

National Policy Dialogue on the Transition and Sustainability of Public Health Nutrition Programs

July 27, 2011
Kampala, Uganda



Ministry of Health



Acronyms

FANTA-2	Food and Nutrition Technical Assistance Project
GAIN	Global Alliance for Improved Nutrition Project
HSSP	Health Sector Strategic Plan
Mak-CHS	Makerere University, College of Health Sciences
MOH	Ministry of Health
MHN	Maternal Health and Nutrition
NAADS	National Agricultural Advisory Services
NARO	National Agricultural Research Organization
NuLife	Food & Nutrition Interventions for Uganda
SURE	Supporting Use of Research Evidence for Policy in African Health Systems
USAID	United States Agency for International Development
VHTs	Village Health Teams



Introduction

A National Dialogue on the Transition and Sustainability of Public Health Nutrition Programs was held on July 27, 2011 in Kampala. This was borne out of a growing concern that many a time decision makers are faced with a dilemma: following a successful

period for their programs or projects in terms of service delivery and achieving their aims, and these being in line with the country's development agenda, they soon face uncertainty as donor funding which was key to their success comes to an end. This has led to a number of programs winding up as donor funding ends, despite the program's proven efficacy and benefit to the target population. This may actually lead to (or indeed points to) a gap in managing transition and sustainability of programs into local management.

This dialogue was therefore aimed at sharing ideas on how to support the transition and sustainability of public health nutrition programs. 35 participants (54% female, 46% male) attended the dialogue representing government, researchers/academia, development partners, civil society and private sector.

The objectives of the dialogue included:

- To exchange, contribute ideas and share experiences
- To share available evidence based information on sustainability of public health programs
- Have a common understanding of strategies as shared by different nutrition project managers
- Identify tools and benchmarks for monitoring transition and sustainability

The dialogues rules of engagement included:

- Free discussion
- Confidentiality
- Moderated and focussed
- Adhere to the schedule

- Every idea counts and no intimidation

The main expected output of the dialogue was:

- A report on dialogue deliberations that would be widely disseminated but also followed up to senior management of the Ministry of Health

Session 1: Opening Remarks and Presentation of Projects/Case studies

Opening remarks by the Director General Health Services, Ministry of Health

A message from the Director General of Ministry of Health was delivered to the participants by a MOH official highlighting reasons that have led to the dialogue being held and listed the four reasons why everyone needed to be concerned about the issue of public health program sustainability, including the fact that if programs were discontinued fast, there was a risk of losing all the investment made and not even giving enough time to realise the benefit. He noted that in fact this concern is in line with the Paris Declaration on Aid effectiveness and is also in line with the concerns of the Ministry of Health. He called for attention to be paid to several issues including the need for continued bilateral engagement through partnerships throughout or for the better part of the program or project's initial period, during the transition period and even following transfer of management.

The DG apologized for not being able to make it to the event as he was held up by other duties but wished the participants fruitful discussions.

Case study 1: USAID - NuLife Project

The project was designed to address malnutrition as an emergency situation in maternal health. It was a 3 year project; however it put in place mechanisms for the project to continue after that. The project worked with the ministry of health (MOH) and health facilities in selected districts. The project requirements included therapeutic foods, capable health workers and a functional team at the ministry of health. For the duration of the project the therapeutic food were imported, but

while capacity was being built for a local industry. The project had a small technical team and worked with ministry of health and health facilities for continuity. The USG partners were trained for continuity. To be able to effectively link health facilities with communities the project



invested in Village Health Teams (VHTs), an existing ministry of health structure at village level.

Lessons learnt

- It takes 2 to tangle and sustain a program. With USAID projects it is not always obvious it will rollover and it is safer to work with the ministry of health which is a permanent structure or institution
- Have discussions with the ministry of health from the beginning to help the transition
- There has to be willingness between the donor and the ministry of health

Case study 2: USAID- A2Z Project

The project had 4 components including

- Maternal health and nutrition (MHN)
- Food fortification
- Vitamin A supplementation
- Monitoring and evaluation

For continuity, the MHN component has been passed on to Strides while the food fortification component is in the ministry of health and will continue. The project is working closely with the ministry of health under the monitoring and evaluation component and key indicators to monitor will be identified. The vitamin A

supplementation component was working closely with ministry of health and has become the child-days ongoing program in the ministry.

