

SCALING AND SUSTAINING ADOLESCENT SEXUAL REPRODUCTIVE HEALTH PROGRAMS IN THE PUBLIC SECTOR IN SUB-SAHARAN AFRICA



SPRING
IMPACT

ABOUT SPRING IMPACT

Spring Impact is a global non-profit on a mission to scale social impact. Spring Impact works directly with mission-driven non-profits and funders around the world, supporting them to scale and sustain social impact. Spring Impact has extensive experience in global health, having worked with over 200 social enterprise and non-profit clients in over 40 countries globally, more than a third of which focus on health services. Spring Impact has applied its thinking and expertise to programs integrating into public health systems to help ensure sustainability.

ABOUT THE WILLIAM AND FLORA HEWLETT FOUNDATION

The William and Flora Hewlett Foundation is a nonpartisan, private charitable foundation that advances ideas and supports institutions to promote a better world.

For more than 50 years, the foundation has supported efforts to advance education for all, preserve the environment, improve lives and livelihoods in developing countries, promote the health and economic well-being of women, support vibrant performing arts, strengthen Bay Area communities and make the philanthropy sector more effective.

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All photography was sourced from the Images of Empowerment collection created by the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation, and Getty Images. Images do not directly link to the countries or case studies referenced.

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EXECUTIVE SUMMARY

Governments are instrumental to the sustainable scale-up of health services in their country. The delivery of full-coverage healthcare services in a country often requires deep collaboration between civil society and the public and private sectors. While each stakeholder has a role to play, the global move towards universal healthcare has increased governments' mandate to ensure access to quality services for their population; and in many places, subsidized public services are the most accessible option for marginalized groups.¹

As such, many health-focused CSOs are pivoting their activities towards supporting governments to meet their health services goals, rather than delivering programs in parallel.² But there still remain questions about how to do this effectively and sustainably.





ASRH is an interesting lens to explore the challenge of how CSOs can work in partnership with governments to achieve sustainable scale of healthcare programs

Adolescent sexual and reproductive health (ASRH) is a critical need to address. Despite a growing global adolescent population, particularly in Sub-Saharan Africa, and the long-term individual and societal effects of risky adolescent sexual behavior,³ ASRH has historically been an underinvested part of healthcare.⁴ ASRH programs tend to be particularly complex, as a range of social, cultural, political and economic factors influence the sexual and reproductive health of adolescents.⁵ International CSOs, multilateral and bilateral funding agencies and private foundations have historically supported, and continue to support, governments and CSOs in low- and middle-income countries to implement ASRH programs.⁶ ASRH is therefore an interesting lens to explore the challenge of how CSOs can work in partnership with governments to achieve sustainable scale of healthcare programs.



PURPOSE AND METHODOLOGY

With the support of the William and Flora Hewlett Foundation, Spring Impact embarked on this research to answer two questions:

- 1** How have CSO-led ASRH programs in Sub-Saharan Africa achieved scale through the public sector?
- 2** Have these programs been sustained through public sector systems after official project implementation has ended, and if so, how?

Spring Impact determined CSO-led programs as those where the CSO played the lead role in development and oversight of the program, even if implemented in partnership with government.

¹ World Bank group, World Health Organization 'Tracking Universal Health Coverage: 2017 Global Monitoring Report' (Geneva: WHO, 2017).

² Smith, J., Buse, K., Gordon, C. 'Civil Society: The catalyst for ensuring health in the age of sustainable development' Globalization and Health, 12 (40) (London: BioMed Central, 2016); Langsam, K., Martin, E., Worsham, E. Leveraging Government Partnerships for Scaled Impact (North Carolina: Scaling Pathways, 2018).

³ Branson, N., Byker, T. 'Causes and consequences of teen childbearing: Evidence from a reproductive health intervention in South Africa' Journal of Health Economics, 57 (London: Elsevier, 2018).

⁴ Morris, J., Rushwan, H. 'Adolescent sexual and reproductive health: The global challenges' International Journal of Gynecology & Obstetrics, 131 (1) (London: Elsevier, 2015).

