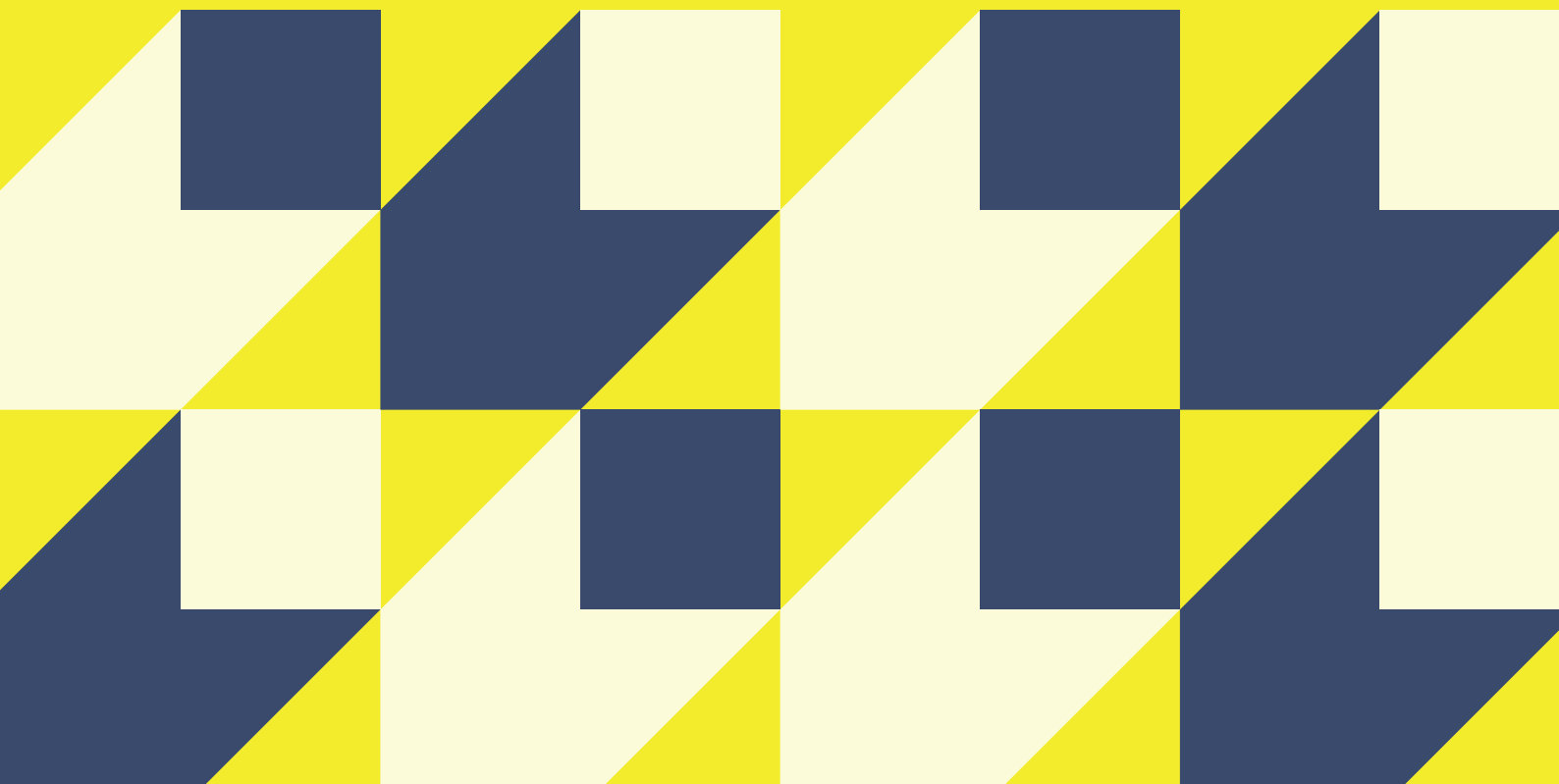


I CAN

**Readiness
Assessment Tool**



Annex:

I Can Program Readiness Assessment Tool

Description: This tool is intended to be used by Ministry of Health, funders, or program implementers to assess systems readiness before planning and implementing an I Can Campaign in your country. The left most column describes the dimension of assessment by categories: Policy and Budget, Supply Chain Systems for viral load testing, data availability and use, and program readiness. The Indicators column provides one indicator that this dimension is sufficiently in place to plan an I Can Program. The means of verification column provides suggestions of how to collect or validate this information. The Yes/No to indicator column is for you to note whether the indicator has been met (yes) or not (no). Notes/ Actions required based on assessment is a space for you to document what actions you will take to advocate for or influence the current system to ensure that the required health system factors are in place in order to plan and deliver a successful I Can Campaign. The program readiness section will help guide in selection and identification of entities responsible for adapting, delivering, and monitoring I Can Campaigns.