Case study 3: Ministry of Health GAIN – Supported Food Fortification Project

The project was designed to strengthen food fortification in Uganda to address micronutrient malnutrition. It is a 3 year project but a 5 year program. It has 5 components including management, production and distribution, social marketing, M & E and ownership. Project Management is with Ministry of Health (MOH) while production and distribution is with NARO (National Agricultural Research Organisation)

Social marketing is done with MOH and Uganda Consumers Protection Association



while M & E is done with Uganda National Bureau of Standards and National Drug Authority and Makerere University School of Food Science and Technology and Ministry of Health. In terms of ownership there is the National working group which is a multi-sectoral.

To ensure sustainability the program is voluntary. However, mandatory fortification is being introduced because the voluntary has not been entirely effective.

The main challenge faced is that industries are not consistently producing fortified foods.

Case study 4: HarvestPlus Project

It was a research project to disseminate orange fleshed sweet potato. The steps of implementation included creating awareness, followed by dissemination activities. Regarding sustainability, the project linked with National Agricultural Advisory Services (NAADS) coordinators at sub county level and trained community volunteers

and seed multipliers. To ensure sustainability of the project, committees were developed at parish level, to continue overseeing the project activities and the district was informed when it ended.

Lessons learnt

- Mobilization was done
- Capacity building was done at community level
- Parish committees were formed
- Linked up with NAADS
- Ensured seed multiplication
- Got local government involved



Research Evidence on Sustainability by SURE Project

The presentation highlighted the following:

- Sustainability starts with the beginning of program development and as such, should not be conceived as a final phase of development.
- Organizational social structures of sustainability include organizational routines, institutional standards, and timing factor.
- 'Routinization' constitutes the **primary** process permitting the sustainability of programs within organizations and leads to program-related organizational routines.

- Standardization constitutes the **secondary** process permitting the sustainability of programs. Institutional standards introduce a higher degree of program sustainability. Such standards are materialized by state-level rules and policies, and constrain organizational routines. Therefore to gain sustainability there may be need for a new policy if there is none.
- A standardized routine is more sustainable than non standardized routines as evidenced in Table 1 of the presentation.
- On timing, the processes of implementation and sustainability are concomitant. There is need to conceptualize together program implementation and sustainability.
- Certain specific events influence sustainability, and others, implementation. Others influence both implementation and sustainability, as joint events belonging to both processes. A program manager needs to be able to distinguish between these.
- Other issues to consider for sustainability include strategic actors, pilot projects, and effectiveness of the program.

Moderation: Questions arising to consider for the dialogue

- *What was the innovation in the project?*
- *Did/do you have routines?*
- *Did/do you have standards?*
- *What other issues should be considered when looking at sustainability?*
- *Where are we, where do we need to be, who needs to do what?*

Session 2: Dialogue

Theme/Focus: Organizational Routines – What is good that can help sustain nutritional programs?

Issues/Questions raised:

1. The various projects involved in nutrition have shared but there is a need to hear from the Ministry of Health as the Parent Ministry and what it has prepared or put in place as a routine to receive these projects/programs.
2. To ensure sustainability and continuity, as a routine any communication for participation in such projects/programs should be directed to the Institution not individuals.
3. Nutrition is multi-sectoral and handing over may be difficult.
4. Nutrition is not branded whether by its terms or language or dress code for staff. It is important to recognise the uniqueness of nutrition and to know the purpose of the project. (*Branding is part of routinizing, making a product a routine in the public's life*)
5. When one talks about routines do they consider routines of the institution programming the project or routines of the institution implementing the project? If it is the second option it is easier to 'routinize'.
6. Projects are not sustainable even if they plan for transition – sustainability involves activities, resources and programs. Nutrition is a public health problem and it should not be projects or agencies to think for the Ministry of Health rather they should link up with it and get a vote line in order to ensure sustainability and continuity.





