SIMS

SITE IMPROVEMENT THROUGH MONITORING SYSTEM (SIMS)

FY21 SITE ASSESSMENT TOOL

Version 4.1, 15 August 2020

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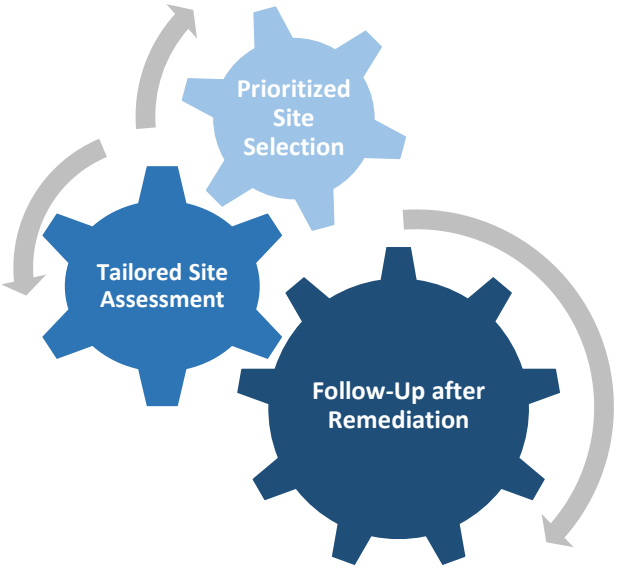
SIMS

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

REFERENCE INFORMATION

Description of SIMS Assessment Types and Assessment Tool Composition

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

*Applicable means if those services are provided or offered
**Relevant means assessed as needed (at the discretion of the Operating Unit based on performance, program needs and program gaps)

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

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

Core Essential Elements (CEE) Structure Used within this Tool

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SET 1A: ALL SITES-GENERAL			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_01_01	Stakeholder Engagement		X
S_01_02	Condom Availability	X	
S_01_03	Patient Rights, Stigma and Discrimination Policies		X
S_01_04	Child Safeguarding		X
S_01_05	Support and Assessment of Staff Performance		X
S_01_06	TB Infection Control		X
S_01_07	Waste Management	X	
S_01_08	Injection Safety	X	
S_01_09	Provision of PreEP Services		X

CEE #: S_01_01 Stakeholder Engagement [ALL SITES-GEN]			
STANDARD: Each site developed a strategy/defined process for stakeholder engagement, including with Civil Society Organizations (CSOs) and beneficiaries of HIV services. The strategy/defined process includes activities to elicit and use stakeholder feedback for (1) program planning and implementation at least every 6-months and (2) review and/or evaluation of program performance data at least every 4 months.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Has the service delivery site developed a written strategy/defined process for stakeholder engagement that includes the following? *Check all that apply:* ☐ 1) Eliciting and using stakeholder, including CSOs and beneficiaries, feedback for program planning and implementation? ☐ 2) Eliciting and using stakeholder, including CSOs and beneficiaries, feedback for review and/or evaluation of program performance data?	# Ticked	If 0-1= Red
	If 2, then Q2		
Q2	Are stakeholders, including CSOs and beneficiaries, engaged in planning and review activities? *Check all that apply:* ☐ 1) Stakeholders are engaged every 6-months in program planning and implementation activities ☐ 2) Stakeholders are engaged at least every 4 months in review and/or evaluation or performance data	# Ticked _____	If 0-1=Yellow If 2=Green
	SCORE		

CEE #: S_01_02 Condom Availability [ALL SITES-GEN]			
STANDARD: Each site has a reliable supply of condoms. Condoms have at least one month of shelf life before expiration, and are easily accessible to patrons/clients at the site.			
Comment:			
	Question	**Response**	**Scoring**
Q1 👀	Are both of these statements true? *Check all that apply:* ☐ 1) Condoms with at least one-month shelf life are available at this site? ☐ 2) Condoms with at least one-month shelf life are continuously available for the past three months	# Ticked _____	If 0-1=Red
	If 2, then Q2		
Q2 👀	Are condoms easily accessible to patrons/clients at the site (e.g., in a bowl on the counter, in a dispenser, or distributed directly to clients/patrons at the site)? ***Note**: Condoms are 'easily accessible' if available on-site, regardless of whether they are for sale or distributed free*.	Y N	If N=Yellow If Y =Green
	SCORE		

