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# GUIDE FOR THE MONITORING AND EVALUATION OF THE TRANSITION OF HEALTH PROGRAMS

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# ACRONYMS

<b>USAID</b>	United States Agency for International Development
<b>BiH</b>	Bosnia-Herzegovina
<b>BMGF</b>	Bill and Melinda Gates Foundation
<b>CHW</b>	Community Health Workers
<b>FP</b>	Family Planning
<b>GAO</b>	Government Accountability Office
<b>GAVI</b>	Global Alliance for Vaccines and Immunizations
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HC</b>	Health Centers
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>HMIS</b>	Health Monitoring Information Systems
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MNCH</b>	Maternal, Neonatal and Child Health
<b>NGO</b>	Nongovernmental Organization
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>STI</b>	Sexually-Transmitted Infections
<b>TB</b>	Tuberculosis
<b>USG</b>	United States Government
<b>WASH</b>	Water, Sanitation and Hygiene







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# EXECUTIVE SUMMARY

## Why monitor and evaluate transition?

This guide for the Monitoring and Evaluation (M&E) of transition is motivated by the idea that through M&E, transition processes can be strengthened in a fashion that develops local political will, helps mobilize local financial and technical resources, and establishes lines of accountability after donor support is complete so as to promote long-term sustainability. Currently little is known about transition, we draw upon experience of monitoring and evaluating (M&E) transition to (i) clarify key elements and dimensions of transition and how they relate to the longer-term goal of program sustainability and (ii) present possible indicators, relevant to different health programs and transition arrangements that can help track transition and offer suggestions on how to select appropriate indicators.

## Towards a common understanding of transition

Transition can be defined as the transfer of financial, leadership and programmatic responsibilities for a health program from a donor to a recipient, according to a pre-defined plan. The terms “transition” and “graduation” are often used interchangeably, though “graduation” typically refers to a transition triggered by the recipient achieving a certain level of performance, defined by economic or health indicators.

Health program transitions vary substantially. We use three different transition experiences (Figure 1) to demonstrate variations in the type of transition undertaken, and the corresponding need for M&E.

**Figure 1: Transition types and implications for monitoring**

Transition types and implications for monitoring			
Types of transition	Transition type		
	A - GAVI	B – Family planning	C - Avahan
<i>Funding transition</i>	X	X	X
<i>TA &amp; program management transition</i>		X	X
<i>Service transition</i>			X
<b>→ → INCREASING COMPLEXITY → →</b>			
Key dimensions for M&E			
<i>Sustaining a supportive policy environment</i>	X	X	X
<i>Creating financial sustainability</i>	X	X	X
<i>Local capacity development</i>		X	X
<i>Communication among all stakeholders</i>		X	X
<i>Program alignment</i>			X

Further we conceptualize the transition process as a series of sequential steps encompassing:

- (i) **Pre-transition** during which donors and potential program recipients engage in discussions to develop consensus around the program's transition goals and plans to meet them;
- (ii) **Transition preparation process** that spans four domains (leadership, financing, programming and service delivery) and five activity areas (namely sustaining a supportive policy environment, creating financial sustainability, developing local capacity, communicating among stakeholders and program alignment). As indicated in Figure 1 not all of these activities may be necessary, depending on the nature of transition;
- (iii) **Institutionalization** which occurs as key features of the program are integrated into the organizational procedures and behaviors of the recipient organization/s;
- (iv) **Sustained service and outcomes**

## Principles and approaches for M&E of transition

Based on experience, a number of principles for the M&E of transition are proposed including the need to set and agree on clear end goals for the transition, so that they can be monitored, the importance of early planning and engaging stakeholders in this process, as well as ensuring shared responsibility of M&E of transition between both the donor and the receiving organization. In addition, resources for M&E need to be earmarked and an evaluation team should be identified that demonstrates neutrality and independence.

The guide encourages those commissioning M&E of transition to be clear on why they are undertaking M&E: (i) to strengthen the implementation of transition strategies, (ii) to assess whether or not elements of the program are ready for transition, or (iii) to understand the effects of transition over the longer term? Different motivations for M&E of transition will likely lead to different M&E designs. Given the lack of rigorous transition evaluations, further investment in transition M&E is needed. Transition evaluations need to be particularly alert to unexpected consequences of transition. Regular engagement with stakeholders, and combining open, qualitative evaluation tools with more closed, quantitative ones, may help identify such unexpected effects in a timely way.

Selection of indicators to track transition should be driven by three criteria, namely the importance of the dimension of transition being measured, the scientific soundness of the measure, and the feasibility of collecting data on the measure. Organizational reports, routine data, and primary data collected through special surveys are all likely to be important in transition M&E. This guide draws upon existing literature and the conceptual framework developed here, to provide an overview of the kind of questions that might be addressed as part of transition M&E and suggests possible indicators for each of these questions. As already noted, given the likelihood of unexpected consequences of transition, M&E is likely to be strengthened through combining some qualitative assessments together with the quantitative.

## Challenges to M&E of transition

Conducting M&E of transition processes is unlike much other M&E. It is not well established as a form of evaluation and it seeks to examine a highly complex process, with organizational change taking place at multiple levels and across numerous stakeholders. M&E of transition is likely to face resistance, both because people on the ground are busy with implementing the transition process, and also because they may have a stake in maintaining the status quo. Large-scale transitions can be chaotic and compromise the quality of the data. There are no perfect solutions to addressing these challenges, but the guide concludes with some suggestions for managing them.

# I. WHY MONITOR AND EVALUATE TRANSITION?

The donor community's interest in long-term sustainability and the fate of programs once donor funding is reduced partially or completely has been present since the early 1990s (1) but has escalated recently. The US Government (USG) has been facilitating various forms of transition for their international development programs since such programming started. For example, in the early 2000's, USAID began the process of "graduating" some countries in the Latin America and Caribbean region from Family Planning (FP) assistance - in the context of decreasing USG funds for family planning worldwide and significant drops in total fertility rate in the region (2). The current importance of transition is framed by an increased focus on sustainability and country capacity to lead and manage programs as program priorities change, and external funding either declines or ends completely. For example, the PEPFAR reauthorization in 2008 reinforced the notion that transition must be handled carefully, with the institution of Partnership Frameworks that aimed to ensure that PEPFAR programs were sustainable through a renewed focus on "country capacity, ownership and leadership" (3,4). Such focus aligned with the current context of USAID Forward, whereby USAID looks to build local capacity in order to channel more development assistance through increased direct support to local institutions. USG agencies are not the only ones to engage in such discussions. The Bill and Melinda Gates Foundation (BMGF), The Global Fund to Fight AIDS, TB and Malaria (GFATM) and the Global Alliance for Vaccines and Immunizations (GAVI) are among several others with growing interest in transition from donor assistance, as well as long-term sustainability.

Transition and/or graduation from donor support are often portrayed as a daunting prospect, filled with uncertainty, and threatening the outcomes attained in a particular program area with donor funding. For example, a recent New York Times article highlighted significant concerns in South Africa surrounding the anticipated 100 million USD reduction in funding for HIV/AIDS services (5), as PEPFAR refocused its support to poorer, higher prevalence countries. However transition need not be a negative experience. Examining experience with the long-term sustainability of USAID-funded health programs in Latin America and Sub-Saharan Africa, Bossert concluded that "projects for which budgetary sources (i.e. in the national budget) provides progressively significant contributions to project activities during the life of the project tended to be more likely to be sustained" (1). In other words, projects for which transition is planned and managed have greater chances to benefit in the long-term. The transition experience of the Avahan Indian HIV/AIDS initiative also points to the potential for positive change (6).

This guide for the Monitoring and Evaluation (M&E) of transition is motivated by the idea that through M&E, transition processes can be strengthened in a fashion that develops local political will, helps mobilize local financial and technical resources, and establishes lines of accountability after donor support is complete so as to promote long-term sustainability.

Beyond the few experiences mentioned above, little is currently known about transition - how the process of transition happens and how to monitor and evaluate whether a transition led to long-term sustainability or to the partial or complete demise of program outcomes. The frameworks to define and measure such processes are few, but include efforts to evaluate the sustainability of GAVI-funded immunization programs in BiH after the country became ineligible to receive funds (7,8) and efforts to prospectively monitor and evaluate the transition of the BMGF-funded Avahan's HIV prevention work in India to local ownership (9). Country ownership and sustainability issues have been discussed in the context of CDC's HIV/AIDS programming (10), and GAVI also sought to assess the readiness of graduating countries to assume responsibility for sustainable financing of immunization processes(11). Attention has also been focused on the transitioning of health care worker support from PEPFAR to

local funding (12). To-date, with the one exception (namely the Avahan transition evaluation), none of the existing M&E activities have examined transition prospectively or throughout the entire transition process (9) and there have been no systematic efforts to develop an approach for the M&E of transition.

M&E of transition is unlikely to look like the typical M&E conducted for health programs. Indicators of service coverage or health outcomes are certainly relevant to understanding transition processes, but so too, are less commonly examined dimensions such as supportive policy environments, program alignment, and effective communication between stakeholders.

M&E of transition, while challenging, can offer important benefits. First, the discipline of thinking through what transition entails and how best to measure it, can provide greater conceptual clarity to the whole transition process. Second, the M&E of transition can help inform countries undergoing transition about how best to manage it – both in terms of learning from countries which have undergone the process, learning from their own transitions over time, and presenting opportunities for course correction. M&E of transition can help identify potential problem areas before they manifest into more serious issues. Third, M&E of transition can provide an element of accountability for donors, allowing them to be assured that the transition process was executed with attention to detail and with overall sustainability of the program in mind.

## 1.1 Purpose and audience

Effective monitoring and evaluation of any program or policy depends upon there being a clear understanding of the program theory—that is the mechanisms through which the intended effects of the program occur. Accordingly, this guide first seeks to clarify key elements and dimensions of transition and how they relate to the longer-term goal of program sustainability. Second, the guide presents possible indicators, relevant to different health programs and transition arrangements that can help track different aspects of transition and offers suggestions on how to select appropriate indicators.

In the context of pressures to use international health funding more strategically, the issue of transition is relevant for all international health funding agencies as well as program recipients. This document is intended to be used by both international funders and program recipients to monitor and evaluate transition processes.

