SIMS

SITE IMPROVEMENT THROUGH MONITORING SYSTEM (SIMS)

Implementation Guide

Version 4.2, August 15, 2022

Goals of SIMS 4.2

- ✓ Integrate SIMS into broader framework(s) for analysis, management, and improvement

- ✓ Tailored, nimble, responsive site selection and implementation based on performance, program needs, and programmatic gaps

- ✓ Actionable to drive improvement or sustain quality

3 Types of Site Level Assessments

- ➢ **Comprehensive Assessment** is the initial assessment at a site location. All relevant standards (Required and Supportive CEEs) should be assessed.
- ➢ **Concentrated Assessment** is conducted for specific program standards and should be done as part of site supervision activities (Technical visits, DQA, CQI, etc.).
- ➢ **Follow-Up Assessment** determines whether all CEEs that scored red or yellow during a prior assessment have improved (i.e., red or yellow to green).

Assessment Tool

Site Level Tool

Site assessments are conducted at both facility and community sites (i.e., places where services are provided). Examples include clinics, hospitals, laboratories, and 'standalone' structures.

Core Essential Elements (CEEs)

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 PEPFAR minimum standard.

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

Organization of SIMS Site Level Master CEE Library

Set #	Set Name
SET 1A	General
SET 1B	Commodities Management
SET 1C	Data Quality
SET 1D	Infection Prevention Control
SET 2A	Care and Treatment-General Population
SET 2B	Care and Treatment for HIV Infected Children
SET 3A	Key Populations-General
SET 3B	Care and Treatment – Key Populations
SET 4A	Preventing Mother to Child Transmission, Antenatal Care, Postnatal, and Labor and Delivery
SET 4B	HIV Exposed Infants
SET 5	Voluntary Medical Male Circumcision
SET 6	Adolescent Girls and Young Women and Gender-based Violence
SET 7	HIV Testing Services
SET 8	Tuberculosis Treatment Service Point
SET 9	Methadone or Buprenorphine Medication Assisted Treatment
SET 10	Laboratory

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

SIMS v4.2 Implementation Guide, August 15, 2022

CONTENTS

SIMS v4.2 Implementation Guide, August 15, 2022

SIMS v4.2 Implementation Guide, August 15, 2022

Acknowledgements

Figures

Tables

SIMS v4.2 Implementation Guide, August 15, 2022

INTRODUCTION

The SIMS 4.2 Implementation Guide (this document) provides instructions for United States Government (USG) staff and Implementing Partners (IPs) on the operationalization and implementation of SIMS in PEPFAR-supported Operating Units (OUs). The most recently approved version is posted on DATIM Support.

1.1 PURPOSE AND STRUCTURE OF SIMS

Site Improvement through Monitoring System (SIMS) was launched in June 2014 as a new initiative to respond to PEPFAR priorities of transparency, accountability, and maximizing impact on the HIV epidemic. SIMS is a quality assurance methodology used to increase the impact of PEPFAR programs on the HIV epidemic through standardized monitoring of the quality of services at the site is a PEPFAR-wide requirement for all OUs.

SIMS is grounded in quality standards against which performance can be assessed and areas for improvement identified. Importantly, Quality Assurance (QA) and Quality Improvement (QI) are distinct but intersecting and essential program components; QA and QI are not mutually exclusive terms, and neither can be successful without the other (Figure 1). As such, the outcome of SIMS assessments should be action-oriented and used to drive change and improvement.

Figure 1. SIMS within the Context of Quality Assurance and Quality Improvement

SIMS v4.2 Implementation Guide, August 15, 2022

1.2 **HIV EPIDEMIC CONTROL AND QUALITY**

As HIV programs strive to reach and sustain HIV epidemic control, the quality of person-centered programs and services at the site and above site level is critical (Figure 2). This emphasis on improving outcomes and increasing impact, while keeping the person at the center, is reflected in PEPFAR updates to the [Monitoring Evaluation and Reporting indicators (MER)](#), inclusion of beneficiaries of services in [Expenditure Reporting (ER)](#), and focus on Minimum Program Requirements (MPRs) as articulated in the COP/ROP 2022 Guidance.

PEPFAR recommends that OUs that have met their MPRs confirm the quality of reported results at the site level, using two key data sources, both SIMS and MER. The combination of SIMS and MER at the site level will be known as minimum site standards (MSSs). To ensure that OUs are achieving implementation of MPRs, tracking both data sources verifies foundational elements to attain epidemic control are in place, and can sustain quality results into the future.

See figure 3.2.2.1 in [PEPFAR 2022 COP/ROP Guidance](#) for a listing of SIMS CEEs mapped to each MPRs

SIMS v4.2 Implementation Guide, August 15, 2022

1.3 SIMS SUPPORTING MATERIALS

The SIMS Implementation Guide (this document) provides instructions for United States Government (USG) staff on the operationalization and implementation of SIMS in PEPFAR-supported OUs. Use of this guide should promote best practices and ensure alignment of SIMS operating procedures with applicable national and institutional policies and guidelines. Other SIMS supporting materials include SIMS Site Level Master CEE Library. Version control of all official SIMS documents will be maintained by the Office of the U.S Global AIDS Coordinator and Health Diplomacy (S/GAC), in coordination with HQ Implementing Agencies. The most recently approved versions of SIMS documents are posted on [DATIM Support](#).

2.0 SIMS REQUIREMENTS

All OUs must meet SIMS requirements. This section of the guide includes expectations for (1) prioritization of SIMS Assessments site, (2) conducting SIMS assessments, and (3) SIMS assessment types and tools to use.

2.1 PRIORITIZATION OF SIMS ASSESSMENTS

OUs must submit a single completed SIMS Site Prioritization list for each fiscal year to [SGAC_SIMS@state.gov by October 1](#). Each year SGAC Coordination will send out a reminder in August with the annual tool for completion by the OU interagency team. The aggregate number of planned assessments is entered into DATIM to track plans compared to completion. This is not a target.

Importantly, this is a planning tool and can be modified quarterly. Current and historical SIMS Site Prioritization lists are posted on the SIMS page on the [Site Improvement through Monitoring System (SIMS) - Home (sharepoint.com)](#).

- OUs should work collaboratively in the interagency space to complete the SIMS Prioritization Lists and use this planning exercise to ensure efficient implementation, especially to use data and learn from effective TA, QI, or CQI efforts for remediation
- OUs must provide a justification/rationale for selections included in the completed SIMS Prioritization list.
- Military sites should NOT be included in the OU's SIMS Prioritization list. Instead, a list of Department of Defense (DoD) military sites to be visited should be submitted to agency HQ.
- There is no preset minimum or maximum number of sites to be assessed in each FY, however if the OU will not use SIMS, a waiver is needed. In requesting a waiver, the OU should provide details as to how the OU will ensure quality services in the absence of SIMS. A waiver should be requested from the PEPFAR Country Coordinator to SGAC_SIMS, after discussing with the Chair and PEPFAR Program Manager. Agency POCs should also be engaged in the discussion and a copy of the waiver shared with the agency HQ SIMS POC.
- SIMS Prioritization lists will be posted on the SIMS SharePoint site.

2.2 CONDUCTING SIMS ASSESSMENTS

To improve or maintain compliance with quality standards across areas of PEPFAR support, SIMS assessments are conducted at the site level.

Site Assessments[1] are conducted at both facility and community sites (i.e. places where services are provided). Definition of facility and community site aligns with MER and are taken from the DATIM Site list. Examples of facility sites include clinics, hospitals, laboratories, and other 'brick and mortar' structures where services are provided. Community sites include 'assessment points' that are providing services directly to the community. Site level programs include activities at the point of service delivery and may or may not involve direct interaction with a beneficiary, as per ER. Site level programs may support Direct Service Delivery (DSD) or Technical Assistance-Service Delivery Improvement (TA-SDI) as per MER.

2.3 SIMS ASSESSMENT TYPES

To ensure SIMS is action-oriented and results in remediation and improvement, PEPFAR includes three types of SIMS assessments– Comprehensive, Follow-up, and Concentrated:

1. **Comprehensive Assessment** is a baseline initial assessment conducted at a specific site location for an implementing mechanism (IM). All relevant standards (Required and Supportive Core Essential Elements[2]) should be assessed. The Comprehensive assessment will assess compliance with minimum program requirements, implementing mechanism specific program areas, and key site management standards. [For more information on using SIMS as a metric for minimum program requirements refer to SIMS_MER_MPR crosswalk Appendix 8 for more details]. **Only** USG staff and SGAC approved third-party contractors may conduct Comprehensive assessments at the site-level* when data is being submitted to DATIM. USG staff are responsible for ensuring that results from Comprehensive assessments are entered into agency systems.

