

Tool to Assess Site Program Readiness for Initiating Antiretroviral Therapy (ART)

Version 1.0
May 2003



JSI

Established in 1978, JSI has successfully managed more than 500 projects in 84 countries in Africa, Asia, the Caribbean, Central Asia, Eastern Europe, Latin America, the Middle East, and North America. JSI and its affiliate, JSI Research & Training Institute, operate from 30 offices located around the world.

JSI's staff is dedicated to improving the health of individuals and communities through public health projects in the United States and around the world. Our broad-based approach combines the expertise and innovative talents of JSI's more than 900 staff with local partners to allow countries, communities, families and individuals to develop their own skills and identify solutions that address their public health needs.

DELIVER

DELIVER, a five-year worldwide technical assistance support contract, implemented by John Snow, Inc. (JSI), is funded by the Commodities Security and Logistics Division (CSL) of the Office of Population and Reproductive Health of the Bureau for Global Health (GH) of the U.S. Agency for International Development (USAID). DELIVER strengthens the supply chains of health and family planning programs in developing countries to ensure the availability of critical health products for customers. This document does not necessarily represent the views or opinions of USAID.

Recommended Citation

Hirschhorn, Lisa, Andrew Fullem, Christopher Shaw, Wendy Prosser, and Marilyn Noguera. 2003. *Tool to Assess Site Program Readiness for Initiating Antiretroviral Therapy (ART)*. Boston, Ma.: John Snow, Inc., for the U.S. Agency for International Development.

John Snow, Inc. Boston, Ma. And JSI/DELIVER, Arlington, Va.

© 2003 by John Snow, Inc.

All rights reserved. Published 2003

Any use or adaptation of these materials must acknowledge John Snow, Inc.

Any commercial use of these materials is prohibited.



John Snow, Inc.

44 Farnsworth St.

Boston, MA USA

Phone: 617-482-9485

Fax: 617-482-0617

Email: HIV/AIDS@jsi.com

Internet: www.jsi.com

DELIVER

1616 North Fort Myer Drive, 11th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: deliver_project@jsi.com

Internet: deliver.jsi.com

Introduction

The goal of this tool is to develop a set of criteria to help the assessment of a site's readiness to implement antiretroviral therapy and to select ART sites based not on site type, but on capacity, vision, and activities needed for rational introduction and expansion of ART into HIV care.

The tool can also be used for site self-assessment, to assist sites and donors to identify areas in need of technical assistance and to assist programs in determining sites for ART introduction and scale up. Finally the tool can identify areas in which site programs can serve as resources for other programs.

Six program domains are reviewed to assess site readiness: Leadership and Program Model; Services and Clinical Care; Management and Evaluation; Staffing and Experience; Lab Capacity, and Drug Management and Procurement. Each domain has areas that help define capacity within the domain. The evaluation of these areas within the domains and the overall score determine which of the five stages a program falls into. The stages rating system can be used for the site to identify steps needed to advance a site along the stages from a Program Mobilization stage (Stage 1) to an Action rating (Stage 4) and, ultimately, Support, Maintenance, Expansion, and Serving as Resource (Stage 5). Examples of technical assistance, training, and resources that may be needed to advance a site to a higher stage are suggested for each rating at the end of the tool.

4] Tool to Assess Site Program Readiness for Initiating Antiretroviral Therapy (ART)

