Guide for Developing Sustainability and Transition Plans

This guide was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Jamie Bindon, Sloane Keller, Thomas Gallemore, M. Rashad Massoud, Jorge Hermida, Tamar Chitashvili, Maina Boucar, Nigel Livesley, Kelsey Piva, Leighann Kimble, Akilia Semoy, Maurice Lehman, and Britney Sweetser of University Research Co., LLC through the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. The USAID ASSIST Project is made possible by the generous support of the American people through USAID.
Guide for Developing Sustainability and Transition Plans

JUNE 2019

Jamie Bindon, University Research Co., LLC
Sloane Keller, University Research Co., LLC
Thomas Gallemore, University Research Co., LLC
M. Rashad Massoud, University Research Co., LLC
Jorge Hermida, University Research Co., LLC
Tamar Chitashvili, University Research Co., LLC
Maina Boucar, University Research Co., LLC
Nigel Livesley, Ghana Health Service
Kelsey Piva, University Research Co. LLC
Leighann Kimble, University Research Co., LLC
Akilia Sernoy, University Research Co., LLC
Maurice Lehman, University Research Co., LLC
Britney Sweetser, University Research Co., LLC

DISCLAIMER
This guide was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
Acknowledgements

Acknowledgments for reviews and feedback are extended to Lisa Maniscalco, Rhea Bright and Aimee Derochers of USAID along with ASSIST Deputy Director Dr. Victor Boguslavsky, Salwan Hager, and all ASSIST Zika Chiefs of Party: Graciela Avila, Dr. Norma Aly, Dr. Roberto Aldana, Dr. Charlene Coore-Desai, Dr. Ivonne Gomez Pasquier, Dr. Guadalupe de Razeghi, Dr. Christian Requena, and Dr. Cecilia Villaman for their valuable review and constructive suggestions.

This guide was developed by: ASSIST Project Coordinators Jamie Bindon, Sloane Keller and Thomas Gallemore, ASSIST Director Dr. M. Rashad Massoud, ASSIST Regional Director Dr. Jorge Hermida, Tamar Chitashvili, Maina Boucar, Nigel Livesley, Kelsey Piva, Leighann Kimble, and Spring 2019 interns Akilia Semoy, Maurice Lehman and Britney Sweetser.

This guide was prepared by University Research Co., LLC (URC) for the United States Agency for International Development (USAID) under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, which is funded by the American people through USAID’s Bureau for Global Health, Office of Health Systems. The project is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC's global partners for USAID ASSIST include: EnCompass LLC; FHI 360; Initiatives Inc.; Institute for Healthcare Improvement; and WI-HER LLC.

For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended Citation

# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td>Overview of Sustainability and Transition</td>
<td>1</td>
</tr>
<tr>
<td>Quality Improvement Building Blocks</td>
<td>1</td>
</tr>
<tr>
<td>Key Elements of Sustainability and Transition</td>
<td>2</td>
</tr>
<tr>
<td>Framework for Sustainability and Transition</td>
<td>3</td>
</tr>
<tr>
<td>Developing Sustainability and Transition Plans</td>
<td>3</td>
</tr>
<tr>
<td>When should sustainability and transition plans be developed?</td>
<td>3</td>
</tr>
<tr>
<td>Sustainability and Transition stakeholder meetings</td>
<td>3</td>
</tr>
<tr>
<td>Who should participate in sustainability and transition planning?</td>
<td>4</td>
</tr>
<tr>
<td>Contextualizing sustainability and transition</td>
<td>4</td>
</tr>
<tr>
<td>Engaging stakeholders</td>
<td>6</td>
</tr>
<tr>
<td>Develop a shared vision</td>
<td>6</td>
</tr>
<tr>
<td>Co-design and implementation</td>
<td>7</td>
</tr>
<tr>
<td>Outline of the Sustainability and Transition Plans</td>
<td>7</td>
</tr>
<tr>
<td>Background</td>
<td>7</td>
</tr>
<tr>
<td>What is being sustained and transitioned?</td>
<td>9</td>
</tr>
<tr>
<td>Activity #1: Identifying evidence-based interventions to be sustained</td>
<td>9</td>
</tr>
<tr>
<td>Who are the Points of Integration?</td>
<td>10</td>
</tr>
<tr>
<td>Activity #2: Identifying specific points of integration</td>
<td>11</td>
</tr>
<tr>
<td>How are interventions and methods being sustained?</td>
<td>12</td>
</tr>
<tr>
<td>Activity #3: How interventions and methods will be sustained</td>
<td>12</td>
</tr>
<tr>
<td>Next steps</td>
<td>14</td>
</tr>
<tr>
<td>Conclusion</td>
<td>14</td>
</tr>
<tr>
<td>Annex 1: Example of Clinical and Non-Clinical Interventions and the Methodologies by Which They Were Implemented-ASSIST Zika Response</td>
<td>15</td>
</tr>
<tr>
<td>References</td>
<td>20</td>
</tr>
</tbody>
</table>
Acronyms

