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# CAPACITY ASSESSMENT TOOL FOR COUNTRY OWNERSHIP OF HIV CARE AND TREATMENT

## PART III—INTERPRETATION AND USE OF RESULTS

**AIDSTAR-One**  
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

**JULY 2013**

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## **PART III—INTERPRETATION AND USE OF RESULTS**

## **AIDS Support and Technical Assistance Resources Project**

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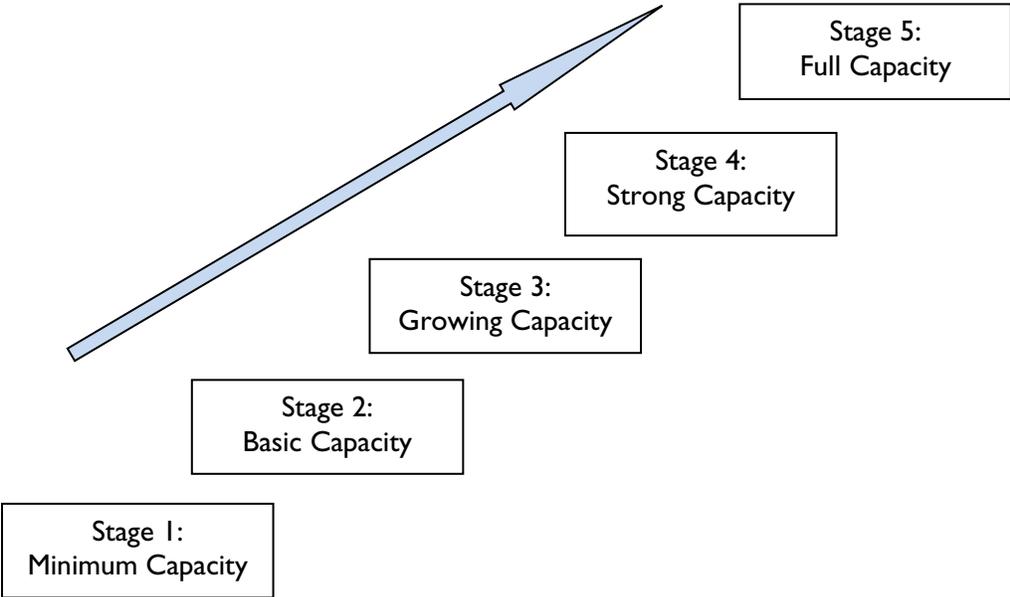
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# OVERVIEW

Part III of the AIDSTAR-One Capacity Assessment Tool is designed to follow the use of Parts I and II. When the facilitated, participatory process of rating capacity with national- or provincial-level stakeholders on eight major domains and subdomains is complete, Part III serves as a guide for stakeholders and PEPFAR implementing partners to interpret and use the ratings to determine the current level of national or state capacity along five stages of readiness to assume greater country ownership of HIV care and treatment, as illustrated in Figure 1. Based on this interpretation, country and implementing partners can reach agreement on priority areas for strengthening and then develop a work plan or action plan to move them to the next stage of readiness. See Part I for templates for establishing priority areas and developing a work plan (Annexes 2 and 3, respectively).

**Figure 1. Five Stages of Readiness for Country Ownership**





# INTERPRETING AND USING RESULTS

Based on the ratings achieved using Part II, the mean overall percentage score provides an indication of the general readiness for country ownership. Table 1 provides some guidance in interpreting **the mean overall percentage score** (across all eight domains and sub-domains—Tab 9 of Part II) with respect to stage of readiness at the national or provincial level.

**Table 1. Scoring for Stages of Readiness for Country Ownership (these breakdowns are illustrative)**

<b>Overall Score Range</b>	<b>Stage of Readiness for Country Ownership Based on Level of Capacity</b>	<b>Brief Description</b>
<b>0%–15%</b>	Stage 1: Minimum capacity for care and treatment	Little or no capacity, no systems in place, no leadership, dependent on external support
<b>16%–40%</b>	Stage 2: Basic capacity for care and treatment	Minimum standards and systems, political will but little capacity or means
<b>41%–65%</b>	Stage 3: Growing capacity for care and treatment	Growing capacity, some progress made but no systematic application, systems need strengthening
<b>66%–90%</b>	Stage 4: Strong capacity for care and treatment	Systems in place, growing capacity but some elements still need strengthening
<b>91%–100%</b>	Stage 5: Full capacity for care and treatment	Systems fully established, well implemented, and effective in building a strong national response

The following sections provide a more detailed description of each stage of readiness, as well as specific activities and recommendations that would help national or provincial programs progress to the next stage of readiness, thus building greater capacity for country ownership, and provide guidance relative to each of the eight domains (from tab 9 of Part II). This guidance, along with an understanding of specific areas of strengths and weaknesses in the subdomains, can help inform the development of an action plan for moving to the next stage of readiness.