Assessment Tool

Domain 1: Leadership and Program Model					
Area					
Leader	Has no identified leadership or commitment at site or in community. 1	Has some leadership for program at some level at site or in community. 2	Has leader with vision and some experience managing health care-related programs, but needs assistance with designing and setting up program and protocols. 3	Has leader with vision and experience managing HIV-related health care programs, and is engaged in establishing an ART program. 4	Has strong leader who is spearheading ARV program, and has experience or training in managing ARV programs. 5
Model of Care	Has not identified any potential models of care for the ART program. 1	Has some potential models of care that could be adapted to ART but needs assistance. 2	Has chosen or adapted model of care but lacks details. 3	A detailed model exists, and operating procedures are drafted or being created. 4	Detailed model of care and operating procedures both formalized and approved. 5
ART Protocols	May have experience with non-HIV medical care protocols, but no knowledge of or access to draft or national HIV protocols. 1	Has experience with some HIV-related care protocols but no experience with ARV protocols. 2	Has access to national protocols but have not been adapted to the site or have not been approved by site management. 3	Has only working draft guidelines (not yet approved/finalized for site)but lacks site specific policies and procedures in some areas. 4	Has approved protocols for ARV eligibility, screening criteria, regimens, initiation, clinical and lab monitoring and follow-up, adherence, management of side effects, treatment interruption, and failure. 5

Total Leadership Score: _____

Leadership Domain Score (Total Leadership Score/3): _____

Domain 2: Services and Clinical Care					
Area					
ART	Has few if any staff with outpatient HIV care experience; no ART experience or training. 1	Has outpatient HIV care experience but no ART training or experience. 2	Has some training with ART at certain levels of staff but still inadequate at some levels. 3	Has some training with ART but limited experience and may require additional training of staff. 4	Has appropriate training and experience in ART in all key areas and most supportive positions. 5
Comprehensive Services¹	Has very limited HIV primary care or other important services either on-site or through linkages. 1	Has access to VCT on-site or by referral; provides HIV primary care or other outpatient HIV medical services on-site; inadequate capacity to expand services without TA. 2	Has some outpatient HIV medical services on-site or linkages to these services; provides STI treatment and VCT on-site. 3	Has PMTCT including VCT; has more extensive HIV outpatient care services provided on-site or by coordinated established linkages including OI and TB treatment. Has either gaps in some support services or linkages to these services or inadequate capacity in areas. 4	Has on-site essential services for ART program including adherence, counseling, patient education, monitoring and management of toxicities, and treatment failures. Has full scope of other services on-site or has coordinated linkages to these services (VCT, HIV primary care, OI prevention and treatment, STI, management, PMTCT, TB management, counseling, nutritional counseling, linkage with inpatient care, access to assistance with concrete support (food, housing), home-based care, family planning, and positive/secondary prevention). 5

¹ Comprehensive services important or recommended for ART programs include many aspects of comprehensive HIV care, including VCT, HIV primary care, ability to screen for eligibility for ART (VCT, clinical, lab), monitoring and management of toxicities and treatment failures, adherence support, prevention and management of OIs including TB (on-site or by referral), linkage with in-patient care, STI management, PMTCT, supportive counseling, home-based care patient education, adherence support and monitoring, and linkages to other needed services (food/nutrition, transportation, etc). All services should be provided on-site through close linkages with other programs. Other services that should be available through linkages or on-site include family planning, prevention counseling, and home-based care.

6] Tool to Assess Site Program Readiness for Initiating Antiretroviral Therapy (ART)

Domain 2: Services and Clinical Care					
Area					
Physical Space	Has no space for ART, no confidential space, and no plan for location or expansion. 1	Extremely limited space overall, no confidential space, and limited plan for expansion. 2	Has no designated space yet for ART but has a plan. 3	Has some space for ART and confidential space but overall space is limited. 4	Has defined and adequate clinic space for ART program including access to confidential space. 5
Community Involvement	No community network, involvement, or support established or initiated. 1	Community interest generated through community mobilization for support. Networking initiated including plans to involve PLWHAs. 2	Community meetings underway; community leaders contacted; linkages being established; needs assessment underway; formal or informal input from PLWHAs. 3	Community networking established between stakeholders in areas of health admin., govt. community activists, faith-based organizations, etc. Community needs assessment complete; active involvement of PLWHA groups. 4	Networking has developed into formal referral or community collaboration; has full buy-in of stakeholders including PLWHAs, traditional healers, govt. admin., other service organizations, and community leaders. 5