⁵ Svanemyr, J., Amin, A., Robles, O.J., Greene, M.E. 'Creating an enabling environment for adolescent sexual and reproductive health: A framework and promising approaches' Journal of Adolescent Health, 56 (1) (London: Elsevier, 2015) pp.s7-s14

⁶ Chandra-Mouli, V. et al 'Twenty Years After International Conference on Population and Development: Where Are We With Adolescent Sexual and Reproductive Health and Rights' Journal of Adolescent Health, 56(1). (Elsevier, 2015)

Through its extensive work on scaling impact, Spring Impact has observed that conversations about sustainability often focus on how an intervention will be sustained financially when donor funding ends, rather than considering what is needed for sustained impact. Within ASRH a shift to focus on sustained impact would mean ultimately judging sustainability on whether adolescents continue to access high-quality services, and whether critical indicators, such as reductions in teenage pregnancy, are maintained or improved. However, it can be assumed that in the majority of cases sustained impact will rely on sustained program implementation, which in turn requires sustained funding and resourcing. For this research Spring Impact therefore sought to understand sustainability through three distinct lenses: the impact that has been sustained, the program activities that continue to be implemented, and the funding that continues to be allocated by national or local governments and other non-governmental entities.

We analyzed four Sub-Saharan African ASRH programs, through literature reviews, stakeholder interviews and reviews of national data. These programs and their project dates were:

- Programa Geração Biz (PGB), Mozambique, 1997–2013
- National Adolescent Friendly Clinic Initiative (NAFCI), South Africa, 1999–2006
- Pathfinder's Reproductive Health/Family Planning and Integrated Family Health Project (IFHP), Ethiopia, 2005–2016
- Ghana Adolescent Reproductive Health Project (GHARH), Ghana, 2014–2017

All four programs were multi-year, multi-stakeholder and largely externally donor-funded. Leading CSOs developed partnerships with each country's Ministry of Health from the start. All four intended for government ownership of the program in the long-term, with some aspects of public sector implementation and funding.

The research team also conducted a review of existing sector literature and interviewed experts in the field including ASRH CSOs and their implementing partners, ASRH funders, public health officials and public health researchers.⁷ In developing the conclusions and recommendations, Spring Impact supplemented the research findings with wider knowledge and experience of providing scale-specific technical assistance to CSOs and their stakeholders within ASRH and beyond.

⁷ Please see the appendices for a full list of stakeholders interviewed and literature reviewed.



KEY FINDINGS

The case studies demonstrate there are examples of CSO-led ASRH programs that have achieved impact and significant scale through the public sector in Sub-Saharan Africa in the last decade. The research team noted five common key success factors that contributed to this success:

- 1 The program was introduced at a moment of opportune context and timing
- 2 Governments and end-users were involved from the outset, and the CSO ensured ongoing input from each stakeholder group during design and implementation of programs
- 3 Efforts were made to embed the programs into government processes and systems
- 4 CSOs provided technical support to governments to build capacity to support long-term implementation of the programs
- 5 Roll-out was a measured process

These key success factors broadly mirror those from established frameworks and literature on how to scale healthcare, particularly ASRH programs.⁸

The research team then explored the question of whether these programs had been sustained after official implementation had ended—considered, again, through the lenses of impact, sustained program implementation and ongoing funding. They found that a number of years on, none of the programs' intended impact had been sustained to the same level and none had achieved the sustainability goals as originally set out.

Where implementation of program activities continued, CSOs or other stakeholders were typically driving it rather than the public sector, even though the intention was for government implementation. In the cases where the public sector was driving implementation, delivery was inconsistent (e.g. some areas were implementing, while others were not), or piecemeal (e.g. some components of the programs were implemented, while others were not). Additionally, funding continued to come largely from external donors, rather than being financed out of the country's own budget.

At Spring Impact we have observed that it is often presumed that the reason programs fail to be sustained through the public sector is because government funding is not available. Certainly, the lack of sustainable, protected funding for ASRH in the case study programs was a key reason why their impact was not successfully sustained. However, there are a number of other contributing factors, which we believe reflect that more could have been done to fully consider a realistic path to sustainability. These include:

- ongoing implementation was piecemeal, so not all essential components of the program were sustained
- program costs were not possible to sustain within government budgets
- the process of transitioning to government systems was not fully supported or was carried out too quickly
- governments struggled to take on some of the more innovative and nuanced programmatic components

⁸ These include: ExpandNet, World Health Organization 'Practical guidance for scaling up health service innovations' (Geneva: World Health Organization, 2009); Worsham, E., Langsam, K., Martin, E. Leveraging Government Partnerships for Scaled Impact (North Carolina: Scaling Pathways, 2018).



