PEPFAR

SIMS

FY21

Site Improvement through Monitoring System (SIMS)

Implementation Guide

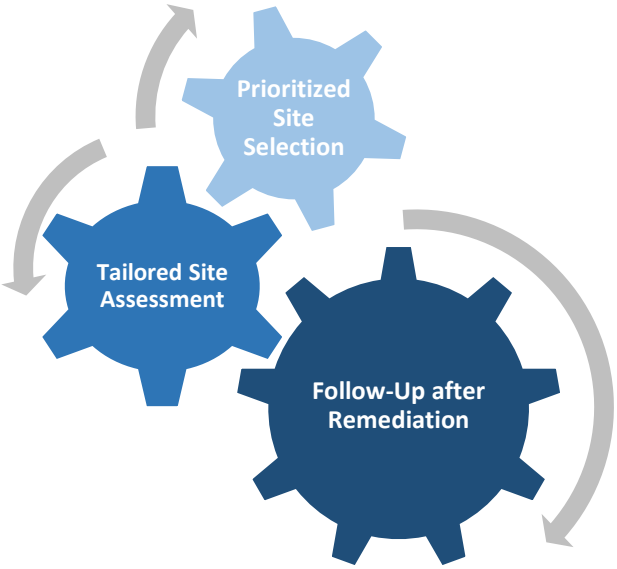
Version 4.1

15 August 2020

SIMS

Site Improvement through Monitoring System

SIMS is a quality assurance tool used to monitor and improve program quality at PEPFAR-supported sites that guide and support service and non-service delivery functions.



Goals of SIMS 4.0

- ✓ 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

2 Assessment Tools

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.

Above-Site Level Tool

Above-site assessments are conducted at PEPFAR-supported institutions that are above the service delivery point (i.e. not where services are provided or beneficiaries are reached). Examples include health offices at the national or subnational level.

2 Types of Assessments

Comprehensive Assessment is the first assessment at a site or above site location. All relevant standards (Required and Elective CEEs) should be assessed.

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).

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 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 Assessment Tool

Set #	Set Name
SET 1A	General
SET 1B	Commodities Management
SET 1C	Data Quality
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 10A	Laboratory
SET 10B	Blood Safety

Organization of SIMS Above-Site Assessment Tool

Set #	Set Name
SET 1	HIV Planning, Coordination and Management
SET 2	Orphans and Vulnerable Children/Social Services
SET 3	Guidelines and Policies
SET 4	Private Sector Engagement and Advocacy
SET 5	Human Resources for Health
SET 6	Commodities
SET 7	Quality Management
SET 8	Laboratory and Blood Transfusion Support
SET 9	Strategic Information, Surveys, Surveillance and Evaluation
SET 10	Protecting Life in Global Health Assistance

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 *Site Improvement through Monitoring System*

Programmatic Clusters of SIMS Core Essential Elements Sets

General

Set 1A: All Sites- General
Set 1B: All Sites- Commodities Management
Set 1C: All Site- Data Quality
AS Set 1: HIV Planning, Coordination and Management
AS Set 3: Guidelines and Policies
AS Set 4: Private Sector Engagement and Advocacy
AS Set 7: Quality Management
AS Set 9: Strategic Information, Surveys, Surveillance and Evaluation
AS Set 10: Protecting Life in Global Health Assistance

Resources

Set 1B: All Sites- Commodities Management
AS Set 5: Human Resources for Health
AS Set 6: Commodities

Prevention and Testing

Set 1B: All Sites- Commodities Management
Set 4A: Preventing Mother to Child Transmission (PMTCT), Antenatal Care (ANC), Postnatal and Labor and Delivery
Set 4B: HIV Exposed Infants
Set 5: Voluntary Medical Male Circumcision
Set 6: Adolescent Girls and Young Women and GBV
Set 7: HIV Testing Services
Set 10A: Laboratory
AS Set 2: Orphans and Vulnerable Children/Social Services

Care and Treatment

Set 1B: All Sites- Commodities Management
Set 2A: Care and Treatment – General Population
Set 2B: Care and Treatment for HIV Infected Children
Set 3B: Care and Treatment – Key Populations
Set 4A: Preventing Mother to Child Transmission (PMTCT), Antenatal Care (ANC), Postnatal and Labor and Delivery
Set 4B: HIV Exposed Infants
Set 8: Tuberculosis Treatment Service Point
Set 10A: Laboratory
AS Set 2: Orphans and Vulnerable Children/Social Services

Laboratory Services

Set 10A: Laboratory
Set 10B: Blood Safety
AS Set 8: Laboratory and Blood Transfusion Support

Key Populations

Set 3A: Key Populations- General
Set 3B: Care and Treatment – Key Populations
Set 9: Methadone or Buprenorphrine Medication Assisted Treatment

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AS *indicates that the Set is part of the Above-Site Tool, if not indicated then the Set is part of the Site Tool*
Underline indicates that the Set falls within more than one of the clusters

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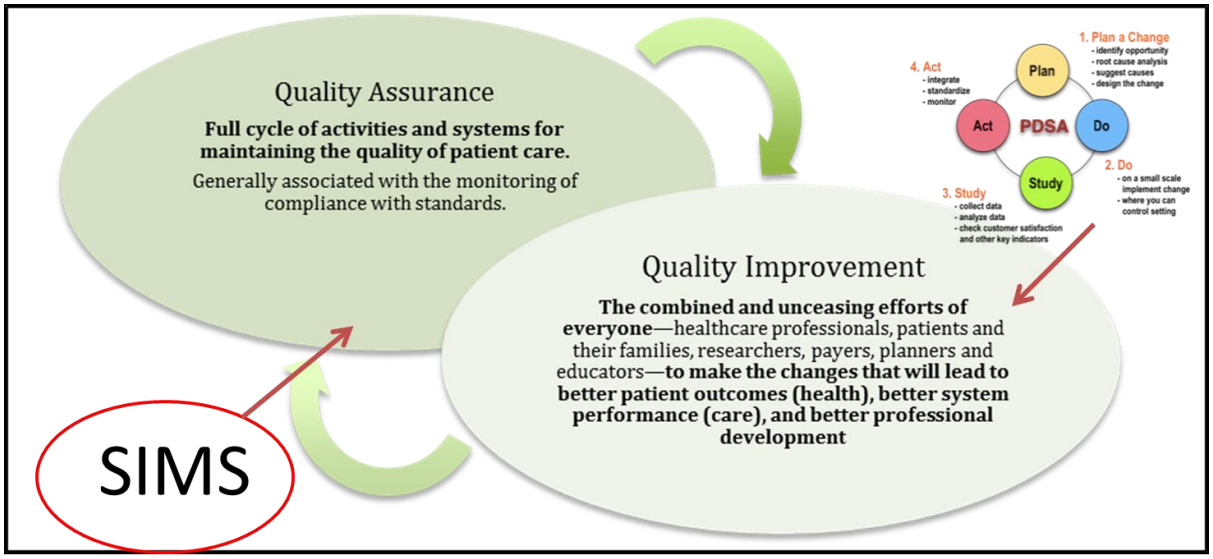
1.0 INTRODUCTION