# STAGE 1: MINIMUM CAPACITY FOR HIV CARE AND TREATMENT

At this first stage, the country (or province) has little or no capacity to provide HIV care and treatment services. There are few trained and supervised staff, poor laboratory infrastructures that are mostly nonfunctional, problems with consistent drug supply, no standardized treatment protocols or information systems, no clear leadership to champion the cause, and no appropriate HIV strategy for achieving universal access. The country (or province) is dependent almost exclusively on outside financial and technical resources to run the HIV care and treatment programs that do exist. To progress to Stage 2, the country (or province) will need to identify a leadership structure to develop a clear strategy for care and treatment (including antiretroviral therapy [ART]) and to advocate for stronger implementation. Systems strengthening, staff training, and work force development are critical for quality care and treatment programs. Examples of other steps that might require technical assistance and resources to move to the next stage are listed in Table 2.

**Table 2. Possible Steps That Will Assist Progress to Stage 2**

<b>Domain</b>	<b>Steps to Move to the Next Level of Capacity</b>
<b>1. Human resources</b>	<ul style="list-style-type: none"> <li>• Assess level of staffing needed to implement HIV care and treatment services</li> <li>• Develop training programs to build human resources for staffing care and treatment programs, including ART services</li> </ul>
<b>2. Leadership</b>	<ul style="list-style-type: none"> <li>• Identify a leadership structure to begin developing a strategy for a national care and treatment program, building on existing resources and services</li> <li>• Provide leadership support/training</li> </ul>
<b>3. Effective policy</b>	<ul style="list-style-type: none"> <li>• Support the leadership in strengthening or updating the national HIV strategic plan and initial action plan</li> </ul>
<b>4. Operating systems</b>	<ul style="list-style-type: none"> <li>• Assess current capacity of service delivery sites and laboratory and pharmacies for delivering care and treatment, including ART</li> <li>• Provide resources and training for laboratory and pharmacy staff to organize and provide needed services to support HIV care and treatment</li> </ul>
<b>5. Management systems</b>	<ul style="list-style-type: none"> <li>• Identify critical areas of need and consult with internal and external experts on developing treatment protocols to guide clinical decision making and treatment monitoring</li> <li>• Establish linkages and referrals between services</li> </ul>
<b>6. Infrastructure and resources</b>	<ul style="list-style-type: none"> <li>• Apply for funding from national and international donors and foundations to support development and implementation of comprehensive care and treatment, including ART</li> </ul>
<b>7. Fiscal management</b>	<ul style="list-style-type: none"> <li>• Seek technical assistance in establishing sound financial management practices for transparency and accountability</li> </ul>
<b>8. Partnerships and alliances</b>	<ul style="list-style-type: none"> <li>• Develop partnerships and collaborative relationships for the design and implementation of care and treatment</li> </ul>



# STAGE 2: BASIC CAPACITY FOR HIV CARE AND TREATMENT

In this second stage of capacity, the leadership structure for HIV care and treatment has engaged key stakeholders in developing or updating the national HIV strategic plan, but there is still little experience in implementing HIV care and treatment programs, and capacity at treatment facilities is very limited. There is vision and political will, but considerable assistance and resources are needed to build infrastructure, train staff, and develop functioning systems to support a comprehensive HIV care and treatment program including the delivery of ART. The primary tasks for progressing to Stage 3 involve mobilization of resources, setting up of effective systems of service delivery and harmonized support systems (e.g., information, drugs, laboratory) to deliver basic HIV care and treatment services within existing programs in areas most affected by the HIV epidemic, and ensuring that needed human resources are in place.

**Table 3. Possible Steps That Will Assist Progress to Stage 3**

<b>Domain</b>	<b>Steps to Move to the Next Level of Capacity</b>
<b>1. Human resources</b>	<ul style="list-style-type: none"> <li>• Expand pre- and in-service training for staff</li> <li>• Develop post-training follow-up and clinical mentoring</li> </ul>
<b>2. Leadership</b>	<ul style="list-style-type: none"> <li>• Engage key stakeholders in developing a strategic plan for a national response to HIV</li> </ul>
<b>3. Effective policy</b>	<ul style="list-style-type: none"> <li>• Gather evidence needed for appropriate program planning and design</li> <li>• Seek information on systems of care and policy options from other countries or international bodies to assist decision making</li> </ul>
<b>4. Operating systems</b>	<ul style="list-style-type: none"> <li>• Assist leadership in developing clinical protocols and guidelines for service delivery, laboratory, and drug management</li> <li>• Build linkages and referral systems between programs and services</li> <li>• Examine country (or provincial) experience to date on care systems that ensure coverage and retention, and begin to test what works</li> </ul>
<b>5. Management systems</b>	<ul style="list-style-type: none"> <li>• Develop a standardized (harmonized) basic health information system for tracking patients and program monitoring and evaluation</li> </ul>
<b>6. Infrastructure and resources</b>	<ul style="list-style-type: none"> <li>• Leverage resources from multiple sources to strengthen critical program components and invest in infrastructure building to ensure adequate space, facilities, and equipment for service delivery</li> </ul>
<b>7. Fiscal management</b>	<ul style="list-style-type: none"> <li>• Provide technical and administrative support to programs and facilities in establishing sound fiscal management systems</li> </ul>
<b>8. Partnerships and alliances</b>	<ul style="list-style-type: none"> <li>• Formalize partnerships and collaborative relationships to enhance program planning and service delivery</li> </ul>



