

# Sustainability Assessment Tools for Vitamin A Supplementation



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## **FREQUENTLY ASKED QUESTIONS ON DISTRICT-LEVEL ASSESSMENT OF THE SUSTAINABILITY OF A NATIONAL VITAMIN A SUPPLEMENTATION PROGRAM**

Vitamin A supplementation (VAS) has a dramatic impact on child mortality, leading many countries with high rates of under-five child mortality to implement universal supplementation programs of children 6–59 months old. To date, the most effective delivery mechanism is a regular twice-yearly event with programs striving to achieve greater than 80 percent coverage. Several forces have the potential to adversely affect vitamin A programs, including decentralization, multiple and competing demands for district funds, and a shift in donor funding from program-specific support to ‘basket’ funds. A district-level vitamin A sustainability assessment can spot factors that suggest a risk of program vulnerability in the future. Questions about the assessment are answered below, drawing from the experience in Tanzania. This document also includes the tools used in the Tanzania assessment that could be adapted for use in other countries.

### **What is a district-level assessment of the sustainability of VAS?**

The assessment is a process to collect information at the district level on factors that could affect the sustainability of a VAS program. The process may include the following activities:

- *Workshop with key stakeholders* to deliberate on the assessment methodology and the type and content of the assessment tools. During the workshop, participants identify the main components of a VAS program, select indicators to measure the sustainability of each component, develop a questionnaire based on these components, and decide on a scoring system that allows some basis for comparison across districts.
- *Pre-testing and revision of the questionnaire.* Pre-testing the questionnaire in a couple of districts can help identify confusing questions or difficulty in completing the questionnaire.
- *Selection and training of assessment facilitators.* Facilitators are trained to guide the process, use the assessment tools, and advocate for VAS as part of the assessment process.
- *Collection of information.* Facilitators hold a series of interviews and meetings with different stakeholders at the district level including health facility staff, district council members, and community leaders to get their impressions of areas of program strength and vulnerability. Facilitators also assist district teams in completing the questionnaire. Data sources include district health development plans and budgets for the current and past years, program records including coverage results, minutes of council planning and evaluation meetings, and community letters to the district council expressing their priorities.
- *Advocacy to district councils.* Advocacy may involve a talk by knowledgeable health staff to district councils on the health impact of a VAS program, the rationale for district ownership of the program, and the importance of prioritizing VAS in district annual plans and budgets.
- *Scoring.* The district assessment team assigns a score to the indicators that are used to measure vulnerability and sustainability. The facilitators use a different scoring system to indicate their overall judgment of the vulnerability of each program component.
- *Data analysis.* Data are entered, cleaned, and analyzed.
- *Report writing and dissemination.* The methodology, findings, scores, and recommendations are included in a report. Findings can be disseminated through workshops, meetings, website posting, summary documents, and advocacy events.
- *Dialogue and action.* The self-assessment process is intended to stimulate discussion and reflection and prompt action to reduce vulnerability by applying corrective measures where needed.

### **What components of VAS should be assessed for sustainability?**

Discussions with national and district VAS program managers indicate that the primary components for assessment at the district level include 1) planning, 2) management and leadership, 3) logistics supply, 4) supervision and monitoring, 5) advocacy and community ownership, 6) financial resources, 7) human resources, and 8) program effectiveness (coverage). The table below illustrates the types of information collected for each component.

### **Components of Tanzania district sustainability and information gathered**

<b>Program Component</b>	<b>Examples of the type of information collected</b>
Planning	Inclusion of VAS in annual health plans, presence of a VAS coordinator, participation of the coordinator in district planning meetings, and prioritization of VAS in community development plans
Management and leadership	Sites and staff used, population served, measures of efficiency, perceptions of whether the program is simple to implement
Logistics supply	National procurement, district distribution and timing, estimation of needs, availability of transport for supplies, partnering with other groups
Supervision and monitoring	Extent to which VAS is 'routine,' perceptions of workers, extra payment of workers
Advocacy and community ownership	Awareness of program importance among community leaders and management teams, degree of community planning
Financial resources	Amount of funds allocated compared to needs, sources of funds, use of basket vs. other supplemental funds
Human resources	Adequacy of personnel for VAS distribution, ratio of distributor to population, involvement of social groups including NGOs
Program effectiveness (coverage)	Coverage achieved, coverage trends, coverage variability from round to round

### **When is a country ready to conduct a sustainability assessment?**

Assessing sustainability can be done anytime, but may be most useful after a country's vitamin A supplementation program is stable, with a coverage rate greater than 80 percent for children 6–59 months old. Once this has been achieved, it may be valuable for countries to assess their program for vulnerability, particularly if districts are taking on more overall responsibility for planning, implementing, and financing the VAS distribution, or if donor support is declining.

### **Who is involved in the district-level assessment?**

Those involved may include government agencies responsible for VAS, donor agencies, NGOs, regional and health management teams, and district councils. In Tanzania the Tanzania Food and Nutrition Centre (TFNC), Helen Keller International, UNICEF, and A2Z: USAID's Micronutrient and Child Blindness Project guided and supported the process. National facilitators were selected from TFNC and other health-related institutions, with one facilitator assigned to each region. The national facilitator worked with a regional counterpart, often the field coordinator for VAS. District health staff—in many cases four members of the council health management team—completed the questionnaire with guidance from the facilitators.

