

Annex to the Country HIV Prevention Rapid Assessment Check List

Summary tables

Please complete the following tables, which will serve for comparative analysis. Please do not modify the format of the table. Only add rows at the end.

Prioritization

Strategy documents exist for the following areas ...	Stand-alone document	Part of national strategic plan	Part of national prevention strategy	Time frame covered	Comments
	yes/no	yes/no / partially	yes/no / partially	20xx-20yy	
Overall					
HIV prevention strategy			na		
Priority pillars					
Condoms					
VMMC					
PrEP					
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 					
Young women + adult women/men in high-prevalence settings					
Strategy documents f. other areas (specify)					

Evidence-base

To what extent were national epidemiological analysis and global evidence on intervention effectiveness used in designing national HIV prevention strategies/plans?

Evidence-base for prioritization and design	Situation & response analysis (desk review)	Formative research (knowledge, attitudes, behavior/ demand) done and used		Other (math. model, geogr. analysis etc.) specify	Comments
		Quantitative yes/no/year	Qualitative yes/no/year		
Overall					
HIV prevention strategy					
Priority pillars					
Condoms					
VMMC					
PrEP					
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 					
Young women + adult women/men in high-prevalence settings					

Priority populations

Priority populations in the national prevention strategic document (or national HIV strategy or sub-strategy)	Identified as relevant (mentioned as target group for general activities)	Highly prioritized (explicitly prioritized <u>and</u> specific actions defined))	Comments
	yes/no	yes/no	
Female sex workers			
Male sex workers			
Clients of sex workers			
Men who have sex with men			
Transgender persons			
People who use/ inject drugs			
Prisoners			
Adolescent boys			
Adolescent girls			
Young women			
Young men			
Adult women			
Adult men			
Sero-discordant couples			
New couples with unknown HIV status			
Other populations (specify)			

Priority risk / vulnerability factors

Key factors identified in the national prevention strategic document (or national HIV strategy or sub-strategy)	Identified as relevant (mentioned as part of general activities)	Highly prioritized (explicitly prioritized <u>and</u> specific actions defined)	Comments
	(yes/no)	(yes/no)	
Sex work			
Transactional sex			
Multiple sexual partnerships			
Concurrent sexual partnerships			
Casual sexual partnerships			
Online casual dating / gay men			
Online casual dating / heterosexual			
Sero-discordance			
Marriage, cohabitation (specify)			
Mobility			
Gender norms			
Gender-based violence			
Economic inequality of men & women			
Drug injection (specify type)			
Drug use /sexual transmission			
Alcohol use			
Stigma /discrimination /rights abuse			
Other key factors ...			

Priority interventions

Priority interventions identified in the national prevention strategic document (or national HIV strategy or sub-strategy)	Identified as relevant (mentioned as part of wider activities)	Highly prioritized (explicitly prioritized as a thematic area)	Comments
	(yes/no)	(yes/no)	
Condoms			
VMMC			
PrEP			
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 			
Young women + adult women/men in high-prevalence settings			
Other interventions (specify)			

Quality of program design

State your assessment starting with an overall assessment, followed by describing areas for improvement (eg. “Clear and logical, except ...” or “Partially consistent, but a/b/c needs strengthening” ...). Assess against globally available guidance and standards.

Results framework	Outcome-level	Supply-side outputs /coverage (service availability)	Demand-side outputs /coverage (of communications to generate demand/influence behavior)	Overall consistency (and other comments)
Priority pillars				
Condoms				
VMMC				
PrEP				
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 				
Young women + adult women/men in high-prevalence settings				

Targets

The following targets are in place ...	National-level targets			Sub-national targets		Comments
	In place	Clearly defined*	Realistic*	In place	Used in programs	
	(yes /no)	yes /no /partially	yes /no /partially	(yes /no)	yes /no /partially	
Impact targets						
Reduction in new infections (%)						
Outcome targets						
Condom use among sex worker with last client						
Condom use among MSM/ last anal sex						
Condom use w. non-reg. partner / men 15-49						
Condom use w. non-reg. partner /women 15-24						
% of PWID who use sterile injecting equipm.						
% of men 15-49 circumcised						
Number of men 15-29 circumcised						
Number of people on PrEP						
Number of people on OST						
Output targets						
Number of condoms distributed						
Number of needles distributed						
% of sex workers reached						
% of men who have sex with men reached						
% of people who inject drugs reached						
% of young women reached						
% of people 15-49 reached (high preval.)						

* Clarity of indicator definitions: Are the indicators specific, measurable, attainable, relevant and time-bound? (specifically look at coverage)

** Adequacy of quantification: Are the targets realistic? Are targets sufficient to achieve higher-level results?

Costed operational plan(s)

Consider the following aspects in your assessment.