2. **Concentrated Assessment** is conducted by USG staff[3] to assess specific program standards Assessors may select Required and/or Supportive CEEs for IP supported program areas. Concentrated SIMS assessments are not intended to be the sole reason for the site visit. These visits should be conducted as part of the site supervision activities (Technical visits, DQA, EQA, CQI, QI etc.). Context for the concentrated assessments should be documented on the SIMS assessment coversheet.

3. **Follow-Up Assessment** is conducted to determine whether all CEEs that scored red or yellow during a prior assessment have been remediated (i.e., red, or yellow to green). As such, *only CEEs that scored red or yellow in a previous assessment are required to be re-scored during a Follow-up assessment*. However, additional CEEs may be added based on site's need or implementing partner (IP) supported areas. *[Note: See Section 2.4.1 Organization of SIMS Assessment Tools for explanation of color-based scoring.]* Follow-up assessments should be conducted within 6 months

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[1] *Note: definitions below are aligned with MER and ER where feasible and applicable*

[2] See Section 2.4.2 Required vs Supportive CEEs for definitions of Required vs Supportive Core Essential Elements (CEEs).

[3] Refer to Section 6.0 for details on conducting a remote SIMS assessment for specific CEEs with this allowance, which will be led/conducted by USG staff who are offsite but will require support from IP and facility staff to coordinate CEE assessment at the physical site.

SIMS v4.2 Implementation Guide, August 15, 2022

of the prior assessment. It is expected that remediation activities will have occurred in the intervening months to address the challenges and bottlenecks previously identified. OUs are responsible for determining whether the IP or USG staff will conduct the Follow-up assessment based upon a review of the findings from the prior visit. Whenever it's agreed that Follow-up assessments will be conducted by IP staff, guidance on the appropriate process to be adopted (in-person, fully virtual or hybrid with at least one staff in-person on site) must be provided by USG staff in-country. If the IP conducts the Follow-up assessment, the IP should coordinate with USG staff to review and agree on scores from reassessed CEEs. USG staff are responsible for ensuring the results from the rescored CEEs for both USG and IP led Follow-up assessments are entered in agency systems. Additional CEEs may be added based on site's need or implementing partner supported areas.

2.3.1. MINIMUM SITE STANDARDS USING SIMS

In COP22, PEPFAR recommends that OUs that have met their minimum program requirements (MPRs) confirm the quality of reported results at the site level, using two key data sources, both SIMS and MER. The combination of SIMS and MER at the site level will be known as minimum site standards (MSS). To ensure that OUs are achieving implementation of MPRs, tracking both data sources verifies foundational elements to attain epidemic control are in place, and can sustain quality results into the future. (For more information on using SIMS as a metric for minimum program requirements refer to SIMS MPR crosswalk for more details).

2.3.2 DATA COLLECTION OPTIONS (IN PERSON AND REMOTE)

In developing SIMS 4.2, all CEEs were reviewed against criteria that would allow for remote data collection. Remote data collection enables staff to participate in the assessment remotely using approved communication tools that ensure safety and security of personally identifiable information (PII) data, clients, and staff.

The table below describes options for assessing specific CEEs either remotely or in person. SIMS data should not be collected remotely from CEEs that require visualization of client charts, or any materials where personally identifiable information (PII) may not be able to be masked easily.

Data Collection Options	CEEs Numbers by Set
Remote or in-person	**Set 1:** All of Set 1A, 1B, 1C, and 1D **Set 2A**: 02_06, 02_13, 02_15, 02_16 **Set 2B:** 02_21, 02_24, 02_30 **Set 3A:** 03_01, 03_03, 03_04, 03_06, 03_07 **Set 3B:** 03_20, 03_22, 03_23 **Set 4A**: 04_06 **Set 4B:** 04_16, 04_21 **Set 5:** 05_02 **Set 6:** 06_01, 06, 02, 06_03, 06_05, 06_06 **Set 7**: 07_02, 07_04, 07_05, 07_06, 07_07, 07_08, 07_09, 07_10, 07_11, 07_12, 07_13 **Set 9**: 09_03, 09_05 **Set 10:** 10_01, 10_02, 10_03, 10_04, 10_05, 10_06, 10_07, 10_08, 10_09

SIMS v4.2 Implementation Guide, August 15, 2022

Remote *with conditions* to safeguard PII or in-person	**Set 2A**: 02_01, 02_02, 02_03, 02_05, 02_08, 02_12, 02_14, 02_17 **Set 2B**: 02_18, 02_19, 02_23, 02_25, 02_29, 02_32, 02_33 **Set 3A**: 03_05 **Set 3B**: 03_08, 03_09, 03_10, 03_12, 03_15, 03_19, 03_21, 03_24 **Set 4A**: 04_01, 04_02, 04_04, 04_08, 04_12, 04_13, 04_14 **Set 4B**: 04_15, 04_19 **Set 5**: 05_03 **Set 7:** 07_01, 07_03
In-person only (includes a chart review and should not)	**Set 2A:** 02_04, 02_07, 02_09, 02_10, 02_11 **Set 2B:** 02_34, 02_22, 02_26, 02_27, 02_28 **Set 3A:** 03_02 **Set 3B:** 03_11, 03_14, 03_16, 03_17, 03_18 **Set 4A**: 04_03, 04_07, 04_09, 04_10, 04_11 **Set 4B**: 04_17, 04_18, 04_20 **Set 5:** 05_01 **Set 6:** 06_04, 06_07, 06_08 **Set 8:** 08_01, 08_02 **Set 9**: 09_01, 09_02, 09_04

In the case that an OU or agency has a pre-existing documented allowance to collect data, including SIMS, remotely, this supersedes the SIMS 4.2 guidance and can remain in place. Please share this documentation to allow for virtual data collection to SGAC_SIMS@state.gov and your agency POC.

2.4 SIMS ASSESSMENT TOOLS

SIMS assessments conducted at the site level should utilize the SIMS Site Level CEEs to build out a tailored assessment tool for use at the site. As mentioned above, locations included in the SIMS Prioritization List will receive a Comprehensive assessment. Sites will receive a Follow-up assessment if any CEEs score red or yellow during the previous assessment.

2.4.1 ORGANIZATION OF SIMS ASSESSMENT TOOLS

The SIMS Site Level CEE Library is divided into Sets. Each Set aligns with one or more- programmatic area(s)and consists of Core Essential Elements that align with established program quality standards. Adherence or compliance with a CEE standard is measured through a series of questions that progressively assess the site against that standard. Therefore, as an assessor advances through CEEs, they are provided with answers to whether or not that site 'meets' the PEPFAR standard.

Table 1. Organization of the Master SIMS Site Level CEE Library by Sets

Set #	Set Name
SET 1A	All Sites – General
SET 1B	All Sites – Commodities Management
SET 1C	All Sites – Data Quality
Set 1D	All Sites – Infection Prevention Control (IPC)
SET 2A	Care and Treatment-General Population (Non-Key Populations Facilities)
SET 2B	Care and Treatment for HIV-Infected Children
SET 3A	Key Populations-General
SET 3B	Care and Treatment – Key Populations (C&T KP)

SIMS v4.2 Implementation Guide, August 15, 2022

SET 4A	Preventing Mother to Child Transmission (PMTCT), Antenatal Care (ANC), Postnatal, and Labor and Delivery
SET 4B	HIV Exposed Infants (HEI)
SET 5	Voluntary Medical Male Circumcision (VMMC)
SET 6	Adolescent Girls and Young Women (AGYW), Gender-based Violence (GBV), and Orphans and Vulnerable Children (OVC)
SET 7	HIV Testing Services (HTS)
SET 8	Tuberculosis (TB) Treatment Service Point
SET 9	Methadone or Buprenorphine Medication Assisted Treatment (MAT)
SET 10	Laboratory

The Sets have been color-coded to aid in grouping and assignment of CEEs to a given Set. CEEs are used to score the site's achievement against an established standard using a three-colored scoring system. Information on the layout of CEEs, along with the scoring convention, are described below:

1. **CEE Title and Unique Identification (UID) Numbers:** The CEE Title provides an abbreviated description of the activity or service delivery function being assessed. Each CEE has a UID number.

   Note: As some CEEs are repeated within a tool to enable the CEE to be assessed in different program areas, locations, beneficiary groups, or levels, each CEE also has a coded identification number that is used to link results from the assessment tools to an electronic database.