ASSIST    Applying Science to Strengthen and Improve Systems
COP       Chief of Party
CSaZ      Congenital Syndrome Associated with Zika
ECEB      Essential Care for Every Baby
ESC       Eastern and Southern Caribbean
HCP       Health Care Provider
IID       Improvement Indicator Database
LAC       Latin American and Caribbean
MCH       Maternal and Child Health
MOH       Ministry of Health
NGO       Non-governmental Organization
QI        Quality Improvement
S&T       Sustainability and Transition
TA        Technical Assistance
URC       University Research Co., LLC
USAID     United States Agency for International Development
WHO       World Health Organization
ZiCaMaS   Zika Case Management System

List of Figures

Figure 1 Key elements and strategies to consider in sustainability and transition........................................2
Figure 2 Framework designed to assist personnel in clearly outlining their resources, activities and key indicators into an effective QI cycle .................................................................3
Introduction

The *Guide for Developing Sustainability and Transition Plans* is a tool that was created for project teams to co-develop sustainability and transition plans (S&T) with in-country stakeholders such as MOHs, universities, etc. through policy discussions and high-level boardroom style meetings. This guide is intended for planning and facilitating the meetings while examining the primary issues, processes and other factors to consider when developing a sustainability and transition plan. Additionally, the guide discusses the process of effective and strategic maintenance of information, skills, knowledge, operations, and results by local stakeholders and identifies key points to consider in the development and implementation of sustainability plans. The objective is that by nurturing country ownership, building upon project achievements and operationalizing core frameworks outlined in this guide, the results obtained under ASSIST will be preserved and sustained beyond the project’s end.

Background

Sustainability results from an approach geared towards the continuity of successful interventions from the outset of a project. As projects come to an end, it becomes increasingly important to maintain and further mainstream project achievements within countries through strong Sustainability and Transition Plans. **Sustainability** is defined as the continuation of benefits from a development intervention after major development assistance has been completed. [1] **Transition** is defined as continuously improved performance of health systems to achieve better health outcomes independent of donor assistance. [2] **Mainstreaming** is defined as concrete steps incorporating project components as part of the existing regular actions of the host country structures. To maximize the likelihood of continued project outcomes, buy-in is needed from local stakeholders to actively plan the transition from USAID co-implemented activities to full country responsibility. This guide aims to provide a tool for USAID ASSIST staff and personnel in the host countries of operation to utilize for ensuring a smooth project transition and successful preservation and continuous improvement of results after project phase out.

This guide is adapted from the World Health Organization’s "Improving Quality of Care for Maternal, Newborn and Child Health: Implementation Guide for the Facility, District, and National Levels." It is intended to organize and inform discussions and strategies so key stakeholders have a clear understanding of continued activities, sustainability initiatives, and roles and responsibilities. This guide is intentionally designed to be flexible to ensure responsiveness to country and project contexts, allowing for increased ownership of the planning and transition process.

Overview of Sustainability and Transition

**Quality Improvement Building Blocks**

To write a sustainability and transition plan, it is important to understand the current state of the project with respect to the five building blocks for good quality care adapted from a WHO framework currently under development. [3] These building blocks will be used throughout activities (outlined later in this guide) to be facilitated by project staff with in-country counterparts to ensure key project activities and outcomes are sustained. The five building blocks are outlined below:

1. **On Site Support**

Project staff and stakeholders need to be equipped with the knowledge and skills to carry out the necessary functions for project success and deliverables. This support may come in the form of developing trainings for staff, allocating resources to conduct trainings and identifying the important clinical skills that need to be taught.
2. Learning

Continuous learning and sharing of knowledge allow entities, whether individuals or facilities involved, to create strong interpersonal relationships and measures of transparency. Peer-to-peer learning mechanisms that involve sharing unique experiences and information with other members of the community are helpful ways to encourage creativity, support and collaboration.

3. Measurement

The availability of quality data is important to the progress of the given project and ways it could be improved. Data is essential for stakeholder buy-in. The applicability of quality improvement (QI) cannot be understood without data that demonstrates the improved quality of care and impacts of QI interventions. Facilities should be able to collect, interpret and present data periodically to demonstrate that the project is monitored for efficiency, challenges are being addressed and improvements are being considered.

4. Community and Stakeholder Engagement

There are several essential stakeholders and community members at the facility, district, regional and national levels that need to be involved in the development and implementation of the project. The way that these contributors are identified and incorporated into the work should be strategic, based on stakeholder expertise and project needs and for the overall benefit of the project’s success.

5. Project Management

Mechanisms of accountability are essential for ensuring that each of the different components of the project work cohesively and productively. This involves tracking stakeholder responsibilities, outcomes and channels of communication between the different levels of the health system.