1.1 PURPOSE AND STRUCTURE OF SIMS

In June 2014, Ambassador Deborah L. Birx, MD, the U.S. Global AIDS Coordinator, announced the launch of the Site Improvement through Monitoring System (SIMS) as a new initiative to respond to PEPFAR priorities of transparency, accountability, and maximizing impact on the HIV epidemic. At its core, 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- and above-site levels. SIMS is a PEPFAR-wide requirement for all Operating Units (OUs).

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

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

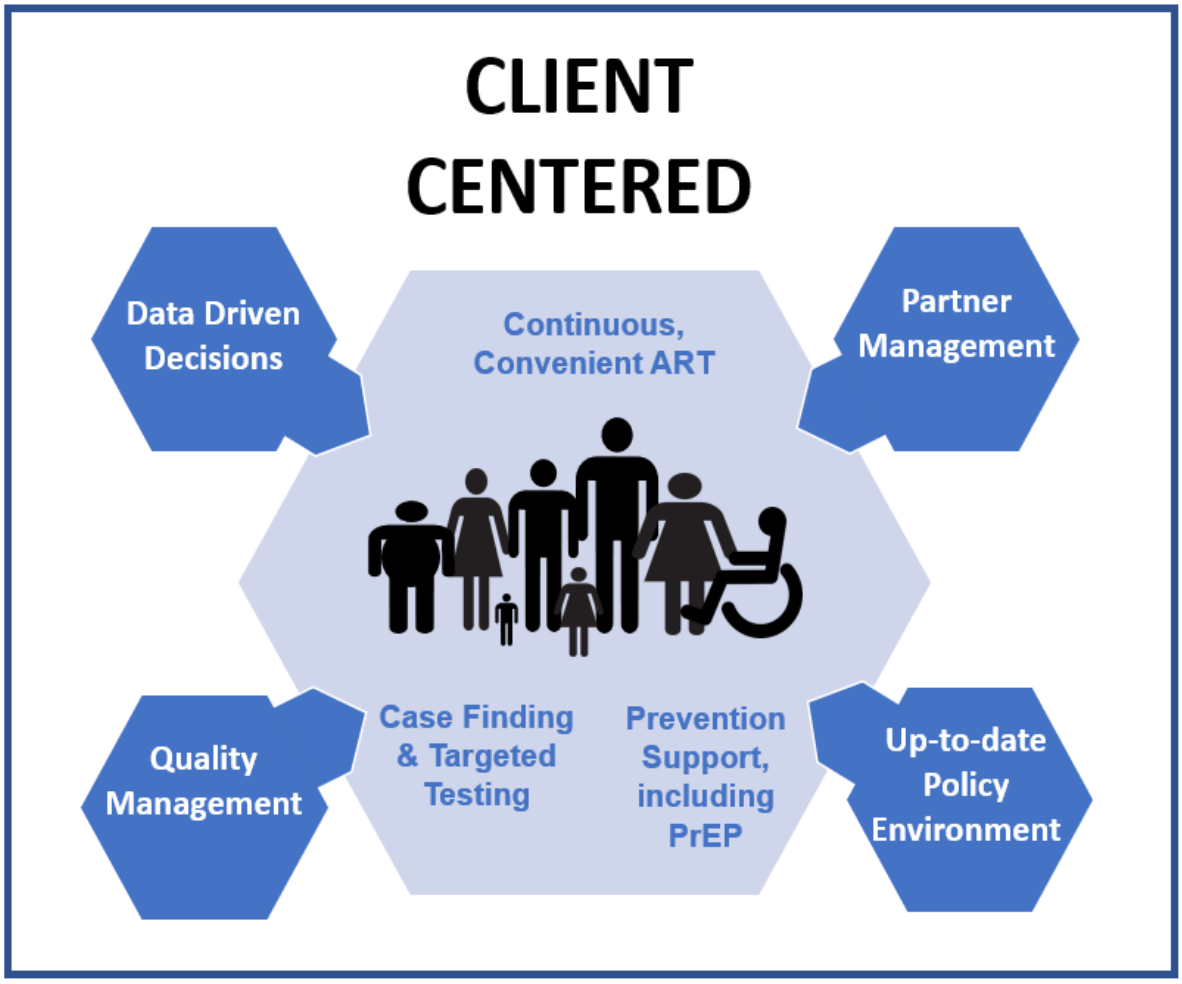


The purpose of SIMS is to provide a standardized approach to, and set of tools for, monitoring program quality at PEPFAR-supported sites that guide and support service- and non-service delivery functions. SIMS assessment results are used to strengthen alignment with global and national standards and facilitate program improvement and performance as an integrated component of overall quality-management and/or -improvement strategies.

