



SIMS

SITE IMPROVEMENT THROUGH MONITORING SYSTEM (SIMS)

Site Level Master CEE Library

Version 4.2, August 15, 2022

REFERENCE INFORMATION TO USE THIS TOOL

For guidance on how to implement this tool per SGAC policy, please review the accompanying SIMS 4.2 Implementation Guide.

Core Essential Elements (CEE) Structure Used within this Tool



Core Essential Elements (CEEs)

Description of Final CEE Scores

COLOR (# score)	DESCRIPTION
G: Green (3)	Meets standard
Y: Yellow (2)	Needs improvement
R: Red (1)	Needs urgent remediation
Gray (0)	Not Applicable selected

Standard: CEEs are built on program quality standards based upon World Health Organization supported evidence or guidelines and/or documentation of best practices.

Assessment Questions: Each CEE is composed of a series of questions that progressively assess the site against the standard.

Final Score: The final score is red, yellow, green or N/A. CEE scores are designed to highlight whether a problem exists.

Explanation of Icons in the SIMS Assessment Tools

Icon	Description of Icon	Explanation
	Eyes	Question requires visual inspection of documents, charts/registers or materials/space
	Pink Square	Question requires Chart or Register review
	Gray Circle	Question requires Materials/Space review
	Blue Triangle	Question requires Document review
	Remote	CEE can be assessed remotely (without USG physically present on site).
	Remote conditional	CEE can be assessed remotely if specified conditions in instructions are met
	Required (MPR)	Required CEE in Comprehensive Assessments used to inform progress against PEPFAR Minimum Program Requirement (MPR) in COP Guidance

Description of SIMS Site Level Assessment Types

Assessment Type	Conducted by	CEEs to be Assessed
Comprehensive	USG	<p>Required CEEs: all Minimum Program Requirement (MPR) related CEEs that are directly applicable to the Implementing Partners scope of work for the site being assessed. Set 1A, 1B, 1C, and 1D CEEs are also considered required unless the service is not being provided at that site. Note that Set 1B CEEs that assess supplies critical for the IP to support implementation of services (e.g., ARVs for C&T partners) are considered required.</p> <p>Supportive CEEs: OU's may select from supportive CEEs related to the IP's scope of work and rationale for why the site was selected for assessment.</p>
Concentrated	USG	Assessor may select CEEs that are applicable and relevant to the reason for the assessment. No requirement to select specific CEEs.
Follow-Up	USG or IP	All CEEs that previously scored red or yellow. Follow-up assessments should be conducted within 6 months of the visit when the red/yellow score was documented. If there is significant delay in conducting the follow-up assessment (>10 months), then the CEE should be reassessed as part of Comprehensive Assessment.

SIMS 4.2 SITE LEVEL MASTER CEE LIBRARY

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SET 1A: ALL SITES-GENERAL

CEE #	Abbreviated Title	Required/MPR	Supportive	Remote
S_01_01	Stakeholder Engagement	X		Yes
S_01_02	Condom Availability*	X		Yes
S_01_03	Client Rights, Stigma and Discrimination Policies			Yes
S_01_04	Child Safeguarding	X		Yes
S_01_05	Support and Assessment of Staff Performance	X		Yes
S_01_06	TB Infection Control			Yes
S_01_07	Waste Management*	X		Yes
S_01_08	Injection Safety*	X		Yes
S_01_09	Provision of PrEP Services			Yes
S_01_31	Elimination of User Fees			Yes
S_01_32	Evidence of Treatment and Viral Load Literacy			Yes

* assess dependent on the services being offered at the site (e.g., if the site does not generate waste, then S_01_07 is not considered required)







CEE #: S_01_01 Stakeholder Engagement [ALL SITES-GEN]




STANDARD: Each site developed a strategy/defined process for stakeholder engagement, including with Civil Society Organizations (CSOs) and clients of HIV services. The strategy/defined process includes activities to elicit and use stakeholder feedback for (1) program planning and implementation at least every 3-months and (2) review and/or evaluation of program performance data at least every 3 months.









Instructions: All prevention and treatment services should engage stakeholders especially where CLM efforts overlap with supported sites. For remote CEE collection, assessors must ensure that any personal identifiable information (PII) of beneficiaries is not visible when viewing meeting logs or other documents that may contain this PII.

If the site does not engage stakeholders because of confidentiality concerns, address this in comments check NA, and skip this CEE NA

Comment:

	Question	Response	Scoring
 	Has the service delivery site developed a written strategy/defined process for stakeholder engagement that includes the following? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Eliciting and using stakeholder, including CSOs and beneficiaries, feedback for program planning and implementation? <input type="checkbox"/> 2) Eliciting and using stakeholder, including CSOs and beneficiaries, feedback for review and/or evaluation of program performance data?	# Ticked _____	If 0-1= Red
	If 2, then Q2		
 	Are stakeholders, including CSOs and beneficiaries, engaged in planning and review activities? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Stakeholders are engaged every 3-months in program planning and implementation activities <input type="checkbox"/> 2) Stakeholders are engaged at least every 3 months in review and/or evaluation or performance data	# Ticked _____	If 0-1=Yellow
	If 2, then Q3		
 	Has stakeholder feedback led to change(s) in program or service delivery approaches, procedures, or systems in the last 3 months?	Y N	If N = Yellow If Y = Green
	SCORE		

CEE #: S_01_02 Condom Availability [ALL SITES-GEN]			
STANDARD: Each site has a reliable supply of condoms. Condoms have at least one month of shelf life before expiration and are easily accessible to patrons/clients at the site.			
<i>Instructions: With remote assessment, ensure that any video does not show clients.</i>			
Comment:			
	Question	Response	Scoring
Q1 	Are both of these statements true? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Condoms with at least one-month shelf life are available at this site <input type="checkbox"/> 2) Condoms with at least one-month shelf life are continuously available for the past three months	# Ticked _____	If 0-1=Red
If 2, then Q2			
Q2 	Are condoms easily accessible to patrons/clients at the site (e.g., in a bowl on the counter, in a dispenser, or distributed directly to clients/patrons at the site)? <i>Note: Condoms are 'easily accessible' if available on-site, regardless of whether they are for sale or distributed free.</i>	Y N	If N=Yellow If Y =Green
SCORE			

CEE #: S_01_03 Client Rights, Stigma and Discrimination Policies [ALL SITES-GEN]			
	STANDARD: Every site where HIV services are provided has a written statement, policy, or other written tools describing the rights of clients and the protection of all clients from stigma and discrimination regardless of age, disability, gender identity, sexual orientation, HIV status, race, religion, or sex. All staff are trained on client rights and protection of all clients from stigma and discrimination.		
Comment:			
	Question	Response	Scoring
	Does the site have a written statement, policy or tools stating that all clients are entitled to equal access to all services?	Y N	If N=Red
	<i>Note: Documents should be available in local language.</i>		
If Y, then Q2			
Q2	Are there practices in place by which clients are made aware of these rights (e.g., statement posted in plain view, provider explains their rights)?	Y N	If N=Red
If Y, then Q3			
	Are all staff initially trained and given annual refresher training on client rights and protection of all clients from stigma and discrimination?	Y N	If N=Yellow
	<i>Note: Staff are clinicians, management staff, support staff, volunteers. Documentation includes training logs, records of trainings provided etc.</i>		
If Y, then Q4			
	Are BOTH of these statements true?	# Ticked	If 0-1=Yellow
	Tick all that apply: <input type="checkbox"/> 1) There is a documented process/procedure for clients to report any problem related to accessing services confidentially, including discrimination against them personally <input type="checkbox"/> 2) There is evidence that the site takes action in response to these reports	_____	If 2=Green
SCORE			

CEE #: S_01_04 Child Safeguarding [ALL SITES-GEN]








STANDARD: Each site where PEPFAR supports service provision to children, or where personnel and volunteers regularly contact children, has a written child safeguarding policy to prevent and respond to abuse, exploitation, or neglect by (1) personnel and volunteers or (2) as a result of PEPFAR-supported programming. All personnel and program volunteers are trained on this policy.






Instructions: Does the site's agreement with the prime partner or implementing USG agency require a child safeguarding policy?





If **NO**, check NA, and **SKIP** CEE.




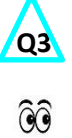
NA

Comment:

	Question	Response	Scoring
 Q1 	Does this site have a written child safeguarding policy for preventing and responding to abuse, exploitation, or neglect by personnel and volunteers or as a result of PEPFAR-supported programming? <i>Note: (1) Personnel include clinical staff, management staff, support staff, and volunteers. (2) Documents should be available in local language.</i>	Y N	If N=Red
If Y, then Q2			
 Q2 	Are all personnel trained on this child safeguarding policy? <i>Note: documentation may include training logs, personnel records, etc.</i>	Y N	If N=Red
If Y, then Q3			
 Q3 	Is there at least one anonymous and/or confidential way to report abuse, exploitation, or neglect (i.e., suggestion box in the bathroom, call-in hotline, other)?	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: S_01_05 Support and Assessment of Staff Performance [ALL SITES-GEN]			
STANDARD: Each site has adequate measures in place to monitor and support health worker performance and the quality of their services provided to clients.			
<i>Instructions: Evidence of the impact of staff feedback and support could include: a change in provider understanding of client's needs, enhanced task sharing, improved client appointment scheduling or service flow, or communication with clients.</i>			
Comment:			
	Question	Response	Scoring
 Q1 	Do all site staff involved in the delivery of HIV services have a job description (different from national SOWs) or similar document that describes the staff roles and expectations (e.g., job aid, workflow charts that outline tasks for team members)?	Y N	If N=Red
If Y, then Q2			
 Q2 	Which mechanisms are in place that facilitate performance feedback among health workers, their supervisors, and the clients? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Performance reviews that follow national plans/guidelines <input type="checkbox"/> 2) Routine mentorship and supervisory support <input type="checkbox"/> 3) At least quarterly collection of client feedback (e.g., survey, feedback box) <input type="checkbox"/> 4) Use of relevant community led monitoring (CLM) data or information from CSOs on client satisfaction	# Ticked _____	If 0-3=Yellow
If 4, then Q3			
Q3	Is there any evidence of follow-up on on performance feedback that was used to change and improve provider service delivery? Note: Performance feedback refers back to elements described in Q2	Y N	If N = Yellow If Y = Green
SCORE			

CEE #: S_01_06 TB Infection Control [ALL SITES-GEN]			
	<p>STANDARD: Each facility has a TB infection control focal person, and implements a standard TB infection control plan to minimize the risk of TB transmission to clients and health care workers. The TB infection control plan includes the following: segregating and fast tracking of individuals who cough, instructing clients on cough etiquette, and well-ventilated waiting and clinic areas.</p>		
<p><i>Instructions: As part of the site walk-through for SIMS, assess Q2 and Q3 throughout and score based on any instance where the observations do not meet the requirements. With remote assessment, ensure that any video does not show clients.</i></p> <p>Does this site provide clinical services?</p> <p>If NO, check NA, and SKIP CEE: NA <input type="checkbox"/></p>			
Comment:			
	Question	Response	Scoring
	<p>Is there an approved site-specific TB infection control plan that addresses All of the following?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Identifying and segregating individuals who cough <input type="checkbox"/> 2) Instructing clients on cough etiquette <input type="checkbox"/> 3) Fast-tracking coughing clients for TB diagnostic work-up 	# Ticked	If 0-2=Red
If 3, then Q2			
Q2	Is there a staff person/focal person responsible for TB infection control activities?	Y N	If N=Yellow
If Y, then Q3			
	<p>Does the site include at least one of the following to minimize the risk of TB transmission to clients and health care workers: well-ventilated waiting area, air filtration, or UV irradiation?</p> <p>Note: acceptable ventilation includes open windows that allow for a cross breeze and a window area that represents the equivalent of 20% of the floor area</p>	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: S_01_07 Waste Management [ALL SITES-GEN]			
<p>STANDARD: Each site implements procedures for collection, storage, and disposal of infectious waste to prevent exposures to workers, clients, and the public. Procedures include segregation of infectious waste, posted waste disposal guidance, and secure storage of infectious waste inside and outside the site.</p>			
<p><i>Instructions: Assess all the components of this CEE throughout the site, then complete the CEE scoring based on any instance where the observations do not meet the requirements. With remote assessment, ensure that any video does not show clients.</i></p>			
<p><i>If the site does not generate infectious waste, check NA, and SKIP this CEE</i> NA <input type="checkbox"/></p>			
Comment:			
	Question	Response	Scoring
	Is infectious waste segregated from general waste and securely stored in separate, labeled, color-coded waste containers inside and outside the facility?	Y N	If N=Red
If Y, then Q2			
	Is all infectious waste (<i>regardless if stored inside or outside the facility</i>) securely stored and not accessible to the public?	Y N	If N=Yellow
If Y, then Q3			
	Does the facility/site have the following? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Written procedures for infectious waste management and disposal available? <input type="checkbox"/> 2) Posted guidance or job aides describing the types of waste and the process for waste segregation? 	# Ticked	If 0-1 = Yellow If 2 = Green
SCORE			

CEE #: S_01_08 Injection Safety [ALL SITES-GEN]

STANDARD: Each site has appropriate injection and phlebotomy equipment and supplies and written, standardized safety procedures available to reduce risk of blood borne pathogen transmission to clients and healthcare workers.






*Instructions: Assess all the components of this CEE throughout the site, then complete the CEE scoring based on **any** instance where the observations do not meet the requirements. With remote assessment, ensure that any video does not show clients.*





Does this site provide injections or phlebotomy services to clients?

If **NO**, check NA, and **SKIP** CEE.

NA

Comment:

	Question	Response	Scoring
Q1 	Are ALL of the following available in the areas where blood is drawn? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Disposable gloves <input type="checkbox"/> 2) Hand hygiene materials <input type="checkbox"/> 3) Rigid World Health Organization-approved sharps containers	# Ticked _____	If 0-2=Red
	If 3, then Q2		
Q2 	Are ALL of the following in place? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Written procedures for safe blood collection <input type="checkbox"/> 2) Post-exposure prophylaxis (PEP) specific site protocol for health care staff working at the site that ensures PEP within 72 hours of injury <i>Note: Guidelines do not qualify as a specific site protocol.</i>	# Ticked _____	If 0-1=Red
	If 2, then Q3		
Q3 	Are PEP drugs or starter packs available at this site?	Y N	If N=Yellow
	If Y, then Q4		
Q4 	Is appropriate size equipment available for all applicable client ages? (<i>Example: pediatric venous and capillary blood collection</i>)?	Y N	If N=Yellow If Y= Green
	SCORE		

CEE #: S_01_09 Provision of PrEP Services [ALL SITES-GEN]			
	<p>STANDARD: HIV-uninfected men and women who are at substantial risk of infection can access pre-exposure prophylaxis (PrEP) through high quality, safe, and friendly services.</p>		
<p><i>Instructions: For remote CEE collection, assessors must ensure that any personal identifiable information (PII) of beneficiaries is not visible when viewing client intake/assessment or other documents that may contain this PII.</i></p> <p><i>If the national policy does not include the provision of PrEP OR the site is not accredited to provide PrEP services, then check NA and SKIP CEE: NA <input type="checkbox"/></i></p>			
<p>Comment:</p>			
	Question	Response	Scoring
Q1	Is there a standard training offered to site staff on PrEP provision?	Y N	If N=Red
	If Y, then Q2		
Q2	Is PrEP offered at an already existing service delivery point (ex. MCH, CTC/CCC, DIC etc.)? <i>Note: Examples of service delivery points include maternal and child health (MCH), Care and Treatment Clinics (CTC), Drop-in Centers (DIC), STI clinic, reproductive health services, opioid substitution therapy (OST), other community-based settings, etc.</i>	Y N	If N=Yellow
	If Y, then Q3		
 	<p>Does a PrEP initiation visit, as documented in the client assessment- or intake- or other such- form, include ALL the following? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Risk assessment <input type="checkbox"/> 2) HIV counseling and testing <input type="checkbox"/> 3) Screening for contraindications <input type="checkbox"/> 4) Risk reduction counseling <input type="checkbox"/> 5) Clear counseling on PrEP, including benefits, side effects, risks, and adherence counseling <input type="checkbox"/> 6) Linkage to, or verification of existing linkage to, community peers and support networks, and any other applicable referrals such as family planning, screening and referral to DREAMS (as applicable) <input type="checkbox"/> 7) Providing services in a non-judgmental and professional manner 	# Ticked _____	If 0-6=Yellow If 7=Green
	SCORE		

CEE #: S_01_31 Elimination of User Fees [ALL SITES - GEN]






STANDARD: Sites should not charge formal or informal user fees for client registration, Clinical Treatment services [HIV services, cervical cancer screening, advanced HIV services, STI (sexually transmitted infection), or TB services], or Prevention services [condoms, OI (opportunistic infection) prophylaxis, pre and post exposure prophylaxis (PEP, PrEP), PMTCT, TB preventative therapy (TPT), and voluntary male medical circumcision (VMMC)].

Instructions: User fees should be posted and visible to clients in the site. Assessors may check documentation in in accounting registers, receipts, and client records for evidence of formal and informal user fees charged. With remote assessment, ensure that any video does not show clients.

Comment:

	Question	Response	Scoring
<p>Q1</p>	<p>Does the site charge either formal or informal user fees for any of the following services? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Patient registration fee/Record fee/file/chart opening fee <input type="checkbox"/> 2) HIV Services (HTS, ART) <input type="checkbox"/> 3) Advanced HIV services [treatment of advanced HIV and opportunistic infections <input type="checkbox"/> 4) STI services [clinical evaluation, treatment] <input type="checkbox"/> 5) Cervical cancer screening <input type="checkbox"/> 6) TB clinical services [clinical evaluation, anti-TB treatment, supplemental vitamin B6] <input type="checkbox"/> 7) Condoms <input type="checkbox"/> 8) OI prophylaxis [not including TPT] <input type="checkbox"/> 9) PEP services <input type="checkbox"/> 10) PrEP services [HTS, PrEP medication] <input type="checkbox"/> 11) PMTCT services <input type="checkbox"/> 12) TPT services, including supplemental vitamin B6 <input type="checkbox"/> 13) VMMC services <p>Note: <i>If service is not offered at this site, do not tick the box.</i></p>	<p># Ticked</p> <p>_____</p>	<p>If 3-13 =Red</p> <p>If 1-2 = Yellow</p> <p>If 0 = Green</p>
SCORE			

CEE #: S_01_32 Evidence of Treatment and Viral Load Literacy [ALL SITES - GEN]			
	STANDARD: Messaging (e.g., U=U) and activities to reduce stigma and encourage HIV treatment and prevention should be provided to enhance treatment and viral load literacy.		
<i>Instructions: (Q2) Evidence of activities include registers, calendars, or monitoring forms that document topics of health talks, support groups, clubs, or other educational discussions at the site. For remote CEE collection, assessors must ensure that any PII of beneficiaries is not visible when viewing meeting logs or other documents that may contain this PII.</i>			
<i>If the site doesn't provide treatment activities, check NA, and SKIP CEE.</i> NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1	Does the site support treatment and viral load literacy activities that include U=U or other accurate HIV messaging to motivate and sustain continuity of treatment?	Y N	If N = Red
If Y, then Q2			
	Does the site have documentation of treatment and viral load literacy messaging and supported activities conducted at the site?	Y N	If N = Yellow If Y = Green
SCORE			

SET 1B: ALL SITES -COMMODITIES MANAGEMENT				
CEE #	Abbreviated Title	Required*/MPR	Supportive	Remote
S_01_10	Supply Chain Management*	X		Yes
S_01_11	Medication Dispensing*	X		Yes
S_01_12	Supply Chain Reliability-Adult ARVs*	X		Yes
S_01_13	Supply Chain Reliability-Cotrimoxazole*	X		Yes
S_01_14	Supply Chain Reliability- TB Preventive Therapy*	X		Yes
S_01_15	Supply Chain Reliability-Pediatric ARVs*	X		Yes
S_01_16	Supply Chain-Pediatric Cotrimoxazole*	X		Yes
S_01_17	Supply Chain Reliability-Pediatric TB Preventive Therapy*	X		Yes
S_01_18	Supply Chain Reliability-Rapid Test Kits*	X		Yes
S_01_33	Supply Chain Reliability-Personal Protective Equipment	X		Yes

**If applicable to the services being supported by the Implementing Partner at the site.*

CEE #: S_01_10 Supply Chain Management [ALL SITES-COMM]

STANDARD: Each site has an inventory management protocol for antiretrovirals (ARVs), cotrimoxazole (CTX), isoniazid preventive therapy (IPT)/other TB preventive regimens, and HIV rapid test kits (RTKs), and submits routine and accurate orders to maintain adequate stock (between established minimum/maximum stock levels).


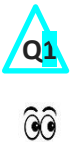


Instructions: Assess this CEE at the central pharmacy to ensure that each service delivery area within a facility has an adequate supply. With remote assessment, ensure that any video does not show clients.








Does this site provide ARVs, CTX, IPT/TB preventive therapy or RTKs for PEPFAR-supported clients?


If **NO**, check **NA** and **SKIP** CEE:


NA

Comment:

	Question	Response	Scoring
	<p>Does the site use or do all of the following? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) The site use inventory management tools (e.g., stock cards) to keep stock records <input type="checkbox"/> 2) Stock cards are updated on a transactional basis (i.e., whenever stock is sent from the storage site to another site within the facility) <input type="checkbox"/> 3) The site submitted a timely order for the commodities mentioned above (as defined by the in-country re-supply schedule or during the past 3 months) <p>Note: Ask to see the order form and cross check for each applicable product.</p>	<p># Ticked _____</p>	<p>If 0-2=Red</p>
If 3, then Q2			
	<p>Are the commodities indicated above stored in a storage facility site which meets ALL the following criteria? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Clean, free from evidence of pests or animals <input type="checkbox"/> 2) Well-ventilated and cool <input type="checkbox"/> 3) Equipped to store products on shelves/pallets/in cabinets and not on the floor or crushing each other <input type="checkbox"/> 4) All products shielded from direct sunlight <input type="checkbox"/> 5) Free from ceiling leaks <input type="checkbox"/> 6) Able to separate expired products from usable products <input type="checkbox"/> 7) Secure storage facility has a lock or the ability to lock away all commodities and/or a security guard. 	<p># Ticked _____</p>	<p>If 0-6 = Red</p>
If 7, then Q3			
	<p>Does the pharmacy have written standard procedures for ordering off-schedule/emergency supplies?</p>	<p>Y N</p>	<p>If N=Yellow If Y=Green</p>
SCORE			

CEE #: S_01_11 Medication Dispensing [ALL SITES-COMM]			
<p>STANDARD: Each site has a standard written medication dispensing protocol and maintains complete and updated medication dispensing records or registers.</p>			
<p><i>Instructions: Assess this CEE at the main area where HIV-related medications are dispensed to clients. For remote CEE collection, assessors must ensure that any PII of clients is covered not visible when viewing logbooks or other tracking documents that may contain this PII.</i></p>			
<p>Does this facility dispense HIV-related medications (e.g., PrEP, ARVs, IPT, and CTX) for clients?</p> <p>If NO, check NA, and SKIP CEE: NA <input type="checkbox"/></p>			
<p>Comment:</p>			
	Question	Response	Scoring
 Q1 	Are there records (or documentation) of dispensed medications AND written medication dispensing protocols?	Y N	If N=Red
If Y, then Q2			
 Q2 	<i>Look at the last 2 pages of the logbook or the medication dispensing records.</i> Are dispensing records legible, complete (i.e., all required information is provided) and up-to-date?	Y N	If N=Yellow
If Y, then Q3			
 Q3 	Are medication dispensing records reviewed routinely (i.e., at least monthly) to identify clients who have missed medication pick-ups to support tracking clients to reduce interruption in treatment? <i>Note: May include documentation of record review dates, documentation of follow-up actions to identify clients who missed a pick-up (or refill) etc.</i>	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: S_01_12 Supply Chain Reliability-Adult ARVs [ALL SITES-COMM]			
STANDARD: Each site has a reliable supply of adult ARVs.			
<i>Instructions: Assess this CEE at the central pharmacy or central store (as applicable) to ensure that each service delivery area within a site has an adequate supply. Use the Comment box to document treatment substitutions made for adolescent and adult clients, including PBFW, and the reduction in appointment spacing.</i>			
Does this site provide ARVs for adults?			
If NO , check NA, and SKIP CEE:			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Has a stock-out of ARVs in the past 3 months resulted in an interruption of 1 st or 2 nd line ART (or a delay in ART initiation) for any clients at this site?	Y N	If Y=Red
If N, then Q2			
Q2	Has a stock-out or low stock status of ARVs in the past 3 months required substitution of specific ARVs for any clients at this site?	Y N	If Y=Yellow
If N, then Q3			
Q3	In the past 3 months, were any clients given appointments at short intervals to ration ARVs due to decreased ARV supply?	Y N	If Y=Yellow If N=Green
SCORE			

CEE #: S_01_13 Supply Chain Reliability-Cotrimoxazole [ALL SITES-COMM]			
STANDARD: Each site has a reliable supply of adult cotrimoxazole (CTX).			
<i>Instructions: Assess this CEE at the central pharmacy or central store (as applicable) to ensure that each service delivery area within a facility has an adequate supply.</i>			
Does this site provide CTX for adults?			
If NO , check NA, and SKIP CEE:			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Has a stock-out of CTX in the past 3 months resulted in an interruption of CTX treatment for any clients in this site (e.g., ART, PMTCT, etc.)?	Y N	If Y =Red
	If N, then Q2		
Q2	Has a stock-out or low stock status of CTX in the past 3 months required placement of an emergency order?	Y N	If Y=Yellow
	If N, then Q3		
Q3	In the past 3 months, were any clients given appointments at short intervals to ration CTX due to decreased CTX supply?	Y N	If Y=Yellow If N=Green
	SCORE		

CEE #: S_01_14 Supply Chain Reliability- TB Preventive Therapy [ALL SITES-COMM]

STANDARD: Each site has a reliable supply of adult isoniazid/other regimen for TB preventive therapy (TPT).


Instructions: Assess this CEE at the central pharmacy or central store (as applicable) to ensure that each service delivery area within a site has an adequate supply.


Does this site provide TPT for adults?


If **NO**, check **NA**, and **SKIP** CEE:

NA

Comment:

	Question	Response	Scoring
Q1	Has a stock-out of medicines for TB preventive therapy (INH or other drugs) in the past 3 months resulted in an interruption of TPT treatment for any adult clients in this site?	Y N	If Y =Red
	If N, then Q2		
Q2	Has a stock-out or low stock status of TPT in the past 3 months required placement of an emergency order?	Y N	If Y=Yellow
	If N, then Q3		
Q3	In the past 3 months, were clients given appointments at short intervals to ration TPT due to decreased TPT supply?	Y N	If Y=Yellow If N= Green
	SCORE		

CEE #: S_01_15 Supply Chain Reliability -Pediatric ARVs [ALL SITES-COMM]			
STANDARD: Each site has a reliable supply of pediatric ARVs.			
<i>Instructions: Assess this CEE at the central pharmacy or central store (as applicable) to ensure that each service delivery area within a site has an adequate supply. Use the Comment box to document treatment substitutions made for children and adolescent clients, and the reduction in appointment spacing.</i>			
Does this site provide ARVs for children?			
If NO , check NA , and SKIP CEE:			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Has a stock-out of pediatric formulations of ARVs in the past 3 months resulted in an interruption of ART (or a delay in ART initiation) for any children at this site?	Y N	If Y=Red
If N, then Q2			
Q2	Has any stock-out or low stock status of ARVs in the past 3 months required substitution of specific pediatric ARVs for children (or were children given adult formulations when such a substitution was not otherwise indicated or planned)?	Y N	If Y=Yellow
If N, then Q3			
Q3	In the past 3 months, were any children given appointments at short intervals to ration medications due to decreased supply of pediatric ARVs?	Y N	If Y=Yellow If N=Green
SCORE			

CEE #: S_01_16 Supply Chain-Pediatric Cotrimoxazole [ALL SITES-COMM]			
STANDARD: Each site has a reliable supply of pediatric (liquid and tablet) cotrimoxazole (CTX).			
<i>Instructions: Assess this CEE at the central pharmacy or central store (as applicable) to ensure that each service delivery area within a site has an adequate supply.</i>			
Does this site provide CTX for children?			
If NO , check NA, and SKIP CEE:			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Has a stock-out of CTX (liquid or tablet) occurred in the past 3 months resulted in an interruption of CTX prophylaxis for pediatric clients?	Y N	If Y=Red
	If N, then Q2		
Q2	Has a stock-out or low stock status of CTX (liquid or tablet) in the past 3 months required placement of an emergency order?	Y N	If Y=Yellow
	If N, then Q3		
Q3	In the past 3 months, were any pediatric clients given appointments at short intervals to ration CTX due to decreased CTX (liquid or tablet) supply?	Y N	If Y=Yellow If N=Green
	SCORE		

CEE #: S_01_17 Supply Chain Reliability- Pediatric TB Preventive Therapy [ALL SITES-COMM]

STANDARD: Each site has a reliable supply of pediatric isoniazid/other regimen for TB preventive therapy (TPT).


Instructions: Assess this CEE at the central pharmacy or central store (as applicable) to ensure that each service delivery area within a site has an adequate supply.



Does this site provide TPT for pediatric clients?