CEE #: S_01_03 Patient Rights, Stigma and Discrimination Policies [ALL SITES-GEN]			
STANDARD: Every site where HIV services are provided has a written statement, policy, or other written tools describing the rights of patients and the protection of all patients from stigma and discrimination regardless of age, disability, gender identity, HIV status, race, religion, or sex. All staff are trained on patient rights and protection of all patients from stigma and discrimination.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have a written statement, policy or tools stating that all patients are entitled to equal access to services? ***Note:*** *Documents should be available in local language.*	Y N	If N=Red
	If Y, then Q2		
Q2	Are there practices in place by which patients are made aware of these rights (e.g., statement posted in plain view, provider explains their rights)?	Y N	If N=Red
	If Y, then Q3		
Q3	Are all staff initially trained and given annual refresher training on patient rights and protection of all patients from stigma and discrimination? ***Note:*** *Staff are clinicians, management staff, support staff, volunteers. Documentation includes training logs, records of trainings provided etc.*	Y N	If N=Yellow
	If Y, then Q4		
Q4	Are BOTH of these statements true? *Check all that apply?* ☐ 1) There is a documented process/procedure for patients to report any problem related to accessing services confidentially, including discrimination against them personally ☐ 2) There is evidence that the site takes action in response to these reports	# Ticked _____	If 0-1=Yellow If 2=Green
	SCORE		

CEE #: S_01_04 Child Safeguarding [ALL SITES-GEN]			
STANDARD: Each site where PEPFAR supports service provision to children, or where personnel and volunteers regularly contact children, has a written child safeguarding policy to prevent and respond to abuse, exploitation, or neglect by (1) personnel and volunteers or (2) as a result of PEPFAR-supported programming. All personnel and program volunteers are trained on this policy.			
Instructions: Does the site's agreement with the prime partner or implementing USG agency require a child safeguarding policy? *If **NO**, check NA, and **SKIP** CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site have a written child safeguarding policy for preventing and responding to abuse, exploitation, or neglect by personnel and volunteers or as a result of PEPFAR-supported programming? ***Note:*** *(1) Personnel include clinical staff, management staff, support staff, and volunteers. (2) Documents should be available in local language.*	Y N	If N=Red
	If Y, then Q2		
Q2	Are all personnel trained on this child safeguarding policy? *Note: documentation may include training logs, personnel records, etc.*	Y N	If N=Red
	If Y, then Q3		
Q3	Is there at least one anonymous and/or confidential way to report abuse, exploitation, or neglect (i.e., suggestion box in the bathroom, call-in hotline, other)?	Y N	If N=Yellow If Y=Green
	SCORE		

CEE #: S_01_05 Support and Assessment of Staff Performance [ALL SITES-GEN]			
STANDARD: Each site has adequate measures in place to monitor and support health worker performance.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Do all site staff involved in the delivery of HIV services have a job description (different from national SOWs) or similar document that describes the staff roles and expectations (e.g., job aid, work flow charts that outline tasks for team members)?	Y N	If N=Red
	If Y, then Q2		
Q2	Which mechanisms are in place that facilitate performance feedback among health workers, their supervisors, and the clients? *Tick all that apply:* ☐ 1) Performance reviews that follow national plans/guidelines ☐ 2) Routine supervisory support ☐ 3) Quarterly collection of client feedback (e.g., survey, feedback box)	# Ticked _____	If 0-2=Yellow If 3 =Green
	SCORE		

CEE #: S_01_06 TB Infection Control [ALL SITES-GEN]			
STANDARD: Each facility has a TB infection control focal person, and implements a standard TB infection control plan to minimize the risk of TB transmission to patients and health care workers. The TB infection control plan includes the following: segregating and fast tracking of individuals who cough, instructing patients on cough etiquette, and well-ventilated waiting and clinic areas.			
Instructions: As part of the facility walk through for SIMS, assess Q2 and Q3 throughout and score based on any instance where the observations do not meet the requirements.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there an approved facility-specific TB infection control plan that addresses **All** of the following? *Tick all that apply:* ☐ 1) Identifying and segregating individuals who cough ☐ 2) Instructing patients on cough etiquette ☐ 3) Fast-tracking coughing patients for TB diagnostic work-up	# Ticked	If 0-2=Red
	If 3, then Q2		
Q2	Is there a staff person/focal person responsible for TB infection control activities?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Does the site include at least **one** of the following to minimize the risk of TB transmission to patients and health care workers: well-ventilated waiting area, air filtration, or UV irradiation? ***Note**: acceptable ventilation includes open windows that allow for a cross breeze and a window area that represents the equivalent of 20% of the floor area*	Y N	If N=Yellow If Y=Green
	SCORE		