7. Projects/programs normally originate as an intervention to address a gap. However, they should start as a need identified by

government and as a government program and then capacity of government built and to implement and as such it will have a vote on the budget.

8. Government is not always positioned for sustainability.
9. With reference to Nulife Project, if the donors are not committed to sustaining the project, one wonders why some development partners like USAID do things the way they do them? Does they do projects as innovations to pass on to government in order for government to popularize and build them up?
10. To what extent are the partners buying into the projects and owning them? Especially government.
11. Create CORPs (Community Owned Resource Persons) for sustainability
12. Link projects to mother institutions
13. Government should identify what they need and then development partners come in to support.
14. Is there sufficient integration of projects into existing structures?
15. Projects are working with individuals and not institutions and this is an unsustainable routine
16. Local government is the implementer of government programs and are positioned to innovate and advise. However, their mindset is conditioned because of the seal on funds. What can be done to make the issues of sustainability of public health programs of concern to local government? How can local government realize nutrition as a priority?
17. Integration into existing structures is important but it needs a right mindset of government. Projects have a role to guide government and a good

example is Vitamin A Supplement that started as a project and is now a program of Child Days Plus in the Ministry of Health.

Theme/Focus: Institutional Standards – Is Nutrition in the standardized routines of the Ministry of Health or Health sector?

1. Nutrition is a program within the Ministry of Health and its structures are in place. The Food and Nutrition policy is in place and the human resource is continually being developed. At district level, nutrition assistants are being recruited. The surveillance unit is also in place and active.
2. Nutrition is also a priority in the present government's priorities/manifesto and the Ministry of Health is operationalising it.



3. With regard to partnership, Uganda Bureau of Standards is a key partner especially in the area of Monitoring and Evaluation. There is however need for strengthened public-private partnership which is crucial to the area of nutrition.

4. The Ministry of Health welcomes projects and partners to support and fill the gaps and guide it. However, the project representatives at this dialogue requested the Ministry to be more vigilant and check whether the gaps are actually being filled.
5. In terms of community structures and human resource the Village Health Teams (VHT) system is being adopted by many partners.
6. Sustainability of nutrition programs fails on the outset because the implementers' create parallel programs and ignore mainstream programs. There is no integration. For instance, when the VHT¹ system is ignored

¹ All health activities and interventions must be coordinated through the VHT structure. The Ministry of Health will not allow creation of parallel or competing community structures apart from the VHTs: *VHT Strategy and Operational Guidelines, March 2010*

7. The preference of operation by partners is off budget support as opposed to 'money in one basket', which makes it non sustainable.
8. Projects should operate to strengthen the health system and not work against it.
9. Parallel running of programs does not bring sustainability but we need to inculcate working relationships.
10. Sustainability should be a buy-in from the community and other stakeholders. The first step should be to get the community to buy-in and then establish next steps and also get government and partners to come in to support. Otherwise if left to chance, the cultural beliefs of the community transcend whatever project idea.
11. There is a general feeling that HSSP (good and brilliant as it is) is on paper and a lot of the issues like the human resource are not evident at the lower levels
12. Old groups, structures and associations should be maintained otherwise the cohesion is broken with creation of new ones.
13. The health workers are trained to handle nutrition programs but their attitudes are poor. Nutritionists are needed to handle nutrition specific programs.
14. The dialogue did not invite local government representatives who are the implementing partners.
15. The ministry of health should be free to disagree with partners if they are bringing a program that will not be beneficial and sustainable.
16. The private sector should be involved for sustainability and market related programs.
17. It was proposed to organise another dialogue and involve the government, community, local government, media, private sector and projects because they all have different roles to play.



18. In the Public Private Partnership for food fortification, the private sector has been running the food fortification program. The Public arm is slow in taking decisions.



19. Food fortification should be made mandatory because the voluntary method is not working.

Theme/Focus: Time Factor – When should sustainability be considered?