If **NO**, check NA, and **SKIP** CEE:



NA

Comment:







	Question	Response	Scoring
Q1	Has a stock-out of medicines for TB preventive therapy (INH or other drugs) in the past 3 months resulted in an interruption of TPT treatment for any pediatric clients in this site (e.g., ART, PMTCT, etc.)?	Y N	If Y=Red
If N, then Q2			
Q2	Has a stock-out or low stock status of TPT in the past 3 months required placement of an emergency order?	Y N	If Y=Yellow
If N, then Q3			
Q3	In the past 3 months, were any pediatric clients given appointments at short intervals to ration of TPT due to decreased TPT supply?	Y N	If Y=Yellow If N=Green
SCORE			







CEE #: S_01_18 Supply Chain Reliability-Rapid Test Kits [ALL SITES-COMM]			
STANDARD: Each service delivery point at each site has a reliable supply of rapid test kits.			
<i>Instructions: This CEE is assessed at the place within the site where rapid test kits are managed (e.g., central store, pharmacy, laboratory, etc.). With remote assessment, ensure that any video does not show clients.</i>			
Does this site provide RTKs for HIV testing?			
If NO , check NA, and SKIP CEE:			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Has a stock-out of rapid test kits in the past 3 months resulted in an individual not being tested at any one service delivery point within the site?	Y N	If Y=Red
If N, then Q2			
Q2	Has a stock-out of rapid test kits in the past 3 months, which did not result in an interruption in delivery of HIV testing services, required placement of an emergency order?	Y N	If Y=Yellow
If N, then Q3			
Q3 	Is there adequate and secure space for storing rapid test kits according to the manufacturer's specifications?	Y N	If N=Yellow If Y=Green
SCORE			




CEE #: S_01_33 Supply Chain Reliability-Personal Protective Equipment [ALL SITES-COMM]			
STANDARD: Each site has a reliable supply of personal protective equipment (PPE) and procedures for ordering, distribution, and documentation of PPE distribution to health care providers and clients.			
<i>Instructions: Use the Comment Box to document which PPE are available at the site and which have had any stock outs.</i>			
Comment:			
	Question	Response	Scoring
  <i>Tick all that apply:</i> <input type="checkbox"/> 1) SOPs for ordering and restocking PPE <input type="checkbox"/> 2) Protocols for distribution of PPE <input type="checkbox"/> 3) Records/documentation of PPE distribution	Does the site have a reliable supply chain system in place to monitor and replace PPE that includes ALL of the following?	# Ticked _____	If 0-2=Red
If 3, then Q2			
  <i>Tick all that apply:</i> <input type="checkbox"/> 1) Single use examination gloves (Latex) <input type="checkbox"/> 2) Medical grade surgical face mask (3-Ply, w/ Metal Nose-Clip) <input type="checkbox"/> 3) Disposable protective gowns <input type="checkbox"/> 4) Safety goggle/safety glasses, or disposable clear plastic face shield <input type="checkbox"/> 5) N95 medical respirator mask	Has a stock-out of PPE occurred within the last 3 months?	# Ticked _____	If 1-5=Yellow If 0=Green
SCORE			

SET 1C: ALL SITES –DATA QUALITY				
CEE #	Abbreviated Title	Required*(MPR)	Supportive	Remote
S_01_19	Data Quality Assurance (Routine Activities)			Yes
S_01_20	Assessment & Utilization of Performance Data in QI Activities			Yes
S_01_21	Data Reporting Consistency – TX_NEW-C&T*	X		Yes
S_01_22	Data Reporting Consistency – HTS_TST*	X		Yes
S_01_23	Data Reporting Consistency – PMTCT_STAT*	X		Yes
S_01_24	Data Reporting Consistency – VMMC_CIRC*	X		Yes
S_01_25	Data Reporting Consistency – TX_CURR*	X		Yes
S_01_26	Data Reporting Consistency – PMTCT_EID*	X		Yes

**If applicable to the services being supported by the Implementing Partner at the site.*

CEE #: S_01_19 Data Quality Assurance (Routine Activities) [ALL SITES-DATA QUAL]			
	STANDARD: Each site follows routine data quality assurance (DQA) procedures to verify the accuracy and completeness of reported HIV program data on at least a quarterly basis.		
<i>Instructions: For remote CEE collection, if the DQA documentation contains any PII of clients, assessors must ensure this is not visible when viewing logbooks or other tracking documents that may contain this PII.</i>			
Comment:			
	Question	Response	Scoring
 Q1 	Does the site have a documented process or set of standard operating procedures to ensure that the data it collects and reports to stakeholders accurately reflect the services provided at the site?	Y N	If N=Red
If Y, then Q2			
 Q2 	Which of the following data quality assurance or review activities are completed at least quarterly at the site? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Reviews of registers and/or client record systems for data completeness <input type="checkbox"/> 2) Crosschecking (comparing) monthly reported results with client records, pharmacy records, registers, or other data sources <input type="checkbox"/> 3) Categorizing and separating active or enrolled client records from inactive/ no longer on treatment clients for reporting accuracy and client re-engagement in care or documentation of transfer, loss or mortality <input type="checkbox"/> 4) Assessing results during data review meetings with program staff; highlighting data discrepancies, missing data, or outlier values; and documenting data quality concerns <p>Note: Routine data quality assurance activities may be conducted either by on-site staff, implementing partner staff, or an external team assigned to review the site.</p>	# Ticked _____	If 0=Red If 1-2 =Yellow If 3-4=Green
		SCORE	

CEE #: S_01_20 Assessment & Utilization of Performance Data in QI Activities [ALL SITES-DATA QUAL]			
	STANDARD: Each site has a process for routinely recording, reviewing, and using program data to inform implementation of quality improvement (QI) activities.		
Comment:			
	Question	Response	Scoring
 Q1	Does the site review key programmatic/performance indicators at least quarterly over the last 12 months at a minimum? <i>Note: Programmatic/performance indicators can include PEPFAR Monitoring Evaluation and Reporting (MER) and/or Quality Improvement indicators. Documentation may include run charts, bar graphs, site reports, QI team improvement journals etc. If the site only reports annual review of key indicators, this response should be "No"</i>	Y N	If N=Red
			
If Y, then Q2			
Q2	Does a multidisciplinary team meet and discuss programmatic/performance data at least quarterly? <i>Note: Multidisciplinary team includes clinicians, program staff, M&E staff, lay counsellors, social workers, pharmacists, volunteers etc.</i>	Y N	If N=Yellow
If Y, then Q3			
 Q3	Is there a documented site level plan for program improvement or QI initiatives outlining roles, responsibilities, activities implemented and quantifiable projected outcomes?	Y N	If N=Yellow If Y =Green
			
SCORE			

CEE #: S_01_21 Data Reporting Consistency – TX_NEW-C&T [ALL SITES-DATA QUAL]						
STANDARD: Indicator reports in DATIM for PEPFAR Monitoring Evaluation Reporting (MER) indicator TX_NEW match summary reports maintained at facility level for the same reporting period.						
<i>Instructions: Does this facility report on the PEPFAR MER TX_NEW indicator?</i>						
If NO , check NA, and SKIP this CEE.						NA <input type="checkbox"/>
If YES, assessor must retrieve the facility-level DATIM indicator report for the last PEPFAR quarterly report prior to visit.						
Comment:						
	Question				Response	Scoring
 Q1 	For TX_NEW, does the facility have the summary report (monthly or quarterly) or summary number for the exact same reporting period of the DATIM report retrieved by the assessor? <i>Note: A quarterly DATIM report may need to be reconstructed from 3 monthly reports found at the facility.</i>				Y N	If N=Red
If Y, then Q2						
Q2	Using the DATIM report and the facility summary report(s), fill in the table below.				(E) ____%	If >10% =Red If >5% and <=10% =Yellow If <=5% = Green
	Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?
	<i>Example Indicator</i>	400	460	$400-460 = -60$	$(-60/460) = -13\%$	13%
	TX_NEW					
SCORE						

CEE #: S_01_22 Data Reporting Consistency – HTS_TST [ALL SITES-DATA QUAL]

STANDARD: Indicator reports in DATIM for MER Indicator HTS_TST match summary reports maintained at facility level for the same reporting period.




Instructions: Does this facility report on PEPFAR HTS_TST indicator?

If **NO**, check NA, and **SKIP** this CEE.

NA

If YES, assessor must retrieve the facility-level DATIM indicator report for the last PEPFAR quarterly report prior to visit.

Comment:

		Question	Response	Scoring																		
		<p>Q1 Does the facility have the summary report (monthly or quarterly) or summary number for the exact same reporting period of the DATIM report retrieved by the assessor for HTS_TST?</p> <p><i>Note: A quarterly DATIM report may need to be reconstructed from 3 monthly reports found at the facility.</i></p> <p><i>HTS_TST is aggregated across all HIV testing points. Reports may need to be compiled from different testing points within a clinic; confirm with implementing partner which testing points contribute to the reported number in DATIM.</i></p>	Y N	If N=Red																		
																						
		If Y, then Q2																				
	Q2	<p>Using the DATIM report and the facility summary report(s), fill in the table below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">Indicator Name</th> <th style="width: 10%;">(A) DATIM Report</th> <th style="width: 10%;">(B) Facility Report (s)</th> <th style="width: 15%;">(C) Difference DATIM – Facility (A-B)</th> <th style="width: 15%;">(D) % Difference (C/B)</th> <th style="width: 15%;">(E) Absolute difference proportion?</th> </tr> </thead> <tbody> <tr> <td><i>Example Indicator</i></td> <td style="text-align: center;">400</td> <td style="text-align: center;">460</td> <td style="text-align: center;">400-460 = -60</td> <td style="text-align: center;">(-60/460) = -13%</td> <td style="text-align: center;">13%</td> </tr> <tr> <td>HTS_TST</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?	<i>Example Indicator</i>	400	460	400-460 = -60	(-60/460) = -13%	13%	HTS_TST						(E) ____%	If >10% =Red If >5% and =<10% =Yellow If =<5% = Green
Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?																	
<i>Example Indicator</i>	400	460	400-460 = -60	(-60/460) = -13%	13%																	
HTS_TST																						
		SCORE																				

CEE #: S_01_23 Data Reporting Consistency – PMTCT_STAT [ALL SITES-DATA QUAL]




STANDARD: Indicator reports in DATIM match summary reports maintained at facility level for the same reporting period.




Instructions: Does this facility report on PEPFAR PMTCT_STAT indicator?




If NO, check NA, and **SKIP** this CEE. NA




If YES, assessor must retrieve the facility-level DATIM indicator report for the last PEPFAR quarterly report prior to visit.

Comment:





	Question	Response	Scoring																		
 Q1 	Does the facility have the summary report (monthly or quarterly) or summary number for the exact same reporting period of the DATIM report retrieved by the assessor for PMTCT_STAT? Note: A quarterly DATIM report may need to be reconstructed from 3 monthly reports found at the facility.	Y N	If N=Red																		
	If Y, then Q2																				
Q2	Using the DATIM report and the facility summary report(s), fill in the table below. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Indicator Name</th> <th style="width: 10%;">(A) DATIM Report</th> <th style="width: 10%;">(B) Facility Report (s)</th> <th style="width: 10%;">(C) Difference DATIM – Facility (A-B)</th> <th style="width: 10%;">(D) % Difference (C/B)</th> <th style="width: 10%;">(E) Absolute difference proportion?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>Example Indicator</i></td> <td style="text-align: center;">400</td> <td style="text-align: center;">460</td> <td style="text-align: center;">400-460 = -60</td> <td style="text-align: center;">(-60/460) = -13%</td> <td style="text-align: center;">13%</td> </tr> <tr> <td style="text-align: center;">PMTCT_STAT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?	<i>Example Indicator</i>	400	460	400-460 = -60	(-60/460) = -13%	13%	PMTCT_STAT						(E) ____%	If >10% =Red If >5% and <=10% =Yellow If <=5% = Green
Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?																
<i>Example Indicator</i>	400	460	400-460 = -60	(-60/460) = -13%	13%																
PMTCT_STAT																					
	SCORE																				







CEE #: S_01_24 Data Reporting Consistency – VMMC_CIRC [ALL SITES-DATA QUAL]							
STANDARD: Indicator reports in DATIM match summary reports maintained at facility level for the same reporting period.							
<i>Instructions: Does this facility report on PEPFAR VMMC_CIRC indicator?</i>							
If NO , check NA, and SKIP this CEE.						NA <input type="checkbox"/>	
If YES, assessor must retrieve the facility-level DATIM indicator report for the last PEPFAR quarterly report prior to visit.							
Comment:							
	Question					Response	Scoring
	<p>Does the facility have the summary report (monthly or quarterly) or summary number for the exact same reporting period of the DATIM report retrieved by the assessor for VMMC_CIRC?</p> <p>Note: A quarterly DATIM report may need to be reconstructed from 3 monthly reports found at the facility.</p>					Y N	If N=Red
							
If Y, then Q2							
Q2	Using the DATIM report and the facility summary report(s), fill in the table below.					(E)	If >10% =Red
	Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?	___%
	Example Indicator	400	460	400-460 = -60	(-60/460) = -13%	13%	If >5% and =<10% =Yellow
	VMMC_CIRC						If =<5% = Green
SCORE							




CEE #: S_01_25 Data Reporting Consistency – TX_CURR [ALL SITES-DATA QUAL]							
STANDARD: Indicator reports in DATIM match summary reports maintained at facility level for the same reporting period.							
<i>Instructions: Does this facility report on PEPFAR TX_CURR indicator?</i>							
<i>If NO, check NA, and SKIP this CEE.</i>						NA <input type="checkbox"/>	
<i>If YES, assessor must retrieve the facility-level DATIM indicator report for the last PEPFAR quarterly report prior to visit.</i>							
Comment:							
	Question					Response	Scoring
 	Does the facility have the summary report (monthly or quarterly) or summary number for the exact same reporting period of the DATIM report retrieved by the assessor for TX_CURR? Note: A quarterly DATIM report may need to be reconstructed from 3 monthly reports found at the facility.					Y N	If N=Red
If Y, then Q2							
Q2	Using the DATIM report and the facility summary report(s), fill in the table below.					(E) ____%	If >10% =Red If >5% and =<10% =Yellow If =<5% = Green
	Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	E Absolute difference proportion?	
	<i>Example Indicator</i>	400	460	400-460 = -60	(-60/460) = -13%	13%	
	TX_CURR						
SCORE							



CEE #: S_01_26 Data Reporting Consistency – PMTCT_EID [ALL SITES-DATA QUAL]							
STANDARD: Indicator reports in DATIM match summary reports maintained at facility level for the same reporting period.							
<i>Instructions: Does this facility report on PEPFAR PMTCT_EID indicator?</i>							
If NO , check NA, and SKIP this CEE.						NA <input type="checkbox"/>	
If YES, assessor must retrieve the facility-level DATIM indicator report for the last PEPFAR quarterly report prior to visit.							
Comment:							
	Question					Response	Scoring
 	Does the facility have the summary report (monthly or quarterly) or summary number for the exact same reporting period of the DATIM report retrieved by the assessor for PMTCT_EID? Note: A quarterly DATIM report may need to be reconstructed from 3 monthly reports found at the facility.					Y N	If N=Red
If Y, then Q2							
Q2	Using the DATIM report and the facility summary report(s), fill in the table below.					(E) ____%	If >10% =Red If >5% and =<10% =Yellow If =<5% = Green
	Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?	
	<i>Example Indicator</i>	400	460	400-460 = -60	(-60/460) = -13%	13%	
	PMTCT_EID						
SCORE							




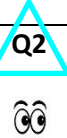
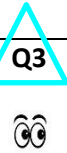
SET 1D: ALL SITES- INFECTION PREVENTION AND CONTROL (IPC)

<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Required (MPR)</i>	<i>Supportive</i>	<i>Remote</i>
S_01_27	Infection Prevention and Control Program			Yes
S_01_28	Environmental Cleaning Procedures			Yes
S_01_29	Availability of Personal Protective Equipment (PPE)			Yes
S_01_30	Decontamination and Reprocessing of Medical Devices			Yes










CEE #: S_01_27 Infection Prevention and Control Program [ALL SITES-IPC]			
	<p>STANDARD: Each site has an infection prevention and control (IPC) focal person and implements standard IPC protocols to minimize the risk of infectious disease transmission to clients and health care workers (HCW). The IPC plan includes administrative and engineering/environmental controls and standard and transmission-based precautions.</p>		
Comment:			
	Question	Response	Scoring
 Q1 	<p>Is there an active IPC focal person and/or team at this site that with all of the following?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) IPC focal person/team has dedicated time and resources to complete IPC-related duties <input type="checkbox"/> 2) IPC focal person/team has received specific IPC focal point training at least annually <input type="checkbox"/> 3) IPC focal person/team maintains HCW registry of applicable annual screening results, vaccinations, and relevant exposures. <p>Note: HCW registry should include staff TB screening, relevant vaccines (influenza, CVID-19, HepB), and staff exposures (TB, COVID-19, Varicella)</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2= Red</p>
If 3, then Q2			
 Q2 	<p>Does the site have all of the following for IPC?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Standardized IPC policies and protocols to minimize risk of infectious disease transmission to clients and HCWs <input type="checkbox"/> 2) IPC plan <input type="checkbox"/> 3) Annual job-related IPC training for all health care staff (<i>not just IPC focal points</i>) <input type="checkbox"/> 4) Documentation of assessment of IPC activities <p>Note: IPC training may occur in person, virtually, or through self-study. IPC activities may include quality improvement for IPC, capacity building activities, and/or improvement interventions.</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-3 = Yellow If 4 = Green</p>
SCORE			





CEE #: S_01_28 Environmental Cleaning Procedures [ALL SITES-IPC]			
	<p>STANDARD: Each site has environmental cleaning procedures and protocols, dedicated staff responsible for environmental cleaning who have received training on standardized cleaning methods and actively monitors environmental cleaning practices to ensure compliance with protocols and recommended practices. The site should also have an adequate supply of cleaning supplies for use by site staff to conduct environmental cleaning.</p>		
<p><i>Instructions: Appropriate environment cleaning supplies should include: rubber gloves, plastic aprons, cleaning products, disinfectants, portable containers for cleaning solutions and disinfectants, mops or cleaning squeegee with floor cloths, buckets, surface cleaning clothes, and access to clean water. Adequate supply for the site (rooms, space) and infectious disease needs.</i></p>			
<p>Comment:</p>			
	Question	Response	Scoring
	<p>Does the site have ALL of the following to support environmental cleaning?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Written procedures/protocols for environmental cleaning <input type="checkbox"/> 2) Dedicated ancillary staff who have received training on environmental cleaning methods <input type="checkbox"/> 3) Active monitoring of environmental cleaning practices to ensure compliance with protocols/procedures. <input type="checkbox"/> 4) Appropriate cleaning supplies available for environmental cleaning <p>Note: see instructions for guidance on what should be available for appropriate environmental cleaning supplies.</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Red If 3= Yellow If 4= Green</p>
SCORE			





CEE #: S_01_29 Availability of Personal Protective Equipment (PPE) [ALL SITES-IPC]			
	STANDARD: Sites should ensure that essential PPE are available and staff are trained on the rational and correct use of PPE including what PPE to use based on staff activity and pathogen of concern, and appropriate application and behavior when wearing PPE.		
<i>Instructions: Assess all the components of this CEE throughout the site, then complete the CEE scoring based on any instance where the observations do not meet the requirements. With remote assessment, ensure that any video does not show clients.</i>			
Comment:			
	Question	Response	Scoring
Q1	Does the site have ALL of the following necessary PPE available? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Gloves <input type="checkbox"/> 2) Gown <input type="checkbox"/> 3) Medical face mask <input type="checkbox"/> 4) Goggles or face shield <input type="checkbox"/> 5) N95 mask or equivalent respirator	# Ticked _____	If 0-4 = Red
If 5, then Q2			
Q2	Does the site have a functional hand hygiene station and soap OR alcohol-based hand rub (ABHR) in all admission, triage/screening areas, and client care areas <i>(where PPE may be required)</i> ?	Y N	If N=Yellow
If Y, Q3			
Q3	Have all healthcare workers received training on ALL of the following? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Rational use of PPE (<i>what PPE to use when</i>) <input type="checkbox"/> 2) Correct use of PPE (<i>how to wear PPE, behavior when wearing PPE</i>) <input type="checkbox"/> 3) Donning and safe removal of PPE Note: view job aide for donning and safe remove of PPE	# Ticked _____	If 0-2= Yellow If 3= Green
SCORE			




CEE #: S_01_30: Decontamination and Reprocessing of Medical Devices [ALL SITES-IPC]			
	<p>STANDARD: The site should ensure that written procedures for decontamination and reprocessing of medical equipment are available and that staff are trained on the appropriate practices, including ensuring that sterilization cycles have been validated.</p>		
<p>Instructions: Only assess this CEE at sites that provide VMMC and/or cervical cancer services. Assess all the components of this CEE throughout the site, then complete the CEE scoring based on any instance where the observations do not meet the requirements.</p> <p>If the site does not perform decontamination and reprocessing procedures, check NA, and SKIP this CEE NA <input type="checkbox"/></p>			
Comment:			
	Question	Response	Scoring
	Does the facility have written procedures/protocols for decontamination and reprocessing of medical devices available?	Y N	If N=Red
If Y, then Q2			
	Does the facility have staff who have received training on appropriate decontamination and reprocessing of medical equipment practices?	Y N	If N=Yellow
If Y, then Q3			
	<p>Does the facility have documentation of ALL of the following safety and monitoring measures?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Sterilizer validation <i>at least</i> annually <input type="checkbox"/> 2) Use of appropriate biological or chemical indicators of sterility (autoclave tape) <input type="checkbox"/> 3) Monitoring to confirm validation of the sterilization process and ensure that the reprocessed medical device has met the validated process parameters EVERY time 	#Ticked _____	If 0-2 =Yellow If 3 = Green
SCORE			




SET 2A: CARE AND TREATMENT-GENERAL POPULATION (NON-KEY POPS FACILITIES)

CEE #	Abbreviated Title	Required (MPR)	Supportive	Remote
S_02_01	Retesting for Verification before/at ART Initiation		X	Yes Conditional
S_02_02	Client Tracking-ART Clients			Yes Conditional
S_02_03	Rapid ART Initiation			Yes Conditional
S_02_04	Viral Load Access and Monitoring			No
S_02_05	Management of High Viral Load			Yes Conditional
S_02_06	Provision of Differentiated Service Delivery (DSD) Models			Yes
S_02_07	Partner Notification Services		X	No
S_02_08	Routine HIV Testing of Children of Adult Clients			Yes Conditional
S_02_09	TB Screening		X	No
S_02_10	TB Preventive Treatment (TPT)			No
S_02_11	Cotrimoxazole (CTX)			No
S_02_12	TB Diagnostic Evaluation Cascade			Yes Conditional
S_02_13	Community-Based Linkage and Retention Support Services		X	Yes
S_02_14	Service Referral and Linkage System		X	Yes Conditional
S_02_15	Family Planning / HIV Integration Service Delivery		X	Yes
S_02_16	Community-Based Delivery of Family Planning Services		X	Yes
S_02_17	Cervical Cancer Screening Capacity		X	Yes Conditional

CEE #: S_02_01 Retesting for Verification before/at ART Initiation [C&T GEN POP]			
<p>STANDARD: All newly diagnosed adult and adolescent clients living with HIV are retested to verify their HIV diagnosis prior to, or at the time of, ART initiation using the national HIV testing algorithm.</p>			
<p><i>Instructions: HIV Retesting for verification occurs prior to or at the time of ART initiation using a new specimen from either (1) a newly diagnosed individual or (2) a previously diagnosed individual who has not initiated ART. In either case, a provider who is different from the provider who performed the previous HIV tests for that individual must conduct retesting for verification.</i></p> <p><i>This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
Comment:			
	Question	Response	Scoring
Q1	<p>Do the national HIV Testing Services (HTS) or ART guidelines include retesting for verification prior to or at ART initiation?</p> <p><i>Enter a comment if retesting prior to ART initiation is not within national ART guidelines</i></p>	Y N	If N = Red
If Y, then Q2			
 Q2 	<p>Is a standardized process available for conducting and documenting retesting for verification prior to or at ART initiation?</p>	Y N	If N = Yellow
If Y, then Q3			
Q3 	<p><i>Review the last 10 register entries or charts (whichever source has the most updated information) of adult and adolescent clients ≥15 years old who newly initiated ART in the last 3 months to confirm that retesting for verification prior to or at ART initiation is documented.</i></p> <p>What percent of adult and adolescent client records reviewed have documentation that retesting for verification occurred before ART initiation? (i.e., the site knows the client or client was retested for verification before/at ART initiation)</p> <p>Numerator: _____ # of records with documented retesting for verification</p> <p>Denominator: _____ # of records reviewed</p>	_____ %	If <90% = Yellow If ≥90% = Green
SCORE			

CEE #: S_02_02 Client Tracking-ART Clients [C&T GEN POP] (DUP)			
	<p>STANDARD: Each ART site has a standard procedure for identifying and tracking adult and adolescent ART clients who have missed their last clinical review or ARV refill. The system includes procedures for client identification and tracking; standardized documentation showing evidence of more than one attempt to bring the client back into care; and the results/outcome of re-engagement efforts.</p>		
<p><i>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
Comment:			
	Question	Response	Scoring
	Are there standard procedures for identifying and tracking adult and adolescent ART clients who have missed a clinical review or ARV refill?	Y N	If N=Red
If Y, then Q2			
	<p><i>Review tracking documentation (logbooks, registers, client files etc.) for the last ten ART clients who either missed their last clinical review or ARV refill.</i></p> <p>What percent of tracking documents reviewed, from ART clients who missed their most recent clinical review appointment or refill, have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented?</p> <p>Numerator: _____ # of ART tracking documents reviewed, for ART clients who missed their most recent clinical review appointment or ARV refill, that have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented</p> <p>Denominator: _____ # of ART client tracking documents reviewed for clients who either missed their last clinical review or ARV refill</p>	_____ %	<p>If <90% =Yellow</p> <p>If ≥ 90% =Green</p>
SCORE			

CEE #: S_02_03 Rapid ART Initiation [C&T GEN POP]			
 STANDARD: HIV-positive individuals are offered the option of rapid or same-day ART, according to guidelines and national policy.			
<i>Instructions: Is rapid or same-day ART currently a part of or allowed per national guidelines?</i>			
<i>If NO, check NA, and SKIP CEE:</i> NA <input type="checkbox"/>			
<i>This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance.</i>			
Comment:			
	Question	Response	Scoring
Q1	Does this site offer rapid ART initiation/test and start (within 7 days of diagnosis) OR same-day initiation to newly diagnosed adults and adolescents ≥15 years old?	Y N	If N = Red
If Y, then Q2			
Q2 	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of newly diagnosed HIV-positive adult and adolescent clients ≥15 years old who attended the clinic within the last 90 days.</i></p> <p>What percentage of register entries or charts reviewed show evidence that HIV-positive clients received same day or rapid ART initiation?</p> <p>Note: Records should only be from <u>newly</u> diagnosed HIV-positive clients.</p> <p>Numerator: _____ # of register entries or charts reviewed of newly diagnosed adolescent clients, ≥15 years old who attended the clinic within the last 90 days, showing evidence that HIV-positive clients received same day or rapid ART initiation</p> <p>Denominator: _____ # of register entries or charts reviewed of newly diagnosed adolescent clients ≥15 years old who attended the clinic within the last 90 days.</p>	_____ %	If <90% = Yellow If ≥90% = Green
SCORE			

CEE #: S_02_04 Viral Load Access and Monitoring [C&T GEN POP] (DUP)			
	STANDARD: Clients on antiretroviral therapy (ART) receive routine monitoring for virologic suppression (i.e., VL <50 copies/mL or criteria based on national guidelines) through assessment of viral load, per national guidelines, and the results are documented in the medical record.		
Instructions: If there are NO clients on ART ≥ 12 months, check NA, and Skip this CEE			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Does this site have access to viral load testing for adolescent and adult clients?	Y N	If N = Red
	If Y, then Q2		
Q2 	<p>Review 10 charts of adult and adolescent clients ≥15 years old on ART ≥12 months.</p> <p>What percentage of charts reviewed, from adult and adolescent clients ≥15 years old on ART ≥12 months, show that the most recent viral load test was ordered within the appropriate interval, per the national guidelines?</p> <p>Note: Modify chart review to fit the national guidelines. Countries may opt to exclude charts if viral load was collected within the last 4 weeks to allow adequate time for results to be returned; replace any excluded charts to review a total of ten. Viral load monitoring is expected to occur on an ongoing basis (e.g., every 3, 6, or 12 months per national guidelines).</p> <p>Numerator: ____ # of charts reviewed, from adult and adolescent clients ≥15 years old on ART ≥12 months, showing that the most recent viral load test was ordered within the appropriate interval, per the national guidelines</p> <p>Denominator: ____ of charts reviewed from adult and adolescent clients ≥15 years old on ART ≥12 months</p>	____%	If <90% = Red
	If ≥90%, then Q3		
Q3 	<p>Review the same 10 charts of adult and adolescent clients ≥15 years old on ART ≥12 months.</p> <p>What percent of adult and adolescent charts reviewed have a documented result returned for the most recent viral load test?</p> <p>Numerator: ____ # of charts reviewed, from adult and adolescent clients ≥15 years old on ART ≥12 months, with a documented returned result for the most recent viral load test</p> <p>Denominator: ____ # of charts reviewed from adult and adolescent clients ≥15 years old on ART ≥12 months, with recent viral load test</p>	____%	If <80% = Red If ≥80% and ≤90% = Yellow If >90% = Green
	SCORE		

CEE #: S_02_05 Management of High Viral Load [C&T GEN POP] (DUP)



STANDARD: Clients on antiretroviral therapy (ART) with virologic non-suppression (i.e., VL \geq 50 copies/mL) are tracked and receive enhanced adherence counseling (EAC) and repeat viral load monitoring per national guidelines to assess for virologic failure and the potential need to switch ART regimens.


*Instructions: EAC includes focused counseling sessions, typically led by a lay health worker or counselor, on the importance of adhering to the medication. This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)*

*If a site does not offer these services, check NA and **SKIP** this CEE.*

NA

Comment:

	Question	Response	Scoring
Q1 	Does the site have a written procedure, which includes the following features, to manage s with non-suppressed viral load results? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Tracking and urgently following-up with clients who have non-suppressed viral load results <input type="checkbox"/> 2) Providing age-appropriate EAC <input type="checkbox"/> 3) Follow-up viral load testing <input type="checkbox"/> 4) Assessing the need to switch ART regimens in clients with virologic failure after completing EAC 	# Ticked _____	If 0-1= Red
	If \geq2, then Q2		
Q2 	Review 10 records (e.g., charts, high viral load register, EMR entries) of adult and adolescent clientson ART \geq 12 months with virologic non-suppression. If there are NO clients with virologic non-suppression, enter 0 for numerator and denominator and proceed with Q3. What percent of records reviewed have documentation of at least 1 EAC session within a month (or per national guidelines) of virologic non-suppression (e.g., VL \geq 50 copies/mL or criteria based on national guidelines)? Numerator: _____ # of records of clients who received at least 1 EAC session after date of virologic non-suppression Denominator: _____ # of records reviewed of adult and adolescent clients on ART \geq 12 months with virologic non-suppression. Notes: This review should distinguish the management of clients with non-suppressed viral load results from clientswith virologic suppression. If assessing Set 2B at this site and reviewing pediatric records, select only adults \geq 20 years old. If only assessing Set 2A, select both adolescents and adults \geq 15 years old.	_____ %	If <80% = Red

	If ≥ 80%, then Q3		
<p>Q3</p> 	<p>Review the same 10 records of clients on ART ≥12 months with virologic non-suppression. If there are NO clients with virologic non-suppression, enter 0 for numerator and denominator</p> <p>What percent of the same records reviewed (e.g., charts, high viral load register or EMR entries) have documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥50 copies/mL)?</p> <p>Numerator: _____ # of records reviewed (e.g., charts, high viral load register or EMR entries) with documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥50 copies/mL)</p> <p>Denominator: _____ # of records reviewed of adult and adolescent clients on ART ≥12 months with virologic non-suppression and eligible for follow-up viral load.</p>	<p>_____ %</p>	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
	SCORE		

CEE #: S_02_06 Provision of Differentiated Service Delivery (DSD) Models [C&T GEN POP] (DUP)



STANDARD: Each site offers differentiated service delivery (DSD) models for adolescent and adult clients ≥15 years old (e.g., , multi-month drug dispensing, community dispensation) to meet the needs of ART clients.

