

## Centering Sustainability from Project Design Through Closeout:

USAID IHP's Gender Equity and Social Inclusion Efforts in Nigeria



WI-HER was the lead GESI partner on the USAID Integrated Health Program (2019–2024)

### Overview

The concept of sustainability within the context of international health and development projects focuses on ensuring that project results can be maintained after the project ends. Sustainability is an inherent challenge for international development projects because they are short-term interventions; however, if project teams understand their own limitations and incorporate sustainability approaches from the outset, activities and impact can continue, and be sustained, beyond the life of the project.

USAID emphasizes the importance of integrating sustainability into development and humanitarian projects as paramount not only to prevent the loss of capacity, systems, and activities built during the life of a project but also because it goes hand-in-hand with locally-led development since ensuring the sustainability of a project requires local stakeholder buy-in and ownership from the very beginning (see [USAID's guide](#)).

According to [USAID's Locally Led Development Fact Sheet](#), "Locally led development is the process in which local actors—encompassing individuals, communities, networks, organizations, private entities, and governments—set their own agendas, develop solutions, and bring the capacity, leadership, and resources to make those solutions a reality. USAID recognizes that

local leadership and ownership are essential for fostering sustainable results across our development and humanitarian assistance work."

From 2019 through 2024, the USAID Integrated Health Program (IHP) in Nigeria aimed to reduce maternal and child mortality and morbidity and increase the capacity of the health system to support quality primary healthcare center (PHC) services across four participating states, including Bauchi, Kebbi, Sokoto, and Ebonyi, plus the Federal Capital Territory (FCT). WI-HER led IHP's gender equity and social inclusion (GESI) efforts.

WI-HER's [iDARE™ methodology](#) was foundational to our approach with IHP. iDARE puts the principles of locally-led development into practice by supporting local leadership throughout project design and implementation and engaging stakeholders as leaders and co-implementers.

This learning brief describes how WI-HER incorporated sustainability strategies throughout the implementation of IHP's GESI efforts by strategically engaging local stakeholders as leaders throughout all phases of implementation and how these efforts resulted in local leadership capacity and commitments to sustainable change.

## Applying Sustainability & Locally Led Development Approaches for GESI Interventions

At project start up, WI-HER conducted a stakeholder mapping and [Gender Desk Review](#) and policy analysis, guided by its iDARE methodology (as part of phase 1: *Identify*). Local stakeholders contributed to the assessment, validated the findings, identified and prioritized key GESI-related challenges, and designed and led context-specific solutions.

Without facilitating the opportunity for local leadership, collaboration, and buy-in, activities would not have been locally designed and led and may not have been sustainable following project closeout when it is up to local stakeholders to maintain momentum and continue building change. WI-HER provided ongoing technical assistance, mentoring, and coaching to local stakeholders for their prioritized interventions throughout the implementation of project efforts.

WI-HER's sustainability approach centered strategies around **strengthening local leadership, local systems, and local capacity.**

### Local Leadership

WI-HER undertook a stakeholder mapping exercise to identify the relevant stakeholders prior to designing and implementing activities and engaged local stakeholders in activity design and planning via state-level action planning workshops. The action planning workshops provided an opportunity for local leaders to review and validate findings from WI-HER's Desk Review, prioritize areas for intervention, and design contextually relevant and culturally appropriate activities. Local



leadership at the design stage resulted in locally-led implementation of key activities in the action plans and the integration of GESI activities within annual work plans and budgets of both government and non-government partners.

WI-HER continued to engage and support the efforts of local stakeholders, including via GESI Learning Labs. Learning Labs served as a platform for healthcare providers to examine the challenges they experience and devise effective strategies within their local context by utilizing iDARE. WI-HER piloted the Learning Labs in PHCs; through the *Identify* phase, WI-HER created a safe space for PHC staff to reflect and identify strategies to address GESI issues in their facilities. During the *Design* phase, WI-HER co-developed Action Plans with Learning Lab participants to implement activities, which were rolled out during the *Apply* phase. WI-HER Advisors maintained regular communication and regularly met with stakeholders to review progress against plans, identify and address challenges, and provide technical support throughout the project as part of the *Record* phase.