1.2 HIV EPIDEMIC CONTROL AND QUALITY

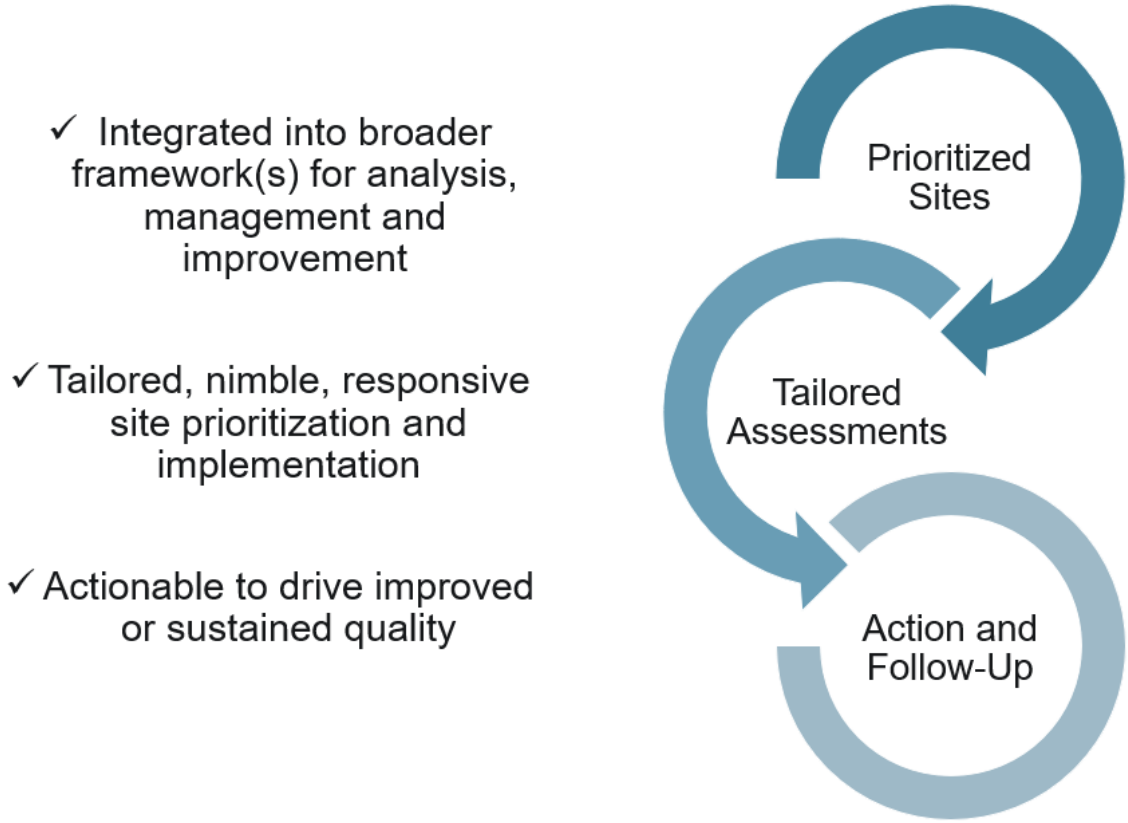
As HIV programs strive to reach and sustain HIV epidemic control, the quality of person-centered programs and services at the site and above site level is critical (Figure 2). This emphasis on improving outcomes and increasing impact, while keeping the person at the center, is reflected in PEPFAR updates to the Monitoring Evaluation and Reporting indicators (MER), inclusion of beneficiaries of services in Expenditure Reporting (ER), focus on minimum program requirements as articulated in the COP20 Guidance.

Figure 2. Importance of Quality in PEPFAR's client-centered approach



To improve implementation fidelity, quality, and scale of HIV programs, and both improve and sustain performance at the site- and above- site levels, SIMS technical content, planning and implementation was updated starting in FY19 Q2 to make it streamlined, utilitarian, integrated into core PEPFAR processes and actionable (Figure 3).

Figure 3: Goals of SIMS



1.3 WHAT'S NEW IN FY21 SIMS 4.1?

There are limited updates from SIMS 4.0 to SIMS 4.1. These updates are:

- **Typos, mislabeling, and some scoring logic errors were corrected** for several CEEs. These changes did not alter the definition or rationale for scoring for any SIMS Core Essential Elements (CEEs) or Standards. That is, all SIMS 4.0 CEEs apply even in SIMS 4.1.
- **Five new Elective CEEs were introduced**. Four are at the Site level while one CEE is at the Above Site level. These CEEs are part of PEPFAR's Guidance on Implementing Safe and Ethical Index testing. Moreover, these CEEs should be used for on-going monitoring of minimum standards related to Safe and Ethical Index testing, along with several existing SIMS 4.0 CEEs. These CEEs are:
    - Index Testing in HTS National Guidelines
    - Index Testing Training and Supportive Supervision
    - Monitoring Adverse Events from Index Testing
    - Secure Handling and Storage of Index Testing Data
    - Intimate Partner Violence Risk Assessment and
- **Due to the COVID-19 pandemic, virtual assessments under certain conditions and parameters will be permitted**. See Section 5.1 for details on requirements.

1.3 SIMS SUPPORTING MATERIALS

The SIMS Assessment 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 the SIMS Assessment Tools. All 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 recent approved version is posted on DATIM Support under Guidance.

2.0 SIMS REQUIREMENTS

All OUs must meet SIMS requirements. This section includes expectations for (1) prioritization of SIMS Assessments site and above-site, (2) conducting SIMS assessments and (3) integrated data analysis to improve or sustain performance and quality.

2.1 PRIORITIZATION OF SIMS ASSESSMENTS

Requirements for selecting or prioritizing sites and above site locations for SIMS assessments were updated to allow for the following:

- **Use of performance** data (site, SNU or IP-level), program **needs** and program **gaps** as key drivers of site and above-site prioritization for SIMS.
- **Flexibility** in weighting of criteria to use in SIMS site and above site prioritization given differing country contexts. These criteria may include site/PSNU or IP level performance data ('under-performing' or 'high performing' sites as defined by the OU), new partner(s) supporting a given site, incorporation of new sites into the PEPFAR portfolio, scaling an existing activity at a given site, or starting a new activity at a site.
- **Timely response** to any new bottlenecks or performance challenges that may have arisen. As such, SIMS Prioritization lists can be **revisited** quarterly to facilitate timely USG response.

Note: See Section 2.2 SIMS Assessments at Site and Above-site Levels for definitions of site and above-site.

To aide in the prioritization process, OUs should review and characterize their PEPFAR-supported sites based on performance (site, SNU or IP), program needs and program gaps.

