Guide for Developing Sustainability and Transition Plans – *Version 2.0*

GUIDE FOR DEVELOPING SUSTAINABILITY AND TRANSITION PLANS -- VERSION 2.0

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Acronyms

ASSIST   Applying Science to Strengthen and Improve Systems

COP   Chief of Party

MCH   Maternal and Child Health

MOH   Ministry of Health

NGO   Non-governmental Organization

QI   Quality Improvement

S&T   Sustainability and Transition

URC   University Research Co., LLC

USAID   United States Agency for International Development

WHO   World Health Organization

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Introduction

The *Guide for Developing Sustainability and Transition Plans – Version 2.0* is a tool that was created under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project for project leaders to co-develop sustainability and transition plans (S&T) with in-country stakeholders such as Ministries of Health (MOHs), universities, etc. through policy dialogue and high-level, boardroom-style meetings. This guide is designed to support project staff in meeting planning and facilitation 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 transition of information, skills, knowledge, operations, and results by local stakeholders and identifies key points to consider in the development of sustainability plans. By nurturing country ownership, building upon project achievements and operationalizing core frameworks outlined in this guide, results obtained under project interventions can be sustained beyond a project's end by host country stakeholders.

Version 2.0 of this guide was produced after Sustainability and Transition pilot activities were implemented in six ASSIST-supported countries: the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Paraguay. In the process of implementing the methodology outlined in the first iteration of the guide, we received insightful feedback from meeting participants, facilitators, and project staff and sought to incorporate their feedback into version 2.0 in order to make it more broadly applicable to USAID projects in varying contexts. After each stakeholder meeting was held, plans were developed and distributed to meeting participants for comment, and ASSIST staff involved in implementing S&T activities convened in virtual meetings to share their experience, document lessons learned, and acknowledge any challenges faced while working to address how to overcome them in future convenings. The key findings from these meetings were documented and then incorporated into the new iteration of the *Guide for Developing Sustainability and Transition Plans – Version 2.0,* which includes updated matrices and strategic methodological adjustments to better engage stakeholders and provide more thorough planning opportunities and which seeks to increase probability of successful country transition and sustainability of project outcomes.

Background

Achieving sustainability requires 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 through which project components are incorporated as part of existing regular actions of host country structures and institutions. 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. USAID staff and personnel in host countries of operation can utilize this guide to ensure a smooth project transition, successful preservation of project outcomes, 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. These building blocks will likely be core aspects of the interventions to be sustained, and each building block should be considered as a list of project interventions is developed.

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, finance, and governance. 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 interventions categorized across 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.

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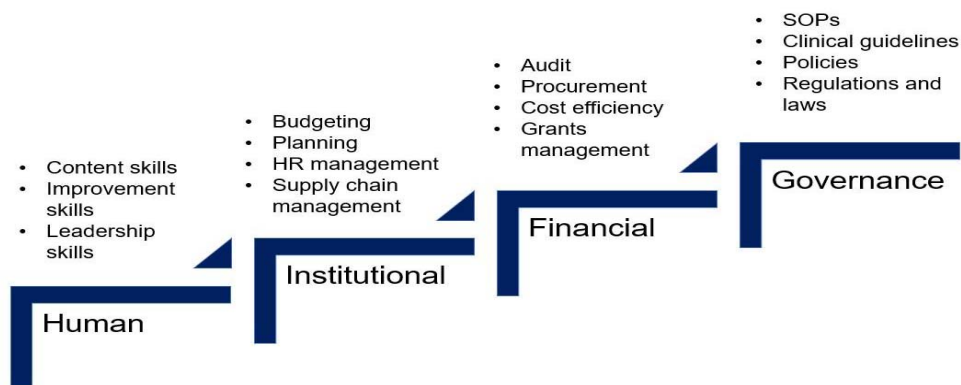
Framework for Sustainability and Transition