Instructions: Are differentiated models of service delivery (e.g., , multi-month dispensing) currently allowed in national guidelines?

If **NO**, check **NA**, and **SKIP** CEE: NA

Comment:



	Question	Response	Scoring
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Q1	Does the site utilize specific eligibility criteria for provision of DSD?	Y N	If N=Red
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If Y, then Q2



Does the site use or provide the following for adolescent and adult clients?

Tick all that apply:






- 1) 3-5 month ARV dispensing for eligible clients receiving ARV refills
- 2) 3-5 month ARV dispensing for eligible clients initiating ART
- 3) 6+ month supply of ARV dispensing for eligible clients receiving ARV refills
- 4) 6+ month supply of ARV dispensing for eligible clients initiating ART
- 5) Fast-track pharmacy pick-up of ARVs for all eligible ART clients
- 6) Community service delivery models (e.g., community ART groups, family care, or distribution points like home distribution)
- 7) DSD appointment spacing aligned with frequency of viral load monitoring
- 8) MMD of ARV in conjunction with services for TB prevention, TB treatment, family planning, and/or NCDs (diabetes, hypertension)


Ticked




If 0-6=Yellow
If 7-8= Green



	SCORE		
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



CEE #: S_02_07 Partner Notification Services [C&T GEN POP] (DUP)			
STANDARD: Clients living with HIVs are offered partner services that include counseling on safe disclosure of HIV status to their sex partner(s) and/or injecting drug partner(s) and voluntary HIV partner testing, either onsite or through referral to a health facility or through community-based approaches.			
Comment:			
	Question	Response	Scoring
Q1	Is counseling on the importance of safe and voluntary disclosure and voluntary testing of all sexual and/or injecting drug partner(s) provided?	Y N	If N=Red
If Y, then Q2			
Q2	Are partner HIV-testing services provided (either onsite or through referral)? <i>Note: Partner testing approaches include any of the following: 1) contact referral, 2) provider referral, 3) dual referral, 4) client referral, 5) HIV self-testing kits provided to clients to provide to their sex partner(s). HIV testing of the partner(s) may be offered onsite, at a standalone VCT clinic located within the facility, or via HIV self-test kits.</i>	Y N	If N=Red
If Y, then Q3			
Q3	Review 10 charts of adult and adolescent clients living with HIV ≥15 years old on ART ≥12 months. 👁️ What percent of reviewed client records document provision of counseling services to support client decisions on safe disclosure or partner testing? <i>Numerator: ____ # of HIV-positive client records reviewed that have either completed disclosure of HIV status or testing of a partner, OR documented client decision to not disclose HIV status to a partner</i> <i>Denominator: ____ # of HIV-positive client records reviewed</i>	____%	If <90%=Yellow If ≥90%=Green
SCORE			


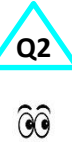
CEE #: S_02_08 Routine HIV Testing of Biological Children of Adult Clients [C&T GEN POP]			
	STANDARD: Biological children and adolescents (<19 years old) of people living with HIV (≥15 years) have a documented (or known) HIV status.		
Comment:			
Instructions: If there are NO clients on ART ≥ 12 months, check NA, and SKIP this CEE NA <input type="checkbox"/>			
This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)			
	Question	Response	Scoring
Q1	Is there a standardized practice to routinize safe and ethical index testing of biological children (<19 years old) of adult ART clients?	Y N	If N=Red
If Y, then Q2			
Q2 	Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive adults and adolescent clients ≥15 years old on ART ≥12 months. What percentage of reviewed charts have documentation of HIV testing status (e.g., positive, negative, declined) for all biological children <19y? Numerator: _____ # of charts reviewed where all biological children <19y have documented HIV-testing status (e.g., positive, negative, declined) Denominator: _____ # of client records reviewed from PLHIV ≥15y	_____ %	If <70%=Red If ≥70% and <90% = Yellow If ≥90%= Green
SCORE			




CEE #: S_02_09 TB Screening [C&T GEN POP] (DUP)			
STANDARD: Each site has standardized procedures for performing and documenting screening for active tuberculosis (TB) on intake and at each clinical visit for adult and adolescent clients living with HIVs. The TB screening includes all 4 of the following symptoms: cough, fever, night sweats, and weight loss.			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice for TB screening and documentation at each clinical assessment per national guidelines?	Y N	If N=Red
If Y, then Q2			
Q2 	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive adult and adolescent clients ≥15 years old on ART ≥12 months.</i></p> <p>What percent of adult and adolescent records reviewed have documented TB-symptom screening results (i.e., at minimum screen positive or negative; presence of cough, fever, night sweats, or weight loss) at the last clinical assessment?</p> <p>Numerator: _____ # of register entries or charts reviewed, from HIV-positive adult and adolescent clients ≥15 years old on ART ≥12 months, with documented TB-symptom screening results at the last clinical assessment</p> <p>Denominator: _____ # of register entries or charts reviewed from HIV-positive adult and adolescent clients ≥15 years old on ART ≥12 months</p>	_____ %	<p>If <70%=Red</p> <p>If ≥70% and <90% = Yellow</p> <p>If ≥90%=Green</p>
SCORE			




CEE #: S_02_10 TB Preventive Treatment (TPT) [C&T GEN POP] (DUP)			
	STANDARD: PLHIVs who screen negative for active tuberculosis (TB) receive TB Preventive Treatment (TPT) per national guidelines.		
Instructions: If there are NO PLHIV clients who screen negative for TB, check NA and SKIP this CEE NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice for administration of TPT among adult and adolescent clients living with HIVs?	Y N	If N=Red
If Y, then Q2			
Q2 	Does this site have a TPT register and/or another method that allows tracking of who <i>started</i> and <i>completed</i> TPT within a given reporting period? <i>Note: "Completed" includes those clients who started and completed 3 or 6 months of TPT and those on continuous TPT after 3 or 6 months of "completion" (3 vs 6 month is dependent on regimen-specific duration).</i>	Y N	If N=Red
If Y, then Q3			
Q3 	<i>Review 10 register entries or charts (whichever source has the most updated information) of adult and adolescent clients ≥15 years old on ART ≥12 months).</i> What percent of reviewed records show evidence that adult and adolescent clients living with HIVs, who screened negative for active TB during their HIV clinic visits and were TPT eligible (per national guidelines), were ever initiated on TPT? <i>Numerator: _____ # of register entries or charts reviewed, from adult and adolescent clients ≥15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits, with evidence showing the client was started on TPT</i> <i>Denominator: _____ # of register entries or charts reviewed from adult and adolescent clients s ≥15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits</i>	_____%	If <70%=Red If ≥70% and <90% = Yellow If ≥90%=Green
SCORE			




CEE #: S_02_11 Cotrimoxazole (CTX) [C&T GEN POP] (DUP)			
	STANDARD: Eligible clients have documented prescription of cotrimoxazole (CTX), according to national guidelines.		
<i>Instructions: If NO clients living with HIV s were eligible within the specified time period, check NA and SKIP this CEE: NA <input type="checkbox"/></i>			
Comment:			
	Question	Response	Scoring
<div style="border: 1px solid pink; padding: 2px;">Q1</div> 	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of adults and adolescent clients living with HIV ≥15 years old on ART ≥12 months.</i></p> <p><i>Of the total 10 records, select clients that are eligible for CTX based on the national guidelines. Include that number in the denominator, even if it is less than 10.</i></p> <p>What percent of adult and adolescent clients living with HIV records reviewed have documentation of CTX prescription per the national guidelines at the last clinical assessment?</p> <p>Numerator: _____ # of reviewed records of those eligible, who received a CTX prescription</p> <p>Denominator: _____ # of CTX eligible (per national guidelines) client records reviewed</p>	<p>_____ %</p>	<p>If <70%=Red</p> <p>If ≥70% and <90% =Yellow</p> <p>If ≥90%=Green</p>
	SCORE		

CEE #: S_02_12 TB Diagnostic Evaluation Cascade [C&T GEN POP] (DUP)			
	STANDARD: Every site has standardized procedures for documenting adult and adolescent clients living with HIV (CLHIV) with presumptive tuberculosis (TB) (in a line list or register) and a referral and follow-up mechanism to ensure TB diagnostic evaluation, in accordance with national testing algorithms.		
<i>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i>			
<i>If there are NO adult or adolescent clients with presumptive TB, check NA, and Skip this CEE. NA <input type="checkbox"/></i>			
Comment:			
	Question	Response	Scoring
Q1	Are there standardized procedures for documenting adult and adolescent clients living with HIV with presumptive TB and providing referral and follow-up to ensure TB diagnostic evaluation (e.g., smear, culture or Xpert MTB/RIF)?	Y N	If N=Red
If Y, then Q2			
 	Q2 Is there a line list/register for adult and adolescent clients living with HIV with presumptive TB to document diagnostic evaluation and treatment?	Y N	If N=Red
If Y, then Q3			
	Q3 <i>Review the last 10 entries in the line list/register of adult and adolescent clients ≥15 with presumptive TB.</i> What percent of the reviewed entries of adult and adolescent clients living with HIV who are presumed to have TB have documented smear microscopy, culture or Xpert MTB/RIF results? Numerator: ____ # of reviewed entries of adult and adolescent clients living with HIV who are ≥15 and presumed to have TB with documented smear microscopy, culture or Xpert MTB/RIF results Denominator ____ # of reviewed entries of adults and adolescent clients living with HIV who are ≥15 and who are presumed to have TB	____%	If <80%=Yellow
If ≥80%, then Q4			
	Q4 <i>Review the same last 10 entries in the line list/register of adult and adolescent clients presumptive TB.</i> What percent of the same reviewed entries of adult and adolescent clients living with HIV who are presumed to have TB received molecular testing as their first-line diagnostic test? Numerator: ____ # of same reviewed entries of adult and adolescent clients living with HIV who are ≥15 and who are presumed to have TB, with documented receipt of molecular testing as their first-line diagnostic test Denominator: ____ # of same reviewed entries of adults and adolescent clients ≥15 who are presumed to have TB	____%	If <90%=Yellow If ≥90%=Green
SCORE			

CEE #: S_02_13 Community-Based Linkage and Treatment Support Services [C&T GEN POP]			
<p>STANDARD: Each site that provides care and support services has standardized procedures for providing and documenting all the following core elements:</p> <ul style="list-style-type: none"> • Treatment continuity/adherence support for ART beneficiaries/clients • Referral and linkage to health facilities providing comprehensive HIV care • Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate 			
Comment:			
	Question	Response	Scoring
Q1	<p>Which of the following services does this site provide?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Treatment continuity/adherence support for ART beneficiaries/clients <input type="checkbox"/> 2) Referral and linkage to health facilities providing comprehensive HIV care <input type="checkbox"/> 3) Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate 	<p># Ticked</p> <p>_____</p>	<p>If 0 = Red</p> <p>If 1-2 = Yellow</p>
If 3, then Q2			
	<p>Is there a written SOP addressing each of the core elements?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Support for engagement for ART beneficiaries/clients <input type="checkbox"/> 2) Referral and linkage to health facilities providing comprehensive HIV care <input type="checkbox"/> 3) Basic beneficiary/client assessments, documenting clinical and psychosocial needs with linkage/referral to other services as appropriate 	<p># Ticked</p> <p>_____</p>	<p>If 0-2 = Yellow</p> <p>If 3 = Green</p>
SCORE			

CEE #: S_02_14 Service Referral and Linkage System [C&T GENPOP]			
STANDARD: Sites supporting prevention and care outreach programs refer beneficiaries/clients to other high-impact HIV services (both community and facility) and track those referrals to support their successful completion.			
<i>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i>			
Comment:			
	Question	Response	Scoring
 Q1	<p>A system is in place with standardized tools (e.g., referral forms/vouchers given to beneficiaries, registers used for tracking) to track the following:</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Referrals made to high-impact services (e.g., HTS STI screening and treatment, HIV care, PLHIV support groups, OVC programs, PMTCT, TB, VMMC, condom and lubricant provision, post-violence care, PrEP, DREAMS) <input type="checkbox"/> 2) Whether the beneficiary/client received those services 	# Ticked _____	If 0-1 = Red
If 2, then Q2			
 Q2	<p><i>Review 10 referral records (individual or logbook) for any 10 clients/beneficiaries from the last three months.</i></p> <p>Of the reviewed referral records to any of the above high-impact services, what percentage have been successfully linked to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)?</p> <p>Numerator: ____ # of referral records reviewed for clients/beneficiaries in the last three months, to any high-impact service with documentation of successful linkage to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)</p> <p>Denominator: ____ # of referral records reviewed for clients/beneficiaries in the last three months to any high-impact service</p>	____%	If <70% = Yellow If ≥70% = Green
SCORE			

CEE #: S_02_15 Family Planning /HIV Integration Service Delivery [C&T GEN POP]			
STANDARD: All clients attending HIV services have access to high-quality, voluntary family planning counseling and services, including safer pregnancy counseling and contraceptives, depending upon their fertility intentions.			
<i>Instructions: With remote assessment, ensure that any video does not show clients.</i>			
Comment:			
	Question	Response	Scoring
Q1	Is family planning education and/or counseling routinely offered onsite to clients who wish to delay or prevent pregnancy?	Y N	If N=Red
If Y, then Q2			
Q2	Is safer conception/pregnancy counseling routinely offered onsite to PLHIV who wish to have children?	Y N	If N=Red
If Y, then Q3			
Q3	Do clients have access to at least three contraceptive methods either onsite or through referral? <i>(e.g., condoms, oral contraceptive pills, injectables, implants, intra-uterine devices (IUDs), fertility awareness methods, vasectomy, tubal ligation)</i>	Y N	If N=Yellow
If Y, then Q4			
 Q4	Are education materials (IEC) about contraception and safe conception on display or available to clients (e.g., pamphlets, posters, brochures, inserts) accessing this service delivery point?	Y N	If N=Yellow
	If Y, then Q5		
Q5	Has there been a stockout within the past 3 months of any contraceptive methods usually provided onsite?	Y N	If Y=Yellow If N= Green
SCORE			




CEE #: S_02_16 Community-Based Delivery of Family Planning Services [C&T GEN POP]			
STANDARD: Community-based delivery of family planning services should include high quality, voluntary family planning counseling and services, including safe conception/pregnancy counseling and contraceptives.			
<i>Instructions: This CEE should be assessed at sites where contraceptives are distributed in the community.</i>			
Comment:			
	Question	Response	Scoring
Q1	Do trained community care providers deliver information on family planning, safe conception/pregnancy, and available family planning services to community members and groups, including young women?	Y N	If N = Red
If Y, then Q2			
Q2	Do all community care providers provide referrals to a health facility for additional information on family planning services and methods?	Y N	If N = Red
If Y, then Q3			
Q3	Do health providers and/or supervisors conduct supportive supervision visits on at least a quarterly basis to monitor the quality of family planning activities provided by community care providers?	Y N	If N = Yellow
If Y, then Q4			
 Q4	Is there a process for tracking family planning referrals to confirm the beneficiary/client received the service?	Y N	If N=Yellow If Y= Green
	Note: If the service is directly provided, then Y.		
SCORE			


CEE#: S_02_17 Cervical Cancer Screening Capacity [C&T GEN POP]











STANDARD: All sites offering cervical cancer screening and/or precancerous lesion treatment services have in place the procedures, equipment and processes necessary to provide high-quality services.

Instructions: Assess this CEE based on which activities this site is expected to provide (e.g., cervical cancer screening, cryotherapy). This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)

Comment:

	Question	Response	Scoring
<p>Q1</p> <p></p>	<p>Does the site have the following? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Standardized procedures (and algorithms, where applicable) for onsite provision of cervical cancer screening for all eligible women (<i>Look for documentation</i>) <input type="checkbox"/> 2) Standardized procedures for management of women with positive screening results, including referral (e.g., for cryotherapy/thermocoagulation (if not available onsite), loop electrosurgical excision procedure (LEEP), and further evaluation for suspected invasive cervical cancer) (<i>Look for documentation</i>) <input type="checkbox"/> 3) Clinical staff, who provide cervical cancer secondary prevention services, are trained for screening and treatment <p>Note: <i>Clinical staff include nurses, midwives, doctors, clinical officers</i></p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Red</p>
<p>If 3, then Q2</p>			
<p>Q2</p> <p></p>	<p>Does the facility area where cervical cancer screening and treatment services are provided have the following basic elements? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Private area with gynecological exam table <input type="checkbox"/> 2) Sterilized reusable (or new disposable) specula <input type="checkbox"/> 3) Bright light source <input type="checkbox"/> 4) Exam gloves <input type="checkbox"/> 5) Disinfectant for specula and other equipment (i.e., facilities for universal precaution) <input type="checkbox"/> 6) Hand washing station <input type="checkbox"/> 7) Appropriate screening tools (timer or clock; and 3%-5% acetic acid for visual inspection with acetic acid (VIA) screening; or HPV test kit for HPV testing; or glass slides, cover slips, and fixatives for Pap smear) <input type="checkbox"/> 8) Appropriate treatment equipment (timer or clock; and cryotherapy unit, tips, and gas tanks; or thermocoagulation device; and LEEP electrosurgical generator and electrode handle) or treatment referral procedures for remote sites without treatment capability 	<p># Ticked</p> <p>_____</p>	<p>If 0-7=Red</p>

	If 8, then Q3		
<p>Q3</p> 	<p>Review cervical screening register or logbook entries from all women screened 90 days prior OR the previous 10 entries/records (whichever is fewer), of women with positive cervical cancer screening test results.</p> <p>What percentage of women having a positive cervical cancer screening test result were either referred for precancerous lesion treatment or completed treatment onsite?</p> <p>Numerator: ____ # of records reviewed of women with positive cervical cancer screening result who were REFERRED for OR COMPLETED precancerous lesion treatment</p> <p>Denominator: ____ # of records reviewed of women with positive cervical cancer screening results</p>	<p>____%</p>	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
	SCORE		

SET 2B: CARE AND TREATMENT FOR HIV-INFECTED CHILDREN				
CEE #	Abbreviated Title	Required (MPR)	Supportive	Remote
S_02_18	Retesting for Verification before/at ART Initiation		X	Yes Conditional
S_02_19	Client Tracking-ART Clients			Yes Conditional
S_02_33	Rapid ART Initiation			Yes Conditional
S_02_34	Optimized ART Regimen for Young Children			No
S_02_21	Dosing of Pediatric and Adolescent ARVs		X	Yes
S_02_22	Viral Load Access and Monitoring			No
S_02_23	Management of High Viral Load			Yes Conditional
S_02_24	Provision of Differentiated Service Delivery (DSD) Models			Yes
S_02_25	Routine HIV Testing for Children and Adolescents			Yes Conditional
S_02_26	TB Screening		X	No
S_02_27	TB Preventive Therapy (TPT)			No
S_02_28	Cotrimoxazole (CTX)			No
S_02_29	TB Diagnostic Evaluation Cascade			Yes Conditional
S_02_30	Support Services for Adolescents Living with HIV		X	Yes
S_02_31	Community -Based Linkage and Retention Support Services		X	Yes
S_02_32	Service Referral and Linkage System		X	Yes Conditional





CEE #: S_02_18 Retesting for Verification before/at ART Initiation [C&T PEDS] (DUP)





STANDARD: All newly diagnosed pediatric clients living with HIV are retested to verify their HIV diagnosis prior to, or at the time of, ART initiation using the national HIV testing algorithm.




Instructions: HIV Retesting for verification occurs prior to or at the time of ART initiation using a new specimen from either (1) a newly diagnosed individual or (2) a previously diagnosed individual who has not initiated ART. In either case, a provider who is different from the provider who performed the previous HIV tests for that individual must conduct retesting for verification.

*This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)*

Comment:

	Question	Response	Scoring
Q1	Do the national HIV Testing Services (HTS) or ART guidelines include retesting for verification prior to or at ART initiation?	Y N	If N = Red
If Y, then Q2			
Q2  	Is there a standardized process for conducting and documenting the retesting for verification prior to or at ART initiation?	Y N	If N = Yellow
If Y, then Q3			
Q3 	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of pediatric clients who newly initiated on ART in the last 3 months to confirm that retesting for verification prior to or at initiation is documented.</i></p> <p>What percent of pediatric client records reviewed have documentation that retesting for verification occurred before ART initiation? (i.e., the site knows the client or client was retested for verification prior to or at ART initiation)</p> <p>Numerator: _____ # of records reviewed, from pediatric clients who newly initiated ART in the last three months, with documented retesting for verification</p> <p>Denominator: _____ # of records reviewed from pediatric clients who newly initiated ART in the last three months</p>	_____ %	If <90% = Yellow If ≥90% = Green
SCORE			

CEE #: S_02_19 Client Tracking-ART Clients [C&T PEDS] (DUP)			
	<p>STANDARD: Each ART site has a standard procedure for identifying and tracking pediatric ART clients who have missed on their last clinical review or ARV refills. The system includes procedures for client identification and tracking; standardized documentation showing evidence of more than one attempt to bring the client back into care; and the results/outcome of re-engagement efforts.</p>		
<p>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</p>			
<p>Comment:</p>			
	Question	Response	Scoring
	<p>Are there standard procedures for identifying and tracking pediatric ART clients who have missed a clinical review or ARV refill?</p>	Y N	If N=Red
<p>If Y, then Q2</p>			
	<p><i>Review tracking documentation (logbooks, registers, client files etc.) for the last the last ten pediatric ART clients who missed their most recent appointment.</i></p> <p>What percent of tracking documents reviewed, from ART pediatric clients who missed their most recent clinical review, have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented?</p> <p>Numerator: ____ # of ART tracking documents reviewed, for pediatric ART clients who missed their most recent clinical review or ARV refill, that have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented</p> <p>Denominator: ____ # of ART client tracking documents reviewed for pediatric clients who missed their most recent clinical review or ARV refill</p>	<p>%</p> <p>_____</p>	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
SCORE			

CEE #: S_02_33 Rapid ART Initiation [C&T PEDS]			
	STANDARD: All children and adolescents living with HIV (C/ALHIV) < 15 years of age are offered the option of rapid or same-day ART, according to guidelines and national policy.		
<p><i>Instructions: Is rapid or same-day ART currently a part of or allowed per national guidelines?</i></p> <p>If NO, check NA, and SKIP CEE: NA <input type="checkbox"/></p> <p><i>This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
Comment:			
	Question	Response	Scoring
Q1	Does this site offer rapid ART initiation/test and start (within 7 days of diagnosis) OR same-day initiation to newly diagnosed C/ALHIV < 15y?	Y N	If N = Red
	If Y, then Q2		
Q2 	<p>Review 10 register entries or charts (whichever source has the most updated information) of newly diagnosed C/ALHIV < 15 years old who attended the clinic within the last 90 days.</p> <p>What percentage of register entries or charts reviewed showed evidence that C/ALHIV < 15y received same day or rapid ART initiation with optimized first-line ART based on their weight?</p> <p>Note: Records should only be from <u>newly</u> diagnosed C/ALHIV < 15y. Optimized first-line ART regimen by weight band:</p> <ul style="list-style-type: none"> • 3.0 – 19.9 kg: ABC/3TC + DTG 10 mg DT • 20 – 29.9 kg: ABC/3TC + DTG 50 mg FCT • 30+ kg: TLD FDC <p>Numerator: _____ # of register entries or charts reviewed of newly diagnosed C/ALHIV < 15y who attended the clinic within the last 90 days, showing evidence that C/ALHIV received same day or rapid ART initiation with optimized first line ART</p> <p>Denominator: _____ # of register entries or charts reviewed of newly diagnosed C/ALHIV < 15y who attended the clinic within the last 90 days.</p>	_____ %	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
	SCORE		






CEE#: S_02_34 Optimized ART Regimen for Young Children [C&T PEDS]






STANDARD: Dolutegravir-based regimens (DTG) are available as a standard optimized antiretroviral treatment for infants and children living with HIV (CLHIV) who weigh ≥ 3 kg and are ≥ 4 weeks old.


Comment:



	Question	Response	Scoring
Q1 	Are DTG formulations for CLHIV available onsite for all children? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) 3-19.9 kg (DTG 10 mg), <input type="checkbox"/> 2) 20 – 29.9 kg (DTG 50 mg) <input type="checkbox"/> 3) ≥ 30 kg (TLD) 	# Ticked _____	If 0-2 = Red
	If 3, then Q2		
Q2 	<p>Review 10 charts of CLHIV (< 10 years of age) who have been on ART for 90 days or greater: 5 charts for CLHIV < 5 years of age and 5 charts for CLHIV 5-9 years of age</p> <p>What percentage of reviewed charts showed evidence that CLHIV (<10 years of age) are receiving optimized antiretroviral therapy for their respective weight band?</p> <p>Note: Optimized treatment may also be referred to as ‘first-line’ by providers. Records should only be from CLHIV (< 10 years of age) on ART for at least 90 days. Optimized ART regimen by weight band includes:</p> <ul style="list-style-type: none"> • 3. 0 – 19.9 kg: ABC/3TC + DTG 10 mg DT • 20 – 29.9 kg: ABC/3TC + DTG 50 mg FCT • ≥ 30 kg: TLD FDC <p>Numerator _____ # of reviewed charts of CLHIV (<10 years of age) on ART who are receiving a weight-appropriate ART regimen.</p> <p>Denominator: _____ # of charts reviewed of CLHIV (<10 years of age) on ART.</p>	_____ %	If <90% = Yellow If $\geq 90\%$ = Green
	SCORE		






CEE #: S_02_21 Dosing of Pediatric ARVs [C&T PEDS]			
STANDARD: Each site providing treatment services to children should be equipped, at the point of care for pediatric clients, with current pediatric ARV weight band dosing tools to provide appropriate pediatric dosing according to national guidelines.			
<i>Instructions: For remote CEE collection, assessors must ensure that any personal identifiable information (PII) of client is not visible when viewing documentation with client weight and ART dose.</i>			
Comment:			
	Question	Response	Scoring
 	<p>Is there a pediatric ARV dosing tool (e.g., table, wheel, and brochure) that provides all ARVs in the nationally recommended regimens available to the ARV provider?</p> <p>Note: A tool must be available to review. If a tool is not present or unavailable for inspection, mark response as No.</p>	Y N	If N=Red
If Y, then Q2			
 	<p>Is there a specific place to document the child's weight and ART dose for each clinic visit in the client chart or relevant care and treatment register?</p>	Y N	If N=Yellow If Y=Green
SCORE			


CEE #: S_02_22 Viral Load Access and Monitoring [C&T PEDS] (DUP)			
	STANDARD: Pediatric clients on antiretroviral therapy (ART) receive routine monitoring for virologic suppression (as defined in national guidelines) through assessment of viral load per national guidelines, and the results are documented in the medical record.		
Instructions: If there are NO clients on ART ≥ 12 months, check NA, and SKIP this CEE			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Does this site have access to viral load testing for pediatric clients?	Y N	If N = Red
If Y, then Q2			
Q2 	<p>Review 10 charts of pediatric clients <15 years old on ART ≥ 12 months.</p> <p>What percentage of charts reviewed document that the most recent viral load test was ordered within the appropriate interval, per the national guidelines?</p> <p>Numerator: ____ # of charts reviewed of pediatric clients on ART for least 12 months, with a documented viral load test ordered within the appropriate interval, per the national guidelines</p> <p>Denominator: ____ # of charts reviewed of pediatric clients on ART for at least 12 months</p> <p>Note: Modify chart review to fit the national guidelines. Countries may opt to exclude charts if viral load was collected within the last 4 weeks to allow adequate time for results to be returned; replace any excluded charts to review a total of ten. Viral load monitoring is expected to occur on an ongoing basis (e.g., every 3, 6, or 12 months per national guidelines).</p>	% _____	If < 90% = Red
If $\geq 90\%$, then Q3			
Q3 	<p>Review the same 10 charts of pediatric clients <15 years old on ART ≥ 12.</p> <p>What percent of charts reviewed have a documented result returned for the most recent viral load test?</p> <p>Numerator: ____ # of charts reviewed of pediatric clients on ART for least 12 month, with a documented returned result for the most recent viral load test</p> <p>Denominator: ____ # of charts reviewed of pediatric clients on ART for least 12 months, with recent viral load test documented</p>	_____%	<p>If <80% = Red</p> <p>If $\geq 80\%$ and $\leq 90\%$ = Yellow</p> <p>If >90% = Green</p>
SCORE			




CEE #: S_02_23 Management of High Viral Load [C&T PEDS] (DUP)			
	<p>STANDARD: Pediatric and adolescent clients on antiretroviral therapy (ART) with virologic non-suppression (as defined in national guidelines) are tracked and receive enhanced adherence counseling (EAC) and repeat viral load monitoring per national guidelines to assess for virologic failure and the potential need to switch ART regimens.</p> <p><i>Instructions: EAC includes focused counseling sessions, typically led by a lay health worker or counselor, on the importance of adhering to the medication. This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p> <p><i>If a site does not offer these services, check NA and SKIP this CEE.</i> NA <input type="checkbox"/></p>		
Comment:			
	Question	Response	Scoring
	<p>Does the site have a written procedure, which includes the following features, to manage pediatric patients with non-suppressed viral load results? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Tracking and urgently following-up with patients who have non-suppressed viral load results <input type="checkbox"/> 2) Providing age-appropriate EAC <input type="checkbox"/> 3) Follow-up viral load testing <input type="checkbox"/> 4) Assessing the need to switch ART regimens in patients with virologic failure after completing EAC 	<p># Ticked</p> <p>_____</p>	<p>If ≤1 = Red</p>
If ≥2, then Q2			
	<p>Review 10 records (e.g., charts, high viral load register, EMR entries) of 5 pediatric (<10 years old) and 5 young adolescent (10-14 years old) clients on ART ≥12 months with virologic non-suppression. If there are NO clients with virologic non-suppression, enter 0 for numerator and denominator and proceed with Q3.</p> <p>What percent of pediatric and adolescent records reviewed have documentation of at least one EAC session within a month (or per national guidelines) of the date of virologic non-suppression (e.g., VL ≥1000 copies/mL or criteria based on national guidelines)?</p> <p>Numerator = _____ # of client records reviewed, from pediatric clients with virologic non-suppression, with documentation of at least one EAC session after the date of virologic non-suppression</p> <p>Denominator = _____ # of client records reviewed for clients with virologic non-suppression</p> <p>Note: This review should distinguish the management of patients with non-suppressed viral load results from patients with virologic suppression.</p>	<p>_____ %</p>	<p>If <80% = Red</p>