Key Elements of Sustainability and Transition

To design a comprehensive sustainability and transition plan, there are four key elements to consider: human capacity, institutions, governance, and finance. These categories provide the foundational basis for where and how interventions may be implemented and sustained and will vary based on country context. Figure 1 shows the interventions for key elements, and the strategies involved in each. The identification and evaluation of specific strategies, resources and opportunities within these key elements will allow for the stronger strategies to be developed and move forward in the transition process. The matrices that follow will show how to identify these elements in the design plan.

Figure 1: Key elements and strategies to consider in sustainability and transition
Framework for Sustainability and Transition

This guide is grounded in a framework for improvement that was developed by URC. [3] This framework, highlighted above, categorizes elements integral to an effective QI cycle:

I. Developing a shared vision;
II. Co-design/ co-implementation;
III. Tracking progress, and;
IV. Continuous learning and adaptation

Figure 2: Framework designed to assist personnel in clearly outlining their resources, activities and key indicators into an effective QI cycle

This cycle is informed and impacted by three key thematic components:

I. Identifying points of integration;
II. Contextualizing sustainability, and;
III. Engaging stakeholders

It is a sequential adaptation of the framework designed to assist personnel in clearly outlining their resources, activities and key indicators. With an in-depth understanding of these project components, the framework serves as a guide on how to leverage them to create holistic strategies that can be applied to existing initiatives and improve sustainability and transition plans.

Developing Sustainability and Transition Plans

When should sustainability and transition plans be developed?

Sustainability and transition should be discussed from the start of any technical assistance (TA) activity. When TA activities are designed, long-term sustainability and eventual transition to host country counterparts should be considered and incorporated. Throughout the course of a TA activity, interventions and best practices are developed and introduced. Sustainability and Transition Plans should be developed after these interventions and host country counterparts have had enough experience with them. Once the results are useable enough, host country counterparts can determine best practices to sustain and identify how and to whom the transition would occur.

Sustainability and Transition stakeholder meetings

Project staff should host a policy discussion meeting with stakeholders where they can use the activities identified above, to work with and facilitate discussions. These discussions held between and among
stakeholders should outline the “who, what, and how” of the Sustainability and Transition Plan. Chiefs of Party should co-lead these meetings with a designated senior-level Ministry of Health official where relevant. A notetaker should be designated for the meeting and records should be kept of all discussions, regardless of whether they are captured in the matrices outlined in this guide. Following these meetings, project staff should take the information gathered from the discussions to develop a succinct Sustainability and Transition Plan, the general outline of which can be found on page 9 of this document.

Who should participate in sustainability and transition planning?

The selection of participants in Sustainability and Transition plan development meeting should be made in collaboration with host country counterparts. The ideal number of individuals present at the Sustainability and Transition meeting can range from 15 to 20 stakeholders and divided into four categories based on function and role within the project below:

**Group 1:**
These are the decision makers. They can include, the Minister of Health, Deputy Minister of Health, Permanent Secretary, Director General, Chief Medical Officer, and Head of Technical Units (i.e., MCH and QI). Other ministries covering Gender, Social Affairs, Education, etc. should be included as pertinent.

**Group 2:**
These are the project’s leaders. They can include, the Ministry of Health point of contact for the project activity, coaches, supervisors, district and region leaders, facility leaders and so on.

**Group 3:**
These are the health care providers (HCPs). They can include a small, select group of physicians, nurses, patient advocates, case managers, and other health care delivery workers.

**Group 4:**
These are any other stakeholders involved in the planning process. They may include individuals from the private sector, international and local NGOs, community leaders, etc.

Contextualizing sustainability and transition

Sustainability and transition within this context can be thought of as the transfer of responsibilities and execution of project activities, monitoring and evaluation, knowledge management and additional components that lead to desired continuous improvement when technical assistance is no longer available from ASSIST. Successful sustainability and transition plans consider the impact of internal and external factors on overall performance after project phase-out. They should be robust, comprehensive and developed with the participation of personnel at all levels within counterpart institutions. Plans should also include both immediate and long-term objectives. The USAID ASSIST Project has provided technical assistance to the MOH, regional offices and facilities to build, test and implement interventions together. Outlining actionable steps before the close of the project will allow in-country stakeholders to assume complete responsibility for the maintenance of previously co-implemented activities. Sustainability and Transition plans will vary from country to country based on each country’s specific activities and priorities. However, there are core components that will help inform countries during their own plan development processes.

The five key contextual areas, or building blocks, explore the plan’s capacity to be implemented both at an individual and institutional level. Individual capacity is defined as the ability of local individuals to develop and maintain technical skills that are conducive to successful operations management and service delivery. Institutional capacity is defined as the ability of involved/partnering institutions to effectively operate the structures that manage and execute activities. Contextualized priorities set by
countries in the guided activity will be used to define the goals of a Sustainability and Transition operational plan.

