

Results that Last:

EXPERT INSIGHTS ON HEALTH PROJECT SUSTAINABILITY

September 2019



Table of Contents

Introduction	3
Key Findings: Critical Elements of Health Project Sustainability	6
Lack of donor funding and shifting government priorities hinder sustainability	7
Sustainability should be built in from the start	9
The most sustainable projects are owned by communities	11
A well-equipped and motivated workforce drives sustainability	14
Multi-sector partnerships facilitate longer-lasting impacts and benefits	16
Sustainable projects take the bigger health ecosystem into account	17
Technology can contribute to sustainability, but it's no guarantee	20
Women often hold the key to sustainable projects	22
Organizational Profiles	25
Acknowledgements	30

INTRODUCTION

“We are trying to work ourselves out of our jobs.” It is a common sentiment of global development and health professionals who aspire to extinguish poverty and disease, as well as end the need for foreign assistance by implementing projects that produce durable results. But too often these professionals admit that the work they start, or even the progress they make, does not have the enduring impact they are hoping for, particularly after donor resources have expired. When good ideas and solutions sputter out during a predetermined project timeline, few people win. But, when a project builds dependable systems and capacity in low- and middle-income countries so people there are empowered to continue the work themselves, the results can be game-changing.

These dynamics can be summed up in a single word: **Sustainability**. Practitioners across the global development and health communities acknowledge the importance of sustainability and today’s global development agenda – the Sustainable Development Goals – speaks directly to the concept. Yet, despite its clear and accepted significance, many projects fail to prioritize sustainability during design and implementation so projects end after donor funding has dried up without maximizing potential benefits. In fact, while most development organizations endorse sustainability as an important feature in their work, there is no universally agreed upon definition of sustainability in development projects or consistent framework for employing or measuring it.

The need for more sustainable projects in the health sector has never been greater. Health challenges are multi-faceted, interconnected, and enormously complex. Development assistance for health is under pressure as many foreign aid donors tighten budgets. Competition for scale and results is getting more fierce. Many developing countries entering middle-income status will graduate from foreign aid, despite persistent levels of health inequality and the rise of non communicable diseases. Meanwhile, technology and partnerships with the private sector open up new opportunities for expanding health services, but also complicate how health infrastructure and systems function.

In an effort to unpack and clarify project sustainability, Devex teamed up with Smile Train and talked to experts and leaders from five prominent development organizations working across various areas of global health. We asked them to describe the sustainable projects they have worked on, about the delivery and partnership models that foster sustainability, and what can be done at various stages of the project lifecycle to increase the chances of health results lasting beyond donor funding.

Over the course of our conversations, we learned that in order for more health interventions to sustain impact, projects must begin with a detailed understanding of the local context, proceed with a solid evidence base, and employ human-centered design approaches that take into account capacity and resourcing. The majority of interviewees say that it is more effective and more sustainable to empower people, particularly women, in LMICs countries to provide health care themselves rather than sending in others to do it for them. They say a properly-trained, motivated, and fairly compensated workforce drives sustainability and the primary goal of most health projects should be elevating local expertise and increasing the level of care in local hospitals and clinics. By engaging communities in this way, they become less dependent on foreign assistance over time and establish ownership of responses to health challenges.

This report is not meant as the final word on sustainability, but we hope it adds an important dimension to ongoing discussions on how to maximize global health assistance and extend the results and impact of health projects.

Methodology

DEFINING HEALTH PROJECT SUSTAINABILITY

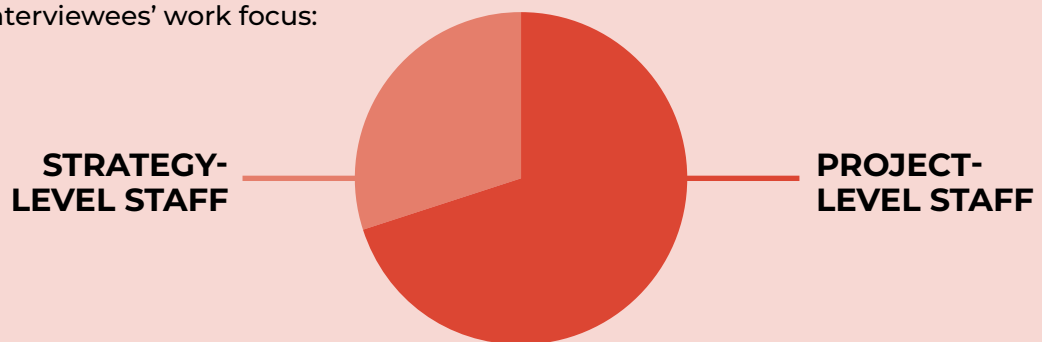
Although there is no commonly agreed upon definition of ‘sustainability’ in international development, we view the concept as a proactive and long-term approach associated with the management of projects. For the purposes of this report, we define project sustainability as the ability of health projects to deliver intended benefits for an extended period of time after major financial, managerial, and technical assistance from external donors has ended.

