

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

Version 1.2
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John Snow, Inc., (JSI)

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DELIVER

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Introduction

Rapid scale-up of antiretroviral therapy (ART) has been widely recognized as a global need. Scale-up needs to be rapid while ensuring that ART programs are able to deliver safe, effective and uninterrupted care and treatment. This tool to assess site readiness for initiating ART is meant to assist programs and sites start and expand ART by identifying critical gaps that may present barriers to safe and effective ART provision, during start-up or scale-up. Areas that need attention are considered on two scales: if they present a barrier to (1) initiation on a small scale or (2) to achieving the goals of treatment in the longer term. The goals of this tool are to assist sites and programs in rapidly starting and expanding ART through a simple self-assessment to identify the presence of critical elements, and those elements that need strengthening or further development. Site needs will change over time as programs move from ART implementation to maintenance and expansion. Some sites may be able to start treatment while, simultaneously, working on critical areas to ensure that they are able to serve target numbers and to maintain people on safe and effective ART. The tool can also be used to identify areas in which sites can serve as resources for other local, national or regional sites and programs. Finally, the tool can help programs 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.

In many settings, initial ART provision focused primarily on adults. As access to ART expands and new sites are initiated, increased efforts are being made to treat children living with HIV/AIDS. If a site plans to treat children, capacity may need to be assessed separately for adult and for pediatric care. Areas that require pediatric-specific protocols or skills are noted, and include ART and adherence protocols, pharmacy management, staff training, and monitoring and evaluation. This revised version of the tool has incorporated assessment for sites that are contemplating or have started pediatric ART, focusing on areas where additional resources or training will be required.

This tool was designed to provide sites and programs with a set of criteria to assess a site's readiness to implement ART and to identify key areas that need strengthening prior to, or at the same time as, ART initiation.

The tool can be used for site self-assessment or by external reviewers or program directors to assist sites, programs, and donors to identify areas that need technical assistance; and to assist programs in selecting sites for ART introduction and scale-up. It is not meant to present a barrier to sites but rather to offer an opportunity to work towards start-up or scale-up. In some countries, the tool has been used for monitoring, accreditation and/or quality improvement of sites already providing ART. The assessment results should be used to develop work plans to start ART-related preparedness activities or improve existing services for all sites based on the belief that every care site has the capacity to contribute to increasing access to safe and effective ART for all those in need.

How to use this tool

Six ART program domains are reviewed to assess site readiness: Site Leadership and Model; Services and Clinical Care; Management and Evaluation; Human Resource Capacity; 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 determines which of the five stages a program falls into. The stages rating system can be used to identify steps needed to advance a site along different stages, from the Site Mobilization stage (Stage 1) to the ultimate stage of Maintenance, Serving as Resource, and Scale-up (Stage 5).

Each area should be rated based on a review of the site and interviews with key staff and other stakeholders. Scores in an area are cumulative—higher scores in an area assume that all criteria for a lower score have been met. At the end of the tool, examples of technical assistance, training, and resources that may be needed to advance a site to a higher stage are suggested for each rating.

A survey questionnaire for gathering information during interviews; for conducting a site review; and a sample readiness workplan with specific goals, objectives, and activities to move sites to higher stages of readiness are in development. Drafts will be available on the JSI website at <http://www.jsi.com/?JSIBodyTarget=/resources/pubs/pubs-hivaids.htm>

We would like to hear from you—

We hope this tool will be useful. If you have any comments, feedback, or suggestions for improvement based on use in the field, we want to hear from you. We will continue to make changes to future versions, and would like to incorporate your ideas. Please send any comments to the attention of the HIV/AIDS Center at HIV/AIDS@jsi.com.