RECOMMENDATIONS & CONCLUSIONS

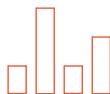
Our research recommendations apply to CSOs, donors, governments and the sector as a whole to consider how they adjust their approach to work more practically towards sustainability of impact in a shifting, resource-constrained public-sector context. Complementing existing frameworks on how to bring programs to scale, our focus is on sustainability.⁹ We hope this can contribute to the wider conversation on sustainability of public sector ASRH programming and global health initiatives as a whole.



FOR GOVERNMENT ACTORS:

Governments should be in the driving seat of health policy planning for their country. To ensure programming will ultimately lead to impact at scale, governments need to engage in sustainability planning—being clear about their national strategy and plans, the role they want to play in the future (e.g. whether they intend for ongoing implementation through the public sector or plan to steward it in other ways), and the support required to achieve this. Our recommendations for government actors are:

- 1** Protect policies and resources required for ASRH
- 2** Share your country or region's objectives and KPIs, in terms of health priorities and impact as well as local resource mobilization, to support progress towards these goals
- 3** Participate in program design and sustainability planning from the outset, being ambitious but realistic about the role government will play in implementation and funding in the future
- 4** Be transparent about what support is needed to achieve the 'end game' e.g. support to build capacity for sustainable adaptation
- 5** Ensure outcomes at scale can be tracked, linking back to the original objectives and KPIs



FOR CSOS:

CSOs should recognize governments as mutual partners and co-designers of a program's sustainability strategy. In considering where they can play a role CSOs need to focus on where their strengths and influence can best be employed, for example, up-skilling government and shifting behaviors of government providers. A sustainability strategy that considers the wider eco-system and stakeholders should guide CSOs' activities.

The recommendations below have been developed into a 'government end game tool', provided to accompany this report, intended as a stepwise tool to guide organizations in developing their own government sustainability strategy. Our recommendations for CSOs are:

- 1** Put impact first in your definition of scale and sustainability, focusing on what is needed to achieve sustained impact
- 2** Challenge yourself to be lean and question which parts of your program need sustaining
- 3** Start with an 'end game' vision of how each program component will be sustained and work backwards to consider the actions that can be taken towards that
- 4** Consider your role in the 'end game', and what role you are well-suited to play in the short and medium term
- 5** Consider how to create a balanced partnership, questioning how you can be a true partner to government

⁹ For publications on how to bring innovations to scale, please see Worsham, E., Langsam, K., Martin, E. Leveraging Government Partnerships for Scaled Impact (North Carolina: Scaling Pathways, 2018), and ExpandNet, World Health Organization, Practical guidance for scaling up health service innovations (Geneva: World Health Organization, 2009), as well as Spring Impact's Social Replication Toolkit (<https://toolkit.springimpact.org/Home>).



FOR FUNDERS:

Funders continue to be important players in global health programming. Funders can be extremely influential in encouraging positive behavior but, conversely, can sometimes create barriers by incentivizing unhelpful or even harmful behavior, or structuring grants or investments in ways that do not support sustainable impact at scale. Our recommendations for funders are:

- 1 Support CSOs to be specific and realistic about sustainability
- 2 Adjust funding models to better support sustainable impact at scale
- 3 Recognize where trade-offs may be needed in pursuit of sustainable impact
- 4 Ensure young people and communities are engaged in program design, but that innovation also responds to the constraints of government systems
- 5 Advocate for ASRH within international spheres, and, in partnership with CSOs, to national governments
- 6 Help to build a library of stories and evidence base on sustainability



FOR ALL STAKEHOLDERS:

CSOs, governments and funders can all take individual action to work together more effectively, but ultimately it is only through collaboration that we will achieve sustainable impact at scale of public sector ASRH programming and wider global health initiatives. Further recommendations for all stakeholders are:

- 1 Consider sustainability through the three lenses of impact, implementation and funding
- 2 Work together to devise, refine and adapt sustainability plans
- 3 Agree clear expectations for Monitoring & Evaluation (M&E) activities, including after official project implementation ends
- 4 Work together to consider how dynamic programming can be sustained over time
- 5 Continue to champion the rights of adolescents and the need for ASRH

Our recommendations set out clear actions each stakeholder can take to consider how better to support systematic and sustainable scale of ASRH interventions, recognizing that each stakeholder brings their own distinctive strengths. However, these are just a starting point. What remains central is that these issues will only be tackled, and sustainability achieved, if as a sector we hold ourselves and others to account on how we are pursuing sustainable impact at scale.