IN-DEPTH INTERVIEWS

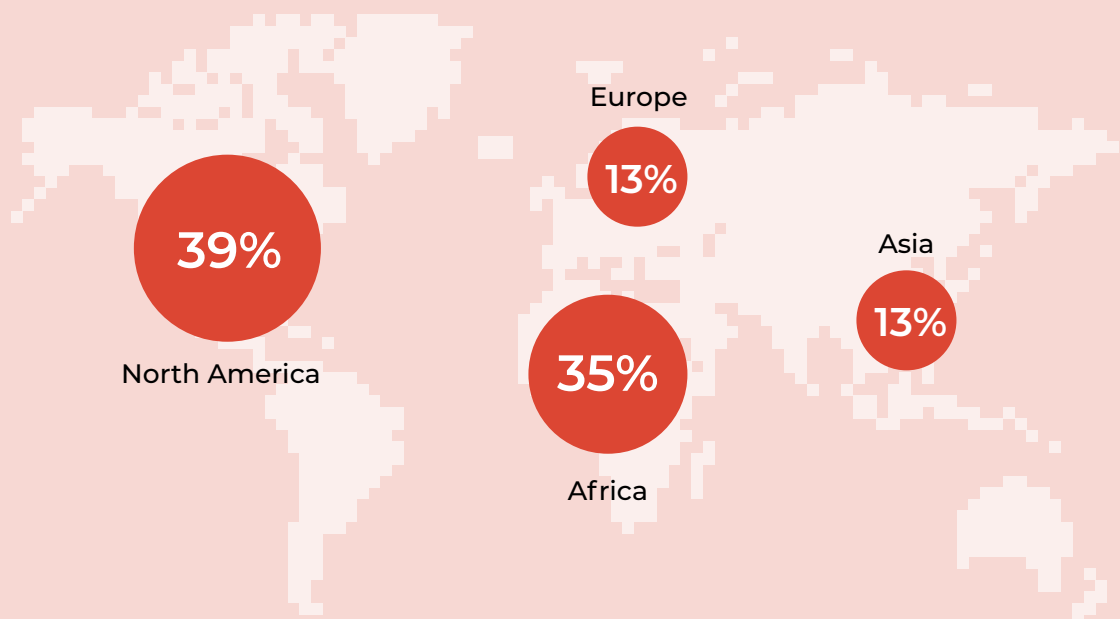
The data and information gathered for this report is based on almost two dozen in-depth interviews with health and development experts. To identify insights, lessons learned, and best practices, our interviews focused on project-level and strategy staff from five organizations with a track record of implementing sustainable health projects. Each organization focuses on a different health-subsector, enabling us to identify broad lessons from diverse health projects.

ORGANIZATION	HEALTH SUB-SECTOR	NUMBER OF INTERVIEWEES
CORE Group Polio Project	Immunization	6
The END Fund	Infectious Diseases	4
Action Against Hunger	Nutrition	6
International Rescue Committee	Refugee Health	6
Smile Train	Global Surgery	6

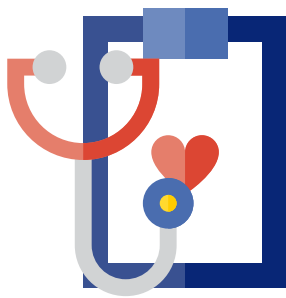
Interviewees' work focus:



Interviewees' locations:



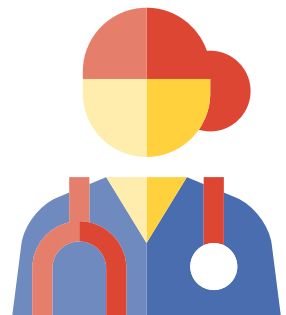
Critical Elements of Health Project Sustainability



Sustainability is a common catchphrase in international development. Yet, most development professionals agree that too many projects fail to make an impact and deliver results beyond project completion. While limited research is available, studies have found that at least 40% of projects are discontinued once donor funding ends.¹

Health projects are no exception. Under pressure to demonstrate immediate results, project designs rarely integrate or prioritize sustainability. Evaluations typically focus on short-term quantifiable outcomes, such as the numbers of vaccinated children or amount of equipment provided, instead of longer-term capacity building that can extend the impact of health interventions. External factors, such as conflict and disaster, can obstruct sustainability, while common social conditions like weak health systems and poor health coverage often derail projects.

The global health community must continue to foster sustainability if we are to reach the most marginalized and achieve the SDGs. But what are the real barriers to sustainability and what are the best practices to implement more sustainable projects? **Here is what stood out from our interviews.**



¹ https://www.researchgate.net/publication/234729988_Sustainability_of_Social_projects_A_Comparative_Case_Study_Analysis

Lack of donor funding and shifting government priorities hinder sustainability



Economic considerations are incredibly important for project sustainability. Predictable funding and steady government support are critical for most health projects to succeed, but our interviewees reveal this foundation for sustainability often does not exist. Three-quarters of Devex interviewees say that the biggest threat to project sustainability is a lack of reliable long-term funding options. They contend that donor funding cycles are frequently too short-sighted. At the same time, donors increasingly emphasize ‘value for money’ and quantifiable results which shift the focus of projects away from sustainability.

Top Funding Challenges

Competing health priorities amid limited government funding



Unpredictable donor funding



Limited and short-sighted humanitarian funding



“True sustainability is about a project being able to fund itself beyond the development partners’ resources.”

— Esther Njoroge, Smile Train

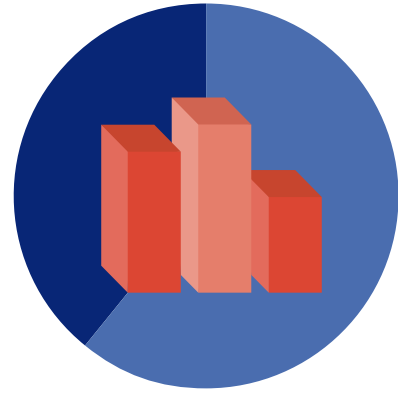
“One real challenge for sustainability is competing health priorities. When the government only has so much funding, how do you divide it up between all of the different health needs? The pie is still the same size and needs just grow.”

— Kimberly Kamara,
the END Fund

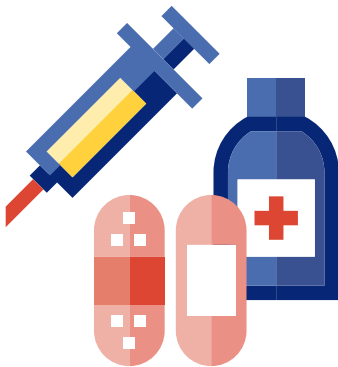
Our interviewees also highlight that many host governments struggle to balance competing health priorities, which create a challenging implementation environment. Frequent turnover in political or project leadership can make it difficult to build consistent relationships and partnerships with governments. Further, interviewees reveal that long-term progress is often derailed or interrupted due to the time it takes to convince new government officials of health project benefits.



Interviewees emphasize the importance of making the business case for specific health projects, both in terms of cost-effectiveness and residual, long-term impacts. They recommend rigorously tracking cost and economic impact gained from any health project to justify further investments by donors and the host government. By clearly illustrating to policy and decision-makers that reasonable investments boost health care capacity and contribute dramatic socio-economic advantages, donors and governments are more willing to integrate an intervention into health planning and national insurance plans.



