectedness (nonfinancial viability) • Organizational visibility of local partner(s) • Support linkages (client base, political, technical assistance) • Independent access to human resources, technical assistance, skills, and know-how • Dependency profile for infrastructures and equipment • Involvement in coalitions for advocacy

B. Organizational capacity

Organizational capacity refers to a range of functions that are necessary to the life of an organization, its administration, and its ability to perform its mission through the delivery of services (whatever these services may be) (14;34;35). Organizational capacity can be broken down into different areas or functions. It is not the object of this volume to discuss these different approaches. To this extent, Table 3 above, is simply illustrative, based on the Institutional Strengths Assessment (ISA) Tool developed and used by CSTS.

It is important to differentiate between assessing the capacity of a local organization to support and deliver technical services, and the assessment of the quality and appropriateness of service delivery, to which we referred in the first dimension of the framework. In the first dimension we were asking whether services were of a quality and cost likely to be accepted by its clients

⁷ Different tools and authors choose to break down and present organizational capacity according to different areas; the six areas presented here are simply indicative. See the section of this chapter on measurement for references to other tools.

(sustained by the local system), regardless of who managed the delivery of those services. In this second dimension we are asking whether a specific local partner has the capacity to support and manage the delivery of those services. The difference is illustrated in box 6.

Box 6: Contrasting capacity with support services and quality of services. Hypothetical example.

Consider a hypothetical local NGO of substantial size, managing a series of health centers or clinics. Imagine now that this NGO, having benefited from ample support, has built a relatively well-oiled machine, able to plan, collect user fees, access external grants, monitor expenses, pay its staff, recruit technically competent cadres in sufficient numbers for the size of its activities, etc. An assessment of this NGO would most likely find that its capacity is good or high in many regards. But, let us imagine now that, while this NGO focused so much on developing its structure and building its external network, it has not used its technical cadres for more effective technical supervision, has replaced ongoing coaching and quality improvement with regular workshops (for which it collects resources), which are very well-organized but respond poorly to the needs of its workforce. And let us assume that it has let morale in its front-line workforce (the care providers) go down, to such an extent that quality of care, starting with relations to clients, is suffering.

This, of course, is an extreme example to illustrate how an organization can have the capacity to deliver services (an element measured in the second dimension of our framework), but actually deliver poor-quality services (an element measured in the first dimension). As for taking over additional health posts or centers, or organizing training, or having the capacity to supervise the delivery of services at the community level and manage resources, the capacity of this local NGO would encourage us to think that the activities it supports have—to this extent—a reasonable chance of being sustained. But in terms of client satisfaction, generating demand, gaining acceptance and support from the community it claims to serve, the poor quality of its services puts in question its service sustainability and effectiveness).

This example could be reversed, with a small NGO delivering quality primary health care through a community health post, without the organizational capacity to take on the direction, governance, planning, and prospective management necessary to maintain activities on its own.

We discuss some of the measurement questions about organizational capacity in another section of this chapter. The main point at this stage is the importance of taking a systematic approach to understanding and improving organizational capacity as a key contributing factor of sustained health.

C. Organizational viability

In terms of viability, the profile of an organization's financial dependency is the first element to take into consideration. We have discussed in the background document and introduction chapter how the frequently-used term "self-reliance" fails to convey the issue at hand, and probably conveys more presuppositions than clarity. The meaningful question about an organization's financial viability is the progression from a financial dependency that is external to one that is more local, from a unique source to multiple ones, and from insecure to more stable funding. The meaning of viability will vary contextually (Table 3 above, offered suggestions of elements that define an organization's financial viability.)

Another element of organizational viability, crucial to the sustainability of interventions, is the connectedness of the local structures expected to maintain the elements of intervention. Connectedness provides support to a local organization, access to human resources and expertise,

capacity development opportunities, know-how, ability to leverage modest resources with partners to achieve a greater goal, and a capacity to organize and advocate. With this comes greater visibility and stability.

The importance of connectedness for the viability of an NGO or CBO is simple enough to grasp. But even a public organization—such as a health district officially integrated within a larger institution (the MoH)—can be, for all practical purposes, disconnected, lacking the necessary support from its own hierarchy, or overly dependent on foreign aid. Although natural lines of referral and connection are identified in the MoH structure, the ability of a district to access technical and management assistance both within and outside its official hierarchy may be important.

THIRD DIMENSION: COMMUNITY AND SOCIAL ECOLOGICAL SYSTEMS

The last dimension of evaluation of the CSSA looks at two complex and important components: the broader community and the social systems.

As our findings stressed repeatedly, community issues are very important to sustain Child Survival. They are the first component of this dimension. For the second one, we use the term social ecological system,⁸ based on social ecological theory (36), which emphasizes the importance of the social ecological environment in enabling and maintaining healthy behavior at the individual and global level.

The key elements that can be considered in these two components are presented in table 4.

A. Community competence and capacity

Different attempts have been and are still being made to describe and assess community capacity, community competence and related issues (see section on measurement questions). One helpful way to look at these complex questions is to consider community *capacity* as a range of functions of community life (from leadership, communication skills, conflict management, sense of community, internal participation, etc. (37)(38)), which contribute to the overall *competence* of the community (see Table 4).

⁸ *In social ecological theory, the concept of a social ecological system naturally includes the communities. Because of the programmatic focus of our framework, we differentiate between a first component, addressing community competence at the local level—where the local system is defined and where presumably a project will intervene—and our second component, which considers the global community and social environment around this local focus.*

Table 4: Suggested elements/issues for the third dimension: Community and social ecological systems

Community competence/Capacity	Social ecological environment
<p>Community Competence</p> <ul style="list-style-type: none"> • Ability to collaborate on need and problem identification • Ability to achieve consensus on goals and priorities • Ability to agree on ways and means of implementation • Ability to collaborate in the required activities <p>Community capacity</p> <ul style="list-style-type: none"> • Citizen Participation • Leadership • Skills • Resources • Social and interorganizational networks • Sense of community • Understanding of community history • Community power • Community values • Critical reflection • Commitment. • Self-other awareness and clarity of situational definitions • Articulateness • Communication • Conflict management • Management of relations with the larger society • Social support • Equitable representation and participation mechanisms. • Cultural acceptance of intervention benefits • Extent of community participation in and ownership of health promotion activities • Diffusion of behavior norms within community's social networks and institutions (schools, literacy club, cooperatives) • Demand for services • Perceived linkage of activities and benefits to primary needs of beneficiaries • Expression of community potentials and creativity in support of activities • Local "champion" for the activities <p>Cohesion between local stakeholders (beyond project intervention focus)</p> <ul style="list-style-type: none"> • Ability to negotiate, communicate and coordinate between key players • Dynamism of multisectorial community development efforts • Capacity to leverage resources and cofinancing of efforts • Accountability systems • Extent of community organizing and ability to manage conflict • Interorganizational and interstakeholders trust 	<p>Policy factors affecting project implementation and impact</p> <ul style="list-style-type: none"> • Health policies • Bio-environmental policies (agriculture, preservation, hygiene, urbanism, etc.) • Social policies • Political regulation policies (association, expression representation) <p>Macroeconomic and political context</p> <ul style="list-style-type: none"> • Human Rights • Freedom of Information • Civil peace • Political stability (MoH in particular) • Foreign relations • Economic growth • Vitality of civil society <p>Eco-environmental conditions</p> <ul style="list-style-type: none"> • Water and sanitation indicators • Food availability • Health of cities • Air pollutants • Entomological indicators <p>Human development</p> <ul style="list-style-type: none"> • Child education • Women literacy • Basic human and social services to the poor

Community competence itself is summarily defined as the ability of the community to collaborate on need and problem identification, to achieve consensus on goals and priorities for action, to agree on ways and means to implement these actions, and to collaborate in their implementation(12). A number of community “capacities” are needed to express this “competence.”

The list of elements that can be considered part of community capacity is impressive, but it is not the object of this volume to be either exhaustive or prescriptive. This is an area where work is ongoing to obtain meaningful measures (see measurement section) and where we could be learning a lot more if the effort is maintained in the coming years.

What is important at this stage is that projects take steps to assess the status and change in the capacity and competence of—and with—the beneficiary community.

Two elements, included for some in the dimensions of community capacity, need to be specifically identified due to the importance they were given during our study: the cultural acceptance of the promoted changes by the community and the cohesion between the players in the local system.

Cultural acceptance of promoted changes

Whether a CS project focuses on one key health behavior (i.e., breastfeeding) or a range of elements of intervention (C/HH-IMCI, including timely referral to facilities, and support of community health worker (CHW) work in a village), acceptance of the behaviors at the individual level (decision to breastfeed), at the collective level (expecting that influential peers have adopted the behavior, or considering the behavior as a social norm), and ownership of the activities at the community level (supporting CHW work), are necessary elements to take into consideration. The association of beneficiary communities between the satisfaction of their essential needs and the benefits promoted by the project is also a key component demonstrating cultural acceptance of the intervention or its pursued benefits.

Obviously, if healthy behaviors and practices are internalized (accepted) as a cultural norm, the ability of the community to identify unhealthy practices, prioritize and promote these practices (passively first, then actively) will be increased. Cultural acceptance increases the competence of the community and directs its energies toward the beneficial practices.

Cohesion between local stakeholders

Linkages and relationships are described as essential for long-term results and for the negotiation of new roles over time. The cohesion within the community and between stakeholders is key to enabling the local negotiation that will allow a sustained impact. Its absence can wreck many efforts to build lasting community-based health programs.

To assess progress toward sustainability, it should be useful to assess the linkage between key stakeholders and their ability to negotiate, communicate, and coordinate. The development of accountability systems at the appropriate institutional levels is also central to preserving

interventions in the long run. Another important issue is the extent of community organizing. Depending on the intervention, these issues might be some of the most crucial in building sustainability in the project area.

These elements, presented as suggestions in table 4, all tend to overlap with one another. It will be up to local actors engaging in a sustainability assessment with the support of a PVO to identify the questions and evaluation approaches that are locally relevant. Current strides in improving measures of community participation and social change, which are discussed in the section of this chapter on measurement, could prove useful in enhancing the evaluation of change in this essential component.

The second component of this third dimension refers to larger environmental questions.

B. Ecological, economic, political, and policy environment

This last component refers to the higher-level environment conditions, the ecological and societal context in which communities live and activities occur. This is surely the level where a project has the least direct influence, if any. Some of the elements suggested within this component may be crucial to mark the transitional stages of the evolution of the local system. Additionally, this may be where the larger issues of development raised at the global level—as expressed in the Millennium Goals (20) or human rights conditions met by children, the Child’s Rights agenda (21;39)—meet the local focus of most CS interventions.

Four elements can be suggested for taking into account the ecological, economic, political, and policy environment element, which projects might wish to consider in their sustainability plans (see Table 4).

Policy Factors

This refers to health policies (national immunization schedule, adoption of IMCI, policies on use of anti-malaria treatment at the community level), and other policies that affect the ability to implement the elements of intervention (social policies regarding education, access to benefits and services, education, legislation on the rights of associations, local representation mechanisms, etc.).

Macroeconomic and political context

Economic growth, respect for human rights, freedom of information, civil peace, general political stability, and civil society vitality are crucial determinants of what can be achieved and what progress must be pursued to reach a more stable development stage. Projects may not have the time, resource or expertise to compile data about such elements. Development players interested in governance, civil society and sustainable development may need to be involved as partners and resources.

Eco-environmental conditions

This is another area where health programs will want to work with other partners focusing on these issues. Sustainability in health programs cannot always avoid the consideration of environmental factors, such as urbanization, waste, and entomological issues.

Indicators of human development

Woman literacy and child education can provide measures of disparity reduction and are used as summary measures of development, as found in the United Nations Development Program's (UNDP) Human Development Index (40). Indicators of progress toward the Development Millennium Goals (20) or Child's Rights agenda (21) can also inform programmers on the transitional stage of development within which a project is operating. This sets the stage for differences in expectations and rational choices in strategies.

Obviously, choices will have to be made, and no project will gather data on all these conditions. Local partnerships and situations will guide the selection of appropriate parameters to help define the transitional stages at the local level. Most projects will have some information about these indicators before starting their work, but their explicit display in an assessment framework may be a way to spread the responsibility for achieving sustainable child health around the table of actors (both national and international).

These three dimensions, with their components and elements, present the stages of progress that a local system might want to pursue and assess to achieve long-term health impact. They also provide guidance to projects. Building community competence, improving a partner's organizational capacity, increasing mutual dependency and institutional linkages, and promoting favorable policies, are all elements that might be relevant to a project intervention and that can be pursued and monitored proactively. Ideally, progress would be observed on many if not all these dimensions in a project. If the results of performance and benefits to the population were also high, the sustainability built by such a project would be high. The section on the process of the CSSA will present how the elements relevant to the local context need to be selected critically to assess the likelihood of maintenance of health gains based on the balance achieved between the three dimensions.