## 1.2 Outline and presentation of the guide

Section 2 seeks to develop a common understanding of transition, with respect to terminology and the dimensions of transition that implicate the design and approach of monitoring and evaluating transition. To help guide readers throughout the document, three illustrative cases are introduced here and described according to different dimensions of transition. Section 3 describes a set of principles for the M&E of transition, which may also and more broadly support a successful transition. Section 4 introduces a conceptual framework for the M&E of transition that sets out various processes and dimensions of transition, thereby also identifying the types of constructs that one might think about measuring as part of a transition M&E strategy. This conceptual framework is intended to be sufficiently flexible to accommodate different types of health programs (HIV/AIDS, vaccines, maternal health), different types of transition (below in Figure 1), and differing country contexts. Then, Section 5 addresses some key M&E design issues, in particular taking the perspective of someone commissioning M&E. Section 6 sets out illustrative guiding questions and indicators for the M&E of transition – a resource upon which readers can draw and adapt based on the particular transition context they are faced with. Section 7 concludes this guide with reflections on anticipating and responding to challenges during the M&E of transition. A bibliography of relevant documents that discuss M&E of transition, sustainability, and country ownership can be found at the end of this document.

## 2. TOWARDS A COMMON UNDERSTANDING OF TRANSITION

In public health, transition can be defined as the transfer of financial, leadership and programmatic responsibilities for a health program from a donor to a recipient, according to a pre-defined plan. The terms “transition” and “graduation” are often used interchangeably. “Transition” can happen for a variety of reasons – contextual factors such as shift in program or political priorities, change in leadership; performance factors; or a combination. “Graduation” is often used to refer to a transition that is triggered by the recipient achieving a certain level of performance, defined by economic or health indicators. However, performance benchmarks are difficult to define and are often driven by political and economic pressures, so while some organizations have formal graduation policies, in practice the distinction between transition and graduation may not be as clear as at first glance.

Planning for and achieving increased “country ownership” or “long-term sustainability” implies that a transition will take place, but these terms are not specific about the time frame or nature of transition that may occur. In this report, we use the term “transition” as an umbrella to capture all of the previously mentioned terms. Furthermore, we recognize that all transitions arise from a mix of political, economic, or health sector performance factors.

Transitions of health programs can vary according to numerous dimensions. For example transitions may vary according to:

- *The trigger for transition* – e.g. graduation based on the attainment of health or economic performance targets, or donor shifts in funding and programmatic priorities;
- *Scale of the program* – e.g. geographical scope (regional/national/sub-national), magnitude of investments or the number of people served;
- *Scope of the transition* – e.g. transition will differ depending on the type of entity being transitioned, for example an institution in transition or program in transition;
- *Transition timing*– e.g. rapid change with no adjustment period versus gradual transitions with the step-wise transfer of responsibilities.

These factors may be important in terms of determining the feasibility of alternative M&E approaches, the time frame for M&E, actor dynamics around transition, and the significance of the transition and thus how much of an investment should be made in transition monitoring.

However in terms of the focus of M&E, it will be important to understand exactly what is being transitioned. Figure 1 distinguishes between three different transition types. Though these will not cover all possible transitions scenarios, they represent different types of common transitions that will be referred to within this document. Type A, illustrated by GAVI program graduations, is exemplified by the transition of funding arrangements. In these cases program implementation has historically been carried out largely through government structures, and thus the main concerns focus on whether there is sufficient funding and stakeholder commitment to maintain support post-transition. For Type B transitions, exemplified by the transition of USAID family planning and reproductive health programs in Latin America, funding transitions to local sources, but so too must responsibilities for program planning, management and technical support. In such cases, in addition to funding diversification and stakeholder commitment, stakeholder capacity and communication of plans will be important. Finally,



Type C transitions entail all of the transition dimensions mentioned above, plus the challenges of shifting a previously stand-alone program into government and/or local partner systems.

**Figure 1: Transition types and implications for monitoring**

<b>Transition types and implications for monitoring</b>			
<b>Types of transition</b>	<b>Transition type</b>		
	<b>A - GAVI</b>	<b>B – Family planning</b>	<b>C - Avahan</b>
<i>Funding transition</i>	X	X	X
<i>TA &amp; program management transition</i>		X	X
<i>Service transition</i>			X
<b>→ → INCREASING COMPLEXITY → →</b>			
<b>Key dimensions for M&amp;E</b>			
<i>Sustaining a supportive policy environment</i>	X	X	X
<i>Creating financial sustainability</i>	X	X	X
<i>Local capacity development</i>		X	X
<i>Communication among all stakeholders</i>		X	X
<i>Program alignment</i>			X

The type of transition will affect which dimensions of transition it is important to monitor. For example, for relatively straightforward funding transitions, the likely focus of M&E will be on sustaining a supportive policy environment and creating financial sustainability (as indicated in the bottom half of Figure 1). By contrast Type C transitions will likely need to pay attention to all of the M&E dimensions listed.

The boxes below provide a fuller description of the three illustrative cases of transition, describing multiple dimensions of the process. While these three scenarios capture the principle forms of transition seen to-date, they are unlikely to adequately reflect all the nuances of transition that exist.

**Box 1 – Type A Transition – GAVI**

**Ex. 1 GAVI support to Bosnia and Herzegovina (BiH) (7)**

<b>Donor</b>	GAVI funding was used for the introduction of new vaccines and also for injection safety from 2002 to 2011.
<b>Scale of program</b>	The immunization program was implemented nation-wide, in all entities
<b>Financing arrangements</b>	BiH became ineligible because it passed the GNI per capita threshold. At that time (2011), there was no policy for a phased or planned transition/graduation.
<b>Change in level of integration</b>	While services were delivered through public service outlets during GAVI funded years, the procurement of vaccines was done through UNICEF. Service delivery and procurement, as well as related functions are all fully integrated within the systems in each BiH entity.



<b>Transition timing and extent</b>	GAVI funding ended as soon as BiH became ineligible. BiH then took on related responsibilities.
<b>Program planning, management and technical assistance</b>	Program planning, management and technical assistance were largely conducted within the host country's own health systems.
<b>Transition trigger</b>	Economic growth increased the GNI per capita beyond GAVI's eligibility threshold, and at the time this happened, GAVI did not have a graduation policy, and therefore, there was no official transition. The increase in ineligible countries led GAVI to develop a graduation policy, which currently includes specification for transition.

### Box 2 – Type B Transition – Family planning in Latin America

**Ex. 2 Family planning in Latin America** – After supporting family planning with financial and technical assistance across Latin America since the 1960s, USAID recognized the need to be more strategic in allocating FP funding and more systematically “graduate” countries from assistance.

<b>Donor</b>	USAID provided financial and technical support for family planning programs across Latin America from the 1960s.
<b>Scale of program</b>	Family planning programming is widely distributed in all participating countries.
<b>Financing arrangements</b>	Funding was shifted to a mix of domestic, public and private funding, including inclusion of family planning in social security, and leveraging the commercial sector and social marketing to replenish funding.
<b>Change in level of integration</b>	Family planning programs were implemented through local NGOs in a decentralized manner. This system remained, and was integrated on a financing element in legislature and funded by host government.
<b>Transition timing and extent</b>	Transition typically spanned anywhere from 2-5 years depending on the country's performance on key indicators, and other political and contextual factors.
<b>Program planning, management and technical assistance</b>	Family planning programs were implemented in a parallel system through NGO in a decentralized manner. Technical assistance was provided to support the full range of family planning needs including establishment of facilities, training, management, procurement, education programs, advocacy etc.
<b>Transition trigger</b>	Graduation processes were triggered based on total fertility rate and modern contraceptive prevalence with other criteria dependent on the context. USAID country missions worked with transition teams from Washington, DC to create a transition plan that typically spanned 2-5 years (2).

### Box 3 – Type C Transition – Avahan HIV prevention in India

**Ex. 3 AVAHAN in India** – In 2005 the BMGF committed 350 million USD to address the spread of HIV/AIDS in India through the Avahan program, focusing on prevention strategies with at-risk populations. The program was implemented through cascading contracts with international and local NGOs.

<b>Donor</b>	BMGF supported all aspects of program implementation.
<b>Scale of program</b>	Approximately 200 targeted intervention programs were implemented across six states with the highest HIV/AIDS prevalence, as well as programs for condom social marketing, support to HIV prevention among truckers, and mass media communications for behavior change.

<b>Financing arrangements</b>	The program was initially fully funded by BMGF. Gradually, during the transition period, the Indian government fully absorbed program funding.
<b>Change in level of integration</b>	Avahan had been implemented through a separate and parallel delivery system involving BMGF staff, international and local NGOs. This system was transitioned fully into the government system.
<b>Transition timing and extent</b>	From initiation of transition planning to completion of transition took 7 years. Programs were gradually transitioned over 4 years.
<b>Program planning, management and technical assistance</b>	Avahan was implemented through a parallel delivery system supported by staff from the BMGF, and local and international NGOs. Transition into the government system passed these responsibilities onto the program recipient.
<b>Transition trigger</b>	The second phase of Avahan focused on transitioning the program to its 'natural' owners, primarily the Government of India.

## 3. PRINCIPLES TO SUPPORT EFFECTIVE M&E OF TRANSITION

The team has drawn on its collective experience with transition to propose six principles for guiding the M&E of transition. While these principles are focused on ensuring effective M&E of transition directly they may also contribute the successful planning and implementation of transition.

### 3.1 Set clear end goals

Clear end goals are critical to guiding plans for M&E. Active and ongoing engagement with stakeholders, especially the donor and program recipient organizations, is important to clarify how everyone envisions the future of the program and its role in sustaining any gains in health. To the extent possible, end goals should be mutually agreed among stakeholders and may be set in terms of the continuation of all or some of the services previously supported by the donor. It may be planned for service coverage not only to be sustained but to grow (particularly if there is an established upward trend in coverage). Alternatively goals may be specified in terms of health outcomes, but explicitly acknowledging the potential for change in services provided. Sometimes non-health outcomes (eg. income generating opportunities, or female education) may also be important goals.

