

Literature Review: Health related Sustainability in  
developing countries.

Chandel Perez

ANT 3940 Global Health Internship

April 22, 2020

## **Introduction**

This report presents an analysis of sustainability in health-related Non-Governmental-Organizations (NGOs) in so-called “developing countries.” NGOs are considered organizations that are not governmental and not for profit, therefore, health-related NGOs provide health services, raise awareness in health, advocate for policy change and work with other organizations to address health issues in developing countries (Yanacopulos 2017, 1). The United Nations defines a “developing country” as a country with a gross national income of \$1,005 or less per capita. The UN classifies countries in regions such as Asia, Africa, Latin America, and the Caribbean as developing countries (Statistical Index, 2012). This literature also highlights the facts that NGOs have not considered sustainability as a “priority” and have treated it as a “latent concern” (Shediac-Rizkallah and Bone 1998, 87). This report uses the World Health Organization’s definition, “sustainability,” define as “the ability of a project to continue to function effectively, for the near future, with high treatment coverage, integrated into available health care services, with strong community ownership using resources mobilized by the community and government” (Leffers and Mitchell 2010, 92). The problem with lack of sustainability is that most NGOs do not finish their projects and most communities cannot continue the project on their own, especially in developing countries. This creates a bad reputation for NGOs within local/host communities, which then become hesitant to receive future help from NGOs (Leffers and Mitchell 2010, 93). The three frameworks I present in this report are the capacity building frameworks by Shediac-Rizhallah and Bone, the conceptual model by Leffer and Mitchell and the CSSA framework by Sarriot and his colleagues. These

authors' models present possible best practices for IMO sustainability project in Haiti and other international relationships.

### **NGOs' Views and History on Sustainability.**

Sustainability is now a growing concern for most NGOs. There is a clear pattern mentioned in the literature for the suspension of most of these programs. Most programs that failed did not plan for sustainability, had limiting funding, were unable to adapt to the environment throughout time and had poor community support (Shediac-Rizkallah and Bone 1998, 95). Often, NGOs have early planning for sustainability but little knowledge if their plan was going to be effective throughout time. Thus, it is important to have multiple strategies of sustainability in case any earlier plans fail (Shediac-Rizkallah and Bones 1998, 91) A positive outcome the NGO case study presented by Shediac-Rizkallah and Bone had was having "capacity building" with its community members. Capacity building is defined as "the nurturing of and building upon the strengths, resources and problem-solving abilities already present in individuals and communities" (Shediac-Rizkallah and Bone 1998, 95). If a good relationship develops with the host community, then the involvement of the community members plays a huge factor in the sustainability of the program. This demonstrates how sustainability needs to be considered a priority and part of a NGOs planning process. For example, the importance of this is showed with NGOs that work with children health in global health communities. Most of these NGOs did not have a long-lasting impact in the communities, they were working with because sustainability was not a priority. Most NGOs did not consider sustainability a priority because

they entered communities with short-term goals, little funding, or the belief that sustainability is not possible (Sarriot and et al 2004, 24).

While changing the approach of sustainability is important, there are three crucial factors on why the latent goal of sustainability needs to change. First, when a program is terminated, the original goals of the program are undermined or unmet because the original disease remains or reappears. Second, many NGOs face difficulties with funding being withdrawn or being insufficient for the programs long-term goals. The third and final reason is that new NGOs may find themselves with little community support due to trust issues developed by earlier programs that left abruptly or inappropriately (Shediak-Rizkallah and Bones 1998, 88). The remainder of this paper discusses the best frameworks that were used for previous HGOs that were successful in creating sustainability.

## **Framework**

This section presents the three most effective sustainability frameworks discovered through extensive literature reviews.

### ***Conceptual Framework for Partnership and Sustainability.***

Leffers and Mitchell used a Conceptual Framework for Partnership and Sustainability in Global Health Nursing. This framework highlights the concept of community engagement and partnership as essential forerunner for sustainability (Leffers and Mitchell 2010, 95). Their model has two parts: Partnership model and Sustainability Interventions. In the first part of the model, Leffers and Mitchell identify that *engagement* is necessary with their host countries. Engagement involved collaborating, partnering, culture bridging, capacity building and mutual

goal setting. The second part of the model is *effective partnership*, that is, trust, shared learning, and participatory decision (Leffers and Mitchell 2010, 100). For example, the nurses classified a successful global partnership as being able to live in uncomfortable conditions, being open to other's perspectives, willing to share or give leadership to host communities, and advocated for social justice in those communities (Leffers and Mitchell 2010, 95). They would achieve this goal by using the engagement process and effective partnership. The nurses would participate in engagement process and effective partnership by listening and learning from their host communities, having equal and participation decision making and understanding the culture, history and need of their host communities (Leffers and Mitchell 2010, 96).