2. **Standard:** SIMS CEEs are built on program quality standards for PEPFAR programs. In many cases these are aligned with World Health Organization (WHO), and PEPFAR evidence or guidelines and/or by documentation of best practices (such as, technical publications), and reflected in national policy.

   Note: Prior to any modification or adaption of any SIMS standards, requests should be submitted to SGAC_SIMS@state.gov to initiate discussion and resolution with implementing agency representatives.

3. **Instructions**: Some CEEs contain specific instructions within the CEE that provide additional guidance on completion, remote assessment criteria, and/or scoring of the CEE. In addition, to allow flexibility and tailoring of the tool to align with services provided at a specific site, some CEEs enable the user to 'opt out' of including a required CEE in the assessment tool by selecting the "NA box" within the CEE. For example, if services related to a specific required CEE are not offered at a site or unable to be assessed remotely the NA box should be selected.

4. **Comment:** During the SIMS assessment, the individual completing the assessment (i.e., the SIMS assessor) may need to capture comments that provide additional information or context.

SIMS v4.2 Implementation Guide, August 15, 2022

5. **Assessment Questions**: Each CEE is composed of a series of questions that are used to progressively assess the site against the standard. Where there are multiple questions, the flow of the questions builds upon the previous question, progressively assessing progress towards achievement of the standard. The assessment of a specific CEE is complete once an answer yields a color or final score, therefore all questions within the CEE do not need to be asked during the assessment if a result has already been obtained in a previous question. Once a score has been reached, assessors should enter any comments in the Comment box (as appropriate) and move to the next CEE to continue the assessment. Questions that require visual inspection of documents, charts/registers, or materials, or a verbal check have been designated as such in the paper-based tools (Table 2). The split screen icon has been introduced in this guide and the SIMS tool to denote those CEEs that may be assessed remotely.

Table 2. 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 any assessor 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

6. **Question Score:** The assessor will score the response to the first question in the CEE and either a color-coded score (red, yellow, green) will be assigned, or the assessor will proceed to the next question within the CEE. The assessment process continues until a color-coded score is reached for that CEE. Note that the color order of CEEs flows from red to yellow and finally green. Some questions rely on Yes/No answers to arrive at the question score whereas others may use a numerical value, percentage, number of ticked boxes, or a response answer number to derive the question score. In a subset of CEEs, more than one question may lead to a final score of red or yellow. Once a color-coded score has been derived, no further questions within the CEE should be assessed.

SIMS v4.2 Implementation Guide, August 15, 2022

Note: Supplemental information and references are included within the body of some CEE questions as 'Notes' to provide additional guidance to assessors in determining the score for a question.

7. **Final Score:** The final score for the CEE is entered in the SCORE box located at the bottom of the CEE and the result documented in the SIMS assessment Dashboard. CEEs are designed to highlight whether a problem exists; the scoring system does not provide detailed information about the problem or why the problem is occurring. Assessors may use the Comment field to provide additional information that may inform remediation. Investigation into the root cause and documentation of proposed corrective actions should be part of the remediation process triggered by a red or yellow score.

Table 3. 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

2.4.2 REQUIRED AND SUPPORTIVE CEES

SIMS CEEs are grouped into Required and Supportive CEEs. Table 4 below provides additional information on required and supportive CEEs and their selection and use in SIMS assessments. SIMS CEEs are grouped into Required and Supportive CEEs.

Table 4: Description of CEEs to Assess, by SIMS Assessment Types

Assessment Type	Conducted by	CEEs to be Assessed
Comprehensive	USG	**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 related service is not being provided at that site. As an example, 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 although the IP may not have specific funding for supply chain management. **Supportive CEEs:** select from supportive CEEs related to the IP's scope of work and rationale for why the site was selected for assessment. The field office should determine which Supportive

SIMS v4.2 Implementation Guide, August 15, 2022

		CEEs should be assessed based on their understanding of program and evidence of performance challenges or successes, program needs and program gaps. For example, if the program supports VMMC, all CEEs Set 5 are supportive and should be assessed
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 conduct 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.

3.0 SIMS TOOLKIT

The SIMS Toolkit refers to a collection of assessment tools, policies, procedures, and other supporting documents required to plan and conduct SIMS assessments.

3.1 SIMS SITE LEVEL MASTER CEE LIBRARY

The SIMS 4.2 Site Level Master CEE Library is posted for USG on DATIM support. The Master CEE Library are used to create a tailored tool for each SIMS assessment.

If necessary, translation of the SIMS CEEs can be resourced at the OU level with leadership of the SIMS interagency team. Related documents, as well as a copy of the translation must be shared with SGAC so that other OUs may benefit from the resources invested. Please email SGAC_SIMS@state.gov with any updates.

3.2 SIMS COVERSHEET

The Coversheet (Appendix 1) provides an overview of the entire assessment, and is used to collect information on the agency, partner, site, and the type of assessment, including if it was conducted remotely. The SIMS Coversheet is completed for each assessment and requires assignment of an Assessment ID. This is a unique identifier that allows any data collection and storage system to keep the information about each visit distinct. The Coversheet is also used to guide the SIMS Assessor through the process of selecting and assembling the appropriate Sets and CEEs into a tailored tool that will be used for a specific site. For most agencies, the coversheet information is captured when configuring the assessment within the agency specific SIMS application.

3.3 SIMS DASHBOARD

The Dashboard (Appendix 2) is formatted as a table that lists all the CEEs with space to indicate the color score for each CEE at a given site. The SIMS Dashboard should be customized for each assessment to only include the CEEs that were assessed during the visit. The Dashboard serves as a starting point for developing an action plan with the relevant IP.

3.4 SAFEGUARDING AND CONFIDENTIALITY AGREEMENT

The Confidentiality Agreement (Appendix 3) documents the agreement of SIMS team members to safeguard the confidentiality of patient names and site locations. Each staff member conducting SIMS assessments should have a signed copy of the Confidentiality Agreement on file at the agency office (the document just needs to be signed once). Names and/or identifiers should never be disclosed at any time, and assessors shall not discriminate in any way against beneficiaries of PEPFAR-funded projects, nor against the staff who serve those beneficiaries. Identifiable information on the site and implementing partner will only be collected and stored in a secure USG-approved data management system.

In the case of remote data collection, video collection should be careful to protect clients, staff, and mask/blur or block any personal identifiable information (PII).

Here are examples of appropriate ways to view data in logbooks and registers without displaying PII on camera.

Example 1. Acceptable View of paper register for review.

SIMS v4.2 Implementation Guide, August 15, 2022

Example 2A. Acceptable View of Electronic Patient Register.

Index Information						Contact Information										Notificat...
1	2/3	4	5	6/7	8	9	10	11		12	13	14	15	16	17 18 19	20	21	22
S/N°	ART Code/ Testing Code	Telephone number	Address (As detailed as possible)	Age	S/N°	Code of Contact Person	Relation with the index*	Phone numbers		Age	Sex	Profession	Knowledge of Contact's HIV Status**	Method of notification***	Dates of notification	Notification outcome±	Date of test	Place of test¥
Date	Date du test	Profession		Sex				1st	2nd						(1) (2) (3)			
				☐M ☐F			☐BPA ☐BCI ☐SC ☐Oth (sp)				☐F ☐M	☐Mil-a ☐Mil-r ☐Civ	☐UK ☐Neg ☐P+ART ☐P-ART	☐SP ☐Cont ☐Ind ☐DN ☐SR		☐AT ☐RT ☐P+ART ☐P-ART ☐RNR		☐HF ☐Com
							☐BPA ☐BCI ☐SC ☐Oth (sp)				☐F ☐M	☐Mil-a ☐Mil-r ☐Civ	☐UK ☐Neg ☐P+ART ☐P-ART	☐SP ☐Cont ☐Ind ☐DN ☐SR		☐AT ☐RT ☐P+ART ☐P-ART ☐RNR		☐HF ☐Com
							☐BPA ☐BCI ☐SC ☐Oth (sp)				☐F ☐M	☐Mil-a ☐Mil-r ☐Civ	☐UK ☐Neg ☐P+ART ☐P-ART	☐SP ☐Cont ☐Ind ☐DN ☐SR		☐AT ☐RT ☐P+ART ☐P-ART ☐RNR		☐HF ☐Com
		☐ Mil-a ☐ Mil-r ☐ Civ		☐F			☐BPA ☐BCI ☐SC ☐Oth (sp)				☐F ☐M	☐Mil-a ☐Mil-r ☐Civ	☐UK ☐Neg ☐P+ART ☐P-ART	☐SP ☐Cont ☐Ind ☐DN ☐SR		☐AT ☐RT ☐P+ART ☐P-ART ☐RNR		☐HF ☐Com

Example 2B. Acceptable View of Electronic Patient Register.