The following questions may help inform discussions and decision-making on which sites and above-site locations to prioritize based on performance, program needs and program gaps.

1. What are the main program priorities based on epidemiologic and program data (geographic and IP-level), program needs and program gaps?
2. Are there geographic areas of focus based on epidemiologic or program data?
3. Are any sites consistently 'underperforming' (as defined by the OU) across certain technical areas?
4. Are any sites consistently 'performing well' (as defined by the OU) across certain technical areas? Does the team need to assess the fidelity of interventions at these sites?
5. Are there sites where new and/or priority activities are being scaled up?

6. Are there sites supported by a new partner (indigenous or otherwise)?
7. Do you have an appropriate (as defined by the OU) mix of facility and community sites?
8. What is the capacity of USG staff to support SIMS assessments, including completion of remediation activities to improve performance?
9. Were SIMS assessments conducted recently at sites on the 'shortlist' for SIMS assessments? What were the SIMS scores and question-level results at those sites?
10. What other evidence can be leveraged to help understand site level performance, needs and gaps? This could include MER data (quarterly or, in some cases, collected monthly), MOH data, ER, epidemiologic studies, surveys, evaluations etc.
11. For above-site, are there priority above site considerations that may be directly or indirectly affecting service delivery at certain sites (for example, supply chain considerations, adoption of key policies)?
12. For Above-site, are there any Table 6 (or above-site investments) benchmarks that could benefit from a SIMS assessment?

2.1.2 REQUIREMENTS FOR SUBMISSION OF SIMS PRIORITIZATION LISTS

OUs must submit a single completed SIMS Site and Above Site Prioritization list for each fiscal year to SGAC_SIMS@state.gov by October 1,2020. Importantly, this is just a planning tool and can be modified quarterly. The SIMS Site and Above Site Prioritization list template is posted on the SIMS page on the PEPFAR SharePoint site. Please note:

- OUs must include provide a justification/rationale for sites and above site locations included in the completed SIMS Prioritization list.
- For FY21, the SIMS Prioritization list will cover FY 21 Q1 – Q4.
- 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 or above site locations to be assessed in each FY.
- SIMS Prioritization lists will be posted on the SIMS page on PEPFAR SharePoint to inform TA and/or cross-learning.

2.2 SIMS ASSESSMENTS AT SITE AND ABOVE-SITE LEVELS

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

Note: definitions below are aligned with MER and ER where feasible and applicable

1. **Site Assessments** 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. **Above-Site Assessments** are conducted at PEPFAR-supported institutions that are above the service delivery point (i.e. not a facility or community site where services are provided, or beneficiaries are reached). A PEPFAR-supported institution can either be PEPFAR-funded or a recipient of PEPFAR-funded technical assistance, and the SIMS assessment can occur at either the Subnational or National level. In either case, above-site programs often execute health system strengthening (HSS) activities and/or non-service delivery functions considered essential to the successful implementation of HIV programs. As per ER, above site programs are non-service delivery by definition (i.e. no interaction with a beneficiary) by virtue of their above-site location.

2.3 SIMS ASSESSMENT TYPES

To ensure SIMS is action-oriented and results in remediation and improvement, PEPFAR requires two types of SIMS assessments - comprehensive and follow-up:

1. **Comprehensive Assessment** is the first assessment conducted at a specific site or above site location for the implementing mechanism (IM) in each FY. All relevant standards (Required and Elective Core Essential Elements) should be assessed. [*Note: See Section 2.4.2 Required vs Elective CEEs for definitions of Required vs Elective Core Essential Elements (CEEs).]* **Only** USG staff may conduct Comprehensive assessments at both the site- and above-site levels.

2. **Follow-Up Assessment** is conducted to determine whether all CEEs that scored red or yellow during a prior assessment have improved (i.e. red or yellow to green). As such, only CEEs that scored red or yellow in a previous assessment are re-scored during a follow-up assessment. *[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 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 Implementing Partner (IP) or USG staff will conduct the follow-up assessment based upon a review of the findings from the prior visit. If the IP conducts the follow-up assessment, the IP should coordinate with the USG Activity Manager to review and agree on scores from reassessed CEEs. As a best practice, IPs should ensure that low scoring areas are also reviewed at other sites supported by the IP so that all sites benefit from lessons learned and implement best practices. USG staff are responsible for entering the results from the rescored CEEs for both USG and IP led follow-up assessments. Follow-up assessments are only conducted at the site-level.

By conducting both comprehensive and more tailored follow-up assessments, OUs are better able to determine the evolution of quality at PEPFAR-supported sites and above-site locations. This approach helps ensure that any quality standards, related to service delivery or non-service delivery, that are not met during an initial or comprehensive assessment are remediated before the subsequent or follow-up assessment.

Note: Above-Site assessments do not receive 6 month follow-up assessments. However, remediation activities should occur between annually scheduled visits. Issues identified during the comprehensive assessment for Above-Site should be reassessed as part of the comprehensive assessment in the next fiscal year.

2.4 SIMS ASSESSMENT TOOLS

SIMS assessments conducted at the site level should utilize the SIMS Site Assessment Tool, while above-site assessments should utilize the Above Site Assessment Tool. As mentioned above, both site and above-site locations included in the SIMS Prioritization List will receive a Comprehensive Assessment. While only sites (not above-site locations) 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

SIMS Assessment Tools are divided into Sets. Each Set aligns with one or more- programmatic area(s), beneficiary type(s), or national/subnational level(s) (Tables 1 and 2 below). Each Set consists of Core Essential Elements (CEEs) that align with established standards of program quality for a given Set. Adherence or compliance with a CEE standard is measured through a series of questions that progressively assess the site or above-site location against that standard. Therefore, as an assessor advances through CEEs, they are provided with answers to whether or not that site or above-site location 'meets' the standard.