CEE #: S_01_07 Waste Management [ALL SITES-GEN]			
STANDARD: Each site implements procedures for collection, storage, and disposal of infectious waste to prevent exposures to workers, patients, and the public. Procedures include segregation of infectious waste, posted waste disposal guidance, and secure storage of infectious waste inside and outside the site.			
*Instructions: Assess all the components of this CEE throughout the site, then complete the CEE scoring based on **any** instance where the observations do not meet the requirements.* *If the site does not generate infectious waste, check NA, and **SKIP** this CEE* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is infectious waste segregated from general waste and securely stored in separate, labeled, color-coded waste containers inside and outside the facility?	Y N	If N=Red
	If Y, then Q2		
Q2	Is all infectious waste (*regardless if stored inside or outside the facility*) securely stored and not accessible to the public?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Does the facility have the following? *Tick all that apply:* ☐ 1) Written procedures for infectious waste management and disposal available? ☐ 2) Posted guidance or job aides describing the types of waste and the process for waste segregation?	# Ticked	If 0-1 = Yellow If 2 = Green
	SCORE		

CEE #: S_01_08 Injection Safety [ALL SITES-GEN]			
STANDARD: Each site has appropriate injection and phlebotomy equipment and supplies and written, standardized safety procedures available to reduce risk of blood borne pathogen transmission to patients and healthcare workers.			
*Instructions: Assess all the components of this CEE throughout the site, then complete the CEE scoring based on **any** instance where the observations do not meet the requirements.* Does this site provide injections or phlebotomy services to patients? *If **NO**, check NA, and **SKIP** CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are **ALL** of the following available in the areas where blood is drawn? *Tick all that apply:* ☐ 1) Disposable gloves ☐ 2) Hand washing materials ☐ 3) Rigid World Health Organization-approved sharps containers	# Ticked _____	If 0-2=Red
	If 3, then Q2		
Q2	Is appropriate size equipment available for all applicable patient ages? (*Example: pediatric venous and capillary blood collection*)?	Y N	If N= Red
	If Y, then Q3		
Q3	Are **ALL** of the following in place? ☐ 1) Written procedures for safe blood collection ☐ 2) Post-exposure prophylaxis (PEP) specific site protocol for health care staff working at the site ***Note:*** *Guidelines do not qualify as a specific site protocol.*	# Ticked _____	If 0-1=Red
	If 2, then Q4		
Q4	Are PEP drugs or starter packs available at this site?	Y N	If N=Yellow If Y= Green
	SCORE		

CEE #: S_01_09 Provision of PrEP Services [ALL SITES-GEN]			
STANDARD: HIV-uninfected men and women who are at substantial risk of infection can access pre-exposure prophylaxis (PrEP) through high quality, safe, and friendly services.			
*Instructions: If the national policy does not include the provision of PrEP OR the site is not accredited to provide PrEP services, then check NA and **SKIP** CEE:* ***NA*** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standard training offered to site staff on PrEP provision?	Y N	If N=Red
	If Y, then Q2		
Q2	Is PrEP offered at an already existing service delivery point (ex. MCH, CTC/CCC, DIC etc.)? ***Note**: Examples of service delivery points include maternal and child health (MCH), Care and Treatment Clinics (CTC), Drop-in Centers (DIC), etc.*	Y N	If N=Yellow
	If Y, then Q3		
Q3	Does a PrEP initiation visit, as documented in the client assessment- or intake- or other such- form, include **ALL** the following? *Tick all that apply:* ☐ 1) Risk assessment ☐ 2) HIV testing ☐ 3) Screening for contraindications ☐ 4) Risk reduction counseling ☐ 5) Clear counseling on PrEP, including benefits, side effects, risks ☐ 6) Linkage to, or verification of existing linkage to, community peers and support networks, and any other applicable referrals ☐ 7) Providing services in a non-judgmental and professional manner	# Ticked _____	If 0-6=Yellow If 7=Green
	SCORE		

