

# Public sector site readiness tool

GENERAL INTERVIEW INFORMATION	
1	Date:
2	Name of site:
3	Province/region/ district/state/country:
4	Global positioning system (GPS) coordinates:
5	Site address:
6	Name of site manager:  <i>Contact Information:</i>  Email:  Phone number:
7	Name and title of person completing this form (if different from #6):  <i>Contact Information:</i>  Email:  Phone number:

## READINESS CRITERIA

#	Section/Question	Description	Means of verification (MOV)	Yes = Y; No = N; Not applicable = N/A	Comments and areas for improvement
<b>1</b>	<b>SITE OPERATIONS</b>				
1.1*	Does the site have a person, team, or committee designated to lead HIV pre-exposure prophylaxis (PrEP) service delivery/ring introduction?	The lead could be a team or individual.	Interview	Y    N    N/A	
1.2	Does the site receive support from the President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners or other donors (e.g., Global Fund) for PrEP implementation?	The purpose of this question is to understand if the site is receiving support for PrEP implementation in addition to support provided by the Ministry of Health.	Interview	Y    N    N/A	
1.3*	Does the site have a copy of current ring provision guidelines (HIV prevention or ring-specific)? <i>[The ring may or may not be included in national HIV guidelines at the time of the assessment]</i>	Verify availability of hard or soft copy.	Interview/ observation	Y    N    N/A	
1.4*	Has the site adopted COVID-19 precautions according to national guidelines? (E.g., hand washing and/or sanitizer use; masks; social distancing guidelines; ventilation; basic screening; information, education, and communication [IEC] materials, etc.)	Verify availability of hard or soft copy COVID-19 guidelines or IEC materials, handwashing stations, hand sanitizer, and other guidance materials (e.g., guidance for clients to socially distance). This relates to overall quality of care.	Interview/ observation	Y    N    N/A	
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	

**Note:** The asterisk (\*) designates basic readiness criteria. The basic criteria can be used to assess readiness of the essentials needed for PrEP ring delivery.

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<b>2</b>	<b>COMMODITY MANAGEMENT</b>				
2.1*	Is the site linked with the public sector supply chain? If no, please describe other supply chains (e.g., private sector, nongovernmental [NGO]) the site uses to receive commodities.	This could apply to private sector health facilities as well as non-health facility community sites (e.g., drop-in centers, safe spaces).	Interview	Y    N    N/A	
2.2*	Are site staff trained or sensitized on national logistics management information systems for ordering and reporting on HIV commodities?	Verify that staff are trained to order and report using the national system; verify that an HIV commodity order was submitted for the most recent ordering cycle.	Interview/ observation	Y    N    N/A	
2.3	Does the site have staff that are trained on pharmaceuticals stock management?	Verify that staff are trained on stock management; verify that stock cards are up-to-date.	Interview/ observation	Y    N    N/A	
2.4*	Does the site have space to store the PrEP ring? (The packaging is not bulky, and rings may be packaged for one- or three-month supply.)	Verify availability of storage capacity.	Interview/ observation	Y    N    N/A	
2.5*	Is the storage space dry, cool, and clean, and are products stored off the floor?	Verify storage capacity conditions.	Interview/ observation	Y    N    N/A	
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	

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<b>3</b>	<b>HUMAN RESOURCES</b>				
3.1*	At this site, have PrEP service providers been trained on the provision of oral PrEP?	Verify if any health workers need training on oral PrEP.	Interview	Y    N    N/A	
3.2*	At this site, are service providers trained or sensitized on the PrEP ring?	Verify if any health workers need training on the PrEP ring.	Interview	Y    N    N/A	
3.3	At this site, have staff been trained on the most recent HIV prevention guidelines? [Probe if trainings included supporting clients to choose among different prevention options (i.e., informed choice), especially if guidelines have not been updated to include multiple options.]	Verify if any health workers need training on HIV prevention guidelines and/or promoting informed choice.	Interview	Y    N    N/A	
3.4*	Are toolkits or job aids on HIV prevention, including oral PrEP, available to service providers (e.g., checklists, counseling tools, PrEP ring photos)?	Verify job aid availability; these could include PrEP ring photos, checklists, or counseling tools.	Interview/ observation	Y    N    N/A	
3.5*	Are anatomical models available for demonstrating ring insertion?	Verify availability of counseling models.	Interview/ observation	Y    N    N/A	