Table 1. Organization of SIMS Site Assessment Tool by Sets

Set #	Set Name
SET 1A	All Sites - General
SET 1B	All Sites - Commodities Management
SET 1C	All Sites – Data Quality
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 (KP)
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) and Gender-based Violence (GBV)
SET 7	HIV Testing Services (HTS)
SET 8	Tuberculosis (TB) Treatment Service Point
SET 9	Methadone or Buprenorphine Medication Assisted Treatment (MAT)
SET 10A	Laboratory
SET 10B	Blood Safety

Table 2. Organization of SIMS Above-Site Assessment Tool by Sets

Set #	Set Name
SET 1	HIV Planning, Coordination and Management
SET 2	Orphans and Vulnerable Children/Social Services
SET 3	Guidelines and Policies
SET 4	Private Sector Engagement and Advocacy
SET 5	Human Resources for Health
SET 6	Commodities
SET 7	Quality Management
SET 8	Laboratory and Blood Transfusion Support
SET 9	Strategic Information, Surveys, Surveillance and Evaluation
SET 10	Protecting Life in Global Health Assistance

As mentioned above, each Assessment Tool follows a similar format, and is composed of Sets of CEEs. 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 or above-site location'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 based upon World Health Organization (WHO)--supported evidence or guidelines and/or by documentation of best practices (such as, technical publications).

   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 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 or above site location, some CEEs enable the user to 'opt out' of including the 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 above site location, the NA box should be selected.

4. **Comment:** During the SIMS assessment, the person completing the assessment (i.e. the SIMS assessor) may need to capture comments that provide additional information or context. These comments should be written on the Comment Worksheet (Appendix 2: Dashboards) and the Comment number captured in Comment box within the CEE in the Assessment Tool. Comments collected on paper should be reviewed and entered the electronic assessment tool after the assessment if not directly recorded at the time of the assessment visit (applicable to tablet-or laptop-based electronic data collection).

5. **Assessment Questions**: Each CEE is composed of a series of questions that are used to progressively assess the site against the standard. The flow of the question is designed to build upon the previous question, progressively reaching achievement of the standard. The assessment of a specific CEE is complete for that CEE 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 the paper-based tools (Table 3).

Table 3. Explanation of Icons in the SIMS Assessment Tools

Icon	Description of Icon	Explanation

	Eyes	Question requires visual inspection of documents, charts/registers or materials
	Pink Square	Question requires Chart or register review
	Gray Circle	Question requires Materials review
	Blue Triangle	Question requires Document review

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. Note that the order in 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 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.

   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 cause and corrective actions should be part of the remediation process triggered by a red or yellow score.

   Note: Question scores actual question content will provide insight into why a given final score was entered. That is, responses to assessment questions should be used to inform remediation and improvement plans.

Table 4. 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 VS ELECTIVE CEES

As mentioned in the Section 2.1, SIMS prioritization is based upon performance (site, SNU or IP), program needs and program gaps. Similarly, SIMS Assessments have also been aligned to these criteria. SIMS CEEs are grouped into those that are Required and those that are Elective (Figure 4 and Table 5).

Required CEEs are diagnostic in nature, aligned with minimal standards for sites or above site functions, and (in many cases) outcome-oriented. Required CEEs must be assessed at every Comprehensive assessment provided those services are offered or activities supported (i.e. assess if applicable).

Elective CEEs can be process, structural or outcome-oriented. Elective CEEs are assessed based upon site level performance, program needs and program gaps. That is, an OU should determine which CEEs from the Elective pool should be assessed based on their own understanding, data and evidence of performance challenges or successes, program needs and program gaps. Similar to the criteria for site prioritization provided in Section 2.1, criteria to consider in making these decisions may include: site/PSNU or IP level performance data ('under-performing' or 'high performing' sites as defined by the OU), new partner(s) supporting a given site, incorporation of new sites into the PEPFAR portfolio, scaling an existing activity at a given site, or starting a new activity at a site.

Figure 4. Features of SIMS Required vs. Elective CEEs

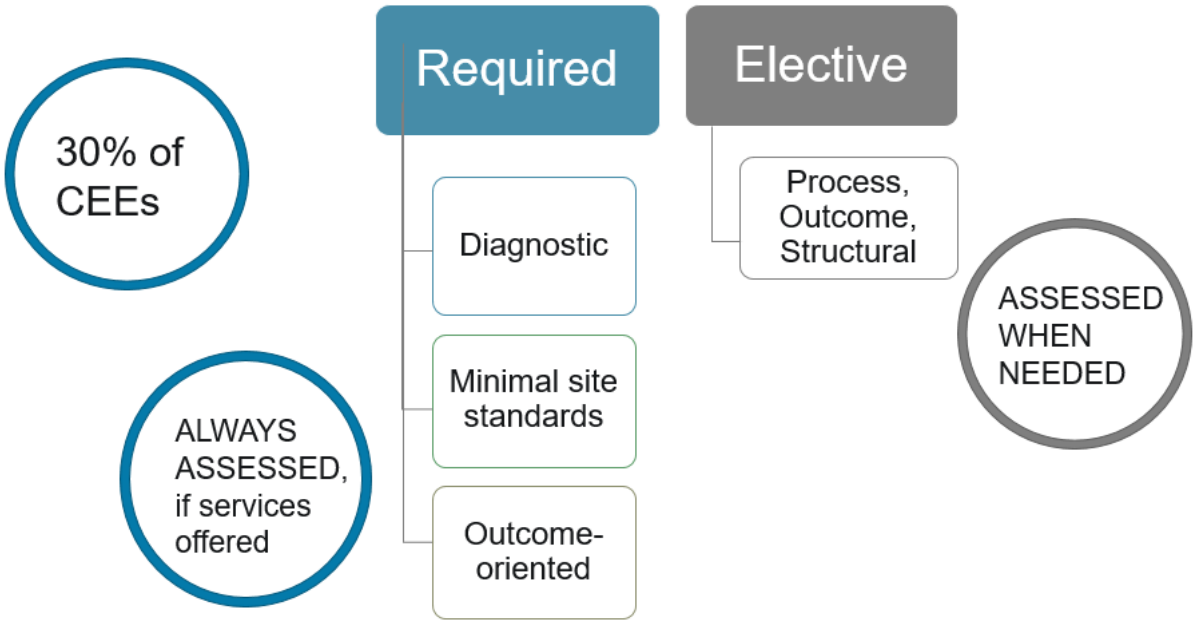


Table 5: Description of SIMS Assessment Types and Assessment Tool Composition

Assessment Tool	Assessment Type	Conducted by	CEEs to be Assessed
Site	Comprehensive	USG	All applicable* Required CEEs. All applicable* and relevant*** Elective CEEs
	Follow-Up	USG or IP**	All CEEs that previously scored red or yellow
Above Site	Comprehensive	USG	All applicable* Required CEEs. All applicable* relevant*** Elective CEEs

