

A TOOL FOR ASSESSING THE SUSTAINABILITY OF VITAMIN A SUPPLEMENTATION SERVICES

What is sustainability?

Sustainability of health services refers to the likelihood that these services be maintained over time. This maintenance is associated with essential criteria:

- The services have a positive impact on people's health through high performance (i.e. >80% of children 6 – 59 months receive twice yearly vitamin A supplementation (VAS)).
- The services are fully integrated into the health system core functions and services (i.e. VAS is a component of national health and nutrition policy)
- The services are cost effective and financed by domestic resources (i.e. VAS services are cost effective, affordable and paid for by domestic resources)

In many low and middle income countries, VAS and many other health services are supported by external actors who provide the supplies and finance the implementation of the services. In this case, sustainability is achieved when VAS services are maintained at a high performance level without any intervention of external actors.

Why VAS sustainability assessment is important?

When it reaches at least 80% of children under five in a country, VAS contributes to the reduction of under-five mortality by up to 24%. It is therefore recommended in all countries where vitamin A deficiency and under five mortality are high.

In most Sub-Saharan countries, high rates of mortality and vitamin A deficiency have led to the implementation of national VAS programs, but VAS is partially or totally financed by external sources. It is, in most cases, delivered in an opportunistic way, grafted on top of immunization services during twice yearly national immunization days (NiD's). Levels of integration within the health system are ranging from nil to low in most sub-Saharan countries. As increasing immunization rates and polio eradication in sub Saharan Africa render NiD's obsolete in more and more countries, continuation of VAS services require transitioning from these opportunistic delivery mechanisms to sustainable cost effective ones. Indeed, under five mortality and vitamin A deficiency only decrease slowly and it is expected that VAS will still be needed for many years, but would benefit from being integrated in national health system services. The sustainability assessment aims at measuring progress towards this transition towards VAS delivery from an opportunistic expensive and externally supported model towards a fully integrated cost effective model entirely supported by domestic resources.

What is an assessment of the sustainability of VAS?

The assessment is a process of collecting information at the country level or at sub-national level (depending on level of devolution of health authorities) on factors that determine the level of sustainability of VAS services. With knowledge of these critical factors, coupled with the identification of milestones that need to be achieved as part of requirements for sustainability, external and domestic actors involved in VAS can focus their strategy where needs are the most important.

What components of VAS should be assessed for sustainability?

Assessment of sustainability of VAS is structured around the World health organization (WHO) framework that describes health systems in terms of six core components or “building blocks”: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) supplies, (v) financing, and (vi) leadership/governance.

Within each block, a set of functions are identified. These functions represent activities that should take place in the health system for its services to be sustainable and of acceptable performance. For each block, it should be noted that a wide range of functions can be identified.

It should be noted that the sustainability assessment does not consider the performance of the function. Performance is assessed through assessments designed and conducted as part of health system strengthening (HSS) programs. Although for some functions to be operational, HSS programs are required, this is not always the case. For instance, ensuring that VAS coordination is effective requires HSS interventions that aim at strengthening the coordination function.

Integrating VAS into national policies, on the other hand, does not imply HSS activities.

BLOCK	FUNCTION	LIST OF INDICATORS
1. GOVERNANCE	Planning	Existence of twice yearly VAS for children 6 to 59 months in policy documents
		Existence of VAS in annual workplans
	Coordination	Chairing and management of Coordination for VAS by national and sub national governments
		Integration of VAS within routine health and/or nutrition coordination bodies
		Presence of VAS on agenda of coordination events at least once per quarter
	Management & Leadership	Existence of tools for planning, implementing and monitoring for VAS and associated social mobilization
Existence of national guidelines detailing minimum standards for VAS implementation and performance		
2. FINANCING	Costing & Budgeting	Existence of information on the cost of various delivery mechanisms for VAS services (events & routine)
		Inclusion of VAS services in national/subnational budgets.
	Financial resources	Availability of sufficient funds for VAS services (proportion of funds allocated \geq 75% of the identified needs)
		Increased use of domestic budget for funding VAS services for children 6-59
		Timely and complete disbursement of funds for VAS services
3. WORKFORCE	Strategies	Inclusion of VAS in training curriculums for relevant health workers
		Existence of VAS training module as a component of larger health & nutrition training package
		Existence of VAS training strategy
	Training	Adequate knowledge of the importance of VAS for more than 50% of management and field health personnel
	Human Resource	Availability of personnel required for VAS services at facility and community level
4. INFORMATION	Systems	Integration of VAS delivery in the national information system standards, documents & procedures
		Existence of coverage database at national and subnational level