61% of Devex interviewees assert that economic considerations are a major factor in attaining proper project sustainability



“This isn’t going to move without any funding. Staying in the hospital costs money. In surgery, every needle, every cotton ball, every suture will require money. So financial resources are of course important.”

– Kimmy Flaviano, Smile Train



BEST PRACTICE

Seeking sustainable funding models

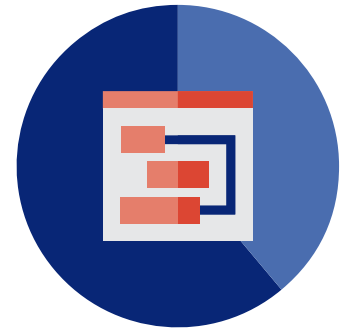
Building resilient health systems requires smart investments. In order to achieve project sustainability, Devex interviewees stress the importance of reliable and continuous sources of funding. Multi-year funding models allow for better planning, and interviewees operating in areas of humanitarian crises and fragile contexts in particular advocate for more flexible and agile funding mechanisms. Making the case for increased government investments are vital to secure additional and dependable financing. Supporting local partners in mobilizing resources is another way to ensure that projects can run longer. Intrinsic in many organizations’ strategies is sharing knowledge on developing corporate partnerships, fundraising through individual donations, and building local champions.

Sustainability should be built in from the start

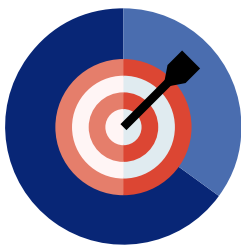


“You can’t send in short-term providers and expect long-term, sustainable change that disrupts systems and disempowers the local health care professionals. It helps the patients who are treated in that one instance, but it leaves behind weaker systems for patients who weren’t treated, and the patients who will need care in the future.”

– Susannah Schaefer, Smile Train



39% of interviewees note that project design often fails to integrate sustainability



35% of Devex interviewees identify mission-type and incentive-based projects as unsustainable, even though they are common practice

By their very nature, projects occur over a finite period of time. But even if a project must follow a specific timetable, project donors and designers should capitalize on opportunities to embed sustainability principles early on. The majority of Devex interviewees believe that few health projects are set up with sustainability in mind and many fail to establish sustainability principles and metrics during project design. For instance, project feasibility studies often fail to appreciate local cultural dynamics or miscalculate initial levels of capacity, which influences the degree to which a project will deliver long-term intended benefits.

Devex interviewees also suggest that mission-type projects, which focus on addressing an acute health need over a specific time period, stimulate few sustainable benefits. In fact, they say, bringing in external expertise for just weeks or months can undercut local knowledge development. Interviewees also reveal that while incentive-based projects, such as offering cash for vaccinations, can boost short-term health outcomes, there is little chance of creating lasting change.

It's important to measure the pilot stage and continue to monitor interventions while they are being implemented to ensure critical elements are being delivered. Having monitoring systems in place that evaluate critical elements tell us whether the project is being implemented at a high standard and enable us to ensure ongoing impact."

— Jeannie Annan, International Rescue Committee

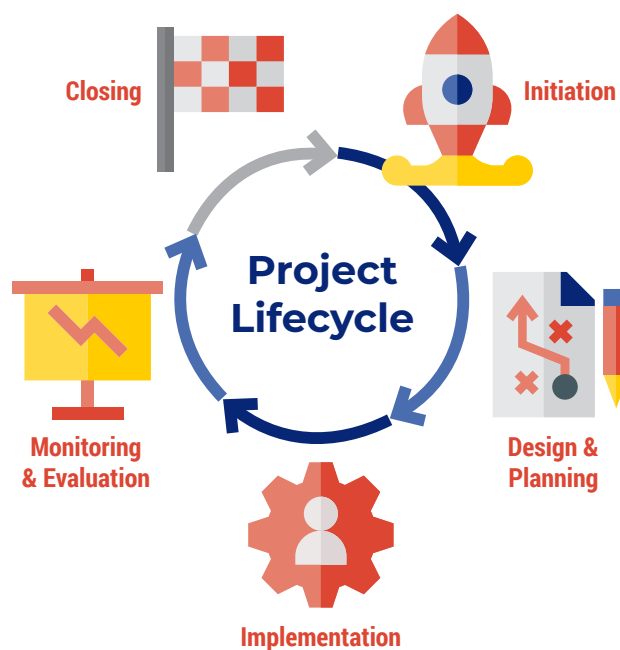
Devex interviewees believe that project sustainability should be prioritized across the project lifecycle. Design and planning benefits from studying the success factors of other evidence-informed interventions, as well as drawing from a knowledge base of existing research. Interviewees say that projects are more successful when integrated with other facilities or interventions, or when activities go beyond health services to improve the overall well-being of communities.



Interviewees from the International Rescue Committee all assert that sustainable projects are outcome-focused and evidence-based.

Interviewees from Action Against Hunger believe that projects that integrate nutrition services with other sectors such as WASH, or within the wider public health system are more sustainable and scalable.

Two thirds of Devex interviewees believe that sustainability must feature prominently at each stage of the project lifecycle, from project design to evaluation



Applying the same rigor is critical to monitor and measure the sustainability of the project. Multiple factors may figure into an appropriate framework for monitoring and evaluating sustainable outcomes. Developing the right metrics and measurement approaches enhances opportunities for improvement.

The most sustainable projects are owned by communities



Health and development professionals acknowledge the importance of community engagement, empowerment, and ownership, but our interviewees continue to experience cases when poor local communication and interaction hampers the sustainability of projects. They say that prospective patients often lack even a basic awareness of health services and treatment options. Implementers should partner directly with communities so that services and interventions are valued and adopted in the longer-term. Without education and continual engagement there is no acceptance, no ownership, and no sustainability.

“Before you start doing anything, you should meet with the community. Often that doesn’t happen. You’re always going to struggle with acceptance if you don’t communicate and engage with the community.”