Total Services Score: _____

Services Domain Score (Total Services Score/4): _____

Domain 3: Management and Evaluation					
Area					
Health Management Information Systems (MIS)	Has no HMIS to track patients; no or very basic medical record system. 1	Has basic HMIS to track patients but no specific HIV treatment information included. Some elements of medical record system. 2	Has some elements of HMIS but limited capacity for expansion to meet ARV program needs; require improvement in medical record capacity or management. 3	Has system to follow patients, but may have gaps in tracking patients and medical charting capacity. 4	Has system in place for tracking patients, medical records, and charting for clinical care and labs including specific forms/flow sheets or other processes for ART. 5
Program Monitoring, and Evaluation	Has no procedures or plans for program level M&E for any programs. 1	May have some procedures /plans for program level M&E for other programs but inadequate for immediate addition of ART to site. 2	Has HIV-related M&E, some training, or access to other M&E resources, but no specific procedures for M&E of ART or quality improvement plan in place. 3	Has some procedures or plans for program level M&E and quality improvement for ART program but plans need improvement. 4	Program level M&E includes process and outcome measures of HIV care program including ART; results are routinely used for program decision making through quality improvement processes. 5

Total Protocols/Management Score: _____ **Protocols/Management Domain Score (Total Protocols/Management Score / 2):** _____

8] Tool to Assess Site Program Readiness for Initiating Antiretroviral Therapy (ART)

Domain 4: Staffing and Experience					
Area					
Staffing	Has multiple vacancies, including key positions, and no clear capacity to fill. 1	Has core clinical staff but inadequate capacity to initiate program or to fill additional vacancies. 2	Has core clinical staff and some support staff, some vacancies. Has clearly outlined needs and plan or proposals to fill them. 3	Lacking in some staffing positions, but able to cover all critical areas of ART program. 4	Fully staffed according to model of care and capacity to sustain and increase ART program. 5
Experience	Existing staff may have limited outpatient HIV care but no ART experience or training; inadequate human resources for immediate addition of ART to site; no plans for staff expansion or training. 1	Existing staff has HIV care experience, but no or limited ART experience, and inadequate resources for immediate addition of ART to site, but some plans to expand/train. 2	Has existing staff with outpatient HIV care experience, but limited training in ART to date. 3	Staff has received some training in and may have limited experience with ARVs in treatment. Minimum key staff have been fully trained in prescribing, follow-up, and adherence. 4	Has adequately trained staff in all positions with experience in HIV primary care and ART including prescribing, follow-up, adherence support, and counseling. 5
Management, Training, and Retention	Has no plan for program staffing needs or management; will require extensive staff training and development. 1	Developing staffing plan but need additional expansion of plan for hiring, on-going training, and management. 2	Has staffing plan but with informal plan for hiring process, staff responsibilities, training, and/or management system. 3	Has most of staffing plan in place and operational; may require additional hiring or training. 4	Has adequate staffing plan, including identified staffing responsibilities, on-going training and retention plan, knowledge of staffing needs, and plan to fill gaps in staffing needs. 5

Total Staff Score: _____

Staff Domain Score (Total Staff Score/3): _____

Domain 5: Lab Capacity					
Area					
Testing Capability	Has limited or no access to required labs as defined in minimum WHO/national protocols; no quality assurance mechanism. 1	Has access to required labs as defined in WHO/national protocols but is not reliable. 2	Has access to required labs for screening and monitoring as defined in WHO/national protocols. 3	Has more extensive lab capability, such as liver function test; access to required labs for screening and monitoring excluding CD4s and viral load count; able to do total lymphocyte count. 4	Has full spectrum of tests as required by site ARV protocol including CD4 count; high-quality lab and consistent availability of reagents and laboratory supplies. 5
Quality Standards	Has no quality of standards; no program or budget for equipment maintenance; limited availability of lab supplies. 1	Has poor quality of lab standards; unreliable equipment maintenance program and QA process in place. 2	Has somewhat reliable equipment with some functioning maintenance program and lab supply availability. Lab has some quality standards but compliance is irregular. 3	Has relatively reliable equipment with back-up plan and equipment maintenance program in place. Lab does some internal and external QA. May have occasional breaks in service. 4	Has internal and external quality assurance program, reliable equipment maintenance program, and continuous availability of reagents and other lab supplies. 5