### 3.2 Early planning

Effective M&E of transition requires careful and thoughtful planning. Early planning allows for regular and consistent monitoring of the transition process as well as evaluating the transition preparation activities being conducted, including gathering baseline assessments to determine impacts after transition.

### 3.3 Stakeholder engagement

As part of transition M&E, it is critical to engage all stakeholders and secure commitments from key actors to the process and the use of evidence emerging from M&E. It is especially critical for the program recipient receiving the transitioned program to have a vested interest in the M&E process partly because it is necessary to ensure access to key data sources post-transition but also because of the central role this organization will play in acting upon M&E evidence.

### 3.4 Shared responsibility

Related to stakeholder engagement, it is important for donor and program recipients to identify and allocate roles and responsibilities for monitoring and evaluating a successful transition in light of mutually agreed end goals.

### 3.5 Earmark funding and resources for M&E

Programmatic transition is separate and distinct from programmatic service delivery and as such needs specific earmarked funding, so too does the M&E of transition. Successful M&E of transition requires

budget allocations within the overall transition budget commensurate with the goals of the transition plan.

### 3.6 Neutrality and independence of M&E

A critical component for a successful M&E plan is to guarantee the neutrality of the results and the independence of the evaluators so that all stakeholders view results as unbiased. This can be achieved by engaging external evaluators, but evaluation teams composed of donor and program recipient representatives can also fulfill this role. Nevertheless, the evaluation team must function independently and in service of the overall transition and M&E goals, without outside influence from vested stakeholders.

## 4. CONCEPTUAL FRAMEWORK FOR M&E OF TRANSITION

We sought to base this guide for M&E of transition upon a conceptual framework that appropriately and broadly detailed the transition process for health programs. Given the lack of such frameworks in the existing literature, we sought to develop a framework based upon our experience and the available literature. The proposed framework seeks to model the transition process in a comprehensive fashion. It details a number of tasks and roles that will likely need to be completed during transition, while recognizing that different actors will take on these tasks in different circumstances. The M&E team can use this conceptual framework to identify those elements of the transition process which are relevant to the context in which they are working, and thus to determine which aspects of transition they will seek to monitor.

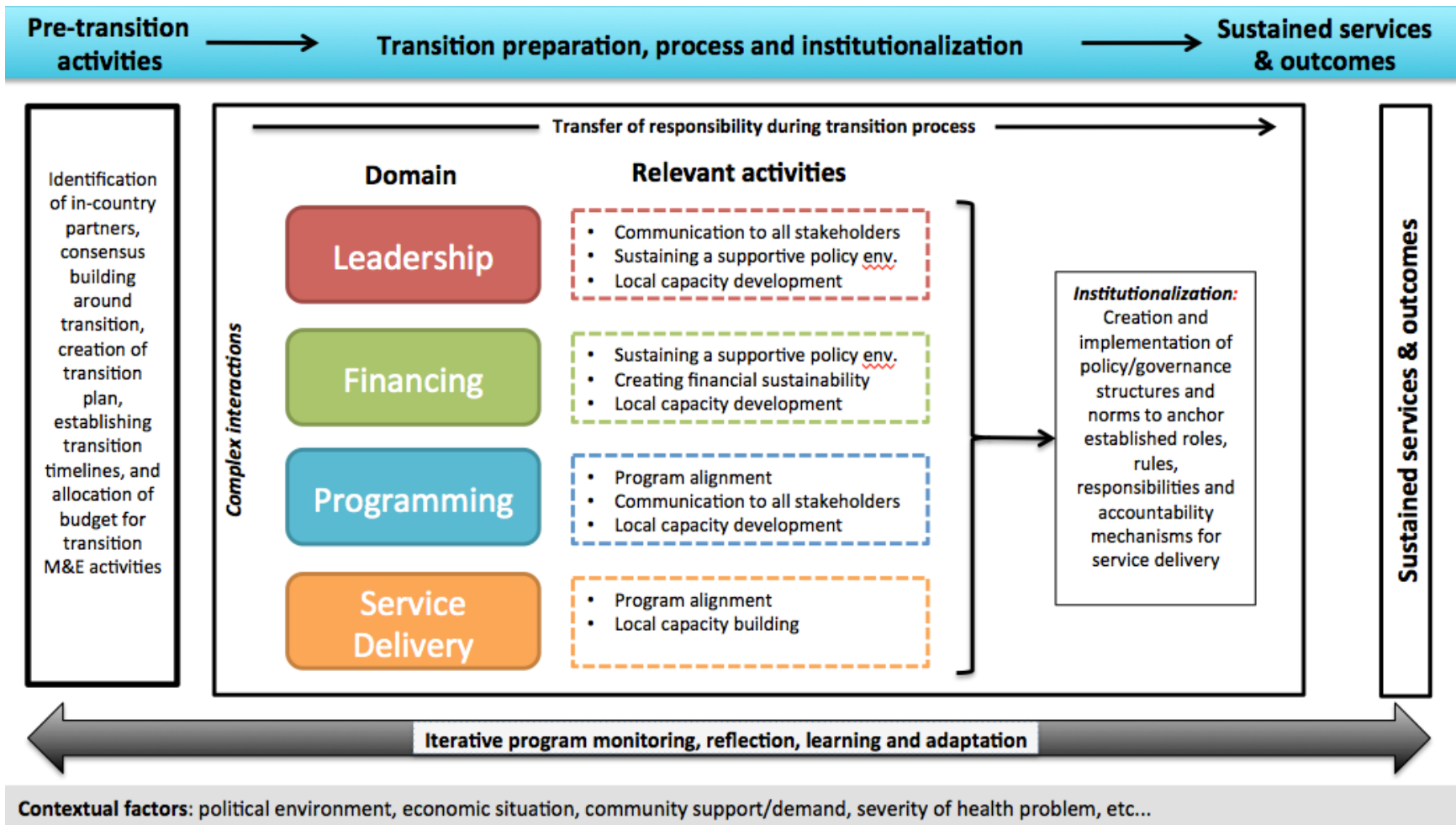
Transition can be thought of as a process, consisting of pre-transition activities that establish the critical elements for transition, and an on-going iterative process of transition preparation and transition activities, which shift program responsibility from the donor to program recipient (see **Figure 2**). During the transition process, activities within five domains (explored below) help create the conditions to anchor the necessary responsibilities, rules, norms and structures into the program recipient environment to deliver program services at a level as defined by the transition goals – we refer to this process as *institutionalization*. This process enables sustained delivery of program activities and sustained health outcomes. The ultimate goal is for local stakeholders to take responsibility for the program (programming, leadership, financing and service delivery) with a reduced need for external support.

### 4.1 Pre-transition

The first stage is **pre-transition**, where activities set the stage for transition. Either donor or in-country program recipient, depending on the situation, may trigger the transition process, which will influence the nature of transition. For example, a forced transition exit casts different dynamics in pre-transition planning in comparison to a mutually agreed upon and planned transition process. Donors may signal the need for a transition on the basis of target indicators being met or political reasons. In other instances, program recipients could initiate transition planning, having the foresight to try and develop a sustainable program. During this process, and under ideal circumstances, donors and potential program recipients (government agencies, non-governmental organizations, community partners, service providers, etc...) engage in discussions to develop consensus around the program's transition goals and plans to meet them. With transition planning in the early stages of program development, sustainability and transition can be kept in mind as the program is developed (13). Through an open and transparent approach, this process determines the stakeholders to be involved in transition, reviews the reasons that transition is occurring (e.g., loss of funding, planned graduation based on indicators), uses consensus among stakeholders to establish how transition and sustainability will be achieved, allocates an appropriate budget for transition activities and creates an agreed-upon transition plan. These pre-transition activities are influenced by the nature of transition. Ultimately, strong pre-transition planning may help build commitment and overall support for the transition process.



Figure 2 – Conceptual framework for transition







## 4.2 Transition preparation process

The pre-transition process creates a foundation for the transition process itself, when transition plans are set into motion through various activities. The activities broadly span four areas (**Table 2**) and help drive the transition of domains: **leadership, financing, programming, and service delivery (Table I)**. These activities constitute **the transition process** itself and help create the conditions to transition these domains from donor to program recipient. Accordingly, these activities facilitate the process of anchoring the norms, regulations, structures and processes necessary to sustain service delivery with reduced dependence.

**Table 1: Domains of Transition**

Table 1: Domains of transition	
Domain	Description and examples
Leadership	High-level leaders must accept that the transition process is actually occurring, and communication and other activities (see Table 2) should occur to ensure that leaders are aware of the need for transition, and do their necessary parts to prepare for and support transition.
Financing	Activities relating to creating financial sustainability during the transition period so that the program recipient is financially sustainable as past sources of funding are eliminated. Funding often comes from multiple sources and as such, activities may include lobbying to secure funding from new sources and, creating and altering financial mechanisms for improved sustainability.
Programming	Responsibilities for program management, such as day-to-day operations, as well as staff management, funding, reporting requirements, monitoring and evaluation and other administration must be transitioned, to the extent that such functions were previously provided by donors. Capacity assessments can help diagnose competencies and signal the amount of capacity building and training required to transition programming.
Service delivery	In instances where donors, and not local organizations, have been directly responsible for service delivery, the local program recipient may have to take responsibility for the logistics of service delivery, including human resources, commodity procurement, community outreach and other elements related to the program services itself.

**Table 2: Transition Activities Examples**

Table 2: Transition activities examples	
Dimension	Activities
Sustaining a supportive policy environment	Building stakeholder transition commitment, strategic communication, community outreach, lobbying for changes in national policy (e.g., procurement laws), tracking recipient commitments to policy (eg. through funding allocations)

Creating financial sustainability	Financial analysis, cost-effectiveness analyses, lobbying for earmarked funds, investigating alternative funding streams, applying for grants, promoting private sector growth, expanding health markets, developing multi-year financial plans.
Local capacity development	Professional training, peer assessments, organizational assessments, process consulting, development of job tools and best practice guides, performance contracting and a variety of partnership types
Communication among all stakeholders	Regular communication to key stakeholders through face-to-face communications, written communications to broad array of stakeholders, progress meetings, newsletters and list-serves etc
Program alignment	Alignment of processes for procuring and distributing commodities and equipment, modification of financial mechanisms (cost structures, disbursement processes, financial reporting requirements), shifts in clinical guidelines, establishment of common supervisory structures, and adoption of health worker norms (e.g., team composition, educational requirements for different roles).

