Understanding the Sustainability of Health Programs and Organisational Change

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Introduction

Sustainability is a significant issue for health programs and organisational change. New programs fail to last, organisational change is resisted and the outcomes are not maintained. This is a concern for funders, health leaders and program managers.

Can sustainability be improved by better planning?

This paper develops an understanding of sustainability within a systems approach. It discusses how sustainability can be incorporated into program planning, the reasons why programs fail to be sustained and it makes recommendations for guidelines to improve planning for sustainability.

A definition

The idea of sustainability has its roots in systems theory. Systems are sets of interacting and adaptive structures and processes which together produce functional outputs and outcomes. They are characterised by their capacity to maintain their functional outputs and outcomes within desirable parameters while adjusting and adapting to variations in inputs. Feedback mechanisms adjust system processes and structures in response to input variation to maintain outputs and outcomes. Change is an inherent feature of systems. While systems are able to adapt to change in inputs they remain relatively sustainable. When they cannot adjust, discontinuity occurs until a new equilibrium is reached or disintegration occurs.

The most widely discussed application of systems theory to sustainability has been in relation to the natural environment [1]. When disruption to environmental processes and structures exceeds their capacity for adaptation, significant and potentially system wide disruption to outputs may occur with widespread consequences for the system functions. Environmental systems become unsustainable when the input variation, such as the human introduction of green house gases, exceeds the adaptive capacity of environmental structures and process to continue to produce stable outputs and outcomes (eg temperature maintenance).

Systems theory has been widely applied to the understanding social organisations [2-4]. For human services organisations, programs are organised sets of inputs (people, facilities, equipment) which carry out strategies (processes) designed to achieve specific outputs and outcomes. In large scale human services organisations, programs interact with each other and changes to one program can have adverse effects on another. Organisations adapt to maintain outputs and outcomes through feedback and control systems that adjust organisational processes as variations occur.

Concerns about sustainability in human services are driven by the common observation that over time it is often the case that programs are discontinued, satisfactory outcomes are not achieved and adverse effects are observed. Sustainability failure can be costly for funders, dispiriting for providers and result in

discontinuity, wasted effort and adverse health outcomes for consumers. This is particularly a concern for new initiatives.

A number of definitions for sustainability have been advanced and summarized by Schediac-Rizkallah and Bone [5]. They have proposed that definitions can reflect a focus on: maintenance of health benefits, program institutionalisation and capacity building.

Definitions that emphasise health *benefits* focus on health outcomes for individuals and populations. These definitions propose that the purpose of programs is to produce health benefits. If benefits are not produced and maintained, programs fail.

Other definitions focus on the *institutionalisation* of programs. Institutionalisation involves the incorporation of new programs into existing organisational and community structures. Definitions that focus on program institutionalisation are concerned with ensuring that program activities (rather than outcomes) are sustained over time [6].

Concerns about sustainable *capacity* emphasise the importance of underlying organisational or community capacity to deliver programs and, sometimes, more broadly, the sustainability of the underpinning conceptual and ideological ideas and attitudes for programs[5, 7]. For example, in the National Health Performance Framework, sustainability is defined as the "system or organisation's capacity to provide infrastructure such as workforce, facilities and equipment and to be innovative and respond to emerging needs (research, monitoring)".

Here I will argue that the three key attributes of sustainability are the benefits that are produced over time for individuals and populations, the contingencies which cause the benefits, and the costs of the program resources that are required to achieve them. Programs can be judged as unstainable because: (1) sufficient benefit is not produced; (2) the contingencies which cause outcomes cannot be produced or maintained; and (3) the cost of the program resources required to achieve the benefits are too high. I want to briefly discuss each of these attributes of sustainability before advancing a definition which incorporates them.

Benefits

Benefits produced by health programs include prevention of injury and disease, restoration of health following injury and disease, and reduction of functional limitations associated with injury and disease, and reductions of distress and discomfort associated with disease, injury, disability and dying. Typically these have been measured as morbidity and mortality, but more recently aggregated utility measures such as Disability Adjusted Life Years (DALYs) have been developed. Programs are sustainable when improvements in health for populations or individuals resulting from them are maintained over time.

Fundamentally, judgements about sustainability are judgements about whether or not initiatives improve health outcomes for individuals and populations that last. Sometimes programs themselves have to be sustained for benefits to continue. At

other times they do not. Whether or not programs themselves have to be sustained depends on the contingencies that shape the desired outcomes.