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

Figure 2: Framework designed to assist personnel in clearly outlining their resources, activities and key indicators into an effective QI cycle
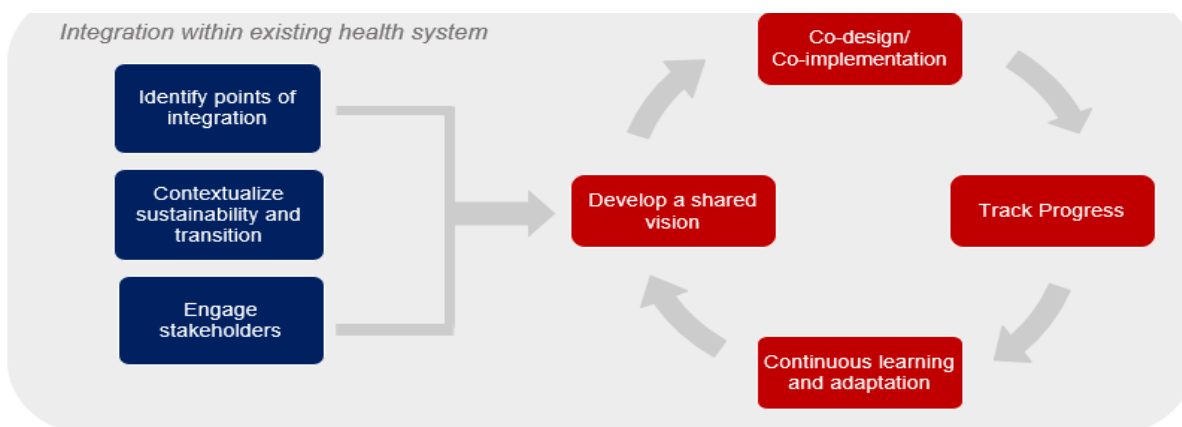
I.   Developing a shared vision;
II.   Co-design/ co-implementation;
III. Tracking progress; and
IV.   Continuous learning and adaptation

This cycle is informed and impacted by three key components:

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

It is a sequential adaptation of the framework designed to assist project personnel in clearly outlining their resources, activities, and key indicators. With an in-depth understanding of 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?

In designing the project or activity, sustainability and transition plans must be considered at the beginning of the activity. This starts with program designs that are conducive to mainstreaming interventions and methodologies and the ability to secure host country stakeholder agreements for sustainability and transition from the outset. Once methodologies have been introduced, interventions have been implemented, the positive results of said interventions are visible, and country stakeholders have experience and familiarity with them, it becomes time to develop formalized plans for sustainability and transition. This will typically occur toward the end of donor assistance but should be carried out several months in advance of project end to allow for co-design/implementation of the plan and a graceful exit. The development of these plans is carried out in a policy dialogue-style meeting with decision makers as well as host country implementers knowledgeable on the program to be transitioned. During this meeting stakeholders can determine what interventions they would like to sustain, how they will be sustained, and who will be responsible.

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 10 of this document.

Who should participate in sustainability and transition planning?

The selection of participants in Sustainability and Transition Plan development meetings 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:

1. 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.

2. 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 regional leaders, facility leads, and so on.

3. Group 3:

These are the health care providers. They can include a small, select group of physicians, nurses, patient advocates, case managers, and other health care delivery workers.

4. 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.

1. 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?

2. 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?

3. 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[1]" 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?
- 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?

4. 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?

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[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.

5. 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 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 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 phase-out. This plan of action, or shared vision, should encapsulate the short-term and long-term priorities within each of the five 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 five building blocks and evidence-based interventions to be sustained. In the matrix, *Determining Evidence-Based Interventions to be Sustained and Transitioned (Matrix 1),* participants will develop a shared vision of interventions to be sustained.

Co-design and implementation

Stakeholder co-implementation of activities is 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 by identifying short-term and long-term priorities for implementation as well as their respective institutional homes and resource partners. 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

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 are guiding questions and activities to be used to generate the necessary information for these sections.

    I.   Background
        a. Country description
        b. Description of existing project
        c. Short summary of the sustainability meeting
    II.   Interventions and Results to be Sustained
        a. Specific interventions
        b. Responsible institutions and other key stakeholders
        c. [Identifying challenges, opportunities and required resources]
    III.   Conclusion
    IV.   Annexes (if necessary)

Background

The background section of the Sustainability and Transition Plan should be prepared by project staff ahead of convening with the full group of host country counterparts for the meeting 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?

The background section should address each of these questions:

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?

Determining 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.

1. Instructions

The initial goal of the policy discussion is to identify specific interventions to be sustained. Prior to stakeholder meetings, Chiefs of Party should fill out Matrix 1 at the national level for all interventions implemented throughout the project which, if applicable, should be reviewed by Regional Technical Directors. This matrix should be completed throughout the period of project implementation to capture interventions the project has implemented. During Sustainability and Transition planning meetings with stakeholders, Matrix 1 can be projected onto a screen for participants to view and individual copies should be distributed. As the conversation progresses and interventions to be sustained are identified, note-takers should edit the projected document to reflect the priorities agreed upon by the policy discussion attendees.