The five activity areas are:

#### 4.2.1 Sustaining a supportive policy environment

Ideally transition plans are executed in an environment where existing policies and involved stakeholders are committed and supportive of achieving the overall objective of the transition and health program. Transition is often met with resistance so it is crucial to conduct activities strategically to build political commitment and support. In instances where leaders can be held accountable to their constituents, creating wide public support for a health program may encourage leaders to visibly support the sustainability and transition of a health program. In other instances, “soft” approaches such as strategic communication of benefits can be done to reason with influential stakeholders. Signals of a supportive policy environment may include the post-transition program being embedded in national policy, or specific program goals being reflected in national and/or sub-national plans. Sometimes existing policies may undermine program sustainability, for example, existing policies inhibit effective procurement processes, which would be a target for change.

#### 4.2.2 Creating financial sustainability

Existence of secure and diversified funding is central to the sustainability of a health program (14,15). The burden of securing this funding is dependent on the context, but responsibility may fall in part to the program recipients themselves (e.g. for FP in Latin America, some NGO services were not eligible for inclusion on social security, and thus relied on the commercial sector to replenish funding) and the donor. As there can be multiple donors and funding sources for a program, coordination is central in organizing how funds are raised and shared. An understanding of a country and program’s current and future needs (e.g., using a resource plan) can better conceptualize the funding situation to key audiences (16). Ultimately, funding is related to contextual issues (economic conditions, political will, competing government priorities, capacity) and is affected by the donor landscape, where presence of generous donors may discourage acceptance of financial responsibility (17).

### 4.2.3 Local stakeholder capacity development

Shifting health program responsibility from donor to program recipient means that departing capacity previously supplied by donors must be replaced with local capacity. Organizational capacity assessments may diagnose existing competencies and areas in need of investment to reach sufficient capacity for sustaining the health program (18). When capacity is insufficient, then capacity-building activities should be initiated to develop the necessary components to the extent that it's sufficient to continually deliver program activities (18). Capacity goes beyond the idea of having the necessary skills and tools to deliver program activities, but also comprises staff, facilities, structures, and systems. A diverse range of activities can be undertaken, depending on the needs and resources present (see **Table 2**)(19).

### 4.2.4 Communication to all stakeholders

Transition is a process that inherently involves shifts in power and authority, as a result, transitions often face considerable stakeholder resistance. Timely, transparent, and appropriately disseminated communications play a key role in persuading stakeholders and forming a group of proponents to support transition. A communication strategy can help identify key audiences and stakeholders (policymakers, NGOs, service providers, media, local leaders, program beneficiaries) to be engaged throughout transition (20). Transparent, understandable and strong communication of the transition plan helps align expectations, communicate common goals and can facilitate building positive relationships among these key audiences. These activities can help overcome common risks of transition such as being overwhelmed by tension and noise from confusion and misinformed audiences, and ultimately help overcome resistance to transition (20). Also, communication of the transition plan needs to occur at multiple levels, from the donor to senior management within the program recipient, as well as from program recipient to front line workers. Poor communication with front-line workers can create resistance due to shifting priorities or changing values, for example a stronger emphasis on cost recovery by frontline workers may generate resistance against transition.

### 4.2.5 Program alignment

Programs may need to undergo a process of harmonization with existing services as they transition, for example this can include the adaptation of program services, but also the implementation of common arrangements for planning, management, financial reporting, and M&E, so as to integrate with the national program or host environment. Programs activities can be adapted, completely removed, or remain unchanged in accordance with the program recipient context (e.g., demand for specific programs may not be demonstrated at the local level, or capacity may be insufficient) (21). The implementation of such alignment processes can constitute a significant task. Examples are provided in **Table 2**.

The five activity areas above are closely interconnected and reflect complex adaptive relationships that influence one another. For example, communicating transition plans to stakeholders is closely related to creating and sustaining a supportive policy environment, while the policy environment implicates a program's ability to secure funding and align programs with existing ones.

These groups of activities drive the transition of **leadership, financing, programming and service delivery** forward so the program recipients can eventually take full responsibility over these domains, and the health program as a whole. Assessments of each domain during the transition process can help determine areas in need of improvement among program recipients. Depending on assessments results, additional activities can be implemented to push transition forward to achieve the desired transition outcomes.

Transition processes often occurs iteratively, and M&E findings during transition can spur reflection, learning and adaptation to create an improved and more sustainable program (20). Whether this

learning and adaptation occurs largely depends on the scale and timing of transition among different program sites, as well as the extent and nature of M&E. Programs with shorter timelines may allocate less time for transition and if multiple sites exist, they are likely to transition simultaneously. Thereby, shorter transitions reduce a program's potential to use prior experiences from the same program to inform other transition efforts.

### 4.3 Institutionalization

As transition activities occur, key features of the program are integrated into the organizational procedures and behaviors of the recipient organization in a process that we refer to in this document as *institutionalization*. Once program activities are institutionalized they become part of the routine operating procedures of the recipient organization, and are fully reflected in budgets, norms and guidelines. In this anchoring process, key program elements may be retained with their original form, staying faithful to the design of the program, but to some degree, program elements are likely to evolve or adapt to the new system environment, for the intended benefit of integration and sustainability.

### 4.4 Sustained Services and Outcomes

Typically, transitions aim to sustain or improve health outcomes during transition. However, some may expect that in a transition, the quantity and/or quality of services delivered may suffer, depending on the type of program being transitioned. If the activities/interventions are effective then resultant health outcomes have a higher likelihood of being sustained post-transition. Nevertheless, the original program services do not need to be necessarily sustained in order for sustained outcomes. The adaptation of program activities may not sustain activities, but innovation in technologies or program organization could result in sustained (or improved) outcomes while original services themselves are not sustained.

## 5. DESIGNING AN M&E APPROACH

There are many good guides to health program M&E (see for example *Gage et al. 2005 (22)*, *Finn 2007(23)*, and *UNAIDS 2000(24)*). These guides set out the fundamentals principles of M&E and provide an overview of available indicators for tracking health programs. While these resources can inform the design of a solid M&E approach for transition, there are a number of reasons why M&E of transition presents different types of challenges. This section explains these differences and reflects on their implications. We do not provide a full description of the basics of M&E but refer readers to these other sources, and instead focus our attention on the kind of information that those commissioning M&E of transition might benefit from.

### 5.1 Why M&E of Transition is Different

While the ultimate goal of transition, namely the sustaining or perhaps even enhancement of services and outcomes, reflects constructs that health program evaluators are accustomed to measuring, many of the other dimensions of transition will present challenges for most health program evaluators. Routine program monitoring may provide a source of information for transition M&E but it is unlikely to be sufficient. M&E of transition requires measures of factors such as program alignment, the presence of a supportive policy environment, organizational capacity and effective communication. Such dimensions are much less commonly assessed in health programs. Further, likely measures of these factors may be embedded in various data sources that are scattered across different stakeholders and often cannot easily be identified through routine channels. Indeed M&E of transition may require the development and implementation of special data collection tools.

Health programs typically emphasize rigorous and scientific M&E methodologies to ensure high data quality, and accuracy. However, transition processes may differ in the sense that they rely heavily on the effective management of relationships between different stakeholders, most notably between donors and the recipient organization. Thus, when designing an approach for M&E, it may be beneficial and necessary to allow for a trade-off; between scientifically rigorous data collection and quality metrics on the one hand, and involvement of the right stakeholders. Poor data collection processes or quality can gradually be improved, but there is no substitute for involving the right stakeholders during transition.

Each transition is unique. The ideas presented here provide general guidance for stakeholders planning transition M&E but adaptations to specific contexts – nature of program, size of program, time frame etc. – should be anticipated.

### 5.2 Defining Objectives & Tailoring Design

Transitions may be monitored and evaluated for different reasons, for example stakeholders may wish to:

- Improve implementation of transition activities such as development of financial sustainability strategies, program alignment, communication;
- Ascertain whether or not different elements of the program are ready for transition
- Learn from what worked well, and what worked less well, and draw implications for policy and planning
- Understand the effects of transition on a program over the longer term.

Monitoring and evaluation approaches will be most successful when stakeholders have discussed why they are conducting M&E and how information coming from M&E will be used. Sharing of M&E findings during the transition process, if done well, can help facilitate communication between all concerned.

**Monitoring** is typically thought of as an ongoing process to get timely feedback on progress towards final goals and objectives. Thus monitoring may be suitable to get real time information about the implementation of transition activities (sometimes referred to as process monitoring), or readiness of program elements to transition. Such information can help inform transition strategy. For example based on such monitoring findings, stakeholders may decide to slow down or speed up the transition process, or focus preparatory efforts on particular aspects of transition, which seem to be going less well. Typically monitoring approaches will not seek to explain why different results are being observed.

**Evaluations** are typically more rigorous processes, often implemented by an independent, neutral party. They may inform transition strategy but can also be used for accountability purposes (Was the transition managed effectively?) and for learning purposes (Which transition preparation activities were most important in leading to a successful transition?). Accordingly evaluations often seek to answer questions not just about what happened but also why it happened.

Rigorous and in-depth evaluations of transitions are sorely needed given the very limited evidence base concerning which strategies support successful transition. Such evaluations can inform decision-making not only in the country where the transition is taking place, but findings may also be transferable to other contexts. An evaluation can also commission more in-depth studies that help to explain the trends observed in the monitoring indicators. For example, perhaps one domain of transition readiness appears to lag behind the others, qualitative research with program managers or health workers could perhaps explain why this is the case. Supplementary qualitative research may be particularly important to understand emerging behaviors as a consequence of transition: for example perhaps people's demand for immunization services increase as they no longer perceive vaccination services to be associated with a foreign government, or services are declining due to demotivation of health workers.

To the extent that evaluations seek to assess the overall success of transition, it is important to be clear on what a successful transition will look like. As depicted in the conceptual framework, success might be conceived in terms of final distal outcomes (were health outcomes sustained?), more intermediate outcomes (were services sustained?), or quite proximal measures (were key features of the program continued post-transition?). While all of these levels of outcomes may be important, it likely to be prohibitively expensive to measure them all and measuring some of them and not others might not reveal the whole picture. For example, simple aggregated measures of health outcomes or service coverage may fail to reveal that there have been substantial shifts in the nature of the program, and perhaps a very different mix of clients is being served now to previously.