If $\geq 80\%$, then Q3			
Q3 	<p>Review the same 10 records of 5 pediatric (<10 years old) and 5 adolescent (10-19 years old) clients on ART ≥ 12 months with virologic non-suppression. If there are NO clients with virologic non-suppression, enter 0 for numerator and denominator.</p> <p>What percent of the same pediatric and adolescent records reviewed (e.g., charts, high viral load register or EMR entries) have documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥ 50 copies/mL)?</p> <p>Numerator: _____ # of client records reviewed (e.g., charts, high viral load register or EMR entries) with documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥ 50 copies/mL)</p> <p>Denominator: _____ # of client records reviewed of clients on ART ≥ 12 months with virologic non-suppression and eligible for follow-up viral load</p>	_____%	<p>If <90% = Yellow</p> <p>If $\geq 90\%$ = Green</p>
SCORE			









CEE #: S_02_24 Provision of Differentiated Service Delivery (DSD) Models [C&T PEDS] (DUP)			
	STANDARD: Each site offers differentiated service delivery (DSD) models for pediatric clients (e.g., multi-month drug dispensing, community dispensation) to meet the needs of ART clients.		
<i>Instructions: Are differentiated models of service delivery (e.g., appointment spacing, multi-month dispensing) currently allowed for pediatric clients in national guidelines or circulars?</i>			
If NO , check NA , and SKIP CEE:			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Does the site utilize specific eligibility criteria for provision of DSD?	Y N	If N=Red
If Y, then Q2			
Q2	Does the site use or provide the following for pediatric clients? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) 3-5 month ARV dispensing for eligible clients receiving ARV refills <input type="checkbox"/> 2) 3-5 month ARV dispensing for eligible clients initiating ART <input type="checkbox"/> 3) 6+ month supply of ARV dispensing for eligible clients receiving ARV refills <input type="checkbox"/> 4) 6+ month supply of ARV dispensing for eligible clients initiating ART <input type="checkbox"/> 5) Fast-track pharmacy pick-up of ARVs for all eligible ART clients <input type="checkbox"/> 6) Community service delivery models (e.g., community ART groups, family care, or distribution points like home distribution) <input type="checkbox"/> 7) DSD appointment spacing aligned with frequency of viral load monitoring <input type="checkbox"/> 8) MMD of ARV in conjunction with services for TB prevention, TB treatment, family planning, and/or NCDs (diabetes, hypertension) <input type="checkbox"/> 9) Family appointments to facilitate coordinated care for parents/guardians on treatment with their children living with HIV <input type="checkbox"/> 10) Peer client grouped appointments to facilitate age-appropriate disclosure, treatment literacy, and psychosocial support (e.g. children, adolescents, OVC) 	# Ticked _____	If 0-7=Yellow If 8-10=Green
SCORE			




CEE #: S_02_25 Routine HIV Testing for Children and Adolescents [C&T PEDS]			
	STANDARD: Routine, systematic HIV testing of all children and adolescents (0-19 years old) with undocumented HIV status is conducted at key entry points.		
<p><i>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance). For Q1, answer based on the applicable service delivery points available at the site:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Pediatric inpatient ward <input type="checkbox"/> 2) Outpatient department <input type="checkbox"/> 3) MCH/Well Child <5 years Clinics <input type="checkbox"/> 4) Tuberculosis clinic 			
Comment:			
	Question	Response	Scoring
	<p>Do the registers or records in each of the following entry points present in this facility allow for documentation of the HIV status of children?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Pediatric inpatient ward(s) <input type="checkbox"/> 2) Outpatient department(s) <input type="checkbox"/> 3) Well child <5 years clinics (for children with poor growth trend and/or who are underweight,) (i.e. malnutrition/not growing well) <input type="checkbox"/> 4) Tuberculosis clinics 	# Ticked _____	If 0-3 = Red
If 4, then Q2			
	<p>Does this site use a systematic criteria (e.g., screening algorithm) to determine which children should receive HIV testing at OPD?</p> <p>Note: Ask to see evidence of systematic criteria (e.g., screening algorithm)</p>	Y N	If N = Yellow
If Y, then Q3			
	<p>Select one of the available registers using the following criteria: Prioritize pediatric inpatient ward register. If site has a pediatric inpatient ward, use the pediatric ward register. If no pediatric ward, use the register for any of the entry points listed in Q1. In the selected register, review the last 10 client entries to check for documented HIV status (e.g., positive, negative, declined).</p> <p>What percentage of entries reviewed have documented HIV-testing status?</p> <p>Numerator: _____ # of pediatric and adolescent client entries with documented HIV Status (e.g., positive, negative, declined)</p> <p>Denominator: _____ # of pediatric and adolescent client entries reviewed</p>	_____ %	If <90% = Yellow If ≥90% = Green
SCORE			

CEE #: S_02_26 TB Screening [C&T PEDS]			
STANDARD: Each site has standardized procedures for performing and documenting screening for active tuberculosis (TB) on intake and at each clinical visit for HI/ pediatric clients living with HIV. The TB screening includes all 4 of the following symptoms: current cough, fever, poor weight gain; and contact with a TB client.			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice for TB screening and documentation at each clinical assessment per national guidelines?	Y N	If N=Red
If Y, then Q2			
Q2 	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of pediatric clients living with HIV <15 on ART ≥12 months.</i></p> <p>What percent of pediatric records reviewed have documented TB-symptom screening results (i.e., screen positive or negative; presence of current cough, fever, poor weight gain; and contact with a TB client) at the last clinical assessment?</p> <p>Numerator: _____ # of register entries or charts reviewed, from HIV-positive pediatric clients <15 years old on ART ≥12 months, with documented TB-symptom screening results at the last clinical assessment</p> <p>Denominator: _____ # of register entries or charts reviewed from positive pediatric clients <15 years old on ART ≥12 months</p>	_____ %	<p>If <70%=Red</p> <p>If ≥70% and <90% =Yellow</p> <p>If ≥90%=Green</p>
SCORE			

CEE #: S_02_27 TB Preventive Treatment (TPT) [C&T PEDS] DUP			
	STANDARD: Pediatric clients living with HIV who screen negative for active tuberculosis (TB) receive TB Preventive Treatment (TPT) per national guidelines.		
Instructions: If NO pediatric clients living with HIV were screened TB negative, check NA and SKIP this CEE: NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice for administration of TPT among pediatric clients living with HIV?	Y N	If N=Red
If Y, then Q2			
Q2 	Does this site have a TPT register and/or another method that allows tracking of who started and who completed TPT within a given reporting period? <i>Note: "Completed" includes those clients who started and completed 3 or 6 months of TPT and those on continuous TPT after 3 or 6 months of "completion" (3 vs 6 month is dependent on regimen-specific duration).</i>	Y N	If N=Red
If Y, then Q3			
Q3 	Review 10 register entries or charts (whichever source has the most updated information) of pediatric clients on ART ≥12 months. What percent of reviewed records show evidence those pediatric clients living with HIV who screened negative for active TB during their HIV clinic visits and were TPT eligible (per national guidelines), were ever initiated on TPT? <i>Numerator:</i> _____ # of register entries or charts reviewed, from pediatric clients <15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits, with evidence showing the client was started on TPT? <i>Denominator:</i> _____ # of register entries or charts reviewed from HIV-positive pediatric clients <15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits	_____%	If <70%=Red If ≥70% and <90% = Yellow If ≥90%=Green
SCORE			

CEE #: S_02_28 Cotrimoxazole (CTX) [C&T PEDS] (DUP)			
	STANDARD: Eligible pediatric clients have documented prescription of cotrimoxazole (CTX) according to national guidelines.		
Instructions: If NO clients living with HIV were eligible within the specified time period, check NA and SKIP this CEE: NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1 	<p>Review 10 register entries or charts (whichever source has the most updated information) of pediatric clients living with HIV who are <15 years old and on ART \geq12 months.</p> <p>Of the total 10 records, select clients that are eligible for CTX based on the national guidelines. Include that number in the denominator in Q1, even if it is less than 10.</p> <p>What percent of pediatric client records reviewed have documentation of CTX prescription per the national guidelines at the last clinical assessment?</p> <p>Numerator: _____ # of pediatric clients eligible to receive CTX per national guidelines, who received a CTX prescription at the last clinical assessment</p> <p>Denominator: _____ # of pediatric clients living with HIV records reviewed who are CTX eligible (per national guidelines)</p>	_____ %	<p>If <70%=Red</p> <p>If \geq70% and <90% =Yellow</p> <p>If \geq90%=Green</p>
	SCORE		

CEE #: S_02_29 TB Diagnostic Evaluation Cascade [C&T PEDS]			
	<p>STANDARD: Every site has standardized procedures for documenting pediatric clients living with HIV with presumptive tuberculosis (TB) (in a line list or register) and a referral and follow-up mechanism to ensure TB diagnostic evaluation in accordance with national testing algorithms.</p>		
<p><i>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
<p><i>If there are NO pediatric clients with presumptive TB, check NA, and SKIP this CEE. NA <input type="checkbox"/></i></p>			
Comment:			
	Question	Response	Scoring
 Q1 	Are there standardized procedures for documenting pediatric clients living with HIV with presumptive TB and providing referral and follow-up to ensure TB diagnostic evaluation (e.g., smear, culture or Xpert MTB/RIF)?	Y N	If N=Red
If Y, then Q2			
 Q2 	Is there a line list/register for pediatric clients living with HIV with presumptive TB to document diagnostic evaluation and treatment?	Y N	If N=Red
If Y, then Q3			
 Q3 	<p><i>Review the last 5 entries in the line list/register of pediatric clients living with HIV who are <15 years with presumptive TB recorded in line list/register.</i></p> <p>What percent of the reviewed entries of pediatric clients living with HIV < 15 years who are presumed to have TB have documented smear microscopy, culture or Xpert MTB/RIF results?</p> <p>Numerator: ____ # of reviewed entries of pediatric clients living with HIV <15 years who are presumed to have TB with documented smear microscopy, culture or Xpert MTB/RIF results</p> <p>Denominator: ____ # of reviewed entries of pediatric clients living with HIV <15 years who are presumed to have TB</p>	<p style="margin: 0;">%</p> <hr style="width: 50px; margin: 5px auto;"/>	<p>If ≤ 80%=Yellow</p> <p>If >80% = Green</p>
SCORE			



CEE #: S_02_30 Support Services for Adolescents Living with HIV [C&T PEDS]			
STANDARD: Adolescent-friendly clinical services are provided to cater to the specific treatment, support and general health needs of adolescents aged 10 to 19 years old living with HIV.			
Comment:			
	Question	Response	Scoring
	Does the site have ALL of the following? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) A system for documentation of disclosure to adolescents (visual inspection) <input type="checkbox"/> 2) A written policy for consent to HIV treatment for adolescents, including provisions for treatment of emancipated minors without consent from parent, guardian or spouse (visual inspection) <input type="checkbox"/> 3) ART provider trained to provide and provides adolescent-friendly health services 	# Ticked _____	If 0-2=Red
	If 3, then Q2		
Q2	Does the site provide the following? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Psychosocial support (e.g., enhanced adherence counseling, disclosure tailored to adolescents) <input type="checkbox"/> 2) Sexual and reproductive services and education (e.g., PrEP for partners, STI screening, family planning) <input type="checkbox"/> 3) Adolescent-specific peer leaders, mentors, or support groups <input type="checkbox"/> 4) Extended/weekend or dedicated hours for adolescents to receive clinical services 	# Ticked _____	If 0-2=Yellow If ≥3=Green
SCORE			




CEE #: S_02_31 Community-Based Linkage and Treatment Support Services [C&T PEDS] (DUP)

STANDARD: Each site that provides care and support services for pediatric clients has standardized procedures for providing and documenting all the following core elements:


- Treatment continuity/adherence support for ART beneficiaries/clients
- Referral and linkage to health facilities providing comprehensive HIV care
- Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate

Comment:

	Question	Response	Scoring
Q1	Which of the following services does this site provide? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Treatment continuity/adherence support for pediatric beneficiaries/clients <input type="checkbox"/> 2) Referral and linkage to health facilities providing comprehensive HIV care <input type="checkbox"/> 3) Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate 	# Ticked _____	If 0 = Red If 1-2 = Yellow
If 3, then Q2			
Q2 	Is there a written SOP addressing each of the core elements? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Support for continuous treatment for pediatric beneficiaries/clients <input type="checkbox"/> 2) Referral and linkage to health facilities providing comprehensive HIV care <input type="checkbox"/> 3) Basic beneficiary/client assessments, documenting clinical and psychosocial needs with linkage/referral to other services as appropriate 	# Ticked _____	If 0-2 = Yellow If 3 = Green
SCORE			

CEE #: S_02_32 Service Referral and Linkage System [C&T PEDS] (DUP)			
<p>STANDARD: Sites supporting prevention and care outreach programs for pediatric clients refer beneficiaries/clients to other high-impact HIV services (both community and facility) and track those referrals to support their successful completion.</p>			
<p><i>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
Comment:			
	Question	Response	Scoring
<div style="border: 2px solid cyan; padding: 2px; display: inline-block;">Q1</div> 	<p>Is a system in place with standardized tools (e.g., referral forms/vouchers given to beneficiaries, registers used for tracking) to track the following? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Referrals made to high-impact services (HIV care, PLHIV support groups, OVC programs, TB, VMMC) <input type="checkbox"/> 2) Whether the beneficiary/client received those services 	<p># Ticked</p> <p>_____</p>	<p>If 0-1=Red</p>
If 2, then Q2			
<div style="border: 2px solid magenta; padding: 2px; display: inline-block;">Q2</div> 	<p><i>Review 10 referral records (individual or logbook) for any 10 clients/beneficiaries from the last three months.</i></p> <p>Of the reviewed referral records to any of the above high-impact services, what percentage have been successfully linked to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)?</p> <p>Numerator: ____# of referral records reviewed, for pediatric clients/beneficiaries in the last three months, to any high-impact service with documentation of successful linkage to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)</p> <p>Denominator: ____# of referral records reviewed, for pediatric clients/beneficiaries in the last three months, to any high-impact service</p>	<p>____%</p>	<p>If <60% = Yellow</p> <p>If ≥60% = Green</p>
SCORE			

SET 3A: KEY POPULATIONS-GENERAL




<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Required (MPR)</i>	<i>Supportive</i>	<i>Remote</i>
S_03_01	Lubricant Availability at Site		X	Yes
S_03_02	STI Screening and Management for Key Populations		X	No
S_03_03	Peer Outreach Management		X	Yes
S_03_04	Family Planning/HIV Integration Service Delivery		X	Yes
S_03_05	Ability to Produce KP-specific Program Data		X	Yes Conditional
S_03_06	Human-centered Approaches to Providing Sensitized Services		X	Yes
S_03_07	Provision of PrEP Services			Yes

CEE #: S_03_01 Lubricant Availability at Site [KP]

STANDARD: Each site that targets sex workers (SW), men who have sex with men (MSM), people who inject drugs (PWID), people in closed spaces, or transgender persons has a reliable supply of water- or silicone-based lubricants. Lubricants have at least one month of shelf life before expiration, and are easily accessible to patrons/clients at the site.

Instructions: With remote assessment, ensure that any video does not show clients.






Comment:








	Question	Response	Scoring
Q1 	Are both of the following available at this site?: <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Water- or –silicone-based lubricants with at least one month shelf life <input type="checkbox"/> 2) A continuous supply of water or silicone-based lubricants with at least one-month shelf life was available for the last three months 	# Ticked _____	If 0-1 = Red
If 2, then Q2			
Q2 	Are lubricants easily accessible to patrons/clients at the site (e.g., in a bowl on the counter, in a dispenser, or distributed directly to clients/patrons at the site)? <i>Note: Lubricants are ‘easily accessible’ if available on-site, regardless of whether they are for sale or distributed free.</i>	Y N	If N=Yellow If Y =Green
SCORE			




CEE #: S_03_02 STI Screening and Management for Key Populations [KP]





STANDARD: Each site that targets sex workers (SW), men who have sex with men (MSM), people who inject drugs (PWID), people in enclosed spaces, or transgender persons regardless of HIV sero-status performs and documents syndromic screening for sexually transmitted infections (STI). All facilities offer STI management and treatment according with national or WHO STI guidelines either onsite or through referral.




Instructions: If national guidelines do not recommend routine syphilis testing for sex workers (SW), men who have sex with men (MSM), people who inject drugs (PWID), people in enclosed spaces, or transgender persons, check NA and SKIP this CEE. NA




	Question	Response	Scoring
 Q1	Is there a protocol/SOP describing how to routinely offer syndromic screening for STIs [vaginal or urethral discharge, (ano)genital ulcer disease, or, for women, lower abdominal pain] to patrons/clients regardless of HIV sero-status at every clinical visit?	Y N	If N=Red
	If Y, then Q2		
 Q2	Are all clients offered syphilis testing at every clinical visit?	Y N	If N=Red
	If Y, then Q3		
 Q3	Is there an STI treatment protocol or SOP for clients with STI signs or symptoms that is aligned with national or WHO STI guidelines?	Y N	If N=Yellow
	If Y, then Q4		
 Q4 	<p><i>Review 10 randomly selected charts of clients/patrons who visited the site within the past 12 months.</i></p> <p>What percent of reviewed charts documented syndromic screening for STIs at the last clinical assessment?</p> <p>Numerator: ____ # of charts reviewed that documented syndromic screening for STIs at the last clinical assessment</p> <p>Denominator: ____ # of charts reviewed of clients/patrons who visited the site within the past 12 months</p>	____ %	If ≤90%=Yellow If >90% = Green
	SCORE		

CEE #: S_03_03 Peer Outreach Management [KP]			
<p>STANDARD: Each site provides peer educators with standardized onsite supportive supervision, including mentorship and training, to improve their peer outreach services for key populations. Supportive supervision comments and recommendations are shared with peer educators.</p>			
<p>Comment:</p>			
	Question	Response	Scoring
Q1	Do all peer educators have a performance plan/work plan that includes the following for peer outreach services: objectives, activities, and targets?	Y N	If N=Red
If Y, then Q2			
 Q2 	Have all peer educators received onsite supportive supervision of their peer outreach efforts, at least once within the past 3 months?	Y N	If N=Red
If Y, then Q3			
 Q3 	Are standardized tools or materials used to conduct supportive supervision for outreach services?	Y N	If N=Yellow
If Y, then Q4			
 Q4 	Are supportive supervision comments and recommendations documented and shared with peer educators?	Y N	If N=Yellow If Y=Green
SCORE			










CEE #: S_03_04 Family Planning/HIV Integration Service Delivery [KP]			
STANDARD: Each site providing services for key populations provides access to high quality family planning (FP) education and services, on-site or through referrals.			
<i>Instructions: If this site provides services exclusively to men who have sex with men (MSM) OR if the agreement with the prime partner or USG implementing agency does not include funding to support family planning education and services, on-site or through referrals, check NA, and SKIP CEE. NA <input type="checkbox"/></i>			
Comment:			
	Question	Response	Scoring
Q1	Do trained providers deliver information on family planning, safe pregnancy, and available FP services to all clients/patrons at the site, including community members?	Y N	If N=Red
If Y, then Q2			
Q2	Do all providers provide referrals on-site or (if FP services are not available on-site) to a health facility for additional FP services and FP methods?	Y N	If N=Red
If Y, then Q3			
Q3	Do health providers or supervisors conduct supportive supervision visits on at least a quarterly basis to monitor the quality of FP activities provided by community care providers?	Y N	If N=Yellow
If Y, then Q4			
 Q4	Is there a documented process to track FP referrals to confirm the patron/client received the service for which s/he was referred?	Y N	If N=Yellow If Y=Green
	SCORE		





CEE #: S_03_05 Ability to produce KP-specific program data [KP]			
<p>STANDARD: Each site that provides services to key populations documents each client/patron’s KP classification (i.e., KP group with which the client/patron identifies).</p> <p><i>Instructions: This CEE may only be collected remotely if the KP designation is on an external part of the client record, such as a sticker or tag, allowing this CEE to be assessed without a chart review. Assessors must ensure that any PII of clients is not visible. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p> <p><i>If the site is unable to document this information due to confidentiality and security issues, check NA, and SKIP CEE:</i> NA <input type="checkbox"/></p>			
Comment:			
	Question	Response	Scoring
Q1	Have all providers (e.g., HIV Testing Services counselors, physicians, nurses, other health care workers, etc.) who conduct client assessments received training on screening patrons/clients for KP classification?	Y N	If N=Red
	If Y, then Q2		
	Q2 Do client registers or enrollment forms have a place to indicate KP classification?	Y N	If N=Red
	If Y, then Q3		
Q3	Is screening for KP classification conducted in a space where safety and confidentiality can be assured?	Y N	If N=Yellow
	If Y, then Q4		
	<p>Q4 <i>Review 10 randomly selected records from the past 3 months.</i></p> <p>What percent of reviewed records have documentation of KP classification?</p> <p>Numerator: ____# of reviewed records, from the last three months, that have documentation of KP classification</p> <p>Denominator: ____# of reviewed records from the past three months</p>	____%	If <70%=Yellow If ≥70%=Green
	SCORE		





CEE #: S_03_06 Human-centered Approaches to Providing Sensitized Services [KP]			
STANDARD: Services at each site must be provided in a sensitive and friendly manner, particularly to key populations (sex workers, men who have sex with men, people who inject drugs, people in closed settings, and transgender persons) who face stigma, discrimination and high risk of HIV.			
Comment:			
	Question	Response	Scoring
Q1	Is there a standard training that site staff receive that includes information on stigma, discrimination and high risk of HIV among key populations (KPs)?	Y N	If N=Red
	If Y, then Q2		
Q2	Is there a mechanism (e.g. electronic message, suggestion box) by which clients/patrons to the site can provide anonymous feedback on their experience receiving services and suggestions for improving service quality?	Y N	If N=Yellow
	If Y, then Q3		
 Q3 	Does the standard training offered at this site cover the following topics? <i>Tick all that apply based on materials shown to the assessor:</i> <input type="checkbox"/> 1) Client-centered approaches <input type="checkbox"/> 2) Referral mechanisms to community resources <input type="checkbox"/> 3) Providing services in a non-judgmental and professional manner <input type="checkbox"/> 4) Gender and sexual diversity <input type="checkbox"/> 5) KP-specific HIV risks <input type="checkbox"/> 6) KP-specific HIV needs <input type="checkbox"/> 7) Strategies for reducing stigma and discrimination among key populations <input type="checkbox"/> 8) Safety and security for service providers, including addressing harassment by the public and officials	# Ticked _____	If 0-4=Yellow If 5-8=Green
	SCORE		




CEE #: S_03_07 Provision of PrEP Services [KP]			
	STANDARD: HIV-uninfected men and women who are at substantial risk of infection can access pre-exposure prophylaxis (PrEP) through high quality, safe, and friendly services.		
<p><i>Instructions: For remote CEE collection, assessors must ensure that any personal identifiable information (PII) of beneficiaries is not visible when viewing client intake/assessment or other documents that may contain this PII.</i></p> <p><i>If the national policy does not include the provision of PrEP OR the site is not accredited to provide PrEP services, then check NA and SKIP CEE: NA <input type="checkbox"/></i></p>			
Comment:			
	Question	Response	Scoring
Q1	Is there a standard training offered to site staff on PrEP provision?	Y N	If N=Red
	If Y, then Q2		
Q2	Is PrEP offered at an already existing service delivery point (ex. MCH, CTC/CCC, DIC etc.)? <i>Note: Examples of service delivery points include maternal and child health (MCH), Care and Treatment Clinics (CTC), Drop-in Centers (DIC), STI clinic, reproductive health services, opioid substitution therapy (OST), other community-based settings, etc.</i>	Y N	If N=Yellow
	If Y, then Q3		
	<p>Does a PrEP initiation visit, as documented in the client assessment- or intake- or other such- form, include ALL the following?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Risk assessment <input type="checkbox"/> 2) HIV counseling and testing <input type="checkbox"/> 3) Screening for contraindications <input type="checkbox"/> 4) Risk reduction counseling <input type="checkbox"/> 5) Clear counseling on PrEP, including benefits, side effects, risks, and adherence counseling <input type="checkbox"/> 6) Linkage to, or verification of existing linkage to, community peers and support networks, and any other applicable referrals such as family planning, screening and referral to DREAMS (as applicable) <input type="checkbox"/> 7) Providing services in a non-judgmental and professional manner 	# Ticked _____	If 0-6=Yellow If 7= Green
	SCORE		




SET 3B: CARE AND TREATMENT-KEY POPULATIONS (C&T KEY POPS)

CEE #	Abbreviated Title	Required (MPR)	Supportive	Remote
S_03_08	Retesting for Verification before/at ART Initiation		X	Yes Conditional
S_03_09	Client Tracking-ART Clients*			Yes conditional
S_03_10	Rapid ART Initiation			Yes Conditional
S_03_11	Viral Load Access and Monitoring			No
S_03_12	Management of High Viral Load			Yes Conditional
S_03_13	Provision of Differentiated Service Delivery (DSD) Models			Yes
S_03_14	Partner Services		X	No
S_03_15	Routine HIV Testing of Children of Adult Clients			Yes Conditional
S_03_16	TB Screening		X	No
S_03_17	TB Preventive Treatment (TPT)			No
S_03_18	Cotrimoxazole (CTX)			No
S_03_19	TB Diagnostic Evaluation Cascade			Yes Conditional
S_03_20	Community-Based Linkage and Retention Support Services		X	Yes
S_03_21	Service Referral and Linkage System		X	Yes conditional
S_03_22	Family Planning / HIV Integration Service Delivery		X	Yes
S_03_23	Community-Based Delivery of Family Planning Services		X	Yes
S_03_24	Cervical Cancer Screening Capacity		X	Yes Conditional

CEE #: S_03_08 Retesting for Verification before/at ART Initiation [C&T KP] (DUP)			
<p>STANDARD: All newly diagnosed adult and adolescent clients living with HIV are retested to verify their HIV diagnosis prior to, or at the time of, ART initiation using the national HIV testing algorithm.</p>			
<p><i>Instructions: HIV Retesting for verification occurs prior to or at the time of ART initiation using a new specimen from either (1) a newly diagnosed individual or (2) a previously diagnosed individual who has not initiated ART. In either case, a provider who is different from the provider who performed the previous HIV tests for that individual must conduct retesting for verification.</i></p> <p><i>This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
Comment:			
	Question	Response	Scoring
Q1	Do the national HIV Testing Services (HTS) or ART guidelines include retesting for verification prior to or at ART initiation?	Y N	If N = Red
If Y, then Q2			
 Q2 	Is there a standardized process for conducting and documenting the retesting for verification prior to or at ART initiation?	Y N	If N = Yellow
If Y, then Q3			
 Q3	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of adult and adolescent clients ≥15 years old who newly initiated on ART in the last 3 months to confirm that retesting for verification prior to or at ART initiation is documented.</i></p> <p>What percent of adult and adolescent client records reviewed have documentation that retesting for verification occurred before ART initiation? (<i>i.e., the site knows the client or client was retested for verification prior to or at ART initiation</i>)</p> <p>Numerator: _____ # of reviewed records, of adult and adolescent clients ≥15 years old who newly initiated on ART in the last 3 months, with documented retesting for verification</p> <p>Denominator: _____ # of records reviewed of adult and adolescent clients ≥15 years old who newly initiated on ART in the last 3 months</p>	_____ %	If <90% = Yellow If ≥90% = Green
SCORE			

CEE #: S_03_09 Client Tracking-ART Clients [C&T KP] (DUP)			
	<p>STANDARD: Each ART site has a standard procedure for identifying and tracking adult and adolescent ART clients who have missed on their last clinical review appointment or ARV refill. The system includes procedures for client identification and tracking; standardized documentation showing evidence of more than one attempt to bring the client back into care and the results/outcome of re-engagement efforts.</p>		
<p>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</p>			
<p>Comment:</p>			
	Question	Response	Scoring
<p>Q1 </p>	<p>Are there standard procedures for identifying and tracking adult and adolescent ART clients who have missed a clinical review review or ARV refill?</p>	Y N	If N=Red
<p>If Y, then Q2</p>			
<p>Q2 </p>	<p><i>Review tracking documentation (logbooks, registers, client files, etc.) for the last the last ten adult and adolescent ART clients who missed their most recent appointment.</i></p> <p>What percent of tracking documents reviewed, from ART clients who missed their most recent appointment, have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented?</p> <p>Numerator: _____# of ART tracking documents reviewed, for ART clients who missed their most recent clinical review, that have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented</p> <p>Denominator: _____# of ART client tracking documents reviewed for clients who missed their most recent clinic review or ARV refill</p>	_____ %	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
SCORE			

CEE #: S_03_10 Rapid ART Initiation (C&T KP)			
	STANDARD: PLHIV are offered the option of rapid or same-day ART initiation, according to guidelines and national policy.		
<p><i>Instructions: Is rapid or same-day ART currently a part of or allowed per national guidelines?</i> If NO, check NA, and SKIP CEE: NA <input type="checkbox"/></p> <p><i>This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
Comment:			
	Question	Response	Scoring
Q1	Does this site offer rapid ART initiation/test and start (within 7 days of diagnosis) OR same-day initiation to newly diagnosed adults and adolescents ≥15 years old?	Y N	If N = Red
If Y, then Q2			
Q2 	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of newly diagnosed adult and adolescent clients ≥15 years old who attended the clinic within the last 90 days.</i></p> <p>What percentage of register entries or charts reviewed show evidence that clients living with HIV received same day or rapid ART initiation?</p> <p>Note: Records should only be from <u>newly</u> diagnosed clients living with HIV</p> <p>Numerator: _____# of register entries or charts reviewed of newly diagnosed adolescent clients, ≥15 years old who attended the clinic within the last 90 days, showing evidence that clients received same day or rapid ART initiation</p> <p>Denominator: _____# of register entries or charts reviewed of newly diagnosed adolescent clients ≥15 years old who attended the clinic within the last 90 days.</p>	_____%	If <90% = Yellow If ≥90% = Green
SCORE			

CEE #: S_03_11 Viral Load Access and Monitoring [C&T KP] (DUP)			
	STANDARD: Clients on antiretroviral therapy (ART) receive routine monitoring for virologic suppression (i.e., VL <50 copies/mL or criteria based on national guidelines) through assessment of viral load per national guidelines, and the results are documented in the medical record.		
Instructions: If there are NO clients on ART \geq 12 months, check NA, and SKIP this CEE			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Does this site have access to viral load testing for adolescent and adult clients?	Y N	If N = Red
	If Y, then Q2		
Q2 	<p>Review 10 charts of adult and adolescent clients \geq15 years old on ART \geq12 months.</p> <p>What percentage of charts reviewed, from adult and adolescent clients \geq15 years old on ART \geq12 months, show that the most recent viral load test was ordered within the appropriate interval, per the national guidelines?</p> <p>Numerator: ____ # of charts reviewed, from adult and adolescent clients \geq15 years old on ART \geq12 months, showing that the most recent viral load test was ordered within the appropriate interval, per the national guidelines</p> <p>Denominator: ____ # of charts reviewed from adult and adolescent clients \geq15 years old on ART \geq12 months</p> <p>Note: Modify chart review to fit the national guidelines. Countries may opt to exclude charts if viral load was collected within the last 4 weeks to allow adequate time for results to be returned; replace any excluded charts to review a total of ten. Viral load monitoring is expected to occur on an ongoing basis (e.g., every 3, 6, or 12 months per national guidelines).</p>	____%	If <90%=Red
	If \geq90%, then Q3		
Q3 	<p>Review the same 10 charts of adult and adolescent clients \geq15 years old on ART \geq12 months.</p> <p>What percent of adult and adolescent charts reviewed have a documented result returned for the most recent viral load test?</p> <p>Numerator: ____ # of charts reviewed, from adult and adolescent clients \geq15 years old on ART \geq12 months, with a documented returned result for the most recent viral load test</p> <p>Denominator: ____ # of charts reviewed, from adult and adolescent clients \geq15 years old on ART \geq12 months, with recent viral load test</p>	____%	<p>If <80% = Red</p> <p>If \geq80% and \leq90% =Yellow</p> <p>If >90% = Green</p>
	SCORE		

CEE #: S_03_12 Management of High Viral Load [C&T KP] (DUP)




STANDARD: Patients on antiretroviral therapy (ART) with virologic non-suppression (i.e., VL \geq 50 copies/mL) are tracked and receive enhanced adherence counseling (EAC) and repeat viral load monitoring per national guidelines to assess for virologic failure and the potential need to switch ART regimens.