At the conclusion of IHP and as part of the *Expand* phase, WI-HER collaborated with the Federal Ministry of Health and Social Welfare (FMOH) to facilitate an end-of-project sustainability workshop to support stakeholders in developing their own sustainability plans and recommendations. Participants were drawn from relevant State government ministries, agencies, and healthcare boards and included Gender Desk Officers (GDOs)

from local government area councils and Gender Focal Persons (GFPs) from healthcare facilities. During this two-day GESI-in-health sustainability workshop, stakeholders reviewed IHP's GESI-in-health interventions, shared lessons learned, gleaned best practices, and discussed budgetary needs, stakeholder roles and responsibilities, and plans for key activities to be continued post-project closeout. Sustainability indicators included the integration of GESI activities in the State Ministry of Health's annual operational plans and within healthcare facilities' budgets. A key outcome of the workshop was the development of a sustainability plan on GESI to be implemented by the States and local government health agencies under the supervision of the FMOH.

## Local Systems

WI-HER supported strengthening local systems by providing technical assistance and support for stakeholders to deliver prioritized GESI interventions utilizing existing platforms and mechanisms. To address the need to create a safe working environment, WI-HER worked with healthcare providers to create a Sexual Exploitation, Abuse, and Harassment (SEAH) addendum and successfully advocated for its incorporation in the Ministry of Health's Human Resources manual, effectively institutionalizing a framework to protect health workers from sexual exploitation, assault, and harassment in the workplace.

WI-HER also supported advocacy efforts that resulted in the enactment of the Violence Against Persons Act in each state and oriented stakeholders on the new legal framework that provides legal recourse for survivors of GBV.

To support the institutionalization of a GBV response, WI-HER supported the Strengthening of Gender in Health and GBV Technical Working Groups (TWGs) and Response Teams at the national and State levels. These groups have the mandate to coordinate and strengthen GBV prevention and response and to ensure a more coordinated multi-sectoral approach to the provision of services to survivors of GBV. WI-HER's support for GBV TWGs included working with groups to clarify their mandate and developing Terms of Reference, TWG sub-committees, and action plans. This support resulted in the successful development and

operationalization of state-level multi-sectoral GBV referral networks across all states.

WI-HER also supported efforts to institutionalize the role of GDOs to serve as key linkages within local government health authorities to connect community and facility GBV efforts. WI-HER trained GDOs to promote and operationalize the GBV referral network, and support systematic GBV data monitoring. GDOs' responsibilities for monitoring, supervising, and training health facility staff and supporting GFPs at each health facility were effectively expanded to include support for GBV response within the health system and community. In addition, WI-HER supported States to establish public Sexual Assault Resource Centers (SARCs) in States that lacked such services for victims of sexual violence.

WI-HER supported the enhancement of GBV data collection systems in participating States by working with local government health agencies and State ministries to revise the online platforms, including Open Data Kit (ODK), and DHIS2 (an open-source health management information system). This intervention led to collecting three GBV-related data points, disaggregated by age and sex (number of GBV cases seen; post-GBV care received; number of GBV cases referred) and an expansion of these indicators to collect information on types of GBV cases, types of post-GBV care provided, and types of post-GBV care received.

Lastly, WI-HER's work strengthened collaboration between the Federal and States' Ministry of Health and Ministry of Women Affairs, which was the gateway to GBV response and data reporting as well as strengthening response of the SARCs to respond to survivors of GBV. Prior to closeout, the Federal Ministry of Health assumed full responsibility for coordinating National Gender in Health TWG meetings as well as coordinating and supporting the State Gender in Health Committees.