Below are important questions to consider for each of the five building blocks. During meetings with project stakeholders, these questions can be used to promote comprehensive discussions to identify objectives and priorities through project phase-out. Meeting facilitators may select relevant questions based on context and conversation direction.

**On-site support:**

- What are the priorities for building individuals’ capacity for on-site support? What are the priorities at the institutional level?
- How can human resources policies and strategies be adapted to encourage staff to spend time improving quality of care?
- How can management culture be adapted to encourage staff to spend time identifying, reporting and fixing problems related to quality of care?
- How can trainings be properly conducted to develop and preserve clinical and/or QI skills of staff?
- How can coaching and mentoring be formally incorporated into the health system?
- How can coaches and managers be encouraged to focus on providing support and encouraging innovation?
- How can we ensure that coaching is taking place through monitoring and measures of accountability?

**Peer to peer learning:**

- What are the priorities for building individuals’ capacity for peer-to-peer learning? Institutional capacity?
- How can we develop a sustainable system for peer learning and support?
- How can we develop staffs’ skills in peer learning and support?
- How can we strengthen the skills related to gathering and sharing learning about implementation?
- How can we strengthen managers’ skills in managing peer-to-peer learning programs?
- How can we adapt managers’ attitudes to focus on providing support and encouragement during learning events?

**Measurement:**

- What are the priorities for building individuals’ capacity for measuring information? Institutional capacity?
- How can we strengthen providers’ and data-staffs’ skills in using data for management or improvement purposes?
- How can we shift away from “blame culture” and promote transparency when reviewing data showing poor performance?
- How can we develop pre-service, induction and in-service training to build staffs’ skills in using patient-level data for management or improvement purposes?
- How can data systems be adapted to provide information on quality of care activities and efficiency?

---

1 “Blame culture” refers to blaming individuals for actions that result in poor outcomes or performance [4]. A shift away from “blame culture” involves using examples of poor performance or outcomes as an opportunity to learn and improve. Referring to our understanding of defects and errors, many defects and errors are due to the system. Blaming individuals in these cases does not resolve the defects and errors. Instead, identifying the systemic issues and addressing them, rather than blaming individuals, helps to resolve those defects and errors.
• How can we create a management culture that utilizes data on quality of care activities, including processes and outcomes of care, for management/improvement and inspection/monitoring?

Community and stakeholder engagement:
• What are the priorities for building individuals’ capacity to engage with stakeholders and community members? Institutional capacity?
• What are the appropriate communities and stakeholders to involve? How can we increase their involvement?
• How can managers play a role in community engagement?
• What community and stakeholder skills should be strengthened to improve the quality of care?

Project management and governance:
• What are the priorities for building individuals’ capacity for project management and governance? Institutional capacity?
• How can we strengthen leaders’ and managers’ system-thinking, prioritization, project management, and adaptive management skills?
• How can we increase the use of systems-thinking approaches to work across all building-block, departmental and healthy system levels to improve quality of care at all levels?
• How can we increase the use of systems-thinking approaches to work with the appropriate civil society and other stakeholder groups to improve quality of care at all levels?

Engaging stakeholders
Cooperation between stakeholders ensures that partnerships are complementary. Strengths, competing interests, and unique skill sets should be communicated throughout the engagement to guarantee the success of the phaseout process. This section aims to provide a framework for countries to consider: potential stakeholders to include, as well as stakeholder interests and roles in furthering phaseout efforts. The following activities, particularly Activity #2: Identifying Points of Integration, encourage stakeholders to identify partners to help build individual capacity and to oversee a variety of health system areas.

The following areas should be considered when trying to identify a resource, person, or group to help build individual and/or institutional capacity.
• Clinical skills
• Coaching facilitation and management skills
• Peer-peer learning and management skills
• Patient level quality of care management
• Quality of care project level measurement skills
• Community engagement skill
• Systems thinking skills
• Project management and adaptation skills

Develop a shared vision
After stakeholders have outlined shared priorities and interests, they can take the next step to develop a cohesive plan of action to meet country-specific goals after phaseout. This plan of action, or shared vision, should encapsulate the short-term and long-term priorities within each of the QI building blocks. These priorities are intrinsic to the success of the Sustainability and Transition Plan and consider the ways in which individual goals and interests might contribute to the overarching success and message. The following activities are matrices that countries can use to outline priorities for each of the QI building blocks and evidence-based interventions to be sustained. Activity #1: Identifying Evidence-Based
Interventions to be Sustained and Transitioned in this guide can be used to develop a shared vision of interventions to be sustained.