### **How long does a district assessment take?**

In Tanzania the national and regional facilitators visited all districts in their assigned regions in one month. All 119 districts in Tanzania mainland participated in the self-assessment.

### **Should all districts participate in the assessment?**

Full participation allows for comparisons across districts and provides a basis for deciding where to focus resources. If conducting assessments in all districts is not feasible, a country may select districts randomly to get a more representative view or select them purposively, focusing on districts with known difficulties with coverage stability or other criteria.

### **What are the sustainability assessment scores?**

The Tanzania assessment team developed three types of scores: 1) district self-assessment scores, 2) facilitators' judgment scores, and 3) vulnerability scores.

*District self-assessment scores.* The information collected during the Tanzania district self-assessment process was aggregated and summarized using several scores.

- Program component score. Scores were assigned to the indicators selected to assess the sustainability of each program component. These scores were summed to give an overall score for the component.
- Sustainability score. The maximum ideal overall sustainability score was a summation of all of the maximum program component scores.
- Vulnerability score. Cut-off points were set for each program component. For most components, districts that scored less than or equal to 50% of the ideal maximum score were judged vulnerable (vulnerability score=1, not vulnerable or relatively less vulnerable=0). Overall vulnerability scores were computed by adding the vulnerability scores for each of the program components.

*Facilitators' judgment scores.* Another set of scores represented the judgment of the facilitation team on program sustainability for each program component. The facilitators did not assess all of the program indicators. Instead, they looked at each program component as a whole and assigned a value with 0=not sustainable, 1=possibly sustainable, 2=somewhat likely, 3=very likely, and 4=sustainable. These scores served as an independent, subjective assessment of the district self-assessment. Since there was good consistency between the facilitators' judgment scores and the district self scoring, the former were not used in Tanzania in computing the vulnerability score.

### **Is scoring a necessary part of the assessment process?**

Developing a scoring system stimulates a conversation among program managers on performance indicators and their contribution to program success. The scores provide a more objective basis upon which to determine the extent to which a district is vulnerable. For the Tanzania exercise, scoring was useful for comparisons across districts. However, scoring does add to the effort and complexity of the exercise and may not be essential for other situations.

### **How are the findings of the assessment used?**

Findings can be shared in many ways including user-friendly summary reports distributed to district authorities and presented at program performance review meetings. In Tanzania, it was judged proper to rank districts on the basis of their scores and to distribute the full set of scores to all districts. In this way districts could gauge themselves against others and strive for improvement in areas with low scores.

### **What lessons have been learned by those conducting a vitamin A sustainability assessment?**

Tanzania conducted the first countrywide district-level assessment in 2007. The lessons learned from this experience are summarized below.

- Development of sustainability indicators and assessment tools needs to be participatory and include a diversity of government and partner staff working on the program at different administrative levels. Doing so increases the chance that all key information required to assess sustainability across districts is included.

- The tools need to be pre-tested at district and community levels, modified, and further reviewed at least by persons recruited as facilitators to ensure that the questions are fully understood.
- Self-assessments help create a sense of ownership of the information. District staff are more likely to point out weak program areas if they are assured that the information collected is primarily for them to use for improved action.
- Adequate advance notice to district authorities of the reports, plans, minutes, and other documents that are required for review will make the assessment process more efficient.
- If district assessments involve several field teams, supportive supervision to some of the teams is required, along with daily telephone communication to all the other teams. This will facilitate timely action, sharing of lessons learned with other teams, and collection of reliable information.
- The questionnaire needs to include separate responses to the same question from different administrative levels. For example, questions on whether VAS was a priority in community plans needed a response from both district and community level staff/leaders.
- Communication with all district staff involved in the assessment and relevant district functional authorities can help clarify doubtful data collected during the assessment.

### **What resources are available for a district-level VAS sustainability assessment?**

A report on the results of the Tanzania sustainability assessment and analysis is available at [www.a2zproject.org](http://www.a2zproject.org). Technical assistance is also available through A2Z: The USAID Micronutrient and Child Blindness Project. The tools developed, tested, and used in Tanzania are attached to this document. They can be adapted to reflect the program context and realities in other countries. The attached resources include:

Tool 1: Questionnaire

Tool 2: Questionnaire with Scoring Guide

Tool 3: Form for Recording District Sustainability Scores

Tool 4: Form for Recording Overall Sustainability Scores and the Mean as a Proportion of the Maximum Ideal Scores

Tool 5: Form for Recording District Vulnerability Scores

## **Tool 1: District-level Sustainability Assessment: QUESTIONNAIRE**

Tool 1 includes the questions used in the district assessments in Tanzania to assess the sustainability of eight program components of the vitamin A supplementation and deworming (VASD) program. Each component includes a set of objective and subjective indicators. Tool 1 is for teams that do not plan to assign a score to the indicators. The tool suggests where to find the information to complete the questionnaire. Those planning to score the indicators should use Tool 2.