FOLLOW-UP OF POSITIVE CLIENTS NOT LINKED TO ART

S/N	HTS Code	Sex (M/F)	Date of Birth / Age (Years)	Phone number	Date tested HIV+	1st Attempt			2nd Attempt			3rd Attempt			4th Attempt			...
						Date	Type/Method	Tracking Outcome	Date	Type/Method	Tracking Outcome	Date	Type/Method	Tracking Outcome	Date	Type/Method	Tracking Outcome	Date Type/M...
							☐ Call ☐ SMS ☐ Home visit ☐ Others (specify)	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted		☐ Call ☐ SMS ☐ Home visit ☐ Others (specify)	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted		☐ Call ☐ SMS ☐ Home visit ☐ Others (specify)	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted		☐ Call ☐ SMS ☐ Home visit ☐ Others (specify)	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted	☐ Call ☐ SMS ☐ Hon ☐ Oth (sp
							☐ Call ☐ SMS ☐ Home visit ☐ Others (specify)	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted		☐ Call ☐ SMS ☐ Home visit ☐ Others (specify)	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted		☐ Call ☐ SMS ☐ Home visit ☐ Others (specify)	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted		☐ Call ☐ SMS ☐ Home visit ☐ Others (specify)	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted	☐ Call ☐ SMS ☐ Hon ☐ Oth (sp
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							☐ Call ☐ SMS ☐ Home visit ☐ Others	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted		☐ Call ☐ SMS ☐ Home visit ☐ Others	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted		☐ Call ☐ SMS ☐ Home visit ☐ Others	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number ☐ Patient contacted		☐ Call ☐ SMS ☐ Home visit ☐ Others	☐ Phone off ☐ Unanswered call ☐ Call rejected ☐ Wrong number	☐ Call ☐ SM ☐ Hon ☐ Oth

SIMS v4.2 Implementation Guide, August 15, 2022

Example 4. An Unacceptable View Electronic Patient Register (Infants name is displayed)

Exposed Infant Number	Date of Registration	Infant's Surname / Infant's First Name	Sex	Date of Birth	Clinic Referred From	Age & Date at NVP initiation (months)	Age & Date Cotrim Initiation (months)	Mother's Surname / Mother's First Name	Mother's ANC No / Mother's ART No	Mother's ARVs for PMTCT			Infant's ARVs for PMTCT (use codes)	1st PCR Test					
										Ante-natal	Deli-very	Post-natal		Date DBS Collected	Age at 1st DBS (months)	Infant Feeding Status	Result	Date result received	Date given to caregiver
		Surname / First Name				If given at birth, write "At birth"		Surname / First Name	ANC No / ART No	Code	Code	Code	Code			Code			
		Surname / First Name				If given at birth, write "At birth"		Surname / First Name	ANC No / ART No	Code	Code	Code	Code			Code			
		Surname / First Name				If given at birth, write "At birth"		Surname / First Name	ANC No / ART No	Code	Code	Code	Code			Code			
		Surname / First Name				If given at births, write "At birth"		Surname / First Name	ANC No / ART No	Code	Code	Code	Code			Code			

3.5 INFORMATION ON PEPFAR SIMS ASSESSMENT FORM

The Information on PEPFAR Site Assessment Form (Appendix 4) is read to the site staff prior to each SIMS assessment. The form outlines the purpose of SIMS and the visit, the voluntary nature of the assessment for site staff, and the collection and use of the SIMS data. The form is signed by the SIMS Assessment Lead (only USG signature is required) and is kept on file in a secure location at the OU's office(s) after completion of the visit. Appendix 4 also includes recommended talking points for the SIMS Assessment Inbrief.

3.6 SIMS WORKSHEETS

SIMS worksheets (Appendix 6) are provided to facilitate easy recording of information (especially for chart reviews) when assessing a CEE. These are highly recommended even if a tablet or laptop is being used during the assessment. Note that worksheets represent source documents and therefore should be retained with the other assessment documentation.

4.0 OPERATING UNIT/AGENCY SIMS COORDINATION & MANAGEMENT

4.1 OU/AGENCY SIMS COORDINATION

Interagency SIMS Coordination Teams should be created to facilitate efficient planning and standardized implementation of SIMS across the portfolio. This may involve training staff, preparing guidance for applying unique criteria per local policies, adapting the tools, etc. The Coordination Teams should also ensure efficient collection, management, exchange, and integrated analysis of SIMS data to inform action and improvement.

With the introduction of Concentrated assessments in SIMS 4.2, there should be proactive collaboration between SIMS, quality improvement (QI/CQI), and technical experts to find ways to best achieve and sustain PEPFAR minimum standards.

4.2 MANAGEMENT AND OPERATIONS (M&O)

It is likely each PEPFAR staff will be contributing some level of effort towards organizing and managing the implementation of SIMS. Minimum tasks may include:

- Assuring adequate assessment team composition, training, and readiness (materials and communications)
- Securing transportation and travel logistics
- Site visit coordination and communication with both IP and the sites themselves, and
- Monitoring the ongoing conduct of Comprehensive, Follow-up, and Concentrated site assessments to assure coverage.

4.3 STAFF CAPACITY AND TRAINING

All SIMS Assessors are required to complete a SIMS training that is conducted by an experienced SIMS trainer or complete the online e-learning introductory course "SIMS 100: Introduction to Site Improvement through Monitoring System" on the PEPFAR Virtual Academy. The certificate received

SIMS v4.2 Implementation Guide, August 15, 2022

after staff successfully complete the SIMS 100 online course should be retained. A webinar on use of SIMS 4.2 will be available in 2022 for reference.

In addition, it is recommended that SIMS assessors engage in on-going capacity building to implement SIMS, facilitate action planning, and use of the data.

OUs should maintain a current roster of staff who have completed the required SIMS 100 training that includes the staff member's name, ID number, date, and information on which training(s) the staff member has completed. Agencies are responsible for ensuring that staff members have met the training requirements before conducting an assessment. OUs and HQ (Headquarter) Agencies should provide periodic trainings as needed (virtual or otherwise), have a system to track training of participants, and ensure the quality and consistency of the trainings delivered. Recommendations include integrating SIMS refresher training into regular staff orientation/trainings. An experienced SIMS assessor should mentor new assessors during their first SIMS visit.

4.4 AGENCY-SPECIFIC REQUIREMENTS

4.4.1 **CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

Each CDC country team should:
1. Be responsive to HQ requirements for implementation of a site monitoring system and reporting of the core essential elements
2. Have clearly defined staff roles and responsibilities for implementation of SIMS and collection and reporting of the CEEs
    a) Staff roles should include the following: SIMS Lead/Coordinator, Logistics Coordinator, Data Steward, and SIMS Assessor(s) with representation from all major program areas.
3. Maintain functioning logistics system in country for planning and reporting site visits
4. Have defined procedures in place for responding to issues identified through SIMS, including standard documentation that is disseminated appropriately.

4.4.2 **DEPARTMENT OF DEFENSE (DOD)**

Special considerations for conducting SIMS assessments at military sites include:
1. Obtain permission from Ministry of Defense (MOD) authorities before each visit
2. Schedule visits in consultation with partner military and site staff
3. MOD must clear all staff conducting SIMS before each assessment
4. Partner military personnel will participate in SIMS assessment visits
5. Site-level data will be shared with partner militaries, and remediation plans will be developed in collaboration with military partners and implementing partners
6. Site-level data from mil-mil programs will not be publicly available. Refer to agency-specific guidance for further information.

4.4.3 **DEPARTMENT OF STATE**

No specific considerations.

SIMS v4.2 Implementation Guide, August 15, 2022

4.4.4. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

1. HRSA maintains responsibility for all SIMS visits, coordinating closely with in-country CDC and other USG staff, implementing partners, and sites to prepare for SIMS assessments. HRSA and CDC continue to seek opportunities to minimize logistical burden and maximize efficiency, information sharing (including the inclusion of HRSA as a USG agency in data sharing agreements), and program improvement in the planning and conduct of SIMS.

2. HRSA should have clearly defined staff roles and responsibilities for implementing SIMS and collecting and reporting SIMS results.
   a) Staff roles should include the following: HRSA SIMS Coordinator, SIMS Assessment Team Lead, SIMS Assessors (clinical and programmatic), and Data Steward. These roles will consist of the Country POC and Project Officer, as applicable.
   b) Functioning logistics system at HQ for planning and reporting site visits and transferring SIMS data to S/GAC.