— Stacey Mearns,
International Rescue
Committee

57% of interviewees say that a lack of community engagement, awareness building, and education hamper health project implementation and sustainability



CASE STUDY Integrating local perspectives

To ensure that local insight and expertise are integrated into Smile Train projects, the organization supports the development of regional medical advisory councils. Most recently, Smile Train celebrated the launch of its African Medical Advisory Council in Accra, Ghana. AMAC representatives include experts in plastic surgery, maxillofacial surgery, orthodontia, and speech therapy from leading academic and medical institutions with a passion for helping children with clefts. AMAC supports Smile Train’s African partners in policy, clinical matters, and the expansion of Smile Train’s comprehensive cleft care projects. Smile Train relies on Regional Medical Advisory Councils like AMAC for guidance, support, and implementation on the ground.



CASE STUDY

Ebola: the costs of poor community engagement

Since August 2018, the Democratic Republic of Congo has been grappling with its tenth outbreak of Ebola. The world's second largest Ebola epidemic on record, the crisis has so far claimed the lives of over 1,900 people with 2,800 confirmed infections.² Spreading across DRC's North Kivu and Ituri provinces, frontline workers lament that poor community engagement has slowed the response to the crisis. While new cases should be identified by routine testing, most confirmed cases are through deaths in the communities. This means that communities lack awareness of symptoms and are not actively involved in the response. The situation is aggravated by fighting, violence, and the government's decision to suspend regional elections while moving in armed police, provoking further hostility, and suspicion across communities. Health professionals warn that only by working with communities can Ebola be contained and future outbreaks avoided. For instance, when in Mweka – a town in southern-central DRC – a new Ebola outbreak was identified in 2008, the community helped detect and eliminate the epidemic quickly. This was only possible because the community was engaged as a partner rather than viewed as the victim.

“We are more than a year into the Ebola outbreak. Some communities don't feel included as part of the solution, or don't feel they are given the means to respond.”

— Mesfin Tessema, International Rescue Committee

Communities are composed of nuanced social interactions based on local values and customs. Devex interviewees assert that integrating communities in the decision-making process cultivates ownership and ensures that projects are fit for purpose, while involving locals in the implementation and monitoring of projects empowers communities and opens up the possibility of continuity. Frequent and transparent communication is also vital to build trust, raise awareness on proper health practices, and generate the feedback necessary to improve project quality. Community communication and engagement can generate demand and expectations for sustained government health services.



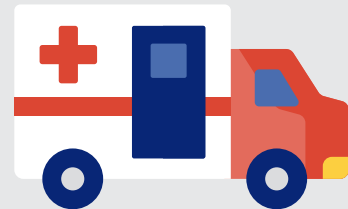
96% of Devex interviewees believe that community ownership and engagement is an important ingredient for successful and sustainable projects

² <https://www.who.int/emergencies/diseases/ebola/drc-2019>

**BEST PRACTICE****Understanding community dynamics and context**

Cultural institutions are powerful, resilient, and influential. Interviewees underscore focusing on social interactions between people in addition to the technical fixes. Instead of applying standard models and procedures, implementers should understand existing structures and turn them into solutions. This requires flexibility of tools and technology and paying attention to the way people relate to each other. Here are some of the recommendations we heard most often:

- Pay attention to social expectations and cultural norms
- Acknowledge and respect traditional beliefs around health, even when dissuading misconceptions
- Encourage village elders, traditional healers, and local leaders to advocate for improved health services
- Work with nontraditional gatekeepers such as barbers, school teachers, and midwives
- Consider outreach services and mobile health clinics for nomadic communities
- Participate in dialogue to prevent attacks on health facilities and health workers
- Engage female community health workers to better access hyper conservative and traditional households



“To ensure sustainability, we identify local champions: traditional leaders who are well-loved, accepted, and respected, and who people will listen to.”

— Samuel Usman, CORE Group Polio Project



In Nigeria, the CORE Group Polio Project engages volunteer community mobilizers to raise awareness and dispel common myths and misconceptions about the polio vaccine and routine immunization as a whole. In some bedrocks of noncompliance or hesitancy, vaccines are considered haram, meaning impure or not acceptable. But by engaging with religious leaders, community mobilizers are able to convey that vaccines are in fact halal and acceptable.

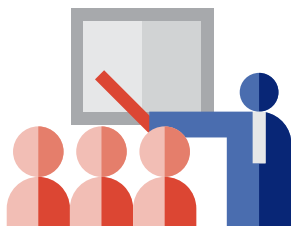
A well-equipped and motivated workforce drives sustainability

Across the world, health projects struggle to attract, train, and retain health workers. The World Health Organization estimates a shortage, primarily in LMICs, of 18 million health workers needed to achieve and sustain universal health coverage by 2030.³ Devex interviewees note that in many contexts there are simply not enough qualified health professionals to sustain an intervention. They also note that projects often fail to provide the time and money for proper training, and that it is difficult to keep health workers in the job once they are trained. Most community health workers are severely underpaid – and in some cases not paid at all – which leads to high attrition and turnover. When community health workers leave the job, capacity and progress are often lost.



“In order for a model to be really sustainable, you need consistent training, not just standalone trainings, which may be forgotten more easily.”

— Michelle Gayer,
International Rescue
Committee



Other best practices in health workforce training:

- One-off trainings are rarely effective
- On-site, in-service training are often more successful than formal workshops
- Investing in training health workers early on pays off
- Simple and creative approaches to workforce development that engage and empower health staff and volunteers are critical

“We do have quite a significant number of community health volunteers. For me, they are the backbone of the health system, and therefore the backbone of sustainability in the community.”