Contingencies

Programs are organised as sets of inputs and strategies that are designed to achieve specific outcomes. Their design is guided by underlying models of program logic for these means-ends relationships. Means and ends are contingent on one another. For most health programs, contingencies that shape health benefit can be thought of as constitutional, physical or social.

Constitutional contingencies are defined by the effect genetic and hereditary processes have on health outcomes. These contingencies are located within the individual.

Physical contingencies include a range of climatic, microbial, nutritional and chemical agents that may have an impact on health. Physical contingencies are defined by the physical settings and environments with which the individual interacts..

Social contingencies are defined by organisational and community settings and societal institutions. . These interacting levels of social organisation set the 'rules of the game' for what health programs can and cannot achieve [8].

Health programs seek to arrange physical social contingencies to achieve better health outcomes. This may include prevention of physical hazards, modification of risky behaviour or the treatment of infectious disease. Physical contingencies are altered through the rearrangement of social contingencies within organisational and community settings.

However, changes to social contingencies often have diverse impacts on the interests (e.g. benefits) for the individuals involved. Sometimes these compete. For example, increasing physical activity by reducing motor vehicle use may be resisted by car manufacturers!

Often conflict between the competing objectives of change cannot be resolved simply on the basis of research evidence– something those who advocate evidence based practice and policy can find problematic [9]. Competing interests have to be taken into account. Programs are sustainable when physical and social contingencies can be arranged to achieve better health outcomes which maintain over time at an acceptable level of disruption to established interests (benefits).

Costs

Disruption of existing interests and the use of resources such as staff, facilities, equipment and consumables are the costs programs incur. Programs have direct and indirect costs including out-of-pocket costs to individuals, lost productivity and intangible costs such as those associated with pain, suffering and distress. Programs are sustainable when the costs of reallocating resources are justified by the health benefits that are achieved.

When these elements are brought together, program sustainability is defined as:

> the occurrence of beneficial outcomes which are maintained for an agreed period at an acceptable level of resource commitment within acceptable organisational and community contingencies.

By definition, programs are unsustainable when they do not produce beneficial outcomes over agreed periods, or require unacceptable levels of resource commitment or the necessary organisational and community contingencies to implement them cannot be arranged.

It is important to note that sustainability is not static. There is an inherent tension between continuity and change in organisations. Programs are continually adapting and changing, but within defined organisational, community and societal limits [10].

Sustainability is transient in time and constrained by organisational, community and societal contingencies. Sometimes sustainability is a problem when programs are discontinued. At other times programs should be discontinued – for example, when demand dries up, better strategies are developed, or judgements about the importance of outcomes change dramatically.

New programs and organisational change

Building new programs often involves building new organisational processes and structures and changing existing organisational contingencies.

Within this general framework, there are three types of health programs:

- Individual service delivery programs
- Organisational and community change programs
- Capacity building programs

Individual service delivery programs provide treatment, rehabilitation, support, counselling, education, therapy and so forth to help people reduce health risks, restore them to health, rehabilitate them to return to home, community and work life and reduce pain, discomfort and distress. New service delivery programs generally go through initiation, implementation and sustainability (discontinuation) phases outlined above. Successful programs establish new organisational processes and structures to produce strategies (services) which deliver effective outcomes for individuals and populations.

Service delivery programs for individuals have unique sustainability characteristics. In particular they require an ongoing commitment of resources if they are to be sustained. This is critical because resources are often provisional during the initiation and implementation phase. For example, government budget processes often treat new initiatives as time limited funding allocations. Only when funding is incorporated into the base funding allocation are program resources relatively secure.

Organisational change programs are fundamentally different from service delivery programs. Organisational and community change programs change established contingencies. They generally go through the same initiation, implementation and sustainability (discontinuation) phase. But the intent of organisational change programs is that that they are discontinued once change has been achieved.

New programs generally require additional resources to be sustained over time. Change management, on the other hand, only requires additional resources until the existing organisational contingencies have been altered and institutionalised.