It is very difficult to anticipate all the likely effects of transition in advance, but systems thinking approaches may help stakeholders consider possible unanticipated consequences and emergent behaviors (25). Such thinking will be most productive when undertaken collaboratively between the key stakeholders involved in the transition, notably including the donor and the program recipients (whether this be government or a local NGO), as well as other affected parties such as health workers. Through joint discussions it may be possible to identify possible, previously unforeseen, consequences of transition as well as determine a collective vision of what a successful transition would look like.

### 5.3 Establishing time frames, resource needs, & organizational arrangements

The earlier that planning for M&E of transition can begin, the better, and preferably M&E should be planned at the same time as the transition process (and for that too, longer time frames are preferable).

Nonetheless it is inevitable that in some instances rapid decisions regarding transition will be made: M&E under such circumstances is likely to be more difficult to implement, but is arguably even more important in terms of understanding readiness for and consequences of transition. There are also questions concerning how long M&E should continue for after transition. At this point little is known about likely program trajectories post-transition and hence, appropriate time frames during which to track programs. The Avahan evaluation included only one year of post-transition activity (9) but the studies by Bossert (1) considered a three year post-transition time frame, that is likely to provide a more accurate assessment of long term sustainability.

For most transition M&E, it will be critical to ensure that comparable data are available both before and after the transition. This may not be a straightforward task, particularly when the transition involves integrating a donor-funded project into a government health system, as this will frequently involve shifting to new routine information systems that may capture data differently. In such circumstances it will be important to assess in advance, the extent to which key indicators will be available post-transition, and to put necessary agreements in place to ensure access to such data (where available) or create mechanisms to generate comparable data (as necessary).

Resource needs for M&E of transition will inevitably vary according to the scale of the program, the time frame of transition, and the objectives of M&E. Longer term evaluations of large scale transitions may cost US\$2-3 million, however more focused assessments that are able to make use of secondary data for monitoring, perhaps complementing this with more in-depth investigation of specific issues could be conducted within a significantly more modest budget. Ideally resources to support M&E should come both from the donor and recipient organization, as a means to promote joint engagement in and commitment to the M&E process.

In order to maximize the potential that M&E data are used to inform decision making, it will be important to link M&E findings to existing decision making structures. For example if there is a joint oversight committee responsible for planning and implementing the transition process, then the M&E team could report to them. If such standing structures do not already exist then it may be worthwhile creating a special M&E advisory committee that is responsible for guiding the M&E process, but also ensuring that findings are acted upon. Such advisory committees would benefit from diverse membership, and the inclusion of multiple different types of stakeholders in the M&E process. Program transition may face some specific challenges in terms of ensuring the reliability of data. Frequently program implementers, at least initially, will be resistant to transition, and hence may be motivated to exaggerate the negative consequence of transition or stress the lack of appropriate preparation for transition. It may be particularly important therefore to question the reliability of routine administrative data collected for M&E, and also to ensure appropriate triangulation of qualitative data so that the views of multiple transition stakeholders are cross-checked against each other.

## 6. DESIGNING INSTRUMENTS FOR M&E OF TRANSITION

In this section, we present guiding questions and illustrative indicators that can be considered and adapted when designing the approach for M&E of transition. Both quantitative indicators as well as qualitative questions have been included below as they are complementary methods necessary to fully explore transition. Quantitative indicators can identify changes that have occurred due to transition, show trends over time, and help track whether transition milestones are being met. Qualitative methods help describe the transition experience, explain *why* changes have occurred and their repercussions, what feedback and adaptation are taking place, and whether programmatic characteristics have been institutionalized, among others.

### 6.1 Selection of indicators

The selection of indicators for monitoring should be driven primarily by (26):-

- The importance of what is being measured
- The scientific soundness of the measure
- The feasibility of obtaining data on the measure

In terms of importance, ideally transition planning will have developed a clear logic model (or program theory) describing the anticipated linkages between different transition preparation activities and outcomes. In such a context it will be rational to tie the selection of indicators to the main constructs covered in the logic model, ensuring a balanced set of indicators across different aspects of the transition. For example, using the generic conceptual framework presented in this document, monitoring indicators could seek to capture a variety of pre-transition activities (such as development of a transition plan), aspects of the transition preparation process (such as measures of local stakeholder capacity, program alignment, communication, etc.), the extent of program institutionalization, and different levels of outcomes and how they are sustained over time. In situations where there is not a clearly defined transition plan, it will be necessary to seek to determine what activities are currently underway to prepare for transition and how it is envisaged that they will contribute to transition.

There are a number of different measures of *scientific soundness* (see Box 4). In practice, for transition processes there are likely to be relatively sound measures of services and outcomes, but much greater uncertainty about how best to construct indicators of transition readiness, program alignment, capacity development, a supportive policy environment and financial sustainability. Those involved in indicator selection should also choose indicators based on their understanding of the program's theory of change or logic model.

#### Box 4 – Scientific soundness of measures



**Validity:** Does the measure actually measure what it is intended to measure? Including:

- Face validity – does the measure make sense logically and clinically?
- Construct validity – does the measure correlate well with other measures of the same construct?
- Content validity – does the measure capture meaningful aspects of the construct being measured?

**Reliability:** Does the measure provide stable results across various populations and circumstances? The measure should produce consistent results when repeated in the same populations and settings, even when assessed by different people or at different times. Measure variability should result from changes in the subject of measurement rather than from artifacts of measurement.

### Box 5 – Assessing transition readiness in the Avahan program

The transition readiness survey examined a range of indicators that sought to assess how well prepared the targeted interventions (TI) run by Avahan were for transition. Through a literature review and conceptual framework (9), three elements of transition readiness were identified: 1) capacity, 2) alignment, and 3) communication. Capacity indicators captured key operations of the TI, such as linkages made with government health facilities, formation of community groups and functioning of crisis response committees. Alignment indicators measured levels of preparations made by the TI towards meeting NACO norms in areas such as team structure, budgeting and reporting. Communication captured whether staff were informed about the transition, transition plans incorporated staff inputs and project coordinators received training for the transition. In addition to interview questions, the survey also included document review of the Avahan management information system (MIS) from which we abstracted relevant indicators. For each indicator gathered from interviews and documents, we defined 3 levels (0=low, 1=medium and 2=high) of transition readiness based on how well prepared TIs were for transition. For example, we classified the extent to which TIs met NACO norms, established linkages with government health services or had informed staff about the transition. The transition readiness survey captured 21 indicators, including 18 from interviews and 3 from document reviews.

*Feasibility* and ease of obtaining data on the measure is of obviously of critical importance. Data may originate from a number of sources, each with their respective advantages and disadvantages. The data sources to be used ultimately depend on data accessibility and the type of information required. Multiple options exist (see Table 3).

**Table 3: Data sources for monitoring and evaluating transition**

Data sources for monitoring and evaluating transition		
Data source	Examples	Advantages/disadvantages
Administrative records	Health organization records on number of people involved in training, existence of transition plans	<b>Advantages:</b> Inexpensive and available on regular basis <b>Disadvantages:</b> Poor reliability and completeness
Routine information systems	Budget and expenditure data, service delivery data	<b>Advantages:</b> Inexpensive and available on regular basis <b>Disadvantages:</b> Poor reliability and completeness
Large-scale	Demographic health surveys on	<b>Advantages:</b> Routinely administered surveys are often of

surveys	service coverage	better quality <b>Disadvantages:</b> May be administered infrequently and therefore data is often dated or misaligned from program activity timing
One-off surveys	One-time survey on awareness of health services administered by government agency	<b>Advantages:</b> Provides highly relevant information that is unlikely to be available elsewhere <b>Disadvantages:</b> Expensive to administer
Qualitative research	Interviews with key stakeholders, focus group discussions with service providers	<b>Advantages:</b> Provides insight into why changes have taken place, and also felt experiences of the transition process. Can highlight diversity of experiences <b>Disadvantages:</b> Can be time consuming and expensive to do well, takes skilled researchers to analyze proficiently

Linked to the question of the feasibility of accessing data for indicators, is the question of the frequency with which such data should be collected and analyzed. Some of dimensions of program transition can change very rapidly, for example political commitment to a program might change overnight with the election of a new government, or a media story that compels high-level political attention. However other dimensions of transition, such as local stakeholder capacity, is likely to change more slowly. The other side of this question concerns how frequently it is practical for stakeholders to receive and react to feedback on the transition process, and the time frame over which the transition is occurring.

#### **Box 4: A learning approach to transition**

The GAVI Alliance has adopted a learning and trial-and-error approach in the development of their Graduation policy (36). As GAVI recipients started to become ineligible for renewing GAVI funding agreements, GAVI saw the need to develop an explicit policy for graduation, including for a transition period. Whereas the first countries that became ineligible for GAVI support did not benefit from a transition period(7,8), GAVI subsequently commissioned evaluation pilots of transition (11). The lessons that emerged from these pilots shaped how GAVI focused and defined its graduation policy, therefore creating procedures for smoother hand-over and increasing the chances for long-term sustainability.

## **6.2 Quantitative Indicators**

The following tables present a series of questions and example indicators that can be used to guide the development of a transition M&E plan. There are four tables each representing one of the periods of the transition as reflected in the conceptual framework (i.e. pre-transition, transition preparation, institutionalization, and sustained activities and services) as well as the relevant dimensions of transition. The guiding questions are intended to apply to many different types of transitions, however we use the archetypes described in section 2 above to distinguish between dimensions that may be particularly relevant to different types of transition.

The indicators listed here are drawn from various sources, including specific work conducted in evaluating transition, other sources of programmatic indicators that we have adapted to apply to transition, and from our collective experience exploring these issues. Where applicable, we have included useful references to explore indicators further. While many of the indicators suggested here

are applicable to any type of transition, a few program-specific indicators have been included as illustrative examples.

