

Disseminating Urban Health Models for Scaling

15 November, 2019

Thematic Note: **Moving towards Sustainability**

Sustainability is a multidimensional concept of the continuation process within an organisational structure and the term encompasses a diversity of forms that this process may take by adjusting to new needs and circumstances if it is to continue. Goodman and Steckler's (1987/88)¹ observed that sustainability is often a 'latent' concern in many health promotion programmes, i.e. various constituencies may well wish the programme to continue but, in the absence of early and active planning, the conditions that would most enhance the prospects for sustainability in the long term are not created and sustainability does not occur. "The precise definition of sustainability is still subject to debate. It has no single or universally accepted definition. Like truth and justice, it is not easily captured in a concise definition and means different things to different people" (Auditor General of Victoria, 2004)¹. The lack of a comprehensive definition of sustainability has been a foundational challenge for the implementers to moving the field forward because a definition may help implementers think about what it is they hope to sustain. There is a need to come to the consensus while conceptually defining the sustainability.

Diversity of definitions on sustainability

Project sustainability is defined by many economists and international development agencies as the capacity of a project to continue to deliver its intended benefits over a long period of time. (The World Bank's definition, 1990).

Claquin said that sustainability is the capacity to maintain service coverage at a level that will provide continuing control of a health problem (1989)².

The USAID emphasised that a development programme is sustainable when it is able to deliver an appropriate level of benefits for an extended period of time after major financial, managerial and technical assistance from an external donor is terminated (1988).

In recent years, programme sustainability has been an issue of growing concern, for developing countries including India. Attention to the long-term viability of health intervention programmes is likely to increase everywhere, as policy makers and funders become increasingly concerned with allocating scarce resources effectively and efficiently. Sustainability, in the sense of continued delivery and uptake of services, is threatened by numerous attitudinal, institutional and economic factors, and only giving full attention to implementation strategies alone are no guarantee of success. Commitment to sustainability requires a

¹ Lawrence St Leger. (2005). Questioning sustainability in health promotion projects and programs. *Health Promotion International*, Volume 20, Issue 4, December 2005, Pages 317-319

<https://doi.org/10.1093/heapro/dai026>

² Claquin P. (1989). Sustainability of EPI: Utopia or Survival? REACH Project. June. Arlington: John Snow

systematic and systemic consideration of human, social and organisational processes. It encompasses all those processes that involve the interaction between different strategic, organisational, programmatic, social and financial elements while implementing a health care intervention.ⁱⁱ We can derive evidences of sustainability from the aspects of project design and characteristics, factors within organisational settings, and factors in the broader community environment.

SNEHA's conceptual approaches towards sustainability planning

SNEHA aims to build validated, efficacious, suitable and cost-effective interventions which can be institutionalised in the system. Even though an empirical knowledge base about the determinants of sustainability is still at an early stage, we have developed some good understanding on sustainability based on 19 years of experience of working with communities and health systems.

Sustainability as a 'Community capacity building' perspective:

This is the model of community-level change which focuses on the processes of building the problem-solving abilities of individuals and the larger community for the betterment of their health. The intervention involves formation of informal, voluntary women's groups with the purpose of empowering them to address community health needs and promote healthy practices for health improvement. The aim is to build ownership among community for the health of every woman and child (and families) through responsibility, participatory and decentralized community health plans. This approach shifts the locus of health promotion from individual to the community base using behaviour change communication approach for long term sustainability. Most of these voluntary women's groups are formally converted as *Mahiha Aarogya Samiti* as a part of the National Health Mission to give institutional recognition and credibility to their role and would further empower the women to take actions for the benefit of their community. This kind of institutional support would facilitate more effective resolution of the issues facing the community.

Sustainability as an 'institutionalisation' perspective:

SNEHA's Maternal and Newborn Health programme partnered with the Municipal Corporation of Mumbai and its six adjacent cities to implement a provider participatory model to strengthen referral systems for maternal and newborn health. This approach was based on the theories of **Organizational Change and Innovation** (Yin, 1979; Rogers, 1983; Goodman and Steckler, 1989) which offers a conceptual approach for how new programmes/interventions/elements become incorporated into organisations and institutions. This approach views programme sustainability as the final stage of program implementation in a process that occurs over time.