*Instructions: EAC includes focused counseling sessions, typically led by a lay health worker or counselor, on the importance of adhering to the medication. This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)*

*If a site does not offer these services, check NA and **SKIP** this CEE. NA*

Comment:

	Question	Response	Scoring
Q1 	Does the site have a written procedure, which includes the following features, to manage clients with non-suppressed viral load results? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Tracking and urgently following-up with clients who have non-suppressed viral load results <input type="checkbox"/> 2) Providing age-appropriate EAC <input type="checkbox"/> 3) Follow-up viral load testing <input type="checkbox"/> 4) Assessing the need to switch ART regimens in clients with virologic failure after completing EAC 	# Ticked _____	If 0-1 = Red
If \geq2, then Q2			
Q2 	<i>Review 10 records (e.g., charts, high viral load register, EMR entries) of adult and adolescent clients on ART \geq12 months with virologic non-suppression.</i> <ul style="list-style-type: none"> <i>• If assessing Set 2B at this site and reviewing pediatric records, select only adults \geq20 years old. If only assessing Set 2A, select both adolescents and adults \geq15 years old.</i> What percent of records reviewed have documentation of at least 1 EAC session within a month (or per national guidelines) of the date of virologic non-suppression (e.g., VL \geq 500 copies/mL or criteria based on national guidelines)? Numerator: _____ # of adult and adolescent client records with evidence of at least one EAC session after date of virologic non-suppression Denominator: _____ # of adult and adolescent client records reviewed for clients with virologic non-suppression Notes: This review should distinguish the management of clients with non-suppressed viral load results from patients with virologic suppression.	_____%	If <80% = Red
If \geq 80%, then Q3			

<p>Q3</p> 	<p>Review the same 10 records of patients on ART ≥ 12 months with virologic non-suppression. If there are NO clients with virologic non-suppression, enter 0 for numerator and denominator.</p> <p>What percent of the same records reviewed (e.g., charts, high viral load register or EMR entries) have documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥ 500 copies/mL)?</p> <p>Numerator: _____ # of records reviewed (e.g., charts, high viral load register or EMR entries) with documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥ 50 copies/mL)</p> <p>Denominator: _____ # of records reviewed of adult and adolescent patients on ART ≥ 12 months with virologic non-suppression and eligible for follow-up viral load</p>	<p>_____ %</p>	<p>If $< 90\%$ = Yellow</p> <p>If $\geq 90\%$ = Green</p>
	SCORE		

CEE #: S_03_13 Provision of Differentiated Service Delivery (DSD) Models [C&T KP] (DUP)



STANDARD: Each site offers differentiated service delivery (DSD) models for adolescent and adult clients ≥15 years old (e.g., multi-month drug dispensing, community dispensation) to meet the needs of ART clients.


Instructions: Are differentiated models of service delivery (e.g., multi-month dispensing) currently allowed in national guidelines?




If **NO**, check **NA**, and **SKIP** CEE:

NA

Comment:



	Question	Response	Scoring
Q1	Does this site distinguish between stable and unstable clients, and have a standard definition of a ‘stable ART client’ for adolescent and adult clients?	Y N	If N=Red
If Y, then Q2			
Q2	Does the site use or provide the following for adolescent and adult clients? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) 3-5 month ARV dispensing for eligible clients receiving ARV refills <input type="checkbox"/> 2) 3-5 month ARV dispensing for eligible clients initiating ART <input type="checkbox"/> 3) 6+ month supply of ARV dispensing for eligible clients receiving ARV refills <input type="checkbox"/> 4) 6+ month supply of ARV dispensing for eligible clients initiating ART <input type="checkbox"/> 5) Fast-track pharmacy pick-up of ARVs for all eligible ART clients <input type="checkbox"/> 6) Community service delivery models (e.g., community ART groups, family care, or distribution points like home distribution) <input type="checkbox"/> 7) DSD appointment spacing aligned with frequency of viral load monitoring <input type="checkbox"/> 8) MMD of ARV in conjunction with services for TB prevention, TB treatment, family planning, and/or NCDs (diabetes, hypertension) 	# Ticked _____	If 0-6=Yellow If 7-8= Green
SCORE			

CEE #: S_03_14 Partner Notification Services [C&T KP] (DUP)			
STANDARD: All clients living with HIV are offered partner services that include counseling on safe disclosure of HIV status to their sex partner(s) and/or injecting drug partner(s) and voluntary HIV partner testing, either onsite or through referral to a health facility, or through community-based approaches.			
Comment:			
	Question	Response	Scoring
Q1	Is counseling on the importance of safe and voluntary disclosure and voluntary testing of all sexual and/or injecting drug partner(s) provided?	Y N	If N=Red
	If Y, then Q2		
Q2	Are partner HIV-testing services provided (either onsite or through referral)? <i>Note: Partner testing approaches include any of the following: 1) contact referral, 2) provider referral, 3) dual referral, 4) client referral, 5) HIV self-testing kits provided to clients to provide to their sex partner(s). HIV testing of the partner(s) may be offered onsite, at a standalone VCT clinic located within the facility, or via HIV self-test kits.</i>	Y N	If N=Red
	If Y, then Q3		
Q3 	Review 10 charts of adult and adolescent clients living with HIV ≥15 years old. What percent of reviewed client records document provision of counseling services to support client decisions on safe disclosure or partner testing)? Numerator: ____ # of client records reviewed that have either completed disclosure of HIV status or testing of a partner, OR documented client decision to not disclose HIV status to a partner Denominator: ____ # of client records reviewed with documented sexual or IDU partners	____%	If <90%=Yellow If ≥90%=Green
	SCORE		

CEE #: S_03_15 Routine HIV Testing of Biological Children of Adult Clients [C&T KP]			
	STANDARD: Biological children and adolescents (<19 years old) of adults living with HIV have a documented (or known) HIV status.		
<i>Instructions: If there are NO clients on ART ≥ 12 months, check NA and skip this CEE</i> NA <input type="checkbox"/>			
<i>This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i>			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice to routinize safe and ethical index testing of biological children (<19 years old) of adult ART clients?	Y N	If N=Red
If Y, then Q2			
Q2 	Review 10 register entries or charts (whichever source has the most updated information) of adults and adolescent clients living with HIV ≥15 years old on ART ≥12 months. What percentage of reviewed charts have documentation of HIV testing status (e.g., positive, negative, declined) for all biological children <19y? Numerator: _____ # of charts reviewed where all biological children <19y have documented HIV-testing status (e.g., positive, negative, declined) Denominator: _____ # of client records reviewed from PLHIV >15y	_____ %	If <70%=Red If ≥70% and <90% =Yellow If ≥90%= Green
SCORE			

CEE #: S_03_16 TB Screening [C&T KP] (DUP)			
STANDARD: Each site has standardized procedures for performing and documenting screening for active tuberculosis (TB) on intake and at each clinical visit for adult and adolescent clients living with HIV. The TB screening includes all 4 of the following symptoms: cough, fever, night sweats, and weight loss.			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice for TB screening and documentation at each clinical assessment per national guidelines?	Y N	If N=Red
If Y, then Q2			
Q2 👁️👁️	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of adult and adolescent clients living with HIV ≥15 years old on ART ≥12 months.</i></p> <p>What percent of adult and adolescent records reviewed have documented TB-symptom screening results (i.e., at minimum screen positive or negative; presence of cough, fever, night sweats, or weight loss) at the last clinical assessment?</p> <p>Numerator: _____ # of register entries or charts reviewed, from adult and adolescent clients ≥15 years old on ART ≥12 months, with documented TB-symptom screening results at the last clinical assessment</p> <p>Denominator: _____ # of register entries or charts reviewed from adult and adolescent clients ≥15 years old on ART ≥12 months</p>	_____ %	<p>If <70%=Red</p> <p>If ≥70% and <90% =Yellow</p> <p>If ≥90%=Green</p>
		SCORE	

CEE #: S_03_17 TB Preventive Treatment (TPT) [C&T KP] (DUP)			
	STANDARD: PLHIV clients who screen negative for active tuberculosis (TB) receive TB Preventive Treatment (TPT) per national guidelines.		
Instructions: If there are NO KP clients living with HIV were screened TB negative, check NA and SKIP this CEE: NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice for administration of TPT among adult and adolescent clients living with HIV?	Y N	If N=Red
If Y, then Q2			
Q2 	Does this site have a TPT register and/or another method that allows tracking of who started and completed TPT within a given reporting period? <i>Note: "Completed" includes those clients who started and completed 3 or 6 months of TPT and those on continuous TPT after 3 or 6 months of "completion" (3 vs 6 month is dependent on regimen-specific duration).</i>	Y N	If N=Red
If Y, then Q3			
Q3 	Review 10 register entries or charts (whichever source has the most updated information) of adult and adolescent clients ≥15 years old on ART ≥12 months). What percent of reviewed records show evidence that adult and adolescent clients living with HIV, who screened negative for active TB during their HIV clinic visits and were TPT eligible (per national guidelines), were ever initiated on TPT? <i>Numerator:</i> ____ # of register entries or charts reviewed, from adult and adolescent clients ≥15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits, with evidence showing the client was started on TPT? <i>Denominator:</i> ____ # of register entries or charts reviewed from adult and adolescent clients ≥15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits	____%	If <70%=Red If ≥70% and <90% = Yellow If ≥90%=Green
SCORE			

CEE #: S_03_18 Cotrimoxazole (CTX) [C&T KP] (DUP)			
	STANDARD: Eligible clients have documented prescription of cotrimoxazole (CTX) according to national guidelines.		
Instructions: If NO clients living with HIV were eligible within the specified time period, check NA and SKIP this CEE: NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1 	<p>Review 10 register entries or charts (whichever source has the most updated information) of adults and adolescent clients living with HIV ≥ 15 years old on ART ≥ 12 months.</p> <p><i>Of the total 10 records, select clients that are eligible for CTX based on the national guidelines. Include that number in the denominator, even if it is less than 10.</i></p> <p>What percent of adult and adolescent client records reviewed have documentation of CTX prescription per the national guidelines at the last clinical assessment?</p> <p>Numerator: _____ # of eligible adults and adolescent clients ≥ 15 years old on ART ≥ 12 months, who received a CTX prescription</p> <p>Denominator: _____ # of records reviewed from CTX eligible (per national guidelines) clients living with HIV whot ≥ 15 years old and on ART ≥ 12 months</p>	_____ %	<p>If <70%=Red</p> <p>If $\geq 70\%$ and <90% =Yellow</p> <p>If $\geq 90\%$=Green</p>
	SCORE		

CEE #: S_03_19 TB Diagnostic Evaluation Cascade [C&T KP] (DUP)




STANDARD: Every site has standardized procedures for documenting adult and adolescent clients living with HIV (CLHIV) with presumptive tuberculosis (TB) (in a line list or register) and a referral and follow-up mechanism to ensure TB diagnostic evaluation in accordance with national testing algorithms.



*Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)*

*If there are **NO** adult or adolescent clients with presumptive TB, check NA, and skip this CEE. NA*

Comment:

	Question	Response	Scoring
Q1	Are there standardized procedures for documenting adult and adolescent clients living with HIV with presumptive TB and providing referral and follow-up to ensure TB diagnostic evaluation (e.g., smear, culture or Xpert MTB/RIF)?	Y N	If N=Red
	If Y, then Q2		
Q2 	Is there a line list/register for adult and adolescent clients living with HIV with presumptive TB to document diagnostic evaluation and treatment?	Y N	If N=Red
	If Y, then Q3		
Q3 	<p><i>Review the last 10 entries in the line list/register of adult and adolescent clients living with HIV ≥ 15 years of age with presumptive TB.</i></p> <p>What percent of the reviewed entries of adult and adolescent clients living with HIV who are presumed to have TB have documented smear microscopy, culture or Xpert MTB/RIF results?</p> <p>Numerator: ____ # of reviewed entries of adult and adolescent clients ≥ 15 years old who are presumed to have TB with documented smear microscopy, culture or Xpert MTB/RIF results</p> <p>Denominator: ____ # of reviewed entries of adults and adolescent clients ≥ 15 years old who are presumed to have TB</p>	____%	If $< 80\%$ =Yellow
	If $\geq 80\%$, then Q4		
Q4 	<p><i>Review the same last 10 entries in the line list/register of adult and adolescent clients living with HIV presumptive TB.</i></p> <p>What percent of the same entries of HIV-positive adult and adolescent clients living with HIV who are presumed to have TB received molecular testing as their first-line diagnostic test?</p> <p>Numerator: ____ # of same reviewed entries, of HIV-positive adult and adolescent clients ≥ 15 years old who are presumed to have TB, with documented receipt of molecular testing as their first-line diagnostic test</p> <p>Denominator: ____ # of same reviewed entries of HIV-positive adults and adolescent clients ≥ 15 years old who are presumed to have TB</p>	____%	If $< 90\%$ =Yellow If $\geq 90\%$ =Green
	SCORE		



CEE #: S_03_20 Community-Based Linkage and Treatment Support Services [C&T KP]			
<p>STANDARD: Each site that provides care and support services has standardized procedures for providing and documenting all the following core elements:</p> <ul style="list-style-type: none"> • Treatment continuity/adherence support for ART beneficiaries/clients • Referral and linkage to health facilities providing comprehensive HIV care • Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate 			
Comment:			
	Question	Response	Scoring
Q1	<p>Which of the following services does this site provide?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Treatment continuity/adherence support for ART beneficiaries/clients <input type="checkbox"/> 2) Referral and linkage to health facilities providing comprehensive HIV care <input type="checkbox"/> 3) Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate 	<p># Ticked</p> <p>_____</p>	<p>If 0 = Red</p> <p>If 1-2 = Yellow</p>
If All 3, then Q2			
	<p>Q2</p> <p>Is there a written SOP addressing each of the core elements?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Support for engagement for ART beneficiaries/clients <input type="checkbox"/> 2) Referral and linkage to health facilities providing comprehensive HIV care <input type="checkbox"/> 3) Basic beneficiary/client assessments, documenting clinical and psychosocial needs with linkage/referral to other services as appropriate 	<p># Ticked</p> <p>_____</p>	<p>If 0-2 = Yellow</p> <p>If 3 = Green</p>
SCORE			


CEE #: S_03_21 Service Referral and Linkage System [C&T KP]			
<p>STANDARD: Sites supporting prevention and care outreach programs refer beneficiaries/clients to other high-impact HIV services (both community and facility) and track those referrals to support successful completion.</p> <p><i>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
Comment:			
	Question	Response	Scoring
	<p>Q1 Is a system in place with standardized tools (e.g., referral forms/vouchers given to beneficiaries, registers used for tracking) to track the following?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Referrals made to high-impact services (e.g., HTS STI screening and treatment, HIV care, PLHIV support groups, OVC programs, PMTCT, TB, VMMC, condom and lubricant provision, post-violence care, PrEP, DREAMS) <input type="checkbox"/> (2) Whether the beneficiary/client received those services 	<p># Ticked</p> <p>_____</p>	<p>If <2 = Red</p>
If 2, then Q2			
	<p>Q2 Review 10 referral records (individual or logbook) from the last three months.</p> <p>Of the reviewed referral records to any of the above high-impact services, what percentage have been successfully linked to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)?</p> <p>Numerator: ____ # of referral records reviewed, for clients/beneficiaries in the last three months, to any high-impact service with documentation of successful linkage to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)</p> <p>Denominator: ____ # of referral records reviewed, for clients/beneficiaries in the last three months, to any high-impact service</p>	<p>_____ %</p>	<p>If <70% = Yellow If ≥70% = Green</p>
SCORE			

CEE #: S_03_22 Family Planning /HIV Integration Service Delivery [C&T KP]

STANDARD: All clients attending HIV services have access to high quality voluntary family planning counseling and services, including safer pregnancy counseling and contraceptives, depending upon their fertility intentions.

Comment:

	Question	Response	Scoring
Q1	Is family planning education and/or counseling routinely offered onsite to clients who wish to delay or prevent pregnancy?	Y N	If N=Red
	If Y, then Q2		
Q2	Is safer conception/pregnancy counseling routinely offered onsite to PLHIV who wish to have children?	Y N	If N=Red
	If Y, then Q3		
Q3	Do clients have access to at least three contraceptive methods either onsite or through referral? <i>(e.g., condoms, oral contraceptive pills, injectables, implants, intra-uterine devices (IUDs), fertility awareness methods, vasectomy, tubal ligation)</i>	Y N	If N=Yellow
	If Y, then Q4		
Q4 	Are education materials (IEC) about contraception and safe conception on display or available to clients (e.g., pamphlets, posters, brochures, inserts) accessing this service delivery point?	Y N	If N=Yellow
	If Y, then Q5		
Q5	Has there been a stockout within the past 3 months of any contraceptive methods usually provided onsite?	Y N	If Y=Yellow If N= Green
	SCORE		






CEE #: S_03_23 Community-Based Delivery of Family Planning Services [C&T KP]			
STANDARD: Community-based delivery of family planning services should include high quality, voluntary family planning counseling and services, including safe conception/pregnancy counseling and contraceptives.			
Instructions: This CEE should be assessed at sites where contraceptives are distributed in the community.			
Comment:			
	Question	Response	Scoring
Q1	Do trained community care providers deliver information on family planning, safe conception/pregnancy, and available family planning services to community members and groups, including young women?	Y N	If N = Red
	If Y, then Q2		
Q2	Do all community care providers provide referrals to a health facility for additional information on family planning services and methods?	Y N	If N = Red
	If Y, then Q3		
Q3	Do health providers and/or supervisors conduct supportive supervision visits on at least a quarterly basis to monitor the quality of family planning activities provided by community care providers?	Y N	If N = Yellow
	If Y, then Q4		
Q4	Is there a process for tracking family planning referrals to confirm the beneficiary/client received the service?	Y N	If N=Yellow If Y= Green
	Note: If the service is directly provided, then Y.		
	SCORE		


CEE#: S_03_24 Cervical Cancer Screening Capacity [C&T KP]









STANDARD: All sites offering cervical cancer screening and/or precancerous lesion treatment services have in place the procedures, equipment and processes necessary to provide high-quality services.




*Instructions: Assess this CEE based on which activities this site is expected to provide (e.g., cervical cancer screening, cryotherapy). This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)*

Comment:

	Question	Response	Scoring
 Q1 	<p>Does the site have the following? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Standardized procedures (and algorithms, where applicable) for onsite provision of cervical cancer screening (<i>Look for documentation</i>) <input type="checkbox"/> 2) Standardized procedures for management of women with positive screening results, including referral (e.g., for cryotherapy/thermocoagulation (if not available onsite), loop electrosurgical excision procedure (LEEP), and further evaluation for suspected invasive cervical cancer) (<i>Look for documentation</i>) <input type="checkbox"/> 3) Clinical staff who provide cervical cancer secondary prevention services are trained for screening and treatment <p>Note: <i>Clinical staff include nurses, midwives, doctors, clinical officers</i></p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Red</p>
 Q2 	<p>If 3, then Q2</p> <p>Does the facility area where cervical cancer screening and treatment services are provided have the following basic elements? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Private area with gynecological exam table <input type="checkbox"/> 2) Sterilized reusable (or new disposable) specula <input type="checkbox"/> 3) Bright light source <input type="checkbox"/> 4) Exam gloves <input type="checkbox"/> 5) Disinfectant for specula and other equipment (i.e., facilities for universal precaution) <input type="checkbox"/> 6) Hand washing station <input type="checkbox"/> 7) Appropriate screening tools (timer or clock; and 3%-5% acetic acid for visual inspection with acetic acid (VIA) screening; or HPV test kit for HPV testing; or glass slides, cover slips, and fixatives for Pap smear) <input type="checkbox"/> 8) Appropriate treatment equipment (timer or clock; and cryotherapy unit, tips, and gas tanks; or thermocoagulation device; and LEEP electrosurgical generator and electrode handle) or treatment referral procedures for remote sites without treatment capability 	<p># Ticked</p> <p>_____</p>	<p>If 0-7=Red</p>

If 8, then Q3			
<p>Q3</p> 	<p><i>Review cervical screening register or logbook entries from all women screened 90 days prior OR the previous 10 entries/records (whichever is fewer), of women with positive cervical cancer screening test results.</i></p> <p>What percentage of women having a positive cervical cancer screening test result were either referred for precancerous lesion treatment or completed treatment onsite?</p> <p>Numerator: ___# of records reviewed of women with positive cervical cancer screening result who were REFERRED for OR COMPLETED precancerous lesion treatment</p> <p>Denominator: ___# of records reviewed of women with positive cervical cancer screening results</p>	<p>____%</p>	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
SCORE			

SET 4A: PMTCT-ANC, POSTNATAL, and L&D				
CEE #	Abbreviated Title	Required (MPR)	Supportive	Remote
S_04_01	Retesting for Verification before/at ART Initiation		X	Yes Conditional
S_04_02	Client Tracking-ART Clients			Yes Conditional
S_04_03	Viral Load Access and Monitoring			No
S_04_04	Management of High Viral Load			Yes Conditional
S_04_05	Provision of Differentiated Service Delivery (DSD) Models			Yes
S_04_06	Support Services for HIV-Positive Pregnant Adolescents in ANC		X	Yes
S_04_07	Partner Services		X	No
S_04_08	Routine HIV Testing of Biological Children of Adult Clients			Yes Conditional
S_04_09	TB Screening		X	No
S_04_10	TB Preventative Treatment (TPT)			No
S_04_11	Cotrimoxazole (CTX)			No
S_04_12	TB Diagnostic Evaluation Cascade			Yes Conditional
S_04_13	PITC for Maternity Clients		X	Yes Conditional
S_04_14	ARVs at Labor and Delivery		X	Yes Conditional

CEE #: S_04_01 Retesting for Verification before/at ART Initiation [C&T PMTCT]			
<p>STANDARD: All newly diagnosed pregnant and breastfeeding clients living with HIV are retested to verify their HIV diagnosis prior to, or at the time of, ART initiation using the national HIV testing algorithm.</p>			
<p><i>Instructions: HIV Retesting for verification occurs prior to or at the time of ART initiation using a new specimen from either (1) a newly diagnosed individual or (2) a previously diagnosed individual who has not initiated ART. In either case, a provider who is different from the provider who performed the previous HIV tests for that individual must conduct retesting for verification.</i></p> <p><i>This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
Comment:			
	Question	Response	Scoring
Q1	Do the national HIV Testing Services (HTS) or ART guidelines include retesting for verification prior to or at ART initiation?	Y N	If N = Red
If Y, then Q2			
	Q2 Is a standardized process available for conducting and documenting retesting for verification prior to or at ART initiation?	Y N	If N = Yellow
If Y, then Q3			
	<p>Q3 <i>Review the last 10 register entries or charts (whichever source has the most updated information) of pregnant and breastfeeding clients who newly initiated ART in the last 3 months to confirm that retesting for verification prior to or at ART initiation is documented.</i></p> <p>What percent of pregnant and breastfeeding client records reviewed have documentation that retesting for verification occurred prior to or at ART initiation? (i.e., the site knows the client or client was retested for verification prior to or at ART initiation)</p> <p>Numerator: ____ # of records reviewed with documented retesting for verification</p> <p>Denominator: _____ # of records reviewed of pregnant and breastfeeding clients who newly initiated ART in the last 3 months</p>	_____ %	If <90% = Yellow If ≥90% = Green
SCORE			

CEE #: S_04_02 Client Tracking-ART Clients [C&T PMTCT] (DUP)






STANDARD: Each ART site has a standard procedure for identifying and tracking pregnant and breastfeeding ART clients who have missed their last clinical review appointments or ARV refill. The system includes: procedures for client identification and tracking; standardized documentation showing evidence of more than one attempt to bring the client back into care; and the results/outcome of re-engagement efforts.

Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)

If there are NO pregnant and breastfeeding clients living with HIV, check NA, and **SKIP CEE.** **NA**

Comment:

	Question	Response	Scoring
Q1 	Are there standard procedures for identifying and tracking pregnant and breastfeeding ART clients who have missed a clinical review appointment or ARV refill?	Y N	If N=Red
Q2 	<p>If Y, then Q2</p> <p><i>Review tracking documentation (logbooks, registers, client files etc.) for the last ten ART clients who missed their most recent clinical review appointment or ARV refill.</i></p> <p>What percent of tracking documents reviewed, from pregnant and breastfeeding ART clients who missed their most recent clinical review appointment or ARV refill, have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented?</p> <p>Numerator: _____ # of ART tracking documents reviewed for pregnant and breastfeeding ART clients who missed their most recent clinical review appointment or ARV refill, that have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented</p> <p>Denominator: _____ # of pregnant and breastfeeding ART client tracking documents reviewed for clients who missed their most recent clinical review appointment or ARV refill</p>	<p>%</p> <p>_____</p>	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
SCORE			

CEE #: S_04_03 Viral Load Access and Monitoring [C&T PMTCT]			
	STANDARD: Pregnant and breastfeeding clients on antiretroviral therapy (ART) receive routine monitoring for virologic suppression (i.e., VL <50 copies/mL or criteria based on national guidelines) through assessment of viral load, per national guidelines, and the results are documented in the medical record.		
Instructions: If there are no pregnant and breastfeeding clients on ART ≥ 6 months, check NA, and SKIP CEE. NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1	Does this site have access to viral load testing for pregnant and breastfeeding clients?	Y N	If N = Red
	If Y, then Q2		
Q2 	<p>Review 10 randomly selected charts of pregnant and breastfeeding clients on ART ≥6 months.</p> <p>What percentage of charts reviewed, from pregnant and breastfeeding clients ≥15 years old on ART ≥12 months, show that the most recent viral load test was ordered within the appropriate interval, per the national guidelines?</p> <p>Note: Modify chart review to fit the national guidelines. Countries may opt to exclude charts if viral load was collected within the last 4 weeks to allow adequate time for results to be returned; replace any excluded charts to review a total of ten. Viral load monitoring is expected to occur on an ongoing basis (e.g., every 3, 6, or 12 months per national guidelines).</p> <p>Numerator: ____ # of charts reviewed from pregnant and breastfeeding clients on ART ≥6 months, showing that the most recent viral load test was ordered within the appropriate interval, per the national guidelines</p> <p>Denominator: ____ # of charts reviewed of pregnant and breastfeeding clients on ART ≥6 months</p>	____%	If <90%=Red
	If ≥90%, then Q3		
Q3 	<p>Review the same 10 charts of pregnant and breastfeeding clients on ART ≥6 months.</p> <p>What percent of adult and adolescent charts reviewed have a documented result returned for the most recent viral load test?</p> <p>Numerator: ____ # of charts reviewed from pregnant and breastfeeding clients on ART ≥6 months, with a documented returned result for the most recent viral load test</p> <p>Denominator: ____ # of charts reviewed, from pregnant and breastfeeding clients on ART ≥6 months, with recent viral load test</p>	____%	<p>If <80% = Red</p> <p>If ≥80% and ≤90% = Yellow</p> <p>If >90% = Green</p>
	SCORE		

CEE #: S_04_04 Management of High Viral Load [C&T PMTCT] (DUP)



STANDARD: Pregnant and breastfeeding clients living with HIV on antiretroviral therapy (ART) with virologic non-suppression are tracked and receive enhanced adherence counseling (EAC) and repeat viral load monitoring per national guidelines to assess for virologic failure and the potential need to switch ART regimens.