	Reporting	Effective reporting on VAS throughout the health system
		Dissemination of VAS information on a bi-annual basis
5. SUPPLY	Planning	Inclusion of VAS in the list of essential medicines
		Use of reliable data for estimation of Vitamin A capsules needs
	Procurement	Integration of Vitamin A supply in the national supply chain
		Management of forecasting and procurement by domestic authorities
	Distribution	Integration of VAC distribution with other supplies
Inventory	Existence of reliable and recent information on VAC consumption and stock availability at all levels of the health system	
6. SERVICE DELIVERY	Point of service	Existence of 6 month contact point for VAS in EPI services in all facilities in the country
		Most cost-effective delivery model implemented for VAS 6-59 months nationwide
		Existence of community outreach services designed for geographic and population coverage >80%
	Social Mobilization	Existence of a social mobilization strategy for VAS designed for geographic and population coverage >80%
	Integration	Delivery of VAS services as a component of a comprehensive nutrition package
	Supervision	Inclusion of VAS in national supportive supervision checklist
Effective implementation of supportive supervision for all facilities nationwide		

When should a sustainability assessment be conducted?

Assessing sustainability can be done anytime, and should be repeated on a regular basis as activities are implemented towards integration of VAS services within the health system. The assessment should be done before designing the integration strategy, and at least on an annual basis to measure progress.

It should be noted that all functions are supposed to be managed by governments who should be taking on an increasing overall responsibility for planning, implementing, and financing of the VAS services.

In the case of the HKI-VAS program it may be useful to conduct the sustainability assessment at the beginning of a program, at mid-term and before funding of the program comes to an end. This will help program managers in identifying components of the program that need improvement and also future priorities for VAS for integration and sustainability.

Who should conduct a sustainability assessment?

VAS program manager or officer in charge of the program with the help of country director should be the one to fill in the sustainability assessment checklist by following instructions indicated in each question. This checklist can serve as an internal tool for assessing sustainability of the VAS program in order to improve planning and implementation of the program. It can however be used as well as an external communication and advocacy tool after the integration process is initiated and in this aspect, it should be filled between GAVA actors and the national health authorities.

Who should be involved in the country- level assessment?

Those to be involved will depend on who is mostly the source of the information required. This may include government agencies responsible for VAS, GAVA partners such as UNICEF and MI, donor agencies, NGOs, regional and district health management teams.

How is the sustainability assessment conducted?

Following the sustainability assessment checklist the VAS manager/program officer will fill in responses on questions across the factors that affect sustainability. Basic instructions are provided for each question. It is not possible to provide detailed guidance on how to fill this questionnaire because of the variety of contexts VAS is being implemented in. Before the assessment is conducted, a meeting between main actors of VAS should take place to identify the sources of the information required. In many cases, document review will be conducted, while in other instances, key informant interviews will be necessary.

Once you have completed the sustainability assessment checklist, the scores are transferred to a scoring sheet that is available at the end of this guide.

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Sustainability Assessment: CHECKLIST

GOVERNANCE: Ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, the provision of appropriate regulations and incentives, attention to system-design, and accountability. (Maximum Score= 11)

Question	Instructions	Response (Yes=2 - Partial=1 - No=0)	Comments (detail documents available or level of functionality of the function)
1. Is VAS twice yearly for children 6-59 months included in health and nutrition policy?	Review current policies for health and nutrition	2	
2. Is VAS twice yearly for children 6-59 months included in annual workplan	Review current workplan for health and nutrition	2	
3. Is VAS coordination chaired and managed by Government?	If Ministry of Health or other relevant ministries coordinate VAS (initiate coordination, host, follow up on action points)	2	
4. Is VAS part of coordination bodies for routine health or nutrition services?	If VAS is coordinated as a component of other routine health & nutrition services.	2	
5. Was VAS on the agenda of coordination at least once in the last quarter?	Check minutes and agenda of last quarter's coordination	0	
6. Are tools available for planning, implementation and monitoring VAS and associated social mobilization	Review existing tools and validate if guidance exists	1	Social mob tools only
7. Is there national guidelines detailing minimum standards for VAS implementation and performance.	Review current national guidelines	2	
Total Score:		11/14	

FINANCING: A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. (Maximum Score= 7)

Question	Instructions	Response (Yes=2 - Partial=1 - No=0)	Comments (detail documents available or level of functionality of the function)
1. Was a costing exercise conducted that looked at the cost of various VAS delivery models?	Check to find out current information on the cost to implement VAS	1	Only for campaigns
2. Is VAS included in national health budget and or sub national health budget?	Review current budgets	0	
3. Are VAS services funded to at least 75% of the needs identified?	Review current information on funding for VAS for the last 12 months	0	
4. Is funding for the VAS increasingly coming from domestic resources?	Review funding information for the last 36 months	2	
5. Are disbursements of funds for VAS complete and timely	Review current information for the last 12 months	1	Major delays in reimbursement by central government to districts
Total Score:		4/10	