This **provider participatory referral model** is an innovation that did not formally exist in the public health system. Though SNEHA played the role of facilitating the entire process as an external agency, the aim was to sustain this model in the public health system. Sustainability components were in built in the referral model right from the conception and initiation of this model because of its participatory approach. **Provider participation** component of the model provided a sense of ownership to the health care providers because they were the decision makers at each step and this model was built by them. Providers of all cadres participated in discussions related to referral issues and came up with possible solutions and alternate strategies. Participation enhanced 'ownership', in turn; 'ownership' led to increased 'capacity' or 'competence' and which helped promoting process of referral sustainability in the system over a period of time.

The **organisational change perspective** suggests that the process of taking over the responsibilities occurs in such a way that both the innovation implemented by an external agency and the public health system adjust to each other. The innovation eventually loses its separate identity and becomes part of the organization's regular activities, a process that has been referred to as '**routinizing**' or '**routinization**'. SNEHA witnessed that how the referral documentation processes became a part of routine of the health care providers in the public health system and how the higher authorities started allocating separate budget for the printing of referral slips. This helped in facilitating the institutionalisation of the referral model in the public health system.

Dialogues, questions & reflections on sustainability

SNEHA's upcoming dissemination meet - **Disseminating Urban Health Models for Scaling** will have a session on showcasing the theme of "**Moving towards sustainability...SNEHA's efforts for building sustainable urban health models**". The objective would be to have a dialogue on the elements needed to and factors responsible for making the interventions institutionalised in the wider system.

We can dialogue whether, and to what extent, the core elements of programme interventions after the completion of implementation can be maintained and the extent to which desired health benefits can be maintained and improved upon over time after initial funding or supports have been withdrawn. We can also explore the extent, nature, and impact of modifications to the core and adaptable elements of the program or innovation and continued capacity to function at the required level to maintain the desired benefits.

We can take into considerations the nine core domains identified by Schell & Luke that affect a programme's capacity for sustainability: Political Support, Funding Stability, Partnerships, Organisational Capacity, Programme Evaluation, Programme Adaptation, Communications, Public Health Impacts, and Strategic Planning.ⁱⁱⁱ This framework can help establish a shared understanding of sustainability for practitioners, researchers and funders working in the range of public health areas.

Some points for reflections:

- A. Working on definitional challenges and improving clarity in sustainability terminology and concepts: maintenance, continuation, institutionalization, routinization, and durability are some of the commonly used alternate terms for it.
- B. Is sustainability a process or an outcome?
- C. Sustainability Indicators: Measuring sustainability on three aspects: On Improved health of beneficiaries, continued programme activities, and maintained community and health system capacity attributes.
- D. Is Sustainability Possible? Is there such a thing as a sustainability 'pass mark' or a 'minimum threshold'? Who decides this and what values shape the decision? If at least one aspect of the Program has been sustained, is this enough to say sustainability has occurred?
- E. The potential influences on sustainability from three major groups of factors: (1) project design and implementation factors, (2) factors within and outside the organizational setting, and (3) factors in the

broader community environment such governance, socio-economic, political & environmental considerations.

F. Does sustainability deteriorate over time?

ⁱ HEALTH EDUCATION RESEARCH Theory & Practice Vol.13 no.1 1998 Pages 87-108 **Planning for the sustainability of community-based health programs: conceptual frameworks and future directions for research, practice and policy**

ⁱⁱ Mona C. Shediak-Riz *Sustainability* **2014**, *6*, 5512-5534; doi:10.3390/su6095512 *sustainability* ISSN 2071-1050
www.mdpi.com/journal/sustainability *Review Sustainability Assessment and Indicators: Tools in a Decision-Making Strategy for Sustainable Development* Tom Waas **1,***, Jean Hugé **1,2**, Thomas Block **1**, Tarah Wright **3**, Francisco Benitez-Capistros **2,4**, and Aviel Verbruggen **5** Kallah and Lee R. Bone

ⁱⁱⁱ **Public health program capacity for sustainability: a new framework** Sarah F Schell¹ , Douglas A Luke^{1*}, Michael W Schooley⁴ , Michael B Elliott² , Stephanie H Herbers¹ , Nancy B Mueller³ and Alicia C Bunger⁵