— Hajir Maalim, Action Against Hunger

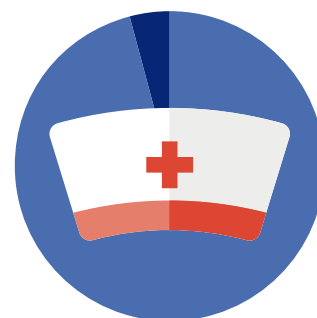
³ <https://www.who.int/news-room/detail/20-09-2016-un-commission-new-investments-in-global-health-workforce-will-create-jobs-and-drive-economic-growth>

To address health workforce shortages, Devex interviewees suggest improving the existing talent pool through long-term mentorship, constant practical learning, and livelihood considerations. Health professionals require regular, training to stay up-to-date on the latest health practices, learn new skills and master the latest technologies. Across the board, Devex interviewees stress that a well-trained and motivated local health workforce is essential to ensure project continuity at the community level. Investing in skilled trainers and building a pool of community experts for knowledge sharing are essential elements of sustainable project design.



BEST PRACTICE Localizing the response

Resource constraints and a lack of trained health workers can make it difficult to ensure health coverage in last mile communities. To overcome this challenge, interviewees recommend building the capacity of local community members through training of basic health practices and diagnostics. Modified training materials and simple diagnostic equipment, such as laminated picture cards, can be effective tools to inform appropriate medical responses for pregnancies, safe births, and other situations. Mother-led projects and mother-to-mother support groups are great mechanisms to share information and localize the health response.



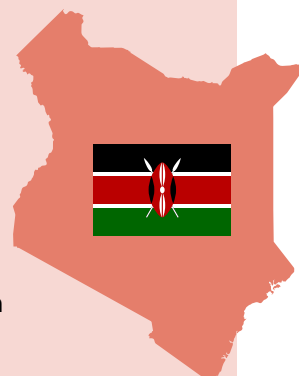
96% of Devex interviewees say that effective capacity building and health workforce training underpin project sustainability



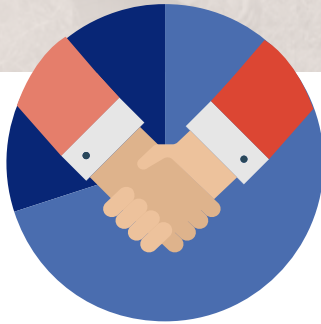
CASE STUDY

Lunchtime learning in Kenya: a creative approach to training

Regular health workforce training can be costly. Instead of setting up traditional workshops, Action Against Hunger in Kenya conducts long-term training exercises for health workers during lunch breaks. A group of health workers come together daily to eat and work through health training materials. Conducting the course over meals makes the session more dynamic and conducive to open conversation that help understand and appreciate the materials. Over the course of several months, the health professionals complete the continuous medical education program and receive a certificate.



Multi-sector partnerships facilitate longer-lasting impacts and benefits



70% of interviewees say that better coordination and collaboration with governments is essential for project sustainability

National and local government agencies are critical stakeholders that can facilitate, enable, and maintain health projects. However, according to Devex interviewees, poor coordination and alignment between stakeholders and frequent political and government changes can have devastating impacts on the sustainability of health projects. For Devex interviewees, effective partnerships with governments are key to institutionalizing sustainability. Involving local governments removes obstacles to health care implementation, and lends legitimacy to projects. Working with the Ministry of Health, for example, can catapult projects or issues onto the national agenda and enable a credible transition plan to local or national structures.



CASE STUDY **The strategy of partnerships**

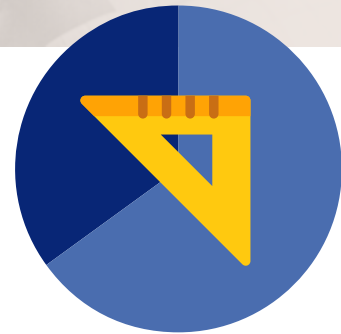
The END Fund takes a systems-change approach to ending neglected tropical diseases. Collaboration with government partners and non governmental organizations on the ground are central to the organization's sustainability strategy. Lending support where necessary, the END Fund ensures that the Ministry of Health takes the lead on key initiatives such as the nationwide distribution of medicines. Tapping into existing government health systems and local infrastructure instead of building rival systems enables the END Fund to conduct mass drug administration campaigns and leave behind processes and capacity.

“The best practice is to establish a system of supervision and support for health facilities that, over time, becomes ingrained in the community and continues once the externally funded project ends. For this reason, it is critical to always work with government health staff and not to replace them or create parallel systems.”

— Lee Losey, CORE Group Polio Project

Sustainable projects take the bigger health ecosystem into account

Socio-economic and security factors undermine sustainability. Insufficient transport options and high travel costs to and from health centers, for example, are serious barriers to health coverage in many LMICs. Insecurity and instability also impact sustainability. Devex interviewees stress that health infrastructure is often neglected in conflict situations. As realities change fast during conflicts, it is difficult to set up permanent structures that are necessary to build long-term capacity.



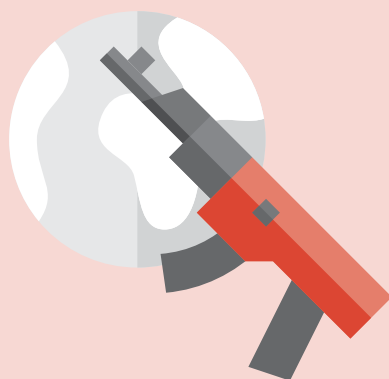
65% of Devex interviewees recommend taking the wider health ecosystem into account when designing health projects



CASE STUDY Health under attack



Attacks on health facilities and personnel are on the rise. In 2018, the Health in Conflict Report, *Impunity Remains*, documented a total of:



973 attacks on health in 23 countries in conflict



**167 health workers killed
710 health workers injured**

173 attacks on health facilities



111 health transports damaged or destroyed

15 countries experiencing bombed or burned hospitals



Interviewees believe that the effects of conflict on project implementation and sustainability are significant. Here are some of the reasons why:

- Insecurity negatively affects health infrastructures and health professionals
- Refugees and internally displaced persons are dispersed and hard to reach
- Attacks on health facilities and personnel are common
- Conflict and insecurity create conditions for disease outbreak, which can derail other health interventions

“We have mobile units that move with the nomadic communities in northern Kenya and Somalia that we call nomadic health clinics. The nature of these pastoralist communities is that they don’t stay in one place. So you have to switch the intervention to their way of life.”