3. All HRSA staff involved with the planning and implementation of SIMS are required to complete SIMS Training.

4. HRSA project officers and country POCs will manage the following activities and work with their IPs, as applicable:
   a) Develop an annual site prioritization list based on new sites and other identified criteria
   b) Prepare for assessments, including virtual and self-assessments, when conditions do not permit in-person assessments
   c) Develop and implement corrective action plans and TA with prioritized activities, deadlines, benchmarks, and identified additional resources needed to ensure timely and appropriate resolution of issues.
   d) Ensure timely Follow-up assessments, as needed.

5. HRSA will continue discussions with in-country PEPFAR teams, primarily CDC staff in countries where CDC assists with HRSA partner management support, to assess program scopes of work related to quality management to leverage and maximize PEPFAR investments.

4.4.5 PEACE CORPS

Peace Corps does not currently participate in SIMS. Peace Corps piloted the SIMS tools and determined the tools did not align well with the Peace Corps model due to the timing of visits and concerns around the security of Volunteers. Peace Corps continues to engage in the SIMS process at Headquarters to see opportunities to participate. Peace Corps is also committed to monitoring the quality of its programs through ongoing monitoring and evaluation, regular site visits, and in-depth programmatic reviews.

4.4.6 U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

1. The USAID Mission team should be responsive to the implementation and reporting requirements of SIMS. To ensure adherence to SIMS requirements, teams should:
   a) Utilize the SIMS Prioritization List to plan required assessments, monitor completion of required assessments, and track needed remediation visits for each implementing mechanism.
   b) Employ practices to ensure SIMS data quality.

SIMS v4.2 Implementation Guide, August 15, 2022

      c) Perform routinely comprehensive analysis of the SIMS data to inform quality improvement as well as potential technical assistance or capacity-building.

      d) Integrate routine utilization of SIMS data in portfolio management; and

      e) Ensure timeliness of SIMS data submission.

2. Each USAID Mission team should have clearly defined staff roles and responsibilities for SIMS implementation and data use. This includes the following considerations:

      a) SIMS roles and responsibilities should be designated across program areas.

      b) AORs/CORs should review SIMS findings for their programs quarterly and work with in-country SIMS POC and relevant technical leads to ensure that IPs conduct Follow-up SIMS visits and implement quality improvement activities, as needed.

      c) For missions utilizing contractors, routine communication and data flow processes between contractors and USG staff must be developed. .

      d) Staffing needs for SIMS should be routinely assessed.

3. USAID Mission teams utilizing third-party contractors must incorporate the following into their SIMS planning:

      a) Ensure that proposed contractors do not have an organizational conflict of interest (OCI).

            i. For current bilateral contracts or proposed procurements, consult both the local Contracting Officer (CO) and Regional Legal Officer (RLO) in identifying potential OCI issues. Document your OCI determination process and rationale in a memorandum (*consulting and referencing FAR subpart 9.5, ADS 302, and CIB99-17*). Contractors should also have a process to ensure that individuals performing SIMS visits do not have a personal conflict of interest relative to the assessed site.

           ii. Obtain RLO and CO clearance on the memorandum.

          iii. Submit documents to agency SIMS POC for OHA review and concurrence.

          iv. OHA will communicate to SGAC that the mission has followed the appropriate Agency process for OCI determination.

      b) To validate results, USG staff must visit ten percent of sites visited by contractors.

      c) USG staff must meet with contractor staff to review and sign off on their findings. Any subsequent activities to address SIMS results are the responsibility of USG staff in collaboration with the partner(s) responsible for the site.

4. Issues with SIMS that arise should be brought to the attention of USAID/HQ either through the Office of HIV/AIDS Senior Country Associates or USAID SIMS POCs.

Note: Personal conflicts of interest may include recent prior employment or close family members employed by the implementer/site being assessed. Please consult your RLO for further details.

SIMS v4.2 Implementation Guide, August 15, 2022

5.0 PREPARING FOR THE SIMS ASSESSMENT

5.1 IN-PERSON AND REMOTE ASSESSMENTS

Beginning with SIMS 4.2, a remote assessment approach will be permissible for select CEEs. A remote assessment, which will not require the presence of any assessor to be physically on-site to conduct a Comprehensive, Follow-up, or Concentrated SIMS Assessment. (*Note: Follow-up Assessments can be conducted by IP staff and as such do not require USG staff on-site or connected through a virtual platform.*)

The following criteria are necessary for collecting SIMS CEEs remotely:

- Video-conferencing technology exists (with local approval, if applicable) at remote, and on-site locations to facilitate collective understanding, ease of assessment, and oversight.

- Confidentiality and security of client/patient information can be maintained throughout the entire remote assessment (Section 5.6).

  - IP (remote or in-person) and site staff are available to ensure that physical site features, materials, and documentation can be viewed, and that necessary staff are available for videoconferencing as needed to conduct the SIMS assessment, including the Inbrief and Outbrief.

- Absolutely no Protected Health Information/Personally Identifiable Information (PHI/PII) should be sent electronically or presented on camera at any time. Safeguards should be in place, for example, cardboard strips that can be placed on top of registers or other documentation and used to cover PHI/PII if the data source (e.g., clinical register) needs to be presented on camera. Skip CEEs that require chart review to avoid potential exposure of PHI/PII.

- SIMS CEEs that have been determined to impose a minimal burden to a site for remote collection, do not involve a risk of exposing clients visibly on camera during a walkthrough or their unmasked PII during documentation review, and do not involve a chart review have been noted through the remote icon as being permissible to assess remotely.

- USG staff SIMS Assessors should use their discretion when determining if individual site conditions would warrant a different decision (and document these decisions) regarding the ability to conduct a remote assessment and individual CEE assessments (i.e., facility bandwidth and connection consistency and whether the appearance of the data containing PII would allow for confidence in data-masking)

- If the in-country PEPFAR team has a documented agreement allowing for chart reviews or other aspects of a remote SIMS assessment that are less restrictive than this guidance, then the respective in-country agreement should be honored.

- After the necessary site-level remediation has occurred, Follow-up assessments should be prioritized over completing more Comprehensive SIMS assessments when gathering and travel restrictions are in place.

SIMS v4.2 Implementation Guide, August 15, 2022

5.2 COMMUNICATION WITH THE IMPLEMENTING PARTNER AND SITE

Clear communication is essential to maximize efficiencies and set a positive tone for SIMS assessments. Designated SIMS Team members/the Project Officer/designated agency staff should engage with IPs early in the process to help inform the IP about what will take place and to respond to any questions or concerns. For example, prepare a packet of information that can be shared with the partner ahead of the visit.

It is recommended that USG staff or 3rd party contractors contact IP to arrange a date to conduct a SIMS assessment in advance of the proposed visit date, to allow ample time for planning and preparation by the IP and the site. Once the visit date has been confirmed, the SIMS team should assemble the Assessment Tool(s) and Dashboards in preparation for the assessment. A Notification Letter (Appendix 5) should be sent to the partner prior to the visit that outlines the proposed visit dates, the site(s) to be assessed, if the assessment will occur remotely and related logistical details, recommendations for key site staff who should be available to participate in the visit, and the proposed USG SIMS assessment team (or at minimum the SIMS Team Lead/Assessment Lead or point of contact). The designated agency staff or SIMS Team Lead will schedule a meeting or call to confirm availability and finalize the date, review the visit objectives and procedures, set visit expectations, review CEEs to be assessed, and address any questions. The SIMS Team Lead will also follow-up prior to the visit to reconfirm the agenda and availability of key staff.

5.3 ASSEMBLING A SIMS ASSESSMENT TEAM

SIMS assessments are conducted by USG staff who have been trained to conduct SIMS assessments. Teams characteristically utilize a two-team reviewer approach but may involve a larger number of assessors as required; factors considered in determining team composition include the type of site and technical focus area, number of assessments to be conducted, number of Sets and CEEs to be assessed, language requirements, and budget.

Staff to be consulted when planning a visit include Implementing Partner and on-site/on-location working staff members most knowledgeable about the CEE technical areas (for key populations, this could include sex workers, MSM, or other peers who work with the site). Where it makes sense, the USG team should confer with the IP about the ideal team size.