Domain 2: Services and Clinical Care					
Area					
Comprehensive HIV Care Services Other Than ART ³	Has very limited HIV primary care or other important services either on-site or through linkages.	Has access to VCT on-site or by referral; provides HIV primary care or other outpatient HIV-related medical services on-site; inadequate capacity to expand services to meet site HIV/ART model of care without technical assistance.	Has most of HIV and ART scope of services as defined by site model of care either on-site or through linkages, and developing linkages to other key services where gaps still exist.	Has all of HIV and ART scope of services as defined by site's model of care either on-site or through linkages.	Has on-site essential services for ART program including adherence support, counseling, patient education, monitoring and management of toxicities, and treatment failure. Has full scope of other services on-site or has coordinated linkages to these services (VCT, HIV primary care, pediatric HIV care, OI prevention and treatment, STI management, PMTCT, TB management, counseling, nutritional counseling, linkage with inpatient care, access to assistance with concrete support (food, transport, housing), home-based care, family planning, and positive/secondary prevention).
	1	2	3	4	5
Delivery of ART ⁴	Has no services in place to provide ART.	Has begun to develop services required for ART in areas such as adherence support, patient follow-up, patient education, OI prophylaxis clinic and patient readiness programs.	Has developed services and ready to start in critical areas for ART including patient education, adherence support, initiation, and follow-up.	Has most/all components of ART program, but areas need strengthening and/or expansion.	Has all components of ART program and working to continue to expand, modify, and improve to meet growing and changing demands of patients in care and population being targeted.
	1	2	3	4	5

3 Comprehensive services important or recommended for ART programs include many aspects of comprehensive HIV care: 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 inpatient 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. Pediatric services should be linked to essential primary care including immunizations, growth monitoring, access to supplemental nutrition, etc.

4 These include prescribing, dispensing, evaluation, and management of side effects and treatment failure; adherence assessment and support; and management of TB while on ART for adults and pediatrics, as appropriate.

Domain 2: Services and Clinical Care (continued)					
Area					
Physical Space ⁵	Has no space for expansion of HIV services to include ART, no confidential space, and no plan for location or expansion. 1	Extremely limited space overall, no confidential space. Working to identify space for program. 2	Has limited space available for ART program including at least one confidential area, but space constraints will limit initial enrollment. 3	Has limited space for ART and confidential space (adequate for years 1-2), but overall space is limited and will require expansion in next few years. Some expansion plans under discussion. 4	Has defined and adequate clinic space for ART program including access to confidential space. Plans are in place as program continues to expand. 5
Community Involvement	No community network, involvement, or support established or initiated. 1	Community interest clearly demonstrated. 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

5 Physical space includes confidential space for examinations and counseling. Other important space needs as program develops includes space for staff (work, office, meeting) and space to accommodate integrated services.

Total Services Points: _____

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

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Domain 3: Management and Evaluation					
Area					
Health Management Information Systems (HMIS)	Has no HMIS to track patients; no or very basic site-based medical record system. 1	Has basic HMIS to track patients but no specific HIV treatment information included. Some elements of site-based medical record system and HMIS but limited capacity for expansion to meet ART program needs. 2	Has some elements of HMIS including limited capacity to begin monitoring of ART patients, but limited capacity for expansion to meet full ART program needs; requires improvement in medical record-keeping capacity or management. 3	Has system to follow patients including some/all specific forms/flow sheets for ART, 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
ART Program Monitoring and Evaluation	Has no procedures or plans for program level M&E for any program. 1	Has 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 only draft 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 or expansion for tracking, analysis, and continuous quality 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 Management and Evaluation Points: ____ **Management and Evaluation Domain Score (Total Management and Evaluation Points /2):** ____

Domain 4: Human Resource Capacity					
Area					
Staffing Needs	Has multiple vacancies, including key positions in clinical and support staff, and no clear capacity to fill.	Has core clinical and support staff but inadequate capacity to initiate program or to fill additional vacancies.	Has core staff and some support staff. Has adequate staff to implement but not sustain long-term or expand ART program. Has begun to clearly outline needs and has plan or proposals to fill them.	Lacking in some clinical or support staffing positions; able to implement and sustain but not expand ART program. Has clearly outlined staff needs and plan or proposal to fill them.	Fully staffed according to model of care and capacity to implement, sustain, and expand ART program and plan to fill gaps in staffing needs.
	1	2	3	4	5
Training and Skills Development	Few existing staff have training or experience in HIV outpatient care and none have training in ART; no plans for staff training or skills development. Limited or no on-site access to educational and resource materials.	Existing staff has some training or some experience in HIV outpatient care but little/no ART training or experience. May have access to training program in other areas but no program for ART. Limited or no on-site access to educational and resource materials.	Some staff have some ART training with limited/no experience in practice. Other critical staff have received no training. At least one prescribing and evaluating clinician has been trained and rest of other key staff will be trained as program gets underway. Has established or planning to access training program in ART. Limited or no on-site access to educational and resource materials.	Minimum key staff at critical levels have been fully trained in prescribing, follow-up, and adherence with ARVs in treatment. Site staff has some training with ART at all levels. Experience with ART is limited to few staff or limited scope. Other staff will require additional training as program expands. Has plan in place for further training staff. Developing on-site resources and educational materials.	Has adequately trained staff in most/all positions with experience in HIV primary care and ART including prescribing, follow-up, adherence support, and counseling. Active training and skills development plan for all staff members. On-site resources and educational materials exist.
	1	2	3	4	5
Management, Supervision, and Staff Retention	Has no plan for staffing needs, supervision, management, or retention; will require extensive planning.	Developing staffing plan but needs additional expansion of system for hiring, supervision, and management.	Has reactive supervision and management system with informal plan for proactive hiring process, staff supervision, and/or management system.	Has most of staffing, management, and supervision plan in place and operational; may require additional proactive management.	Implementing proactive supervision and management system including identified staffing responsibilities and task assignments, on-going retention plan, and knowledge of staffing needs.
	1	2	3	4	5