However, before discussing the assessment process, there are additional factors to consider, which intervene as threats to a project sustainability plan.

THREATS

Threats refer to events or situations that may occur, but on which no measured progress can be defined. It is important for projects to be as aware as possible of their danger, to develop avoidance or contingency strategies. Examples of threats on the three dimensions of the framework are suggested in table 5.

Table 5: Suggested threats to CS sustainability planning

<p>Threats on the dimension of the primary health goals:</p> <ul style="list-style-type: none">• Undesirable effects on other health services or health indicators• Cultural disconnect with PVO/local organization/culture <p>Threats on the local organizational development dimension:</p> <ul style="list-style-type: none">• Conflicts of objectives induced by the defined objectives and strategies• Exhaustion of human resources• Direct corruption practices• Creation of financial disincentives• Corruption of a local organization's mission• Threat on human resources (e.g., HIV/AIDS, violent conflict) <p>Threats in social ecological systems:</p> <ul style="list-style-type: none">• Political conflicts• Population instability and migrations• Civil unrest, political destabilization• Economic and natural disasters

The CSSA framework requires a systematic and participatory process to be more than an overwhelming list of possible objectives and become operational. We now present the CSSA process, which will guide the actors of a local system in the identification of the elements relevant to their sustainability plan and then in the evaluation questions, which will guide measurement.

THE CHILD SURVIVAL SUSTAINABILITY ASSESSMENT PROCESS

The CS Sustainability Assessment can be implemented through a six-stage process, which has already been used for sustainable development assessments at the community level (18). Stages 1 to 4 are designed to go from the general to the specific, by helping planners articulate their vision of sustainability in the local context, and from there to defining objectives and indicators in the different dimensions of the framework. Stages 5 and 6 are used to combine indicators within the specific dimensions to assess the situation, identify priorities, and make decisions. The six stages are summarized in box 7 and will now be presented one by one.

Box 7: Six stages suggested for conducting a participatory sustainability assessment of child health at the local level.

1. Define the system to be assessed and its vision and goals.
2. Identify elements/general objectives for the local system.
3. Choose indicators and performance criteria measuring progress on the determined elements.
4. Measure and map the status on the indicators combining the appropriate evaluation tools.
5. Combine the indicators and build indices as needed.
6. Review results and propose programmatic intervention (including specific project objectives) or policies.

STAGE 1—DEFINE THE SYSTEM TO BE ASSESSED AND ITS GOALS

This first stage is the most general, but it is also fundamental in the CSSA process. As in all planning and evaluation efforts, the identification of the “right” partners and stakeholders is an essential step. This is the stage where the “local system” is defined and where a common vision and common goals can be articulated.

Box 8—Q&A: Has the CSSA assessment methodology already been tested in the field?

One of the strengths of the process is that it has been used successfully with communities and local partners, through a participatory process with which most PVOs are familiar (although not in Child Survival) (18). The CSSA itself has been presented and tested to some extent with different PVOs in the field in Senegal, in Egypt and through a workshop in Mali.⁹ Although a full-scale application is pending, PVOs have already used initial assessment approaches requiring a combination of measurement tools in their Child Survival projects (41). Because the CSSA was built on the experience of a broad range of PVOs, it is not surprising that many of its features can be identified in the evaluation reports of current CS interventions (2).

A. Define the level of the assessment: Identifying the “local system”

The first step is to identify the individuals, communities, organizations, and institutional stakeholders that can be brought together as an entity with a common purpose, a “local system.” In a graphic representation, this is the circle of stakeholders that are directly involved in and with the community. Outside this circle are more distant, external influences.

One of the key issues is to define internal versus external influences. At different levels of analysis the relative weight of external versus internal influences will shift. The lower the level of the assessment (e.g., the local system of a village), the more likely it will be subject to external influences. The higher the level (e.g., the local system of the stakeholders of child health at a district, department, or regional level), the more resources will be found within the system and the more complex the issues will be. Planning and evaluating at a lower level make it easier to define a limited list of elements (general objectives) for the local system to address, but it also increases the importance of factors outside of the local system’s control.

⁹ *The workshop report can be found—in French—on www.childsurvival.com.*

Box 9—Q&A: Since the assessment requires a participatory process with local stakeholders, what happens if some of these stakeholders are “reluctant partners?” Will the evaluation plan mean anything?

Lack of cohesion between local stakeholders is certainly a factor in the sustainability of our efforts. It's another instance where assessment and action are closely linked. We must start somewhere, but a successful local process will probably attract new stakeholders.

Furthermore, the best plans and evaluation criteria that can be drawn at some point by a group of people will probably be revised because of their own maturation and increased understanding of the problems. Drawing a better plan after a period of collaboration, with more cohesive local stakeholders, better-defined objectives, and clearer indicators, probably represents some measure of progress toward sustainability. As with capacity assessment efforts, which are generally considered capacity development activities in their own rights (14), a local sustainability assessment is probably also a step toward improving child health and its maintenance.

Three criteria should be used for selecting the appropriate level of assessment: (17)

- The level that is the most useful for decisionmaking
- The level that is the most revealing for analysis
- The level that is the most practical for data collection.

The final boundaries of the “local system” and level of assessment will thus vary considerably depending on the local history and conditions. Some of the issues in defining the level of assessment are discussed briefly in the next Q&A box.

Box 10—Q&A: Which stakeholders should be brought into the assessment process as part of the “local system?” For example, should the assessment involve the health district or should it also involve its regional or central hierarchy?

It may appear desirable to recruit stakeholders at the highest possible level, limiting the weight of external influences by bringing them as “insiders” of the local system plan for sustainable health. But the question then is how much these stakeholders are going to buy into, or commit to the goals. If the project has only limited expectations of what it can achieve at the regional and central levels, it might make sense to take these levels into account as external influences to be dealt with and to build the sustainability plan at the district level. Whatever is decided, the level of assessment that is chosen should provide access to the most appropriate information and be the one used for decisionmaking.

B. Develop a vision of sustainability with all stakeholders

Different approaches can be used to articulate a vision of sustainability or sustainable health for the community. What is essential is to help local stakeholders look at the long term, beyond a project's life span—a horizon of 10 years for example. A vision needs to be ambitious and motivating, but must also give a sense of the roles and interactions that can be imagined by the local actors.

This exercise is not foreign to any PVO that has developed a project through a participatory and partnering approach. It is essential because it will set the direction for what will be included in each of the dimensions of the assessment framework.

C. Define goals that encapsulate the vision.

Stemming from the vision, goals are set for each of the three dimensions. For example:

- Primary health goals: “Improved health behaviors and knowledge, reduced under-5 mortality, and improved coverage and quality of health services in health district.”
- Capacity and viability of local organizations: “Local NGO and health district working effectively, through a concerted effort, using stable and diversified resources to promote healthy behaviors and offer essential health services in the beneficiary community.”
- Social ecological systems: “Strong, cohesive communities, organized to collaborate with available resources (NGO, district health team [DHT]) in the promotion of their own health, improving food availability and engaged in constructive relations with the local authorities.”

It is important at this stage to record how the goals have been defined and the contribution of the different stakeholders in this work. If a project intervenes in different zones and has different partners (different types of community organization or different NGOs) in each zone, a mapping of the zones, of their communities, and of the intervening partners is also important.

Box 11—Q&A: Is it necessary to have a vision as well as goals in the three dimensions? What is the difference between goals and a vision?

It is often considered helpful to start with the development of a common vision, something even more general, optimistic, and motivating than goals. Developing a vision can be a good way to start the negotiations and dialogue. From that vision, the different goals will flow naturally.

On occasion, discussions about a vision can also become too vague and theoretical. It might then be more appropriate to have different groups work on each of the three dimensions and confront their work in an iterative process. From the definition of the goals and the discussions that go with it, a vision can emerge.

It is particularly important to have broad goals in the three dimensions. They provide a direction and they suggest mechanisms and desired interactions between stakeholders over the long term. For example, is the goal for the community dimension that it complies with health messages, or is there a goal for an increased oversight or direct responsibility of the health care services? At the local organizational level, is the goal to have efficient public health services operating without PVO support, or does the goal involve a continued role for local NGOs? The definition of these goals is the first step in the local negotiation process, which takes place by creating a forum where they can be articulated.

The local dynamics and history between the partners, as well as the individual PVO’s practice with participatory planning exercises, should guide the approach.

Specific and relevant elements need to be identified in the three dimensions. These elements can be used to advance toward the vision of sustainable health once the stakeholders agree on a common vision and goals.

STAGE 2—IDENTIFY ELEMENTS AND OBJECTIVES

The selection of elements is crucial, as it determines what will be measured, and thus will direct the assessment’s conclusions. The elements (locally defined) are grouped within the core set of dimensions of the framework (common to all) and help ensure that attention is paid to all main themes.

Each dimension should be represented by a set of elements that give a sense of the condition of the dimension as a whole.

The main point at this stage is not to define specific objectives for the project, but the general objectives of the local system to advance toward sustained health. This is part of “planning for sustainability from the beginning,” and in this case it means clarifying with the local stakeholders the issues/elements that matter to attain their goals. The Child Survival project is a partner of the actors of the local system (presumably a motivating and active partner, probably a catalyst) that will find its role within the local plan for sustaining child health, but its selection of specific programmatic targets comes at the end of the six-stage sustainability assessment process.

The CSSA framework can be consulted to identify relevant elements, but the final selection will also strongly depend on local processes, expertise, and the expectations for the feasibility of measuring progress on the considered elements. Therefore, there will be iterative cycles between this and the next stage, where indicators and performance standards are defined. These iterative cycles will help set and improve the general objectives constructively, being realistic about what can be assessed. In conducting this exercise, a narrative should be kept to record how specific elements are chosen or rejected, for future reference.

Box 12: Key features of the CSSA

- The CS Sustainability Assessment framework offers a systematic approach to the selection of elements or issues, to be assessed by local stakeholders who have defined a road to sustainable health, from which specific project objectives will be identified.
- The process and the framework require—from the onset—an agreement of all local stakeholders on a system perspective of the conditions for progress toward sustainable health in the zone of intervention and guide planning based on the results of the assessment.
- As with many assessment exercises, it starts a process of critical examination, which precedes and accompanies effective planning. As projects and partners become more informed about the sustainability of their efforts, they will come to improve on the first map that the initial assessment has drawn.

STAGE 3—CHOOSE INDICATORS AND PERFORMANCE CRITERIA

As in any planning and evaluation exercise, the identification of appropriate indicators is a critical step. Once again, the important point at this stage is to determine indicators that are meaningful to the local actors and will provide useful information about progress toward sustainable health in the community. These indicators are not *yet* those of project performance. Or at least they are not *only* those of project performance. It is unreasonable to expect that a

project will be able to address all the issues that are relevant, but it is equally as unreasonable to think the project's efforts will be sustainable if they are not built within a consideration of the best understanding of the local actors. The selection of indicators of progress toward sustainable health for the local system establishes what is going to be measured by the project, and what questions are going to help it define its programmatic priorities.

A. Choose indicators

Once general objectives (elements) have been defined for the local system, indicators should be selected according to four criteria: measurability, representativity (validity), reliability, and feasibility of measurement. As few indicators as possible are needed to represent each issue.

Box 13—Q&A: Is this supposed to give all projects the same set of sustainability indicators?

The CSSA does not offer directives or ready-made indicators for project sustainability, but it supports the systematic development of a local “dashboard” toward sustainability. As specific tools are used to measure specific issues (health status, organizational capacity, community capacity, etc.), they provide elements of information that fit within a comprehensive and unified framework. Examining progress or stagnation on the different dimensions, project managers are equipped with an evaluation tool—just like a dashboard—revealing where critical actions are needed, guiding decisions and improving communication with their peers.

All projects will, with their local partners, locally define the appropriate specific issues and indicators of the sustainability assessment, but through the CSSA they can share common references (dimensions and components), which will improve dialogue and cross-learning

More work needs to be done to develop indicators for all the relevant elements a project might wish to address. For other elements, indicators exist and the question is one of choosing the most appropriate. (These measurement questions are presented in the last section of this chapter.)

B. Decide on performance criteria

Even as specific projects working with specific local systems will be selective in the identification or definition of indicators, a sustainability focus forces the consideration of a broad range of issues, which “metrics” vary considerably. It is desirable to find a way to synthesize information within dimensions, as it is to be able to compare the status in the different dimensions. The purpose of evaluation is to measure, inform, guide decisions and actions, and to support communication (accountability). An exhaustive list of indicators, measured in all three dimensions, with no information as to their relative advancement toward an ideal “sustained health of the local system” situation, would satisfy measurement needs, but provide little in terms of useable information for guidance and communication. The proposed mechanism for improving this situation is the development of performance criteria for all indicators.

