Conducting Community Readiness Assessments in Nigeria Using EPIS

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Learning Objectives

- Define community readiness and distinguish it from organizational readiness.
- Explain the EPIS framework and how readiness fits within Exploration, Preparation, Implementation and Sustainment.
- Design mixed-method readiness assessments for Nigerian communities.
- Apply EPIS to implementation of Lenacapavir (LEN) for HIV prevention and other public health programs.
- Develop an EPIS planning matrix for your own project.

What Community Readiness?

Community readiness reflects the willingness and capacity of a community to adopt an innovation. Assessing readiness before implementation improves acceptability, adoption, feasibility and sustainability.

Nigerian example: Before introducing long-acting Lenacapavir in Lagos and Ebonyi, investigators should assess HIV prevention awareness, stigma, trust in injectable medicines, provider preparedness and supply chain capacity.

Implementation outcomes affected: acceptability, adoption, reach, equity and sustainment.

Reference: Barbara A. Plested, Pamela Jumper-Thurman, & Edwin R. Oetting. (2000). *Community Readiness: A Tool for Effective Community-Based Prevention*. Prevention Researcher, 7(2), 5–7.

Feature	Community Readiness	Organizational Readiness
Definition	Community willingness and capacity to address a health issue	Organizational willingness and capacity to implement change
Primary Unit	Community, population, or geographic area	Healthcare organization or implementing agency
Primary Focus	Public awareness, norms, leadership, participation	Leadership, workforce, infrastructure, implementation climate
Key Stakeholders	Community members, patients, faith leaders, traditional leaders, civil society, policymakers	Healthcare workers, managers, administrators, implementation teams
Assessment Frameworks	Community Readiness Model (CRM)	Organizational Readiness for Implementing Change (ORIC), Organizational Readiness to Change Assessment (ORCA), Implementation Climate Scale
Typical Methods	Community surveys, focus groups, key informant interviews	Staff surveys, leadership interviews, facility assessments, workflow analysis
Key Outcomes	Acceptance, trust, participation, ownership	Adoption, fidelity, feasibility, integration, sustainability
Primary EPIS Context	Outer Context	Inner Context

What is EPIS?

- Exploration – assess needs, stakeholders, readiness, innovation-context fit.
- Preparation – build partnerships, train staff, adapt interventions, strengthen systems.
- Implementation – deliver intervention while monitoring fidelity, adaptations, feasibility and equity.
- Sustainment – institutionalize practices through financing, policy and leadership.

Example: Urban Lagos clinics may require digital adherence systems whereas rural clinics prioritize community mobilization and outreach.

EPIS in Nigerian Context

Key constructs: Outer Context, Inner Context, Bridging Factors and Innovation.

- Outer context: National HIV guidelines, donor priorities, community norms.
- Inner context: Clinic leadership, staffing, workflows, infrastructure.
- Bridging factors: Ministries, CBOs, researchers, community advisory boards.
- Innovation: Fit of Lenacapavir with community needs and clinic capacity.

Exploration Phase

- Activities:
  - Conduct situational analysis.
  - Map stakeholders.
  - Assess community readiness using KIIs, FGDs and surveys.
  - Identify equity concerns among key populations e.g., MSM.

  Interactive exercise: What readiness barriers would you expect before introducing Lenacapavir in your study area?

Preparation Phase

- Preparation includes workforce assessment (e.g., healthcare professionals), training, workflow redesign, procurement planning, adaptation, and community engagement.

  Nigerian example: Scholars obtain ethical approvals from institutional review boards, conduct community engagement meetings with health authorities, religious and traditional leaders, CBOs, and PLHIVs, assess facility readiness, adapt implementation materials to the Nigerian context, train research staff on and pilot study procedures.

Implementation Phase

- Monitor implementation outcomes (Proctor et al.): Acceptability, Adoption, Appropriateness, Feasibility, Fidelity, Penetration, Reach and Sustainability.

- Collect routine data collection, and conduct rapid qualitative interviews. Use findings to refine implementation.

Sustainment Phase

- **Sustainment** focuses on ensuring that implementation gains are maintained beyond the study period. Scholars work with stakeholders to assess sustainability plans, strengthen local ownership and leadership, institutionalize successful implementation strategies into routine practice, build local capacity, integrate monitoring indicators, identify sustainable financing mechanisms, and maintain community partnerships established during the implementation phases.

EPIS Phases and Constructs Intersect

EPIS Phase	Outer Context	Inner Context	Bridging Factors	Innovation Factors
Exploration	Understand policies, funding priorities, epidemiology, community norms	Assess organizational culture, leadership, implementation climate	Identify community-academic partnerships and stakeholder networks	Assess evidence strength, relative advantage, compatibility and community fit
Preparation	Secure policy support, financing, regulatory approval	Workforce readiness, staffing, workflows, infrastructure	Strengthen partnerships, advisory boards, communication channels	Adapt intervention to local context while preserving core components
Implementation	Monitor policy changes, external incentives, supply chain	Leadership support, supervision, fidelity monitoring, quality improvement	Facilitate communication between organizations and communities	Adapt delivery strategies based on implementation data
Sustainment	Institutionalize policies, long-term financing	Organizational learning, continuous quality improvement, succession planning	Maintain long-term partnerships and community ownership	Evaluate continued effectiveness and refine intervention for sustainability