## Local Capacity

WI-HER worked with the Federal Ministry of Health and stakeholders to develop a national GBV training curriculum for healthcare providers based on international standards and best practices, and supported roll out of the

training via the training of master trainers and working with local organizations to facilitate cascade training throughout IHP States. WI-HER followed up with regular mentoring visits to health facilities to support health workers in identifying and documenting GBV cases and providing direct services and effective referrals. This effort resulted in a cadre of **2,879 health professionals trained** to provide survivor-centered care and **referrals in 1,031 facilities**.

WI-HER also developed a series of tailored and culturally relevant values clarification and transformation sessions in response to needs and interests identified by stakeholders. Topics included: male engagement strategies; integrating gender equality and social inclusion in RMNCAH+NM to improve service delivery and quality; and trauma-informed interviewing, among others.



**Table 1. Strategies for Sustainability**

Strategy	Activities	Outcomes
<b>Local Leadership</b>	<ul style="list-style-type: none"> <li>Stakeholder mapping, outreach, and engagement</li> <li>Action planning workshops</li> <li>Sustainability workshop</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder buy-in</li> <li>Context specific, culturally relevant interventions</li> <li>Local ownership</li> <li>Sustainability plans</li> </ul>
<b>Local Systems</b>	<ul style="list-style-type: none"> <li>Tailored assistance for state GBV TWGs/ Response Teams</li> <li>Institutionalizing GBV/GESI roles for GDOs, GFPs</li> <li>Strengthening policy and legal frameworks</li> <li>Enhancing data collection systems</li> </ul>	<ul style="list-style-type: none"> <li>Strengthened coordination mechanism for GBV response</li> <li>SEAH addendum to protect health workers from sexual exploitation, abuse, and harassment adopted</li> <li>Violence Against Persons Act enacted</li> <li>Legal and judicial recourse for victims of GBV</li> <li>New indicators for collecting GBV data integrated into systems</li> <li>Healthcare workers trained on collecting GBV data</li> </ul>
<b>Local Capacity</b>	<ul style="list-style-type: none"> <li>Development of national GBV training curriculum</li> <li>Clinical and non-clinical training for healthcare providers</li> <li>Coaching and mentoring</li> <li>Values clarification and transformation sessions</li> </ul>	<ul style="list-style-type: none"> <li>2,879 health workers are identifying, caring for, and referring cases of GBV</li> <li>1,031 health facilities are documenting and reporting GBV cases</li> <li>Application of GESI-related skills and knowledge, including trauma-informed interviewing techniques and strategies to engage males in healthcare</li> </ul>

## Lessons Learned About Sustainability

Our approach to sustainability, as implemented through IHP, was an iterative learning process guided by WI-HER's iDARE methodology, which shaped how sustainability strategies were designed and applied. Through IHP, WI-HER developed proven best practices for creating sustainable, locally-led interventions to catalyze lasting impact and more sustainable results by following iDARE:

- 1. Identify:** Stakeholder engagement and buy-in from project inception;
- 2. Design:** Strengthening local capacity by working alongside stakeholders to co-create contextually-relevant solutions and build their capacity to lead interventions post-closeout;
- 3. Apply:** Multi-level integration of interventions into local systems and policies to ensure that GESI activities are embedded in government and healthcare facility activity plans and budgets;
- 4. Apply:** Tailored technical assistance and ongoing support;
- 5. Record:** Policy advocacy and enhancement of data collection systems;
- 6. Expand:** Fostering multi-sectoral collaboration to create opportunities for interventions to continue beyond project closeout; and,
- 7. Expand:** Facilitating a sustainability workshop.



Overall, even if budgets are cut, or activities close, the introduction of concepts like GESI through educational workshops and advocacy can have ripple effects and open the door for longer-term socio-cultural shifts toward equity and improved livelihoods. Coordinating and connecting stakeholders from diverse sectors creates the opportunity for collaboration to tackle difficult societal challenges over time. Through stakeholder engagement and collaboration, local capacity building, and policy support and advocacy, sustainability post-closeout is far more likely.