Co-design and implementation

Stakeholder co-implementation of activities has been essential to the success of project interventions. The understanding of best practices and achievements should be utilized to co-design the next steps to ensure successful implementation of continuing and new initiatives. Once stakeholders have developed a shared vision for transfer of full responsibility, they can work together to design and implement sustainability and transition efforts. As stakeholders develop this design they can consider:

- Tools to support existing and ongoing systems and procedures
- Opportunities and challenges within the health system for a successful transition
- The role of local stakeholders developing a sustainability roadmap and timeline
- Mechanisms to decrease donor dependence while strengthening the capacity of individuals and organizations at project handover

In this guide, Activity #3: How Could Sustainability and Transition be Strengthened? provides a template to identify short-term and long-term priorities for implementation of sustainability focused on each of the five quality improvement building blocks, as well as their respective institutional homes and resource partners. The purpose of the template is to build consensus on priorities, establish a timeframe for executing the plan and developing a sense of increased ownership and capability.

Outline of the Sustainability and Transition Plans

As previously mentioned, 15-20 key stakeholders will need to be engaged in the development of Sustainability and Transition plans. These stakeholders should convene and meet as the project nears the phase-out stages to engage in a dialogue focused on policy to determine which interventions should be sustained, who will sustain these interventions, how plans will be carried out, and what critical factors will affect sustainability. It is critical to emphasize that this is not a technical workshop but a policy discussion to adequately engage key stakeholders.

The following outline provides a brief overview of what each country’s written Sustainability and Transition Plan should include at the end of the activities and discussions outlined throughout this guide. It includes each of the major components that will be produced at country-level. Following the outline will be guiding questions and activities to be used to generate the necessary information for these sections.

I. Background
   a. Country description
   b. Description of existing health project

II. What is being sustained and transitioned? (see Activity #1)

III. Who are the points of integration? (see Activity #2)

IV. How are interventions and methods sustained? (see Activity #3)

Background

The background section of the Sustainability and Transition Plan should be prepared by the ASSIST Project with a small group of key implementing stakeholders ahead of convening with the full group of host country counterparts for three activities described later in the guide.

Each country has unique social, environmental and political considerations in which the QI Project exists. Understanding these country-specific details is key to designing relevant sustainability and transition plans. This background section provides the opportunity to review the underlying factors that may impact or influence sustainability and transition. The background section should be a short description of the
current project. The following are guiding questions to help in the preparation of the background section based on the five building blocks.

Important questions and data to consider when writing the background include:

- What does the existing project look like?
- What results has it achieved?
- What has the timeline and scope of the project been?
- What is the current context of governance and management of quality of care?
- What was the project start date?
- What does the health system look like?
  - Number of health districts
  - Number of total health facilities
  - Number of health districts covered (public)
  - Number of health facilities covered (public)

The background section should address each of the five building blocks:

*What does the development of facility-level QI teams and skills look like?*

**Questions to consider:**

- Who trains staff on clinical skills? QI Skills?
- Is training ad hoc or is there a regular training schedule?
- Who funds this training?
- How are newly hired or transferred staff trained?

*What does the development of coaching support look like?*

**Questions to consider:**

- Is coaching done by project staff or government staff?
- How often does each facility receive a coaching visit?
- How many facilities does each coach support?
- What are the coaching costs and how are they covered?
- Who trains coaches in QI and facilitation skills?
- Is training ad hoc or is there a regular training schedule for coaches?
- Who funds this training?
- How do newly hired or transferred coaches get trained?

*What does the development of peer-to-peer learning support look like?*

**Questions to consider:**

- Are there opportunities for peer-to-peer learning between facilities?
- What is the frequency of these opportunities?
- Who attends these meetings from facilities (just the in-charge or front-line providers)?
- Who facilitates these meetings?
- Who funds these meetings?
- How do we build the skills to gather learning about implementation?
- How do we build the skills to facilitate the sharing of learning?

*How has the project measured the progress of the quality of care program? Or, What does measurement look like?*

**Questions to consider:**

- Is data on quality of care indicators available at facility level?
- What quality of care indicators are included in existing data systems?
- Are there data in the government data systems about the % of facilities with QI teams, coaching support and participation in activities?
- Is the quality of data an issue? If so, how will it be addressed?
- How fearful are staff to report data showing poor quality of care?
- How are patient-level and project-level data being used to guide improvement efforts?

*How are stakeholders and community members incorporated into the project? Or, What does stakeholder and community engagement look like?*

Questions to consider:

- How are important communities and stakeholders identified at the facility, district, regional, and national levels?
- How are they each involved in the QI work?

*How is the project being managed and governed? Or, What does governance and management look like?*

Questions to consider:

- Who is responsible for quality of care at each of the facility, district, regional, and national levels?
- How effectively do different departments work together?
- How effectively do different levels of the health system work together?
- How effectively are community and stakeholders involved in project management?
- How easy is it for people to tell senior officials about problems they are having with the quality of care in the project?
- How quickly do problems that can’t be fixed at the facility level (HR, infrastructure, equipment and supply problems, policy level problems) get fixed by higher levels of the health system?

**What is being sustained and transitioned?**

**Activity #1: Identifying evidence-based interventions to be sustained**

During the policy discussions, a project staff member should facilitate a discussion where successful evidence-based interventions are presented to the stakeholders who are present. The group should review each intervention individually and decide whether they want to continue its implementation after project activities cease.