*Instructions: EAC includes focused counseling sessions, typically led by a lay health worker or counselor, on the importance of adhering to the medication. This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)*



*If a site does not offer these services, check NA and **SKIP** this CEE.*


NA


Comment:




	Question	Response	Scoring
	<p>Does the site have a written procedure, which includes the following features, to manage client with non-suppressed viral load?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Tracking and urgently following-up with clients who have non-suppressed viral load results <input type="checkbox"/> 2) Providing age-appropriate EAC <input type="checkbox"/> 3) Follow-up viral load testing <input type="checkbox"/> 4) Assessing the need to switch ART regimens in clients with virologic failure after completing EAC 	<p># Ticked _____</p>	<p>If 0-1 = Red</p>
<p>If ≥ 2, then Q2</p>			
	<p>Review 10 records (e.g., charts, high viral load register, EMR entries) of pregnant and breastfeeding clients on ART ≥ 12 months with virologic non-suppression. If there are NO clients with virologic non-suppression, enter 0 for numerator and denominator and proceed to Q3.</p> <p>What percent of records from pregnant and breastfeeding women have documentation of at least one EAC session within a month (or per national guidelines) of the date of virologic non-suppression (e.g., VL ≥ 50 copies/mL or criteria based on national guidelines)?</p> <p>Numerator: _____ # of records reviewed of pregnant and breastfeeding clients on ART ≥ 12 months received at least 1 EAC session after date of virologic non-suppression</p> <p>Denominator: _____ # of records reviewed of pregnant and breastfeeding clients on ART ≥ 12 months with virologic non-suppression</p>	<p>_____%</p>	<p>If $< 80\%$ = Red</p>


	<p>Notes: This review should distinguish the management of clients with non-suppressed viral load results from clients with virologic suppression.</p>		
	<p>If ≥ 80%, then Q3</p>		
<p>Q3 </p>	<p>Review the same 10 records of pregnant and breastfeeding clients on ART ≥12 months with virologic non-suppression. If there are NO clients with virologic non-suppression, enter 0 for numerator and denominator.</p> <p>What percent of the same records of pregnant and breastfeeding women (e.g., charts, high viral load register or EMR entries) have documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥50 copies/mL)?</p> <p>Numerator: _____ # of records reviewed of pregnant and breastfeeding women with documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥50 copies/mL)</p> <p>Denominator: _____ # of records reviewed of pregnant and breastfeeding women on ART ≥12 months with virologic non-suppression and eligible for follow-up viral load..</p>	<p>_____ %</p>	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
	<p>SCORE</p>		




CEE #: S_04_05 Provision of Differentiated Service Delivery (DSD) Models [C&T PMTCT] (DUP)			
	<p>STANDARD: Each site offers differentiated service delivery (DSD) models for pregnant and breastfeeding clients (e.g., appointment spacing, multi-month drug dispensing, community dispensation) to meet the needs of ART clients.</p>		
<p><i>Instructions: Are differentiated models of service delivery (e.g., appointment spacing, multi-month dispensing) currently allowed in national guidelines?</i></p> <p>If NO, check NA, and SKIP CEE: NA <input type="checkbox"/></p>			
Comment:			
	Question	Response	Scoring
Q1	Does this site distinguish between stable and unstable clients, and have a standard definition of a 'stable ART client' for pregnant and breastfeeding clients?	Y N	If N=Red
If Y, then Q2			
Q2	<p>Does the site use or provide the following for pregnant and breastfeeding clients? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) 3-5 month ARV dispensing for eligible clients receiving ARV refills <input type="checkbox"/> 2) 3-5 month ARV dispensing for eligible clients initiating ART <input type="checkbox"/> 3) 6+ month supply of ARV dispensing for eligible clients receiving ARV refills <input type="checkbox"/> 4) 6+ month supply of ARV dispensing for eligible clients initiating ART <input type="checkbox"/> 5) Fast-track pharmacy pick-up of ARVs for all eligible ART clients <input type="checkbox"/> 6) Community service delivery models (e.g., community ART groups, family care, or distribution points like home distribution) <input type="checkbox"/> 7) DSD appointment spacing aligned with frequency of viral load monitoring <input type="checkbox"/> 8) MMD of ARV in conjunction with services for TB prevention, TB treatment, family planning, and/or NCDs (diabetes, hypertension) <input type="checkbox"/> 9) 'One-Stop' model for pregnant and breastfeeding women receiving PMTCT and ART services in the same location 	<p># Ticked</p> <p>_____</p>	<p>If 0-6=Yellow</p> <p>If 7-9= Green</p>
SCORE			

CEE #: S_04_06 Support Services for Pregnant Adolescents living with HIV in ANC [C&T-PMTCT]			
STANDARD: Adolescent-friendly clinical services are provided to cater to the specific treatment, support and general health needs of pregnant adolescents <20 years old living with HIV.			
Instructions: If there are NO pregnant adolescents, check NA, and SKIP this CEE:			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Does the site have the following? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) At least one health care provider at this site who is trained to provide adolescent friendly services <input type="checkbox"/> 2) Dedicated time or space for pregnant adolescents to receive clinical services <input type="checkbox"/> 3) Support available to provide adolescent-specific services (e.g., peer leaders, mentor mothers, support groups) 	# Ticked _____	If 0 = Red If 1 or 2 = Yellow If 3 = Green
SCORE			






CEE #: S_04_07 Partner Notification Services [C&T PMTCT] (DUP)			
<p>STANDARD: Pregnant and breastfeeding clients living with HIV are offered partner services that include counseling on safe disclosure of HIV status to their sex partner(s) and/or injecting drug partner(s) and voluntary HIV partner testing, either onsite or through referral to a health facility or through community-based approaches.</p>			
<p>Comment:</p>			
	Question	Response	Scoring
Q1	Is counseling on the importance of safe and voluntary disclosure and voluntary testing of all sexual and/or injecting drug partner(s) provided?	Y N	If N=Red
<p>If Y, then Q2</p>			
Q2	Are partner HIV-testing services provided (either onsite or through referral)? <i>Note: Partner testing approaches include any of the following: 1) contact referral, 2) provider referral, 3) dual referral, 4) client referral, 5) HIV self-testing kits provided to clients to provide to their sex partner(s). HIV testing of the partner(s) may be offered onsite, at a standalone VCT clinic located within the facility, or via HIV self-test kits.</i>	Y N	If N=Red
<p>If Y, then Q3</p>			
Q3 	<p>Review 10 register entries or charts of pregnant and breastfeeding clients living with HIV on ART ≥12 months.</p> <p>What percent of reviewed pregnant and breastfeeding client records document provision of counseling services to support client decisions on safe disclosure or partner testing?</p> <p>Numerator: ____ # of client records reviewed that either completed disclosure of HIV status or testing or a partner OR documented client decision to not disclose HIV status to partner.</p> <p>Denominator: ____ # of client records reviewed with documented sexual or IDU partners</p>	____%	If <90%=Yellow If ≥90%=Green
SCORE			




CEE #: S_04_08 Routine HIV Testing of Biological Children of Adult Clients [C&T PMTCT] (DUP)			
	STANDARD: Biological children and adolescents (<19years old) of pregnant and breastfeeding women living with HIV have a documented (or known) HIV status.		
<p><i>Instructions: If there are no pregnant or breastfeeding ART clients, check NA, and SKIP CEE. NA <input type="checkbox"/></i></p> <p><i>This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance.</i></p>			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice to routinize safe and ethical index testing of biological children (<19years old) of adult ART clients?	Y N	If N=Red
If Y, then Q2			
Q2 	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of pregnant and breastfeeding clients on ART ≥12 months.</i></p> <p>What percentage of reviewed charts have documentation of HIV testing status (e.g., positive, negative, declined) for all biological children <19 years of age?</p> <p>Numerator: _____ # of charts reviewed where all biological children <19 years have documented HIV-testing status (e.g., positive, negative, declined)</p> <p>Denominator: _____ # of client records reviewed from PLHIV > 15 years of age</p>	_____ %	<p>If <70%=Red</p> <p>If ≥70% and <90% =Yellow</p> <p>If ≥90%= Green</p>
SCORE			



CEE #: S_04_09 TB Screening [C&T PMTCT] (DUP)			
STANDARD: Each site has standardized procedures for performing and documenting screening for active tuberculosis (TB) on intake and at each clinical visit for pregnant and breastfeeding clients living with HIV. The TB screening includes all 4 of the following symptoms: cough, fever, night sweats, and weight loss.			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice for TB screening and documentation at each clinical assessment per national guidelines?	Y N	If N=Red
If Y, then Q2			
Q2 	<p>Review 10 register entries or charts (whichever source has the most updated information) of pregnant and breastfeeding clients living with HIV on ART ≥ 12 months.</p> <p>What percent of pregnant and breastfeeding client records have documented TB-symptom screening results (i.e., at minimum, screen positive or negative; presence of cough, fever, night sweats, or weight loss) at the last clinical assessment?</p> <p>Numerator: _____ # of register entries or charts reviewed from HIV-positive pregnant and breastfeeding clients on ART ≥ 12 months, with documented TB-symptom screening results at the last clinical assessment</p> <p>Denominator: _____ # of register entries or charts reviewed from HIV-positive pregnant and breastfeeding clients on ART ≥ 12 months</p>	_____ %	<p>If <70%=Red</p> <p>If $\geq 70\%$ and <90% =Yellow</p> <p>If $\geq 90\%$=Green</p>
SCORE			





CEE #: S_04_10 TB Preventive Treatment (TPT) [C&T PMTCT] (DUP)			
	STANDARD: Pregnant and breastfeeding clients living with HIV who screen negative for active tuberculosis (TB) receive TB Preventive Treatment (TPT) per national guidelines.		
<i>Instructions: If there are no pregnant and breastfeeding clients living with HIV, check NA, and SKIP CEE.</i>			
NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice for administration of TPT among pregnant and breastfeeding clients living with HIV?	Y N	If N=Red
If Y, then Q2			
Q2 	Does this site have a TPT register and/or another method that allows tracking of who started and who completed TPT within a given reporting period? <i>Note: "Completed" includes those clients who started and completed 3 or 6 months of TPT and those on continuous TPT after 3 or 6 months of "completion" (3 vs 6 month is dependent on regimen-specific duration).</i>	Y N	If N=Red
If Y, then Q3			
Q3 	Review 10 register entries or charts (whichever source has the most updated information) of pregnant and breastfeeding clients on ART ≥12 months. What percent of reviewed records show evidence those HIV-positive pregnant and breastfeeding clients who screened negative for active TB during their HIV clinic visits and were TPT eligible (per national guidelines) were ever initiated on TPT? <i>Numerator:</i> _____ # of register entries or charts reviewed from ve pregnant and breastfeeding clients living with HIV on ART ≥12 months on ART ≥12 months who screened negative for active TB during their HIV clinic visits, with evidence showing the client was started on TPT? <i>Denominator:</i> _____ # of register entries or charts reviewed from pregnant and breastfeeding clients on ART ≥12 months who screened negative for active TB during their HIV clinic visits	_____%	If <70%=Red If ≥70% and <90% = Yellow If ≥90%=Green
SCORE			




CEE #: S_04_11 Cotrimoxazole (CTX) [C&T PMTCT] (DUP)			
	STANDARD: Eligible pregnant and breastfeeding clients have documented prescription of cotrimoxazole (CTX) according to national guidelines.		
Instructions: If NO clients living with HIV were eligible within the specified time period, check NA and SKIP this CEE: NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1 	<p>Review 10 register entries or charts (whichever source has the most updated information) of adults and adolescent pregnant and breastfeeding clients ≥ 15 years old on ART ≥ 12 months.</p> <p>Of the total 10 records, select clients that are eligible for CTX based on the national guidelines. Include that number in the denominator, even if it is less than 10.</p> <p>What percent of pregnant and breastfeeding client records have documentation of CTX prescription per the national guidelines at the last clinical assessment?</p> <p>Numerator: _____ # of records reviewed of eligible pregnant and breastfeeding clients on ART ≥ 12 months who received a CTX prescription</p> <p>Denominator: _____ # records reviewed of CTX eligible (per national guidelines) client records reviewed</p>	_____ %	<p>If <70%=Red</p> <p>If $\geq 70\%$ and <90% =Yellow</p> <p>If $\geq 90\%$=Green</p>
	SCORE		



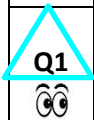
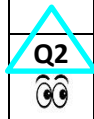
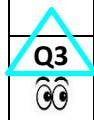
CEE #: S_04_12 TB Diagnostic Evaluation Cascade [C&T PMTCT] (DUP)			
	STANDARD: Every site has standardized procedures for documenting pregnant and breastfeeding clients living with HIV with presumptive tuberculosis (TB) (in a line list or register) and a referral and follow-up mechanism to ensure TB diagnostic evaluation in accordance with national testing algorithms.		
Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance) If there are NO pregnant and breastfeeding clients with presumptive TB, check NA, and skip this CEE. NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1	Are there standardized procedures for documenting HIV-positive pregnant and breastfeeding clients with presumptive TB and providing referral and follow-up to ensure TB diagnostic evaluation (e.g., smear, culture or Xpert MTB/RIF)?	Y N	If N=Red
If Y, then Q2			
	Q2	Is there a line list/register for HIV-positive pregnant and breastfeeding clients with presumptive TB to document diagnostic evaluation and treatment?	Y N If N=Red
If Y, then Q3			
	Q3	Review the last 10 entries in the line list/register of HIV-positive pregnant and breastfeeding clients with presumptive TB. What percent of the reviewed entries of pregnant and breastfeeding clients living with HIV who are presumed to have TB have documented smear microscopy, culture or Xpert MTB/RIF results? Numerator: ____ # of reviewed entries of pregnant and breastfeeding clients who are presumed to have TB with documented smear microscopy, culture or Xpert MTB/RIF results Denominator: ____ of reviewed entries of pregnant and breastfeeding clients who are presumed to have TB	____% If <80%=Yellow
If ≥80%, then Q4			
	Q4	Review same last 10 entries in the line list/register of pregnant and breastfeeding clients presumptive TB. What percent of the same entries of pregnant and breastfeeding clients who are living with HIV presumed to have TB received molecular testing as their first-line diagnostic test? Numerator: ____ # of same reviewed entries, of pregnant and breastfeeding clients who are presumed to have TB, with documented receipt of molecular testing as their first-line diagnostic test Denominator: ____ of same reviewed entries of pregnant and breastfeeding who are presumed to have TB	____% If <90%=Yellow If ≥90%=Green
		SCORE	

CEE #: S_04_13 PITC for Maternity Clients [C&T PMTCT]			
STANDARD: Routine provider-initiated testing and counseling (PITC) is provided to all eligible women attending maternity for labor and delivery (L&D).			
Comment:			
	Question	Response	Scoring
Q1 	<p>Does the maternity register include known HIV-testing status or the date and result of last HIV test to establish eligibility for HIV testing?</p> <p>Note: Eligible women are defined as those without a documented HIV test within the last 3 months.</p>	Y N	If N = Red
If Y, then Q2			
Q2 	<p>Review register entries of all women attending maternity in the past 2 weeks (no more than 100 women).</p> <p>What percentage of women attending maternity in the past 2 weeks have a documented HIV-testing status within the 3 months prior to presenting to maternity OR a documented HIV-testing status at maternity?</p> <p>Numerator: ____ # of register entries in past 2 weeks with documented HIV-testing status (e.g., positive, negative, declined) within the 3 months prior to presenting to maternity OR a documented HIV-testing status at maternity</p> <p>Denominator: ____ of reviewed register entries of women attending maternity in the past 2 weeks</p>	____%	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
SCORE			



CEE #: S_04_14 ARVs at Labor and Delivery [C&T PMTCT]			
STANDARD: ART for women living with HIV and ARV prophylaxis for their exposed infants are provided at maternity and labor and delivery (L&D).			
Comment:			
	Question	Response	Scoring
Q1	Is ART for mothers and ARV prophylaxis for infants routinely available at L&D at all hours that the facility is open, including nights and weekends?	Y N	If N = Red
If Y, then Q2			
Q2 	<p><i>Review 10 register entries or charts (whichever source has the most updated information) of the most recently seen women living with HIV in maternity (up to the last 12 months prior to today's SIMS assessment).</i></p> <p>What percent of mother-infant pair entries have documentation of receipt of ART for mothers and prophylaxis for infants?</p> <p>Numerator: ___ # of records reviewed of mother-infant pairs that have documented receipt of ART for mothers and prophylaxis for infant</p> <p>Denominator: ___ of charts/register entries reviewed of HIV-positive mothers in maternity (up to the last 12 months prior to today's SIMS assessment)</p>	_____ %	<p>If ≤70% = Red</p> <p>If >70 and ≤90% = Yellow</p> <p>If >90% = Green</p>
SCORE			

SET 4B: HIV EXPOSED INFANTS (HEI)				
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Required (MPR)</i>	<i>Supportive</i>	<i>Remote</i>
S_04_15	Early Infant Diagnosis Provided to Caregiver		X	Yes conditional
S_04_16	Tracking HIV-Exposed Infants			Yes
S_04_17	Collection of a Second Specimen for Confirmatory Testing		X	No
S_04_18	CTX for HIV-Exposed Infants			No
S_04_19	HEI Follow-up and Final HIV Status			Yes Conditional
S_04_20	Enrollment of HIV-Infected Infants into ART Services			No
S_04_21	Supply Chain Reliability (Early Infant Diagnosis) DBS or POC		X	Yes

CEE #: S_04_15 Early Infant Diagnosis Provided to Caregiver [HEI]			
<p>STANDARD: All HIV-exposed infants (HEIs) have a specimen collected for early infant diagnosis (EID). There is documented return of HIV results to caregivers within one month of sample collection.</p>			
<p><i>Instructions: If NO HIV-exposed infants were seen in the previous year, select NA, and SKIP this CEE: NA <input type="checkbox"/></i> <i>Select testing available at this site:</i></p> <p><input type="checkbox"/> 1) Conventional laboratory-based testing <input type="checkbox"/> 2) Point-of-care testing (POCT)</p> <p><i>This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i></p>			
Comment:			
	Question	Response	Scoring
Q1 	<p>Review 10 records (register entries, charts, or HEI cards) of the 10 most recent HEIs (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment).</p> <p>What percent of HIV-exposed infants had a specimen collected for EID?</p> <p>Numerator: ____ # of HEI reviewed records with documentation of specimens collected for EID testing</p> <p>Denominator: ____ # of most recent HEI records reviewed (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment).</p>	____%	If ≤90% = Red
If >90%, then Q2			
Q2 	<p>Review the same 10 records (register entries, charts, or HEI cards) of the 10 most recent HEIs (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment).</p> <p>Look at the EID sample collected at the site.</p> <p>What percent of HIV-exposed infants have documentation of a HIV-test result provided to a caregiver within one month of sample collection?</p> <p>Numerator: ____ # of HEI reviewed records with documentation that the caregiver has received the results of an HIV-test within one month of sample collection</p> <p>Denominator: ____ of most recent HEI records reviewed (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment).</p>	____%	If <90% = Yellow If ≥90%= Green
SCORE			

CEE #: S_04_16 Tracking HIV-Exposed Infants [HEI]			
	<p>STANDARD: Each site providing services for HIV-exposed infants (HEIs) has a standard procedure for identifying and tracking HEIs who have missed an appointment. The tracking system includes procedures for client identification and tracking; standardized documentation showing evidence of more than one attempt to bring the client back into care, and results of tracking efforts.</p>		
<p>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</p>			
If there are NO HIV-exposed infants, select NA, and SKIP this CEE:			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
	Are there standard written procedures for identifying and tracking HIV-exposed infants who missed an appointment?	Y N	If N = Red
If Y, then Q2			
	Is HIV-exposed infant tracking documentation up to date AND includes evidence of more than one attempt to bring the infant back into care (e.g., names of those with missed appointments, evidence of phone calls to care givers, evidence of being linked to outreach workers)? <i>Note: tracking documentation includes logbooks, registers, client files etc.</i>	Y N	If N = Yellow
If Y, then Q3			
	Is there documentation of the result of the tracking efforts for each client with a missed appointment (e.g., transferred out, new appointment, not found, refusal, death)? <i>Note: tracking documentation includes logbooks, registers, client files etc.</i>	Y N	If N = Yellow If Y = Green
SCORE			

CEE #: S_04_17 Collection of a Second Specimen for Confirmatory Testing [HEI]			
<p>STANDARD: All infants with an initial positive virologic test result (from either Laboratory or Point of Care Testing) have a second specimen collected for confirmatory testing.</p>			
<p>Instructions: If the site does not offer infant virologic testing onsite select NA, and SKIP the CEE: NA <input type="checkbox"/></p>			
<p>Comment:</p>			
	Question	Response	Scoring
<p>Q1 👁️👁️</p>	<p>Review 10 records (register entries, charts, or HEI cards) of the most recent HIV-infected infants (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment) who had an initial positive virologic test result.</p> <p>What percent of infants with an initial positive virologic test result have documentation of a confirmatory virologic test collected?</p> <p>Numerator: ____ # of reviewed records of HIV-infected infants WITH documentation of a confirmatory virologic test</p> <p>Denominator: ____ # of records reviewed of the most recent HIV-infected infants (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment) who had an initial positive virologic test result</p> <p>Note: This requires a separate chart pull to review records of HIV-infected infants only. If there are NO HIV-infected infants, enter 0 in both numerator and denominator, and 100% in response column.</p>	<p>_____ %</p>	<p>If ≤ 70% = Red</p> <p>If >70% and <90% = Yellow</p> <p>If ≥90%= Green</p>
	SCORE		

CEE #: S_04_18 CTX for HIV-Exposed Infants [HEI]			
	STANDARD: All HIV-exposed infants (HEIs) initiate cotrimoxazole (CTX) by eight weeks of age.		
<i>Instructions: If NO HIV-exposed infants were seen in the previous year, select NA, and SKIP this CEE: NA <input type="checkbox"/></i>			
Comment:			
	Question	Response	Scoring
Q1 	<p>Review 10 records (register entries, charts, or HEI cards) of the most recent HEIs of the most recent HEI (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment).</p> <p>What percent of HIV-exposed infants have documented receipt of CTX by 8 weeks of age?</p> <p>Numerator: ___ # of reviewed records of HEI initiated on CTX by 8 weeks of age</p> <p>Denominator: ___ # of reviewed records of the most recent HEI (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment)</p>	_____ %	<p>If $\leq 70\%$ = Red</p> <p>If $>70\%$ and $<90\%$ = Yellow</p> <p>If $\geq 90\%$ = Green</p>
	SCORE		

CEE #: S_04_19 HEI Follow-Up and Final HIV Status [HEI]





STANDARD: All HIV-exposed infants (HEIs) are tracked through the end of breastfeeding and have a documented final HIV outcome by 24 months of age.


Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is covered not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)

If **NO** HIV-exposed infants were seen in the previous year, select NA, and **SKIP** this CEE: **NA**

Comment:

	Question	Response	Scoring
Q1 	Is there a system in place for tracking HIV-exposed infants through the end of breastfeeding and documenting their final HIV status?	Y N	If N = Red
If Y, then Q2			
Q2 	<p>Review 10 records (register entries, charts, or HEI cards) of the most recent HEIs (i.e. born ≥ 24 months ago but less than 36 months prior to the SIMS assessment).</p> <p>What percent of HIV-exposed infants have documentation of final HIV status?</p> <p>Numerator: ____ # of records reviewed of most recent HEIs (i.e. born ≥ 24 months ago but less than 36 months prior to the SIMS assessment) with documented final HIV status</p> <p>Denominator: ____ # of records reviewed of most recent HEIs (i.e. born ≥ 24 months ago but less than 36 months prior to the SIMS assessment).</p> <p>Note: Documented final HIV outcome is defined as an infant with an HIV-positive diagnosis at any point; diagnosed HIV-negative after ≥ 3 months following cessation of breastfeeding; with HIV final status unknown (e.g., LTFU, transferred out, or still breastfeeding/exposed); or with other outcomes: who has died.</p>	____%	<p>If $\leq 70\%$ = Red</p> <p>If $>70\%$ and $\leq 90\%$ = Yellow</p> <p>If $>90\%$ = Green</p>
SCORE			

CEE #: S_04_20 Rapid Enrollment of HIV-Infected Infants into ART Services [HEI]			
	STANDARD: All HIV-infected infants are enrolled into ART services within 7 days from time of receipt of positive test results		
Instructions: If the site does not offer infant virologic testing onsite select NA, and SKIP the CEE: NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1 	Is there a standardized practice and documentation of rapid linkage to treatment for HIV-infected infants (e.g., documented date of ART enrollment, ART number, ART regimen)?	Y N	If N = Red
If Y, then Q2			
Q2 	<p>Review 10 records (e.g., register entries, charts, and HEI cards) of the last 10 HIV-infected infants born ≥ 3 months but less than 12 months prior to today's SIMS assessment.</p> <p><i>This requires a separate chart pull to review records of HIV-infected infants only.</i></p> <p>What percent of HIV-infected infants have documentation of linkage into ART services within 7 days from time of receipt of positive test results?</p> <p>Numerator: ____ # of reviewed records of HIV-infected infants with documented linkage within in 7 days from time of receipt of positive test results to ART services/initiation on treatment</p> <p>Denominator: ____ # of reviewed records of HIV-infected infants born ≥ 3 months but less than 12 months prior to today's SIMS assessment.</p> <p>Note: If there are NO HIV-infected infants, enter 0 in both numerator and denominator, and 100% in response column.</p>	_____ #	<p>If $\leq 80\%$ = Red</p> <p>If $> 80\%$ and $\leq 90\%$ = Yellow</p> <p>If $> 90\%$ = Green</p>
SCORE			

CEE #: S_04_21 Supply Chain Reliability (Early Infant Diagnosis) DBS or POC [HEI]			
STANDARD: Each PMTCT site has a reliable supply of Early Infant Diagnosis (EID) collection supplies for specimens (including dried blood spot (DBS)) obtained for conventional laboratory-based testing or for point-of-care testing (POCT) and has fully functional platforms for testing.			
Instructions: If specimen collection for EID does not occur at this site, check NA, and SKIP this CEE: NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
Q1	Has a stock-out of EID supplies or non-operational testing device/platform in the past 3 months resulted in an interruption of HIV testing for infants? <i>Note: For DBS collection, the necessary supplies include a collection card, alcohol swabs, gauze, lancets, and latex gloves (or a DBS bundle). For POCT, the necessary collection supplies include a blood transfer device (micro-EDTA or capillary tube) and/or cartridge, alcohol swabs, gauze, lancets, and latex gloves.</i>	Y N	If Y = Red
If N, then Q2			
Q2	Was there a stock-out or low stock status of EID supplies in the past 3 months that required placement of an emergency order?	Y N	If Y = Yellow
If N, then Q3			
Q3	Are the EID supplies distributed as standardized bundles to this site's testing points?	Y N	If N = Yellow If Y = Green
SCORE			

SET 5: VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)				
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Required (MPR)</i>	<i>Supportive</i>	<i>Remote</i>
S_05_01	Precision and Safeguarding of VMMC Surgical Records		X	No
S_05_02	Adverse Event (AE) Prevention and Management		X	Yes
S_05_03	VMMC Adverse Event (AE) Register		X	Yes Conditional



SET INSTRUCTIONS: Set 5 CEEs are not directly linked to current MPRs and therefore not classified as required for Comprehensive Assessments, however we anticipate that if a VMMC site is being assessed, all supportive CEEs would be considered relevant

CEE #: S_05_01 Precision and Safeguarding of VMMC Surgical Records [VMMC]





STANDARD: Each site retains accurate, complete, and updated VMMC client records in a secure location.

Instructions: This CEE applies to both electronic and paper-based records. Although some sites may use both, assessors should collect data from the primary data source.

Comment:

	Question	Response	Scoring
Q1 	Are national or standardized VMMC client record forms or logbooks available?	Y N	If N = Red
	If Y, then Q2		
Q2 	<p><i>Review the last 10 VMMC client records from the national or standardized forms or logbooks</i></p> <p>Do ALL ten of the signed consent/assent VMMC client records reviewed meet the following criteria?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) All ten VMMC client records entries include all of the following information: complete contact details, history and physical exam, weight, blood pressure, surgical method, follow-up date and presence/absence of adverse events <input type="checkbox"/> 2) All ten VMMC records were stored in a secure locked location 	# Ticked _____	If 0-1 = Yellow If 2 = Green
	SCORE		

CEE #: S_05_02 Adverse Event (AE) Prevention and Management [VMMC]**STANDARD:** Each VMMC site has processes in place to ensure the VMMC services provided are safe.*Instructions: With remote assessment, ensure that any video does not show clients.***Comment:**




	Question	Response	Scoring
Q1 	<p>In the areas where VMMC surgeries occur, are ALL required emergency supplies available AND appear to be working? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Stethoscope <input type="checkbox"/> 2) Sphygmomanometer (i.e., blood pressure cuff) <input type="checkbox"/> 3) Sodium chloride (i.e., normal saline solution for IV infusion; 0.9% Sodium Chloride) <input type="checkbox"/> 4) Tourniquet <input type="checkbox"/> 5) IV infusion tubing <input type="checkbox"/> 6) 3 sizes of IV catheters (G18-green, G20-pink, G22-blue) <input type="checkbox"/> 7) Adrenaline (unexpired) <input type="checkbox"/> 8) Hydrocortisone (unexpired) <input type="checkbox"/> 9) 2 sizes of syringes (2ml and 10ml) <input type="checkbox"/> 10) 2 sizes of needles (G21 and G23) <input type="checkbox"/> 11) Bags and masks for respiratory support (e.g., Ambu bag): 1 child size & 1 adult size <input type="checkbox"/> 12) Exam gloves <input type="checkbox"/> 13) Alcohol swabs <input type="checkbox"/> 14) Gauze <input type="checkbox"/> 15) Adhesive Tape (strapping) <input type="checkbox"/> 16) 3 sizes of oropharyngeal airways (green, yellow, and purple/red) 	# Ticked _____	If <16=Red
If 16, then Q2			
Q2 	Is there a written inventory list of all emergency supplies for VMMC services in the areas where VMMC surgeries occur?	Y N	If N=Yellow
If Y, then Q3			
Q3 	<p>Are the following in place for the management of adverse events?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) In the VMMC surgery and clinical care areas, a written procedure or algorithm is available. The written algorithm or procedure must have the following components: how to classify, document and manage adverse events (including emergencies and life-support measures), contacts for consultant specialists, dedicated referral health centers, and means of transport for referrals <input type="checkbox"/> 2) Meeting minutes or summary reports from a site-level Adverse Events review committee showing that all moderate/severe adverse events were reviewed at least monthly AND corrective actions were taken (as necessary)? 	# Ticked _____	If 0-1=Yellow If 2= Green
SCORE			




CEE #: S_05_03 VMMC Adverse Event (AE) Register [VMMC]

STANDARD: Each site should have a VMMC Adverse Event Register in which intermediate and/or final outcomes are documented.