In health systems, organisational change strategies can focus on

- Improving technical efficiency of particular service delivery programs (e.g. improving hand washing to reduce nosocomial infections in acute care settings)
- Reallocating resources to more effective service delivery programs (e.g. replacement of open with laparoscopic surgery for cholecystectomy)
- Changing organisational and community contingencies that produce risk, injury and disease (e.g. introduction of vehicle safety standards and road safety enforcement to reduce vehicle injuries)

Strictly speaking, organisational change programs are intended as relatively short term interventions that produce permanent effects in existing organisational contingencies (ie. institutionalisation). The organisational change program itself is not meant to be sustained. Costs are therefore less of an issue than for service delivery programs, although change can impact on the ongoing resource allocation within an organisation and this impact may affect judgements about the sustainability of the intervention.

Some organisations have sought to institutionalise quality improvement processes as a form of ongoing organisational change. A range of systems approaches to quality improvement have been developed, including Total Quality Management [11], Six Sigma [12] and Continuous Quality Improvement [13]. These share the common characteristics of monitoring outcome variation and errors, analysing the contingencies (processes, structures etc) that lead to variations in outcomes and then modifying, standardizing and controlling these factors to improve future performance.

Often organisational and community capacity are incorporated into definitions of sustainability. This is because sustainable change cannot be achieved when the preconditions for program implementation are not met. Individuals may not have the right knowledge, skills or attitudes, organisational structures and processes might not exist or communities can be dysfunctional.

Capacity building [7] is a broader strategy for ensuring a generalised capacity to implement programs. Capacity building is often supported as a general strategy, rather than as part of building specific program activities.

Program planning and sustainability

The use of programs as a way of thinking about organisational action is a heuristic device to allow us to deal with complex organisational environments. I have argued that programs are best thought of as rational means-ends relationships which link inputs, strategies, outputs and outcomes to solve health problems. By and large rational health planning models have the following steps:

- Definition and assessment of problems, needs and demands;
- Analysis of the causal contingencies for need and demand,
- Establishment of goals and objectives for addressing need and demand;
- Design and implementation of strategies for achieving goals and objectives based on the analysis of causal contingencies
- Allocation of resources to deliver the agreed strategies and activities
- Monitoring and evaluation of performance

Of course, there are critiques of rational planning and there are a variety of theoretical models for understanding organisational change [10]. It is beyond the scope of this paper to debate the merits of different approaches. Suffice it to say that rational planning models as outlined here have come to dominate public sector organisational management models and language.

In principle, sustainability is an ongoing part of the process of program planning, intervention and evaluation. Program interventions, whether aimed at changing existing programs or establishing new ones, go through three phases:

- initiation,
- implementation, and
- sustainability (or discontinuation).

Initiation

Initiation occurs in response to perceived demands or needs. These define the desired outputs and outcomes. Implementation involves the allocation of resources and the design and development of strategies to produce the desired outcomes.

During the initiation phase, it is critical to ensure that there is sufficient commitment for the development of a new program or significant organisational/community change and that the logic of the intervention is robust. If commitment to allocate resources, or to make changes to organisational or community contingencies is lacking, it is unlikely that program implementation will be successful.

Similarly, if the program logic is flawed and physical and organisational contingencies that affect the desired outcomes cannot be shaped, benefits will be difficult to achieve. It is important to note, that judgements about program logic involves assessing both the research evidence that underpins the proposed intervention and the organisational and community capacity for change.

Implementation

Once it is decided to proceed with implementation, resources, including staffing, facilities, equipment and so on, are recruited, deployed and organised. This may involve detailed design of organisational structures and process, training, trialling and adaptation.

Programs and projects are inherently unstable during the implementation phase. Usually, it as this point that resistance is encountered as established contingencies are changed and stakeholder interests are affected. Benefits often take some time to realise while new strategies are implemented. The challenges of implementation are often underestimated.

Sustainability (discontinuation)

Once new programs have been established there is often a process of incorporating or institutionalising them into existing organisations. Program institutionalisation is a particular form of change management aimed at changing organisational and community processes and structures (contingencies) to foster the ongoing delivery of beneficial program activities. The key elements of institutionalisation are:

- securing ongoing commitment to the required resources for new programs which require additional capacity
- changing organisational policy, roles and process that affect the critical contingencies required for program continuance
- putting in place monitoring, review and adaptation processes to ensure the program is adjusted to new organisational and environmental contingencies as they arise

Often institutionalisation will require a further round of communication, consultation and engagement with key stakeholders, including funders and organisational leaders to address resource requirements, organisational structures and processes and review mechanisms.

Why do programs fail to sustain?