Performance criteria are standards of achievement for the selected indicators. Defined performance criteria allow mapping the measured indicators on a performance scale toward sustainability. Five scale levels are suggested; from “minimal,” “emerging,” “medium,” and

“promising” to “strong” (see examples of performance criteria for different indicators in Tables 24–29).

Deciding on performance criteria for the chosen indicators and constructing a performance scale are likely to take some time and discussion, but it is an essential step. An indicator is unlikely to measure change if it cannot be described along the change continuum, which performance criteria create. Building performance criteria for a qualitative indicator is a very constructive exercise to improve the indicator and its usefulness. The scaling of indicator values through performance criteria can also prove useful for summarizing information and comparing the situation in different dimensions of the framework and research purposes.

The selection of performance criteria should be based on:

- The range of recent, current or expected performance on the indicator
- The objective of the issue concerned
- If possible, a suggested list of benchmarks (scientifically defined or consensus-based).
- Examples of indicators and performance criteria are presented in the section on measurement in this chapter.

Box 14—Q&A: What is going to be the validity of mapping indicators on a performance scale from “minimal” to “strong” advancement toward sustainability? How do we know at what level of performance an indicator has a “promising” or a “strong” performance?

We have to realize that—as a professional community—we are in early stages of really tackling the question of sustainability in a systematic and consistent manner. Evaluation and measurement are going to progress as we experiment with and refine tools. However, there are good reasons to support the use of performance criteria and to expect that they can be developed with increasing validity:

- The first argument in favor of developing performance is a negative one: If we cannot describe indicators—particularly qualitative indicators—on a continuum of change (a performance scale), how can we use them to measure change? (If they do not measure change, are they indicators at all?)
- Some performance criteria can be informed by combining science and consensus methods. For example, given the effectiveness of the measles vaccine, coverage equal to or higher than 95 percent is probably a “strong” level of performance for this indicator toward sustainability, since transmission of the virus is likely stopped at this level.
- Other performance criteria of reasonable face and content validity can be established through the experience and consensus of practitioners.
- And some will be validated and improved through operations research made possible by the common features of our evaluation approach.

STAGE 4—MEASURE AND MAP INDICATORS

As in all evaluation efforts, data must be collected and performance on the identified indicators must be measured. The scope of this sustainability assessment suggests that some measures will

be part of a baseline assessment, while others may need to be integrated progressively in the framework as the intervention starts to be implemented. For example, local partners may have been identified for which capacity-assessment indicators have been included in the framework. But the measurement and collection of these indicators may be planned for a specific capacity-assessment exercise planned during the first year of an intervention.

Box 15—Q&A: It already takes some time just to get baseline KPC survey and other initial assessments done; do we really have the time to complete such an assessment when a project needs to start?

In fact the CSSA does not necessarily add measurement requirements. While the first stages of the process could be completed in a reasonably tight time frame, it is unlikely that any project would conduct all the measurements (step 4) at the same time. More likely, specific assessments will be phased over some period, just as current CS projects use various tools of assessment (KPC, HFA, Capacity Assessment, PLA. . .) in their initial phase. However, from the onset, the CSSA process stimulates the consideration of all the dimensions that will determine sustainability and lays out how they fit within this bigger picture. Perhaps the question should be turned around: “If we don’t have the time to assess progress toward sustainable health gains more validly, are we really in a situation to make a positive contribution?”

Some measurements are already part of the assessments conducted by PVOs at the onset, midterm, or end of a project. Elements of the first dimension are addressed through a Knowledge, Practices and Coverage (KPC) survey, health facility assessment, or quality of care (client satisfaction) assessment (2;3;13;41).

Projects may also want to use measures gathered by other practitioners of development, for example elements of evaluation of the larger social and ecological system questions (human development, governance, conflict, food availability, or other relevant issues from the last dimension of the framework).

STAGE 5—COMBINE INDICATORS AND BUILD INDICES AS NEEDED

When making decisions based on information, mapping the specific status of indicators compared to the defined performance criteria is essential. Projects will want to look at these details to make decisions. (Compiling and synthesizing information can also be useful for communication and seeing the “big picture” through evaluation. Therefore, the use of performance scales can greatly facilitate the development of indices for the different components and dimensions.)¹⁰

STAGE 6—REVIEW RESULTS AND ASSESS IMPLICATIONS

The last stage of the exercise, as in all evaluation exercises, consists of reviewing the results through an iterative process of examination of the measures and the narrative for each

¹⁰ IUCN provides constructive examples of the appropriate development of synthetic indices in different dimensions of Sustainable Development (15;17;18).

dimension. From this review and analysis, decisions about actions, focus, project roles and priorities can be made.

Using this approach, a project can effectively make programmatic decisions, which are genuinely based on “planning for sustainability from the beginning.” Specific project objectives can be defined within the road map to sustainable health defined with the local stakeholders. The project’s targeted contribution is made clear and explicit, and assessing progress toward sustainability becomes a natural part of each stage of evaluation in the future of the project.

For different PVOs or NGOs intervening in the same area, conducting such an exercise at some point before designing new interventions and selecting project objectives could go a long way in coordinating activities, distributing responsibilities, and ensuring that the strategy of one organization does not work against that of another in the long run. As for ownership, this stage focuses strongly on the ownership of the local communities and stakeholders and helps keep external interventions in their proper perspective.

Box 16—Q&A: How rigid is the sequence of the CSSA process?

The six stages of the process are generally sequential but can also mean iterations between the different stages, particularly between the identification of elements/general objectives and indicators. As in any planning exercise, we must balance what we want to achieve and how we will know (measure) that we are achieving it.

MEASUREMENT TOOLS AND EXAMPLES OF INDICATORS FOR THE THREE DIMENSIONS

This volume can not presume to present an examination of all the existing and possible indicators that can be used in the three dimensions. This section will serve three purposes:

- Provide the reader with an orientation to the main types of resources available to CS projects to measure conditions in the three dimensions of the CSSA framework, whether indicators are available “off the shelf” or through processes for which guidelines exist, for example on capacity and social change;
- Discuss the specific difficulty in using assessment tools for monitoring and evaluation purposes;
- Present illustrative examples of various types of indicators that can be developed or extracted from existing tools and their representation on a performance scale.

EXISTING TOOLS AND INSTRUMENTS

Annexes 1–3 present an overview of M&E/assessment instruments used to assess different components and dimensions, with Internet links to documents and resources whenever possible. Some indicators are standardized and shared widely, while others are developed ad hoc through assessment guidelines and recommendations. Many issues still need reliable and practical indicators.

Even when tools are available, one of the frequently encountered issues, (this is particularly the case for capacity assessment tools (14;34)) is the focus on assessment instead of monitoring and evaluation. Some assessment tools are very descriptive. By having a comprehensive list of questions about organizational capacity, for example, they provide many helpful data for an organization trying to progress and develop itself. They are, in many ways, organizational problem-solving and organizational development-planning tools. But because managers and evaluators need to work with a limited number of indicators to avoid being overwhelmed by information, a specific list of easily measurable indicators on progress between transitional stages is also needed.

When evaluating progress toward sustainability, not all elements that are *descriptive* of a process (improving conditions) are needed to *predict* the outcome of the process (sustainable child health). This is a constant feature in evaluation models (42). Empirical and heuristic efforts will be needed to sort through what is relevant, what is measurable, and what truly has predictive value in any of the assessment dimensions. Using a systematic assessment framework does not answer all these questions. The questions remain incompletely articulated and methodologically very difficult to explore until we start using a systematic and coherent approach.

We present and discuss briefly some of the existing tools and guidelines.

A. Primary health goals dimension

The KPC survey (13) is the most commonly used instrument of measure of health outcomes (or proxies) in the PVO community. It provides quantitative indicators of knowledge, practices, and coverage and is accompanied by guidelines for exploring qualitative questions. Through the work of CORE's M&E Working Group and CSTS, it now includes a subset of 13 (Rapid CATCH) indicators, which projects have been asked to include in their surveys.

Various quality assessment and health facility assessment tools are available to examine the component of evaluation of "health and social services approach and quality." Once again, many of these tools are more for diagnostic (assessment) purposes than for monitoring and evaluation. Some elements, for example equity in the distribution of services or the appropriateness of technologies and services, vitally lack accessible measures.

B. Local organizational dimension

The MEASURE project conducted a recent review of the measurement of capacity building in the health sector (9;34). It emphasizes multidimensionality and nonlinearity; it also offers a useful framework for addressing capacity through a system's approach and guidelines for the development of indicators are expected to follow. It also points out that the nature of the relationship between capacity and performance is not totally elucidated, thus reinforcing the nonlinearity and unpredictability of sustainability planning that we have described (see background document).

Capacity is a central piece of the CSSA at three levels: individual (often to build service performance and quality), organizational (in public or private organizations) and community. Community capacity is addressed by the third dimension of the CSSA framework.

In terms of organizational capacity, there are now many assessment tools adapted to the health sector and to the context of developing countries, most of them based on self-assessment approaches. Many are referenced in annex 2, although it certainly does not claim to be exhaustive. Many organizational assessment tools are developed ad hoc, or developed and used within particular organizations. (Many of the tools presented here also suggest that users adapt them to specific organizational needs ad hoc.)

Capacity assessment is a multidimensional issue. Most tools present a range of elements each assessed by different questions. Some tools have criteria for these different elements, which define organizations as nascent, emerging, expanding, or mature (43;44). This fits nicely with the idea of performance criteria suggested for the CSSA. Change can be measured by establishing progress from one level to the next. The OCAT (Organizational Capacity Assessment Tool (43)) for example, provides a relationship between scores on “components”¹¹ of capacity and stages in organizational development.

Other tools (for example the Institutional Strengths Assessment (ISA) Tool developed by CSTS (33)) examine each dimension with a series of questions representing standards of excellence, scored on a scale. Change can be measured by a change in score over time, with some measurement complexities induced by the self-assessment process. Once again, these are usually assessment, much more than M&E tools (34).

The background document on the CORE–CSTS Sustainability Initiative explained how the concepts of organizational capacity, viability, and performance overlap and are variously related depending on the publication. We have chosen to define *organizational capacity* as the underlying set of organizational functions that allows the delivery of services and activities by an organization, in order to achieve its objectives. We consider *organizational viability* the status of this organization’s dependence vis-à-vis its external environment. This choice is guided principally by the fact that different programmatic responses are given in practice, whether projects try to improve the capacity of a local partner, or its viability.

Organizational assessment tools frequently include questions about financial viability, or financial sustainability. Tools such as the organizational capacity assessment (OCAT) (43) include the dimensions “External Relations” and “Sustainability,” which look both at the financial viability and organizational connectedness issues of our framework. Both financial and nonfinancial viability questions will, however, still require more work before satisfactory indicators and measurement tools are widely available.

¹¹ Language will vary with tools. Dimensions, components, elements or issues, and subelements are the terms we have used for the CSSA. Different tools will use these terms in a different hierarchy, but the logic remains of a range of questions assessing elements, which together represent the core functions of an organization (or community) or the subsets of core functions.

C. Community and social ecological systems dimension

Concepts can be operationalized differently, according to the original theoretical premises they are based on. This is the case for issues such as social capital, community capacity, vitality of civil society, social cohesion, empowerment, collective efficacy, or community competence. At this stage, the key issue remains the lack of measures for many of these elements. In terms of community capacity, for the self-assessment of the CORE–CSTS Sustainability Initiative (see Background document), we used evaluation questions based on expert consultation and recommendations. Work is ongoing among PVOs and other practitioners to better measure community capacity and measure change in community processes. Some examples follow:

- Tables 10 and 11 provide example of Save the Children’s evaluation of community participation and functionality of health committees in Mali, based on the Rifkin model (45).
- World Vision (WV)¹², has developed and tested transformational development indicators in 21 countries where it intervenes. WV’s tool proposes a systematic approach to measuring elements such as “social sustainability,” “community participation,” “caring for others,” and the “emergence of hope” in communities. These elements are very close to the elements of community capacity found in the third dimension of the CSSA framework. The tool describes stages of progress, much like our proposed performance criteria. It comes with very detailed guidance for establishing the level of any indicator based on the frequently qualitative data collected. Tables 12 and 13 provide the list of elements included among the transformational development indicators, as well as a complete table of indicators and performance criteria for the element of “social sustainability.”
- Johns Hopkins University’s Center for Communication Programs has developed a “Model for Measuring the Process and Its Outcomes in Communication for Social Change” interventions. It will provide guidelines and tools for the development of indicators of social change and community capacity.¹³

Some social ecological and global environment indicators, such as the UNDP Human Development Index (40), indicators of progress toward the Development Millennium Goals (20), or the Child’s Rights agenda (21), can be relevant for CS projects to map the local system’s situation within a larger context. Other indicators are needed for governance, democracy, and the policy issues relevant in the local context.