*Applicable means assessed if those services are provided or offered at the site or above-site location
**See Section 2.3 to determine whether USG or IP will conduct the follow-up assessment

***Relevant means assessed when needed, at the discretion of the OU but based on performance, program needs and program gaps

2.5 INTEGRATED ANALYSIS TO IMPROVE OR SUSTAIN PERFORMANCE AND QUALITY

Once the assessment is completed, the Assessment Team should review and summarize the key findings from the assessment with the Activity Manager for that IM. The assessment findings should highlight both areas for remediation and improvement (red and yellow scores) as well as summarizing areas where the site is meeting standards (green scores). To identify barriers and facilitators of performance and quality, the SIMS Team Lead or Activity Manager should work with the IP supporting that site to review and critically evaluate the following: the SIMS Dashboard, individual CEE findings down to the question-level, site level MER data, above site investments, community-led monitoring data, and IP workplans. Some questions and data sources to consider are:

- How were financial resources spent (on what, for whom)? – **Expenditure Reporting**
- Are any above site barriers affected site level progress and/or quality? Are you on track to reach above site benchmarks? - **Table 6**
- Any other policy barrier affecting site level progress and/or quality? – **Table 6, Above Site SIMS, other evidence**
- What are the barriers and enablers from the client perspective? – **community-led monitoring data**
- What support (DSD or TA-SDI) should the IP be providing? – **IP workplans**
- What other evidence could be useful to contextualize or frame performance? – **surveys, surveillance, MOH Data Alignment data**

2.6 CORRECTIVE ACTION PLANS

The Activity Manager should work with the IP to (1) develop a Corrective Action Plan to ensure barriers and bottlenecks will be addressed within 6 months, and (2) track progress towards remediation and improvement. Corrective Action Plans should be submitted to the SIMS Team/Activity Manager for review and tracking. Monitoring of site improvement and performance should be tracked via partner management and oversight meetings with USG Activity Managers and IP staff. All red and yellow CEE scores, 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 Corrective Action Plan for each site.

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 ASSESSMENT TOOLS

See Section 2.4

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. 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.

3.3 SIMS DASHBOARDS

The Dashboards (Appendix 2) are formatted as a table that lists all the CEEs with space to indicate the color score for each CEE at a given site or above site location. The SIMS Dashboard may be modified to facilitate administration; however, the content of CEEs should not be changed. The Dashboard serves as a starting point for developing a corrective action plan with the relevant IP.

3.4 SIMS IMPLEMENTATION GUIDE

See Section 1.2

3.5 SIMS 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 SIMS 100 training course on the PEPFAR Virtual Academy. The certificate received after someone successfully completes the SIMS 100 online course should be retained. A second SIMS course on "Site Prioritization: Choosing where are what to assess on a SIMS visit" is also available. Both courses are highly rated by those who have taken the courses. Both courses can be accessed here: https://learn.pepfar.net/courses/course-v1:learn-pepfar-net+PROG108SIMS100+2019_indefinite/about.

3.6 CONFIDENTIALITY AGREEMENT

The Confidentiality Agreement (Appendix 3) documents the agreement of SIMS team members to maintain the confidentiality of patient names and site locations. Names and/or identifiers should not 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.

3.7 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 once by the USG 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.

3.8 SIMS WORKSHEETS

SIMS worksheets (Appendix 6) are provided for almost each CEE 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.

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, working on adaptations of the tools, etc. The Coordination Teams should also have a role in ensuring efficient collection, management, exchange, and integrated analysis of SIMS data to inform action and improvement.

4.2 MANAGEMENT & 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 both comprehensive and follow up site assessments to assure coverage.

4.3 TRAINING

All staff involved with the planning and implementation of SIMS are required to complete SIMS training and to maintain a signed Confidentiality Agreement on file. At a minimum, all new SIMS Assessors should complete the SIMS 100 course on the PEPFAR Virtual Academy. https://learn.pepfar.net/courses/course-v1:learn-pepfar-net+PROG108SIMS100+2019_indefinite/about.

OUs should maintain a current roster of staff that have completed the required training that includes the staff member's name, ID number, date of training, and information on which training the staff member has successfully completed. Agencies are responsible for ensuring that staff have met the training requirements before conducting an assessment. OUs and HQ 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 recurring staff orientation/trainings. New assessors should be mentored by an experienced SIMS assessor during his/her first SIMS visit.

4.4 AGENCY-SPECIFIC REQUIREMENTS

4.4.1 U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

1. The CDC country team should be responsive to HQ requirements for implementation of a site monitoring system and reporting of the core essential elements.
2. Each CDC country team should have clearly defined staff roles and responsibilities for implementation of SIMS and collection and reporting of the CEEs.
3. Staff roles should include the following: SIMS Lead/Coordinator, Logistics Coordinator, Data Steward, and SIMS Assessors with representation from all major program areas
4. Functioning logistics system in country for planning and reporting site visits.
5. Each CDC country team should 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

Special considerations for conducting SIMS assessments at military sites include:

1. Obtain permission from Ministry of Defense (MOD) authorities prior to each visit
2. Schedule visits in consultation with partner military and site staff
3. All staff conducting SIMS must be cleared by MOD prior to 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. Military SIMS data will be summarized and reported at the national level by IM, not the site level
7. Site level data from military sites will not be publicly available. Refer to agency-specific guidance for further information.

4.4.3 DEPARTMENT OF STATE

No specific considerations.