*Instructions: Use the Comment box to note the age range of clients with AEs listed in the entries reviewed. This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is covered/not visible when viewing logbooks or other tracking documents. **If a chart review is required, do not assess remotely.** (see SIMS Implementation Guide for further guidance)*

Comment:






	Question	Response	Scoring
 <p>Q1</p>	<p>Is there an adverse event (AE) register?</p>	<p>Y N</p>	<p>If N=Red</p>
<p>If Y, then Q2</p>			
 <p>Q2</p>	<p><i>Review the last 10 AE entries (if <10 then review all).</i></p> <p>What percentage of the AE entries have intermediate or final outcomes documented?</p> <p>Numerator: _____ # of reviewed AE entries that have intermediate or final outcomes documented</p> <p>Denominator: _____ of AE entries reviewed</p>	<p>_____ %</p>	<p>If <90% = Yellow</p> <p>If ≥90% = Green</p>
<p>SCORE</p>			



SET 6: AGYW, GBV and OVC				
CEE #	Abbreviated Title	Required (MPR)	Supportive	Remote
S_06_01	Capacity to Provide Post-Violence Care Services		X	Yes
S_06_02	Availability of Post-Violence Care Services		X	Yes
S_06_03	Gender Norms		X	Yes
S_06_04	Case Management Services			No
S_06_05	Case Management Workforce Strengthening		X	Yes
S_06_07	Services to support HIV Testing for OVC			No
S_06_08	Services to support HIV Treatment Linkage, Engagement, and Viral Suppression for OVC			No
S_06_09	DREAMS Mentoring		X	Yes





CEE #: S_06_01 Capacity to Provide Post-Violence Care Services [AGYW, GBV, and OVC]





STANDARD: Each site providing post-violence care services has written procedures for provision of accessible and affordable post-violence care services for adults, adolescents, and children. All staff providing post-violence care services are trained on the provision and documentation of those services.

Comment:

	Question	Response	Scoring
 <p>Q1 </p>	<p>Does the site have all of the following? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Written procedures or algorithms in place for providing post-violence care services for adults, children, and adolescents? <input type="checkbox"/> 2) Providers administering post-violence care services have been trained on these standard procedures (including first line support and clinical management specific to the populations being served, i.e., children, adolescents, and women? <input type="checkbox"/> 3) A register or other means of documenting cases of violence that records that includes client’s sex, age, type of violence (sexual, physical, emotional; or multiple forms of violence), Type of service received <p><i>Note: There should be clear written procedures for dosing post-exposure prophylaxis (PEP) and other medications differently for adults and children as well as providing additional supportive services.</i></p> <p><i>Note: Post-violence care includes sexual violence among children and adults, physical and emotional intimate partner violence, and physical and emotional violence against children.</i></p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2 = Red</p>
 <p>Q2 </p>	<p>If 3, then Q2</p> <p>Are post-violence care services accessible and affordable? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Post-violence care is offered during all hours a facility is open either by staff who are physically at the facility or on-call to respond <input type="checkbox"/> 2) The survivor can receive essential care without reporting the assault to the police (<i>review intake protocol and/or forms to ensure police report is not required to receive services</i>) <input type="checkbox"/> 3) Service fees are eliminated or reduced for post-violence survivors 	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Yellow</p> <p>If 3 = Green</p>
	SCORE		

CEE #: S_06_02 Availability of Post-Violence Care Services [AGYW, GBV, and OVC]			
STANDARD: Each site providing post-violence care services provides the minimum package of services and referrals.			
<i>Instructions: The CEE is to be assessed only at sites that provide post-violence care services to AGYW, GBV, OVC populations. For remote CEE collection, assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents that may contain this PII.</i>			
Comment:			
	Question	Response	Scoring
Q1	Is post exposure prophylaxis (PEP) for HIV provided at the site for eligible victims of sexual violence?	Y N	If N=Red
If Y, then Q2			
Q2	<p>Are ALL of the following additional post-violence services provided at the site?</p> <p><i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Initial assessment of client needs/counseling (other than counseling for testing, PEP, STI and EC)</p> <p><input type="checkbox"/> 2) Medical treatment or referral for serious or life threatening issues (e.g., lacerations, broken bones)</p> <p><input type="checkbox"/> 3) Rapid HIV Testing and linkage to treatment</p> <p><input type="checkbox"/> 4) Emergency contraception in cases of sexual violence</p> <p><input type="checkbox"/> 5) STI screening and/or presumptive treatment</p> <p>Note: Post-violence care includes but not limited to sexual violence among children and adults, physical and emotional intimate partner violence, and physical and emotional violence against children.</p>	# Ticked _____	If 0-4=Yellow
If 5, then Q3			
 Q3	<p>Are the following referrals documented in a systematic manner in a logbook, case file, intake form etc.?</p> <p><i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Longer term psycho-social support (e.g. support groups)</p> <p><input type="checkbox"/> 2) Legal counsel</p> <p><input type="checkbox"/> 3) Police (e.g., investigations, restraining orders, etc.)</p> <p><input type="checkbox"/> 4) Child Protection Services (e.g., emergency out of family care, reintegration into family care when possible, permanency options when reintegration not possible)</p> <p><input type="checkbox"/> 5) Economic Empowerment</p> <p><input type="checkbox"/> 6) Emergency shelter</p>	# Ticked _____	If 0-2=Yellow If 3-6= Green
SCORE			

CEE #: S_06_03 Gender Norms [AGYW, GBV, and OVC]			
<p>STANDARD: Each site providing or supporting gender norms interventions has staff trained in delivering these interventions and has staff performance monitored at least quarterly. These interventions use a standard curriculum and that entails more than a single stand-alone session.</p>			
<p><i>Instructions: CEE is to be assessed at sites funded to provide gender norms interventions to AGYW and/or OVC.</i></p>			
<p>Note: <i>Gender norms intervention: Activities that address harmful gender norms related to HIV/AIDS seek to change traditional, cultural, and social norms that contribute to behaviors that increase HIV/AIDS risk in both men and women, including gender-based violence and that impede access to care and treatment services for those who need them.</i></p>			
<p>Comment:</p>			
	Question	Response	Scoring
	<p>Is the gender norms intervention BOTH? <i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) More than a single session</p> <p><input type="checkbox"/> 2) Based on a standard, evidence-based curriculum</p> <p>Note: <i>Standard curriculum is defined as having a strong theoretical base, an evaluation that demonstrates positive changes in gender norms or as an evidence-based curriculum with a focus or strong emphasis on gender norms or violence prevention- see the DREAMS Guidance or other approved guidance for a list of accepted curricula</i></p>	<p># Ticked</p> <p>_____</p>	<p>If 0-1=Red</p>
	<p>If 2, then Q2</p> <p>Have the staff who deliver gender norms interventions completed a formal training on the particular intervention(s)?</p> <p>Note: <i>A formal training could be training on intervention delivery, or completion of a training-of-trainers process or workshop on the use of a training manual that accompanies the curriculum.</i></p>	<p>Y N</p>	<p>If N=Yellow</p>
	<p>If Y, then Q3</p> <p>For staff delivering gender norms interventions, are BOTH of the below practiced? <i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Staff who deliver gender norms interventions are monitored for performance or reviewed for quality of work at least once every 3 months during the intervention period</p> <p><input type="checkbox"/> 2) Monitoring is documented</p> <p>Note: <i>Monitoring can include a review of feedback from participant training evaluations, classroom observations, and supervision activities.</i></p>	<p># Ticked</p> <p>_____</p>	<p>If 0-1=Yellow</p> <p>If 2 =Green</p>
SCORE			

CEE #: S_06_04 Case Management Services [AGYW, GBV, and OVC]			
	STANDARD: Each site has standard procedures for supporting case management for children and families affected by HIV including standard procedures to support identification, assessment, case plan development, case plan monitoring, case plan achievement/graduation, case closure, case file confidentiality, client satisfaction and minimize attrition.		
<i>Instructions: The CEE is assessed at community sites providing OVC services only.</i>			
Comment:			
	Question	Response	Scoring
Q1 	Does this site have a comprehensive case management system (e.g. case management SOPs and case management tools) that is aligned with or meets national minimum standards for case management, ensures case files have been completed for all enrolled OVC and their families , and supports the following? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) OVC identification <input type="checkbox"/> 2) OVC and household assessment <input type="checkbox"/> 3) Household case plan development <input type="checkbox"/> 4) Referrals and referral tracking <input type="checkbox"/> 5) Household case plan monitoring <input type="checkbox"/> 6) Household case plan achievement/graduation – including benchmarks for assessing readiness to graduate <input type="checkbox"/> 7) Case transfer <input type="checkbox"/> 8) Case file confidentiality 	# Ticked _____	If 0-7=Red
If 8, then Q2			
Q2 	<i>Randomly identify 10 active clients from the site roster and review their household case files. Do 100% of the active case files include the following? Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Completed family assessments within the last year <input type="checkbox"/> 2) Completed family case plans (focused on the minimum case plan achievement benchmarks) within the last year 	# Ticked _____	If 0-1=Yellow
If 2, then Q3			






<p>Q3 👁️👁️</p>	<p><i>Randomly identify 10 graduated clients from the site roster and review their household case files. If the site does not have any closed cases or if none of the options below is checked, then the score is Yellow.</i></p> <p>Do all of the closed case files show any of the following?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Case Plan Achievement, including confirmation of achievement of all required case plan achievement benchmarks (e.g. final assessment, completed benchmark checklist, date of program exit, signature of staff certifying exit) <input type="checkbox"/> 2) Case transfer, including confirmation of transfer of clients to another program or source of support (e.g. name of organization receiving case, date of program exit, signature of staff certifying exit) <input type="checkbox"/> 3) Exit without graduation including confirmation of efforts to track and re-enroll clients (e.g. reason for exit, description of efforts to re-enroll, date of program exit, signature of staff certifying exit) 	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Yellow</p> <p>If 3=Green</p>
SCORE			



CEE #: S_06_05 Case Management Workforce Strengthening [AGYW, GBV, and OVC]


STANDARD: Each site has standard procedures for planning, developing and supporting social service workers responsible for case management (including both professional or para-professional, paid or unpaid social service workers employed by government or non-governmental organizations), which are aligned with national standards.




Instructions: The CEE is assessed at all sites providing OVC services only.



Comment:

	Question	Response	Scoring
			
 Q1 	<p>Does this site have standard procedures for planning developing and supporting social service workers responsible for case management, including ALL of the following? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Standard job descriptions/performance standards <input type="checkbox"/> 2) Standard case manager to client ratios in line with national standards <i>(if no national standards exist, then check to ensure ratio is no larger than 30 cases)</i> <input type="checkbox"/> 3) Standard training curricula (both pre-service and in-service in line with national standards <i>(if no national standards exist, then simply check to ensure curricula is standard across workers)</i>) <input type="checkbox"/> 4) Standard supervision and assessment mechanisms <input type="checkbox"/> 5) Ethical standards 	<p># Ticked</p> <p>_____</p>	<p>If 0-4 =Red</p>
	If 5, then Q2		
 Q2 	<p><i>Randomly select 10 case managers from the assessment point roster and review their HR files. Do 100% of the HR files include all of the following?</i></p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Job description/expectations <input type="checkbox"/> 2) Evidence at least quarterly supervision meetings <input type="checkbox"/> 3) Documentation of completed training/credentials <input type="checkbox"/> 4) Documentation of appropriate case manager/client ratios 	<p># Ticked</p> <p>_____</p>	<p>If 0-2 =Yellow</p> <p>If 3-4=Green</p>
	SCORE		

CEE #: S_06_07 Services to Support HIV Testing for OVC [AGYW, GBV, and OVC]			
	<p>STANDARD: Each site has a case management system that captures pertinent information related to HIV status for children and their caregivers, including a standard process to assess children for HIV risk factors and to facilitate linkages to HIV testing if needed.</p>		
<p>Instructions: This CEE is to be assessed at sites (community and facility) providing OVC services only.</p>			
<p>Comment:</p>			
	Question	Response	Scoring
Q1	Does the site have a standard process to assess children with unknown/undisclosed HIV status using the HIV risk algorithm prototype and to facilitate linkages to HIV testing if needed?	Y N	If N=Red
<p>If Y, then Q2</p>			
Q2 	<p>Randomly select 10 beneficiaries from the assessment point roster and review their case files or client records (individual or logbook) from the last three months.</p> <p>What percent of case files include documentation of the child’s HIV status and the caregiver’s HIV status as reported by the caregiver or child (i.e. self-report)?</p> <p>Numerator: _____ # of reviewed case files or client records that include documentation of the child’s HIV status and the caregiver’s HIV status (as reported by the caregiver or self)</p> <p>Denominator: _____ # of case files or client records assessed</p> <p>Note: HIV status categories must include the following:</p> <ul style="list-style-type: none"> ● Test not needed (based on HIV risk algorithm prototype) ● Positive ● Negative ● Undisclosed to program (child has tested but results were not disclosed to program) ● Not Tested and Status Unknown – File establishes that the child’s status is unknown, i.e., child has not been assessed for HIV risk by the program, caregiver will not provide information that enables risk assessment; testing indicated but caregiver does not want to have child tested. 	<p>_____ %</p>	<p>If <80%=Yellow</p>
<p>If ≥ 80%, then Q3</p>			

<p>Q3</p> 	<p>Of the case files that indicate unknown HIV status, what percent of case files include documentation that the site conducted the HIV risk algorithm prototype assessment of the child and caregiver and facilitate HIV testing?</p> <p>Numerator: _____ # of reviewed case files that include documentation that the site conducted the HIV risk algorithm prototype assessment of the child and caregiver and facilitated HIV testing</p> <p>Denominator: _____ # of reviewed case files that indicate unknown HIV status</p>	<p>_____ %</p>	<p>If <90%=Yellow</p> <p>If ≥90%= Green</p>
SCORE			

CEE #: S_06_08 Services to support HIV Treatment Linkage, Engagement and Viral Suppression for OVC [AGYW, GBV, and OVC]			
	STANDARD: Each site providing OVC services has case management procedures that capture pertinent information related to HIV Treatment Linkage, Engagement, and Viral Suppression for children and their caregivers.		
<i>Instructions: The CEE is to be assessed at sites (i.e., community and/or facility) providing OVC services only.</i>			
Comment:			
	Question	Response	Scoring
Q1 	Does the site have a standard process for ALL of the following? <i>Tick all that apply:</i> <input type="checkbox"/> 1) linking children, adolescents, and caregivers living with HIV to HIV treatment <input type="checkbox"/> 2) tracking completion of treatment referrals, <input type="checkbox"/> 3) supporting disclosure process of HIV status to children and adolescents <input type="checkbox"/> 4) transitioning adolescents to adult care <input type="checkbox"/> 5) monitoring and supporting treatment continuity <input type="checkbox"/> 6) monitoring and supporting access to multi-month dispensing of ARVs (in line with national MMD policy and guidelines) <input type="checkbox"/> 7) monitoring and supporting viral suppression (if viral load testing is available)	# Ticked _____	If 0-6= Red
If 7, then Q2			
Q2 	<i>Randomly identify 10 families with either a caregiver or child living with HIV from the site roster. Review their household case files</i> What percent of case files have documentation demonstrating the site is monitoring both the child and caregiver’s (if applicable) HIV treatment status and disclosure status including all of the following: Treatment enrollment, Access to multi-month ARVs (per national MMD policy and guidelines, Regularly attending treatment appointments, Correctly taking medication, Adhering to treatment, Virally suppressed if VL is available and accessible to site, and age-appropriate HIV Disclosure to child?	_____%	If ≤90%=Red



	<p>Numerator: _____ # of reviewed case files with documentation the site is monitoring both the child and caregiver's (if applicable) HIV treatment status and disclosure status including all of the following: Treatment enrollment, Regularly attending treatment appointments, Correctly taking medication, Accessing multi-month ARVs (if eligible), Adhering to treatment, Virally suppressed if VL is available and accessible to site, and age-appropriate HIV Disclosure to child</p> <p>Denominator: _____ # of reviewed case files with either a caregiver or child living with HIV from the site roster</p>		
	If >90%, then Q3		
<p>Q3</p> 	<p>Review the same 10 case files.</p> <p>What percent of case files indicate that the site engages clinicians treating children and caregivers at least semi-annually through case conferencing or other means to identify and address any treatment challenges or barriers to treatment (e.g. notes from case conferences)?</p> <p>Numerator: _____ # of reviewed case files documenting that the site engages clinicians treating children and caregivers at least semi-annually through case conferencing or other means to identify and address any treatment challenges or barriers to treatment (e.g. notes from case conferences)</p> <p>Denominator: _____ # of reviewed case files with either a caregiver or child living with HIV from the site roster</p>	_____ %	If ≤90%= Yellow
	If response is >90%, then Q4		
<p>Q4</p> 	<p>Review the same 10 case files.</p> <p>What percent of case files indicate that the site helps children and caregivers to overcome treatment challenges or barriers to treatment (e.g. financial barriers, transportation barriers, nutritional or health concerns, social or cultural barriers, health challenges)?</p> <p>Numerator: _____ # of reviewed case files documenting that the site helps children and caregivers to overcome treatment challenges or barriers to treatment (e.g. financial barriers, transportation barriers, nutritional or health concerns, social or cultural barriers, health challenges)</p> <p>Denominator: _____ # of reviewed case files with either a caregiver or child living with HIV from the site roster</p>	_____ %	If ≤80%= Yellow If >80%= Green
	SCORE		








CEE #: S_06_09 DREAMS Mentoring [AGYW, GBV, and OVC]





STANDARD: All sites implementing DREAMS should ensure there are SOPs for recruiting mentors, there are mentor job descriptions, mentors receive a standardized package of training that includes first-line support. DREAMS mentors should have resources including a mobile phone to be able to perform their duties, remuneration and routine supportive supervision.




Instructions: CEE is to be assessed at sites funded to provide DREAMS services.










Comment:




	Question	Response	Scoring
 Q1	<p>Does the site have the following related to SOPs for recruiting, job descriptions, training, providing resources and remuneration, and supportive supervision for mentors? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) SOP for recruitment with defined mentor criteria in line with DREAMS guidance <input type="checkbox"/> 2) Mentor job descriptions in place that define mentor roles and responsibilities <input type="checkbox"/> 3) Standardized training package for mentor capacity building <input type="checkbox"/> 4) Mentor training package includes first-line support for responding to participants who need support (e.g., disclosures of violence, experiencing mental health issues) <input type="checkbox"/> 5) Access to resources available to enable them to do their work. (i.e., community resource guides, standardized job aides and tools) <input type="checkbox"/> 6) Mobile phones (either owned by the mentor or provided by the implementing partner) and airtime/data provided <input type="checkbox"/> 7) Remuneration beyond reimbursement for work expenses <input type="checkbox"/> 8) Routine supportive supervision (e.g., weekly or monthly) <p>Notes: 3) standardized package is defined a set of core training activities that are provided to all DREAMS Mentors (e.g., communication skills, leadership, safety and security), 4) First-line support could be adapted from WHO guidance on LIVES or mental health first aid training, 6) DREAMS mentors should either already own or be equipped with a mobile phone to carry out their mentoring duties. If already owned, then DREAMS programs should supply airtime/data to support their duties. If a mentor does not own a phone, then DREAMS programs should supply a mobile device in addition to airtime/data, and 8) Supportive supervision is helping mentors to continuously improve their work performance with a focus on using supervisory visits as an opportunity to improve mentors’ knowledge and skills.</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-3 = Red If 4-6 = Yellow If 7-8 = Green</p>
	SCORE		



SET 7: HTS				
CEE #	Abbreviated Title	Required (MPR)	Supportive	Remote
S_07_01	Compliance with National Testing Algorithm and Strategy		X	Yes Conditional
S_07_02	Quality Assurance of HIV Testing Services		X	Yes
S_07_03	HTS Linkage to HIV Care and Treatment at the Site Level		X	Yes Conditional
S_07_04	Site Level HIV Proficiency Testing		X	Yes
S_07_05	HTS Safety Measures at the Site		X	Yes
S_07_06	Confidentiality of HIV Testing Services at the Site		X	Yes
S_07_07	HIV Self-Testing			Yes
S_07_08	Index Testing Training and Supportive Supervision			Yes
S_07_09	Monitoring Adverse Events			Yes
S_07_10	Secure Handling and Storage of Index Testing data			Yes
S_07_11	Intimate Partner Violence Risk Assessment and Support for Index Testing			Yes
S_07_12	Supporting Clients who Disclose Intimate Partner Violence			Yes
S_07_13	HTS Linkage to HIV Prevention Services			Yes



CEE #: S_07_01 Compliance with National Testing Algorithm [HTS]			
STANDARD: Each site performs and records rapid HIV testing in accordance with national testing algorithms.			
Instructions: If a 3 rd rapid test is not required per national guidelines, make a note in the COMMENTS sections and CHECK #3 in Q2 so as to avoid incorrectly scoring Red. For remote CEE collection, assessors must ensure that any PII of clients is not visible when viewing logbooks or other tracking documents that may contain this PII.			
Comment:			
	Question	Response	Scoring
Q1 	Does the site have written or printed testing protocols or other job aides that are in full accordance with the current national testing algorithm?	Y N	If N=Red
If Y, then Q2			
Q2 	Is the site collecting the following information in either an HTS (HIV Testing Services) register, rapid testing logbook, or some other data collection tool? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Test 1 (Name of test kit and result) <input type="checkbox"/> 2) Test 2 (Name of test kit and result) <input type="checkbox"/> 3) Test 3, if applicable (Name of test kit and result) <input type="checkbox"/> 4) Final test result given to beneficiary	# Ticked _____	If 0-3=Red
If 4, then Q3			
Q3 	Review the 20 most recent entries within the past 12 months where the final test result was HIV positive in the HTS register/rapid testing logbook. What percent these entries are compliant with the national testing algorithm? Numerator: ____ # of reviewed entries that were fully compliant with the national testing algorithm. Denominator: ____ # of reviewed entries within the past 12 months where the final HIV test result was HIV positive in the HTS register/rapid testing logbook	_____%	If <70%=Red If ≥70 and <90%=Yellow If ≥90%= Green
SCORE			




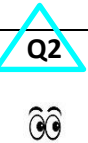
CEE #: S_07_02 Quality Assurance of HIV Testing Services [HTS]			
STANDARD: Quality assurance procedures are in place to monitor the quality of HIV rapid testing in a timely manner. These procedures include direct observation and the use of standardized laboratory logbooks.			
Comment:			
	Question	Response	Scoring
Q1	Does a manager or laboratorian observe and document each HTS provider conducting HIV rapid testing at least twice a year?	Y N	If N=Red
If Y, then Q2			
 Q2	Does the manager or laboratorian at the HIV testing site review the standardized logbook (or HTS register with logbook variables integrated) at least monthly for evidence of compliance with national testing algorithms?	Y N	If N = Yellow
If Y, then Q3			
 Q3	In the HTS register or rapid testing logbook, is there a process in place to review quality assurance variables (e.g., positive concordance rate between test 1 and test 2, number of invalid test results, etc.) at least quarterly?	Y N	If N=Yellow If Y= Green
SCORE			









CEE #: S_07_03 HTS Linkage to HIV Care and Treatment at the Site Level [HTS]			
STANDARD: All sites that provide HTS have a standardized protocol or process for tracking successful and unsuccessful linkage of HIV-infected beneficiaries/clients to HIV care and treatment services.			
<i>Instructions: This CEE may only be collected remotely if there are logbooks or registers with this information that do not require a client chart review. Assessors must ensure that any PII of clients is covered not visible when viewing logbooks or other tracking documents. If a chart review is required, do not assess remotely. (see SIMS Implementation Guide for further guidance)</i>			
Comment:			
	Question	Response	Scoring
 Q1 	Is an active linkage to care and treatment protocol or standardized process available to facilitate linkage to HIV care and treatment services for those who test positive (e.g., use of standard referral forms, peer navigators, transport vouchers, etc.)?	Y N	If N=Red
If Y, then Q2			
 Q2 	Does the protocol or standardized process include requirements to confirm and document successful linkage to HIV care and treatment services (e.g., documented completed phone call, verification by a peer navigator, etc.)?	Y N	If N=Yellow
If Y, then Q3			
 Q3 	Does the protocol or standardized protocol from above include following up with HIV-positive clients who fail to enroll in HIV treatment services (e.g., documented completed phone call, verification by a peer navigator, etc.)?	Y N	If N=Yellow
If Y, then Q4			
 Q4 	<p><i>Review 10 clients identified as HIV positive within the last 3 months from the HTS register to determine the percentage of HIV positive clients who were successfully linked to treatment services.</i></p> <p>Of the 10 clients selected for review, what percentage were successfully linked to treatment and remained engaged in the first 90 days (i.e., the site knows the client or beneficiary was successfully initiated on ART and did not interrupt TX_IIT<90)?</p> <p>Numerator: ____# of reviewed records of clients who were successfully linked to treatment and returned for their next appointment (i.e., the site knows the client or beneficiary was successfully initiated on ART and engaged early int treatment)</p> <p>Denominator: ____# of reviewed files of clients who identified as HIV positive within the last 3 months</p>	_____ %	<p>If <90%=Yellow</p> <p>If ≥90%= Green</p>
SCORE			





CEE #: S_07_04 Site Level HIV Proficiency Testing [HTS]			
STANDARD: Sites offering HIV Testing services (HTS) meet HIV proficiency testing participation and pass rate requirements.			
<i>Instructions: Is HIV proficiency testing part of the national guidelines for sites offering HTS?</i>			
If NO , check NA, and SKIP CEE			NA <input type="checkbox"/>
Comment:			
	Question	Response	Scoring
Q1	Is the site currently enrolled in an HIV proficiency testing (PT) program?	Y N	If N=Red
If Y, then Q2			
	<p>Q2 What percent of HTS providers at the site completed and submitted proficiency testing panels in the last 12 months?</p> <p><i>Numerator:</i> _____ # of reviewed records of HTS providers who completed and submitted proficiency testing panels in the last 12 months</p> <p><i>Denominator:</i> _____ # of reviewed records of HTS providers who received a proficiency testing panel in the last 12 months</p> <p><i>Note:</i> HTS providers include laboratory staff conducting HIV testing.</p>	_____ %	If <50%=Red If ≥50% and <80%=Yellow
If ≥80%, then Q3			
	<p>Q3 Review logbook or records or other documentation of all PT scores that were returned to the site within the last 12 months.</p> <p>Tick ONE of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) All PT scores were NOT returned to the site <input type="checkbox"/> 2) Unsatisfactory PT scores were returned to the site but no documentation of corrective action exists <input type="checkbox"/> 3) Unsatisfactory PT scores were returned to site and documentation of corrective action exists <input type="checkbox"/> 4) All PT scores that were returned to the site were satisfactory 	Answer # _____	If #1 or #2 =Yellow If #3 or #4 =Green
SCORE			









CEE #: S_07_05 HTS Safety Measures at the Site [HTS]			
STANDARD: Each site has HIV Testing Services (HTS) safety measures implemented by all HIV testing providers. These safety measures include use of disposable gloves, personal hygiene, and proper waste management.			
<i>Instructions: With remote assessment, ensure that any video does not show clients.</i>			
Comment:			
	Question	Response	Scoring
Q1 	<p>Are ALL the following available for all HIV testing providers?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Sharps and waste containers for disposal of lancets, syringes and other sharps <input type="checkbox"/> 2) Clean water, soap and disinfectant or hand sanitizer available for use before contact with each beneficiary/client <input type="checkbox"/> 3) Disposable gloves for all HIV testing providers 	# Ticked _____	If 0-2=Red
If 3, then Q2			
Q2	Has a supervisor or manager visited this site within the last six months to document implementation of HTS safety measures (e.g. safe disposal of sharps and biohazardous waste, proper hand hygiene, and the use of disposable gloves) by all HIV testing providers?	Y N	If N =Yellow
If Y, then Q3			
Q3	Have all HIV testing providers at this site received safety training on safe disposal of sharps and biohazardous waster, proper hand hygiene and the use of disposable gloves within the last 12 months?	Y N	If N=Yellow If Y= Green
SCORE			





CEE #: S_07_06 Confidentiality of HIV Testing Services at the Site [HTS]			
STANDARD: HIV testing services (HTS) are provided privately and confidentially, and include information on how to report violations of privacy and confidentiality.			
<i>Instructions: With remote assessment, ensure that any video does not show clients.</i>			
Comment:			
	Question	Response	Scoring
Q1	Have all HTS staff at this site received training on the importance of maintaining privacy and confidentiality i.e. information discussed during the HTS session cannot be disclosed to anyone else without the expressed consent of the beneficiary/client?	Y N	If N=Red
If Y, then Q2			
Q2 	Is HIV testing conducted in a space that protects the privacy and confidentiality of the beneficiary/client (i.e., conducted in a space where others cannot overhear)?	Y N	If N=Yellow
If Y, then Q3			
Q3	Is the beneficiary/client aware of how violations of privacy or confidentiality can be reported anonymously?	Y N	If N=Yellow If Y= Green
SCORE			




CEE #: S_07_07 HIV Self-Testing [HTS]			
	STANDARD: Use of HIV self-test kits, and linkage to additional HIV testing, is documented.		
<i>Instructions: Are HIV Self-Test kits distributed within the sub-national unit/district that this site is located? Is HIV self-testing part of the national HIV Testing Services (HTS) guidelines?</i>			
<i>If NO to either question, check NA, and SKIP CEE</i> NA <input type="checkbox"/>			
Comment:			
	Question	Response	Scoring
	Does the site’s standardized process/protocol/SOP that describes how to provide HTS include inquiring whether the reason for HIV testing at this current time is due to a positive HIV self-test result?	Y N	If N=Red
If Y, then Q2			
	Does the HTS register or logbook provide a space to document whether the HTS client indicated recent use of an HIV Self-test and need for additional testing as the reason for testing at this current time?	Y N	If N = Yellow If Y = Green
SCORE			