WORKFORCE: A well-performing health workforce is one which works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances. (Maximum Score= 7)

Question	Instructions	Response (Yes=2 - Partial=1 - No=0)	Comments (detail documents available or level of functionality of the function)
1. Is VAS included in pre service training curriculum for health workers?	Review current pre service curriculum	2	
2. Is VAS included in in-service training modules of larger Health & nutrition training packages?	Review current in service curriculum	2	
3. Is there a training strategy for VAS?	Review workplan or strategic document	1	Only for campaigns
4. Is the level of knowledge on VAS among national and sub national managers and health workers superior than 50%?	Review current PECS or DHS results	0	Max 30%
5. Is there adequate human resources for VAS at facility and community level?	Review monitoring reports such as supportive supervision reports	1	Not for community work
Total Score:		6/10	

INFORMATION: A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information (Maximum Score= 5)

Question	Instructions	Response (Yes=2 - Partial=1 - No=0)	Comments (detail documents available or level of functionality of the function)
1. Is VAS delivery integrated in national information system standards & documents and procedures?	Review current standards and procedures	2	
2. Is there a VAS coverage database at national and sub national level?	Review tools available at central or subnational HMIS offices	0	
3. Is reporting system for VAS efficient?	Check if VAS data were reported with at least 75% reporting rates in the last 3 months	1	50% reporting rate
4. Is VAS coverage information disseminated at least twice a year by domestic sources?	Review disseminations in the last 6 months	1	Dissemination guided by external actors
Total Score:		4/8	

SUPPLIES: A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use. (Maximum Score= 12)

Question	Instructions	Response (Yes=2 - Partial=1 - No=0)	Comments (detail documents available or level of functionality of the function)
1. Is VAS included in the list of essential medicines?	Review current list of essential medicines	1	In process
2. Is forecasting and procurement of VAS conducted based on reliable data?	If forecasting and procurement of VAS is done at national level	1	Based on data but unreliable
3. Is Vitamin A supply Integrated in the national supply chain	Review current national supply chain	2	
4. Is forecasting, procurement and management of Vitamin A supply managed by the Government?	Review of the chain of command and management for supplies	1	Only management, forecast done by UNICEF and procurement by MI
5. Is the distribution of Vitamin A Supply combined with commodities for other child survival programs such as EPI?	Review the current supply distribution model.	2	
6. Is there information on Vitamin A consumption and stock available at all levels of the health system?	Check with responsible ministry/agency to find out	0	
Total Score:		7/12	

SERVICE DELIVERY: Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources. (Maximum Score= 15)

Question	Instructions	Response (Yes=2 - Partial=1 - No=0)	Comments (detail documents available or level of functionality of the function when not reaching 2)
1. Is there a 6 month contact point for VAS in all health facilities?	Review reporting rates from facilities, scale up reports and service availability mapping	1	Only on paper
2. Is the most cost effective model for VAS for children 6-59 months implemented in all health facilities?	Compare cost effectiveness reports with scale up ones	1	No cost effectiveness analysis
3. Are there community outreach services for VAS that cover >80% of the target population?	Strategic plans for Vas and scale up plans and design of interventions	1	Exist but Not reaching 80%
4. Is there a social mobilization strategy for VAS that covers >80% of the target population?	Strategic plans for Vas and scale up plans and design of interventions	1	Exists but not reaching 80%
5. Are there social mobilization tools or materials for VAS?	Review of existing tools	2	
6. Are VAS services delivered as part of a larger health & nutrition package?	Review strategic plan	1	Only during campaigns
7. Is VAS included in national supportive supervision checklist?	Review supportive supervision checklist	2	
8. Is supportive supervision conducted efficiently in all health facilities?	Review reporting on supportive supervision	1	Not consistent
Total Score:		10/16	

Country-level Sustainability Assessment: SCORING GUIDE

Once you have completed the sustainability assessment checklist, transfer the total score for each category to this scoring sheet to calculate your average scores.

		DOMAIN					
		Governance	Financing	Workforce	Information	Supplies	Service Delivery
<i>Number of items in each domain</i>	Item Total:	7	5	5	4	6	8
<i>Total score for each domain</i>	Domain Total:	11/14	4/10	6/10	4/8	7/12	10/16
<i>% per domain</i>	Domain Total:	78	40	60	50	58	62
<i>Average together all the domain scores</i>	Overall Score:	60%					

Use these results to guide sustainability action planning for the VAS program. The domains with lower average scores indicate areas where the program's capacity for sustainability could be improved.