## Tool 1a. Planning

Question	Instructions	Response
1. Has the council included VAS and deworming in the most recent comprehensive council health plan (CCHP)?	Review current CCHP plan	Yes      No
2. Is the money <i>planned</i> for the upcoming VAS and deworming round greater or equal to 50% of the estimated financial requirement?	Review current <i>planning</i> budget in CCHP and discussion with the council health management team (CHMT) (for requirement)	Total estimated need: _____Tsh Total planned for VAS/deworming: _____Tsh Total planned from basket: _____Tsh % of need: _____ % of total planned from basket: _____
2b. What were the sources of planned funds (according to CCHP) for the December 2006 round of VAS and deworming campaigns?	Review current <i>planning</i> budget in CCHP and discussion with CHMT (for the funding sources)	Source: UNICEF: Tsh. _____ Gov. Block Grant: Tsh. _____ District council: Tsh. _____ Basket Fund: Tsh. _____ Others (specify): _____:Tsh. _____ _____:Tsh. _____
2c. How much money that was not reflected in the CCHP was spent for the December 2006 round of the campaigns by your district?	Review records of the December 2006 rounds of the services	Amount of money: Tsh _____
3. Is the funding source/s reliable?	Record opinion of district staff	Very reliable      Reliable      Not reliable (circle one)
4. Is there a VAS coordinator?	Record response	Yes      No
5. Is the VAS coordinator on the planning team for CCHP?	Review CCHP team list	Yes      No
6. Was VAS and deworming noted as a priority in the community plans submitted as part of the CCHP planning process for the most recent planning year?	Review notes, letters, other materials from village committees, review CCHP planning meeting minutes	Yes      No # letters, notes with VAS: _____ # letters, notes reviewed: _____  (Record yes if any mention VAS or deworming in any community note)

## Tool 1b. Management and leadership

Question	Instructions	Response
7.What is the total number of distribution sites used during the most recent distribution?	Review VAS deworming implementation report (or plan if report not available)	Total number of sites used: _____
8.Was this an adequate number?	Record opinion of district staff	Yes      No
9.If not, how many more distribution sites are needed?	Record opinion of district staff	Total number of sites needed: _____ % of need met: (#used/# needed): _____
10.What is the average walking time to the distribution site for this district?	Record opinion of district staff	Average time (minutes): _____
11.What % of all distribution sites had at least 1 trained health worker present for the distribution during the most recent round?	Review VAS deworming report and district staffing documents	Total number of trained staff available: _____ Total number of sites: _____ % of sites with 1 or more staff: _____ (opinion of district staff)
12.What was the maximum number of children served at any distribution site (include estimated catchment population for site)?	Review VAS deworming plan and district facility catchment records	Maximum number served for any site: ____ Estimated catchment population for this site: ____
13.What was the minimum number of children served at any distribution site (include estimated catchment population for site)?	as above	Minimum number served for any site: ____ Estimated catchment population for this site: ____
14.How many days were distribution sites kept open for the last round (# days)?	VAS deworming plan	Total number of days sites open: _____
15.Was the distribution efficient?	Record opinion of district staff responsible for:	Efficiency score: _____ (add scores below)
Supplies	(procurement officer)	Score: ____ Record 1 if yes, 0 if no
Budget release	(District Medical Officer)	Score: ____
Volunteer mobilization	(VAS coordinator)	Score: ____
Volunteer/staff work	(VAS coordinator)	Score: ____
CHMT assistance	(VAS coordinator)	Score: ____
Non-health district government	(DMO)	Score: ____
16.How simple is VAS and deworming distribution in your district?	Record opinion of district staff	Very simple      Simple      Not simple (circle one)
17.What part of the program is not simple?	as above	Area of difficulty: _____
18.What are the specific ways that the distribution is integrated with other program activities?	Record opinion of district staff	Record areas of integration: _____

## Tool 1c. Logistics supply

Question	Instructions	Response
19. Is there adequate communication to facilitate effective use of resources?	Record opinion of district staff	Yes      No
20. Are VAS and deworming supplies available at least two months before the campaign?	Review record from most recent distribution round, MSD delivery note	Yes      No Date of receipt of VAC: _____ Date of start of round: _____
21. Is this lead-time for receipt of supplies adequate?	Record opinion of district staff	Yes      No
22. For the past 5 rounds, how many times were supplies received in adequate time?	Review VAS deworming plans	# times supplies received in time: _____ (out of last 5 rounds)
23. Are there tools for estimating capsule needs for each round?	Review tools, or record opinion	Yes      No
24. Do all district cold change officers, district reproductive and child health coordinators, district health officers or responsible supply officer know how to use the tools?	Record opinion of district staff, or interview individual staff	Yes      No # staff interviewed: _____
25. Were IEC materials and other communication efforts available and used during last distribution round?	Record opinion of district staff	Yes      No
26. Is vehicle transportation of VA capsules and deworming tablets reliable to sites within the district?	Record opinion of district staff or transport officer	Very reliable      Reliable      Not reliable (circle one)
27. Is there effective cross-sectional sharing of transportation resources, when needed?	Record opinion of district staff	Yes      No

Add as question for national level: Is vehicle transportation of VA capsules and deworming tablets reliable to the districts? (from minutes of national task force meetings)