There are two important points to note. First, the indicators suggested here do not necessarily apply to every instance of transition. Second, this is not an exhaustive list of indicators. Evaluators need to be sensitive to the fact that each transition is likely to have different characteristics and indicators proposed here would need to be adapted to reflect the relevant context, stakeholders and process. Further, each transition may generate its own set of additional questions and indicators to be addressed. Some thought should also be given to determining which indicators should be collected pre- or post-transition, or if both time points are relevant (e.g. budget allocations, staffing, key outcomes, etc.)

**Table 4: Guiding questions and quantitative indicators for M&E**

Pre-transition			
Dimension	Guiding question	Example Indicators	Indicator References <sup>a</sup>
<b>Pre-Transition</b>  <i>Relevant to all transition archetypes</i>	To what extent has a core set of transition stakeholders been identified?	<ul style="list-style-type: none"> <li>• Donor and program recipient have agreed upon key stakeholders for transition, incl. beneficiaries, civil society, etc.</li> <li>• % of key stakeholders that have been participated in planning events</li> <li>• A transition team representing key stakeholders has been established</li> <li>• The transition teams meets on a regular basis to discuss transition preparations</li> </ul>	
	To what extent has this core set of transition stakeholders agreed on transition objectives?	<ul style="list-style-type: none"> <li>• % of key stakeholders that have participated in transition planning events</li> <li>• Key transition goals and objectives agreed upon and documented (e.g., through a memorandum of understanding)</li> </ul>	Bennett et al. 2011 (9)
	To what extent have the transition objectives been planned for, including monitoring and evaluation?	<ul style="list-style-type: none"> <li>• Transition plan has been agreed upon and documented, including transition timelines</li> <li>• Donor and program have agreed on a plan for M&amp;E of transition, incl. funding</li> <li>• Transition timelines reflect critical points for reviewing activities and findings from M&amp;E</li> <li>• A transition manager at donor organization has been assigned</li> <li>• A transition manager at program recipient has been assigned</li> <li>• % of goals from transition timeline that are met on a timely basis</li> </ul>	Johnson et al. 2004 (27)
	To what extent have budget allocations been made for transition, including monitoring and evaluation of transition?	<ul style="list-style-type: none"> <li>• Transition budget has been developed at donor organization and program recipient</li> <li>• % of donor organization transition budget that has been funded</li> <li>• % of program recipient transition budget that has been funded</li> <li>• % of transition budget is earmarked for M&amp;E of transition and is reflected as a line item in transition budget plans</li> </ul>	



## Transition Preparation Process

Dimension	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>c</sup>
<b>Communication among all stakeholders</b>  <i>Relevant to transition archetypes B &amp; C</i>	To what extent has the transition plan been communicated across the organization and to all levels?	<ul style="list-style-type: none"> <li>• % of donor and program recipient staff that are aware that transition is taking place</li> <li>• % of donor and program recipient staff that understand the timeline and necessary steps for transition</li> <li>• % of community leaders that have been informed of transition plans</li> <li>• # of regular meetings for key stakeholders for transition updates</li> <li>• # of meetings about transition aimed at program beneficiaries held at donor and/or program recipient</li> </ul>	Bennett et al. 2011 (9)
	To what extent is there a common understanding of the transition plans and goals among transition stakeholders?	<ul style="list-style-type: none"> <li>• Donor and program recipient staff agree on and endorse activities necessary for transition</li> <li>• Has program level transition planning been developed with staff inputs?</li> <li>• Program staff have received training on transition activities relevant to their role</li> <li>• Transition team meets on a regular basis to review progress</li> </ul>	Bennett et al. 2011 (9)
<b>Sustaining a supportive policy environment</b>  <i>Relevant to all transition archetypes</i>	To what extent is there clear commitment from the political level for program service delivery over the long term?	<ul style="list-style-type: none"> <li>• Program is mentioned in national health plan</li> <li>• Program has been mentioned in high-level gov't speech</li> <li>• Program is integrated into national child health policy (MNCH)</li> <li>• Constitutional guarantee of access to food (Nutrition)</li> <li>• Program recipient is a good advocate at-risk populations (HIV)</li> </ul>	Bennett et al. 2011 (9)  Johnson et al. 2004 (27)  Fox et al 2014 (28)

## Transition Preparation Process

Dimension	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>c</sup>
	To what extent is there transparent government leadership and management?	<ul style="list-style-type: none"> <li>• Have new guidelines provided any flexibility on budget, based on realities on the ground?</li> <li>• Do the new guidelines allow any exceptions to operating norms (other than budget) based on realities on the ground?</li> <li>• Has there been a change in oversight of the program due to the transition?</li> <li>• Are there clear lines of accountability for meeting program targets?</li> </ul>	<p>Bennett et al. 2011 (9)</p> <p>Johnson et al. 2004 (28)</p>
	To what extent have local authorities incorporated the demands of program service delivery into their routine operations?	<ul style="list-style-type: none"> <li>• Local authority leaders meet regularly with program staff to discuss program status</li> <li>• Program activities are integrated into local operational plans</li> <li>• Local authority leaders engage program beneficiaries to identify ongoing or unmet needs</li> </ul>	
	To what extent do local stakeholders believe that the program is a valuable and effective investment of their time and resources?	<ul style="list-style-type: none"> <li>• Local community leaders promote program to community members and support attendance</li> <li>• Health staff promote program participation</li> <li>• Has the relationship between clients and service providers changed due to the transition?</li> <li>• Program implementers believe that program recipient has the same or higher level of commitment toward the program as compared to donor</li> </ul>	<p>Bennett et al. 2011 (9)</p>



## Transition Preparation Process

Dimension	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>c</sup>
<b>Local capacity development</b>  <i>Relevant to transition archetypes</i>  B & C	To what extent is there technical, managerial and financial capacity within the program recipient to effectively deliver key health program services?	<ul style="list-style-type: none"> <li>• % of program staff who participated in development of last annual plan</li> <li>• % of program meetings that regularly take place</li> <li>• % of staff that attend program meetings</li> <li>• % of program staff who can accurately complete necessary reporting forms</li> <li>• % of required supervision sessions that occur</li> <li>• % of program staff who have participated in capacity development activities to maintain/improve their technical skills in the last two years</li> <li>• Is there a regular staff member who can perform basic accounting tasks for the program?</li> <li>• Has supervision of your work changed due to the transition?</li> </ul>	Bennett et al. 2011 (9)
	To what extent have any shortages in capacity been identified?	<ul style="list-style-type: none"> <li>• Capacity needs assessment has been conducted at the program recipient</li> <li>• % of supervisory and managerial position vacant at program recipient prior to transition</li> <li>• % of program recipient staff qualified for financial management</li> <li>• Has there been any change in the team structure?</li> <li>• Are the training needs of peer educators assessed?</li> </ul>	Bennett et al. 2011 (9)  Johnson et al. 2004 (27)  Sarriot et al. 2009 (29)

## Transition Preparation Process

Dimension	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>c</sup>
	To what extent are training/capacity-building activities occurring or planned to address gaps in capacity?	<ul style="list-style-type: none"> <li>• Capacity assessment results have been reviewed by the transition team and training activities are planned to address capacity shortages</li> <li>• % of training activities completed where capacity shortages were identified</li> <li>• % of program staff who have attended training/capacity-building activities specific to their role</li> <li>• Do peer educators receive skills and leadership training (beyond general orientation training)?</li> </ul>	Bennett et al. 2011 (9)
<b>Create financial sustainability</b>	To what extent does the program recipient have transparent systems to develop and maintain budgets and expenditures?	<ul style="list-style-type: none"> <li>• % implementers and/or districts with costed plans to absorb program</li> <li>• % implementers with an audit of their financial records</li> <li>• Has the program recipient received a clean financial audit report in the last X months?</li> <li>• % implementers that publicly disclose expenditure on the health program</li> </ul>	IOM 2013 (30)  GHI Strategy documents (31)
	<i>Relevant to all transition archetypes</i> To what extent have financial responsibilities been transferred from donor to recipient?	<ul style="list-style-type: none"> <li>• % of donor funds provided directly to recipient</li> <li>• % donor contribution to program versus government funding</li> <li>• Has there been any change in the budget?</li> <li>• Has there been any change in funds arriving on time due to the transition?</li> </ul>	Bennett et al. 2011 (9)  GHI Strategy documents (31)





## Transition Preparation Process

Dimension	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>c</sup>
	To what extent has program recipient secured adequate funding to sustain program?	<ul style="list-style-type: none"> <li>• % of budget allocated to the transitioning health program</li> <li>• # of donors contributing to the program as percentage of target</li> <li>• % gap between estimated annual program costs and resources available</li> <li>• Current distribution of program funding sources with projections and end dates (i.e. donors, gov't, fees)</li> <li>• Grant applications submitted in last 12 months</li> <li>• Total funds generated through successful grant applications in last 12 months</li> <li>• Have any of the community groups and organizations secured other sources of funding?</li> <li>• % of budget that is generated through cost-generating activities (e.g. arts and crafts products, direct appeal fundraising, etc.)</li> </ul>	<p>Bennett et al. 2011 (9)</p> <p>Sarriot et al. 2009 (29)</p>
<b>Program alignment</b>	To what extent is there budgetary and financial alignment between the donor and program recipients?	<ul style="list-style-type: none"> <li>• Overall budget and individual line items are reviewed and adjusted</li> <li>• Alignment of donor and program recipient staffing requirements</li> <li>• Alignment of donor and program recipient staff salaries</li> <li>• During the transition period, have the program ever had any problem with cash flows that has affected your operations?</li> <li>• % donor funds provided directly to government</li> </ul>	<p>Bennett et al. 2011 (9)</p> <p>GHI Strategy documents (31)</p>
	<i>Relevant transition archetype C</i> To what extent are reporting structures aligned between the donor and program recipients?	<ul style="list-style-type: none"> <li>• Has there been any change in the reporting format?</li> <li>• % of indicators that match on donor and program recipient reporting forms</li> <li>• Alignment of donor and program recipient reporting frequency</li> <li>• Alignment of donor and program recipient reporting literacy requirements (i.e. pictorial vs. word-based forms)</li> <li>• % of report that are complete upon submission</li> <li>• % of reports that are submitted on time</li> </ul>	<p>Bennett et al. 2011 (9)</p>