Total Human Resource Points: _____

Human Resource Domain Score (Total Human Resource Points/3): _____

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 ⁶ for product availability. 1	Has somewhat reliable supply chain in place but needs to improve 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 security of supply is an issue and needs adaptation to accommodate specific requirements of ARVs; has unreliable QA process for product availability. 3	Has secure supply chain ⁷ but may need technical assistance in inventory management procedures for ARVs; has limited QA process for product availability. 4	Has secure supply chain 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. Procedures for other HIV-specific commodities ⁸ are present but either unreliable or incomplete. 2	Has limited/no inventory management procedures for ARVs in place but has established inventory management procedures for other essential drugs and HIV-specific commodities that are clearly implemented. 3	Has implemented inventory management procedures for ARVs but some gaps in either procedures or practice. Has established inventory management procedures for other essential drugs including HIV-specific commodities, if available. 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

6 QA process for supply chain includes a functioning logistics management information system and adequate logistics supervision.

7 Secure supply chain implies safe transport and storage, clear source of resupply of drugs, established inventory control and resupply system, and capacity and plans for drug forecasting.

8 HIV-specific commodities include products such as HIV tests, fluconazole, and nevirapine for PMTCT which may be distributed through separate supply chains.

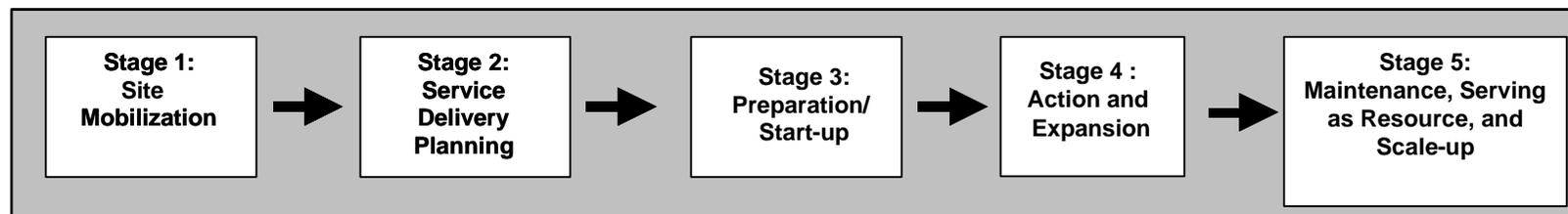
Domain 6: Drug Management and Procurement (continued)					
Area					
Financial Resources for ARV and Other Drug Procurement	Has not taken steps to identify ARV sources. Very limited resources for procurement of drugs for management of HIV-related complications, ARV-related side effects, and other essential drugs.	Has taken steps to identify sources of ARVs but long-term commitment is not finalized; limited resources for procurement of drugs for management of HIV-related complications, ARV-related side effects, and other essential drugs.	Has identified funding sources for short-term ARV procurement for initiation of ART program but needs additional funding sources to improve long-term availability of ART and range of medications even during year 1, or buffer against uncertainties in funding. Funding for other medications for management of HIV-related complications, ARV-related side effects may need strengthening.	Has short-term source of funding for initial ARV procurement adequate to meet year 1 target and buffer against short-term uncertainties, but resources for future funding are insecure. Has reasonably reliable supplies of medications for management of HIV-related complications, ARV-related side effects, and other essential drugs.	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 or/resources for medications for management of HIV-related complications, ARV-related side effects, and other essential drugs.
	1	2	3	4	5

