		ART Read	liness Assessment Tool			
(Patient readiness support should follow the 5 A's (Assess, Advise, Agree on, Assist and Arrange on) ART Readiness and Adherence will be determined by the following factors:					
1	Capacity	2 Need	3 Drive	Self-care and continuous feedback on success measures		
		about the process of the is essential. A basic und the body and the need the importance of ac practices. Patients ne	reatment and how treatment derstanding that treatment d to maintain viral supprese therence to treatment, hed confidence in their	ransmission and basic knowledge ent works, including side effects, t works by "reducing the virus" in ssion. Patients should understand harm reduction and safe sexual ability to meet expectations of strategies to maintain emotional		
?	#1: 0	Common Basics of HIV Quest	ions	Score		
√	Wha	nt is HIV?				
\checkmark	Wha	at is AIDS?				
✓	How	is HIV passed on / spread?				
~	You	CANNOT Get HIV from				
	#2.0	Common APT Questions		Score		
	#2: (Common ART Questions		Score		

?	#2. Common Art Questions	Score
\checkmark	What do you understand by ART?	
\checkmark	What are the benefits of Early ART?	
\checkmark	What is your understanding of lifelong treatment?	
\checkmark	What are some side effects that may occur while taking ART?	
\checkmark	What should you do if any of these side effects occur?	

?	? #3: Common Prevention of opportunistic infections Questions	
\checkmark	What are opportunistic infections, and can you list some you know?	
\checkmark	How can you prevent opportunistic infections?	
✓	Would you continue ART if you would develop and of the opportunistic infections?	

?		#4: Common Viral load and CD4 Questions	Score
What do	✓	What is an undetectable/ lower than detectable viral load?	
you	✓	What is a high/ unsuppressed viral load (> than 1000 copies/ml)?	
understand about the HIV viral load and CD4?	~	Do you need to start ART with high CD4? What you need to do if your CD4 goes below 200 (ADM) (AHD)	

?		#5: Common Adherence Questions	Score
What do	\checkmark	What is adherence to ART?	
you	\checkmark	What happens when a patient does not practice adherence?	
understand			
by			
adherence?			

?		#6: Common Patient Monitoring Questions	Score
- How will	✓	What will be monitored during clinical visits?	
you be	✓	Do you know your laboratory monitoring schedule?	
clinically monitored while on ART?	~	Do you need to start ART with high CD4? What you need to do if your CD4 goes below 200 (ADM) (AHD)	
Why is monitoring ART important?			
Adults and	Pregnant	Adolescents	
children 0-	and		
10yrs	lactating		
	✓	What other labs are monitored?	
	✓	Why is it important to come back to the clinic for review?	
	✓	Why is it important to come back to the clinic for review?	

?	#7: Common Disclosure Questions	Score
✓	What is disclosure?	
~	When and to who can you disclose your HIV status and HIV Treatment Partner Children Family member Co-worker other	

?	#8: Common Treatment support Questions	Score
~	Treatment support for adults Do you have someone at home who can remind you about or make sure you are taking you HIV medications?	
~	Treatment support for children Who will giving the child medication at home? What reminders do you have for the child on ART?	

?	#9: Common Co- existing conditions Questions	Score
~	Do you have any co-existing conditions? • Hypertension • Diabetics • Anaemia • Epilepsy • Mental illness	
~	•Other Are you taking medication for this medication? How well controlled is your condition.	

?	#10: Common Potential barriers to adhere	ence Questions	Score
~	What potential barriers do you think could affect your treatment (ART)? - Financial - Work related - Family related - Transport related - Migration/mobility - Service provider related - Facility related - Mental health Issues (substance use disorder and others) - others	How can these barriers be addressed?	



Need The person initiating treatment must understand that treatment can extend health and productive life. The participants must trust that treatment will be helpful. This is one of the factors that could be bolstered by experienced expert clients on HIV treatment.

?	#11: Common Acceptance of HIV status and attitude towards ART Questions	Score
~	 How do you feel about starting ART? What do you expect from taking ARVs? What are your goals for the future? Do you think ARVs can help you achieve those goals? Do you feel confident that you can take ARVs as prescribed and adhere to treatment? If it happens that you change your residential place, what will you do to continue with treatment Are there any challenges that you foresee that can result in you stopping treatment? 	

	?	#12: Common Review possible previous experience with ART (Defaulters, back to care) Questions	Score
Ī	\checkmark	Have you been prescribed ART before?	
		If yes, under what circumstance was it prescribed?	
		 What issues or challenges made you to stop taking your ARVs 	

?	#13: Common Clients' Intention to start a	nd adhere to ART Questions	Score
~	 Treatment plan (Adults) How and where will you store your medication? How will you remember to take your medication? Do you have a treatment supporter? What to do if you cannot make an appointment? How can you move to another facility? 	 <u>Treatment plan (special considerations</u> <u>for children and adolescents</u>) Have you identified of a primary and secondary caregiver? How will you remember to give your child medication? How will your child receive additional support from the community? 	