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3.6	Does the site provide ongoing support to strengthen staff capacity to provide the PrEP ring, including addressing health care worker attitudes toward the ring (e.g., on-the-job training, mentoring, supportive supervision)? Please describe the approach.	Verify availability of ongoing support to health care workers; this could be on-the-job training, continuing professional development, etc.	Interview (probe)	Y    N    N/A	
3.7	Have family planning (FP) providers been trained in the last 12 months to provide PrEP services? <i>(Mark as N/A if FP providers/services are not part of the site's service delivery package)</i>	Verify need for training FP providers on PrEP services.	Interview	Y    N    N/A	
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	

4 HEALTH SERVICE DELIVERY CAPACITY					
4.1*	Does the site provide HIV testing and counseling?	Verify HIV testing and counseling capacity.	Interview and verify availability of test kits .	Y    N    N/A	
4.2a*	Does the site provide oral PrEP?	Verify availability of oral PrEP services.	Interview	Y    N    N/A	
4.2b*	If no, does the site have a system to refer clients for oral PrEP?	Verify oral PrEP service referral capacity.	Interview	Y    N    N/A	

#	Section/Question	Description	Means of verification (MOV)	Yes = Y; No = N; Not applicable = N/A	Comments and areas for improvement
4.3*	Does the site provide a range of other combination HIV prevention services? If yes, please list: <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Sexually transmitted infection (STI) screening, in addition to HIV testing</li> <li>• Needle and syringe exchange</li> <li>• Voluntary medical male circumcision</li> <li>• Post-exposure prophylaxis</li> </ul>	Verify availability of other HIV prevention services.	Interview	Y    N    N/A	<i>List HIV prevention services that are provided at this site</i> _____ _____ _____
4.4*	Is there a private room or area for HIV counseling and testing?	Verify availability of private space for counseling and PrEP ring demonstration.	Interview/ observation	Y    N    N/A	_____ _____ _____
4.5*	Does the site have a private room for demonstrating PrEP ring insertion and for clients to practice ring insertion?	Verify availability of private space for PrEP ring demonstration.	Interview/ observation	Y    N    N/A	_____ _____ _____
4.6	Does the site have a handwashing station accessible to clients wishing to practice PrEP ring insertion?	Verify availability of handwashing station for clients wishing to practice PrEP ring insertion.	Interview/ observation	Y    N    N/A	_____ _____ _____
4.7*	Does the site have a strategy for supporting effective ring use? Strategies may include PrEP champions, peer support groups, or follow-up phone calls.	Verify any strategies to support clients with effective ring use.	Interview	Y    N    N/A	<i>Specify approaches for supporting effective ring use</i> _____ _____ _____

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4.8	Does the site have a unique client tracking identification system? Please describe how client confidentiality is managed.	Verify availability of confidential client tracking system.	Interview/ observation	Y    N    N/A	
4.9	Does the site have an electronic client monitoring system?	Verify availability of an electronic patient monitoring system.	Interview/ observation	Y    N    N/A	
4.10*	Does the site provide HIV treatment services?	Verify current capacity to provide HIV treatment services.	Interview	Y    N    N/A	
4.11*	If no, does the site provide HIV treatment referrals?	Verify HIV treatment referral capacity.	Interview	Y    N    N/A	
4.12	Is the site able to conduct pregnancy assessments for clients (either pregnancy testing or pregnancy screening)?	Although pregnancy testing is not required for PrEP ring initiation, this question will describe site capacity to screen for pregnancy.	Interview	Y    N    N/A	<i>Specify how pregnancy assessments are conducted</i>
4.13*	At this site, are HIV prevention services integrated into health services offered at other service delivery points? (e.g., antenatal care, FP, maternal and child health, outpatient). This question will help to determine the potential for PrEP ring delivery in all service delivery points within a site.	Verify potential for integrating PrEP ring delivery in all service delivery points within a site.	Interview	Y    N    N/A	<i>List where HIV prevention services are integrated</i>