## Transition Preparation Process

Dimension	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>c</sup>
	To what extent are service delivery guidelines or procurement aligned between the donor and program recipients?	<ul style="list-style-type: none"> <li>• % of HCs with key stock-outs during transition</li> <li>• Has there been any change in the supply chain of commodities due to the transition?</li> <li>• Is the implementer following the new service guidelines?</li> </ul>	Bennett et al. 2011 (9)
	To what extent do the program monitoring and evaluation systems align with the host country's M&E systems?	<ul style="list-style-type: none"> <li>• % of indicators that match on program reporting forms with host government HMIS</li> <li>• Alignment of program and government reporting frequency</li> <li>• % of indicators currently being reported to government HMIS</li> </ul>	Bennett et al. 2011 (9)
<p><sup>a</sup> Examples for program specific programs are indicated in parentheses.</p> <p><sup>b</sup> Abbreviations: Community Health Workers (CHWs), Family Planning (FP), Health Centers (HC), HIV/AIDS (HIV), Health Monitoring Information System (HMIS), Maternal, Newborn, Child Health (MNCH), Sexually-Transmitted Infections (STI), Tuberculosis (TB), Water, Sanitation and Hygiene (WASH).</p>			

## Institutionalization

Relevant construct	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>d</sup>
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## Institutionalization

Relevant construct	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>d</sup>
<b>Institutionalization</b> <i>Relevant to all transition archetypes</i>	To what extent are the key features of the original service maintained in the program post-transition	<ul style="list-style-type: none"> <li>• Key feature X of the program continues post-transition (yes, no, partially) Frequency with which key feature X of the program is implemented/conducted post transition (always/frequently/never)</li> <li>• Change in the frequency of the implementation/conduct of key feature X since transition (same, lower frequency, increased frequency)</li> </ul>	Bennett et al. 2011 (9)
	Is there a regular budget line and allocation to support implementation of this program?	<ul style="list-style-type: none"> <li>• Necessary staff positions have been institutionalized and necessary posts established (yes, no, partially)</li> <li>• Budgets at national/district/facility level reflect funding necessary to support transitioned program (yes, no, partially)</li> </ul>	
	To what extent is the program reflected in routine norms and guidelines?	<ul style="list-style-type: none"> <li>• Government standard operating procedures reflect modalities of the transitioned program (fully, partially, not at all)</li> <li>• Clinical guidelines reflect modalities of the transitioned program (fully, partially, not at all)</li> </ul>	
	Is the program viewed as a success by key administrators and program implementers?	<ul style="list-style-type: none"> <li>• Key program administrators and implementers view the program as a success (yes, no, partially)</li> </ul>	

<sup>a</sup> Examples for program specific programs are indicated in parentheses.

<sup>b</sup> Abbreviations: Community Health Workers (CHWs), Family Planning (FP), Health Centers (HC), HIV/AIDS (HIV), Health Monitoring Information System (HMIS), Maternal, Newborn, Child Health (MNCH), Sexually-Transmitted Infections (STI), Tuberculosis (TB), Water, Sanitation and Hygiene (WASH).

<sup>c</sup> Outcome indicators should be assessed pre- and post-transition to detect changes<sup>d</sup>

## Sustained services and outcomes

Relevant construct	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>d</sup>
	To what extent is the program recipient controlling and managing delivery of essential program services?	<ul style="list-style-type: none"> <li>• % of program services delivered through program recipient facilities</li> <li>• % of program staff employed by program recipient</li> <li>• # of referrals from program to patient support/advocacy groups</li> <li>• # of patients referred to TB clinics (TB/HIV)</li> <li>• Does the NGO/CBO have a linkage with government counseling and testing services? (HIV)</li> </ul>	<p>Bennett et al. 2011 (9)</p> <p>Scheirer &amp; Dearing 2011 (32)</p>
<b>Sustained services and Outcomes</b>	How has the quality of program services changed?	<ul style="list-style-type: none"> <li>• Prevalence of adequate iodine concentration (Nutrition)</li> <li>• # of accurate messages shared during breastfeeding counseling sessions (Nutrition/MNCH)</li> <li>• % of mothers receiving at least one ANC visit by trained provider during last pregnancy (MNCH)</li> <li>• Changes in sensitivity of non-polio acute flaccid paralysis surveillance (Immunization)</li> <li>• % complete and correct HMIS monthly reports</li> <li>• % of clients who are satisfied with the program's services</li> </ul>	<p>Sarriot et al. 2009 (29)</p> <p>Sebotsa et al. 2007 (33)</p>
	<i>Relevant to all transition archetypes</i>	How has the coverage of program services changed before and after transition?	<ul style="list-style-type: none"> <li>• # of individuals in catchment area with access to water pumps and latrines (WASH)</li> <li>• Rates of voluntary medical male circumcision (HIV)</li> <li>• Rates of XX vaccination (Immunization)</li> <li>• # of CHWs serving district</li> <li>• Ratio of CHWs to beneficiary population</li> <li>• # of HCs providing service</li> <li>• % of HCs open during regular hours yesterday</li> <li>• What is the ratio of peer educators to high risk group? (HIV)</li> <li>• What is the coverage of identified high risk groups with regular contact (two contacts each month)? (HIV)</li> </ul>



## Sustained services and outcomes

Relevant construct	Guiding question	Example Indicators <sup>a,b</sup>	Indicator References <sup>d</sup>
	How have key outcome indicators and key health outcome indicators relating to your health program changed?	<ul style="list-style-type: none"> <li>• STI/HIV incidence (HIV)</li> <li>• Incidence of unplanned pregnancy (FP)</li> <li>• Incidence/prevalence of vaccine-preventable diseases (Immunization)</li> <li>• Persistent and acute malnutrition prevalence in children (Nutrition/MNCH)</li> </ul>	<p>Jana et al. 2004 (35)</p> <p>Sarriot et al. 2009 (29)</p> <p>Scheirer &amp; Dearing 2011 (32)</p>
	How was the transition experience overall?	<ul style="list-style-type: none"> <li>• To what extent was the transition plan implemented as designed?</li> <li>• How smooth was the transition experience?</li> <li>• Has the overall program changed significantly as compared to pre-transition?</li> <li>• Has the program recipient received support from the donor after the transition?</li> </ul>	Bennett et al. 2011 (9)
<p><sup>a</sup> Examples for program specific programs are indicated in parentheses.</p> <p><sup>b</sup> Abbreviations: Community Health Workers (CHWs), Family Planning (FP), Health Centers (HC), HIV/AIDS (HIV), Health Monitoring Information System (HMIS), Maternal, Newborn, Child Health (MNCH), Sexually-Transmitted Infections (STI), Tuberculosis (TB), Water, Sanitation and Hygiene (WASH).</p> <p><sup>c</sup> Outcome indicators should be assessed pre- and post-transition to detect changes<sup>d</sup></p>			

### 6.3 Qualitative questions

Many of the guiding questions listed above could also be explored through qualitative methods. As such, we have included illustrative questions below that can be used in semi-structured interviews or focus group discussions with key stakeholders who are either engaged in or affected in some way by transition. Several of these questions explore multiple dimensions at once so they have only been divided around timing, e.g. before, during or after transition. As with the quantitative indicators, these questions draw from past experiences with evaluations of transition (7,9) as well as our collective experience.

Table 5 – Qualitative questions for M&E

Transition period	Illustrative question
Pre-transition	<ol style="list-style-type: none"> <li>1. How was the decision to end donor support made?               <ol style="list-style-type: none"> <li>a. Were the program and recipient organization involved in this decision? If not, why not?</li> <li>b. How was this decision communicated to the program and the recipient organization?</li> </ol> </li> <li>2. How was the transition planned?               <ol style="list-style-type: none"> <li>a. Which actors were important in planning transition? Donor’s role? Recipient’s role? Program staff role?                   <ol style="list-style-type: none"> <li>i. Probe on role of donor, recipient, program staff, beneficiaries, government, others actors (e.g. development partners, civil society, etc)</li> <li>ii. Which individuals or groups were in charge of making the final decisions about the plans?</li> <li>iii. Who should have been involved in the planning process that was not included? Why?</li> <li>iv. For those actors were not involved in the planning process, were these plans communicated to them? If yes, how?</li> </ol> </li> <li>b. Was the transition plan written into any document? If so, was the document ever updated?</li> </ol> </li> <li>3. What did specific activities did you/your organization conduct to prepare and plan for transition?               <ol style="list-style-type: none"> <li>a. Were additional staff hired to manage transition or post-transition activities? What was their role?</li> <li>b. How have capacity needs been assessed?</li> <li>c. What plans are in place for addressing capacity needs?</li> </ol> </li> <li>4. What were the main concerns or risks that were identified during transition planning?               <ol style="list-style-type: none"> <li>a. What type of evidence was used to determine these risks and opportunities?</li> <li>b. Which individuals or groups were in charge of identifying this evidence?</li> <li>c. What plans were made to mitigate or eliminate these risks?</li> </ol> </li> <li>5. What aspects of the transition process was there least concern about?               <ol style="list-style-type: none"> <li>a. Were there any aspects that were seen as an opportunity to bring forth programmatic improvement?</li> </ol> </li> </ol>