Drive to live: This desire may be supported or discouraged by other aspects in life (family, children, partners, and friends). A component of the drive to live should include an assessment of shame, stigma, and how perceived or experienced discrimination is a force in the person's life. Understanding a person's drive to live may be guided by their expressions of fear for death. Within this context, assessing the presence and magnitude of anger, depression, and other emotionally distressing elements could be useful.

?	#14: Common Other aspects of PHDP (Positive Health, Dignity and Prevention) Questions	Score
~	 Index testing, prevention, and treatment Do you know the status of your partners? Do you know the status of your children? Do you inject drugs? Have your social contacts tested for HIV? Is your partner or any of your children taking HIV treatment? What are safer sex practices you can use to protect yourself and your partner? 	
	 Why is STI screening and treatment important? Are you using any family planning method? Why is Family planning important? Do you experience stigma and discrimination? Where does this occur (work, school, or home)? Feeling sad, down, or uninterested in life? Feeling anxious or nervous? Feeling stressed? Feeling angry? Do you feel stigmatized because of your HIV positive status? 	
~	 Do you reel stigmatized because of your HIV positive status? <u>Do you experience Intimate Partner Violence?</u> Has your partner ever hit, kicked, slapped, or otherwise physically hurt you for taking HIV Treatment? Has your partner ever threatened to throw away or hide your HIV Medicine? Has your partner ever forced you to do stop HIV treatment? Has your partner forced you to share your medicine with or forced you to collect his medicine for him? 	



Self-care and Treatment Success Measures

The client should be given information on how they will know their treatment is working to be motivated to continue taking treatment. Other factors like multi month dispensing should be included as benefits for treatment success. The following information on treatment success and self care will be provided

?	#15: Common Patient Self – care and treatment success measures Questions	Score
\checkmark	What can you do to ensure you stay well on ART?	
	1. PLHIV Support groups	
	2. Exercise	
	3. Good Nutrition	
	4. Healthy lifestyle	
	How can you know the treatment is working?	
	5. VL Suppression	
	6. Increasing CD4	
	7. Reduced or no Ols	

	8. Good growth and development (children)
Do	you know what U=U stand for
Wh	at additional packages exist for you?
	Discuss DSD models available
	Longer refill intervals and convenient pick-up models
	Integrated care with for HIV and other comorbidities

Guidance on low scoring assessment

Assessment	Remedial action
From I- XVI	 Additional counselling and patient education on identified knowledge gaps/ low scores to improve
	patient literacy and support by a nurse/ doctor or social worker
	 Involve treatment/ Peer supporter for counselling for additional support
	 Link to support group and community support structures
V- VI	 Appoint re- counselling session with Treatment/ supporter
	 Link to support group and other community support structures
VIII	Counsel for assisted disclosure with EC, Peer supporter, Nurse or social worker
IX	 Identify treatment supporter
	Emphasize setting reminders
Х	 Refer to nurse/ doctor for assessment, management, and decision to initiate or delay ART
XI	 Assess the barrier
	 Counsel on possible remedial actions
	 Discuss, Agree, and revise treatment plan to address barriers
	 Identify/ engage treatment supporter/ Peer supporter
	 Assist and arrange for referral to additional support structures (Nurse, social worker, Psychiatric nurse,
	OVC-DREAMS Linkage Case Assistants)
XII	If Client not ready
	 Review potential barriers to ART initiation Additional second data structure advection on identified barriers and the second data second
	 Additional counselling and patient education on identified knowledge gaps/ low scores to improve national literary and support hus a support depter on angiel worker.
	patient literacy and support by a nurse/ doctor or social worker Assist and arrange for referral to additional support structures (Nurse, social worker, Psychiatric nurse
	 Assist and arrange for referral to additional support structures (Nurse, social worker, Psychiatric nurse, OVC-DREAMS Linkage Case Assistants)
	 Engage Treatment supporter
	 Reappoint patient for follow up +/- ART initiation within 2 weeks.
XIII	 Review potential barriers to ART initiation
ЛШ	 Additional counselling and patient education on identified knowledge gaps/ low scores to improve
	patient literacy and support by a nurse/ doctor or social worker
	 Assist and arrange for referral to additional support structures (Nurse, social worker, Psychiatric nurse,
	OVC-DREAMS Linkage Case Assistants)
	 Engage Treatment supporter
XVI	 Additional counselling and patient education on identified knowledge gaps/ low scores to improve
-	patient literacy and support by a nurse/ doctor or social worker
	 Involve treatment/ Peer supporter for counselling for additional support
	 Link to support group and community support structures

All clients must be enrolled for linkage case management for active follow up and additional support.