4.4.4. HEALTH RESOURCES AND SERVICES ADMINISTRATION

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, and program improvement in the planning and conduct of SIMS.
2. HRSA should 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: HRSA SIMS Coordinator, SIMS Assessment Team Lead, SIMS Assessors, Country POC, and Project Officer
    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. As applicable, HRSA project officers are working with their IPs to develop and implement corrective action plans with prioritized activities, deadlines, benchmarks, and identified additional resources needed to ensure timely and appropriate resolution of issues. 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 in order to leverage and maximize PEPFAR investments.

4.4.5 PEACE CORPS

Peace Corps does not currently participate in SIMS. The SIMS tools were piloted, and it was determined the tools did not align well to Peace Corps model due to timing of visits and concerns around security of the Volunteer. Peace Corps continues to engage in the SIMS process at Headquarters to see if there are 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.

4.4.5 U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

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

    d) 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 on a quarterly basis and work with activity managers to assure follow-up SIMS visits, 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 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 in place to ensure that individuals performing SIMS visits do not have a personal conflict of interest relative to the site being assessed.
        ii. Obtain RLO and CO clearance on the memorandum.
        iii. Submit to 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) Ten percent of sites visited by contractors must be visited by USG staff to validate results.
    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 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.

5.0 PREPARING FOR THE SIMS ASSESSMENT

5.1 IN-PERSON VERSUS VIRTUAL ASSESSMENTS IN THE COVID-19 ENVIRONMENT

As shared in the 27 March 2020 Technical Guidance on COVID-19, "All PEPFAR programs are under Chief of Mission authority, therefore country teams and implementing partners should follow the US Embassy Front Office direction on all programing that requires personnel movement. Please also refer to the Operational Issues and Infection Prevention and Control sub-sections of this guidance document. We recognize that SIMS implementation and reporting has been limited by the pandemic and expect it will continue to be affected during this time. Teams are requested to keep their S/GAC chair and PEPFAR Program Manager updated on changes in SIMS implementation status". Should there be any changes to this guidance, it will be shared with all OUs.

Only if the safety and security of any staff will not be compromised, OUs may carefully consider implementing virtual SIMS assessments **provided all the following minimum conditions are met:**

- Any OU considering virtual SIMS assessments should email SGAC_SIMS@state.gov prior to beginning any planning for virtual SIMS assessments
- Follow-up assessments are prioritized, after the necessary site level remediation has occurred, over completing more Comprehensive SIMS assessments. Completing follow-up assessments before conducting more new comprehensive assessments is strongly recommended
- For virtual Follow-up assessments, at least one IP staff member or USG staff member must be present at the site to provide oversight and manage the overall assessment. Other USG and IP staff may be off-site/remote/virtual
- For virtual Comprehensive assessments, at least one USG staff member must be present at the site to lead the assessment (as per Section 2.3) and provide oversight and management of the overall assessment. Other USG and IP staff may be off-site/remote/virtual
- Video-conferencing technology exists at both the off-site/remote/virtual and on-site locations to facilitate collective understanding, ease of assessment, and oversight.
- Confidentiality and security of client/patient information is maintained throughout the virtual assessment (Section 5.6).

Note that there is NO requirement to record/log a 'virtual' assessment in any way that is different from a 'regular' or fully in-person SIMS assessment in agency data collection systems.

5.1 COMMUNICATION WITH THE IMPLEMENTING PARTNER AND SITE

Good communication is essential to maximize efficiencies and set a positive tone for SIMS assessments. Designated SIMS Team members or the Project Officer/Activity Manager 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 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)/above site locations to be assessed, 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 Activity Manager (AM) 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. S/he will also follow-up prior to the visit to reconfirm the agenda and availability of key staff.

5.2 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 or

above site location 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, Men who have sex with Men (MSM) or other peers who work with the site. Where it makes sense, the USG team should confer with the IP about ideal team size.

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

- ❑ SIMS Assessment training specific to the assessment type being conducted (Site or Above-site)
- ❑ Review of the Implementation Guide and associated Appendices
- ❑ Review of the relevant SIMS Assessment Tool
- ❑ If conducting a Comprehensive assessment, selection of which Elective CEEs will be assessed based on performance, program needs and program gaps in collaboration with the rest of the SIMS Assessment team. Importantly, Elective CEEs can also be selected during the actual SIMS assessment, as needed
- ❑ Review of any prior SIMS Assessment Dashboards or other documentation for the selected site or above site location
- ❑ Review of the site-level MER data for at least the last four quarters
- ❑ Review of the workplan (including budget) for the IP supporting that site or above site location
- ❑ Review of any prior improvement plans, or corrective action plans previously developed for that site or above site location
- ❑ Signed the Confidentiality Agreement (version dated February 12, 2015) form **once** before, with the original, signed document placed in the USG member's personnel file.

5.3 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 above service delivery activities etc. As mentioned in Section 2.4.2 Required vs Elective CEEs, for a Comprehensive Assessment, selection of Elective 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 or above-site location in the SIMS Prioritization List to help identify Elective 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.

5.4 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 6).

Table 6. Sample "Go Pack" Checklist

	ITEM
	Information on PEPFAR Site Assessment Form (Appendix 4)
	Dashboard (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 also included within the electronic data collection device)
	Tailored Assessment Tool (Sets assigned to specific assessors)
	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)

IPs should also review the tools and assessment procedures with the site staff prior to the visit. To avoid unnecessary delays on-site and/or incomplete data capture, in advance of the visit, provide the site with a complete list of resources and documents that should be available during the SIMS assessment.

5.5 OTHER CONSIDERATIONS PRIOR TO 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 or Follow-up assessment into other visits to the site (e.g. a 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 assessment should be conducted separately from other program support/technical assistance activities.
3. SIMS CEEs should usually 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.

5.6 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 points 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 socio-economic status. SIMS assessors must not participate in or condone any discriminatory practices based on the aforementioned differences. In the event that such issues arise, the SIMS visit should be terminated immediately, and the situation should be reported to the PEPFAR Coordinator and the SIMS designated Point of Contact in country. In countries where there are no PEPFAR Coordinators, the SGAC PEPFAR Program Manager should be notified.