| Dimension | Indicators | Means of Verification | Yes/No to Indicator | Notes/Actions Required Based on Assessment |
|---|--|---|---------------------|--|
| Policy and Budget | | | | |
| Policy on communicating benefits of viral suppression for HIV prevention | Policy exists within National Health Program to communicate benefits of viral suppression for HIV prevention | <ul style="list-style-type: none"> • Policy documents • Meetings with Ministry of Health and HIV program leadership | | |
| Consensus and approval for communicating about viral suppression | MOH has reached and documented internal alignment on the viral load suppression threshold PLHIV must reach to be declared "safe from sexually transmitting HIV." Of note: WHO has set this threshold at < 1,000 copies/ml. | <ul style="list-style-type: none"> • HIV Treatment Adherence strategy • National HIV program strategy • Meetings with MOH and HIV program leadership | | |
| Guidance | Guidance exists for ART providers on when and how to communicate to <u>all</u> patients that if they adhere to ART regimens and achieve viral suppression, they can no longer transmit to their partners. Of note: Currently, many programs focus primarily on informing patients whose results are greater than 1,000 copies/mL. Optimally, guidance will exist for clear communication to all patients, including those with results less than 1,000 copies/mL. | <ul style="list-style-type: none"> • Treatment guidance documents • ART treatment literacy working groups • Meetings with MOH HIV leadership | | |
| Budget | Budget lines, allocation, and release of funding are sufficient to cover supply chain and human resources required for viral load testing; training providers on communicating benefits of viral suppression; assuring quality of testing and communication efforts; and using data too | <ul style="list-style-type: none"> • Annual operational plan and budget • Meetings with Ministry of Finance and Ministry of Health | | |
| Funder Alignment | HIV funders and donors aligned and investments harmonized across treatment literacy and adherence initiatives. | <ul style="list-style-type: none"> • Funder strategic priorities • Program descriptions for donor-funded treatment literacy/adherence programs • Meetings with funding coordination groups and MOH | | |
| Supply Chain Systems for Viral Load Testing, Resulting, and Delivering Results | | | | |

| | | | | |
|---|---|--|--|--|
| PCR machines | PCR machines sufficiently available nation-wide to test viral load nation-wide in a timely manner | <ul style="list-style-type: none"> • Meetings with HIV Supply Chain leaders, technical working groups, etc. • Documentation of needs/barriers in national HIV program strategy | | |
| Reagents | Reagents are sufficiently and routinely available nation-wide without stock-out to test viral load in a timely manner | <ul style="list-style-type: none"> • Meetings with HIV Supply Chain leaders, technical working groups, etc. • Documentation of needs/barriers in national HIV program strategy • Meetings with HIV supply chain funders to discuss funding needs/gaps | | |
| Trained lab personnel | Lab personnel are sufficiently trained and available nation-wide to test viral load in a timely manner | <ul style="list-style-type: none"> • Meetings with HIV Supply Chain leaders, technical working groups, etc. • Documentation of needs/barriers in national HIV program strategy | | |
| Data | | | | |
| Availability of data | Data sufficiently available and of high quality to enable routine monitoring of viral load testing, viral suppression, and treatment adherence. | <ul style="list-style-type: none"> • Meetings with HIV treatment adherence stakeholders • DHIS2 data or TWGs | | |
| Use of Data | Viral suppression data routinely reviewed and analyzed to inform HIV program direction through regular stakeholder data use meetings. | <ul style="list-style-type: none"> • HIV program routine meetings • Community or clinic-level data use meeting standard operating procedures or meeting minutes | | |
| Program Readiness | | | | |
| PLHIV Advocate Leadership | PLHIV Advocacy groups or individuals identified to guide I Can campaign planning and implementation, in partnership with government. | <ul style="list-style-type: none"> • Discussions with PLHIV Advocate Networks • Selection of networks or individuals to guide program direction and delivery | | |
| Coordination Processes | Routine meetings conducted to coordinate and drive program across all treatment literacy and adherence partners. | <ul style="list-style-type: none"> • TWG group standard operating procedures and meeting minutes. | | |
| Clinical Trainers | Clinical trainers available from MOH to train providers on use of I Can tools and counseling guidelines for communicating about viral suppression to priority audiences. | <ul style="list-style-type: none"> • Annual plans for clinical trainers • Meeting with MOH clinical training leads | | |
| Entity Responsible for SBC delivery or TA | Entity (ies) identified within the MOH HIV or Health Promotion/Education Unit that can be responsible for testing and refining the I Can tools for the country context, delivering community- and mass-media approaches, and supporting community cadres. This may be one or more entity depending on the context. The MOH may lead this work, with technical assistance from an implementing partner with SBC expertise. | <p>This entity would have available or be able to rapidly and rigorously:</p> <ul style="list-style-type: none"> • Identify priority audience segments to be addressed through treatment literacy/adherence efforts. This will go beyond "all people who are not adhering to treatment" • Analyze channel exposure data to select and prioritize campaign channels to effectively engage with priority audiences. • Synthesize facilitators, barriers, and determinants of provider behavior, such as attitudes, system burdens, time with clients, and bias are researched and documented. <p>If none of these data exist, you may build this into the first phase of your I Can program to prioritize audiences and validate the campaign for your context.</p> | | |
| ART Champions | PLHIV Cadres exist and available to serve as ART Champions. | <ul style="list-style-type: none"> • Knowledge of health system • Meetings with MOH and Treatment partners | | |
| Measurement | Entity identified to measure I Can campaign performance, based on desired measures of success (media exposure, change in determinants, change in behavior) | <ul style="list-style-type: none"> • MOH Department, local university or implementing partner capable of media monitoring, intermediate determinant evaluation or behavior change evaluation. | | |