CEE #: S_07_08 Index Testing Training & Supportive Supervision [HTS]			
	<p>STANDARD: All staff who provide index testing services are trained using a standardized national training curriculum that covers the WHO’s 5Cs (consent, confidentiality, counseling, correct test results, and connection to treatment and/or prevention services) and the minimum standards for index testing, including an intimate partner violence (IPV) risk assessment and first line support following IPV disclosure, supportive supervision, and adverse event monitoring and response. . Supportive supervision comments and recommendations are shared with staff members.</p>		
<p><i>Instructions: Only assess this CEE at sites that provide index testing services.</i></p> <p><i>If the site does not provide HIV partner testing services, check NA, and SKIP this CEE.</i> NA <input type="checkbox"/></p>			
Comment:			
	Question	Response	Scoring
	<p>Q1 Have ALL staff conducting index testing services been trained according to a standardized, national training curriculum that covers the WHO’s 5Cs and minimum standards for index testing, including an intimate partner violence (IPV) risk assessment and first line support following IPV disclosure, supportive supervision, and adverse event monitoring and response?</p> <p></p>	Y N	If N=Red
	If Y, then Q2		
	<p>Q2 Are standardized tools or materials used to conduct supportive supervision for index testing services?</p> <p></p>	Y N	If N =Yellow
	If Y, then Q3		
	<p>Q3 Are supportive supervision comments and recommendations documented and shared with staff?</p> <p></p>	Y N	If N=Yellow If Y =Green
	SCORE		

CEE #: S_07_09 Monitoring Adverse Events from Index Testing [HTS]			
	<p>STANDARD: All sites where PEPFAR supports index testing service provision have procedures and processes in place to assess, mitigate and reduce potential risk for social harm or impact arising from partner notification and index testing. All personnel providing index testing services are trained on providing partner notification services appropriately and safely.</p>		
<p>Instructions: Only assess this CEE at sites that provided index testing services. Social harm is defined as any intended or unintended cause of physical, economic, emotional or psychosocial injury or hurt from one person to another, a person to themselves, or an institution to a person, occurring before, during or after HTS, including partner notification services. Intimate partner violence (IPV) is defined as behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship, including acts of physical violence, sexual violence, stalking, emotional or psychological abuse and controlling behaviors.</p> <p>If the site does not provide HIV partner testing services, check NA, and SKIP this CEE. NA <input type="checkbox"/></p>			
Comment:			
	Question	Response	Scoring
Q1	Does the site have a system to allow clients to report any social harms experienced as a result of services (i.e. routine surveys, anonymous drop boxes, follow-up calls)?	Y N	If N = Red
If Y, then Q2			
Q2 	Are reports of social harms, including IPV, following index testing services documented in the client's charts and/or index testing register?	Y N	If N = Yellow
If Y, then Q3			
Q3 	Does the site have an SOP in place for investigating any reports of social harms following index testing services?	Y N	If N = Yellow If Y = Green
SCORE			

CEE #: S_07_10 Secure Handling & Storage of Index Testing Data [HTS]			
	<p>STANDARD: Each site retains accurate, complete, and updated index testing records in a secure location and maintains a shared confidentiality agreement with any outside organization that assists with the testing of sex partner(s), drug-injecting partners, and biological child(ren) of index clients.</p>		
<p><i>Instructions: Only assess this CEE at sites that provided index testing services</i></p> <p><i>If the site does not provide index testing services, check NA, and SKIP this CEE</i> NA <input type="checkbox"/></p>			
Comment			
	Question	Response	Scoring
 Q1 	<p>Are all index testing records/registers stored in a secure and locked location, this includes files being kept in a secure and confidential manner throughout the day (e.g., counselors do not leave person-identifying information on their desk or cabinet when stepping out of their room or admitting new clients)?</p>	Y N	If N = Red
	If Y, then Q2		
 Q2 	<p>Have all index testing providers signed a client confidentiality agreement stating that they pledge not to share information about index clients and their partner(s) and child(ren) with anyone outside the clinical care team without their consent?</p>	Y N	If N = Red
	If Y, then Q3		
 Q3 	<p>Does the site have a written standard operating procedure (SOP) and/or data sharing agreement with other organizations, or community health workers supporting index testing services, on how to share and maintain the confidentiality of information about the index client and their contact(s) (i.e. sexual and drug-injecting partners and biological children)?</p>	Y N	If N = Yellow If Y = Green
	SCORE		

CEE #: S_07_11 Intimate Partner Violence Risk Assessment and Support for Index Testing [HTS]			
	<p>STANDARD: Sites offering index testing services have an appropriate system in place for HTS providers to assess clients for fear of or experience with Intimate Partner Violence (IPV) from (a) named partner(s).</p>		
<p>Instructions: This CEE should be assessed at sites offering HIV partner testing services (including both sexual and needle-sharing partner(s)) as part of index testing.</p> <p>If the site does not provide HIV partner testing services, check NA, and SKIP this CEE. NA <input type="checkbox"/></p>			
<p>Comment:</p>			
	Question	Response	Scoring
<div style="border: 2px solid cyan; padding: 2px; display: inline-block;"> Q1  </div>	<p>Does the site do all the following for IPV risk assessments? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Index testing services, including IPV risk assessment questions, are asked in private setting <input type="checkbox"/> 2) IPV risk assessment is conducted using an introductory script and standardized questions (e.g., IPV screening form, client file or register) for each named partner as part of the elicitation process <input type="checkbox"/> 3) Results of the IPV risk assessment are documented for each named partner <p>Note: assessors should view the space to determine if the space is private</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Red</p>
<p>If 3, then Q2</p>			
<div style="border: 2px solid cyan; padding: 2px; display: inline-block;"> Q2  </div>	<p>Does the site/facility have an SOP for how to assess for and address reports of IPV (based on IPV screening tool) as part of the provision of index testing services?</p> <p>Note: The SOP should outline the roles/responsibilities of site staff. For example, the testing provider will assess for intimate partner violence (IPV) for each named partner during the recall period. If a client discloses violence, the testing provider provides immediate psychosocial support, conducts an immediate safety check, and does not pursue notification methods for the IPV involved partner(s), but may continue with other partner(s). The provider then may refer to another staff member for referrals and follow up to other services, as well as document the client's experience in their medical chart as IPV-related support should be addressed in their care and treatment plan. The SOPs outline these roles so it is clear for everyone at the site</p>	<p>Y N</p>	<p>If N = Yellow</p> <p>If Y = Green</p>
SCORE			

CEE #: S_07_12 Supporting Clients who Disclose Intimate Partner Violence			
	<p>STANDARD: Sites offering index testing services have an appropriate system in place for HTS providers to respond to and support clients who disclose their fear of or experience with Intimate Partner Violence (IPV) from (a) named partner(s).</p>		
<p>Instructions: This CEE should be assessed at sites offering HIV partner testing services (including both sexual and needle-sharing partner(s)) as part of index testing.</p> <p>If the site does not provide HIV partner testing services, check NA, and SKIP this CEE. NA <input type="checkbox"/></p>			
<p>Comment:</p>			
	Question	Response	Scoring
<p>Q1</p> <p></p>	<p>Does the site have all the following to be able to identify and respond to clients who disclose IPV from a named partner?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Providers who conduct index testing services have been trained on both of the following before providing index testing services: (1) how to ask about IPV; and (2) how to offer first-line support (such as LIVES) following IPV disclosure? <input type="checkbox"/> 2) Referral system that includes a list of supportive services for clients experiencing violence or other social harms that are PLHIV and KP friendly? <p>Note: documentation check is only required for #2</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-1 = Red</p>
If 2, then Q2			
Q2	Do providers offer first-line support (such as LIVES) to clients who disclose violence?	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: S_07_13 HTS Linkage to HIV Prevention Services (HTS)			
	STANDARD: All sites that provide HTS have a standardized protocol or process for linking HIV-negative adult and adolescent persons to high quality HIV prevention services [e.g., VMMC, PrEP, preventing transmission within serodifferent couples, OVC, DREAMS, PMTCT (ANC and post ANC)].		
Comment:			
	Question	Response	Scoring
 Q1 	Does the site have a documented and systematic process to proactively offer and link individuals who test HIV negative to high quality, person-centered HIV prevention services (e.g., use of standard referral forms, peer navigators, transport vouchers, etc.)? <i>Note: Prevention services may include PrEP, VMMC, preventing transmission within serodifferent couples, OVC, DREAMS, and PMTCT (ANC and post ANC)</i>	Y N	If N = Red
If Y, then Q2			
Q2	Are site staff routinely trained on offering and providing HIV prevention services referrals to clients who are HIV seronegative?	Y N	If N= Yellow If Y=Green
SCORE			

SET 8: TB TREATMENT SERVICE POINT				
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Required (MPR)</i>	<i>Supportive</i>	<i>Remote</i>
S_08_01	Routine PITC for Clients with TB or Presumptive TB		X	No
S_08_02	ART Provision for PLHIV with TB		X	No

SET INSTRUCTIONS: The following CEEs are assessed at sites where TB treatment is the entry point for clients receiving HIV services and where these HIV services are PEPFAR supported.

CEE #: S_08_01 Routine PITC for Clients Patients with TB or Presumptive TB [TB]


STANDARD: Routine HIV provider-initiated testing and counseling (PITC) is provided to all clients with tuberculosis (TB) and presumptive TB.

Instructions:

What age bracket is served by this site? Select ONE:

- Pediatric patients only (<15 years of age)**
- Adult patients only (≥15 years of age)**
- Both pediatric and adult patients (mixed)**







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





	Question	Response	Scoring
Q1	Does this site provide routine PITC for presumptive TB and TB clients?	Y N	If N = Red
	If Y, then Q2		
Q2 	<p><i>Review the last 10 entries in a line list/register of clients with presumptive TB. If this site serves pediatric and adult clients, choose 5 charts for pediatrics (<15 years of age) and 5 charts for adult and adolescent clients (≥15 years of age).</i></p> <p>What percent of the reviewed presumptive TB clients have documented HIV-testing status?</p> <p>Numerator: _____ # of reviewed records of presumptive TB client entries with documented HIV-testing status (e.g., positive, negative, declined)</p> <p>Denominator: _____ # of presumptive TB client entries reviewed</p>	_____ %	<p>If <70% = Red</p> <p>If ≥70 and <90% = Yellow</p> <p>If ≥90% Green</p>
	SCORE		








CEE #: S_08_02 ART Provision for PLHIV with Active or Presumptive TB [TB]			
STANDARD: All and PLHIV with active Tuberculosis (TB) or presumptive TB are initiated on ART regardless of CD4 count.			
Instructions: What age bracket is served by this site? Select ONE:			
<input type="checkbox"/> Pediatric patients only (<15 years of age) <input type="checkbox"/> Adult patients only (≥15 years of age) <input type="checkbox"/> Both pediatric and adult patients (mixed)			
Comment:			
	Question	Response	Scoring
Q1	Is there a standardized practice to initiate PLHIV with active or presumptive TB on ART?	Y N	If N = Red
	If Y, then Q2		
Q2	<p>Review the TB register to identify 10 TB clients diagnosed with HIV more than 3 months but less than 12 months prior to the SIMS assessment. If this site serves pediatric and adult clients, choose 5 register lines for pediatrics (<15 years of age) and 5 register lines for adult and adolescent clients (≥15 years of age).</p> <p>What percent of PLHIV with active or presumptive TB reviewed have documentation of ART initiation?</p> <p>Note: If NO PLHIV with active or presumptive TB were found in the specified period, enter '100%' in the form of 1/1 and make a note in the COMMENTS portion of this CEE.</p> <p>Numerator: _____ # of reviewed records of clients with documentation of ART initiation</p> <p>Denominator: _____ # of reviewed records of clients diagnosed with HIV more than 3 months but less than 12 months prior to the SIMS assessment</p>	_____ %	<p>If <70% = Red</p> <p>If ≥70 and <90% = Yellow</p> <p>If ≥90% = Green</p>
	SCORE		

SET 9: METHADONE OR BUPRENORPHINE MEDICATION ASSISTED TREATMENT (MAT)				
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Required (MPR)</i>	<i>Supportive</i>	<i>Remote</i>
S_09_01	Intake Treatment Plan Development		X	No
S_09_02	TB screening and Management in MAT Facilities		X	No
S_09_03	Dose Reduction and Termination		X	Yes
S_09_04	HIV Testing		X	No
S_09_05	Supply Chain Reliability (methadone and buprenorphine)		X	Yes



SET INSTRUCTIONS: Set 9 CEEs are not directly linked to current MPRs and therefore not classified as required for Comprehensive Assessments, however we anticipate that if a MAT site is being assessed, most supportive CEEs would be considered relevant.

CEE #: S_09_01 Intake Treatment Plan Development [MAT]			
<p>STANDARD: During a client intake assessment, a METHADONE OR BUPRENORPHINE MEDICATION ASSISTED TREATMENT (MAT) plan is developed for every client that lists his/her physical and mental health- and social- needs.</p>			
<p>Comment:</p>			
	Question	Response	Scoring
 	<p>Q1 Are there written standard operating procedures (SOPs) to guide the intake assessment at this site?</p>	Y N	If N=Red
<p>If Y, then Q2</p>			
 	<p>Q2 Does the client intake assessment at the site include ALL of the following?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Drug use history <input type="checkbox"/> 2) Mental health history <input type="checkbox"/> 3) Comorbid medical conditions <input type="checkbox"/> 4) Psychosocial circumstances <input type="checkbox"/> 5) Medical examination and laboratory tests 	Y N	If 0-4=Red
<p>If 5, then Q3</p>			
 	<p>Q3 Review 10 randomly selected charts of clients who started METHADONE OR BUPRENORPHINE MEDICATION ASSISTED TREATMENT (MAT) within the past 12 months.</p> <p>What percent of charts document development of treatment plans at intake?</p> <p>Numerator: ____ # of reviewed charts with documented development of treatment plan at intake</p> <p>Denominator: ____ # of reviewed charts of clients who started METHADONE OR BUPRENORPHINE MEDICATION ASSISTED TREATMENT (MAT) within the past 12 months</p>	_____ %	If <90%=Yellow If ≥90%= Green
SCORE			

CEE #: S_09_02 TB screening and Management in MAT Facilities [MAT]			
STANDARD: All sites providing MAT perform and document screening for active tuberculosis (TB) on intake and at each clinical visit, and provide access to TB treatment either on site or through referral.			
Comment:			
	Question	Response	Scoring
 Q1 	Is there a protocol in place for TB screening and documentation at each clinical assessment per national guidelines?	Y N	If N=Red
If Y, then Q2			
 Q2 	Does the TB screening protocol include all 4 of the following symptoms: cough, fever, night sweats, and weight loss AND procedures for the client to access TB treatment on site or through referral?	Y N	If N=Yellow
If Y, then Q3			
 Q3 	<p>Review 10 randomly selected charts of clients who started MAT within the past 12 months.</p> <p>What percent of reviewed charts document TB screening results at the last clinical visit?</p> <p>Numerator: ____ # of reviewed client charts with documented TB screening results at the last clinical visit</p> <p>Denominator: ____ # of reviewed records of clients who started MAT within the past 12 months.</p>	_____ %	If <90%=Yellow If ≥90%= Green
SCORE			

CEE #: S_09_03 Dose Reduction and Termination [MAT]			
STANDARD: Clinical staff guide clients who decide voluntarily to discontinue MAT through standardized tapering and termination procedures, including provision of on-going counseling and client-clinician agreement on a decreasing dosage schedule.			
Comment:			
	Question	Response	Scoring
 Q1 	Are written standard procedures available to guide standardized tapering and termination procedures for clients who decide voluntarily to discontinue MAT?	Y N	If N = Red
	If Y, then Q2		
 Q2 	Is there documentation to demonstrate standard counseling procedures on relapse prevention are provided to clients who decide voluntarily to discontinue MAT?	Y N	If N = Yellow
	If Y, then Q3		
 Q3 	Are there standard procedures to demonstrate client-clinician agreement on a decreasing dosage schedule for clients who decide voluntarily to discontinue MAT?	Y N	If N = Yellow If Y= Green
	SCORE		

CEE #: S_09_04 HIV Testing [MAT]			
STANDARD: All MAT clients are offered voluntary HIV testing during the client intake assessment. HIV uninfected clients are offered voluntary retesting at least every 12 months.			
Comment:			
	Question	Response	Scoring
Q1	Are there standard procedures in place to promote voluntary HIV testing at MAT intake, including at least annual re-testing among clients who test HIV negative?	Y N	If N=Red
If Y, then Q2			
Q2 👁👁	<p>Review 10 of the most recent charts of clients on MAT for ≥ 12 months.</p> <p>What percent of reviewed charts document HIV testing within the last 12 months?</p> <p>Numerator: _____ # of reviewed charts with HIV testing documented</p> <p>Denominator: _____ # of most recent charts of clients on MAT for ≥ 12 months reviewed</p>	_____ %	If <90%=Yellow If $\geq 90\%$ = Green
		SCORE	

CEE #: S_09_05 Supply Chain Reliability (methadone and buprenorphine) [MAT]			
STANDARD: Each site has a reliable supply of methadone and/or buprenorphine.			
Comment:			
	Question	Response	Scoring
Q1	Has there been a stock-out of methadone or buprenorphine in the past 3-months that interfered with medication for existing clients (e.g., could not receive minimum dose or scale up dose per treatment plan)?	Y N	If Y=Red
If N, then Q2			
Q2	Has there been a stock-out of methadone or buprenorphine in the past 3 months that resulted in halting new enrollment?	Y N	If Y=Yellow
If N, then Q3			
	Q3 Is there documentation of a contingency plan in place in the event of a stock-out?	Y N	If N=Yellow If Y= Green
SCORE			



SET 10: LABORATORY				
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Required (MPR)</i>	<i>Supportive</i>	<i>Remote</i>
S_10_01	Quality Management Systems		X	Yes
S_10_02	Laboratory Biosafety		X	Yes
S_10_03	Test SOP		X	Yes
S_10_04	Quality Testing Monitoring		X	Yes
S_10_05	Testing Interruptions		X	Yes
S_10_06	Waste Management		X	Yes
S_10_07	Injection Safety		X	Yes
S_10_08	HIV Viral Load Laboratory Capacity		X	Yes
S_10_09	HIV Viral Load Specimen Referral and Results Management		X	Yes

SET INSTRUCTIONS: Set 10A CEES are not directly linked to current MPRs and therefore not classified as Required for Comprehensive Assessments, however we anticipate that if a Laboratory site is being assessed, most supportive CEES would be considered relevant. Option: Teams should consider assessing onsite laboratories at PEPFAR supported clinical sites using set 10.

CEE #: S_10_01 Quality Management Systems (QMS) [LAB]

STANDARD: Each laboratory is implementing a Quality Management System (QMS) program for continuous quality improvement and/or accreditation. As part of a QMS, each facility laboratory provides and documents routine personnel training, performs and documents routine equipment maintenance, has an inventory control system for supplies and reagents, and conducts regular quality improvement activities.

Comment:





	Question	Response	Scoring
<p>Q1</p> 	<p>Is documentation of ALL of the following available?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Personnel training records <input type="checkbox"/> 2) Routine equipment maintenance <input type="checkbox"/> 3) Inventory system for supplies and reagents 	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Red</p>
If 3, then Q2			
Q2	<p>Is the laboratory doing EITHER of the following?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Implementing a quality management/quality improvement program (e.g., SLMTA, SLIPTA, GLI, and LQMS-SIP)? <input type="checkbox"/> 2) Applying for accreditation according to international standards (e.g., SANAS, CAP, ISO, and KENAS)? 	<p># Ticked</p> <p>_____</p>	<p>If 0=Yellow</p> <p>If 1-2=Green</p>
SCORE			

CEE #: S_10_02 Laboratory Biosafety [LAB]

STANDARD: Each laboratory has a biosafety program that includes the following elements: availability and proper use of Personal Protective Equipment (PPE) and waste containers, training on biosafety for laboratory personnel and laboratory biosafety SOPs and/or biosafety manual.

Instructions: With remote assessment, ensure that any video does not show clients.






Comment:

	Question	Response	Scoring
Q1 	Are ALL of the following available in the laboratory? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Gloves <input type="checkbox"/> 2) Lab Coats <input type="checkbox"/> 3) Clean water/soap or hand sanitizer <input type="checkbox"/> 4) Sharps containers <input type="checkbox"/> 5) Biohazard waste containers 	# Ticked	If 0-4=Red
If 5, then Q2			
Q2 	Are there written laboratory biosafety standard operating procedures or manuals available?	Y N	If N=Yellow
If Y, then Q3			
Q3 	Is there documentation that all laboratory personnel have received annual biosafety training?	Y N	If N=Yellow If Y= Green
SCORE			

CEE #: S_10_03 Test SOPs [LAB]

STANDARD: Each laboratory has current written standard operating procedures (SOPs) available and accessible for all the core HIV-related tests that are performed.








Comment:

	Question	Response	Scoring
  Q1	<p>What percentage of the HIV-related tests offered at this laboratory have written SOPs available at the point of testing?</p> <p>Numerator: _____ # of HIV-related tests performed at the facility laboratory with SOPs available</p> <p>Denominator: _____ # of HIV-related tests performed at facility laboratory</p> <p>Note: HIV-related tests include those listed in the MER LAB_PTCQI indicator (HIV serology diagnosis (Rapid Test, ELISA, and Western Blot), Recency Testing, HIV Viral Load, Early Infant Diagnosis (EID), CD4, TB Diagnosis: Xpert, AFB, and/or culture</p>	<p>_____ %</p>	<p>If <50%=Red If ≥50 and ≤90%=Yellow</p>
If >90%, then Q2			
  Q2	<p>Are ALL SOPs current?</p> <p>Note: "Current" refers to approval or effective dates within the last 2 years</p>	<p>Y N</p>	<p>If N=Yellow If Y=Green</p>
SCORE			

CEE #: S_10_04 Quality Testing Monitoring [LAB]

STANDARD: Each laboratory performs and monitors routine Quality Control (QC) testing on all core HIV-related tests and participates in proficiency testing (PT) or external quality assessment (EQA) programs for all core HIV-related tests that they perform. PT/EQA results and feedback are available onsite.


Comment:

	Question	Response	Scoring
 Q1 	Does the laboratory perform and monitor the results of routine QC testing for All (100%) HIV-related core tests offered? <i>Numerator: _____ # of HIV-related core tests with QC test results</i> <i>Denominator: _____ # of HIV-related core tests performed at facility laboratory</i>	_____ %	If ≤90% =Red
If >90%, then Q2			
 Q2 	In the past 12 months, has the lab participated in PT/EQA for All (100%) core HIV-related tests offered and are PT/EQA result reports available onsite? <i>Numerator: _____ # of HIV-related core tests participating in PT/EQA</i> <i>Denominator: _____ # of HIV-related core tests performed at facility laboratory</i>	_____ %	If ≤90% =Yellow
If >90%, then Q3			
 Q3 	Evaluate the results reports for PT/EQA panels. Did the laboratory's result reports demonstrate satisfactory/passing scores for ALL PT/EQA panels submitted within the past 12 months? Tick ONE of the following: <ul style="list-style-type: none"> <input type="checkbox"/> 1) No PT results were returned to the site <input type="checkbox"/> 2) Unsatisfactory results and no evidence of corrective action <input type="checkbox"/> 3) Unsatisfactory results and evidence of corrective action <input type="checkbox"/> 4) All satisfactory results 	Answer #: _____	If 1) or 2) = Yellow If 3) or 4) = Green
SCORE			

CEE #: S_10_05 Testing Interruptions [LAB]

STANDARD: Each laboratory provides continuous and reliable services, in which there are minimal to no testing interruptions due to supply or reagent stock outs, expired supplies or reagents, equipment failures, staff shortages, or infrastructure issues.

Comment:

	Question	Response	Scoring
Q1	<p>Within the past 3 months, have there been any testing interruptions of >2 days for any HIV-related core test for any of the reasons below?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Supply or reagent stock out <input type="checkbox"/> 2) Expired supplies or reagents <input type="checkbox"/> 3) Equipment failure <input type="checkbox"/> 4) Staff shortages <input type="checkbox"/> 5) Power supply, water or temperature conditions <input type="checkbox"/> 6) Other (please note in the comments) 	<p># Ticked</p> <p>_____</p>	<p>If 4-6= Red</p> <p>If 1- 3=Yellow</p>
	If 0, then Q2		
Q2	Have there been any testing interruptions of any time duration within the last 3 months?	Y N	<p>If Y=Yellow</p> <p>If N=Green</p>
	SCORE		




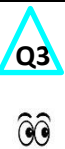
CEE #: S_10_06 Waste Management [LAB]

STANDARD: Each site implements procedures for collection, storage, and disposal of infectious waste to prevent exposures to workers, clients, and the public. Procedures include segregation of infectious waste, posted waste disposal guidance, and secure storage of infectious waste inside and outside the site.

*Instructions: Assess all the components of this CEE throughout the site, then complete the CEE scoring based on **any** instance where the observations do not meet the requirements. With remote assessment, ensure that any video does not show clients.*

*If the site does not generate infectious waste, check NA, and **SKIP** this CEE* **NA**

Comment:

	Question	Response	Scoring
	Is infectious waste segregated from general waste and securely stored in separate, labeled, color-coded waste containers inside and outside the facility?	Y N	If N=Red
	If Y, then Q2		
	Is all infectious waste (<i>regardless if stored inside or outside the facility</i>) securely stored and not accessible to the public?	Y N	If N=Yellow
	If Y, then Q3		
	Does the facility have the following? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Written procedures for infectious waste management and disposal available? <input type="checkbox"/> 2) Posted guidance or job aides describing the types of waste and the process for waste segregation?	# Ticked	If 0-1 = Yellow If 2 = Green
	SCORE		

CEE #: S_10_07 Injection Safety [LAB]

STANDARD: Each site has appropriate injection and phlebotomy equipment and supplies and written, standardized safety procedures available to reduce risk of blood borne pathogen transmission to clients and healthcare workers.






*Instructions: Assess all the components of this CEE throughout the site, then complete the CEE scoring based on **any** instance where the observations do not meet the requirements. With remote assessment, ensure that any video does not show clients.*

Does this site provide injections or phlebotomy services to clients?

If **NO**, check NA, and **SKIP** CEE.

NA

Comment:

	Question	Response	Scoring
	Are ALL of the following available in the areas where blood is drawn? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Disposable gloves <input type="checkbox"/> 2) Hand hygiene materials <input type="checkbox"/> 3) Rigid World Health Organization-approved sharps containers	# Ticked _____	If 0-2=Red
If 3, then Q2			
	Are ALL of the following in place? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Written procedures for safe blood collection <input type="checkbox"/> 2) Post-exposure prophylaxis (PEP) specific site protocol for health care staff working at the site that ensures PEP within 72 hours of injury <i>Note: Guidelines do not qualify as a specific site protocol.</i>	# Ticked _____	If 0-1=Red
If 2, then Q3			
	Are PEP drugs or starter packs available at this site?	Y N	If N=Yellow
If Y, then Q4			
	Is appropriate size equipment available for all applicable client ages? (<i>Example: pediatric venous and capillary blood collection</i>)?	Y N	If N=Yellow If Y= Green
SCORE			






CEE #: S_10_08 HIV Viral Load Laboratory Capacity [LAB]

STANDARD: The laboratory has the capacity and systems to meet the testing demands for HIV viral load scale-up.

Instructions: With remote assessment, ensure that any video does not show clients.
Does this laboratory perform HIV viral load testing?

If **NO**, check NA, and **SKIP** this CEE. **NA**

Comment:

	Question	Response	Scoring
 	<p>Does the laboratory have sufficient capacity to meet HIV viral load testing demands in regards to: <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Personnel: Including qualified technician for testing, supervisory/monitoring, and support staff <input type="checkbox"/> 2) HIV viral load instruments and ancillary equipment <input type="checkbox"/> 3) Infrastructure: Reliable electricity and adequate space for: lab testing, specimen processing and storage, and reagent and supply storage. <input type="checkbox"/> 4) Keeping up with demand: The backlog for testing of HIV viral load specimens is < 1 month. 	<p># Ticked</p> <p>_____</p>	<p>If 0-3=Red</p>
If 4, then Q2			
 	<p>Does the laboratory have sufficient systems to meet HIV viral load testing demands in regards to all of the following?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) The laboratory uses specimen/result transport system(s) to serve all designated facility. <input type="checkbox"/> 2) The laboratory has a turn-around-time for HIV viral load testing of ≤ 14 days. <input type="checkbox"/> 3) The laboratory has procedures available to notify Care and Treatment facilities of specimens that show virological non-suppression as defined by country's guidelines (e.g. ≥ 500 cp/mL). <p>Note: <i>Laboratory turn-around-time is defined as time from specimen reception to results reported to the requesting clinic/site.</i></p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2= Yellow</p> <p>If 3= Green</p>
SCORE			



CEE #: S_10_09 HIV Viral Load Specimen Referral and Results Management [LAB]


STANDARD: Laboratories that do not perform HIV viral load testing have capacities and tools in place for referred specimen and handling results to ensure specimen integrity and achievement of established acceptable turnaround time for referral testing services.

Instructions: With remote assessment, ensure that any video does not show clients.

*Does this laboratory offer specimen referral services for HIV viral load testing? If **NO**, check NA, and **SKIP** this CEE. **NA***

Comment:

	Question	Response	Scoring
<p>Q1 </p> <p>Does the laboratory have sufficient capacity to manage referred HIV viral load specimens and results in regards to ALL of the following?</p> <p><i>Tick all the apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Personnel: Including trained laboratory staff for specimen handling, storage, packaging, and VL Focal Person/ Roster of staff in-charge <input type="checkbox"/> 2) Registers/ Logs: Including HIV viral load specimen referral, rejected specimens, and dispatched results registers/ logs <input type="checkbox"/> 3) Guidelines/SOPs: Containing instructions of safe handling and packaging of biological specimen, specimen referral laboratory network for HIV viral load testing, contact information for referral laboratories and Itinerary of specimen transport system <input type="checkbox"/> 4) Infrastructure and Materials: Reliable specimen reception area and adequate space for, specimen and lab request verification, specimen packaging materials and containers, and lockable cabinet for results 		<p># Ticked _____</p>	<p>If 0-3=Red</p>
<p>If 4, then Q2</p>			

<p>Q2 </p>	<p>Does the laboratory have sufficient systems to monitor HIV viral load testing services in regards to:</p> <p><i>Tick all the apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) The laboratory reviews all registers at least weekly to identify rejected specimen and missing VL results for corrective action(s) to be taken <input type="checkbox"/> 2) The laboratory monitors turn-around-time and alerts the hub of HIV viral load testing going beyond ≤ 14 days <input type="checkbox"/> 3) The laboratory has procedures available to notify Care and Treatment facilities of delayed VL results <p>Note: <i>Laboratory turn-around-time is define as time from specimen dispatch to results reported.</i></p>	<p># Ticked _____</p>	<p>If 0-2= Yellow</p> <p>If 3= Green</p>
	SCORE		