There is now a substantial literature indicating that program sustainability is a problem. Not surprisingly, for health programs sustainability is primarily an issue for newly initiated service delivery programs and initiatives aimed at making significant change to existing organisational progresses. (By definition, established programs have solved their sustainability issues.) This section develops and illustrates an analytic framework for explaining why programs fail to sustain. The framework applies the system theory approach developed in the previous sections. Three types of problems will be discussed: program logic errors, implementation errors and organisational resistance.

Program logic errors

All programs have an underlying logic of cause and effect. This guides the way organisational contingencies are structured. For health programs, the underlying logic of intervention focuses on the relationships between biological, behavioural, social and environmental influences on health. All health programs seek to structure these relationships in one way or another to improve health outcomes. One reason programs fail to achieve sustainable benefits is when their logic of cause and effect (contingencies) is flawed. Often this occurs when an established logical paradigm is applied inappropriately to new and emerging circumstances. In health this commonly occurs when strategies focused on individual disease and behaviour are applied to problems that can only be addressed by changing organisational, community and social processes and structures.

Most health interventions focus on providing individuals with assessment, diagnostic therapy, treatment, rehabilitation, support and accommodation services or they assist individuals to modify their health risks or manage illness, distress or disability. These interventions locate change with the individual. They usually include short periods of relatively intensive treatment support, education, training and support. These interventions are extremely effective for problems such as the treatment of infectious disease and injury where well developed treatment strategies are available.

However, 80% of the burden of disease and injury is now caused by chronic diseases for which treatment is relatively ineffective. The most recent Australian report on chronic disease indicates that 77% of the population have at least one chronic medical condition [14]. The most common recent program response has been to focus on developing strategies to encourage individuals to better manage the risk behaviours that lead to chronic disease.

Unfortunately, interventions that focus on changing individual health related behaviours such as smoking, substance abuse, gambling, diet and physical activity through educational and behavioural techniques with individuals and groups typically achieve success rates of less than 30% of participants at one year follow up. [15-17]. For these behaviours, sustainability is usually referred to as behavioural maintenance.

When participants fail to maintain changes in their behaviour they are considered to have lapsed (one off failure) or relapsed (permanent reversion to previous behaviour). Often interventions will include content aimed at counteract relapse, but with only marginally better outcomes. Interestingly, there is not much difference in relapse rates across a range of different target behaviours [18]. This suggests a general problem with sustainability for behaviour change programs of this type.

These programs fail when the intervention program is withdrawn and participants return to the organisational and community settings of their every day lives. All the relationships, cues and contingencies that prompted and reinforced their behaviour prior to the intervention come back into play. Unless they are able to learn new ways of dealing with their established settings or change them, they are highly likely to relapse into their earlier pattern of behaviour. A minority of individuals manage this. The rest may know they are engaging in risky behaviour and they may want to

change, but established environmental contingencies are a powerful influence driving relapse.

No matter how diligent and well resourced programs focused on individual behaviour are, if they do not address the organisational contingencies that affect behaviour they will have only limited success. This is an example of a 'game without end' [8], where repeated attempts to achieve outcomes based on the same, wrong strategy prove to beineffective. Only when the rules of the game are changed is there any chance of success. In this case, changing the rules means addressing the organisational and environmental factors that cause chronic disease. Shifting the focus to organisational and environmental change is an example of 'second-order' change. It involves the development of a new set of logic to address the underlying causes of chronic disease.

There are now a range of studies that demonstrate that programs that focus on social, organisational and community contingencies that cause injury and chronic disease can produce sustainable population health outcomes over extended periods of time. These include programs in areas such as occupational health and safety, motor vehicle safety, tobacco control and substance misuse which demonstrate that strategies which operate at individual, organisational, community and societal levels are much more likely to produce effective sustainable outcomes [19].

No matter how well implemented, or how responsive the organization, programs based on faulty logic are unlikely to produce sustainable outcomes. Sound program logic is critical for achieving sustainable outcomes

Implementation errors

Programs can also fail because critical implementation factors are not taken into account. A number of studies have examined program sustainability in health settings and the factors that affect it. Scheirer [6] reviewed 19 empirical North American studies of the sustainability of new health related programs and innovations. She examined the sustainability of outcomes, resources and community capacity. Her primary focus was on the extent to which relatively newly established health programs sustained their activities over time.