Ensuring continuity of evidence-based best practices is integral to maintaining and strengthening strong care delivery systems. Creating strong health systems and building upon lessons learned and best practices will help mitigate damage caused by potential future health crises.

The following table (Matrix 1) should list the different practices introduced during the lifetime of a project. Annex 1 lists the practices introduced as part of the Zika Response Activity of the USAID ASSIST Project. Not all 13 ASSIST Zika Response countries implemented all the interventions listed in Annex 1. For the S&T Activity #1, each country should select and work with those interventions which were implemented in their country by the relevant project. For other countries outside of the ASSIST Zika Response Activity, similar lists can be developed as appropriate.

**Instructions**

The goal of Matrix 1 is to identify specific interventions to be sustained. Prior to stakeholder meetings, Technical Directors should fill out Matrix 1 at a regional level for all interventions implemented throughout the project. This completed matrix should then be sent to Chiefs of Party who can make changes based on specific country contexts of implemented interventions. During Sustainability and Transition planning
meetings with stakeholders, Matrix 1 should be printed on large posters to be highlighted or crossed out depending on which interventions are to be sustained.

**Matrix 1: Identifying evidence-based interventions to be sustained**

<table>
<thead>
<tr>
<th>Key Elements of Sustainability and Transition</th>
<th>Human</th>
<th>Institutional</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-clinical skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge and skills improvement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site support for clinical mentorship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site support for QI coaching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement/Data systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community and stakeholder engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender-sensitive approach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement for congenital syndrome care (CSaZ)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Who are the Points of Integration?**

Points of integration are the specific individuals, institutions, entities, etc. that will be responsible for the activity. Identifying points of integration involves determining the following:

1. How the plan for sustainable transition can be incorporated into existing host country national structures, understanding that some interventions may already be incorporated into MOH or other institutional structures; and

---

2 This template supposes that the plan is to transition to the host government. Templates for transitioning to other organizations will be developed as required.
2. Procedures to help ensure long-term success.

It is important to encourage countries to explicitly identify the mechanisms and individuals through which they will implement and assess sustainable practices throughout their project transition and beyond. Identifying these mechanisms and individuals for sustainability and transition helps to promote stakeholder responsibility and ownership regarding the success of the plan. [5] Two key steps in determining these vehicles include:

1. Identifying the information that will be vital to the planning process, such as the entities that are responsible for specific tasks within the proposal.
   a. Points of consideration:
      i. MOH or department responsible for policy and guidelines related to clinical care
      ii. MOH or department responsible for policy and guidelines around quality of care
      iii. MOH structure responsible for service delivery
      iv. Civil society agencies responsible for advocacy and oversight of quality of care (i.e. representatives from communities accessing care in target areas)
      v. Highest level organizational structure governing health care

2. Suggesting how other entities might be involved in the initial implementation.
   a. Points of consideration:
      i. Which will be the point MOH department for coordinating sustainability and transition efforts/ institutionalizing capacity?
      ii. How will other government structures be involved?
      iii. How will civil society be involved?
      iv. How will high-level governance structures and leaders be involved?

Activity #2: Identifying Specific Points of Integration is designed to support participants with answering some of these questions.

**Activity #2: Identifying specific points of integration**

Identifying possible strategies to integrate existing resources and protocols is essential to the development of a long-term sustainability plan. Below is a table that can be used to identify human, institutional, and governance entities to which responsibilities can be transferred or augmented.

During stakeholder meetings, this matrix should be used by participants to identify what entities will be responsible for maintaining the various project activities selected from Activity #1: Identifying Evidence-Based Interventions to be Sustained and Transitioned. Through the identification of resources, groups and specific people, participants will develop an in-depth understanding of potential roles and responsibilities for key activities.

**Instructions**

The goal of Matrix 2 is to identify existing and potential entities who will assume responsibilities for continuing activities previously managed by USAID during project implementation. Meeting participants should discuss and identify people, institutions, organizations and departments that can ensure the maintenance and scale up of the agreed upon interventions selected in Matrix 1. With the final sustainability and transition plan, all the assigned roles should include the full scope of the responsibilities and expectations required. During Sustainability and Transition Meetings, CoPs together with MOH counterparts should co-lead this discussion to properly distribute responsibilities and identify current and potential entities who will assume former project responsibilities.

---

3 One or more agencies may organize service delivery at primary and secondary levels.
Matrix 2: Identifying points of integration

<table>
<thead>
<tr>
<th>Element</th>
<th>Human</th>
<th>Institutional</th>
<th>Financial</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-clinical skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge and skills improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site support for clinical mentorship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site support for QI coaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement/Data systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community and stakeholder engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How are interventions and methods being sustained?