	SET 1B: ALL SITES -COMMODITIES MANAGEMENT		
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_01_10	Supply Chain Management	X	
S_01_11	Medication Dispensing	X	
S_01_12	Supply Chain Reliability-Adult ARVs		X
S_01_13	Supply Chain Reliability-Cotrimoxazole		X
S_01_14	Supply Chain Reliability-Isoniazid Preventive Therapy/TB Preventive Therapy/Rifapentine		X
S_01_15	Supply Chain Reliability-Pediatric ARVs		X
S_01_16	Supply Chain-Pediatric Cotrimoxazole		X
S_01_17	Supply Chain Reliability-Pediatric Isoniazid Preventive Therapy/TB Preventive Therapy/Rifapentine		X
S_01_18	Supply Chain Reliability-Rapid Test Kits		X

CEE #: S_01_10 Supply Chain Management [ALL SITES-COMM]			
STANDARD: Each site has an inventory management protocol for antiretrovirals (ARVs), cotrimoxazole (CTX), isoniazid preventive therapy (IPT)/other TB preventive regimens, and HIV rapid test kits (RTKs), and submits routine and accurate orders to maintain adequate stock (between established minimum/maximum stock levels).			
Instructions: Assess this CEE at the central pharmacy to ensure that each service delivery area within a facility has an adequate supply. Does this site provide ARVs, CTX, IPT/TB preventive therapy or RTKs for PEPFAR-supported patients? *If **NO**, check NA and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site use or do all of the following? *Tick all that apply:* ☐ 1) The site use inventory management tools (e.g., stock cards) to keep stock records ☐ 2) Stock cards are updated on a transactional basis (i.e., whenever stock is sent from the storage site to another site within the facility) ☐ 3) The site submitted a timely order for the commodities mentioned above (as defined by the in-country re-supply schedule or during the past 3 months) ***Note:*** *Ask to see the order form and cross check for each applicable product.*	# Ticked _____	If 0-2=Red
	If 3, then Q2		
Q2	Are the commodities indicated above stored in a storage facility site which meets **ALL** the following criteria? *Tick all that apply:* ☐ 1) Clean, free from evidence of pests or animals; ☐ 2) Well-ventilated and cool; ☐ 3) Equipped to store products on shelves/pallets/in cabinets and not on the floor or crushing each other; ☐ 4) All products shielded from direct sunlight; ☐ 5) Free from ceiling leaks; ☐ 6) Able to separate expired products from usable products ☐ 7) Secure storage facility has a lock or the ability to lock away all commodities and/or a security guard.	# Ticked _____	If 0-6 = Red
	If ALL, then Q3		
Q3	Does the pharmacy have written standard procedures for ordering off-schedule/emergency supplies?	Y N	If N=Yellow If Y=Green
	SCORE		

CEE #: S_01_11 Medication Dispensing [ALL SITES-COMM]			
STANDARD: Each site has a standard, written medication dispensing protocol and maintains complete and updated medication dispensing records or registers.			
Instructions: Assess this CEE at the main area where HIV-related medications are dispensed to patients. Does this facility dispense HIV-related medications (e.g., ARVs, IPT, and CTX) for patients? *If **NO**, check NA, and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there records (or documentation) of dispensed medications AND written medication dispensing protocols?	Y N	If N=Red
	If Y, then Q2		
Q2	*Look at the last 2 pages of the logbook or the medication dispensing records.* Are dispensing records legible, complete (i.e. all required information is provided) and up-to-date?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Are medication dispensing records reviewed routinely (i.e., at least monthly) to identify patients who have missed medication pick-ups? *Note: May include documentation of record review dates, documentation of follow-up actions to identify patients who missed a pick-up etc.*	Y N	If N=Yellow If Y=Green
	SCORE		

CEE #: S_01_12 Supply Chain Reliability-Adult ARVs [ALL SITES-COMM]			
STANDARD: Each site has a reliable supply of adult ARVs.			
Instructions: Assess this CEE at the central pharmacy to ensure that each service delivery area within a site has an adequate supply. Does this site provide ARVs for adults? *If **NO**, check NA, and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Has a stock-out of ARVs in the past 3 months resulted in an interruption of 1st or 2nd line ART (or a delay in ART initiation) for any patients at this site?	Y N	If Y=Red
	If N, then Q2		
Q2	Has a stock-out or low stock status of ARVs in the past 3 months required substitution of specific ARVs for any patients at this site?	Y N	If Y=Yellow
	If N, then Q3		
Q3	In the past 3 months, were any patients given appointments at short intervals to ration ARVs due to decreased ARV supply?	Y N	If Y=Yellow If N=Green
	SCORE		