— Ahmed Arale, CORE Group Polio Project



BEST PRACTICE Navigating risks

Interviewees in conflict-affected zones know the risks of violence and are resourceful in coping with dangerous situations while delivering much needed health services. International Rescue Committee Ebola consultations in the DRC’s North Kivu province, for instance, included dialogue with armed groups to gain safe access. To facilitate such outreach, IRC has written new guidelines in engaging armed groups and has set up a unit primarily focused on humanitarian access. Other tactics shared by interviewees include:

- Enlisting security teams on the ground
- Having rigorous protocols in place for the safety of workers
- Understanding local norms and dynamics
- Building trust within the community through frequent and transparent dialogue
- Collecting data to advocate for better protection and respect for humanitarian law



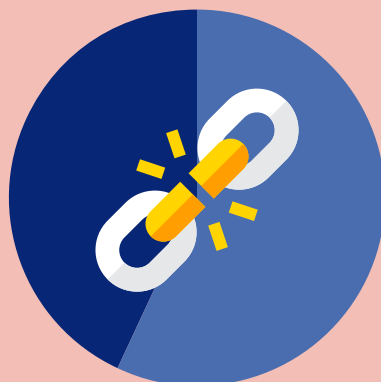
Devex interviewees note that taking the bigger health ecosystem into account when designing health projects is essential for long-term sustainability. Partnerships with stakeholders working across different sectors and issues, for example, can address some of the broader barriers to health access. Considering individuals livelihoods and providing transportation options to patients can bypass economic challenges and increase health coverage. Smile Train, for example, offers Smile Grants to cover the cost of lodging and food for families at the point of care, as well as transportation to and from the treatment facility. These grants ensure comprehensive cleft care is available for all patients, including those living at the last mile of health.

Systemic supply-chain problems undermine sustainability

“Nutrition has extreme sustainability challenges. Constant supply blockages are among the biggest problems. Most nutrition interventions are dependent on the effectiveness, efficiency, and availability of supplies to be able to treat malnutrition and other cases. But in most of these situations, we have constant supply pipeline problems and blockages.”

– Sadik Mohamed, Action Against Hunger

Well-functioning supply-chains form the backbone of health systems and are critical to deliver medicines, vaccines, and other health products. In many LMICs, medical supply-chains fail affecting the overall health system's ability to respond to local health needs. For instance, the continuation of immunization services depends on key inputs including vaccines, cold chain equipment, and other supplies. Stock outs and poor maintenance of cold-chain equipment can cause immunization projects to collapse. Devex interviewees believe that poor supply-chains are a serious barrier to long-term sustainability. This is particularly the case in conflict zones or remote locations where transport, logistics, and supplies are costly and difficult.



57% of interviewees say that weak supply-chains impact project sustainability

“In hard-to-reach areas where there's no electricity, it can be very difficult to transport kerosene, which is vital for keeping vaccines longer in the cold chain.”

— Filimona Bisrat, CORE Group Polio Project

Technology can contribute to sustainability, but it's no guarantee

“Technology is part of the solution but we never assume that technology is the answer. We look at both technology and human behavior, using behavioral science and insights, to inform interventions.”

— Jeannie Annan, International Rescue Committee



Technology is bringing radical change to the health sector with promising breakthrough innovations like the development of the Ebola vaccine—and is often heralded as instrumental to elevating health outcomes among vulnerable communities.⁴ Allowing organizations to do more with less, Devex interviewees believe that technology is an increasingly important component of successful and sustainable health projects. But while technology can increase the speed, access, and accuracy of both service delivery and monitoring, Devex interviewees caution against an over-reliance on technology. Simple, tailored designs that are appropriate at the local level results in greater community buy-in and long-term technological adaptation. Low-tech innovations such as the mid-upper arm circumference band, which has a color-coded tape measuring degrees of malnutrition, are easily understood and effective tools for both health workers and parents of malnourished children.



91% of Devex interviewees believe that appropriate technology can be an integral component of sustainable projects



⁴ <https://www.devex.com/news/sponsored/the-next-frontier-for-intelligent-health-technology-93404>

Innovative technology in health care:



Technology impacts nearly all areas of health care. Here are some examples of innovative health technology that changes the way health care is accessed and delivered:

TRAINING: [Virtual Surgery Simulators](#) leverage state-of-the-art technology to provide surgeons around the world with next generation surgical training of surgical techniques in cleft lip and palate repair.

RECORD KEEPING: Developed by the World Food Programme, [SCOPE CODA](#) is a cloud-based data management system used in malnutrition treatment projects, replacing pen-and-paper records with smartphone devices and a personalized smart card linked to an electronic database. Other digital patient record databases, such as [Smile Train Express](#), enable health practitioners to assess patient history, treatment records, and track outcomes.

MONITORING: The CORE Group Polio Project in Ethiopia pioneered the use of mobile and web-based applications for community-based disease surveillance. Today, all of the CGPP country teams have adopted a similar system for data reporting and surveillance to improve early case detection and reporting of polio outbreaks.

COMMUNICATION: Despite data privacy and security concerns, doctors in remote parts of the world are able to consult with world class professionals in real-time through publicly available communication platforms like Whatsapp.

DIAGNOSIS: Conventional methods of diagnosing malnutrition involve taking anthropometric measurements, which are prone to error and involve dealing with cumbersome equipment as well as restless children. Action Against Hunger is pioneering innovative solutions, including SMARTplus, a suite of tools used in nutritional assessments to integrate mobile data collection with analysis and artificial intelligence. This then generates a digital diagnosis of malnutrition based on scanned photos.

STORAGE: [Solar vaccine refrigerators](#) provide a reliable cold-chain for vitally important vaccines, even in the most remote areas.

REHABILITATION: [Smile Train Speech Games and Practice](#) is a free, interactive smartphone app for children with cleft palate speech problems. It involves stories, games, and songs to improve their speech.

DIETARY SUPPLEMENTS: Ready-to-Use Therapeutic Food products such as [Plumpy'nut](#), a high-energy peanut-based paste, are used to counter severe malnutrition in children in hard-to-reach areas. As a simple yet revolutionary innovation, it does not need clean water to swallow, nor does it need to be cooked or refrigerated.