Activity #3: How interventions and methods will be sustained

Understanding the scope of circumstances host country counterparts will face when transitioning a project is critical when designing Sustainability and Transition Plans. By comprehending the systems, tools and resources necessary to sustain project activities, countries are better able to identify the challenges and opportunities involved in implementing sustainability plans on a timeline.

During stakeholder meetings, Matrix 3 should be used to combine previously identified key activities and their necessary points of integration. Participants should then identify the challenges and opportunities associated with sustaining each activity to gain a more holistic understanding of the feasibility of continuity. From these elements, participants can develop a realistic timeline for responsibility transfer and continuation of activities.
Instructions

The purpose of Matrix 3 is to identify necessary elements to include in the S&T plans, establish a timeframe for executing the plan and develop a sense of increased ownership. Participants can utilize the information developed in the previous activities to create a more comprehensive sustainability strategy within this table. Facilitators should use this matrix in a flip-chart style and proceed one element at a time. For each element, participants should detail systems and tools (job aids, training processes, referral pathways, etc.) necessary for activities, required resources (trained professionals, financing, infrastructure, etc.), challenges to sustainability, potential opportunities for new partners, and a timeframe outlining potential dates that specific steps can be taken as identified by stakeholders.

Matrix 3: How interventions and methods will be sustained

<table>
<thead>
<tr>
<th>Element</th>
<th>Systems &amp; Tools</th>
<th>Required Resources</th>
<th>Challenges</th>
<th>Opportunities</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-clinical skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge and skills improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site support for clinical mentorship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site support for QI coaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement /Data systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community and stakeholder engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Next steps

After meeting facilitation, project staff should use the findings from the three matrices to write a succinct sustainability and transition plan that contains background information, key insights from the activities, and recommended steps forward that were co-envisioned with in-country stakeholders. These plans should be submitted to MOHs or other implementing partners for comments and feedback before a final version is produced.

Conclusion

By using the framework and activities throughout this guide, participants involved in the development of sustainability and transition plans will be able to more fully realize the strides that have been made through project activities and how they can apply those methods and activities to continue to care for those who have been affected by the virus. They will also have a plan on how they may utilize such methods and activities to improve upon other public health interventions and across other sectors. Stakeholders will have the knowledge and tools to apply best practices and expand on the project’s successes. Addressing public health interventions through QI methodologies will allow stakeholders to take ownership of key activities and successes, ensuring their sustainability and a smooth transition after the close of the project.
## Annex 1: Example of Clinical and Non-Clinical Interventions and the Methodologies by Which They Were Implemented—ASSIST Zika Response