# STAGE 3: GROWING CAPACITY FOR HIV CARE AND TREATMENT

By Stage 3, there is growing capacity to establish operational systems and procedures for ensuring quality HIV care and treatment services. Progress is being made in establishing a select number of sites providing comprehensive HIV care and treatment programs, with some sites delivering a range of ART services with laboratory and pharmacy support. A national HIV strategic plan exists but lacks specificity and systems for monitoring quality of care, and coordination between different services still needs strengthening. HIV care and treatment services are still at a relatively small to moderate scale; the challenge is to establish quality control procedures and continue development of technical and operational systems to deliver the range of care and treatment services in the most needed areas. Progression to Stage 4 depends on the degree to which resources can be leveraged and targeted for capacity building in specific areas with internal controls for fiscal transparency and accountability.

**Table 4. Possible Steps That Will Assist Progress to Stage 4**

<b>Domain</b>	<b>Steps to Move to the Next Level of Capacity</b>
<b>1. Human resources</b>	<ul style="list-style-type: none"> <li>• Continue to expand and train staff to meet minimum required levels of staffing for patient care in select areas of need</li> <li>• Develop strategies for addressing staff turnover</li> </ul>
<b>2. Leadership</b>	<ul style="list-style-type: none"> <li>• Better define specific goals and benchmarks for program development and an action plan to operationalize them, including cost considerations</li> </ul>
<b>3. Effective policy</b>	<ul style="list-style-type: none"> <li>• Define measurable targets and benchmarks for implementing the national HIV strategic plan</li> <li>• Establish formal, structured, and evidence-based and results-based decision-making processes for policy development and action planning</li> </ul>
<b>4. Operating systems</b>	<ul style="list-style-type: none"> <li>• Implement protocols and guidelines for clinical practice, laboratory, and drug management, and establish procedures for monitoring compliance</li> <li>• Ensure adequate resources for laboratory and pharmacies to maintain required level of service and prevent stockouts</li> </ul>
<b>5. Management systems</b>	<ul style="list-style-type: none"> <li>• Continue to develop and strengthen implementation of health information systems for patient tracking and program monitoring and evaluation</li> <li>• Establish internal processes for monitoring quality of care and address areas needing improvement</li> </ul>
<b>6. Infrastructure and resources</b>	<ul style="list-style-type: none"> <li>• Expand scope of services to provide equitable access to populations in greatest need</li> </ul>
<b>7. Fiscal management</b>	<ul style="list-style-type: none"> <li>• Develop and implement a system of checks and balances to ensure that fiscal management processes are effective, transparent, and accountable</li> </ul>
<b>8. Partnerships and alliances</b>	<ul style="list-style-type: none"> <li>• Organize joint activities to strengthen partnerships and define roles and responsibilities of government, civil society, community organizations, donors, and other partners in implementing and stabilizing the national program for HIV care and treatment</li> </ul>



# STAGE 4: STRONG CAPACITY FOR HIV CARE AND TREATMENT

Both national (or provincial) and subnational leadership and HIV care and treatment sites have gained experience and capacity in managing services, including ART, guided by a national set of standards of care aligned with the national HIV strategic plan. Certain elements still need strengthening, and coordination between programs and services needs to be improved. The main focus at this stage is consolidation of programmatic gains and strengthening of partnerships and collaborative relationships to maximize the efficiency, effectiveness, and sustainability of HIV care and treatment programs and achieve universal coverage. Readiness to move to Stage 5 depends on the ability of national (or provincial) programs to go beyond current levels of service and expand or improve programs in response to an anticipated growth in need for HIV care and treatment.