For this type of indicators, CS projects are not going to conduct assessment themselves, but rather work with their partners in development and decide on a few relevant elements where information is being collected by other actors.

For all measures, but particularly in the second and third dimensions, time, experimentation, and empirical studies will be needed to develop, improve, and validate tools to shorten the list of

¹² *Unpublished work, presented during the 2002 CORE Spring Meeting Session on Capacity Building*

¹³ *Publication pending (59).*

questions to be examined and select the most meaningful and accessible measures. There is a dual need: Fieldwork is needed to improve the measurement tools, while these tools are needed in turn to inform field program design.

Box 17—Q&A: Why do we measure?

It is said that we only manage what we measure. We certainly manage better when we are able to properly monitor and evaluate. Society can only support—fund—what we can manage with some measure of success. If we want support for PVO efforts impacting the long-term well-being of children, we need to better measure what we value.

There is a dual need: Fieldwork is needed to improve the measurement tools, while these tools are needed in turn to inform field program design.

ILLUSTRATIVE EXAMPLES OF INDICATORS AND PERFORMANCE CRITERIA

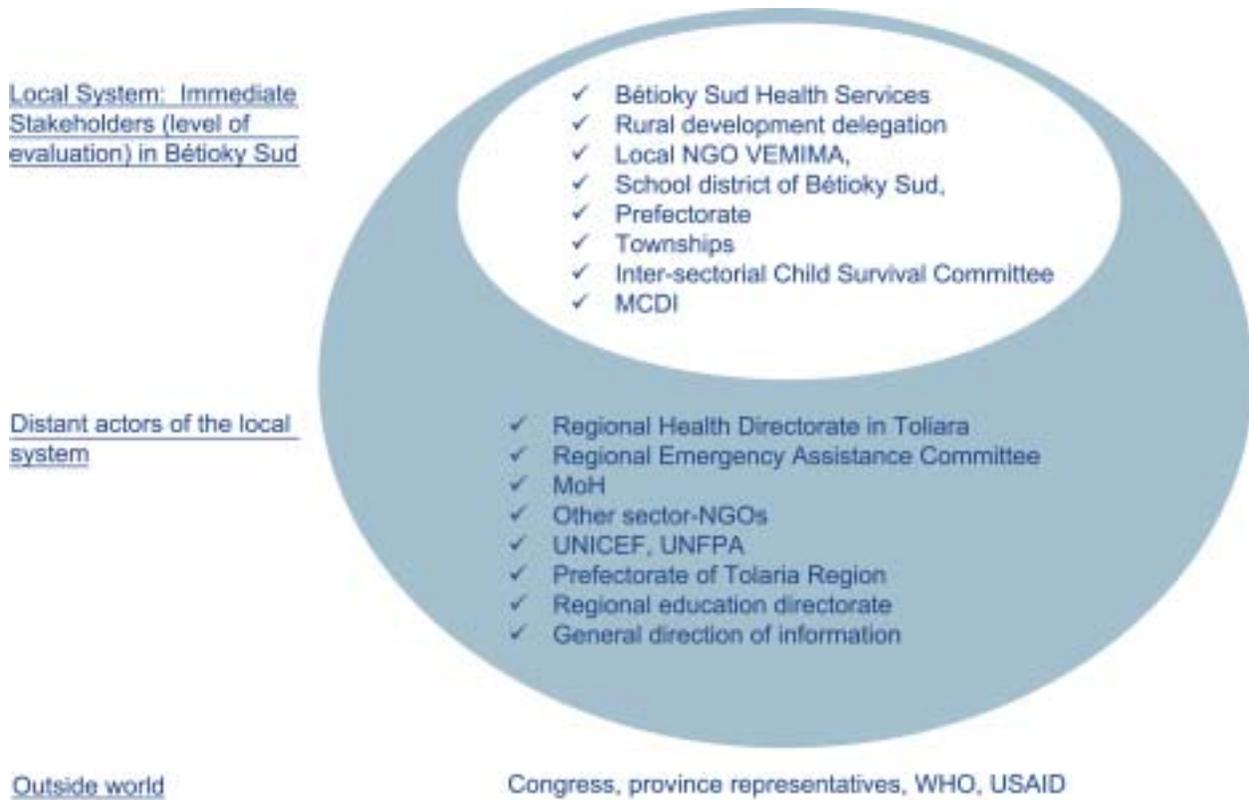
This section provides a few examples of some indicators and their potential use within the CSSA framework. Before presenting these examples, a word of caution is indicated.

Once again, only a local process involving communities and stakeholders—among which a CS project should make a substantive contribution—can clarify the issues determining the long-term of child health. Data collection activities are guided by the goals and issues identified for the local system as well as the practical consideration of what can be measured with some validity. The following examples are not a comprehensive “case study,” but simply illustrations of possible indicators and performance criteria for various elements (or subelements) in the three dimensions of the framework. Performance criteria actually need to be defined through reference to existing science, or at least through consensus. Finally, examples based on specific assessment tools should not be used without consulting the guidelines and directions of the tools themselves. A list of qualitative indicators, described along different stages of progress (performance criteria) does not summarize the process and methods that give validity to specific assessment tools.

A. Defining a local system and its goals

The first illustration is based on a group exercise conducted during the Bamako workshop on sustainability planning and evaluation (19). Actors of the “local system” are identified and define the level of evaluation. At the next level are “remote actors” having contacts with and influence on the local system. Finally, members of the “outside world” are also identified. A vision statement is proposed and translated into three goals for each of the dimensions of the CSSA framework. First general objectives (elements) are defined accordingly.

Figure 4: Local system of Bétioky Sud Child Survival Sustainability Assessment¹⁴



¹⁴ Personal translation of group work with MCDI Madagascar project (19).

Table 6: Vision, goals, and first elements of Bétioky Sud Child Survival Sustainability Assessment

Vision of the local system	“Children of Bétioky Sud are healthy and reach their fifth birthday through the perpetuation of their community and their mothers’ knowledge and practices from generation to generation; through access for all children to acceptable health care delivery, and through the accountability of local authorities, communities, and families. This allows women to take part in local development more effectively and appropriate education opportunities for children.”		
	Health and services dimension	Local organizational dimension	Community and social dimension
Goals	Improve the health of children under five through effective immunization, breastfeeding, control of diarrheal diseases, and birth spacing.	Improve the organizational capacity of the local NGO VEMIMA in order to be a competent and effective child health promotion structure.	Strengthen community competence and organization and create a positive environment where the community can thrive and be autonomous in its administration, decisionmaking, and good governance in supporting child health.
General objectives of the local system	<ul style="list-style-type: none"> ✓ Increase the use of services ✓ Improve children’s access to quality health care ✓ Improve healthy behaviors 	<ul style="list-style-type: none"> ✓ Improve technical capacity of VEMIMA in child health promotion ✓ Improve VEMIMA organizational capacity to manage itself, including leadership development ✓ Improve VEMIMA’s autonomy in accessing financial resources 	<ul style="list-style-type: none"> ✓ Improve community participation in health care administration ✓ Develop mutual support relationships between the population and community structures ✓ Strengthen community management and decisionmaking structures

In actual practice, a project would work with its partners to improve these general objectives and identify measurable indicators. Then would come the time to assess the status of these indicators and determine the contribution of the project through specific measurable objectives. There is obviously a large amount of overlap and flexibility between these different stages.

B. Examples of indicators and performance criteria

The following are examples of different types of indicators (quantitative or qualitative, simple or composite) in the three dimensions of the CSSA.

Table 7: Illustrative performance criteria on an indicator in Dimension 1 of the CSSA: Measles immunization coverage

Performance scale	Performance criteria for indicator: Measles immunization coverage
Strong	95-100%
Promising	85-94%
Medium	65-84%
Emerging	40-64%
Minimal	0-40%

Table 8: Illustrative performance criteria on an indicator in Dimension 1 of the CSSA: Quality (continuity/availability) of maternal health services in health facilities¹⁵

Performance scale	Performance criteria for indicator: Quality of maternal health services in health facilities Indicator = Score on 6-point scale 0 pt: not offered 1 pt: offers antenatal care 1 pt: offers recognition and appropriate management of high risk pregnancies 1 pt: offers routine delivery 1 pt: offers appropriate management of complicated deliveries 1 pt: offers postpartum care 1 pt: offers neonatal care
Strong	6 pts
Promising	5 pts
Medium	3-4 pts
Emerging	2 pts
Minimal	0-1 pts

¹⁵ Adapted from USAID/Yemen, in TIPS (<http://www.dec.org/evals.cfm#1>).

Table 9: Illustrative performance criteria on an indicator in Dimension 2 of the CSSA: Financial viability of the community development association¹⁶

Performance scale	Performance criteria for indicator: Financial viability of the community development association
Strong	Funding sources: <ul style="list-style-type: none"> • PVO < 25 % • (Government + other external donors) > 20% & < 60% • Member fees > 10% AND defined minimum revenue of \$___ from fees • Income-generating activities > 25%
Promising	Funding sources: <ul style="list-style-type: none"> • PVO < 50 % • (Government + other external donors) > 20% • Member fees > 10% AND defined minimum revenue of \$___ from fees • Income-generating activities > 20%
Medium	Funding sources: <ul style="list-style-type: none"> • PVO < 75 % • (Government + other external donors) > 10% • Member fees > 5% AND defined minimum revenue of \$___ from fees • Income-generating activities > 10%
Emerging	Funding sources: <ul style="list-style-type: none"> • PVO < 100% • (Government + other external donors) > 0% • Member fees + income-generating activities > 0%
Minimal	Funding sources: <ul style="list-style-type: none"> • Single source: 100%

¹⁶ Adapted from the work of local community development association partners of the Living University (Save the Children, El-Mina, Egypt)

Table 10: Illustrative performance criteria on indicators in Dimension 2 of the CSSA: Indicators of Community Health Committee (CHC) capacity and viability¹⁷

Performance criteria for indicators of Community Health Committees' capacity and viability					
Performance scale	<i>Needs Assessment</i>	<i>Leadership</i>	<i>Organization</i>	<i>Resource Mobilization</i>	<i>Management</i>
Strong	Communities ask for CHC and determine the health areas; assembly, board, VHC, or community members help assess health needs.	CHC board elected by assembly and includes women and several strong leaders; meets regularly; effectively represents all member communities; shares information with communities.	CHC board functions effectively to resolve problems related to CHC establishment and function; all member communities participate in establishment of CHC.	Community finds creative ways to secure resources to establish and support the CHC; all communities purchase tickets to establish the CHC.	CHC board manages the CHC with confidence; board members actively participate in supervision visits; CHC can cover its costs, and supplies and medications are in constant supply.
Promising					
Medium	MoH, in consultation with community members, determines need for CHC and makeup of the health area.	Attendance at CHC board meetings is irregular; CHC board experiences difficulties in motivating constituents and making decisions depends too much on one person to lead.	CHC board makes plans with assistance from MoH and others; board needs guidance from others to help with organization of CHC.	Community hesitant to purchase tickets; communities slow to mobilize the resources to establish a CHC.	MoH very involved in CHC management; CHC board takes part but does not really understand supervisory visits; board members' management skills need strengthening.
Emerging					
Minimal	MoH (or external agent) determines the need for a CHC in a particular area; MoH determines health area.	CHC board formed but inactive; decisions/ actions taken only when MOH/CHC insists.	CHC lacks organizational skills, cannot generate support for CHC among constituents, needs constant support and encouragement from MoH and others.	Community cannot mobilize the resources to establish a CHC; purchase of tickets is low.	MoH manages health care facility.

¹⁷ Based on Rifkin (45) and Save the Children USA, Mali office.

Table 11: Illustrative performance criteria on indicators in Dimension 3 of the CSSA: Community participation in CHCs

	Performance criteria for indicators of community capacity in five areas				
Performance scale	<i>Needs Assessment</i>	<i>Leadership</i>	<i>Organization</i>	<i>Resource Mobilization</i>	<i>Management</i>
Strong	Communities determine clinic location, elect representatives. Representatives help define services.	Community representative bodies make important policy decisions about the facility and the services.	Community representative bodies successfully organize for the construction/ renovation of CHC with little or no assistance from MoH.	Community completely supports the CHC through fees for services.	Community representatives manage the CHC with confidence; personnel are supervised; income monitored; supplies reordered in a timely fashion; community satisfaction is monitored. Regular contact with chief medical officer to discuss health care provision.
Promising					
Medium	MoH, in consultation with community members, determines location of clinic and services provided.	Some decisionmaking is decentralized, but still no significant community input.	Communities sometimes asked to help mobilize vaccination days or to contribute to clinic maintenance; community participation not significant.	Community purchases such things as vaccination and GM cards, but no fee for services.	Partial community involvement in CHC management.
Emerging					
Minimal	MoH decides where clinics are located and what services will be provided.	Centrally located health officials make decisions for the clinic and control almost all aspects of service delivery. No community input.	Health services organized by clinic staff with little or no consultation with communities.	Community contributes no resources related to PHC; PHC completely supported by MoH.	Health facilities managed by MoH alone.