### Tool 1d. Supervision and monitoring

Question	Instructions	Response
28. Is VAS and deworming considered a 'routine' activity?	Record opinion of district staff	Yes      No
29. What percent of staff doing the distribution <i>at their duty station</i> receive an allowance for this work?	Review record from most recent distribution round	# of staff working at regular duty site during distribution: _____ # of these paid an allowance: _____ % paid: _____
30. Does the district health staff think VAS and deworming is important?	Record opinion of district staff	Very important    Important    Not important (circle one)
31. Does the district health staff think the campaign should continue?	Record opinion of district staff	Yes      No
32. Would district health staff do the distribution if they were not receiving payment?	Record opinion of district staff	Yes      No
33. Were all distribution sites visited by a supervisor by the end of the first day?	Review record from most recent distribution round	# sites visited by supervisor by end of 1 <sup>st</sup> day: _____ Total # sites: _____ % visited by end of 1 <sup>st</sup> day: _____
34. What is the supervisor to site ratio for the most recent round?	as above	# supervisors used: _____ # sites: _____ Ratio supervisors/sites: _____
35. Are twice-yearly VAS and deworming services included in district's supervision checklist?	Review district's supervision checklist and interview district individual	Yes      No

## Tool 1e. Advocacy and Community Ownership

Question	Instructions	Response
36. Are members of the council health management team aware of the VAS and deworming program?	Record opinion of district staff, or interview individual staff	Most aware      Some aware      None aware (circle one)
37. Knowledge about impact on child mortality and morbidity?	as above	Yes      No
38. Knowledge about cost-effectiveness?	as above	Yes      No
39. Are heads of departments of the District Council aware of the VAS and deworming program?	Record opinion of member of council, or interview individual members	Most aware      Some aware      None aware (circle one) # interviews conducted: _____
40. Knowledge about impact on child mortality and morbidity?	as above	Yes      No
41. Knowledge about cost-effectiveness?	as above	Yes      No
42. Do community members know about VAS and deworming?	Record opinion of district health staff, or interview community leaders or caregivers	Most aware      Some aware      None aware (circle one) # interviews conducted: _____
43. How does the community get involved?  i) Planning these services ii) Selecting service providers iii) Provision of the services iv) Follow up on those who miss the services v) Mobilize parents/caretakers vi) Others contributions, e.g. facilities like service table, accommodation to service providers, service, house/premise at which the services are providers, etc.	Record opinion of district health staff, or interview community leaders	# interviews conducted: _____  Yes      No Yes      No Yes      No Yes      No Yes      No Yes      No
44. Is VAS and deworming on the agenda in village health committee meetings?	Review health committee minutes	Yes      No # agendas reviewed: _____
45. Do community distributors report that villages are involved in planning?	Record opinion of district health staff, or interview distributor	Yes      No # interviews conducted: _____
46. Is the community ready to contribute food or funds to support the distribution?	Record opinion of district health staff, or interview community leaders	Yes      No # interviews conducted: _____
47. If the program were stopped, would community members protest?	Record opinion of district health staff, or interview community leaders or caregivers	Yes      No # interviews conducted: _____
48. Was an advocacy presentation made to the District Council during this sustainability assessment?	Review minutes of meetings with council	Yes      No

To add to national level:

Is every member of the Regional health secretariat aware of the VAS and deworming program?

Does every Regional health secretariat member know about VAS and deworming impact on child mortality and morbidity? Are all Regional health secretariat members aware of VAS as a cost effective intervention?

### Tool 1f. Financial Resources

Question	Instructions	Response
49. Of the past 5 years, how many years has <i>any funding</i> been included in the CCHP for VAS?	Review of CCHP for past 5 years	# years reviewed: _____ # years funding included: _____
50. Was the VAS/deworming distribution included in the <i>basket</i> for the most recent distribution round? (actual, not planned)	Review record from most recent distribution round	Yes      No
51. For how many rounds has more than 500,000 Tsh been allocated <i>from basket funds</i> for the distribution?	Review records from at least the past 5 distribution rounds	# distribution round records reviewed: _____ # with >500,000 Tsh allocated _____
52. What % of the estimated need has been used from basket funds for each of the past 5 distribution rounds?	Review records from past 5 distribution rounds	% for most recent round: _____ % for previous round: _____ % for previous round: _____ % for previous round: _____ % for previous round: _____

## Tool 1g. Human Resources

Question	Instructions	Response
53. Is there adequate manpower for the distribution?	Record opinion of district staff	Yes      No
54. What is the current staff vacancy rate?	Review district health staffing records	# staff positions: _____ # filled: _____ % filled: _____
55. What was the ratio of population to health staff plus volunteers used for the most recent distribution?	Review record from most recent distribution round	Total district population: _____ # staff used for distribution: _____ # volunteers used for distribution: _____ Ratio staff+volunteers/population: _____
56. What was the ratio of formal staff to volunteer for the last distribution round?	data from above	Ratio staff / volunteers: _____
57. Were social groups (religious institutions, local NGOs, etc) used for mobilization activities for the last distribution?	Record opinion of district staff	Yes      No  # of social groups used: _____