Before departure, each member of the SIMS assessment team should have completed the following:

- ❑ SIMS Assessment training specific to the site level
- ❑ Signed Confidentiality Agreement (version dated Feb 17, 2022, form (only needs to be signed **once**), original, signed document should be placed in the USG member's personnel file.
- ❑ Review of the Implementation Guide and associated Appendices
- ❑ Review of the tailored SIMS Site Assessment Tool to be used during the visit
- ❑ Review of any prior SIMS Assessment Dashboards or other documentation for the selected site
- ❑ Review of the site-level MER data for at least the last four quarters

SIMS v4.2 Implementation Guide, August 15, 2022

❑ Review of the workplan (including budget) for the IP supporting that site
❑ Review of any prior improvement plans, or action plans previously developed for that site

5.4 BUILDING THE TAILORED TOOL AND DASHBOARD

Prior to conducting the SIMS assessment, the SIMS Assessment Team should gather relevant information regarding the IP/IM to help guide creation of the relevant tailored Assessment Tool, including review of the IP workplan, site-level MER data, IM budget data, and relevant service delivery activities etc. As mentioned in *Section 2.4.2 Required vs Supportive CEEs*, for a Comprehensive Assessment, selection of Supportive CEEs to be assessed necessitates an understanding of site level performance, program needs and program gaps. OUs should revisit the rationale for including the site in the SIMS Prioritization List to help identify Supportive CEEs to be assessed. To streamline procedures, OUs should align information on specific PEPFAR funded activities for each IM/site with the Sets/CEEs to be assessed.

5.5 VERIFICATION OF THE TOOLS AND ASSEMBLING THE GO PACK

SIMS teams should assemble a "Go Pack" with all the materials needed to complete the assessment (Table 5).

Table 5. Sample "Go Pack" Checklist

ITEM
Information on SIMS Visit and Inbrief Form (Appendix 4)
Tailored Dashboard (adapted from Appendix 2) **and Worksheets** (Appendix 6) (Completed dashboard left at site, with IP, photograph for agency copy)
Disaggregated Site level MER Results (for Data Reporting Consistency CEEs and overall site performance context)
Coversheet per Assessment (Appendix 1) (Provides details on assessment location and why assessment will occur. This is included within the electronic data collection device)
Tailored Assessment Tool (Sets should be assigned to specific assessors if more than one assessor is conducting the visit)
One **Tablet or Laptop** for each member of the assessment team (if electronic data capture is used) OR one **paper copy** per member of the assessment team (if paper tools are used)
Optional for **Remote** Assessments: Tools for masking PII and an electronic device with a video camera feature to allow for necessary visual inspections of site features, documentation, etc.

IPs should also review the tools and assessment procedures with the site staff before the visit. To avoid unnecessary delays on-site and/or incomplete data capture, the site should be provided with a complete list of resources and documents that should be available during the SIMS assessment in advance of the visit. For remote assessments, it is important to identify the resources and tools available at the site ahead of the visit that contain the necessary data to determine if a CEE can be collected remotely through the review of a registry or logbook where PII can be covered versus a chart review, which cannot be assessed remotely.

SIMS v4.2 Implementation Guide, August 15, 2022

5.6 OTHER CONSIDERATIONS BEFORE DEPARTURE

Other key best practices while preparing for a SIMS visit include:

1. To reduce costs, if multiple agencies are supporting the same site, plan to travel together.
2. To facilitate streamlining and integration of SIMS into core PEPFAR processes, where possible, incorporate a SIMS Comprehensive, Concentrated, or Follow-up assessment into other visits to the site (e.g., site support, mentorship, or technical assistance site visit). However, once at the site, to ensure efficient implementation and mitigate any disruption to service provision at the site, the SIMS Comprehensive assessment should be conducted separately from other program support/technical assistance activities.
3. SIMS CEEs should be divided among team members to ensure the assessment portion of the visit can be completed in a minimal amount of time. Additional time should be included in the visit agenda for Inbrief and Outbrief with the staff. Specific Sets or CEEs should be assigned during the planning phase to avoid taking up time at the site apportioning the CEEs among team members.

5.7 THE PEPFAR ETHICAL FRAMEWORK FOR ENGAGEMENT OF KEY POPULATIONS

The PEPFAR Ethical Framework for Engagement of Key Populations (KP) highlights that PEPFAR is inclusive, non-discriminatory, and engages individuals and communities in a way that reflects PEPFAR's commitments to affirm and protect human rights. As such, SIMS Assessors must adhere to rigorous ethical standards, data protection, and personal conduct regulations during all assessment visits.

Sites providing services to certain population segments (e.g., military, Key Populations) require special attention by members of the SIMS assessment team during the planning and/or data collection phases (special considerations for SIMS assessments conducted at military sites are summarized in Section 4.4 and please refer to agency-specific guidance for further information). SIMS assessors visiting assessment sites that serve KP must be sensitive to the social and structural barriers of stigma and discrimination that many KP face and the heightened vulnerability context that these social and structural realities create. Consequently, it is essential for all staff conducting SIMS assessments at sites serving KP to recognize the fundamental rights, dignity and worth of all people, and to refrain from undertaking any action that exacerbates the risk environment (e.g., use of mobile phone cameras for purposes other than documentation of the SIMS Dashboard).

Assessors who conduct SIMS visits at sites that serve KP should have technical experience and/or training in KP programs. Each OU should identify staff members who are skilled and sensitized to conduct SIMS visits at sites that serve KP. All persons conducting a SIMS assessment must be aware of cultural and role differences of gender, race, ethnicity, caste, religion, sexual orientation, disability, and socioeconomic status. SIMS assessors must never participate in or condone any discriminatory practices based on demographics and/or other personal information mentioned above. If such issues arise, immediately terminate the SIMS visit, and report the situation to the PEPFAR Coordinator and

SIMS v4.2 Implementation Guide, August 15, 2022

the SIMS designated Point of Contact in-country. Notify the SGACS/GAC PEPFAR Program Manager (PPM) in countries with no PEPFAR Coordinator.

SIMS assessors should read the PEPFAR Ethical Framework for Engagement of Key Populations (Figure 3) and be aware of the ethical considerations before embarking on SIMS visits to sites that serve KP. Violations of the ethics listed could potentially undermine the population served by the site and/or the staff who work at the site and must be reported as specified in the preceding paragraph.

Special data safety measures should be used for SIMS assessments at sites serving KP. The OU must determine whether SIMS data collection is too risky for a particular KP subgroup or whether it is too risky to identify KP sites. All sites in a specific country may need data safety measures if KP are threatened in that country, and it is known that the sites serve KP. USG must keep a written record of who collects SIMS data for KP sites. Access to SIMS assessment data from sites that serve KP is restricted. In the case of paper-based data collection, forms must follow safe storage procedures.

Figure 3: PEPFAR Ethical Framework for Engagement of Key Populations

PEPFAR Ethical Framework for Engagement of Key Populations
- o Confidentiality and consent should be explained for KP community and IP staff informants
- o Consent may be obtained verbally but must be recorded (so bring appropriate materials)
- o Interviewees and site staff can withdraw their consent at any time
- o Never ask for names or other identifiable information
- o Never scan, copy or remove any individual records from a site
- o Do not leave any documents (paper or electronic forms) at the site that contain geo-coordinates and/or identifying information about the location of any KP sites
- o Data collection, storage, and use must be explained
- o All staff must conduct their activities in a way that does not damage the interest of the clients served at the site or site staff
- o All staff must seek to promote integrity through honesty, fairness and respect for others

SIMS v4.2 Implementation Guide, August 15, 2022

6.0 CONDUCTING THE SIMS ASSESSMENT

6.1 OPENING SESSION

It is important to initiate a positive discussion with site staff upon arrival to set the expectation for a collaborative assessment and ensure that site staff and the partner fully understand the purpose and parameters of the SIMS assessment. Before beginning the Inbrief, ensure that all members of the SIMS assessment team are present, including non-USG partners relevant to your country context and agreements (e.g., Ministry of Defense partners for military assessments, Ministry of Health partners for facility assessments, etc.).

Ensure that all relevant site staff are present, in-person or remotely, including leadership and staff from the relevant assessment areas (e.g., clinic manager, lab director, maternity lead, project officer) to avoid the need to re-explain the purpose of the SIMS visit when assessors arrive at each area or if site/entity staff are not all present for the Inbrief. In many cases, leadership may only be available to participate in the opening session but not in the remainder of the assessment.