Matrix 1: Determining evidence-based interventions to be sustained

Intervention Type	
Clinical and Non-Clinical Interventions	
Improvement Interventions	
Support Interventions	

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How Are Interventions and Methods Being Sustained?

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

For each element, participants should detail individual skills and institutional support mechanisms. Matrix 2 can be used to guide the discussion and account for essential components that should be considered or incorporated in the development of a sustainability and transition plan. This could include tools (job aids, training processes, referral pathways, etc.) necessary for activities, required resources (trained professionals, financing, infrastructure, etc.), challenges to sustainability, and potential opportunities for new partners. For the purposes of this activity:

Individual skills are defined as: clinical and non-clinical expertise, talents, and knowledge that actors within a health system possess or require in order to carry out their individual functions.

Institutional support is defined as: the processes, systems, resources, and leadership that the host country organization requires to conduct or implement an activity.

Who are the Points of Integration?[2]

Identifying possible strategies to integrate existing resources and protocols is essential to the development of a long-term sustainability plan. During stakeholder meetings, Matrix 2 should be used by participants to identify what entities will be responsible for maintaining the various project activities selected from *Activity #1: Determining 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. 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. 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

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[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.

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]. A key step 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 transition and possible scale-up.
    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[3]
        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

One of the goals of the second stage of the policy discussion is to identify existing and potential entities who will assume responsibilities for continuing activities previously managed by USAID-funded staff 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.

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[3] One or more agencies may organize service delivery at primary and secondary levels.

Matrix 2: Detailing Plans to Sustain Identified Interventions

Intervention	How:		Where: Points of Integration	
	Individual Skills	Institutional Support	Key Points of Integration	Other stakeholders

Annex 1 provides an illustrative Matrix 2 with examples for each intervention category.

(While not included explicitly in the matrix it is recommended that facilitators pose as a question to the group: Do you see any challenges to sustainability implementation and if so, how can they be overcome? This has been excluded from the matrix in an effort to focus participants on the core components of the plan which include the 'how' and the 'who' but key stakeholders and resources needed are often salient in conversations surrounding primary challenges.)

Next Steps

After meeting facilitation, project staff should use the findings from the matrices and information collected by note-takers 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. This final version should be presented to implementing partners and distributed as appropriate.

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 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: Matrix 2 with Examples for Each Intervention Category

Intervention	How:		Where: Points of Integration	
	Individual Skills	Institutional Support	Key Points of Integration	Other stakeholders
Clinical and Non-Clinical Interventions -New hires trained in Zika	-Availability of staff who can conduct trainings	-Onboarding systems, time allocated for onboarding/ training in Zika	-ObGyn and Newborn units (technical experts) to conduct trainings	-Leadership that allocates the time and resources necessary to conduct trainings
Improvement Interventions -Regular on-site coaching and orientating for new staff	-Availability of staff with skills in QI coaching	-Leadership allocating time and resources for coaches to be able to travel to sites to conduct coaching	-QI Department in MOH	-Facility leaders who will support the coaches as they work in their facilities
Support Interventions -Build capacity of care providers to use milestone booklet to engage parents	-Availability of care providers who can use the milestone booklet	-Allocating time and resources for providers to conduct guidance to parents on completing the milestone booklet	-Support from leadership of the community facilities for the care providers to conduct their work	-Members of the community

References

[1] IOM (Institute of Medicine). (2013). *Evaluation of PEPFAR*. Washington, DC: The National Academies Press. Chapter 10: Progress Toward Transitioning to a Sustainable Response in Partner Countries. Retrieved March 14, 2019, from https://www.nap.edu/read/18256/chapter/23

[2] World Health Organization. (2007). Everybody's business--strengthening health systems to improve health outcomes: WHO's framework for action.

[3] World Health Organization. (2008). Integrated health services- what and why? Technical Brief No.1. Retrieved March 18, 2019, from https://www.who.int/healthsystems/service_delivery_techbrief1.pdf

[4] Gorini, Alessandra & Miglioretti, Massimo & Pravettoni, Gabriella. (2012). A new perspective on blame culture: An experimental study. *Journal of Evaluation in Clinical Practice*. 18. 671-5. 10.1111/j.1365-2753.2012.01831.x.

[5] University Research Co., LLC. (2018). Technical Approach to Addressing Sustainability and Country Transition.