## Tool 1h. Effectiveness (coverage)

Question	Instructions	Response
58. What was the district coverage for the last 5 distribution rounds?	Review records from past 5 distribution rounds	Coverage most recent round: _____% Coverage from previous round: _____% Coverage from previous round: _____% Coverage from previous round: _____% Coverage from previous round: _____%
59. Has coverage of at least 80% been achieved for the last 5 rounds?	data from above	Yes      No # rounds in last 5 with >80%: _____
60. Has coverage increased, decreased or remained stable over time?	data from above	Increased                      Decreased (circle one)
61. What has been the maximum and minimum coverage achieved for the past 5 distribution rounds?	data from above	Maximum coverage: _____% Minimum coverage: _____% Difference in coverage (maximum – minimum): _____percentage point difference
62. Is there a mop-up strategy following the distribution?	Record opinion of district staff	Yes      No
63. If so, what does this entail?	Record opinion of district staff	Describe method used: _____
64. Has the district council devised a strategy aiming at sustaining and reducing costs of running the program?	Record opinion of district staff	Yes (Explain)              No _____

### Sources of information

- CCHP for past 5 years
- CHMT work plan for past 5 years
- VAS deworming plans and reports for past 5 years
- Logistics supply management documents
- Minutes from CHMT meetings for current year
- Minutes from District Council meetings for current year
- Letters, minutes, and other material recording community input for health planning for current year
- Report on district health budget spent, provided for past 5 years
- Notes from interviews (district health staff, district council members, community leaders, caretakers)
- District population report (most recent figures)
- District health facility and staffing report (most recent report)

## **Tool 2: District-level Sustainability Assessment: QUESTIONNAIRE AND SCORING GUIDE**

Tool 2 can be used if scores are going to be applied to the indicators shown in the questionnaire. Tool 2 includes the same questions found in Tool 1 along with a column to record scores based on the team's responses and a separate section for the facilitators to record their own judgment scores.

### Instructions:

1. District assessment team: complete the questionnaire. The team can also apply a score to their responses or the national and regional facilitators can fill out this part of the questionnaire based on the team's answers.
2. National and regional facilitators: complete the shaded part at the bottom of the questionnaire for each component, based on an overall judgment of the sustainability of that program component. Assign a value of 0=not sustainable, 1=possibly sustainable, 2=somewhat likely, 3=very likely, and 4=sustainable.

### Tool 2a. Planning (Maximum score = 9 + 4 facilitator scoring points)

Question	Instructions	Response	Scores	
1. Has the council included VAS and deworming in the most recent comprehensive council health plan (CCHP)?	Review current CCHP plan	Yes No	Score yes = 1 Score no = 0	
2. Is the money <i>planned</i> for the upcoming VAS and deworming round greater or equal to 50% of the estimated financial requirement?	Review current <i>planning</i> budget in CCHP and discussion with the council health management team (CHMT) (for requirement)	Total estimated need: _____ Tsh Total planned for VAS/deworming: _____ Tsh Total planned from basket: _____ Tsh % of need: _____ % of total planned from basket: _____	Score % of need > 50% = 1 Score % of total planned from basket > 50% = 1	
2b. What were the sources of planned funds (according to CCHP) for the December 2006 round of VAS and deworming campaigns?	Review current <i>planning</i> budget in CCHP and discussion with CHMT (for the funding sources)	Source: UNICEF: Tsh. _____ Gov. Block Grant: Tsh. _____ District council: Tsh. _____ Basket Fund: Tsh. _____ Others (specify): _____ :Tsh. _____ _____ Tsh. _____	No scoring	
2c. How much money that was not reflected in the CCHP was spent for the December 2006 round of the campaigns by your district?	Review records of the December 2006 rounds of the services	Amount of money: Tsh _____		
3. Is the funding source/s reliable?	Record opinion of district staff	Very reliable Reliable Not reliable (circle one)	Score very reliable = 2 Score reliable = 1 Score not reliable = 0	
4. Is there a VAS coordinator?	Record response	Yes No	Score yes = 1 Score no = 0	
5. Is the VAS coordinator on the planning team for CCHP?	Review CCHP team list	Yes No	Score yes = 1 Score no = 0	
6. Was VAS and deworming noted as a priority in the community plans submitted as part of the CCHP planning process for the most recent planning year?	Review notes, letters, other materials from village committees, review CCHP planning meeting minutes	Yes No # letters, notes with VAS: _____ # letters, notes reviewed: _____  (Record yes if any mention VAS or deworming in any community note)	Score yes = 1 Score no = 0  Score # letters, notes reviewed > 15 = 1	
For facilitators to complete:  With regard to <i>planning</i> , in your overall judgment, is the program likely to be sustainable?			Score yes = 4 Score very likely = 3 Score somewhat likely = 2 Score possibly = 1 Score no = 0	
Yes	Very likely	Somewhat likely	Possibly	No