Total Lab Score: _____

Lab Domain Score (Total Lab Score/2): _____

Domain 6: Drug Management and Procurement					
Area					
Supply Chain	Has extremely limited supply chain in place; needs improvement in multiple areas including procurement and management of ARVs and creating a QA process ² for product availability. 1	Has somewhat reliable supply chain in place but needs improvement in one or more areas and needs adaptation to accommodate specific requirements of ARVs; very limited QA process for product availability. 2	Has supply chain in place but may need improvement in one or more areas and may need adaptation to accommodate specific requirements of ARVs; has unreliable QA process for product availability. 3	Has secure supply chain but may need TA in inventory management procedures for ARVs; has limited QA process for product availability. 4	Has secure supply chain ³ from supplier to service site including appropriate and secure local storage and dispensing and QA system for monitoring product availability to prevent stockouts of ARVs at site. 5
Pharmacy Management	Has no established procedures for ARVs. Does not follow inventory management procedures for other essential drugs. 1	Has no inventory management procedures for ARVs and limited, unreliable inventory management procedures for other essential drugs. 2	Has no inventory management procedures for ARVs but has established inventory management procedures for other essential drugs that are clearly implemented. 3	Is developing inventory management procedures for ARVs but incomplete. Has established inventory management procedures for other essential drugs. 4	Has established ARV inventory management tools and procedures including forecasting/calculating resupply orders, routine stock status reporting, dispensing, and ordering emergency supplies. Has same for other essential drugs. 5
Financial Resources for ARV and Other Drug Procurement	Has not taken steps toward identifying sources of ARVs. Very limited resources for procurement of drugs for management of HIV-related complications, ARV-related side effects, and other essential drugs. 1	Has taken steps toward identifying sources of ARVs; limited resources for procurement of drugs for management of HIV-related complications, ARV-related side effects, and other essential drugs. 2	Has identified potential funding sources for short-term ARV procurement but commitment is not finalized. Need additional funding sources to improve availability of other medications for management of HIV-related complications, ARV-related side effects, and other essential drugs. 3	Has short-term source of funding for initial ARV procurement but resources for future funding are insecure. Has adequate supplies of medications for management of HIV-related complications, ARV-related side effects, and other essential drugs. 4	Has secured source(s) of funding for ARVs required for current and planned patient load for at least the next year and has a commitment and plans for follow-up funding. Has adequate supplies of medications for management of HIV-related complications, ARV-related side effects, and other essential drugs. 5

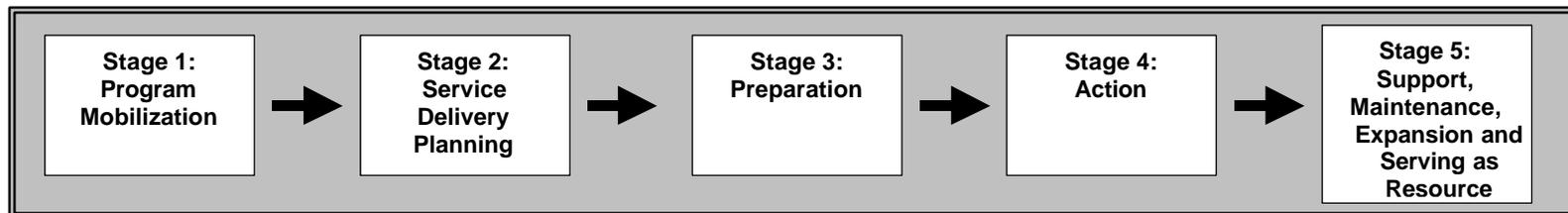
² QA process for supply chain to be interpreted as functioning LMIS and adequate logistics supervision.