The 19 studies Scheirer reviewed had a range of different intervention goals across prevention and early intervention including cardiovascular disease prevention, better nutrition, healthy ageing and mental health. The programs reviewed varied in the number of sites included (5 to 787) and the number of years of funding received (18 months to 8 years). While all but one of the studies measured the extent to which program activities were maintained, only three systematically reviewed the extent to which benefits (outcomes) for clients where achieved.

The assessment of sustainability generally occurred at least two years after program commencement and the results were mixed and difficult to interpret. While Scheirer reports that most program sites had 'some sustainability for at least some activities' (p335) it is difficult to know what to make of this finding in the absence of data on outcomes.

It is clear that many of the programs were established with the clear expectation of limited funding. Five of the programs had external funding for three years or less and six received no additional external funding and were dependent on existing organisational resources. Not surprisingly, resource sustainability was a significant factor in whether or not program activities were sustained. Unfortunately the impact on outcome sustainability could not be evaluated from the data.

The evidence shows that programs are often discontinued or radically reduce and alter their original activities when resources are reduced or discontinued [20-22]. Failure to plan for resource sustainability is a critical problem for many programs. When it comes to continued funding, there are only a limited set of planning alternatives. Either external resources need to be provided on an ongoing basis, resources have to be redeployed from within the organisation in which the program has been located, new resources have to be recruited, or some combination of these alternatives has to be organised.

Failure to plan for resource sustainability is often a failure to adequately specify *both* the time period *and* outcome criteria that will guide resource allocation. Usually funding cycles mandate the time period. It is more unusual to find explicit specification of the outcome criteria that will ensure funding is continued beyond the initial implementation period. This becomes a problem where a program clearly meets outcome sustainability criteria, but resources are not available and it therefore discontinues.

When this happens it is not unusual for the original problem (e.g. disease, risk) to return to baseline levels. Little is achieved while significant funds have been spent because resource sustainability was not part of the initial planning phase.

When funders routinely fail to consider resource sustainability and withdraw resources from otherwise effective programs as part of their funding approach program providers are likely to adapt. Some become disillusioned and unwilling to participate in future trials and project funding. Others divert funding during the initial project period for other purposes knowing that future funding is unlikely. Evaluation and monitoring can become farcical in these circumstances as both parties know that all decisions are predetermined and the evaluation serves no practical purpose.

In the absence of planning for resource sustainability, program providers can also divert considerable resources into recruiting additional funding to sustain program activities. Often this is accompanied by strategies to reorganise program activities so that available resources last for longer while further resources are sought. This creates uncertainty and anxiety amongst program staff and can undermine program effectiveness and outcomes. Paradoxically, this can also lead to judgements that a program is ineffective and should be discontinued.

Similarly, programs often continue to have their activities funded, regardless of the outcome benefits that are achieved. Usually this includes requirements for agencies to engage in monitoring and evaluation which has little or no impact on judgements about whether future funding will be provided or not. Funding is simply provided as part of a broader budget cycle.

Scheirer [6] also noted the importance of engaging staff and other key stakeholders such as community members in implementation planning. This included the use of volunteers. Engagement and participation strategies communicate the goals and intentions of programs and build commitment to implementation. Engagement and participation also encourage the development of local strategies to solve implementation problems. It is important that program implementation responds and adapts flexibly to local circumstances, provided the underlying program logic is not invalidated.

Organisational resistance

Organisational change often fails to meet the objectives of its proponents when organisational resistance occurs [5]. At least some estimates suggest that strategies aimed at organisational change may fail as often as programs aimed at individual change [23].

In relation to organisational settings Scheirer [6] noted the importance of having a 'program champion' as the most frequently cited factor for ensuring ongoing delivery of program activities. It was seen to be important that program champions are both executive decision makers who have the capacity to shape organisational action and that they have sufficient contact with and commitment to program implementation to understand what is needed to ensure sustainability.

Two other organisational characteristics were seen to have a wide spread impact on the sustainability of program activities. Programs were seen as more likely to sustain if key staff and stakeholders perceived that significant benefits were delivered by program activities, regardless of the program documentation and evaluation procedures. Secondly, programs were seen as more likely to be sustained where there was a good 'fit' between the goals and procedures of the program and those of the organisation.

The community environment was seen to be important for sustaining program activities insofar as key stakeholders in the community provided political and technical and technical support for programs. Additionally, the availability of alternative funding sources to support program activities from within the community was seen as an important factors for program sustainability.