1. There is a problem as projects' effectiveness is often tested at the end and so the managers may begin to think about sustainability at the end of the project period, yet ideally sustainability should be built in from the beginning. How should this be handled because it is also advised to sustain programs that have been shown to be effective?
2. In project formulation, sustainability is overlooked but it should actually be addressed at that point, at least the structures and plan should be made then.
3. It is important to synchronize projects' operations with government planning cycles.
4. Projects should not ignore the stakeholders who will take over the project (these tend to be ignored during implementation and yet the project will be handed over to them) until the exit ceremony.
5. Sustainability should be considered at all levels of the project cycle.
6. Districts are not usually committed to new projects/ideas but both parties should be willing to formalize the process.
7. There should be a clear roadmap that will be followed and should be availed to all stakeholders.
8. There is a need to be realistic to set proper targets and goals for project maturation and to develop good indicators to monitor projects and programs.

Theme/Focus: Other Issues –

1. The surveillance system for projects should be strong and more vigilant
2. Human Resource at sub county level should be strengthened. This is acknowledged and in fact the curriculum for training of various cadres at this and other administrative levels is being reviewed towards this.



Session 3: Wrap up

Way forward

1. District officers should be sensitized
2. Information dissemination should be strengthened
3. Government has an obligation of developing policy, standards, and to harmonize efforts.
4. Government should include projects in their midterm reviews because it is a form of accountability.
5. Capacity building does not usually involve program planning, management or sustainability. Projects and Government should invest in cross cutting capacity building programs.
6. Projects and partners should work out components to go to the concerned ministries where they can be implemented. And focal persons should be identified for the same so that funding is disbursed directly.
7. The Ministry of Health should step up information sharing, networking, collaboration and formalizing relationships
8. Regular dialogue meetings are not only beneficial, they are necessary.
9. Nutrition is still fragmented and should be mainstreamed like HIV/AIDs.
10. Engage the private sector at all levels.
11. There should be resource mobilization at all levels for sustainability.
12. Include nutrition education for all health workers at the facilities.

Conclusion and Recommendations:

The dialogue laid emphasis on government or the line ministry having the relevant implementation framework or guide which partners/projects can follow when introducing new projects/programs.

The issue of sustainability could not be over emphasized. It is critical to address sustainability of public health programs from conception of the idea. The earlier the project is involved and works with the line ministry the better for sustainability and continuity because it could secure a vote line. But better still if the project/program is operating within an existing ministry/government program. The participation and involvement of private sector should not be underestimated and market-related programs should be considered for sustainability. The Public Private Partnership should be strengthened and formalised. The Public sector should have the right leadership to sustain active participation in the partnership.



Local government as the implementing partners should be involved in projects and government programs and be encouraged to think proactively.

It was unanimously agreed to hold regular dialogue meetings and to strengthen information sharing, networking and collaborative relationships.

It was recommended to conduct capacity building in cross cutting issues like program planning, management and sustainability; to mainstream nutrition and to include nutrition education for all health workers at the facility level.

Annex 1

Background Document for the Policy Dialogue on the Transition and Sustainability of Nutrition Programs

Many a time decision makers are faced with a dilemma: following a successful period for their programs or projects in terms of service delivery and achieving their aims, and these being in line with the country's development agenda, they soon face uncertainty as donor funding which was key to their success comes to an end. This has led to a number of programs winding up as donor funding ends, despite the program's proven efficacy and benefit to the target population. This has therefore meant that there is a gap in managing transition and sustainability of programs into local management.

There is a lot of information and facts about program planning, implementation, and evaluation and these, one will come across very easily; furthermore there is a lot of training provided in these areas for managers and decision makers. However knowledge and information on public (health and nutrition) program sustainability are less abundant and tend to be fragmented. In addition the concept of how projects transition into successful local partner programs is also still a learning process for many managers and decision makers, with not much reference for them to use. In fact assessing and strengthening countries' capacity to implement policies and manage public resources toward their development goals has become a key priority for development partners interested in transitioning management of development programs; for example, country ownership and participation are key features in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) guidance to align programs with the national plans of partner governments so as to ensure sustainability of HIV programs (Crye, Lisa. 2011. *Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners: Critical Elements and Lessons Learned*).