<table>
<thead>
<tr>
<th>Key elements of sustainability and transition</th>
<th>Human</th>
<th>Institutional</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical skills</strong></td>
<td>• Implement the Zika basic online course aimed at all newly hired health care professionals entering MOH facilities</td>
<td>• Coordinate all virtual courses with the MOH department in charge of strengthening MOH employees</td>
<td>• Zika Care Guidelines disseminated and regularly updated</td>
</tr>
<tr>
<td></td>
<td>• Regularly conduct Zoom-based teleclinics with health care providers who manage infants with congenital syndrome and related conditions</td>
<td>• Through ASSIST’s support, train a cadre of MOH staff who will manage Zoom-based teleclinics</td>
<td>• Zika care roadmaps (critical routes) continuously updated</td>
</tr>
<tr>
<td></td>
<td>• Regularly conduct trainings/refreshers every 12 months in:</td>
<td>• Through ASSIST’s support, provide the central Zoom-based teleclinics team with essential equipment and supplies</td>
<td>• Job aides regularly updated and disseminated</td>
</tr>
<tr>
<td></td>
<td>- ECEB</td>
<td>• Operationalize the skills lab in the hospital and well-baby center</td>
<td>• Antenatal Care Counseling Guide regularly updated and disseminated</td>
</tr>
<tr>
<td></td>
<td>- Neurodevelopmental surveillance</td>
<td></td>
<td>• Revised NDS tool is incorporated in the child health passport</td>
</tr>
<tr>
<td></td>
<td>- ESC and LAC</td>
<td></td>
<td>• Identify and update regional poll of trainers that can be utilized to build/sustain clinical skills of care providers</td>
</tr>
<tr>
<td></td>
<td>- Zika clinical updates</td>
<td>• Set up a procedure/protocol within the health facility to share the educational resources, as well as knowledge/skills acquired during the training to other care providers within health facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Set up a place (knowledge lab) in each health facility where all clinical guidelines, training materials, and other clinical resources are kept together and organized to be easily accessible to facility staff</td>
<td></td>
</tr>
<tr>
<td>Non-clinical skills</td>
<td>Knowledge and skills improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Implement the QI applied to Zika online course aimed at all MOH professionals in charge of QI activities at central, regional/district and facility levels</td>
<td>● Conduct continuous QI trainings/skills building during professional development projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Implement the psycho-emotional support Zika online course aimed at all MOH professionals in charge of psycho-emotional support activities</td>
<td>● Provide regular on-site coaching and QI orientation for new staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Conduct trainings/refreshers every 12 months in:</td>
<td>● Strengthen skills of QI management staff at central, regional/district and facility levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Psychosocial support</td>
<td>● Identify an institution (most likely university) that could provide regular QI trainings/skills building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Therapeutic early stimulation</td>
<td>● Build/strengthen teamwork and group problem-solving skills in health facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Provider self-care</td>
<td>● Incorporate ZICaMaS-related case management functions in the roles and responsibilities of Zika case Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Periodic issuing, following up and evaluation of national, regional and facility-level QI plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Incorporate QI in professional development projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Strengthen coordination and collaboration with institutions providing non-clinical care services, including roving care project, MOE institutions, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Identify mechanisms to sustain functional QI teams in health facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Provide ongoing support to health facilities to address identified resource gaps</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Adopt and disseminate psychosocial support guidelines and job aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Adopt and disseminate therapeutic early stimulation guidelines and job aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Adopt and disseminate referral pathways and contact details of the non-clinical care providers per different types of needs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| On-site support for clinical mentorship | • Conduct regular drills and trainings for ECEB and well-baby mentors | • Strengthen regional/local professional health associations  
• Identify clinical mentor(s) in each health facility who will be responsible for clinical supervision and mentorship of care providers (including new staff) on newborn and well-baby care | • Incorporate the roles and responsibilities of clinical mentors in the job description of relevant staff at health facilities  
• Identify the mechanisms to operationalize on-site clinical mentorship in health care facilities |
| --- | --- | --- | --- |
| On-site support for QI coaching | • Build/strengthen the capacities of supervisory nurses in QI coaching | • Provide financial and logistical support for coaching | • Create a separate position or incorporate coaching function in existing supervisory mechanisms  
• Develop relevant policies and manuals for coaches |
| Measurement/Data systems | • Continuously strengthen data collection, analysis and data use skills at different levels of the health system  
• Coordinate trainings conducted by IID consultants at health facilities, subnational and national levels to build data analysis, interpretation and use throughout the system | • Identify and strengthen the organization/institution where the IID will be housed and be used to inform improvement decisions at the national level  
• Incorporate selected Zika indicators into existing QI indicators at all levels of the health care system  
• Adapt the current Congenital Syndrome ACCESS database for possible use to track care for infants | • Support operationalization of ZiCaMas case management tool to support active use of data for case management and surveillance  
• Institute IID or similar national platform to use data for improvement at different levels  
• Set up regular meetings at the subnational and national levels to review performance data and |
<table>
<thead>
<tr>
<th>Learning system</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>●</strong> Develop/adapt facility-level improvement documentation (e.g. improvement journal) and use it during the improvement team meetings</td>
<td><strong>●</strong> Identify existing structures/functions and mechanisms where shared learning will take place across facilities</td>
<td><strong>●</strong> Set up regular meetings within health facilities to share improvement results facility-wide and implement/sustain the changes throughout the health facility</td>
<td><strong>●</strong> Set up regular meetings or identify relevant platforms at the subnational/national levels to share improvement experiences and best practices, celebrate success and provide performance-based support to health facilities</td>
</tr>
<tr>
<td>Community and stakeholder engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>●</strong> Build capacity of care providers to use milestone booklet to engage parents</td>
<td><strong>●</strong> Operationalize referral pathway across MOH and MOE sectors</td>
<td><strong>●</strong> Adopt a referral pathway for babies with special needs</td>
<td></td>
</tr>
<tr>
<td>Project management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>●</strong> Identify/orient and strengthen the capacity of QI team lead and facility-in-charge responsible for orientation of facility-level staff and QI project implementation at the health facility level</td>
<td><strong>●</strong> Identify and orient individuals who will support QI project implementation at the subnational level</td>
<td><strong>●</strong> Set up a steering committee responsible for co-development of sustainability plan together with ASSIST team and oversee its implementation during the transition period including beyond the project completion</td>
<td></td>
</tr>
<tr>
<td>Gender-sensitive approach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>●</strong> Continuously train MOH providers in gender-sensitive approaches to the provision of care</td>
<td><strong>●</strong> Incorporate gender-related guidelines, job aids, and materials into the training of newly hired MOH staff</td>
<td><strong>●</strong> Establish a review of selected Zika gender indicators at existing district-level regular review meetings</td>
<td></td>
</tr>
<tr>
<td>Improvement for Congenital Syndrome Care (CSaZ)</td>
<td>• Trainings on the roles of case managers for selected staff at different levels of the care system</td>
<td>• Adapt and adopt the model for improving care for infants with CSaZ to other conditions that involve infants with delays in neuro-development</td>
<td>• Coordinate with other related departments at the MOH to study the model for improving care infants with CSaZ and eventually issue it as a MOH Guideline</td>
</tr>
</tbody>
</table>
References