Total Drug Management Points: _____

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

Determining a Site's Readiness Stage

Scoring Summary				What Does the Score Mean?																	
<p>In the first column, bring forward the score from each domain (keep decimals to the nearest tenth). In the second column, record the lowest points received in any area within each domain. In the third column, adjustments should be made to reflect areas requiring technical assistance or strengthening. If a Domain Score receives a 3.0 or higher, but received less than 3 points in any area within that domain, the Adjusted Domain Score should be reduced to a 3.0. Otherwise, Domain Score and Adjusted Domain Score are the same. Add the numbers in the Adjusted Domain Score column to get an Overall Total Score. Use the Overall Total Score to determine the site's Readiness Stage.</p>				<p>This qualitative tool can indicate, generally, where a site falls along the Readiness Scale (1 to 5) to initiate an ART program without emphasizing the importance of one domain over another.</p> <p>A score that places a site at Stage 1 indicates that the site needs significant work and planning to start and manage ART services. Sites which score at stage 3 are ready to start but will need to strengthen some areas before or as they initiate ART services. An overall total score that places a site at Stage 4 or 5 indicates the site is prepared and has significant capacity to initiate ART services. If ART is already underway, a stage score of 4-5 indicates the site is developing capacity for scale-up. .</p> <p>Areas where sites receive fewer than "3" points should be prioritized for technical assistance, particularly if a site is already providing ART. As sites improve in these areas, they will progress along the continuum to a higher Stage of Readiness.</p> <p>Each stage is described below with specific activities and recommendations that will move a site closer to Stage 4 or 5.</p>																	
	1 Domain Score	2 Area with Fewest Points	3 Adjusted Domain Score																		
1. Site Leadership and Model	_____	_____	_____																		
2. Services and Clinical Care	_____	_____	_____																		
3. Management and Evaluation	_____	_____	_____																		
4. Human Resource Capacity	_____	_____	_____																		
5. Lab Capacity	_____	_____	_____																		
6. Drug Management and Procurement	_____	_____	_____																		
	(under column 3) Overall Total Score		_____																		
<p>Scoring Range:</p> <table border="0"> <tr> <td>Overall Total Score</td> <td>Readiness Stage</td> <td>Site Readiness Stage _____</td> </tr> <tr> <td>1-8</td> <td>1</td> <td></td> </tr> <tr> <td>9-13</td> <td>2</td> <td></td> </tr> <tr> <td>14-18</td> <td>3</td> <td></td> </tr> <tr> <td>19-24</td> <td>4</td> <td></td> </tr> <tr> <td>25-30</td> <td>5</td> <td></td> </tr> </table>				Overall Total Score	Readiness Stage	Site Readiness Stage _____	1-8	1		9-13	2		14-18	3		19-24	4		25-30	5	
Overall Total Score	Readiness Stage	Site Readiness Stage _____																			
1-8	1																				
9-13	2																				
14-18	3																				
19-24	4																				
25-30	5																				



Stage 1: Site Mobilization

Stage 1: Site Mobilization

These sites are providing 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 ART services at the site.

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

Sites may need to—

Leadership

- Identify or recruit a leader and implement training to develop a vision and willingness to embark on initiating ART services.
- Design an ART service program for the site, including identification of space and model of care.
- Create links with other sites in-country or the region already providing ART, 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 record-keeping, and charting.
- Access assistance in developing indicators and appropriate system for M&E of HIV care, which can be expanded in the future for ART service provision.

Services

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

Human Resource Capacity

- Identify resources/mechanisms to recruit new staff or change models to reflect personnel types that 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

- Design or refine policies and procedures for supply chain management to 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 ART, but limited HIV/AIDS capacity and experience in 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 ART as a first step with capacity to initiate ART services in the future.

Sites may need—

Leadership

- Seek assistance with design of ART services, 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 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 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 that need immediate expansion to reach the next level (i.e., VCT, OI treatment, etc.).