Organisational change programs focus on changing:

- roles and responsibilities for particular functions and outcomes,
- formal and informal incentives that provide the contingencies for organisational performance, and
- information monitoring and communication processes, within and between organisational structures which allocate incentives sanctions and resources.

Often organisational change will include components aimed at developing new individual skills and competencies or changing the way existing skills and

competencies are applied. Successful organisational change is defined by a permanent change in the existing organisational contingencies (e.g. processes and structures) that has a positive impact on the outcomes for individuals.

Recommendations for sustainability guidelines

This section draws on the preceding discussion to suggest key components that should be included in a practical guide to support staff planning and implementing projects for sustainable program development and organisational change.

Most guidelines for program implementation include sections on planning, implementation and evaluation. Sometimes they include a section sustainability [24]. There is considerable overlap between effective program planning in general, and effective planning for sustainability. However, I will limit this discussion to the key points in relation to sustainability.

Program planning

Sustainability is more likely if programs are well planned in the first instance. Sustainability is more likely if the logic underpinning program implementation is sound and there is sufficient organisational capacity to support program implementation.

Program logic

Guidelines for project planning and implementation should suggest that the underlying logic for programs or projects is made explicit. The program logic should:

- clearly describe the problem or issue that being addressed, its importance
- specify the inputs, strategies and outputs that will be required to achieve the desired outcomes in relation to the identified issues/problems
- outline the evidence which indicates that the proposed means-ends logic is effective
- describe changes to existing organisational contingencies which are required, the Impact of these change on existing functions and outcomes and the cost of change

The specification of the program logic should be sufficiently specific to allow decision makers and stakeholders to determine whether the benefits of the outcomes produced over time outweigh the costs of the program, including the implementation phase and any changes to existing organisational contingencies.

Capacity assessment

Guidelines for project planning should include an assessment of an organisation's capacity to implement the project under consideration. Capacity assessment includes:

- organisational commitment,
- staff skills and competencies, and
- facilities and technical infrastructure.

Programs/project plans should specify the benefits and potential costs for key organisational stakeholders including consumers, staff, management and funders.

Plans should specify how potential costs to key stakeholders arising from change will be addressed.

Plans should indicate how they will be designed to fit with existing organisational contingencies (i.e. minimise the extent of organisational change required).

Progjects/programs should identify the champions within organisations who are prepared to lead and facilitate organisational change programs Program champions need to be in positions of influence and executive decision making within the organisation.

Program/project plans should specify any additional recruitment, training and support required for program implementation.

Program/project plans should specify improvements to facilities and technical infrastructure for project/program implementation needed to ensure successful implementation and sustainability.

Implementation

Guidelines for program planning and implementation should include a specific implementation strategy.

Explicit commitments to required resource levels for program implementation should be obtained prior to implementation.

Plans should specify clear criteria for evaluating program implementation and outcome performance.

Plans should include monitoring and evaluation processes for strategy implementation and program outcomes.

Plans should specify communication, consultation and engagement strategies with key stakeholders for the detailed specification of needs/problems/issues and the development of strategies for addressing them.

Communication should ensure the benefits of the program/project for the organisation and key stakeholders are clear.

Communication should emphasise the consistency of the program activities and goals with those of the organisation and its key stakeholders.

Consultation and engagement should focus on ensuring that key stakeholder perspectives are incorporated into the development of program strategies.

Sustainability

Guidelines for project planning and implementation should ensure that programs and projects produce beneficial outcomes which are maintained for an agreed period at an acceptable level of resource commitment within acceptable organisational and community contingencies.

The outcomes (and time period) required for program/project continuance should be specified as part of the initial planning phase.

Funding conditions for the program/project should clearly identify the time period and outcome conditions for funding and the availability of funding following the initial implementation phase.

If the program/project requires ongoing funding to continue beyond the implementation phase, funding sources (external or reallocation of existing resources) should be specified in the implementation plan.

Organisational and/or community contingencies for program continuation following the initial implementation phase should be specified as part of the initial planning phase. These include organisational policy, roles and process that affect the critical contingencies which will need to change for program continuance.

Monitoring, review and adaptation processes to ensure the program is adjusted to new organisational and environmental contingencies as they arise should be specified during the planning phase.

A specific process of communication, consultation and engagement to ensure program/project institutionalisation should be planned to follow initial implementation. This should incorporate the use evaluation findings from the program implementation phase.

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