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

CEE #: S_01_14 Supply Chain Reliability- Isoniazid Preventive Therapy/TB Preventive Therapy/Rifapentine [ALL SITES-COMM]			
STANDARD: Each site has a reliable supply of adult isoniazid/other regimen for isoniazid preventive therapy (IPT)/TB preventive therapy (TPT).			
Instructions: Assess this CEE at the central pharmacy to ensure that each service delivery area within a site has an adequate supply. Does this site provide IPT/TPT for adults? *If **NO**, check NA, and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Has a stock-out of medicines for TB preventive therapy (INH or other drugs) in the past 3 months resulted in an interruption of IPT/TPT treatment for any adult patients in this site?	Y N	If Y =Red
	If N, then Q2		
Q2	Has a stock-out or low stock status of IPT/TPT in the past 3 months required placement of an emergency order?	Y N	If Y=Yellow
	If N, then Q3		
Q3	In the past 3 months, were patients given appointments at short intervals to ration IPT/TPT due to decreased IPT/TPT supply?	Y N	If Y=Yellow If N= Green
	SCORE		

CEE #: S_01_15 Supply Chain Reliability -Pediatric ARVs [ALL SITES-COMM]			
STANDARD: Each site has a reliable supply of pediatric ARVs.			
Instructions: Assess this CEE at the central pharmacy to ensure that each service delivery area within a site has an adequate supply. Does this site provide ARVs for children? *If **NO**, check NA, and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Has a stock-out of pediatric formulations of 1st or 2nd line ARVs in the past 3 months resulted in an interruption of ART (or a delay in ART initiation) for any children at this site?	Y N	If Y=Red
	If N, then Q2		
Q2	Has any stock-out or low stock status of ARVs in the past 3 months required substitution of specific pediatric ARVs for children (or were children given adult formulations when such a substitution was not otherwise indicated or planned)?	Y N	If Y=Yellow
	If N, then Q3		
Q3	In the past 3 months, were any children given appointments at short intervals to ration medications due to decreased supply of pediatric ARVs?	Y N	If Y=Yellow If N=Green
	SCORE		

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

CEE #: S_01_17 Supply Chain Reliability- Pediatric Isoniazid Preventive Therapy/TB Preventive Therapy/Rifapentine [ALL SITES-COMM]			
STANDARD: Each site has a reliable supply of pediatric isoniazid/other regimen for isoniazid preventive therapy (IPT)/TB preventive therapy (TPT).			
Instructions: Assess this CEE at the central pharmacy to ensure that each service delivery area within a site has an adequate supply. Does this site provide IPT/TPT for pediatric patients? *If **NO**, check NA, and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Has a stock-out of medicines for TB preventive therapy (INH or other drugs) in the past 3 months resulted in an interruption of IPT/TPT treatment for any pediatric patients in this site (e.g., ART, PMTCT, etc.)?	Y N	If Y=Red
	If N, then Q2		
Q2	Has a stock-out or low stock status of IPT/TPT in the past 3 months required placement of an emergency order?	Y N	If Y=Yellow
	If N, then Q3		
Q3	In the past 3 months, were any pediatric patients given appointments at short intervals to ration of IPT/TPT due to decreased IPT/TPT supply?	Y N	If Y=Yellow If N=Green
	SCORE		

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

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

CEE #: S_01_19 Data Quality Assurance (Routine Activities) [ALL SITES-DATA QUAL]			
STANDARD: Each site follows routine data quality assurance (DQA) procedures to verify the accuracy and completeness of reported HIV program data on at least a quarterly basis.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have a documented process or set of standard operating procedures to ensure that the data it collects and reports to stakeholders accurately reflect the services provided at the site?	Y N	If N=Red
	If Y, then Q2		
Q2	Which of the following data quality assurance or review activities are completed at least ***quarterly*** at the site? *Tick all that apply:* ☐ 1) Reviews of registers and/or client record systems for data completeness ☐ 2) Crosschecking (comparing) monthly reported results with client records, pharmacy records, registers, or other data sources ☐ 3) Categorizing and separating active or enrolled client records from inactive/LTFU clients for reporting accuracy and client follow-up ☐ 4) Assessing results during data review meetings with program staff; highlighting data discrepancies or outlier values; and documenting data quality concerns ***Note:*** *Routine data quality assurance activities may be conducted either by on-site staff, implementing partner staff, or an external team assigned to review the site.*	# Ticked _____	If 0=Red If 1-2 =Yellow If 3-4=Green
	SCORE		