### **Child Survival Sustainability Assessment (CSSA).**

Sarriot and colleagues work with child health-related NGOs and they used a framework called CSSA (Child Survival Sustainability Assessment). This type of model uses an approach to systematically evaluate the progress measured and used participatory sustainability assessment with host communities. Within this model, Sarriot and his colleagues worked with host communities and gathered information for what they considered sustainable health. The CSSA has three dimensions with general elements of sustainable health. Dimension One focuses on health outcomes and health social service approach. This dimension focuses on addressing health objectives, for example, immunization coverages and child growth. It also focuses on consistent health and social services such as quality cost and accessibility (Sarriot and et al 2004, 26). Dimension Two focuses on local organizational capacity and local organizational viability. This dimension concentrates on the capacity of these organizations existing such as essential services and activities. A good example is whether the organization administration can perform its mission (Sarriot and et al 2004, 27). Dimension Three focuses on community competence and

capacity, human economic, political and policy environment. This dimension emphasizes cultural acceptance, social cohesion, and collective efficacy. It also focuses on environmental factors such as national and regional conditions, the economy and political and ecological environment (Sarriot and et al 2004, 28). Sarriot and Colleagues write, “Part of the challenge has been a conceptual lack of clarity and methodological challenges with the evaluation sustainability.....” “We need to value, measure and improve how we deal with sustainability through our health programs”(Sarriot and et al 2004, 38). The authors believe NGO’s sustainability is achievable by improving NGO’s health programs through the proper use of methods like, *CSSA*.

### ***Sustainability through Capacity Building.***

Shediac-Rizkallah and Bone use three conceptual frameworks which are maintaining health benefits achieved through the initial program, continuation of the program activities with an organizational structure, and building the capacity of the recipient community (Shediac-Rizkallah and Bone 1998, 91). In the first part of the model, the authors emphasize two reasons why the importance of interventions programs must focus on *sustaining behaviors* and not just strategies on initial behavior. First, change in the population health habit are accomplished through education and social change because change in an environment is important, which needs support and reinforcement (Shediac-Rizkallah and Bone 1998, 92). Second, *intervention and education* needs to be taught to newer generations so individuals can learn from them (Shediac-Rizkallah and Bone 1998, 93). In the second part of the model, the

authors discuss how programs within NGOs become institutionalized and the innovation of the program becomes a routine and loses its identity (Shediac-Rizkallah and Bone 1998, 94). The third part of the model is “capacity building” which is also used in Bryne’s research on Haiti Global Outreach. The authors define it as a model of “community level change and community development can provide the appropriate conceptual perspective from which to view the process of building the problem-solving abilities of individuals and the larger communities” (Shediac-Rizkallah and Bone 1998, 95). This model focuses on host community’s involvement, competence and empowerment which allows individuals to work together for mutual goal. It also allows the host communities to participate with health professionals from those NGOs in defining their health problems and finding solutions to those problems ( Shediac-Rizkallah and Bone 1998, 95).

### **Results: Capacity Building as a Way Forward for IMO**

IMO can use the framework of “Capacity building” and apply it to their current project on Haiti sustainability. They are already a few steps ahead by having workshops to teach their members some few cultural aspects of Haiti, having fundraisers to bring resources to Haiti, Haitian translator and guide and anthropology interns to do research for projects sustainability. These are all perfect examples of culture competency, proper planning, and the use of cultural brokers. The improvements that IMO can work on is their collaboration with the locals in Mare Brignol. IMO one connection to Haiti was a member of IMO who is Haitian and a translator, but there is not an actual connection with anyone else in Haiti or in Mare Brignol. IMO should

collaborate and form a partnership with leaders of the communities in Mare Brignol for they can help contribute to sustainability projects such as the moringa farm. The organization needs better planning for adaptation incase their one guide to Haiti may not be available and being able to collaborate with community leader would be a suitable alternative. But there are many health problems that IMO is tackling such as hypertension and vitamin A deficiency. If IMO wants to tackle all these problems, capacity building needs to be applied. Engaging with the community by educating them how work the moringa farm and allowing them to collaborate and input ideas on what resources they do need is a good example of capacity building.