Human Resource Capacity

- 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

- Implement changing practices for new policies and procedures for supply chain management, and continue to refine procedures based on existing gaps or areas for improvement, including training, systems, and pharmacy staff.
- Seek assistance in starting to identify and access funding sources for ARV drugs.
- Seek assistance in securing essential drugs for HIV care including OI management and prevention.
- Seek assistance in developing or expanding QA for monitoring ART and other product availability.

Stage 3: Preparation/ Start-up

Stage 3: Preparation/Start-up

Sites with this score have a vision and a leader committed to providing ART and are beginning to prepare for 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 ART on a small scale and expand to fuller scale in three to nine months if resources are available to address needs. Resources and capacity will need strengthening simultaneously or prior to ART program initiation to complete first 6–12 months of treatment or to achieve even modest year one goals.

Sites may need—

Leadership

- Better defined goals and vision and more incorporated into day-to-day activities and future plans.
- Seek assistance with design of ART services, 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 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 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.

Human Resource Capacity

- 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

- Implement changing practices related to new policies and procedures for supply chain management.
- Seek assistance in identifying and securing long-term resources and reliable, quality ARV drug procurement sources.
- Seek assistance in procuring/ordering quality ARV drugs and ensuring access to other essential drugs for HIV care, including HIV specialty commodities.
- Seek assistance in developing or expanding QA for monitoring ART and other product availability.

**Stage 4:
Action and
Expansion**

Stage 4: Action and Expansion

Sites in this stage are ready or have already started ART (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. These sites can also begin to plan for expansion to serve larger numbers of patients or support peripheral sites. It will not be appropriate for some sites to progress beyond this point to Stage 5, yet they have a very valuable role within the context of a national program. Some sites can work to move to Stage 5 to be able to serve as referral resources for scale-up.

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 planning.
- Seek assistance in long-term planning.

Protocols and Management

- Seek assistance in developing or formalizing 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 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.

Human Resource Capacity

- 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

- Address gaps in practices or procedures relating to establishing a secure, reliable supply chain for ARV drugs, HIV specialty commodities, and other essential drugs.
- Identify and secure additional resources to buffer against uncertainties in funding for ARV procurement, and to ensure funding for more than year one.
- Implement procedures to enhance procurement of quality ARVs and additional essential drugs for HIV care including OI prevention and treatment.
- Enhance QA procedures and practices for monitoring ARV and other product availability to ensure a reliable, secure supply of commodities.

**Stage 5:
Maintenance,
Serving as
Resource, and
Scale-up**

Stage 5: Maintenance, Serving as a Resource, and Scale-up

These sites are already operational and working well, but they may require assistance in maintaining or expanding current efforts (scale-up), especially if commodity supply relies on a larger system beyond the site's control. 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).

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

Specifically, sites may need to:

Leadership and Model

- Support and training for leading program maintenance and expansion
- Ongoing assistance for estimating future needs and long term planning.
- Ongoing support to refine model based on feedback from site and advances in the field of ART and HIV care
- Support to review and update protocols to reflect evaluation and advances in field of ART

Services

- Assistance in identifying additional space required for program expansion and to meet previously unidentified needs.
- Seek assistance in expanding scope or capacity of services through additional resources, hiring or cross-training, or creation of linkages with other organizations to fill gaps or meet growing demands
- Continue to work with community to increase participation and support of program and its patients, including addressing stigma, community education and mobilization.
- Consider community needs assessment as expansion is planned

Management and Evaluation

- Further refine and expand evaluation program and utilize data collected to improve current program and planned expansion
- Continue to strengthen HMIS system to accommodate growing demands and/or improve efficiency and effectiveness

Human Resource Capacity

- Ongoing training for staff in areas of need identified through monitoring and evaluation to ensure continuous quality improvement
- Continue to fill human resource gaps; obtain resources and hire for program expansion
- Increase staff support services and monitor and address job fatigue and stress

Lab

- Continue to Seek assistance in maintaining reliable access to lab services, training, and supplies.
- Continue to Seek assistance in identifying additional monitoring as determined by expansion plans, budget and available and appropriate technology (ex., viral load testing, resistance testing).
- Develop alternative sources of lab reagents and supplies if the site is reliant on a national system and the system is not able to provide uninterrupted lab supplies

Drug Management and Procurement

- Ensure alternate funding sources to buffer against uncertainties in supply of ARV drugs and other key essential drugs for HIV care, including HIV testing and OI prevention and treatment.