**Tool 2b. Management and leadership (Maximum score = 14 + 4 facilitator scoring points)**

Question	Instructions	Response	Scores
7.What is the total number of distribution sites used during the most recent distribution?	Review VAS deworming implementation report (or plan if report not available)	Total number of sites used: _____	No scoring
8.Was this an adequate number?	Record opinion of district staff	Yes      No	Score yes = 1 Score no = 0
9.If not, how many more distribution sites are needed?	Record opinion of district staff	Total number of sites needed: _____ % of need met: (#used/# needed): _____	Score > 80% of need met = 1
10.What is the average walking time to the distribution site for this district?	Record opinion of district staff	Average time (minutes): _____	Score < 10 minutes = 1
11.What % of all distribution sites had at least 1 trained health worker present for the distribution during the most recent round?	Review VAS deworming report and district staffing documents	Total number of trained staff available: _____ Total number of sites:- _____ % of sites with 1 or more staff: _____ (opinion of district staff)	Score > 80% of sites with 1 or more trained staff = 1
12.What was the maximum number of children served at any distribution site (include estimated catchment population for site)?	Review VAS deworming plan and district facility catchment records	Maximum number served for any site: _____ Estimated catchment population for this site: _____	Score < 500 = 1
13.What was the minimum number of children served at any distribution site (include estimated catchment population for site)?	as above	Minimum number served for any site: _____ Estimated catchment population for this site: _____	Score > 200 = 1
14.How many days were distribution sites kept open for the last round (# days)?	VAS deworming plan	Total number of days sites open: _____	No scoring
15.Was the distribution efficient?	Record opinion of district staff responsible for:	Efficiency score: _____ (add scores below)	Use efficiency score
Supplies	(procurement officer)	Score: _____ Record 1 if yes, 0 if no	(see above)
Budget release	(District Medical Officer)	Score: _____	(see above)
Volunteer mobilization	(VAS coordinator)	Score: _____	(see above)
Volunteer/staff work	(VAS coordinator)	Score: _____	(see above)
CHMT assistance	(VAS coordinator)	Score: _____	(see above)
Non-health district government	(DMO)	Score: _____	(see above)
16.How simple is VAS and deworming distribution in your district?	Record opinion of district staff	Very simple      Simple Not simple (circle one)	Score very simple = 2 Score simple = 1 Score not simple = 0
17.What part of the program is not simple?	as above	Area of difficulty: _____	No scoring
18.What are the specific ways that the distribution is integrated with other program activities?	Record opinion of district staff	Record areas of integration: _____	No scoring
For facilitators to complete:  With regard to <i>management and leadership</i> , in your overall judgment, is the program likely to be sustainable?			Score yes = 4 Score very likely = 3 Score somewhat likely = 2 Score possibly = 1 Score no = 0

Yes	Very likely	Somewhat likely	Possibly	No
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**Tool 2c. Logistics supply (Maximum score = 10 + 4 facilitator scoring points)**

Question	Instructions	Response	Scores	
19. Is there adequate communication to facilitate effective use of resources?	Record opinion of district staff	Yes No	Score yes = 1 Score no = 0	
20. Are VAS and deworming supplies available at least two months before the campaign?	Review record from most recent distribution round, MSD delivery note	Yes No Date of receipt of VAC: _____ Date of start of round: _____	Score yes = 1 Score no = 0	
21. Is this lead-time for receipt of supplies adequate?	Record opinion of district staff	Yes No	Score yes = 1 Score no = 0	
22. For the past 5 rounds, how many times were supplies received in adequate time?	Review VAS deworming plans	# times supplies received in time:- _____ (out of last 5 rounds)	Score >2 = 1	
23. Are there tools for estimating capsule needs for each round?	Review tools, or record opinion	Yes No	Score yes = 1 Score no = 0	
24. Do all district cold change officers, district reproductive and child health coordinators, district health officers or responsible supply officer know how to use the tools?	Record opinion of district staff, or interview individual staff	Yes No # staff interviewed: _____	Score yes = 1 Score no = 0	
25. Were IEC materials and other communication efforts available and used during last distribution round?	Record opinion of district staff	Yes No	Score yes = 1 Score no = 0	
26. Is vehicle transportation of VA capsules and deworming tablets reliable to sites within the district?	Record opinion of district staff or transport officer	Very reliable Reliable Not reliable (circle one)	Score very reliable = 2 Score reliable = 1 Score not reliable = 0	
27. Is there effective cross-sectional sharing of transportation resources, when needed?	Record opinion of district staff	Yes No	Score yes = 1 Score no = 0	
For facilitators to complete:  With regard to <i>logistics supply</i> , in your overall judgment, is the program likely to be sustainable?			Score yes = 4 Score very likely = 3 Score somewhat likely = 2 Score possibly = 1 Score no = 0	
Yes	Very likely	Somewhat likely	Possibly	No

Add as question for national level: Is vehicle transportation of VA capsules and deworming tablets reliable to the districts? (from minutes of national task force meetings)