³ Secure supply chain implies safe transport and storage, clear source of resupply of drugs, inventory control, established stock levels, resupply intervals and buffer stocks, and capacity and plans for drug forecasting.

Total Drug Management Score: _____ **Drug Management Domain Score (Total Drug Management Score/3):** _____

Determining a Site's Program Readiness Stage

Scoring Summary		What Does the Score Mean?																							
<p>Bring forward the score from each domain and add them together to get an Overall Program Total. Your program stage is based on both the domain score and the lowest score in an area.</p>		<p>This qualitative tool can indicate, generally, where an organization falls along the Readiness Scale (1 to 5) to initiate an ART program. This tool presents a general assessment without emphasizing the importance of one domain over another. An overall score that places a site at Stage 4 or 5 indicates a program is the most prepared to initiate ART, and a score that places a site at Stage 1 indicates that the program needs significant work and planning to start and manage an ART program.</p> <p>It is recommended that a site have a least a score of "3" in each domain to begin ART. If any area score within a domain is less than 3, technical assistance should be provided to bring this particular area up to at least a 3 prior to initiation of ART program.</p> <p>Each stage is described below with specific activities and recommendations that will move an organization closer to Stage 5—Support, Maintenance, Expansion, and Serving as Resource.</p>																							
	<table border="0"> <thead> <tr> <th></th> <th>Domain Score</th> <th>Lowest Area Score from within Domain</th> </tr> </thead> <tbody> <tr> <td>Leadership and Program Model</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Services and Clinical Care</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Management and Evaluation</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Staffing and Experience</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Lab Capacity</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Drug Management and Procurement</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Overall Program Total</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Domain Score	Lowest Area Score from within Domain	Leadership and Program Model	_____	_____	Services and Clinical Care	_____	_____	Management and Evaluation	_____	_____	Staffing and Experience	_____	_____	Lab Capacity	_____	_____	Drug Management and Procurement	_____	_____	Overall Program Total
	Domain Score	Lowest Area Score from within Domain																							
Leadership and Program Model	_____	_____																							
Services and Clinical Care	_____	_____																							
Management and Evaluation	_____	_____																							
Staffing and Experience	_____	_____																							
Lab Capacity	_____	_____																							
Drug Management and Procurement	_____	_____																							
Overall Program Total	_____	_____																							
<p>Scoring Range:</p> <table border="0"> <thead> <tr> <th>Overall Program Total</th> <th>Stage</th> </tr> </thead> <tbody> <tr> <td>1–8</td> <td>1</td> </tr> <tr> <td>9–13</td> <td>2</td> </tr> <tr> <td>14–18</td> <td>3</td> </tr> <tr> <td>19–24</td> <td>4</td> </tr> <tr> <td>25–30</td> <td>5</td> </tr> </tbody> </table>		Overall Program Total	Stage	1–8	1	9–13	2	14–18	3	19–24	4	25–30	5												
Overall Program Total	Stage																								
1–8	1																								
9–13	2																								
14–18	3																								
19–24	4																								
25–30	5																								



**Stage 1:
Program
Mobilization**

Stage 1: Program Mobilization

These sites are doing limited or no HIV outpatient or inpatient care. They are not considering providing ARVs based on capacity constraints, unwillingness, or other barriers. There is no leader willing to champion the ART program.

Sites at this stage need training and education to expand capacity and knowledge, move to stage 2, and identify a leader. Other help is needed in technical assistance and support to begin several components including program design and planning, assessment of current capacity, and projecting for staff and other resources required before ARV introduction. These sites might be considered for follow-up of patients on ARVs as a first step, with capacity to initiate ARVs in the future.

Sites may need to—

Leadership

- Identify or recruit a leader and implement training to develop a vision and will to embark on an ARV program.
- Design a program, including identification of space and model of care.
- Create links with other sites in-country or the region already providing ARV treatment, if possible, for local technical assistance and learning about successful models.