Opening Session Key Points (see also Appendix 4 for Inbrief Talking Points)
1. Gather and welcome key staff for the opening session and introduce the visiting team. Key Site and IP staff should also be introduced at this time.
2. Explain the SIMS assessment purpose and general methodology of the SIMS visit. Emphasize that the SIMS assessment is designed to optimize the quality of care provided at sites through a collaborative and supportive approach to identified problems. Ask site staff if they have any questions.
3. Administer the Information on SIMS Visit and Inbrief Form (Appendix 4) and answer any questions from staff.
4. Briefly confirm which services/programs are available at the site, update the tailored tool and visit materials as appropriate. If applicable, verify that the IP has invoked the conscience clause for that site (which exempts them from providing condoms).
5. Review the visit schedule, highlighting the times set aside for the Opening Session, Assessment, and Closing Session.
6. Set a tentative time and place for the Closing Session, ideally choosing one that maximizes participation by staff involved in the visit. If possible, allow at least 20 minutes; more time may be needed for larger sites in which many program areas are assessed.

6.2 ASSESSMENT AND DATA COLLECTION

The SIMS Assessment Team should be managed efficiently to ensure that high-quality data are collected within the allotted time.

Good Assessment Practices include:
- Be aware of your presence, the volume of your voice, and the general way you and/or the team might affect beneficiaries at the site. Do everything possible to minimize disruption of the site's activities.

- Ensure the CEEs were divided among assessors in a way that optimizes everyone's time. Consider the workload of each CEE as well as the assessor's experience.
- Consider assigning specific team members to do the chart/register/document reviews.
- Ensure that you respect the population-specific considerations
- Review any special initiative guidance (e.g., DREAMS) prior to the visit.
- Ask questions of site staff to ensure a complete understanding of the situation before assigning a score.
- Check your work to ensure data completeness and accuracy.
- For remote assessments, ensure that when conducting a walk through to visualize items within the facility that no clients are visible on camera at any time.

6.3 **CLOSING SESSION**

A SIMS assessment provides the opportunity to facilitate improvements at PEPFAR-supported sites. Thus, site staff should have real and perceived involvement in the SIMS assessment and the opportunity to provide feedback to critical components of SIMS. The closing session offers the first opportunity to initiate improvement activities since some issues identified do not require extensive improvement plans and can be discussed and remediated during and/or soon after the debrief. Active involvement and communication throughout the process promotes staff ownership of the services provided and accountability for improvement.

Site staff should always receive same-day feedback. It is critical to allow enough time for a final closing discussion at the end of the assessment. SIMS assessments should adopt a non-punitive approach that frames weaknesses in a manner that articulates the path to improvement.

Preparation for the Debrief
1. Plan to meet as a USG team approximately 15-20 minutes prior to the Closing Session. During this team time:
   a. Review the scores for each CEE and ensure that all relevant CEEs are complete.
   b. If necessary, discuss specific CEEs and agree as a team on the appropriate score.
2. Review and finalize the Dashboard.
   a. Assign a score for each CEE by placing a checkmark in the appropriate box (score may also be transcribed from the Tablet/Laptop Dashboard)
3. Add comments on each CEE as necessary. If possible, provide a comment on CEEs scoring yellow or red to note the primary reason for the low score (remember to review question-level responses). The focus of remediation and improvement should be on CEEs that scored a red or yellow.
   a. Complete the section on strengths, challenges, and preliminary recommendations for remediation and improvement. Be brief.
4. Make a copy of the Dashboard (via photocopy, photograph, or manual transcription) for team records and data entry.
5. For remote assessments, complete the dashboard and email to the site lead to display during the closing session either on a computer screen or a print copy.

SIMS v4.2 Implementation Guide, August 15, 2022

Closing Session: Key Points
1. Always start by thanking the site staff for their time and cooperation and acknowledging the disruption that the SIMS visit likely caused.
2. Review the Dashboard with the staff.
    a. Avoid using SIMS jargon (i.e., reading out the CEE titles without explaining the standard) unless the staff are familiar with the tool and CEEs.
    b. Begin the discussion with recognition of site successes before discussing challenges. Highlight specific areas of optimal performance and best practices. The aim is to boost morale, encourage staff ownership of site service delivery, and inspire staff to pursue improvement of highlighted areas. It can be helpful to develop standardized messaging to explain the meanings of the scores.
    c. Next, cover areas that require significant improvement. Be sure to explicitly state that the results are not meant to be punitive, but to highlight areas where USG, IPs, and site staff will work together to improve service quality and performance. Significant breaches of policy or procedure that were observed should be brought to the attention of relevant leadership and/or clinical staff within the site.
3. Encourage staff to share their responses to the SIMS assessment
    a. Initiate discussions about how to remedy problems, including what other information would inform the collective understanding of successes, bottlenecks, and challenges to quality service provision.
    b. Encourage site staff to provide feedback on their experience with the SIMS assessment process, results, and outcomes.
4. Identify coordination that should occur to facilitate remediation and improvements, both within the site and with relevant partners (e.g., sites with community-based cadres should ensure linkages with each other where appropriate).
    a. Clearly describe that an action plan will be developed
    b. Clearly describe that a Follow-up assessment will occur within six months to re-score the CEEs that scored Red or Yellow
5. Leave a copy of Dashboard with the IP and site staff before departure. The IP and site should already have a copy of the SIMS Assessment tool so that staff can understand the criteria behind the scoring.

SIMS v4.2 Implementation Guide, August 15, 2022

7.0 POST-SIMS ASSESSEMENT

Overall, SIMS Assessments add value both during the assessment, when the questions assist site staff to understand the PEPFAR standards and components of success, and after the assessment, especially when data collected is used for the site and overall program improvements.

7.1 ACTION PLANS FOR RED/YELLOW SCORES

Most SIMS Assessments uncover some red and yellow scores, which signify that the minimum standard is not met and there is more work to be done for the site to achieve the standard. Designated agency staff should work with the site staff and implementing partner to:

1. Develop an Action Plan to ensure barriers and bottlenecks for partners at the site supported by PEPFAR will be addressed within six months
2. Identify actions needed outside of the sites, above site, or through agency support and discussions
3. Track progress towards remediation and improvement
4. Schedule a SIMS Follow-up assessment and collect data to show progress from actions at the site.

Action Plans should be submitted to the SIMS Team/designated agency staff for review and tracking. Monitoring of site improvement and performance should be tracked via partner management and oversight meetings with USG designated staff. All red and yellow scoring CEEs from a site assessment must be re-assessed within six months. The responsibility to conduct the follow-up assessment (USG or IP), is at the discretion of each OU, but the rationale for the selection (USG or IP) should be clearly documented in (at a minimum) the Action Plan (Appendix 7) for each site.

7.2 DATA CLEANING AND REPORTING

The Dashboard (Appendix 2) is formatted as a table that lists all the CEEs with space to indicate the color score for each CEE at a given site. It may be modified to facilitate administration; however, the content of CEEs should not be changed. The Dashboard serves as a starting point for developing an action plan with the relevant IP. The following post assessment activities should be completed:

- All SIMS assessment data (results from Comprehensive, Concentrated and Follow-up Assessments) should be entered in the agency system regardless of whether USG or IP conducted the assessment. SIMS data for all OUs will be submitted to SGAC by agencies following the PEPFAR reporting guidance and timelines. Only SIMS data meeting SGAC requirements may be submitted to DATIM.
- OUs should review assessment data onsite before completing the onsite dashboard.   OUs should adopt a data review and cleaning process to ensure that all data is checked for accuracy and completion before the PEPFAR SIMS data submission dates
- Team should conduct integrated data analysis and include SIMS data in POART discussions, iSME technical working groups, and relevant PEPFAR partner forums if SIMS data can advance policy improvements and the standard of care

SIMS v4.2 Implementation Guide, August 15, 2022

- Discussions should be used as an opportunity to review the issue/rationale for why the site was selected, scope of the gaps/issues identified (single site, partner, common across multiple sites/partners) and importantly demonstrate progress towards addressing these issues (not simply showing red/yellow scores changing to green).

8.0 CONFIDENTIALITY

STORAGE OF DOCUMENTS

The USG staff will be responsible for securely storing the data obtained from the SIMS assessment. Paper versions of the completed SIMS Assessment Tools will be securely transported from the site location to the agency office at the conclusion of the assessment. Agencies should identify a secure location (locked filing cabinet inside lockable office space with access restricted to designate SIMS Team Members) for storage of completed SIMS Assessment tools and supporting documents. Electronic data collection devices (Tablets, Laptops) will be password protected and encrypted to protect data during and after the assessment visit. Information will be downloaded to a secure agency database prior to removing the data from tablets used in the field.

Paper versions of the assessment tools, coversheets, dashboards, and any completed worksheets should be securely stored in a folder or binder for future source verification purposes. These files should be retained for at least six months after data from the fourth quarter, for the fiscal year in which the assessment was conducted, has been reported to S/GAC. OUs should refer to agency specific guidance for longer term storage and retention of documents.