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

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

Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?
Example Indicator	*400*	*460*	*400-460 = -60*	*(-60/460) = -13%*	*13%*
TX_NEW					

	SCORE		

CEE #: S_01_22 Data Reporting Consistency – HTS_TST [ALL SITES-DATA QUAL]			
STANDARD: Indicator reports in DATIM for MER Indicator HTS_TST match summary reports maintained at facility level for the same reporting period.			
Instructions: Does this facility report on PEPFAR HTS_TST indicator? *If **NO**, check NA, and **SKIP** this CEE.* **NA** ☐ ***If YES, assessor must retrieve the facility-level DATIM indicator report for the last PEPFAR quarterly report prior to visit.***			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the facility have the summary report (monthly or quarterly) or summary number for the **exact same** reporting period of the DATIM report retrieved by the assessor for HTS_TST? ***Note:*** *A quarterly DATIM report may need to be reconstructed from 3 monthly reports found at the facility.* *HTS_TST is aggregated across all HIV testing points. Reports may need to be compiled from different testing points within a clinic; confirm with implementing partner which testing points contribute to the reported number in DATIM.*	Y N	If N=Red
	If Y, then Q2		
Q2	Using the DATIM report and the facility summary report(s), fill in the table below.	(E) ___%	If>10% =Red If >5% and =<10% =Yellow If =<5% = Green

Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion? (B)
Example Indicator	*400*	*460*	*400-460 = -60*	*(-60/460) = -13%*	*13%*
HTS_TST					

	SCORE		

CEE #: S_01_23 Data Reporting Consistency – PMTCT_STAT [ALL SITES-DATA QUAL]
STANDARD: Indicator reports in DATIM match summary reports maintained at facility level for the same reporting period.
Instructions: Does this facility report on PEPFAR PMTCT_STAT indicator? *If NO, check NA, and **SKIP** this CEE.* **NA** ☐ ***If YES, assessor must retrieve the facility-level DATIM indicator report for the last PEPFAR quarterly report prior to visit.***
Comment:

	Question	Response	Scoring
Q1 👀	Does the facility have the summary report (monthly or quarterly) or summary number for the **exact same** reporting period of the DATIM report retrieved by the assessor for PMTCT_STAT? ***Note:** A quarterly DATIM report may need to be reconstructed from 3 monthly reports found at the facility.*	Y N	If N=Red
	If Y, then Q2		
Q2	Using the DATIM report and the facility summary report(s), fill in the table below.	(E) ____**%**	If>10% =Red If >5% and =<10% =Yellow If =<5% = Green

Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?
Example Indicator	*400*	*460*	*400-460 = -60*	*(-60/460) = -13%*	*13%*
PMTCT_STAT					

	SCORE		

CEE #: S_01_24 Data Reporting Consistency – VMMC_CIRC [ALL SITES-DATA QUAL]			
STANDARD: Indicator reports in DATIM match summary reports maintained at facility level for the same reporting period.			
Instructions: Does this facility report on PEPFAR VMMC_CIRC indicator? *If **NO**, check NA, and **SKIP** this CEE.* **NA** ☐ ***If YES, assessor must retrieve the facility-level DATIM indicator report for the last PEPFAR quarterly report prior to visit.***			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the facility have the summary report (monthly or quarterly) or summary number for the **exact same** reporting period of the DATIM report retrieved by the assessor for VMMC_CIRC? ***Note:*** *A quarterly DATIM report may need to be reconstructed from 3 monthly reports found at the facility.*	Y N	If N=Red
	If Y, then Q2		
Q2	Using the DATIM report and the facility summary report(s), fill in the table below.	(E) **___%**	If>10% =Red If >5% and =<10% =Yellow If =<5% = Green