**Table 5. Possible Steps That Will Assist Progress to Stage 5**

<b>Domain</b>	<b>Steps to Move to the Next Level of Capacity</b>
<b>1. Human resources</b>	<ul style="list-style-type: none"> <li>• Stabilize and strengthen ongoing program of training and human resource development to address staff turnover and meet changing or increasing needs in service delivery for universal coverage</li> </ul>
<b>2. Leadership</b>	<ul style="list-style-type: none"> <li>• Develop longer-term planning, advocacy, and leadership development</li> </ul>
<b>3. Effective policy</b>	<ul style="list-style-type: none"> <li>• Continue to develop policy and platforms that reflect the continually changing nature of the epidemic and realistic funding options</li> <li>• Continue to assess costs of treatment and service delivery options</li> <li>• Continue to develop effective mechanisms for translating policy into practice and action</li> </ul>
<b>4. Operating systems</b>	<ul style="list-style-type: none"> <li>• Identify and address any remaining gaps in service delivery, laboratory services, drug management procedures, and procurement of other HIV special commodities</li> <li>• Explore means for increasing or expanding capacity for delivering goods and services to needed areas</li> </ul>
<b>5. Management</b>	<ul style="list-style-type: none"> <li>• Strengthen health information and monitoring and evaluation systems to ensure sustained quality and facilitate harmonization of services between programs and regions</li> </ul>
<b>6. Infrastructure and resources</b>	<ul style="list-style-type: none"> <li>• Enhance infrastructure to support communications and web-based systems for information and knowledge management</li> <li>• Continue to expand and improve physical facilities and material resources to support expansion of programs and services</li> </ul>
<b>7. Fiscal management</b>	<ul style="list-style-type: none"> <li>• Continue to strengthen and standardize internal control and management procedures to enhance fiscal transparency and accountability</li> <li>• Integrate financial planning with program planning and ensure that budgets reflect realistic levels for implementing program components</li> </ul>
<b>8. Partnerships and alliances</b>	<ul style="list-style-type: none"> <li>• Continue developing and consolidating partnerships and networks among all sectors and stakeholders</li> </ul>



# STAGE 5: FULL CAPACITY FOR HIV CARE AND TREATMENT

At this last stage—full capacity—the country (or province) has systems in place and the human resources, leadership, policy, partnerships, and accountability to maintain HIV care and treatment programs. The country (or province) has developed mechanisms for local and other funding to maintain or move toward universal coverage with quality services. The country (or province) has a vision and a plan and has organized the resources from internal and external sources to implement the plan. The country (or province) has sustainable political will, across the full political spectrum, to maintain HIV care and treatment programs and is able to coordinate donor and partner efforts. Fully functioning HIV care and treatment programs, including ART, are available in most regions of the country (or province). Human resources, laboratory, and drug management procedures are sufficient to support the current level of activity and are poised for expansion. Forward-looking leadership structures and partnerships are developing strategic plans to diversify their resource base. The country’s (or province’s) HIV care and treatment program could serve as a model for other national (or provincial) programs. The primary tasks for country (or provincial) leadership are to continue strengthening and consolidating gains in service delivery systems, to expand or scale-up services as needed, and to continue to build and consolidate partnerships and alliances to achieve “universal access” and equitable provision of a continuum of care.

**Table 6. Types of Activities and Steps to Ensure Consolidation**

<b>Domain</b>	<b>Steps to Ensure Consolidation of Capacity</b>
<b>1. Human resources</b>	<ul style="list-style-type: none"> <li>• Strengthen processes for identifying staffing capacity gaps (quantity and quality) and translating these gaps into appropriate in-service and preservice training and support programs</li> </ul>
<b>2. Leadership</b>	<ul style="list-style-type: none"> <li>• Increase focus on the strategic nature of planning and the continually changing epidemic through joint planning, better coordination, and harmonization of programs and services</li> </ul>
<b>3. Effective policy</b>	<ul style="list-style-type: none"> <li>• Strengthen internal expertise and capacity for effective policy analysis and development, in consultation with national and international sources, to ensure evidence-based and results-based decision making and policy implementation</li> </ul>
<b>4. Operating systems</b>	<ul style="list-style-type: none"> <li>• Continue to strengthen linkages between systems and services</li> <li>• Increase capacity for scale-up and expansion as needed</li> </ul>
<b>5. Management systems</b>	<ul style="list-style-type: none"> <li>• Ensure system for reviewing/updating standards of care as needed</li> <li>• Ensure the health information system is accurate, reliable, and used in decision making and programmatic improvement</li> </ul>
<b>6. Infrastructure and resources</b>	<ul style="list-style-type: none"> <li>• Continue to diversify resource base and develop new strategies for resource mobilization as part of long-term planning</li> </ul>
<b>7. Fiscal management</b>	<ul style="list-style-type: none"> <li>• Ensure financial planning is integrated with program planning and budgeting is based on systematic analysis of costs to ensure financial viability and accountability</li> </ul>
<b>8. Partnerships and alliances</b>	<ul style="list-style-type: none"> <li>• Expand and strengthen partnership, alliances, and networks to include both national and international partners</li> </ul>



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