**SUSTAINABILITY AND SCALE-UP ASSESSMENT TEMPLATE**

**Directions:** Review the Sustainability and Scale-up Matrix and select appropriate Stage to complete column 4 for your country

**Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person completing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Key Element****Type** | **Indicator** | **Desired Status****(Stage 4)** | **Current Country Status (select from Sustainability Matrix** **Stages 1-4)** | **Action Plan** |
| --- | --- | --- | --- | --- |
| **Action(s)** | **In-charge** | **Timing** | **Partners** |
| **Integration** | Central-level MIP **materials** are harmonized between RH, Malaria Control and HIV programs  | National level RH, malaria and HIV materials **have been harmonized**. |  |  |  |  |  |
| Central-level MIP **programming** **is coordinated** between RH, Malaria Control and HIV programs | National level stakeholders in MIP TWG leverage resources across program areas and **jointly implement** activities  |  |  |  |  |  |
| MIP services are integrated with ANC, PMTCT and Malaria Control services at the **facility level** | Relevant health providers are fully integrating MIP services with ANC and PMTCT  |  |  |  |  |  |
| **Policy** | **National policy on MIP exists and is in practice** | All service units (public, NGO and private) are providing the components of care and services based on national MIP policy including c-IPTp\*  |  |  |  |  |  |
| **National MIP guidelines and/or performance standards are developed** | All service units (public, NGO and private) are providing care and services in accordance with national MIP guidelines and standards including c-IPTp\* |  |  |  |  |  |
| **National strategy and action/work plans for malaria and RH include MIP programming and c-IPTp\*** | All service units (public, NGO and private) are implementing MIP activities in accordance and on schedule with strategies and action/work plans |  |  |  |  |  |
| **Commodities** | **The health system at all levels is procuring recommended WHO quality assured commodities for prevention and case management of MIP** | Only WHO approved MIP medicines and supplies are stocked in ANC and PHC clinics |  |  |  |  |  |
| **Systems are in place to guarantee regular provision of MIP commodities to antenatal care clinics as part of routine service delivery** | Approved MIP medicines and supplies are available on a regular basis at ANC and PHC clinics and are available for distribution through community channels |  |  |  |  |  |
| **Quality Assurance** | **Supervisory and performance assessment tools, including performance standards, are developed for MIP programming** | Supervisory and performance assessment tools are consistently used in routine performance assessments |  |  |  |  |  |
| **Regular supervisory visits and quality assessments are being conducted**  | Supervisors are routinely providing supervision to health providers based on national supervisory and performance assessment tools |  |  |  |  |  |
| **Self-Assessments are being conducted** | Relevant health providers are trained in and using self-assessment tools routinely |  |  |  |  |  |
| **Capacity Building** | **In-service training (IST) on MIP is organized and provided** | IST training in MIP, in line with national policy and guidelines, is currently ongoing for relevant staff in all service units (public, NGO and private), including through integration with FANC, malaria control and/or PMTCT.  |  |  |  |  |  |
| **Pre-service education (PSE) on MIP is organized and provided** | Students in all training institutions (public, NGO and private) have received MIP PSE in line with national policy and guidelines |  |  |  |  |  |
| **Community-Based MIP Programs** | **Interventions are in place to promote community awareness, education communication about MIP and its control options** | MIP awareness and communication activities are sustained through the media, health centers, community volunteers and other channels |  |  |  |  |  |
| **Resources are provided so that the community itself can take action to control MIP including c-IPTP\*** | Wide coverage of MIP prevention and case management resources are sustained in the communities to guarantee universal access to MIP prevention and case management |  |  |  |  |  |
| **Data are collected and disseminated that show the community has increased uptake of MIP program interventions** | Communities are submitting and reconciling data in CHMIS (which include malaria data) forms regularly to nearest health facility where information is summarized and submitted to HIS as well as being used to make decisions to improve community MIP interventions |  |  |  |  |  |
| **M&E** | **Data are collected and used for decision making at all points of care (e.g. district, regional)** | Health facilities are submitting malaria forms regularly to district level where information is summarized and submitted to HIS as well as being used to make decisions to improve MIP interventions and care. |  |  |  |  |  |
| **National HMIS systems are collecting data on trends in malaria in pregnancy outcomes** | National level surveys are being applied to discern trends in MIP outcomes and data is used for policy dialogue and planning. |  |  |  |  |  |
| **Financing** | **National governments are providing funding to MIP programs** | National governments annually budget and release funds to MIP programs that are adequate for all projected costs |  |  |  |  |  |

\**While C-IPTp is not part of WHO’s current IPTp policy, it is being tested in multiple countries.  The evidence from testing of C-IPTp will inform policy at global and country levels.*