DELIVERY: [Unmanned aerial vehicles](#) are a logistics solution in remote and low-resource settings, and can be used to transport medical samples, drugs and vaccines, and other lifesaving products.

Women often hold the key to sustainable projects



48% of interviewees say that women have lower access to health care and gender challenges impact project sustainability

“Gender consideration is absolutely important for sustainability. Where women have no voice at the household level, male involvement in nutrition education is key to reducing undernutrition.”

— Gloria Kisia,
Action Against Hunger

“Women are often running households. As the main caregivers, they set examples for the behavior of their children. So the centrality of women in terms of their role and influence is absolutely critical in terms of sustainability, certainly in health.”

— Michelle Gayer, International Rescue Committee

Women are essential drivers of sustainable healthcare. In many societies, women are the primary caregivers for children, the elderly, and the people living with a disability.⁵ Studies have shown that the more empowered women are, the better positioned they are to make the right health care decisions for their families.⁶

But women are often marginalized, instead of empowered, to participate in the health care system and make their own health care decisions. Interviewees reveal that health initiatives for health are too often weakened by a lack of female talent, ideas, and knowledge. Factors including income, cultural norms, social status, legal rights, and education all impact women's ability to access health services. According to Devex interviewees, projects cannot achieve long-term results if these gender aspects are not taken into account.

⁵ http://www.wpro.who.int/publications/docs/ReachingthePoor_ChildHealthandPoverty_Part2.pdf

⁶ <https://dhsproject.com/pubs/pdf/OD32/OD32.pdf#page=61>



CASE STUDY

Stigma: a break on sustainability

Stigmatization is a serious barrier to health project implementation. For example, the myth that a woman who gave birth to a child with cleft lip or palate has been promiscuous or laughed at someone with a cleft during pregnancy can have serious implications. It breaks up families, forces parents to hide or abandon children, and, in extreme cases, leads even to infanticide.⁷

“Very often, mothers are the ones who are ‘blamed’ for their child’s cleft and this has serious social and economic implications for them. They can become isolated, more difficult to reach, and further marginalized. They can lose their employment, they can lose familial economic support. The burden of this health condition disproportionately affects women who have children with clefts.”

— Susannah Schaefer, Smile Train

Implementing health projects is not only about providing services, but also about education and awareness building. A third of Devex interviewees say that without addressing stigmatization and considering cultural beliefs, projects will fail to produce intended long-term impacts.

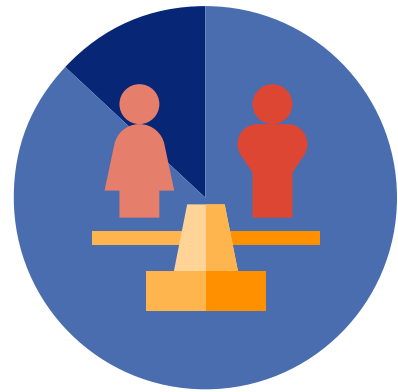
“The cause of cleft is not very well known and it’s driven by a large number of superstitions. Some people believe that cleft happened because of the lunar eclipse. Or cleft happened because of bad karma or bad actions of the mother. That’s a huge challenge for us as an organization.”

— Mamta Carrol, Smile Train

⁷ <https://journals.sagepub.com/doi/full/10.1177/1055665617721919>

“Different genders bring different strengths to any project. Looking at the culture and community sensitivities, there are interventions that are best delivered by female health workers because they identify with the challenges and are more compassionate or patient. Those are strengths that are vital for sustainability, especially for patient awareness and mobilization at the community level.”

— Esther Njoroge, Smile Train



87% of Devex interviewees agree that gender considerations are key for sustainability

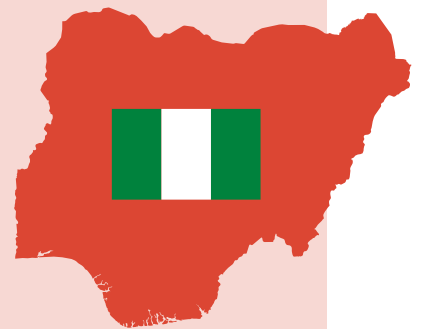
Devex interviewees value gender-sensitive interventions that strengthen a woman's role as decision-makers and gatekeepers of family health and say that longevity of interventions and behavior change are often tied to the involvement of women and girls. Interviewees also cite the clear economic benefits associated with empowering women as well as the multiplier effect experienced when women play more active roles in health projects.



CASE STUDY

Grassroots Smile Initiative

In Kano, Nigeria, local NGO Grassroots Smile Initiative leveraged a grant by Smile Train to empower and educate women in the community on financial literacy. As part of a polygamous society, these women are often disenfranchised, with many children and no source of income. Some mothers of children with clefts use the child to beg for food in order to feed the rest of the family. Grassroots Smile Initiative led empowerment workshops for these mothers and gave them training on how to build microbusinesses and provided them with seed capital to set up shop. Through the buying and selling of sugar and other sundries at a small markup, mothers are able to gain some financial stability for their families.



Organizational Profiles



The CORE Group Polio Project (CGPP) is a USAID-funded initiative made up of a consortium of NGOs supporting polio eradication. Independent of CORE Group, the project provides financial help and on-the-ground technical guidance and support to strengthen government efforts to eradicate polio. With more than 15,000 community health volunteers, the CGPP supports vaccination campaigns, conducts community-based acute flaccid paralysis surveillance, promotes routine immunization, tracks the vaccination status of children under five years old, newborns and pregnant women, and mobilizes communities to actively participate in vaccination services. CGPP has worked in 11 countries since its inception in 1999 and currently operates in India, Ethiopia, South Sudan, Nigeria, Kenya, Somalia, Uganda, and with limited presence in Afghanistan.

Sustainability at CGPP means:

- Sustaining community participation and strengthening community engagement in polio vaccination to achieve population immunity and prevent and respond to any future polio outbreaks
- Leveraging behavior-change communication — advocacy, education, interpersonal communication, group dialogue, and social and community mobilization
- Focusing on community-based surveillance, campaign planning, independent campaign monitoring, vaccine registers, and tracking children's vaccinations

“You cannot and should not rely on indefinite external funding of health services. Sooner or later donors leave and locals need to run their own show.”