- *Adequacy of delivery models and modalities: Are they strategically chosen to achieve the outputs?*
- *Efficiency in delivering activities: Are activities designed to absorb the minimum necessary level of resources?*
- *Adequacy of quantification: Are quantities adequate, but not excessive?*
- *Costs: Are unit costs reasonable? (any observations?)*
- *Decentralization: Are activities and budgets sufficient to achieve the required level of decentralized programme delivery?*

State your comments starting with an overall assessment, followed by describing aspects for improvement (eg. “Adequate, except ...” or “Partially consistent, but a/b needs strengthening” ...). Highlight any discrepancies between costed plans and national strategy.

Costed operational plans	Supply-side activities	Demand-side activities	Description of how operational plan is used in practice (or other comments)
Priority pillars			
Condoms			
VMMC			
PrEP			
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 			
Young women + adult women/men in high-prevalence settings			

Prevention architecture - composition

Co-ordination / management groups	Group which covers priority pillar exists	Convening agency /chair of group	Group covers health & non-health actors	Frequency of meetings in 2016	Comments (including any observations on composition)
	yes/no/ as part of other group (specify)	specify	yes/no / partially	Planned / actual	
Overall					
HIV prevention overall					
Priority pillars					
Condoms					
VMMC					
PrEP					
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 					
Young women + adult women/men in high-prevalence settings					
Groups for other areas (specify)					

Prevention architecture - function

Co-ordination / management groups	Group actively tracks results framework/ op. plan	Group covers supply & demand	Sub-national groups which cover priority pillar exist	Comments
	yes/no / partially	yes/no / partially	yes/no	
Overall				
HIV prevention overall				
Priority pillars				
Condoms				
VMMC				
PrEP				
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 				
Young women + adult women/men in high-prevalence settings				
Groups for other areas (specify)				

Staff capacity Enter number of staff allocated to specific areas of expertise at national level in government (G), NGOs (N), I (international agencies). Split between areas if staff cover more than one area, but do not double-count staff-time. Example for format: 0.5/G	Programme manager (multiple functions)	Research: epidemic, market, social analysis	Planning, monitoring and evaluation	Procurement & supply management	Design of media & interpersonal comm's	Develop & manage clinical prevention services, train HWs	Selecting, contracting, managing NGOS	Policy & advocacy with leaders	Comments
Overall									
HIV prevention overall									
Priority pillars									
Condoms									
VMMC									
PrEP									
Key populations: <ul style="list-style-type: none"> Programs for sex workers Programs for men who have sex with men Programs for people who inject drugs 									
Young women + adult women/men in high-prevalence settings									
Staff in other prevention areas (specify)									

Implementation models & modalities

National standard operating procedures (SOP) & quality assurance	SOP in line with latest global guidance in place		Implementers trained to use SOP	Quality assurance in place	Comments
	Supply / service delivery	Demand generation/ community			
	Yes/ no / partially	Yes/ no / partially	Specify	Specify	
Priority pillars					
Condoms					
VMMC					
PrEP					
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 					
Young women + adult women/men in high-prevalence settings					

Intensity

Describe what level of intensity (for example: number of condoms to be given to a sex worker; frequency of contact between program and members of priority populations) in program delivery is proposed by national guidance and what estimated practice in delivering intensity is.

Intensity	Frequency and type of exposure		Comments <i>If available provide information on duration of contact and most common services/ messages/ issues covered during the contact</i>
	As per guidance	Actual (estimated average)	
Priority pillars			
Condom distribution: How many condoms given per visit in health facility / by outreach worker			
Programs for sex workers: How frequently should a sex worker be reached?			
Programs for men who have sex with men: How frequently should an MSM be reached?			
Programs for people who inject drugs: How frequently should a PWID be reached?			
Young women in high-prevalence settings: How frequently should a young woman be reached?			

Geographical coverage

Geographical coverage with a package in line with global guidance (as adapted in national guidance if similar).

Performance review mechanisms	Proportion (%) of priority geographical areas covered (the denominator here are geographical areas where there is need for services, not all areas, in other words the denominator are key locations, or identified priority districts)				Comments
	Sub-national admin areas (districts) where package is available		Communities where package is available		
	Supply / services	Demand / outreach	Supply / services	Demand / outreach	
Priority pillars					
Condoms					
VMMC					
PrEP					
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 					
Young women + adult women/men in high-prevalence settings					

*Frequency of review refers to how often progress towards targets is being discussed with implementers at the given level

Performance review mechanisms

Performance review mechanisms	Frequency and type of reporting and progress review (specify)			Comments
	National-level tracking	Sub-national tracking	Facility- /community-level	
Overall				
HIV prevention overall				
Priority pillars				
Condoms				
VMMC				
PrEP				
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 				
Young women + adult women/men in high-prevalence settings				

*Frequency of progress review refers to how often progress towards targets is being discussed with implementers at the given level

Financing

	HIV prevention spending in US\$ (20xx)			Comments
	Domestic	International	Total	
Overall				
HIV prevention overall				
Priority pillars				
Condoms				
VMMC				
PrEP				
Key populations: <ul style="list-style-type: none"> • Programs for sex workers • Programs for men who have sex with men • Programs for people who inject drugs 				
Young women + adult women/men in high-prevalence settings				
Other areas (specify)				
Total HIV spending				
Priority prevention pillars in % total HIV spending				