If IPs also keep copies of the CEE score sheets for their reference to provide follow-up on areas in need of improvement and TA support, IP staff are responsible for ensuring that the documentation is securely transported and stored in a locked and secured file in their office with restricted access.

For remote assessments which use the video feature to view items at the site to complete a CEE, the video should not be recorded, and any photos taken to verify an item at the site (lubricant, poster, client comment box, hazardous waste, etc.) should be deleted after completing the SIMS assessment.

SIMS v4.2 Implementation Guide, August 15, 2022

9.0 SIMS DATA COLLECTION & REPORTING

9.11 ELECTRONIC REPORTING

All agencies have a data use agreement with S/GAC. PEPFAR implementing USG agencies will deploy SIMS electronic data collection and storage solutions to ensure information timeliness, quality, and efficient dissemination of data for decision-making. Question level SIMS data will be collected through electronic reporting systems and included in DATIM Import protocols.

9.11.1 GUIDING PRINCIPLES OF USG AGENCY SIMS APPLICATIONS

1. Agency SIMS systems will be deployed by individual USG agencies to ensure design simplicity that meet agency HQ and field mission requirements.
2. Design of SIMS system components include data collection, data analysis and visualization tools for reporting.
3. Support for agency personnel (OU and HQ) will be provided for SIMS Applications by their respective agency.
4. Agencies will train their personnel on SIMS Application use. Agency SIMS Application training is agency specific.
5. SIMS applications will comply with a common set of standard security protocol specifications and information assurance policy to reduce security risks and to gain required agency approvals to operate as USG software.
6. System users will be trained on SIMS information assurance policy to insure compliance with USG cybersecurity policies.

9.11.2 SIMS DATA SYSTEMS

All SIMS data systems use common SIMS data tools for data collection. SIMS common security methods are jointly defined by USG participating agencies to ensure consistency of information assurance across all agencies and to reduce technology security risks.

SIMS data systems have three components:

1. S/GAC PRIME SIMS Data Exchange Schema
2. Agency SIMS Data Management System
3. Agency SIMS Applications for OU Data Collection

Agencies are required to report SIMS data to S/GAC using a file exchange protocol that automates a machine-to-machine process for sending data from agency SIMS data systems to S/GAC DATIM. Agency headquarters administers the Agency SIMS Data System. Data are collected on paper or an electronic user device. Once a SIMS visit is complete and all CEE data are collected, the OU user will follow the Agency process for submitting the SIMS visit data to their agency SIMS Data Management System. There is no interagency approval process for SIMS visit data.

SIMS v4.2 Implementation Guide, August 15, 2022

Figure 4. SIMS Data Flow
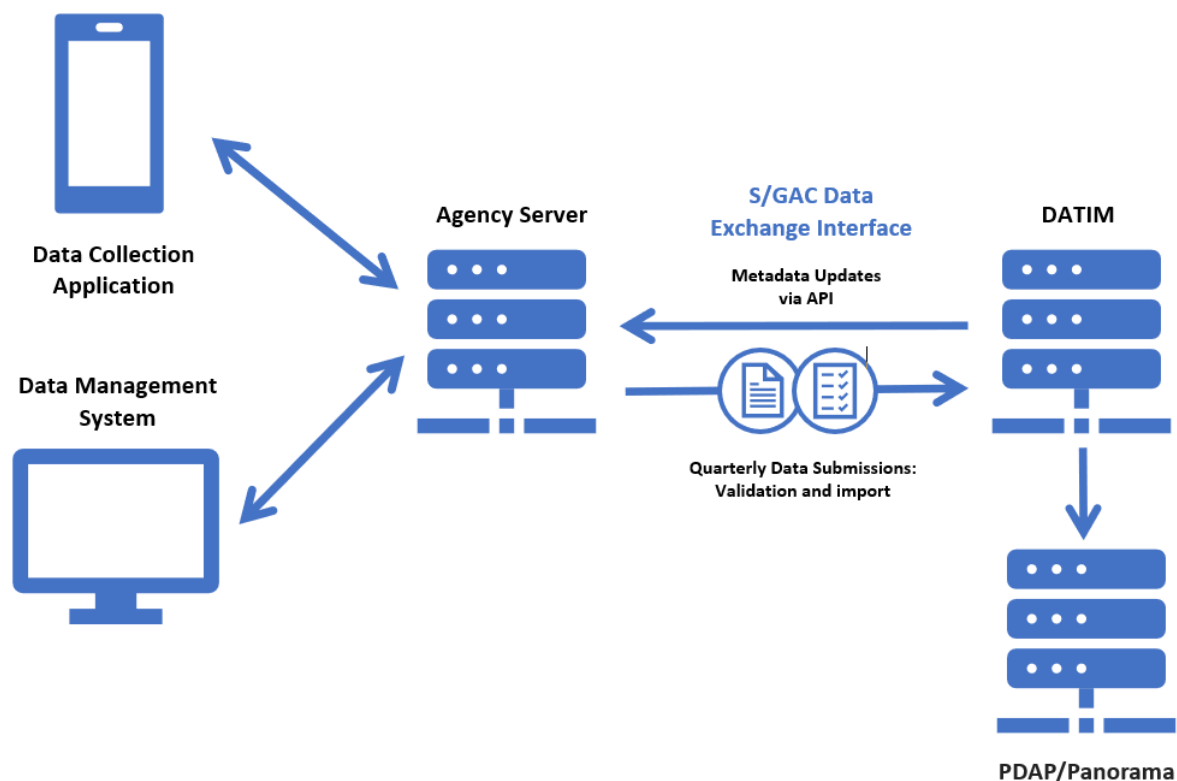
9.11.3 S/GAC DATIM

Agencies are required to report SIMS data that follow S/GAC policy to S/GAC electronically and on a quarterly basis as per the PEPFAR Reporting Calendar. The S/GAC data exchange protocol offers the ability to transfer SIMS data files electronically from agency SIMS systems to S/GAC for upload into DATIM. SIMS data sets are then copied to the PEPFAR data analytics platform (PDAP) and subsequently exposed to public via PEPFAR Panorama. Additional details are available in the DATIM Import Guide posted on the DATIM Support site. SIMS data for DoD mil-mil programs is not reported into DATIM. Moreover, site level data from mil-mil programs will not be made publicly available.

9.11.4 AGENCY SIMS DATA MANAGEMENT SYSTEM

Agency SIMS Data Management Systems provide a central database at each respective agency headquarters for administration of SIMS data system collection and reporting. The Agency SIMS Data Management Systems send an export file from the agency to S/GAC DATIM via the data exchange protocol for agencies to complete their SIMS reporting requirements to S/GAC.

- Agency SIMS Data Management Systems provide electronic data entry and allow data aggregation, querying, and exporting.
- Agency SIMS Data Management Systems administer SIMS coversheet reference data including user account management/access privileges, information assurance and data and

SIMS v4.2 Implementation Guide, August 15, 2022

system access security, implementing mechanism data, and site database on the DATIM Site List.

- Agency SIMS Data Management Systems will provide analysis and reporting functions.

9.11.5 **AGENCY SIMS APPLICATIONS FOR SIMS DATA COLLECTION**

Agency SIMS electronic data collection will be available to agency OU users on an electronic device including a tablet or laptop to conduct SIMS assessments.

- The SIMS Application provides this dashboard of the assessment visit data in the field, for use during visits and dialogue with PEPFAR implementing partners.
- The SIMS Application can work in on-line or off-line modes of operation.
- The user device component provides immediate results for on-site feedback according to SIMS CEE scoring criteria
- The user device will allow secure local storing of data until SIMS data are sent to secure agency central server.

Once a SIMS assessment is complete and all CEE data are collected, the OU user will save/send SIMS visit dataset(s) to their respective agency database. Data collected on the electronic platform is transferred from the agency SIMS Application to the agency SIMS Data Management System. The SIMS Applications provide a flexible design to ensure that all assessment activities can easily collect and manage data at OU offices, prior to reporting a SIMS assessment to agency headquarters.

10.0 **APPENDICES**

APPENDIX 1. COVERSHEET
APPENDIX 2. DASHBOARD
APPENDIX 3. SIMS CONFIDENTIALITY AGREEMENT
APPENDIX 4. INFORMATION ON SIMS VISIT & INBRIEF
APPENDIX 5. SAMPLE VISIT NOTIFICATION LETTER
APPENDIX 6. SIMS WORKSHEETS
APPENDIX 7. IMPROVEMENT ACTION PLAN
APPENDIX 8. SIMS MER MPR CROSSWALK

SIMS v4.2 Implementation Guide, August 15, 2022