SIMS assessors should read the PEPFAR Ethical Framework for Engagement of Key Populations (Figure 5) and be aware of the ethical considerations prior to 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's too risky to identify KP sites. It's possible that all sites in a particular country will 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 5: PEPFAR Ethical Framework for Engagement of Key Populations

PEPFAR Ethical Framework for Engagement of Key Populations

- Confidentiality and consent should be explained for KP community and IP staff informants
- Consent may be obtained verbally but must be recorded (so bring appropriate materials)
- Interviewees and site staff can withdraw their consent at any time
- Never ask for names or other identifiable information
- Never scan, copy or remove any individual records from a site
- 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
- Data collection, storage, and use must be explained
- 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
- All staff must seek to promote integrity through honesty, fairness and respect for others

6.0 CONDUCTING THE SIMS ASSESSMENT

6.1 OPENING SESSION

It is important to initiate a positive discussion with site or above-site staff upon arrival to set the tone for a collaborative assessment and to 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 who are 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 or above-site staff are present, 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, site or above site 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 6 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 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 PEPFAR Site Assessment Form (Appendix 6) 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, confirm that the IP has invoked the conscience clause for that site (which exempts them from provision of 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 in which you and/or the team might be affecting beneficiaries who are 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 work-load 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.

6.3 CLOSING SESSION

A SIMS assessment provides the opportunity to facilitate improvements at PEPFAR-funded sites and above-site locations. 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.

Sites and above-site staff should always receive same-day feedback. As such, 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 to each CEE by placing a check mark in the appropriate box (scores may also be transcribed from the Tablet 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.

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 a correction action plan will be developed
    b. Clearly describe that a follow-up assessment will occur within 6 months to re-score the CEEs that scored Red or Yellow
5. Leave a copy of Dashboard with the IP and site staff prior to 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.

7.0 POST ASSESSMENT

See Section 2.5 Integrated Analysis and Action

8.0 CONFIDENTIAL 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 or above 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 6 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.

9.0 SIMS DATA COLLECTION & REPORTING

9.2 ELECTRONIC REPORTING

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.

9.2.1 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.
7. Support for agency personnel (OU and HQ) for SIMS Applications will be provided by their respective agency.

9.2.2 SIMS DATA SYSTEMS

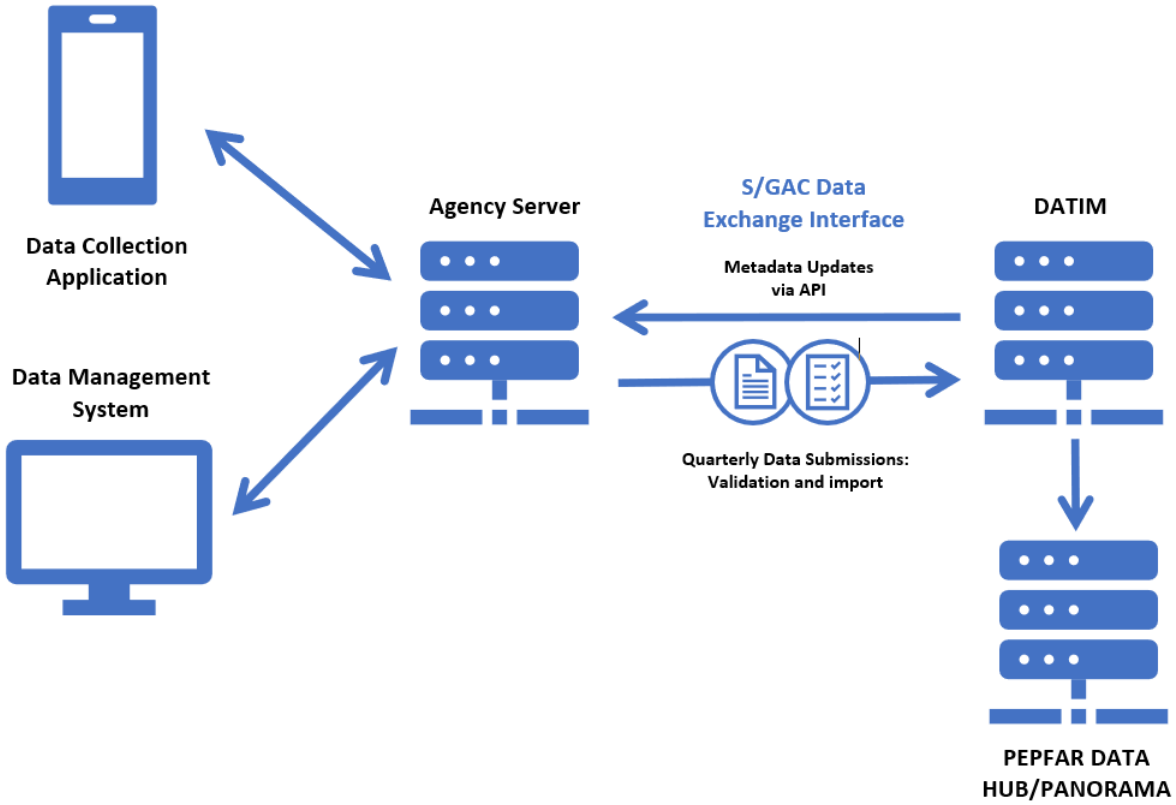
All SIMS data systems use common SIMS data tools for data collection. SIMS common security methods are jointly defined by USG participating agencies to ensure that information assurance is consistent across all agencies and to reduce technology security risks.

SIMS data systems have three components:

1. SGAC 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 SGAC 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.

Figure 6. SIMS Data Flow



9.2.3 S/GAC DATIM

Agencies are required to report SIMS data 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. S/GAC then copies SIMS datasets from DATIM into the PEPFAR data warehouse (and eventually into PEPFAR Panorama). Additional details are available in the DATIM Import Guide available on DATIM Support. SIMS data for DoD military sites is not reported into DATIM. Moreover, site level data from military sites will not be made publicly available.

9.2.4 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 in order 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 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.

9.2.5 AGENCY SIMS APPLICATIONS FOR OU 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 user device provides a SIMS scoring/dashboard report for field operations
- 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 insure 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 PEPFAR SITE ASSESSMENT FORM & INBRIEF

APPENDIX 5. SAMPLE VISIT NOTIFICATION LETTER

APPENDIX 6. SIMS WORKSHEETS