Table 12: Selected elements from World Vision’s Transformational Development Indicators¹⁸

Title	Indicator	Definition	Source	Measurement process
Poorest households	Proportion of <i>poorest households</i> [in program]	<i>Poorest households</i> means those households identified to be the most socially and/or economically disadvantaged within a community.	Primary data from wealth-ranking exercises	Primary data: Series of wealth-ranking exercises involving community leaders and community members from sample communities.
Community participation	<i>Communities’ participation</i> in development	<i>Communities’ participation</i> means that men, women and youths perceive they actively participate in all aspects of their development, with particular focus on program planning, implementation, monitoring and evaluation.	Primary data from focus group discussions.	Primary data: Guided focus group discussions with men, women, boys and girls. Information analyzed and indexed by a rating committee using specific rating guidelines.
Social Sustainability	<i>Social sustainability</i> of long-term development	<i>Social sustainability</i> is defined as the capacity within local community organizations to sustain the long-term viability and impact of development processes. This capacity is focused on how conditions for social sustainability are created through the character, functioning, resource mobilization, and networking skills of community organizations.	Secondary data from document review, primary data from focus group discussions	Secondary data: Review of documents from ADPs and community organizations. Primary data: Guided focus group discussions with office-bearers of community organizations. Information analyzed and indexed by a consultant using specific rating guidelines.
Caring for others	Communities’ <i>care for themselves and others</i>	<i>Care for others</i> means that men, women, and youths perceive they care for themselves and others. <i>Care for others</i> is defined by dimensions of use of community resources, gender relations, protection of children, well-being of vulnerable persons, and conflict prevention/resolution.	Primary data from focus group discussions	Primary data: Guided focus group discussions with men, women, boys, and girls. Information analysed and indexed by a rating committee using specific rating guidelines.
Emergence of hope	Communities’ <i>emergence of hope</i> in their future	<i>Emergence of hope</i> means that men, women, and youths perceive and demonstrate hope in their future. Dimensions of this <i>emergence of hope</i> include peoples’ perceptions of the past and the present, attitude toward the future, self-esteem, and spirituality.	Primary data from focus group discussions	Primary data: Guided focus group discussions with men, women, boys, and girls. Information analyzed and indexed by a rating committee using specific rating guidelines.

¹⁸ Used with permission. Other elements are included in World Vision’s tool (e.g., specific mother and child health indicators; HIV/AIDS indicators; and faith-based, organization-specific program indicators).

Table 13: Selected elements of the scorecard matrix for Social Sustainability from World Vision’s Transformational Development Indicators¹⁹ (Indicators in Dimension 2 of the CSSA: Capacity, financial, and nonfinancial viability of CBOs)

Theme	Topic	None (Score = 0)	Low (Score = 1)	Medium (Score = 2)	High (Score = 3)
Functioning of community organizations	Management of the organization	Roles and responsibilities in the organization are not clear. There are no agreed-upon processes for selecting office-bearers. No (or very few) financial procedures and records exist, or they are very poorly maintained.	There is some delineation of roles and responsibilities in the organization. Leaders appoint office-bearers, who are aware of their area of responsibility, but this is not clearly spelled out. Financial procedures and records exist but are not well observed or maintained.	Roles and responsibilities in the organization are clear. There are procedures for selecting and changing office-bearers, who are aware of their specific responsibilities. Basic financial procedures and records are observed and maintained.	Roles and responsibilities in the organization are clear and well developed. Job descriptions exist for office-bearers, who are selected through clear and transparent procedures. Financial procedures and records are well developed, observed, and maintained with good checks and balances in place.
	Organization-al meetings	Organizational meetings are not regularly held. Attendance at meetings is poor, and participation is very limited. Meetings are used to inform members of decisions already made. There are no minutes and no followup or planning of meetings.	Meetings are usually held on a regular basis. A significant proportion of members attend meetings, but only a few participate. The purpose of the meeting is normally to communicate information to members and sometimes to seek input so that the leaders can make decisions. Minutes are not normally taken. Followup and planning of meetings is poor.	Meetings are always held on a regular basis. The agenda is usually prepared ahead of time by the leaders. Most members attend and participate in the meetings. Meetings involve both information sharing and discussion of issues to influence decisionmaking. Minutes are kept.	Meetings are always held on a regular basis. The agenda is prepared ahead of time by the leaders, with input from members. Most members attend and participate actively. Leaders facilitate discussions so that joint decisions can be made. Minutes are kept and are available to members. Decisions and agreed-upon actions are followed up on.

¹⁹ Used with permission.

Table 13: (Continued)

Theme	Topic	None (Score = 0)	Low (Score = 1)	Medium (Score = 2)	High (Score = 3)
Networking and resource mobilization	External linkages	Very limited and weak relationships with local government and nongovernmental agencies. The organization is not recognized by or registered with the government. Leaders do not approach the government and other agencies.	Informal, irregular relationships and networks with local government and nongovernmental agencies. The organization is not legally registered but may be recognized by local government. Occasionally government and nongovernmental agencies are approached for specific services.	Regular relationships and networks with local government and/or nongovernmental agencies. The organization may be in the process of legal registration with the government. Several examples of interaction with other agencies (GOs, NGOs, private sector, etc.) and utilization of their services.	Formal, regular relationships and networks with local government and nongovernmental agencies. Organization is legally registered and may have agreements with other agencies. They have actively approached local government and/or mobilized members for collective action on specific issues. May network with other agencies on local/national policy issues and/or have members elected in local government bodies.
	Resource mobilization	Total dependence on WV (or other external agency) for resources. All resources come from one external source. No resources mobilized from community or other agencies.	High degree of dependence on WV for resources. Have mobilized some community resources for a few programs.	Some dependence on WV. Consistently mobilized community and internal resources for most programs. Have accessed some resources from government or other agencies (or are in the process of doing so). Have undertaken a few initiatives without the support of WV resources.	Organizations have a diverse and sound resource base, with long-term plans for resource mobilization and management. Besides mobilizing community and other internal resources, they regularly tap resources from other agencies. They operate their own community development funds and have undertaken several initiatives without the support of WV resources.

Table 14: Illustrative performance criteria on indicators in Dimension 3 of the CSSA: Functionality of VHCs (Village Health Committees)

Performance scale	Performance criteria for indicator of VHC functionality Composite indicator: 12 criteria in three categories Representation 1. VHC has recognized governing body, accessible to community members. 2. Women are actively represented in VHC. 3. Marginal groups in the community are actively represented in VHC. 4. VHC has verifiable procedures for membership renewal. Operation 5. VHC meets monthly. 6. VHC has clear role for financial monitoring and control systems. 7. Financial records are clear and acceptable for audit purposes. 8. VHC collects appropriate funds for basic operations. Mobilization 9. VHC bases decisions on available health information. 10. VHC has intervened (corrected problem/launched initiatives/referred to appropriate support structure) at the village level. 11. VHC has identified and intervened on performance issues (financial management, HIS data reporting) of individual CHWs. 12. VHC is communicating effectively with health authorities.
Strong	At least 10 out of 12 criteria assessed positively.
Promising	At least two criteria in each of the three categories (Representation, Operation, Mobilization) assessed positively, AND at least nine characteristics out of 12 assessed positively.
Medium	At least seven criteria out of 12 assessed positively.
Emerging	Four to six criteria out of 12 assessed positively.
Minimal	Three or less out of 12 criteria assessed positively.

C. Examples of threat analysis

Our last example was developed during the Bamako workshop. The project and local NGO partner have identified threats to their sustainability plan in the three dimensions and have started identifying preventive and contingency measures.

Table 15: Threat analysis for a project and local NGO partner²⁰ in the three dimensions of the CSSA

	Threats	Prevention steps	Possible contingency
1	<ul style="list-style-type: none"> ✓ Staff instability <ul style="list-style-type: none"> - absence of institutional counterpart - threat to the training plan ✓ Epidemics 	<ul style="list-style-type: none"> ✓ Advocacy with the administration for an improvement to human resources management ✓ Close documentation of activities ✓ Develop contingency plan for emergency epidemics intervention 	<ul style="list-style-type: none"> ✓ New negotiations, ✓ Training of new staff ✓ Collaboration in emergency interventions
2	<ul style="list-style-type: none"> ✓ Staff changes in local NGO partner VEMIMA (loss of vision and motivation) ✓ Loss of mutual trust due to management problems 	<ul style="list-style-type: none"> ✓ Develop plan for recruitment and maintenance of NGO staff ✓ Develop internal training plan for new NGO staff ✓ Develop and implement internal and external supervision, as well as audit plan 	<ul style="list-style-type: none"> ✓ New negotiations ✓ NGO reorganization
3	<ul style="list-style-type: none"> ✓ Sociopolitical conflict ✓ Severe economic crisis ✓ Famine ✓ Leadership conflict 	<ul style="list-style-type: none"> ✓ Strengthen social cohesion through project approach ✓ Neutrality of local NGO, project, and health workers 	<ul style="list-style-type: none"> ✓ Collaboration in emergency interventions ✓ New negotiations of role

²⁰ Personal translation of group work with MCDI Madagascar project (19).

DISCUSSION: POTENTIAL OF THE CSSA AS A TOOL

The previous chapter's discussion of measurement questions mentioned some of the concurrent advances made in public health in evaluation of capacity and social changes. In this section, we discuss briefly how the approach of the CSSA compares with other assessment trends in the related fields of management and Sustainable Development. Based on first responses from PVO exposure and experimentation with the tool, we will then discuss the strengths and weaknesses of the CSSA methodology.

RELATIONSHIP TO CURRENT THINKING ACROSS DISCIPLINES

Observing that sustainability is a problem with many USAID projects, Russell (46) makes the point that a focus on sustainability requires a “reorientation of development priorities and approaches.” Two elements of “reorientation” suggested by the CSSA methodology, and which we also observe taking place in other areas of evaluation, are the following:

- A local system approach to planning and evaluation, where projects become contributors to higher level goals defined, as much as possible, by local stakeholders. If “old projects” worked *for* and *instead of* local stakeholders, and more “participatory” projects work *with* the local stakeholders, projects contributing to sustainability should work *inside* a local system's vision.
- A nonlinear approach to planning and evaluation. The CSSA framework represents more of a “dashboard” than a linear input-process-output-outcome model. As figure 7 suggests, the large part of the responsibility for effective sustained health impact is in the hands of the local stakeholders, and a project's responsibility is to make its contribution where it is going to maximize the prospect of sustainability.

SYSTEM THINKING AND MULTIDIMENSIONAL MODELS IN SUSTAINABLE DEVELOPMENT

The field of Sustainable Development has developed some experience with both systems thinking and “dashboard” models of evaluation.

In fact, the Child Survival community faces the same complexity and meaninglessness of indicators identified outside of a relevant conceptual framework that practitioners of Sustainable Development had to face before us (47). Both fields are faced with the double constraint of having to limit the number of indicators used for program management and having to manage—hence measure—complex, challenging, and multidimensional efforts. To represent this multidimensionality, practitioners of sustainable development have moved to system assessments based on dashboards, pyramids, and other geometric shapes, where dimensions and elements are not linearly related (18;47-49). The World Bank considers the relevance of interdependent dimensions (macroeconomic, financial, structural, social, and human) to build accountability toward “equitable Sustainable Development” (50).

Box 18: Bellagio principles

Following the call of the 1987 World Commission on Environment and Development (Brundtland Commission) (51) and of Agenda 21 of the 1992 Earth Summit, the Rockefeller Foundation convened in 1996 an international group of measurement experts from five continents in Bellagio, Italy, to develop guidelines for the practical assessment of progress toward Sustainable Development (1).

Even though Child Survival provides a specific focus to our sustainability approach, the Bellagio Principles provide useful standards for our own effort at measuring progress toward sustainability in Child Survival. The principles address 10 critical issues (guiding vision and goals, holistic perspective, essential elements, adequate scope, practical focus, openness, effective communication, broad participation, ongoing assessment, and institutional capacity).²¹

BUSINESS MANAGEMENT

A move away from excessively linear models is also sometimes observed in business management. Leaders in management have discovered that the long-term “health” of their organizations (which we may parallel with our concern for sustainability for the sake of illustration) cannot be ensured by strictly monitoring their business’s “bottom line” (for us the effectiveness of our activities). The Balanced Scorecard (16) offers a nonlinear, multidimensional model of information management, which some advocate as a tool for long-term organizational stability and growth. The Balanced Scorecard idea is to focus business planners on these nonlinearly related dimensions, which determine—through nonelucidated interactions—a long-term outcome: a growing and healthy organization.