Protocols and Management

- Begin to identify and adopt protocols for basic HIV care and OI prophylaxis and treatment.
- Receive technical assistance in development or improvement in HMIS system including patient tracking, medical records, and charting.
- Access assistance in developing program indicators and appropriate system for M&E of HIV care, which can be expanded in the future for the ART program.

Services

- Identify critical areas that need immediate expansion to reach the next level (i.e., VCT, OI treatment, etc.).
- Coordinate programs with referral system to ensure follow-up and continuum of care.

Staff

- Identify resources/mechanisms to recruit new staff or change models to reflect personnel types which are available.
- Expand and/or train staff resources in one or more areas to meet at least minimum essential staff for prescribing, follow-up, and adherence.

Lab

- Receive assistance in developing reliable access to lab services, whether on-site or referral, training, supplies, and expansion, as required by minimum standards from site protocols.

Drug Management and Procurement

- Improve policies and procedures for supply chain management and address identified gaps or areas for improvement including training, systems, and pharmacy staff.
- Secure a regular supply of essential drugs for HIV care including OI management and prevention.
- Start to identify and access funding sources after leadership is identified, and the site model of care has started to be developed.

- **Receive assistance in development or expansion of logistics QA.**

Stage 2: Service Delivery Planning

Stage 2: Service Delivery Planning

These sites have a leader with some vision and interest in ARVs, but with HIV/AIDS capacity and experience limited perhaps to only HIV primary care and possibly PMTCT. They are making efforts to expand services through linkages and staff training.

Sites at this stage need assistance in program design and implementation in a number of areas. These are ideal sites to replicate models proven to be effective in similar settings. These sites might be considered for follow-up of patients on ARVs as a first step with capacity to initiate ART in the future.

Sites may need—

Leadership

- Seek assistance with design of program, including defining vision and goals, management plans, identification of space, definition of model, staffing plan, and site spectrum of care.
- Develop linkages with other in-country or regional sites already providing ART, if possible.

Protocols and Management

- Begin to identify and adopt protocols for eligibility, regimens, initiation, clinical and lab monitoring monitoring and follow-up, adherence, management of side effects, treatment interruption, and treatment failure.
- Seek technical assistance in development or improvement in HMIS system including patient tracking, medical records, and charting.
- Seek assistance in developing program indicators and appropriate system for M&E of HIV care including ARV treatment that reflects the site's resources and capacity.

Services

- Begin to identify and adopt operational procedures for HIV care, ARV use, and selection of ARV drug products.
- Coordinate programs with referral system to ensure follow-up and continuum of care.
- Identify critical areas need immediate expansion to reach the next level (ie—VCT, OI treatment, etc).

Staff

- Expand and/or train staff resources in one or more areas to meet at least minimum essential staff for prescribing, follow-up, and adherence.

Lab

- Seek assistance in maintaining reliable access to lab services, whether on-site or referral, training, supplies, and expansion, as required by adopted site protocols.

Drug Management and Procurement

- Obtain assistance with improving policies and procedures for supply chain management and addressing identified gaps or areas for improvement, including training, systems, and pharmacy staff.
- Seek assistance in starting to identify and access funding sources for ARVs.
- Seek assistance in securing essential drugs for HIV care including OI management and prevention.
- Seek assistance in development or expansion of QA for monitoring ART and other product availability.

Stage 3: Preparation

Stage 3: Preparation

Sites with this score have a vision and a leader committed to introduction of ART and are on the verge of beginning to prepare for the introducing ART. They have demonstrated initiative or quality performance in some areas of HIV care (OI, PMTCT), but are missing some components. These sites require more capacity building and funding, but they have potential to start ARV therapy in a matter of three to nine months if resources are available to address needs.

Sites may need—

Leadership

- Better define goals and vision and more incorporated into day-to-day activities and future plans.
- Seek assistance with design of program, including definition of model, staffing plan, and site spectrum of care.