Overall, the results are capacity building, leadership, partnership, proper planning, and sustainable development. Qualities such as culture competency, collaboration, and partnership fall under the category of capacity building. In Leffers and Mitchell's research the nurses in their study emphasize the importance of cultural competency. The nurses lacked cultural awareness in the countries they were assigned to work in. This caused negative interactions between nurses and the locals. The authors state the use of cultural broker would help the nurses enhance interactions with locals in the host communities (98). The nurses were also required to use collaboration for the author define collaboration as "equal distribution of power" and being able to achieve best outcomes while working together to reach a mutual goal (95). Leffer and Mitchell also pointed for overall health projects would be sustainable with partnership and strong leadership. The authors define partnership as engagement and relationships building process and having mutual agreements (96). They also define leadership as a passionate leader and someone who champions the project overtime (96). Another result that was mentioned was sustainable development. It was defined by Shediak-Rizkallah and Bone as "development that meets the need of the present without compromising the ability of the future generations to meet their own



needs” (106). The authors called this a “broader perspective” on sustainability which considers everyone health and wellbeing in the communities and not just focusing in one health problem. The last result is the importance of planning. Resources and adaption fall under the category of proper planning. One the thing the Shediac-Rizkallah and Bone mentioned was that sustainability was considered a “latent concern” which created poor planning for sustainability. The authors mentioned “that adequate resources for health are critical issue in all programs” (106). NGO need to come prepared with their resources (human, material, financial) and be ready to adapt if they run low in any of those resources. They also have asked the host communities what resources they need.

## **Conclusion**

Overall, the literature features many frameworks and methodologies used by health-related sustainability and NGOs in developing countries. Authors express concerns with NGO is that sustainability is considered a “latent” concern and there is no proper planning for long lasting projects. Poor planning establish mistrust with host communities and created bad reputations for future NGOs who are willing to help those communities. The results conducted by the researchers to help NGO sustainability are cultural competency, host community collaborations, planning, capacity building, the use of cultural brokers, partnership, leadership, adaptation to the environment, resources, and sustainable development. The Capacity Building framework can be applied to help improve IMO project on Haiti sustainability.

## References

Byrne, Sharon K., Shonta D. Collins, and Melissa Martelly. "Sustainable Global Health Outreach in Haiti: Service Learning for Primary Care Nurse Practitioner Students." *The Journal for Nurse Practitioners* 10, no. 8 (July 2014). <https://doi.org/10.1016/j.nurpra.2014.07.004>.

Leffers, Jeanne, and Emma Mitchell. "Conceptual Model for Partnership and Sustainability in Global Health." *Public Health Nursing* 28, no. 1 (2010): 91–102. <https://doi.org/10.1111/j.1525-1446.2010.00892.x>.

Sarriot, Eric G., Peter J. Winch, Leo J. Ryan, Janice Bowie, Michelle Kouletio, Eric Swedberg, Karen Leban, Jay Edison, Rikki Welch, and Michel C. Pacqué. "A Methodological Approach and Framework for Sustainability Assessment in NGO-Implemented Primary Health Care Programs." *The International Journal of Health Planning and Management* 19, no. 1 (2004): 23–41. <https://doi.org/10.1002/hpm.744>.

Sarriot, Eric G., Peter J. Winch, Leo J. Ryan, Jay Edison, Janice Bowie, Eric Swedberg, and Rikki Welch. "Qualitative Research to Make Practical Sense of Sustainability in Primary Health Care Projects Implemented by Non-Governmental Organizations." *The International Journal of Health Planning and Management* 19, no. 1 (2004): 3–22. <https://doi.org/10.1002/hpm.743>

Shediak-Rizkallah, M. C., and L. R. Bone. "Planning for the Sustainability of Community-Based Health Programs: Conceptual Frameworks and Future Directions for Research, Practice and Policy." *Health Education Research* 13, no. 1 (January 1998): 87–108. <https://doi.org/10.1093/her/13.1.87>.

"Statistical Annex." United Nations, 2012. [https://www.un.org/en/development/desa/policy/wesp/wesp\\_current/2012country\\_class.pdf](https://www.un.org/en/development/desa/policy/wesp/wesp_current/2012country_class.pdf).

Yanacopulos, H. "NGOs (Nongovernmental Organizations) ☆." *Reference Module in Biomedical Sciences*, 2017. <https://doi.org/10.1016/b978-0-12-801238-3.02968-8>.