Additionally, other management authors applying complexity theory to business management voice that “a lot of long-range planning doesn’t make sense” (52). This comment echoes some of the sense of unpredictability that came from our study.²² The suggested response to complexity and the limitation it places on long-term plans is to develop “attractors,” or conditions around which “complex patterns can organize themselves.” This is similar to the Scorecard thinking. It also corresponds to our analysis of conditions improved by projects (in health outcomes, organizational capacity and social ecological systems) to allow local negotiations—the organization of complex local patterns—which will lead to sustained health impact.

Box 19: Management and developing “attractors” of long-term results

One of the business management responses to complexity and the limitation it places on long-term plans is to develop “attractors,” or conditions around which “complex patterns can organize themselves.” This is similar to our analysis of “conditions” improved by projects (in health outcomes, organizational capacity and social ecological systems) that allow local negotiations—the organization of complex local patterns—which will lead to sustained health impact (52).

Comparisons across disciplines have intrinsic limitations. The parallels between our proposed approach and what we have just described in two related disciplines should encourage us,

²¹ For more details on the Bellagio Principles, go to <http://iisd1.iisd.ca/measure/bellagio1.htm>

²² See background document.

however, to be open and let our evaluation approaches evolve in a direction challenging project design and management in view of a greater and longer-term impact on child health.

STRENGTHS AND WEAKNESSES OF THE CSSA

Some strengths and weaknesses of the assessment approach of the CSSA can be identified. Box 20 discusses some of the first responses to the CSSA from PVO Child Survival practitioners.

Box 20: First responses from PVO Child Survival practitioners

The CSSA has been presented to PVO staffs on different occasions, including in the field. A workshop report is available from the first training on planning for sustainability using the CSSA conducted in Mali in November 2001 (19).

- One of the concerns expressed is related to the need to simplify the approach to sustainability, usually accompanied with recommendations that sustainability planning focuses on one specific element depending on the commentator's experience and specific concerns (such as institutionalization, capacity, and financial viability). But overall, the dimensions of the evaluation and their content have generally been well recognized by those who have been introduced to the framework.

This goes back to the original motivation for the Sustainability Initiative, the fragmentation of models. As it stands, the CSSA allows focusing on financial viability issues, institutionalization, ownership at the community level, or the quality-demand equation of service delivery, depending on the situation. But it forces planners to think systematically and integrate evaluation plans. It can also help evaluators look for critical gaps in a sustainability strategy.

- The process suggested—strongly participatory—reflects an approach favored in the field.

The natural linkage with community development created by the tool has received very positive comments and raised questions about linkages with the Community and Household component of the Integrated Management of Childhood Illness (C/HH-IMCI) framework, on which PVOs and CORE have also been working over the past couple of years (32).

- The remaining measurement issues were discussed in the previous chapter, but they are obviously the next critical challenge that will be faced.
- Some discussions have taken place on the difficulty of thinking in terms of a local system from the onset of a project.

These discussions also recognize, however, that until system thinking starts at the local level, very little can be promised in terms of sustainability. But the difficulty is not to be dismissed. It is in fact inherent to any development work. As is so often the case—the CSSA, as an approach to sustainability *evaluation*, is already an *activity* that can help bring the local forces together.

- Other discussions have to do with the components and elements of the framework and their labels.

We have already spoken to distinctions between organizational capacity and viability. Other concepts are mutually inclusive or overlapping, for example, social capital, community capacity, community organizational capacity, vitality of civil society, and social cohesion.

This really points to the importance of always clarifying the language we use. In the case of the framework, we have grouped dimensions, components, and elements in a way that makes sense in terms of objectives to be pursued and which can be translated into coherent programmatic approaches with local stakeholders.

STRENGTHS OF THE TOOL

The elements of participation, the definition of questions with and the sharing of data with all citizens and stakeholders, is central to the CSSA process. It offers a sustainability-focused, locally driven, participatory action planning process. Assumptions as the criteria of evaluation and the selection of the stakeholders who will “sit around the table” are defined explicitly as in all participatory evaluation exercises.

- ❖ The CSSA process is a sustainability-focused, locally driven, participatory evaluation and action planning tool for improving and maintaining child health.

The approach proposed by the CSSA is not prescriptive about the tools and methods that need to be used at each stage. For example, the work on vision building can make appropriate use of appreciative inquiry and is already used by a number of organizations. Other evaluation tools (knowledge, practice, and coverage surveys [KPC], health facility assessments, organizational capacity assessments, and participatory learning and action [PLA] formative evaluations) can be used at the appropriate level to describe the local conditions as needed.

The CSSA genuinely offers to plan for sustainability “from the start” by a systematic assessment conducted before selecting specific objectives and distributing roles between project and local players. The approach is systematic, through a hierarchy of elements from which objectives and indicators of progress toward the desired performance/conditions can be selected or defined.

The CSSA encourages critical thinking through an iterative six-stage cycle, the possibility of a complementary use of narrative, mapping, and measurements that can be revisited and improved. The narrative is a central part of the assessment. Indicators are just flags, but the narrative describes the assumptions, choices, and context. When the time comes to review progress and question the importance of achieved and missed objectives, the narrative is the source for understanding what the specific indicators and measures are meant to refer to. Various forms of mapping activities can be imagined to reinforce the narrative: organizational mapping, health system mapping, village mapping. Partnership diagrams may also be helpful.

Two characteristics of the CSSA can improve communication and understanding about sustainability between different projects and institutions:

- As dimensions and major components are shared, a common language can develop, making cross-learning easier.
- The use of performance criteria for indicators within the same dimensions and components has the potential to facilitate the development of indexes, which in turn help synthesize and communicate complex information.

Finally, the tool can improve with time, as projects with strong experience in a given area will contribute more robust indicators and performance criteria while benefiting from the work of others where they have less experience.

CHALLENGES AND NEEDED REFINEMENTS

A number of challenges can be identified from the onset:

- A general need to identify indicators and define performance criteria in the different dimensions,
- A shift in evaluation approach from traditional project evaluation to system assessment.

A. General need for indicators and performance criteria

While the CSSA organizes measures across different dimensions, it does not resolve the difficulty in finding validated measures for each element. Some of these elements already have clearly defined indicators. This is the case for indicators of health outcomes or their proxies (e.g., immunization coverage). Other issues do not have readily available standardized indicators, and a lot of work is to be done to build such indicators locally, identify those that are more informative and valid, and build a learning base between different projects.

For indicators traditionally measured outside of the health sector (e.g., larger social and environmental indicators), a double task will have to take place: 1) identifying appropriate sources of information to provide these indicators and 2) selecting the few that will help define the transitional stages in which PVO expectations about the sustainability of child health are set.

Understanding the importance of performance criteria will be essential in this effort. Performance criteria may be more important than is immediately obvious. Because performance criteria aim to describe stages of progress toward an optimal situation on a given indicator, thus creating a scalable variable for this indicator, they can render comparisons and analyses—hence communication, research, and collective learning—easier. Progressive definition and validation of performance criteria has great potential for mapping progress and communicating lessons about efforts and achievements, but, in order to be meaningful to all, this will require some experimentation and consensus building. We have provided a few examples for what performance criteria can look like for different elements. Only shared experience and experimentation will provide the lessons needed to develop, improve, and validate them. In other words, the CSSA as a tool can only be refined by the test of time and PVO experience.

B. A shift in evaluation approach

The biggest challenge of the CSSA may be that it requires a shift in approach for traditional primary health care and Child Survival projects. The traditional project approach could be summarized as one of public health problem solving: assess the situation, determine objectives for health improvement, rally local constituents behind the activities, and then worry about sustainability. In practice, this often leads to afterthought questions about local “buy-in” and the recurrent comments of evaluators that sustainability was not thought through from the onset or that a phase-out plan needs to be developed. As we have observed and commented,²³ some of the most promising reports about sustainability come when local stakeholders take “ownership,”

²³ See background document.

which means they start envisioning their future without a project and act as such. The CSSA proposes to start with this local ownership of the future and integrates a project's plans within the long-term local system's plan for sustained health. In so doing, it does move further away from the traditional problem-solving approach. That it does so within a direction and dimensions based on lessons learned from the PVOs themselves will be a strength, but a proposed change is always a challenge.

The transition to a system assessment is the evolution of the trends observed in Child Survival projects, with more and more extensive initial assessments, based on the changing role of PVOs from sole implementers to partners and capacity builders. The CSSA tries to give a structure to this evolution and focuses evaluation on sustained child health. But it cannot be expected that all local partners will immediately be ready to understand the PVOs' efforts. This is why the work of defining in which system the initial plan is drawn up and keeping a narrative of the opinions at play is so important. Reaching the transitional stage where a previously alienated local stakeholder becomes an active member of the "local system" is an important progress toward sustaining health gains. As more and more local stakeholders hold the vision of sustainable child health, the vision itself and the plans will evolve. The role of a CS project is to be a flexible catalyst of positive change, with a clear direction and purpose. The CSSA approach simply makes the relationship between strategic choices and sustainability more explicit to all.

CONCLUSION: IMPROVING SUSTAINABILITY EVALUATION, WHAT FOR?

Two elements combine to give critical relevance to the efforts made in articulating sustainability in a way that is meaningful to health projects working with a sustainable development mindset: the challenge of impacting child health and impacting it on a growing scale and the role of PVO projects. We will discuss these questions briefly and then consider what the next steps can be for the Child Survival community beyond this initiative.

THE CHALLENGE OF CHILD HEALTH: SCALE AND IMPACT

It is said that we only manage what we can measure. As we try to improve how we evaluate PVOs' contribution to sustainability, we need to ask, "What is at stake behind our focus on sustainability?" First comes plain and simple child mortality, the rallying cause of Child Survival. There has been noticeable progress on global indicators of child health over the course of the past 35 years. But with this progress, new causes of child mortality emerge with increasing relative importance, along with threats and challenges to the progress already achieved (7). Child survival has to face new transitions while still dealing with an "unfinished agenda." The number of diseases and programmatic elements addressed by PVOs in the CSGP, simply as an example, has increased considerably over the years, for a generally stable level of USAID funding (2).

Beyond child mortality, one can make the case that progress in Child Survival must lead us to address "child wellness."

Consequently, sustainability remains an unavoidable priority because of a group of issues: the new relative threats to Child Survival, the fate of the many more children who will come after those targeted by today's programs, and the "wellness" of these surviving children as suggested by Foster during the Sustainability Dialogue meeting (11). Reason dictates that what has been achieved must be sustained while progress continues against the new threats.

Interventions that are only efficacious, or even that are effective but not based on durable models, will not achieve impact. Similarly the growing concern with going to scale will have limited relevancy if program models are not sustainable at the initial project stage. If community-based programs are intrinsically unsustainable, we will never get to the stage of scaling up the benefits to the populations.

At this stage of the health transition in many developing countries, improving sustainability may be the critical determinant in achieving true impact. And improvements remain limited and isolated without good evaluation.

- The growing concern with going to scale will have limited relevancy if program models are not sustainable.
- At this stage of the health transition in many developing countries, improving sustainability may be the critical determinant in achieving true impact.

STRENGTHENING THE RECOGNITION OF PVOs BY MEASURING THEIR CONTRIBUTION TO SUSTAINABLE HEALTH

PVOs have gained increasing recognition for advancement of innovations in community-based strategies and are taking an increasing role in the global health agenda. In the more recent period, they have seen their role shift from being implementers of programs to building capacity, getting involved in advocacy and policy issues, and from working on their own to partnering with governmental MoH structures and civil society (53) (2;32). They have a key role by focusing on the poor, being community advocates, and building accountability between local stakeholders (30).

But while there is at least some evidence that, at least in Child Survival, some activities or innovations can be sustainable (4;6;54), we have seen that the question of sustainability remains critical and problematic for most projects (2).

- It is very difficult to know what works and what does not work, until we know what we are trying to achieve (18).
- The CSSA methodology can assist in improving phase-out plans based on evidence instead of untested timetables.

At the global level, the intricacy of health and development is generally recognized by efforts such as the Convention on the Rights of the Child (21;39;55) and the Millennium Development Goals (20). PVOs are generally seen at the forefront of an integrated approach to health and development at the field level, and they are playing an increasing role in the “global agenda” represented by these efforts. But their ability to influence this agenda is conditioned by their capacity to articulate their field strategies, as is being done with C/HH-IMCI (32).

Both at the project and the larger level, the ability to rally support for successful PVO approaches, to bring them to a larger scale, to inform and influence the global agenda is dependent on improving the capacity to demonstrate that some strategies have a greater potential for lasting results.