The Paris Declaration on Aid effectiveness (2005) and the Accra Agenda for Action (2008) call for increased participation of local partners or governments in determining and driving their development agenda and for development partners to align themselves behind or along this effort (www.oecd.org/dataoecd/11/41/34428351.pdf).

The Paris Declaration on Aid effectiveness signed by over 150 partner governments and donor agencies aims at improving the quality of aid and its impact on development by harmonizing and aligning it to the recipient governments' development agenda, thereby increasing local ownership and accountability. Following on from the Paris declaration and designed to strengthen its implementation, the Accra Agenda for Action (2008) reviews progress and sets the agenda for accelerated advancement towards the Paris targets through three main areas:

- Increased partnerships and inclusiveness through wider country-level policy dialogue and participation in development (policy formulation, and stronger leadership on aid co-ordination)
- Increased ownership through strengthened developing country capacity to lead and manage its development agenda
- Strengthen and use of country systems to the maximum extent possible so as to *focus aid on real and measurable impact on development*
- The concept of **sustainability** broadly refers to the continuation of programs and therefore accordingly, a sustained program is defined as a set of durable activities and resources aimed at program-related objectives. This may apply to an existing program or one transitioning from one form of management to another, for example, donor-funded to government-funded or from donor A to donor B or private management, and so on.

There are at least four reasons why sustainability should concern public (health and nutrition) decision makers and practitioners.

- If a program was perceived as being beneficial for the health of targeted populations, the absence of sustainability would lead to an investment loss for the donors, organizations and people involved.
- A discontinued community program brings disillusion to participants and therefore poses obstacles to subsequent community mobilization as the trust gained from the public and also key to the success of the program is lost in the process.
- There is often a lag or latency period between the beginning of program-related activities and their effects on population health and on the economy, among other things, so the program has got to be able to be sustained through this lag period and beyond for it to realize its effects.

- Sustained programs can maintain their effects over a long period (this in fact may allow for the study of their long-term effects and advise on other similar initiatives).

For these reasons which are by no means exhaustive, sustainability is crucial for any intervention considered beneficial to the population.

In many cases it is always expected that because a project or program has ably demonstrated its effectiveness and benefit, local partners or governments will willingly and eagerly pick it up from where the development partners (or even its (government's) own initial funding has led it. However, this is not always the case for a number of reasons and these include the lack of resources and capacity to take over activities. To be able to achieve good transition and sustainability of projects and programs, careful preparation is necessary. The following aspects need to be paid attention too:

- The transition process requires that the key stakeholders and the context in which they are working are clearly defined and their roles identified. The stakeholders may not change much with an addition of just a few but their roles and power proportions may change significantly; for example, consider the role of donors and governments in each of a donor-funded project and a government-led program.
- Continued bilateral engagement through partnerships and other efforts throughout or for the better part of the program or project's initial period, during the transition period and even following transfer of management
- Ensuring that the project is aligned with the country or national plans so as to be easily integrated within the existing policy and delivery systems
- In some cases there may be need to formulate new policies under the existing laws and issuance of new guidelines to steer the new managers of the program or its implementation and delivery
- Capacity development; this is in order to build the ability of countries to manage their own future. This may necessitate increased technical assistance and mentoring for a given cadre of human resources
- Monitoring and evaluation of the process, especially the transition period to identify and correct any management or other gaps as soon as is possible

Project and program managers should always draw a transition plan with the help and collaboration of local partners and other stakeholders, clarifying roles and

responsibilities of the different actors. This should not be done at the end of a program or at the time of transition but should be incorporated in its activities right from the start or from the point when it becomes clear that the program will have to exchange management one day.

The national policy dialogue on the transition and sustainability of Nutrition Programs will bring together experts from different fields with a stake in the sustainability of public (health and nutrition) programs to review the status of this in Uganda, and explore ways in which it can be improved in line with the Paris Declaration and Accra Agenda for Action, so as to improve country ownership and sustainability of public health and nutrition programs.