Protocols and Management

- Identify and adopt protocols for eligibility, regimens, initiation, clinical and lab monitoring monitoring and follow-up, adherence, management of side effects, treatment interruption ,and treatment failure.
- Seek technical assistance in development or improvement in MIS system including patient tracking, medical records, and charting.
- Seek assistance in developing program indicators and appropriate system for M&E of HIV care including ARV treatment that reflects the site's resources and capacity.

Services

- Seek assistance with identification of space.
- Expand scope of services to meet requirements as defined by chosen model of care, and linkages to other organizations to meet other needs.

Staff

- Expand and/or train staff resources in one or more areas to meet at least minimum essential staff for prescribing, follow-up, and adherence.

Lab

- Seek assistance in maintaining reliable access to lab services, training and supplies, and expansion, as required by adopted site protocols.

Drug Management and Procurement

- Seek assistance with improving policies and procedures for supply chain management and addressing identified gaps or areas for improvement.
- Seek assistance in identifying and securing resources and ART procurement sources.
- Seek assistance in procuring ART and ensuring access to other essential drugs for HIV care.
- Seek assistance in development or expansion of QA for monitoring ART and other product availability.

**Stage 4:
Action**

Stage 4: Action

Sites in this stage are nearly ready or have already started ARV therapy (usually on a smaller scale), but need assistance in one or more critical areas or a number of supportive areas. Efforts are aimed at improving/ensuring rational and safe use of ART and associated services while planning or continuing introduction of ART. Pilot/model sites should work to move to Stage 5 to be able to serve as resources for scale-out, but other sites (ex. later phase, extremely resource limited, more isolated), may stay at Stage 4 for a longer period of time.

Sites may need—

Leadership

- Better defined goals and vision and be more incorporated into day-to-day activities and future plans.
- Seek assistance in estimating needs, problem solving, and program planning.
- Seek assistance in long term planning.

Protocols and Management

- Seek assistance in development or formalization of written protocols for eligibility, regimens, initiation, clinical and lab monitoring and follow-up, adherence, management of side effects, treatment interruption, and treatment failure.
- Seek assistance in establishing appropriate operational procedures that reflect site resources and capacity.
- Seek assistance in developing program indicators and appropriate system for M&E that reflect the site's resources and capacity.

Services

- May need a formal plan for initiation or expansion of ARVs at the site.
- Seek assistance in identifying confidential space or other areas, as needed, to reflect increased services.
- Seek assistance in expanding scope or capacity of limited number of services through additional resources, hiring or cross-training, or creation of linkages with other organizations to fill gaps.

Staff

- Further training for additional support staff, plans for additional hiring, or assistance with linkages to other organizations to supply other needed services that may be required.

Lab

- Seek assistance in maintaining reliable access to lab services, training, and supplies.
- Seek assistance in identifying additional monitoring as determined by protocol (ex. CD4 cell counts).

Drug Management and Procurement

- Seek assistance in supply chain logistics to address identified gaps.
- Seek assistance in identifying and securing additional resources for ARV procurement.
- Seek assistance in procurement of ARVs and additional essential drugs for HIV care including OI prevention and treatment.
- Seek assistance in development or expansion of QA for monitoring ARV and other product availability.

**Stage 5:
Support,
Maintenance,
Expansion and
Serving as
Resource**

Stage 5: Support, Maintenance, Expansion, and Serving as Resource

These sites are already operational and working well, but they may require assistance in maintaining or expanding current efforts (scale-up). They may also serve as training sites for other organizations in other stages, or may serve as models, or may provide technical assistance for replication at other sites locally or elsewhere (scale-out). Some ART sites will not achieve this stage, particularly if part of scale-out and in more remote areas.

Sites at this stage may need help to meet completely or improve in some of these criteria, but most efforts will be maintaining or expanding capacity, on-going education (patients and providers), training of site and staff to serve as resources for other sites and disseminate lessons learned, and work to identify additional resources for expansion. In addition, efforts to evaluate program and protocols through continuous quality improvement (CQI). Finally, training and assistance in long term planning for program may be needed.