NEXT STEPS: MANAGEMENT, POLICY, AND RESEARCH QUESTIONS

Although the first responses to the presentation of the tool have been positive, it remains to be seen whether the CSSA will effectively be invested by the PVO Child Survival community and whether it will help segmented measurements be organized within a consistent architecture to identify better indicators on all dimensions and to improve evaluation, planning, and accountability.

There are two distinct ways to consider the potential evolution of the CSSA framework: first as a tool for project management and accountability, then as a guide to policy and research.

MANAGEMENT AND ACCOUNTABILITY

It is fair to acknowledge that planning, managing, and evaluating with sustainability foremost in mind will remain challenging, but given the challenge of child health impact ahead of us, satisfaction with the status quo is hardly possible. The issue is clearly laid out by the Institute for Sustainable Development: “*Systems of performance management and progress assessment are important to effective management of human activity, but just because good measures of a given issue are not available, it does not necessarily follow that the issue should be ignored*” (1).

PVOs can derive specific benefits from improving sustainability evaluation in their projects:

- The first potential benefit is to shed more light on their contribution and improve how it is valued. As a professional community, we measure what we value. Lectures on management also make the point that we can only manage what we measure. And ultimately, societies can only support (fund) what we can manage. Hence, if some dimensions of the PVO work are critical to sustained health gains but remain inappropriately evaluated, it is likely that they will not be recognized and supported for their true value.
- The next point is that improved evaluation will improve project accountability to all the constituents asking questions about sustainability. A clear methodological approach to sustainability assessment will allow PVOs to be both realistic about what can be achieved and accountable about their contribution. The dependency of local NGOs on PVO “mentors” is an issue that came up during the Sustainability Initiative study, as well as through the discussions following the first presentation of the CSSA tool. The second component of the “local organizational capacity and viability” dimension would force at least a consideration of this issue and trigger some much-needed learning about constructive partnership and accountability relationships (30).
- By focusing on creating conditions for a local system to achieve effective impact, PVOs can help all stakeholders of Child Survival gain a more appropriate perspective about what is at stake. This actually improves the accountability of all stakeholders, local actors, PVO grantees, and donors by being more explicit about achievements and constraints.
- Additionally, a systematic system assessment approach will improve programmatic and management decisions.

Focusing on building a local vision to design a sustainability plan would represent moving away from seeing sustainability only as a problem of ending a flow of resources from north to south. This perspective—though legitimate—starts and centers itself on the needs of the originators of the aid, not the beneficiaries. This may actually be part of the reason for frequent failures in the pursuit of sustainability.

Of course, dependency is treacherous and undesirable. Plenty of examples are available and have led the international health community to develop a strong and genuine suspicion for “white elephants.” While understanding the central question of financial dependency, doesn’t the experience of the past teach us that for a sustainability plan to work, it must be developed

locally, based on local realities, and supported locally? Depending on the stage of development that is met locally, different issues will take on a different weight: financial dependency or cost-recovery might be the issue, but not always the first. For example, when a health situation is at its worst—as is often the case in CS project areas—the development of a specific local capacity, the improvement of collaboration systems, and the advancement of health on the national political agenda may represent a more meaningful progress toward sustainability.

The CSSA framework allows placing financial viability questions in parallel with other issues that might be just as crucial in a given context.

- Finally, by improving their programmatic decisions and the evaluation of their contribution to sustainable child health, PVOs can not only better answer donors' questions about their work but also inform important policy questions.

POLICY AND RESEARCH

Good policy and program development requires good evaluation. It is very difficult to know what works and what does not work until we know what we are trying to achieve. Hence, the call for much-needed indicators. But “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” (18).

Policies are best based on data collected through valid models of investigation, as opposed to possibly politically oriented assumptions. Many assumptions are made about the linkages between sustainable health and community development or market-driven strategies, empowerment, education, civil society, governance, etc. We cannot expect that all these linkages will be clarified even in a number of years. But shared and improved evaluation systems can help us move from assumptions to evidence and practical learning.

Additionally, research questions are best asked based on collective experience, which a consistent assessment framework allows to be built. Some questions can be suggested for a research agenda still to be developed:

- What are the achievable timelines for observing different transitions, in different organizations, in different contexts?
- What specific strategies; what measured progress in MoH's, local NGOs', and CBOs' capacity; what type of collective agreement systems; what capacities built within the community best predict sustained health gains?
- Are there critical stages (thresholds) in the local development process that increase the predictability of sustainable health? What timelines are necessary to reach these stages?
- Which desirable changes (in service delivery, in organizational capacity, at the community-social level, at the policy level) are only responsive to direct investments and efforts and which can be addressed through simple process guidelines for community-health programs?

- If evaluation and data collection are systematic and share common points of reference, the “postintervention” sustainability studies sometimes advocated (11) will be able to address the question of the relationship between capacity and performance (34), as well as which types of measured improvements are more effective in leading to sustained impact in comparable situations.
- For the moment, we have little empirical evidence to base project plans for phasing out. Only progress in evaluation can help answer questions about effective phase-out strategies. What are pertinent stages of phasing out? What indicates that a phase-out stage has been reached? Having shared evaluation dimensions between projects can open the door to research designs to address these questions.
- What is realistic to expect from current project approaches? How much progress is a successful contribution to sustainability? What is an unrealistic expectation placed on relatively modestly funded projects?
- Learning increases when information is shared, and we may find that building a compendium of measurement tools and indicators can be a worthy effort, much like sustainable development practitioners have themselves had to do.

This is just a first indicative list of questions, which can be expanded and refined by the practitioners and researchers.

In practitioners’ discussions about sustainability, there is a tendency to vacillate between two extremes: on the one side, projects are seen as not sustainable enough, not being accountable, and—maybe even—doing more harm than good; on the other side, the argument prevails that sustainability is simply not relevant when dealing with projects. The balanced policy question about sustaining primary health care and Child Survival might be, are we currently living with unrealistic expectations within nonvalidated guidelines?

The recent report to WHO on macroeconomics and health (25) makes a number of very valuable points, among them that “increased investments in health would translate into hundreds of billions of dollars per year of increased income in the low-income countries” and that “the level of health spending in the low-income countries is insufficient to address the health challenges they face.” If this is true, are we not overly ambitious to expect radical sustainable achievements in the health sector before having gained and maintained the level of impact necessary to bring in these “hundreds of billions of dollars” (not to mention the organizational and social systems) that will certainly help sustain health gains? This does not mean that sustainability is not a pressing and priority question, it means that it is time to be as systematic and scientifically informed in our decisions as possible. Bringing evaluation to the level where it can inform policy decisions is a necessary step to move from debate to learning. And we cannot ignore fundamental evaluation dimensions simply because we still struggle with their measurement or because they require us to examine the benefits of health promotion interventions beyond health outcomes (26) as proposed in two dimensions of the CSSA framework.

The report to WHO also states that “the highest priority is to create a service delivery system at the local (“close-to-client”) level . . . that can reach the poor.” PVOs have demonstrated their competitive advantage in reaching communities. But projects that have just achieved a level of

efficiency over a few years can sometimes be pressed to start phasing out, without a systematic effort to define through evaluation the stages and steps to successfully do so? Proper guidelines on phasing out external interventions without affecting service delivery to the poor need to be informed by more systematically measuring progress toward sustainability on all the relevant dimensions.

Finally, there is a strong sense that most community beneficiaries also embrace health promotion when it is linked to the development of their communities. The more our evaluation tools actually measure variables meaningful to the life of the local actors, the more our collective achievements will be based on local development realities instead of interventions' artifacts, and the more these achievements will continue to be supported by these local actors.

This may be one essential reason to encourage planning for sustainability truly from the onset of projects, by building the vision of the local communities and stakeholders and being ready to be teachable and accountable about what progress we are able to contribute as partners of communities who most certainly want a healthy, viable future firmly planted in their own hands.

BIBLIOGRAPHY

- (1) International Institute for Sustainable Development (IISD). 1997. *Assessing sustainable development: Principles in practice*. P. Hardi and T. Zdan, eds.
- (2) Child Survival Technical Support Project. 2001. *2001 Child Survival Grants Program Review*, 11–30.
- (3) Child Survival Technical Support Project. 2000. *1998-1999 Child Survival grants program review*. September 25.
- (4) Seims, L. K. 2000. *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?* The Child Survival Collaborations and Resources (CORE) Group. April 28.
- (5) Powers, M. 1995. *Sustainability findings of 12 expanded PVO Child Survival projects. Draft*. [ADRA, IEF, MIHV, PCI, PLAN, WV]. June 19.
- (6) Burkhalter, B. and C. P. Green. 1998. *Summary Report: High Impact PVO Child Survival programs, volume 1*. BASICS, CORE, and USAID, eds.
- (7) Claeson, M. and R. J. Waldman. The evolution of child health programs in developing countries: From targeting diseases to targeting people. *Bulletin of the World Health Organization, Special Theme: Child Mortality* 78(10), 1234–1245.
- (8) Bossert, T. J. 1990. Can they get along without us? Sustainability of donor-supported health projects in Central America and Africa. *Soc Sci Med*, 30(9), 1015–1023.
- (9) Lafond, A. K. 1995. Improving the quality of investment in health: Lessons on sustainability. *Health Policy and Planning*, 10(Supplement), 63–76.
- (10) Olsen, I. T. 1998. Sustainability of health care: A framework for analysis. *Health Policy and Planning*, 13(3), 287–295.
- (11) Child Survival Technical Support Project, CORE. 2000. *Sustainability Dialogue*. Calverton, MD. March 20.
- (12) Cottrell, L. R. Warren, and L. Lyons, eds. 1983. *The competent community: New perspectives in the American community*. Florence, KY: Dorsey.
- (13) CSTS. 2000. *KPC 2000+: Knowledge, Practices, and Coverage Survey—Tools and field guide*. Revision by: Child Survival Technical Support Project, CORE Monitoring and Evaluation Working Group, eds.
- (14) Lafond, A., L. Brown, and K. McIntyre. 2002. Mapping capacity in the health sector: A conceptual framework. *Int J Health Plann Manage*, 17(1), 3–22.
- (15) The World Conservation Union (IUCN) International Assessment Team. 1997. An approach to assessing progress toward sustainability. *IUCN: Tools and training series for institutions, field teams, and collaborating agencies*.
- (16) Olve, N., J. Roy, and M. Wetter. 1999. *Performance drivers: A practical guide to using the balanced scorecard*. Wiley.
- (17) Guveya, E., F. Kachote, M. Kokwe, and R. Prescott-Allen. 1999. *A system assessment in Zimuto communal lands, Zimbabwe*. IUCN M&E Initiative, IUCN regional office for Southern Africa, eds., 1–113.
- (18) Najam, A. 2000. *Community level sustainability assessment—Dasudi, India: A case study based on the work of the IUCN/IDRC project on “Assessing progress towards sustainability.”*
- (19) Child Survival Technical Support Project, Save the Children USA, and Groupe Pivot Santé Population. 2001. *Compte-rendu de l’atelier ‘Evaluer et planifier pour la pérennité dans les projets de survie de l’enfant.’*

- (20) The General Assembly. 2000. *United Nations millennium declaration: Resolution adopted by the general assembly, September 8, 55/2.* (www.developmentgoals.org)
- (21) UNICEF. 2002. *A world fit for children: Outcome document approved at the special session of the general assembly on children, May 10, A/S-27/19/Rev.1.*
- (22) Shediac-Rizkallah M.C., and L. R. Bone. 1998. 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.
- (23) LeBan, K., The CORE Group—The Child Survival Collaborations and Resources Group. 1999. 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*, February 24–26. Pan American Health Organization, Washington, DC.
- (24) Glasgow, R. E., T. M. Vogt, and S. M. Boles. 1999. Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *Am J Public Health*, 89(9), 1322–1327.
- (25) Sachs J. D. 2001. Macroeconomics and health: Investing in health for economic development. *Report of the Commission on Macroeconomics and Health*, December 12, Geneva, World Health Organization.
- (26) Hawe P., M. Noort, L. King, and C. Jordens. 1997. Multiplying health gains: The critical role of capacity building within health promotion programs. *Health Policy*, 39(1), 29–42.
- (27) Foster, S. O. 1995. *Sustaining the benefits of child survival collaboration: communities, governments, PVOs, CSSP, and USAID/BHR/PVC, lessons learned 1991–1994*, September 18.
- (28) Fowler, A. 2002. *The virtuous spiral: A guide to sustainability for NGOs in international development*. London: Earthscan Publications.
- (29) Howard-Grabman, L. 2000. Bridging the gap between communities and service providers: Developing accountability through community mobilization approaches. *IDS Bulletin*, 31(1), 88–96.
- (30) Cornwall, A., H. Lucas, and K. Pasteur. 2000. Accountability through participation; developing workable partnership models in the health sector. *IDS Bulletin*, 31(1), 8–15.
- (31) Asthana, S. 1996. Women’s health and women’s empowerment: A locality perspective. *Health and Place*, 2(1), 1–13.
- (32) Winch, P., K. LeBan, and B. Kusha. *Reaching communities for child health and nutrition, a framework for household and community IMCI*. The Child Survival Technical Support Project, The CORE Group, BASICS. November 30.
- (33) Child Survival Technical Support Project. 2002. *Institutional Strength Assessment (ISA): A tool for assessing the health unit of a PVO*.
- (34) Brown, L., A. Lafond, and K. Macintyre. 2001. *Measuring capacity building*. MEASURE Evaluation.
- (35) James, R. 2001. Practical guidelines for the monitoring and evaluation of capacity building: Experiences from Africa, (36). INTRAC The International NGO Training and Research Centre. Occasional Paper Series.