**Tool 2d. Supervision and monitoring (Maximum score = 9 + 4 facilitator scoring points)**

Question	Instructions	Response	Scores	
28. Is VAS and deworming considered a 'routine' activity?	Record opinion of district staff	Yes No	Score yes = 1 Score no = 0	
29. What percent of staff doing the distribution <i>at their duty station</i> receive an allowance for this work?	Review record from most recent distribution round	# of staff working at regular duty site during distribution: _____ # of these paid an allowance: _____ % paid: _____	Score < 50% paid = 1	
30. Does the district health staff think VAS and deworming is important?	Record opinion of district staff	Very important Important Not important (circle one)	Score very important = 2 Score important = 1 Score not important = 0	
31. Does the district health staff think the campaign should continue?	Record opinion of district staff	Yes No	Score yes = 1 Score no = 0	
32. Would district health staff do the distribution if they were not receiving payment?	Record opinion of district staff	Yes No	Score yes = 1 Score no = 0	
33. Were all distribution sites visited by a supervisor by the end of the first day?	Review record from most recent distribution round	# sites visited by supervisor by end of 1 <sup>st</sup> day: _____ Total # sites: _____ % visited by end of 1 <sup>st</sup> day: _____	Score > 50% = 1	
34. What is the supervisor to site ratio for the most recent round?	as above	# supervisors used: _____ # sites: _____ Ratio supervisors/sites: _____	Score < 1:10 = 1	
35. Are twice-yearly VAS and deworming services included in district's supervision checklist?	Review district's supervision checklist and interview district individual	Yes No	Score Yes=1 Score No=0	
For facilitators to complete:  With regard to <i>training, supervision and monitoring</i> , in your overall judgment, is the program likely to be sustainable?			Score yes = 4 Score very likely = 3 Score somewhat likely = 2 Score possibly = 1 Score no = 0	
Yes	Very likely	Somewhat likely	Possibly	No

## Tool 2e. Advocacy and Community Ownership (Maximum score = 22 + 4 facilitator scoring points)

Question	Instructions	Response	Scores	
36. Are members of the council health management team aware of the VAS and deworming program?	Record opinion of district staff, or interview individual staff	Most aware      Some aware None aware  (circle one)	Score most aware = 2 Score some aware = 1 Score none aware = 0	
37. Knowledge about impact on child mortality and morbidity?	as above	Yes      No	Score yes = 1 Score no = 0	
38. Knowledge about cost-effectiveness?	as above	Yes      No	Score yes = 1 Score no = 0	
39. Are heads of departments of the District Council aware of the VAS and deworming program?	Record opinion of member of council, or interview individual members	Most aware      Some aware None aware (circle one) # interviews conducted: _____	Score most aware = 2 Score some aware = 1 Score none aware = 0	
40. Knowledge about impact on child mortality and morbidity?	as above	Yes      No	Score yes = 1 Score no = 0	
41. Knowledge about cost-effectiveness?	as above	Yes      No	Score yes = 1 Score no = 0	
42. Do community members know about VAS and deworming?	Record opinion of district health staff, or interview community leaders or caregivers	Most aware      Some aware None aware (circle one) # interviews conducted: _____	Score most aware = 2 Score some aware = 1 Score none aware = 0	
43. How does the community get involved?  i) Planning these services ii) Selecting service providers iii) Provision of the services iv) Follow up on those who miss the services v) Mobilize parents/caretakers vi) Others contributions, e.g. facilities like service table, accommodation to service providers, service, house/premise at which the services are providers, etc.	Record opinion of district health staff, or interview community leaders	# interviews conducted: _____  Yes   No Yes   No Yes   No Yes   No  Yes   No Yes   No	Score yes = 1 Score no = 0  ..... ..... ..... ..... ..... ..... .....	
44. Is VAS and deworming on the agenda in village health committee meetings?	Review health committee minutes	Yes      No # agendas reviewed: _____	Score yes = 1 Score no = 0 Score # agenda reviewed > 5 = 1	
45. Do community distributors report that villages are involved in planning?	Record opinion of district health staff, or interview distributor	Yes      No # interviews conducted: _____	Score yes = 1 Score no = 0	
46. Is the community ready to contribute food or funds to support the distribution?	Record opinion of district health staff, or interview community leaders	Yes      No # interviews conducted: _____	Score yes = 1 Score no = 0	
47. If the program were stopped, would community members protest?	Record opinion of district health staff, or interview community leaders or caregivers	Yes      No # interviews conducted: _____	Score yes = 1 Score no = 0	
48. Was an advocacy presentation made to the District Council during this sustainability assessment?	Review minutes of meetings with council	Yes      No	Score yes = 1 Score no = 0	
For facilitators to complete:  With regard to <i>advocacy and community ownership</i> , in your overall judgment, is the program likely to be sustainable?			Score yes = 4, very likely = 3 Somewhat likely = 2, possibly = 1, No = 0	
Yes	Very likely	Somewhat likely	Possibly	No

To add to national level:

Is every member of the Regional health secretariat aware of the VAS and deworming program?

Does every Regional health secretariat member know about VAS and deworming impact on child mortality and morbidity? Are all Regional health secretariat members aware of VAS as a cost effective intervention?