— Lee Losey, CORE Group Polio Project

Organizational Profiles



The only private philanthropic investment vehicle of its kind, the END Fund aims to control and eliminate the five most prevalent NTDs: intestinal worms, schistosomiasis, lymphatic filariasis, trachoma, and river blindness. Backed by a group of global philanthropists, the END Fund provides financing and technical expertise for nationwide disease control initiatives. Since its launch in 2012, the END Fund has partnered with governments as well as local and international organizations to deliver 724 million treatments for NTDs in 30 countries with a special focus on Africa.

Sustainability at the END Fund means:

- Mobilizing and directing resources to optimize impact
- Advocating for innovative, integrated and cost-effective NTD projects
- Facilitating private sector engagement to address the effects of NTDs

“We definitely focus on sustainability and part of that means creating risk management systems and an exit strategy at the beginning of projects.”

— Kimberly Kamara, the
END Fund

Organizational Profiles



With the goal of ending life-threatening hunger in our lifetimes, Action Against Hunger has been treating and preventing hunger for more than 40 years. Its projects range from nutrition, food security and livelihoods, disaster risk reduction, water, sanitation and hygiene to emergency response and advocacy. These projects are often launched during crisis situations, conflict, war, and natural disaster and focus on the most vulnerable, including young children under five years old and pregnant or nursing women. Action Against Hunger served more than 21 million people in 2018 alone.

Sustainability at Action Against Hunger means:

- Engaging actively in resilience-building
- Advocating for nutrition-sensitive agriculture and food system policies
- Advancing in evidence and research to improve effectiveness and efficiency of interventions
- Integrating projects with health, mental health, care practices, nutrition, and water, sanitation and hygiene to address various causal factors of undernutrition
- Forging strong partnerships with NGOs, civil society organizations and local authorities to maximize long-term impact

“There is a lot of need now but money is limited, and that’s why the whole idea of ensuring evidence-based programming and sustainability is so important.”

— Dr. Charles Owubah,
Action Against Hunger

Organizational Profiles



The International Rescue Committee responds to the world's worst humanitarian crises, helping to restore health, safety, education, economic wellbeing, and power to people devastated by conflict and disaster. Founded in 1933 at the call of Albert Einstein, the IRC is at work in over 40 countries and 26 offices across the U.S. helping people to survive, reclaim control of their future, and strengthen their communities.

Sustainability at IRC means:

- Focusing on research and data gathering
- Ensuring evidence-based project planning and decision-making
- Tapping extensive on-the-ground experience
- Monitoring and tracking performance to ensure quality long-term outcomes
- Maintaining a dedicated research and innovation department

“What we do differently is combine immediate response with deep analysis, so we can course-correct as we go if needed.”

— Alyoscia D'Onofrio,
International Rescue
Committee

Organizational Profiles



Smile Train is the first cleft-focused NGO with a sustainable model of treatment through empowering local medical professionals. The world's largest cleft charity, Smile Train has supported more than 1.5 million cleft repair surgeries since its founding in 1999. The organization partners with local hospitals and provides training, funding, and resources to in-country medical professionals, empowering them to provide free cleft repair surgery and comprehensive cleft care in their own communities. Smile Train ensures partner surgeons, anesthesiologists, nurses, orthodontists, speech therapists, nutritionists, and other treatment professionals have access to continuing education with the goal of ensuring patients are always receiving the best standard and quality of care.

Sustainability at Smile Train means:

- Building strong partnerships with local hospitals and service providers on the ground
- Training doctors, health workers, and other cleft care professionals
- Supporting patient data collection and offering solutions to improve care and results
- Working with partners to develop training curriculums and diagnostic tools

“Smile Train was founded with the belief that it is more effective and more sustainable to empower people in LMICs to provide health care themselves rather than sending in others to do it for them.”

— Susannah Schaefer,
Smile Train

Acknowledgements

This report is the result of contributions from numerous individuals and organizations. We would like to thank all participating organizations and especially our in-depth interviewees for sharing your passion, knowledge, and experience.

CORE Group Polio Project

- Ahmed Arale, Secretariat Director in Kenya and Somalia
- Filimona Bisrat, Secretariat Director in Ethiopia
- Lee Losey, Deputy Director and Technical Lead
- Roma Solomon, Secretariat Director in India
- Samuel Usman, Secretariat Director in Nigeria

International Rescue Committee

- Jeannie Annan, Chief Scientist
- Alyoscia D'Onofrio, Vice President and Head of Technical Excellence
- Michelle Gayer, Director of Emergency Health
- Stacey Mearns, Senior Health Coordinator for Emergency Health Response
- Mesfin Tessema, Senior Director for Health

The END Fund

- Claire Chaumont, Director, Program Evidence, Measurement and Evaluation
- Kimberly Kamara, Senior Director, Programs
- Karen Palacio, Senior Director, Programs

Action Against Hunger

- Sebit Ahmed, Deputy Head of Nutrition in South Sudan
- Gloria Kisia, Technical Coordinator in Tanzania
- Hajir Maalim, Regional Director, Horn & East Africa
- Sadik Mohamed, Nutrition Coordinator in Somalia
- Charles Owubah, CEO

Smile Train

- Mamta Carroll, Vice President and Regional Director, Asia Programs
- Kimmy Flaviano, Area Director, South East Asia Programs
- Esther Njoroge, Vice President and Regional Director, Africa
- Susannah Schaefer, Executive Vice Chair, President, and CEO
- Erin Stieber, Senior Vice President, Programs

Photo Credits

Page 7

Photo by A. D'Unienville, International Rescue Committee

Page 9

Photo by F. Conlon, CORE Group Polio Project

Page 11

Photo by A. Parsons, Action Against Hunger

Page 14

Photo by L. Arango, Action Against Hunger

Page 16

Photo by L. Arango, Action Against Hunger

Page 17

Photo by The END Fund

Page 20

Photo by T. Trenchard, International Rescue Committee

Page 22

Photo by Smile Train