- (36) Stokols, D. 1996. Translating social ecological theory into guidelines for community health promotion. *Am J Health Promot*, 10(4), 282–298.
- (37) Eng, E., and E. Parker. 1994. Measuring community competence in the Mississippi Delta: The interface between program evaluation and empowerment. *Health Education Quarterly*, 21(2), 199–220.
- (38) Goodman, R., and A. Steckler. 1993. A model for the institutionalization of health promotion programs. *Family and Community Health*, (11), 63–78.
- (39) UNICEF. 2001. *Progress since the world summit for children: A statistical review*.
- (40) UNDP. 1994. *Human development report*. New York, UNDP.
- (41) Faisal, A. K., S. Sharmin, and U. A. Zamal. 2000. *Quadrangulation of four baseline researches conducted in each of the Saidpur and Parbatipul municipalities for Child Survival program*, August 8. Concerns Bangladesh Child Survival program.
- (42) Singer, J.D. 1961. The level-of-analysis problem in international relations. *World Politics*, 14(1), 77–92.
- (43) USAID Center for Development Information and Evaluation. Measuring institutional capacity. *Recent practices in monitoring and evaluation TIPS 2000*, 15 (PN-ACG-612).
- (44) Christian Reformed World Relief Committee. 1997. *Partnering to build and measure organizational capacity: Lessons from NGOs around the world*.
- (45) Rifkin, S. B., F. Muller, and W. Bichmann. 1988. Primary health care: On measuring participation. *Soc Sci Med*, 26(9), 931–940.
- (46) Russel, D. 1995. *Theory and practice in sustainability and sustainable development*. USAID Center for Development Information and Evaluation, ed., PN-ABU-367.
- (47) Bossel, H. 1999. Indicators for sustainable development: Theory, method, applications. *A report to the Balaton Group*. International Institute for Sustainable Development.
- (48) Kumar, C. A. 1999. The well-being of Dasudi: A case study on the application of the well-being assessment methodology in villages in eastern Karnataka, India. *The IUCN monitoring and evaluation initiative*.
- (49) Meadows, D. 1998. Indicators and information systems for sustainable development. *A report to the Balaton Group*. The Sustainable Institute.
- (50) Wolfensohn, J. *A proposal for a comprehensive development framework*. The World Bank Group, ed. Ref. type: Personal communication. January 21.
- (51) World Commission on Environment and Development. 1987. *Our common future*. New York: Oxford University Press.
- (52) Ditlea, S. 1997. *Applying complexity theory to business management*. February 13.
- (53) Akukwe, C. 1998. The growing influence of non governmental organisations (NGOs) in international health: Challenges and opportunities. *J R Soc Health*, 118(2), 107–115.
- (54) Lee, A. J., A. P. Bonson, D. Yarmirr, K. O’Dea, and, J. D. Mathews. 1995. Sustainability of a successful health and nutrition program in a remote aboriginal community. *Med J Aust*, 162(12), 632–635.
- (55) Annan, K. A. 2001. We the children. *Meeting the promises of the World Summit for Children*.
- (56) Management Sciences for Health (MSH). 2000. *Planning for sustainability: Assessing the management capabilities of your organization*.

- (57) Management Sciences for Health. 2001. Management Sciences for Health (MSH)— Keeping your organization sustainable. *Planning for sustainability: Assessing the management capabilities of your organization.*
- (58) Management Sciences for Health. 1998. Management and Organizational Sustainability Tool (MOST). Management Sciences for Health, ed., *A user's guide.*
- (59) Figueroa, M. E., D. L. Kincaid, M. Rani, and G. Lewis (in press). *Communication for social change: A model for measuring the process and its outcomes.* Johns Hopkins Center for Communication Programs, ed., Baltimore, MD: Rockefeller Foundation Communication for Social Change Grantmaking Strategy.
- (60) New Partnership Initiative (NPI) Learning Team U. 1997. NPI resource guide: A strategic approach to development partnering. *Report of the NPI learning team.* USAID.

Annex 1: Some existing resources for assessment or monitoring and evaluation in the first dimension of the CSSA framework

Dimension	Components	
	Health status	Service approach and quality
1. Primary health goals	<ul style="list-style-type: none"> - [a1]: The KPC (Knowledge, Practice, Coverage) Survey, including the 13 Rapid CATCH subset of indicators, (13) is probably the most commonly used health survey of the CS PVO community. (http://www.childsurvival.com/tools/surveys.cfm) - [a2]: The Review of Health and Agriculture Monitoring Tools for Title II–Funded PVOs (prepared by Davis, T., and Mobley, J.) inventories tools for monitoring proxies of health outcomes at the beneficiary level (“adoption of practices and acquisition of knowledge”), as well as “quality of service delivery and key processes” and “client satisfaction.” (http://www.foodaidmanagement.org/MandEToolkit.html) - [a4]: MEASURE presents a “Compendium of Child Survival Monitoring and Evaluation Tools,” addressing health outcomes as well as quality of services and supervision, etc. (http://www.cpc.unc.edu/measure/techassist/tools_methods/inventory/inventory.html) - [a7]: USAID’s Development Experience Clearinghouse has a page of Evaluation Publications, including the useful TIPS series, which provides guidance on using the Results Framework, measuring institutional capacity and the general quality of indicators and performance measures. (http://www.dec.org/evals.cfm#1) - [a8] MEASURE DHS+ provides Demographic and Health Survey indicators worldwide. (http://www.measuredhs.com) 	<ul style="list-style-type: none"> - [a2] - [a3]: CORE presents an Integrated Health Facility Assessment (HFA) compilation on its Web site. (http://www.coregroup.org/tools/monitoring/HFA_table.html). - [a4] - [a5]: The Quality Assurance Project (QAP) presents tools for monitoring the quality of care at the Primary Care and Hospital level and many resources on quality improvement and evaluation. (http://www.qaproject.org/index1.html) - [a6]: AVSC also has Quality Assessment/Quality Improvement tools for FP/RH and CS services, using the Client-Oriented Provider-Efficient (COPE) method. (www.avsc.org) - [a7] - [a9] : The International Planned Parenthood Federation has a “Sustainability Initiative” of its own and presents strategies related to sustainability—Sustainability of Service, Institutional Sustainability, and Financial Sustainability—its focus is case studies more than M&E tools. (http://www.ippf.org/initiatives/sustainability/2000feb/index.htm)

Annex 2: Some existing resources for assessment or monitoring and evaluation in the second dimension of the CSSA framework

Dimension	Components	
2. Local organizational	Local organizational capacity	Local organizational viability
	<ul style="list-style-type: none"> - [b1]: The Food Aid Management (FAM) has a number of resources on capacity building (PVO approaches, links) as well as assessment tools at the organizational and community level. The organization of indicators is comparable to the recommendations of MEASURE’s publication ([e]) and gives examples of composite indicators for specific elements of capacity. (http://www.foodaidmanagement.org/capacitydocs3.htm#Docs) - [b2]: MEASURE’s publication, Mapping Capacity Building in the Health Sector (14;34), has been frequently referenced in this document. The publication of guidelines for the development of indicators is pending. - [b3]: CSTS’s Institutional Self-Assessment methodology targets the organizational capacity of a PVO in its support and guidance to field-based health programs. It has also been adapted in the field to assess a PVO Program Office capacity to support a local partner. (33) (http://www.childsurvival.com/tools/project_planning.cfm) - [b4]: Partnering to build and measure organizational capacity is a useful resource for PVOs interested in organizational capacity assessment; it provides guidelines and a review of five different tools. (44) - [b5]: The Organizational Capacity Assessment Tool (OCAT) is presented in detail as an annex to the USAID Center for Development Information and Evaluation’s TIP N.15 “Measuring Institutional Capacity” (43) (http://www.dec.org/evals.cfm#1) - [b8]: see [a6] - [b9]: see [a7] - [b10]: Management Sciences for Health (MSH) has a number of resources on organizational assessment and organizational sustainability assessment and planning. (56-58) Most can be accessed through the Health Manager Toolkit. (http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=toolkit&language=English) The MOST (Management and Organizational Sustainability Tool) and MDA (Management Development Assessment) are some very useful tools frequently used by PVOs. (http://erc.msh.org/mainpage.cfm?file=95.0.htm&module=toolkit&language=English) 	<ul style="list-style-type: none"> - [b2] - [b4] - [b5] <p>Some tools do not provide indicators but may be used in developing some by assessing cost issues ([b6;b7]:</p> <ul style="list-style-type: none"> - [b6]: The Department of Reproductive Health and Research (RHR) of the World Health Organization has costing tools, “The Mother-Baby Package: Costing Spreadsheet.” (http://www.who.int/reproductive-health/economics/intro.html#Resources%20required) - [b7]: Partnerships for Health Reform (Abt Associates) provides data collection instruments for a “Cost Study of Maternal Health Services.” (http://www.cpc.unc.edu/measure/cmnht/tool29.pdf) <p>[b8]</p> <ul style="list-style-type: none"> - [b10]

Annex 3: Some existing resources for assessment or monitoring and evaluation in the third dimension of the CSSA framework

Dimension	Components	
3. Social ecological system	Community Competence	Social ecological system
	<ul style="list-style-type: none"> - [c1]: see [b1] - [c2]: see [b2] - [c7]: Save the Children has used the Rifkin pentagram model (45) to measure the capacity of Health Committees and the nature and extent of community participation in their management. The Measurement section of the CSSA presentation chapter presents examples of elements assessed, indicators, and performance criteria. - [c8]: World Vision has field-tested transformational development indicators in 43 sites and 21 countries, looking at Community Capacity issues. The Measurement section of the CSSA presentation chapter presents examples of elements assessed, indicators, and performance criteria. - [c9]: Johns Hopkins University’s Center for Communication Programs has developed a “Model for Measuring the Process and Its Outcomes in Communication for Social Change” interventions. This will provide guidelines and tools for the development of indicators of social change and community capacity. (59) 	<ul style="list-style-type: none"> - [c1] - [c6]: USAID’s New Partnership Initiative (NPI) Strategic Framework represents the set of results that are necessary to achieve more effective response by civil society, business and democratic local governance in collaboratively addressing development challenges. (60) A resource guide is available. (http://www.usaid.gov/pubs/npi/npiresrc.htm) - [c10]: The Millennium Development Goals provide indicators at the national level (actually including global health outcomes indicators also) (20). (www.developmentgoals.org) - [c11]: The Child Rights’ agenda also addresses both health and global issues affecting the wellness of the child (21;39). (www.crin.org/resources/infoDetail.asp?ID=1756) - [c12]: MEASURE DHS+ includes policy and political commitment indicators in its HIV/AIDS Survey Indicator database. (http://www.measuredhs.com/hivdata/ind_tbl.cfm) <p><i>A number of tools and resources are really outside of the parameters for what even an ambitious CS project could address on its own. But, as development organizations, PVOs might be interested in these resources, which address the larger systemic component of our framework:</i></p> <ul style="list-style-type: none"> - [c3]: The “Compendium of Sustainable Development Indicator Initiatives and Publications” (prepared by the International Institute for Sustainable Development, Environment Canada, Redefining Progress, the World Bank, and the United Nations Division for Sustainable Development) provides an overview of initiatives on sustainable development indicators being carried out at the international, national, and provincial/territorial/state levels. (http://iisd1.iisd.ca/measure/compindex.asp) It presents useful reviews of models and examples of indicators and their development. (http://iisd.ca/cgsdi/intro_dashboard.htm) - [c4]: The United Nations Development Program (UNDP) has resources on capacity building and its assessment, generally focusing on larger systemic issues (governance, poverty, public sector). (http://magnet.undp.org/cdrb/DEFAULT.htm) - [c5]: MSH offers the “Social insurance assessment tool” for understanding the financing implications of social health insurance. Although it addresses financial accessibility and equity issues (which we could consider in the approach component of our first dimension of evaluation), it is rather targeted to help national decisionmakers assess their current system and consider options for change. (http://erc.msh.org/mainpage.cfm?file=9.31.htm&module=toolkit&language=English)