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4.14	Is HIV testing offered alongside FP services?	Verify potential for integrating PrEP ring demand generation with HIV testing services offered at FP service delivery points.	Interview	Y    N    N/A	
4.15	Is there a referral system for FP clients seeking HIV prevention services?	Verify existing referral processes.	Interview	Y    N    N/A	
4.16	Is there a referral system for HIV prevention clients seeking FP services?	Verify existing referral processes	Interview	Y    N    N/A	
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	

5	DEMAND CREATION				
5.1*	Does the site have site-level communications materials on the PrEP ring? If yes, specify the types of materials available.	Verify availability of communications materials.	Interview/ observation	Y    N    N/A	
5.2	Does the site conduct outreach and demand creation activities for HIV prevention products and services and/or link with other partners that conduct HIV demand creation?	Verify availability of outreach services.	Interview	Y    N    N/A	



#	Section/Question	Description	Means of verification (MOV)	Yes = Y; No = N; Not applicable = N/A	Comments and areas for improvement
5.3*	Has the community been sensitized on the availability of the PrEP ring at the site?	Verify status of community sensitization.	Interview/ review activity reports	Y    N    N/A	
5.4	Does the site have HIV prevention champions (e.g., PrEP champions/ambassadors, etc.)?	Verify staff availability for community awareness.	Interview	Y    N    N/A	
5.5	Does the site conduct demand creation activities that integrate HIV prevention and sexual and reproductive health topics, such as FP, STIs, or gender-based violence (GBV)?	Verify potential to integrate the PrEP ring into existing demand creation activities.	Interview	Y    N    N/A	
5.6	Is HIV prevention counseling offered alongside FP demand creation activities?	Verify potential for integrating PrEP ring demand creation with FP demand creation activities.	Interview	Y    N    N/A	
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	

6	<b>GENDER-BASED VIOLENCE (GBV) SERVICE CAPACITY</b>				
6.1*	Does the site offer GBV services for people accessing PrEP services?	Verify GBV service capacity according to World Health Organization (WHO) guidelines (see 6.2a).	Interview	Y    N    N/A	

#	Section/Question	Description	Means of verification (MOV)	Yes = Y; No = N; Not applicable = N/A	Comments and areas for improvement
6.2a*	Does the site have PrEP providers trained to assess and probe for GBV and intimate partner violence (IPV)?	Verify PrEP provider's training in routine inquiry for IPV and that WHO minimum standards are met: <ul style="list-style-type: none"> <li>• Presence of standard operating procedures on GBV management</li> <li>• Providers trained on enquiry and management of GBV</li> <li>• Providers offering first line support</li> <li>• Referral system in place for post-GBV services</li> </ul>	Interview	Y    N    N/A	
6.2b*	Have PrEP providers been trained on first-line support to GBV?	Verify staff have been trained on LIVES (Listen, inquire, validate, enhance safety, and support); see <a href="https://www.who.int/publications/i/item/9789241517102">Caring for women subjected to violence: a WHO curriculum for training health-care providers</a> (https://www.who.int/publications/i/item/9789241517102)	Interview	Y    N    N/A	
6.3	Does the site offer other post-GBV care for affected individuals? If yes, specify.	Verify GBV service capacity.	Interview	Y    N    N/A	<i>Specify available GBV response services</i>
6.4	Does the site offer referrals for post-GBV care? If yes, specify.	Verify GBV referral system.	Interview	Y    N    N/A	<i>Specify GBV referrals systems</i>
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	

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<b>7</b>	<b>QUALITY ASSURANCE AND REPORTING SYSTEMS</b>				
7.1*	Is the site currently contributing data to a national reporting system on HIV services?	Verify site capacity to report into the national health management information system (HMIS).	Interview	Y    N    N/A	<i>Specify which services are reported</i> _____ _____ _____
7.2	Are staff trained on contributing data to the national reporting system on HIV services?	Verify staff capacity to report into the national HMIS.	Interview	Y    N    N/A	_____ _____ _____
7.3	Does the site have a system for the reporting of adverse events, per national guidelines?	Verify capacity to report adverse events.	Interview	Y    N    N/A	_____ _____ _____
7.4	Is the site actively reporting adverse events experienced by clients?	Verify capacity to report adverse events.	Interview/ observation (example of adverse event report)	Y    N    N/A	_____ _____ _____
7.5	Does the site receive supportive supervision for HIV services?	Verify quality assurance capacity and oversight.	Interview	Y    N    N/A	_____ _____ _____