**Tool 2f. Financial Resources (Maximum score = 11 + 4 facilitator scoring points)**

Question	Instructions	Response	Scores	
49. Of the past 5 years, how many years has <b>any funding</b> been included in the CCHP for VAS?	Review of CCHP for past 5 years	# years reviewed: _____ # years funding included: _____	Score > 3 = 3 Score 2-3 = 2 Score 1 = 1 Score 0 = 0	
50. Was the VAS/deworming distribution included in the <b>basket</b> for the most recent distribution round? (actual, not planned)	Review record from most recent distribution round	Yes      No	Score yes = 1 Score no = 0	
51. For how many rounds has more than 500,000 Tsh been allocated <b>from basket funds</b> for the distribution?	Review records from at least the past 5 distribution rounds	# distribution round records reviewed: _____ # with >500,000 Tsh allocated _____	Score 3-5 = 2 Score 1-2 = 1 Score none = 0	
52. What % of the estimated need has been used from basket funds for each of the past 5 distribution rounds?	Review records from past 5 distribution rounds	% for most recent round: _____ % for previous round: _____ % for previous round: _____ % for previous round: _____	Score > 50% = 1 for each year (total 5 points)	
For facilitators to complete:  With regard to <b>financial resources</b> , in your overall judgment, is the program likely to be sustainable?			Score yes = 4 Score very likely = 3 Score somewhat likely = 2 Score possibly = 1 Score no = 0	
Yes	Very likely	Somewhat likely	Possibly	No

**Tool 2g. Human Resources (Maximum score = 4 + 4 facilitator scoring points)**

Question	Instructions	Response	Scores	
53. Is there adequate manpower for the distribution?	Record opinion of district staff	Yes      No	Score yes = 1 Score no = 0	
54. What is the current staff vacancy rate?	Review district health staffing records	# staff positions: _____ # filled: _____ % filled: _____	Score > 80% = 1	
55. What was the ratio of population to health staff plus volunteers used for the most recent distribution?	Review record from most recent distribution round	Total district population: _____ # staff used for distribution: _____ # volunteers used for distribution: _____ Ratio staff+volunteers/population: - _____	Score staff + volunteer to population ratio > 1: 500 = 1	
56. What was the ratio of formal to staff to volunteer for the last distribution round?	data from above	Ratio staff / volunteers: _____	No scoring	
57. Were social groups (religious institutions, local NGOs, etc) used for mobilization activities for the last distribution?	Record opinion of district staff	Yes      No  # of social groups used: _____	Score yes = 1 Score no = 0	
For facilitators to complete:  With regard to <i>human resources</i> , in your overall judgment, is the program likely to be sustainable?			Score yes = 4 Very likely = 3 Somewhat likely = 2 Possibly = 1 No = 0	
Yes	Very likely	Somewhat likely	Possibly	No

**Tool 2h. Effectiveness (coverage) (Maximum score = 9 + 4 facilitator scoring points)**

Question	Instructions	Response	Scores	
58. What was the district coverage for the last 5 distribution rounds?	Review records from past 5 distribution rounds	Coverage most recent round: _____% Coverage from previous round: _____% Coverage from previous round: _____% Coverage from previous round: _____% Coverage from previous round: _____%	Score > 80% = 1 for each year (total score = 5)	
59. Has coverage of at least 80% been achieved for the last 5 rounds?	data from above	Yes No # rounds in last 5 with >80%: _____	Score yes = 1 Score no = 0	
60. Has coverage increased, decreased or remained stable over time?	data from above	Increased Decreased (circle one)	Score increased = 1 Score decreased = 0	
61. What has been the maximum and minimum coverage achieved for the past 5 distribution rounds?	data from above	Maximum coverage: _____% Minimum coverage: _____% Difference in coverage (maximum – minimum): _____percentage point difference	Score difference in coverage < 20 percentage points = 2	
62. Is there a mop-up strategy following the distribution?	Record opinion of district staff	Yes No	Score yes = 1 Score no = 0	
63. If so, what does this entail?	Record opinion of district staff	Describe method used: _____	No Scoring	
64. Has the district council devised a strategy aiming at sustaining and reducing costs of running the program?	Record opinion of district staff	Yes (Explain) No _____	No Scoring	
For facilitators to complete:  With regard to <i>coverage</i> , in your overall judgment, is the program likely to be sustainable?			Score yes = 4 Score very likely = 3 Score somewhat likely = 2 Score possibly = 1 Score no = 0	
Yes	Very likely	Somewhat likely	Possibly	No

**Sources of information**

- CCHP for past 5 years
- CHMT work plan for past 5 years
- VAS deworming plans and reports for past 5 years
- Logistics supply management documents
- Minutes from CHMT meetings for current year
- Minutes from District Council meetings for current year
- Letters, minutes, and other material recording community input for health planning for current year
- Report on district health budget spent, provided for past 5 years
- Notes from interviews (district health staff, district council members, community leaders, caretakers)
- District population report (most recent figures)
- District health facility and staffing report (most recent report)

## **Tool 3: District-level Sustainability Assessment: FORMS FOR RECORDING SUSTAINABILITY SCORES**

Tool 3 is a summary sheet of district scores for each component. Using consistent grouping of the regions and districts for all components will make it easier to find specific districts. The facilitators may also want to rank the districts on the basis of their scores to identify those that are low, medium, and high performers.

### Instructions:

1. Transfer the *scores* for each indicator (the numbers in the final column of Tool 2a-2h) to the appropriate columns in Tool 3a-3h. Sum them up to get the Overall District Team Score for each indicator.
2. Take the facilitator overall judgment score at the bottom of Tool 2a-2h and record it in the last column of Tool 3a-3h.
3. Calculate the total and mean scores for the districts.