Annex 2: Programme

Time	Activity	Lead/Presenter	Chair
8.00-9.00am	Registration		<i>Secretariat (SURE)</i>
9.00-9.10am	Official Welcome and opening remarks	<i>MoH (Director General)</i>	<i>Moderator</i>
9.10-9.25am	Ministry of Health Expectations on sustainability of nutrition projects	<i>MoH (Dr. A. Mbonye)</i>	
9.25-9.40am	Nutrition projects/programs Experiences in preparation for transition and sustainability	<i>MoH (Ms B. Chandia)</i>	
9.40-9.55am	SURE project Research Evidence on Sustainability of Public Health Programs	<i>SURE project (Dr. R. Mijumbi)</i>	
9.55-10.30am	Health Break		<i>Secretariat (SURE)</i>
10.30-12.30pm	Dialogue		<i>Moderator</i>
12.30-12.40pm	Wrap up	<i>USAID</i>	
12.40-12.45pm	Final remarks	<i>MOH</i>	
1.00 pm	Lunch and depart at leisure		<i>Secretariat (SURE)</i>

Annex 3: Participants list

Name	Institution	Email address
David S. Kyeyune	Mercy Corps	dkyeyune@ug.mercycorps.org
Dr. Miriam Mutabazi	STRIDES-MSH	mmutabazi@msh.org
Dr. Anna-Marie Ball	HarvestPlus	a.ball@cgiar.org
Sylvia Magezi	HarvestPlus	smagezi@cgiar.org
Robert Mwadime	FANTA-2	rmwadime@aed.org
Sarah Ngalombi	MOH-Nutrition	sngalombi@yahoo.com
Geoffrey Kabuye	UNBS	geoffrey.kabuye@unbs.go.ug
Susan Oketcho	Ministry of Education and Sports	snoketcho@yahoo.com
Juliet Aweko	ReachOut Mbuya HIV/AIDS Initiative	awejulz69@yahoo.com , jaweko@reachoutmbuya.org
Dr. Jennifer Mugisha	STRIDES-MSH	jmugisha@msh.org
Alex Lwakuba	MAAIF	alwakuba@yahoo.com
Dr. Alfred Boyo	USAID	aboyo@usaid.gov
Dr. Geoffrey Bisoborwa	WHO	bisoborwag@ug.afro.who.int
Gudo Ahlwali	UNGA 2000	gudo_a@yahoo.com
Paul Mubiru	Mukwano Industries (U) Ltd	admin@mukwano.com
Barbara Tembo	IBFAN (U)	barbaratembo@yahoo.com
Ronald Afidia	AED/FHI	rafidia@aed.org
James Mugisha	Ministry of Health-Planning	mugishajab@yahoo.co.uk
William M. Ssali	A2Z	wmssali@ssendi.com
Louise Sserunjogi	GAIN	lsserunjogi@gmail.com
Florence Tushemereirwe	Makerere School of Public Health	ftusht02@gmail.com
Anne Katahoire	Makerere CHDC	akatahoire@chdc.mak.ac.ug
Beatrice Okello	FAO	beatrice.okello@fao.org
Daisy Eresu	MAAIF	daisyeresu@yahoo.com
Julia Tagwireyi	WFP	Julia.tagwireyi@wfp.org
Peter Wathigo	DSM-SA	pwathigo@gmail.com
Benon Musasizi	VEDCO	musasizi.benon@gmail.com
Hellen Tomusange	PSF-U	htomusange@psfuganda.org.ug
Margaret Kyenkya	University Research Council	mkyenkya@urc-chs.com
Albert Lule	Ministry of Health-Nutrition	lulealbert@yahoo.com
Robinah Kaitiritimba	UNHCO	rkitungi@yahoo.com
Moses Mukuru	UNHCO	mmukuru@unhco.or.ug
Samalie Namukose	Ministry of Health	snamukose@yahoo.com
Rita Epodoi	Uganda Development Services	rita@epodoi.com
Delius Asiimwe	Makerere-SURE project	deliusasiimwe@yahoo.com
Dickson Muyomba	Makerere University	dmuyomba@chs.mak.ac.ug
Edward Kakooza	Makerere University	ekakooza@chs.mak.ac.ug
Rhona Mijumbi	Makerere-SURE project	mijumbi@yahoo.com