#	Section/Question	Description	Means of verification (MOV)	Yes = Y; No = N; Not applicable = N/A	Comments and areas for improvement
7.6	When was the last supportive supervision visit? By whom?	Verify quality assurance capacity and oversight.	Interview	Y    N    N/A	
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	

8    YOUTH-FRIENDLY SERVICES					
8.1*	Does the site have a policy or guidelines on youth-friendly provision of services?	Verify availability of guidelines (hard or soft copy).	Interview/ observation of guidelines	Y    N    N/A	
8.2*	Have staff been trained to provide equitable, confidential, nonjudgmental services to young people?	Verify youth-friendly capacity.	Interview	Y    N    N/A	
8.3	Does the site have a process for integrating the voices of young people into design and planning efforts?	Verify youth-friendly capacity.	Interview	Y    N    N/A	
8.4	Has the site identified a focal person for youth-friendly services?	Verify youth-friendly capacity.	Interview	Y    N    N/A	

#	Section/Question	Description	Means of verification (MOV)	Yes = Y; No = N; Not applicable = N/A	Comments and areas for improvement
8.5	Does the site provide peer-led models for youth-friendly service provision?	Verify youth-friendly capacity.	Interview	Y    N    N/A	
8.6	Is there a youth-friendly space at the site?	Verify youth-friendly capacity.	Interview	Y    N    N/A	
8.7	Does the site implement outreach services for youth-friendly services?	Verify youth-friendly capacity.	Interview	Y    N    N/A	
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	

9 KEY POPULATION (KP)-FRIENDLY SERVICES					
9.1*	Does the site have a policy or guidelines on services for key populations (KPs)?	Verify availability of guidelines (hard or soft copy) and KP-friendly readiness capacity.	Interview/ observation of guidelines	Y    N    N/A	
9.2*	Have staff been trained to provide equitable, confidential, nonjudgmental services to KPs?	Verify KP-friendly capacity.	Interview	Y    N    N/A	

#	Section/Question	Description	Means of verification (MOV)	Yes = Y; No = N; Not applicable = N/A	Comments and areas for improvement
9.3	Does the site have a process for integrating the voices of KPs into design and planning efforts?	Verify KP-friendly capacity.	Interview	Y    N    N/A	
9.4	Has the site identified a focal person for KP-friendly services?	Verify KP-friendly capacity.	Interview	Y    N    N/A	
9.5	Does the site provide peer-led models for KP-friendly services?	Verify KP-friendly capacity.	Interview	Y    N    N/A	
9.6	Is there space to provide services to KPs, per national guidelines?	Verify KP-friendly capacity.	Interview	Y    N    N/A	
9.7	Does the site have a process for identifying and reviewing (identifying, mapping, and updating) outreach hot spots to reach KPs?	Verify KP-friendly capacity.	Interview	Y    N    N/A	
9.8	Does the site have linkages to peer structures to support continuation?	Verify KP-friendly capacity	Interview	Y    N    N/A	
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	

#	Section/Question	Description	Means of verification (MOV)	Yes = Y; No = N; Not applicable = N/A	Comments and areas for improvement
<b>10</b>	<b>SERVICE DELIVERY FEES AND OTHER COSTS</b>				
10.1	Does the site accept reimbursement from the national health insurance scheme for HIV prevention services, such as oral PrEP or the PrEP ring?	Verify capacity to accept and process national health insurance claims.	Interview	Y    N    N/A	_____
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	
<b>11</b>	<b>CONCLUSION</b>				
	Do you have any additional questions or feedback for me?			Y    N    N/A	_____
<b>SUBTOTAL</b>				Yes _____ No _____ N/A _____	
<b>TOTAL</b>				Yes _____ No _____ N/A _____	