Transition period	Illustrative question
Transition preparation	<ol style="list-style-type: none"> <li>1. How long before transition did the preparations for transition start? <ol style="list-style-type: none"> <li>a. Was this a sufficient amount of time? If not, why not?</li> </ol> </li> <li>2. How well was the program working prior to transition? <ol style="list-style-type: none"> <li>a. Were there any implementation issues that had not been addressed prior to the start of transition?</li> <li>b. How did the transition affect these existing issues?</li> </ol> </li> <li>3. Who has played key roles in the transition process? <ol style="list-style-type: none"> <li>a. What was their role? How did this change over time?</li> <li>b. Have there been any stakeholders that have not played a role in transition but should have? Why?</li> </ol> </li> <li>4. How was the decision to transition communicated to local stakeholders and program beneficiaries? <ol style="list-style-type: none"> <li>a. How have local stakeholders and program beneficiaries perceived the decision to transition?</li> <li>b. When you first learned about transition, how did you think that it would affect service delivery?</li> </ol> </li> <li>5. How was the decision to end donor support perceived by other program supporters, including other development partners? <ol style="list-style-type: none"> <li>a. How did transition affect the relationship with other program partners? Did it increase their interest in transitioning as well?</li> </ol> </li> <li>6. What policies are in place to support the objectives of the program? <ol style="list-style-type: none"> <li>a. Probe about recipient organization policies; local/state/federal policies</li> <li>b. Are there existing policies that threaten the future of the program? Why?</li> </ol> </li> <li>7. How did the recipient and other actors ensure that sufficient financial resources would be available after the end of donor support? <ol style="list-style-type: none"> <li>a. What arrangements were made to raise sufficient funds? <ol style="list-style-type: none"> <li>i. Probe about: short-term, medium, and long-term budgets?</li> <li>ii. What gaps in the budget were the most difficult ones to fill?</li> <li>iii. What kind of trade-offs was considered?</li> <li>iv. What do you think about the adequacy of these arrangements?</li> </ol> </li> <li>b. What types of financial projections were conducted? How helpful were they?</li> </ol> </li> <li>8. How was the transition process coordinated? <ol style="list-style-type: none"> <li>a. Who was in charge of coordinating donor support before the transition process began? <ol style="list-style-type: none"> <li>i. What was their role during transition?</li> <li>ii. What should have been their role after transition?</li> <li>iii. Should these coordination mechanisms have been sustained?</li> </ol> </li> </ol> </li> <li>9. What opportunities have there been to make changes to transition plans and activities based on ongoing experiences? <ol style="list-style-type: none"> <li>a. Are there regular meetings between stakeholders to discuss the transition process? What has emerged from these meetings?</li> <li>b. How have challenges identified during implementation of the transition plan been addressed?</li> </ol> </li> </ol>

Transition period	Illustrative question
<b>Post-transition/ Institutionalization</b>	<ol style="list-style-type: none"> <li>1. How effective was the transition process?               <ol style="list-style-type: none"> <li>a. How well did the transition plan work for implementing transition?</li> <li>b. What worked well?</li> <li>c. What could have been improved? Any missed opportunities?</li> </ol> </li> <li>2. How do the systems and structures of the program function after transition?               <ol style="list-style-type: none"> <li>a. What changes have taken place as a result of transition? Have these been positive or negative changes? Why?</li> <li>b. Probe about service delivery; supply availability and logistical management; staffing; finances; ownership and accountability; role of external actors; regional differences, if applicable</li> </ol> </li> <li>3. How have program objectives been sustained after the completion of donor support?               <ol style="list-style-type: none"> <li>a. Probe about supply and demand-side features of the program.</li> <li>b. If the indicators have not been met, probe about why.</li> </ol> </li> <li>4. In the future, how do you think the recipient will handle the adaptation and/or scale-up of existing programs?               <ol style="list-style-type: none"> <li>a. Probe about ownership and accountability</li> <li>b. Probe about local capacity</li> <li>c. Probe about how the program has evolved since transition?</li> </ol> </li> <li>5. What discussions have taken place about institutional sustainability?</li> <li>6. In the future, how do you think the donor/recipient will approach a similar transition?               <ol style="list-style-type: none"> <li>a. What should be done differently in a similar transition?</li> </ol> </li> </ol>





## 7. TRANSITION CHALLENGES THAT AFFECT M&E

The transition process is rarely easy as organizational change is occurring at various levels in a health program. Thus, introducing the monitoring and evaluating as an additional component in the process of transition, could be met with skepticism and resistance. The transition process involves numerous stakeholders during demanding times. Engaging stakeholders early to support these additional efforts to monitor and evaluate transition will take a conscious and active effort.

In Table 6, we summarize potential challenges and solutions, as we reflect upon experiences of transition and M&E of transition to identify common challenges, and provide guidance on potential strategies for mitigating them while engaging in M&E of transition. Knowledge of these transition challenges may be most useful to an independent evaluator involved in the M&E of transition, but can benefit other parties, such as donor coordination groups, involved in transition as the process proceeds.

**Table 6: Challenges in M&E of transition and potential solutions**

<b>Challenges in M&amp;E of transition and potential solutions</b>	
<b>Challenge</b>	<b>Potential solutions</b>
Lack of buy in from partners: if program recipient doesn't buy in to M&E of transition, evaluators are stuck because they can't get post-transition data to assess service delivery and impacts and how those might have changed due to/after transition	<ul style="list-style-type: none"> <li>• Get program recipient involved in RFP for M&amp;E and get them to pay for part of it.</li> <li>• Ensure sound communications throughout the process, and that the benefits of monitoring and evaluating transition are understood by stakeholders at all levels (not only high level managers, but also front line workers) and in all organizations</li> </ul>
M&E Political sensitivities: evaluators may not be granted access to key documents or organizations because stakeholders are afraid to appear less than stellar	<ul style="list-style-type: none"> <li>• Presentation of neutral results to-date can help reassure skittish stakeholders. Also, promising confidentiality and anonymity.</li> </ul>
Resistance from within the program recipient organization: Additional assigned work from M&E of transition or shifts in organizational priorities due to transition may create resentment and negativity towards transition (e.g., a shift from providing services for the poor to an increasing focus on being cost-effective with services to ensure sustainability).	<ul style="list-style-type: none"> <li>• In these instances, communication from higher levels on the strategic priorities of the organization, and how new changes are fitting into the organization's overall mission are crucial to sustaining support for the organization's work in time of transition.</li> </ul>

## Challenges in M&E of transition and potential solutions

	<p>Data quality: when possible, it's good to use/build from whatever existing data programs are already collecting (e.g. service delivery) but sometimes data inconsistencies may exist in program data and reported data.</p>	<ul style="list-style-type: none"> <li>• Build on existing systems where possible; maintain close connections with managers of reporting systems to ensure transparency</li> </ul>
	<p>Creating change from M&amp;E data: Recommendations from M&amp;E data and reports may prove unpopular and face inertia as they may require additional work from the program recipients.</p>	<ul style="list-style-type: none"> <li>• Put mechanisms in place to discuss data, explore recommendations, &amp; delegate responsibility for implementing them. Follow up on progress. There should be shared responsibility for utilizing the data so as to create positive change towards the organization's mission.</li> </ul>
	<p>Attaining financial and human resources for (the M&amp;E of) transition: Though resources for managing the transition process itself may be easier to obtain, dedicated financial and human resources for transition monitoring may be more difficult to come across during a time of already financial hardship.</p>	<ul style="list-style-type: none"> <li>• Advocate early during the pre-transition process (and even as early as the program planning) to have budgetary allocations for the M&amp;E of transition</li> </ul>
<p>Transition-related challenges that would affect M&amp;E of transition</p>	<p>Timing and timelines: Often funding decisions are made at very high levels – i.e. USG – and this does not give sufficient time for a transition process to be planned.</p>	<ul style="list-style-type: none"> <li>• Try to make transition part of the picture as early as the program planning stages.</li> </ul>
	<p>Break down in relationship between donor and program recipients: sometimes these relationships go seriously awry</p>	<ul style="list-style-type: none"> <li>• Evaluation team develops strong, independent relationships with various stakeholders. Hopefully presenting results to get more buy-in will help smooth the way too.</li> </ul>
	<p>Managing expectations: programs after the transition may not deliver the same quality and quantity of services, and in the same manner as before transition</p>	<ul style="list-style-type: none"> <li>• Communicate with stakeholders at all levels, including program staff, health workers, and program beneficiaries of the transition plans, reasons for transition as well as any potential benefits.</li> </ul>

## Challenges in M&E of transition and potential solutions

Coordination with other donors running related or connected programs

- Map involvement/coverage of services from other donors and assess extent of influences on and linkages to program to be transitioned.
- Written communication to other donors about the transition and the specific parameters of transition, followed-up by on-going discussion in donor coordination meetings.
- If applicable, bi-lateral donor coordination discussions and coordination to leverage strengths of each donor.







# ANNEX A: FURTHER READING

## Avahan Transition

- Bennett S, Singh S, Ozawa S, Tran N, Kang JS. **Sustainability of donor programs: evaluating and informing the transition of a large HIV prevention program in India to local ownership.** Glob Health Action. 2011;4. doi: 10.3402/gha.v4i0.7360.

## GAVI Transition

- Curatio International Foundation. **Final Evaluation of GAVI Alliance's Support to Bosnia and Herzegovina.** 2014.

## Family Planning Graduations in Latin America

- Bertand, J. **USAID Graduation from Family Planning Assistance: Implications for Latin America.** New Orleans, LA: Population Institute; 2011.
- Shen AK, Farrel MM, Vandenbroucke MF, Fox E, Pablos-Mendez A. **Applying lessons learned from the USAID family planning graduation experience to the GAVI graduation process.** Health Policy Plan. 2014. doi: 10.1093/heapol/czu045.

## Other readings on transition and sustainability

- Gardner BA, Greenblott K, Joubert E. **What We Know About Exit Strategies Practical Guidance For Developing Exit Strategies in the Field.** C-Safe Regional Learning Space Initiative; 2005.
- Gruen RL, Elliott JH, Nolan ML, Lawton PD, Parkhill A, McLaren CJ, et al. **Sustainability science: an integrated approach for health-programme planning.** Lancet. 2008 Nov 1;372(9649):1579–89.
- Levinger B, McLeod J. **Hello I must be going: Ensuring quality services and sustainable benefits through well-designed exit strategies.** Newton, MA: Center for Organizational Learning and Development; 2002.
- Brundage SC, Bellamy WM, Lamptey P, Morrison JS, Bliss KE, Cooke JG. **Terra Nova: How to achieve a successful PEPFAR transition in South Africa.** Washington, DC: USAID; 2011.





## ANNEX B: REFERENCES

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10. ICF International. Monitoring the transition of HIV programs to country ownership. 2014.
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12. Rose J, Deussom R, Petrozzola H, Blyth K. Transitioning health care worker support: A resource framework and lessons learned from the PEPFAR experience. In: *Proceedings of the 2014 International AIDS Conference*; 2014 Jul 20-25; Melbourne, Australia. [cited 2014 Oct 10]. Available from: <http://pag.aids2014.org/Abstracts.aspx?AID=3209>

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