Community Readiness Model Stages and Recommended EPIS Strategies

CRM Stage	Characteristics	EPIS Determinants	Recommended Implementation Strategies
1. No Awareness	Community does not recognize the problem.	Outer context, community norms	Raise awareness through radio, community meetings, faith leaders, and local champions.
2. Denial/Resistance	Problem acknowledged by few individuals but not considered important.	Innovation fit, cultural beliefs	Address misconceptions using trusted messengers and culturally appropriate communication.
3. Vague Awareness	General awareness exists but no organized action.	Stakeholder engagement	Conduct community dialogues, stakeholder mapping, and identify local champions.
4. Preplanning	Leaders recognize the issue but lack a concrete plan.	Bridging factors	Establish advisory committees, conduct readiness assessments, and identify implementation partners.
5. Preparation	Community actively plans implementation.	Inner context, organizational capacity	Workforce training, workflow redesign, adaptation workshops, implementation planning.
6. Initiation	Intervention begins.	Leadership, implementation climate	Monitor fidelity, collect implementation outcomes, provide coaching and technical assistance.
7. Stabilization	Intervention becomes routine.	Organizational culture	Standardize procedures, strengthen data systems, reinforce quality improvement.
8. Confirmation/Expansion	Positive outcomes encourage expansion.	Partnerships, financing	Scale to additional facilities, strengthen partnerships, disseminate lessons learned.
9. Community Ownership	Community leads and sustains activities.	Sustainment capacity	Transition leadership, institutionalize policies, secure long-term financing, support community-led monitoring.

Nigerian Case Example: Community Readiness

Scenario

A state Ministry of Health plans to introduce **Lenacapavir**, a long-acting injectable HIV prevention option, among adolescent girls and young women (AGYW) and other populations at substantial HIV risk in selected primary healthcare facilities.

Exploration Phase

- Community readiness assessment identifies:
- Limited awareness of long-acting HIV prevention.
- High trust in healthcare providers but low understanding of injectable prevention.
- Concerns about stigma associated with attending HIV clinics.
- Community leaders supportive but lacking information.

Readiness Score: Stage 3 – Vague Awareness

Nigerian Case Example: Community Readiness

Recommended Strategies

- Conduct community sensitization meetings.
- Engage women's associations and youth organizations.
- Use peer educators and community health workers.
- Partner with faith and traditional leaders.
- Develop culturally appropriate educational materials in local languages.
- Use social media campaigns targeting young adults.

Nigerian Case Example: Community Readiness

Preparation Phase

- Obtain ethical and IRB approval.
- Establish partnerships with healthcare facilities, community leaders, and CBOs.
- Establish a Community Advisory Board (CAB) to guide implementation.
- Train research staff on study procedures
- Co-design culturally appropriate materials with community members
- Pilot study procedures and refine implementation plans based on stakeholder feedback

Readiness improves to Stage 5 (Preparation).

Implementation strategies include:

- Stakeholder engagement and community co-design sessions.
- Training and ongoing technical assistance for research staff.
- Identify and support implementation champions.
- Pilot test survey
- Regular learning collaborative meetings to review progress, share lessons learned, and adapt strategies

Nigerian Case Example: Community Readiness

Implementation Phase

- Conduct community and organizational readiness assessments
- Assess acceptability among AGYW.
- Measure provider confidence.
- Assess barriers for rural clients.
- Rapid qualitative assessments to identify emerging barriers and facilitators.

Implementation adaptations include:

- Provide additional training and mentoring to research team.
- Revise educational materials based on community feedback.
- Higher readiness scores demonstrate increased preparedness and capacity to implement and sustain the intervention.

Stage 7 (Stabilization).

Community Readiness Assessment Design

Recommended mixed-methods design:

- Conduct quantitative surveys to assess community readiness, knowledge, attitudes, and implementation capacity.
- Conduct qualitative focus group discussions (FGDs) and key informant interviews (KIIs) with community members, healthcare providers, etc.
- Perform health facility assessments to evaluate infrastructure, workforce capacity, and service delivery processes.
- Review policy documents, guidelines, implementation plans, and routine program data to understand the policy and health system context.
- Triangulate findings from all data sources to identify priority implementation barriers and facilitators.

Sampling in Nigeria

- Sample across urban, peri-urban and rural settings.
- Potential participants:
  - AGYW, MSM, healthcare providers, pharmacists, community leaders, policymakers and implementing partners.
- Purposefully include underserved populations to promote equity.

Data Collection

- Collect data on awareness, stigma, acceptability, provider competence, organizational readiness, supply chains, leadership, financing and cultural beliefs.

- Use validated implementation outcome measures (AIM, IAM, FIM where appropriate).

Data Analysis

- Analyze quantitative data using descriptive statistics and regression.
- Analyze qualitative data using framework analysis guided by EPIS.
- Integrate findings through joint displays to identify implementation priorities.

Developing Implementation Strategies

- Translate readiness barriers into strategies.

Example:

- Barrier—provider uncertainty about Lenacapavir.
- Strategy—Educational meetings, clinical champions and audit with feedback. Tailor strategies for different readiness levels.

Case Study Exercise

Question	Community Readiness	Organizational Readiness
Who is being assessed?		
What evidence will you collect?		
Who are the stakeholders?		
Which barriers are most important?		
Which implementation strategies are needed?		
Which implementation outcomes will you evaluate?		

Key Take-home Messages

- Community readiness is foundational to successful implementation.
- EPIS provides a practical roadmap from exploration to sustainment.
- Communities are partners—not recipients—in implementation science.
- Avoid implementing before assessing readiness.
- Do not ignore community voices, equity or contextual determinants.
- Plan for sustainment from the beginning.
- Continuously adapt interventions using stakeholder feedback.

Key references:

Aarons et al., 2011; Moullin et al., 2019; Proctor et al., 2011.

Barbara A. Plested, Pamela Jumper-Thurman, & Edwin R. Oetting. (2000). *Community Readiness: A Tool for Effective Community-Based Prevention*. Prevention Researcher, 7(2), 5–7.