Indicator Name	(A) DATIM Report	(B) Facility Report (s)	(C) Difference DATIM – Facility (A-B)	(D) % Difference (C/B)	(E) Absolute difference proportion?
Example Indicator	*400*	*460*	*400-460 = -60*	*(-60/460) = -13%*	*13%*
VMMC_CIRC					

	SCORE		

SET 2A: CARE AND TREATMENT-GENERAL POPULATION (NON-KEY POPS FACILITIES)			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_02_01	Retesting for Verification before/at ART Initiation	X	
S_02_02	Patient Tracking-ART Patients*	X	
S_02_03	Rapid ART Initiation	X	
S_02_04	Viral Load Access and Monitoring		X
S_02_05	Management of High Viral Load	X	
S_02_06	Appointment Spacing and Multi-Month Drug Dispensing		X
S_02_07	Partner Services	X	
S_02_08	Routine HIV Testing of Children of Adult Patients	X	
S_02_09	TB Screening		X
S_02_10	TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT)	X	
S_02_11	Cotrimoxazole (CTX)		X
S_02_12	TB Diagnostic Evaluation Cascade		X
S_02_13	Community-Based Linkage and Retention Support Services		X
S_02_14	Service Referral and Linkage System		X
S_02_15	Family Planning / HIV Integration Service Delivery		X
S_02_16	Community-Based Delivery of Family Planning Services		X
S_02_17	Cervical Cancer Screening Capacity		X

CEE #: S_02_01 Retesting for Verification before/at ART Initiation [C&T GEN POP]			
STANDARD: All newly diagnosed HIV-positive and pre-ART adult and adolescent patients are retested to verify their HIV diagnosis prior to, or at the time of, ART initiation using the national HIV testing algorithm.			
Instructions: HIV Retesting for verification occurs prior to or at the time of ART initiation using a new specimen from either (1) a newly diagnosed individual or (2) a previously diagnosed individual who has not initiated ART. In either case, a provider who is different from the provider who performed the previous HIV tests for that individual must conduct retesting for verification.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Do the national HIV Testing Services (HTS) or ART guidelines include retesting for verification prior to or at ART initiation?	Y N	If N = Red
	If Y, then Q2		
Q2	Is a standardized process available for conducting and documenting retesting for verification prior to or at ART initiation?	Y N	If N = Yellow
	If Y, then Q3		
Q3	*Review the last 10 register entries or charts (whichever source has the most updated information) of adult and adolescent patients ≥15 years old who newly initiated ART in the last 3 months to confirm that retesting for verification* prior to or at ART initiation *is documented.* What percent of adult and adolescent patient records reviewed have documentation that retesting for verification occurred before ART initiation? *(i.e., the site knows the client or patient was retested for verification before/at ART initiation)* ***Numerator*** *= _____# of records with documented retesting for verification* ***Denominator*** *= _____# Total number of records reviewed*	_____ %	If <80% = Yellow If ≥80% = Green
	SCORE		

CEE #: S_02_02 Patient Tracking-ART Patients [C&T GEN POP] (DUP)			
STANDARD: Each ART site has a standard procedure for identifying and tracking adult and adolescent ART patients who have defaulted on their appointments. The system includes procedures for patient identification and tracking; standardized documentation showing evidence of more than one attempt to bring the patient back into care; and the results/outcome of tracking efforts.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there standard procedures for identifying and tracking adult and adolescent ART patients who have missed an appointment?	Y N	If N=Red
	If Y, then Q2		
Q2	*Review tracking documents (logbooks, registers, patient files etc) for the last the last ten ART patients who missed their most recent appointment.* What percent of tracking documents reviewed, from ART patients who missed their most recent appointment, had evidence of more than one attempt to bring the patient back into care (e.g., names of those with missed appointments, evidence of phone calls, linked to outreach workers) documented? ***Numerator*** *= _____ # of ART tracking documents reviewed, for ART patients who missed their most recent appointment, that include evidence of more than one attempt to bring the patient back into care (e.g., names of those with missed appointments, evidence of phone calls, linked to outreach workers)* ***Denominator =*** *_____ # of ART tracking documents reviewed for patients who missed their most recent appointment*	____%	If =<80%=Red
	If >80%, then Q3		

Q3 👀	*Review tracking documentation (logbooks, registers, patient files etc) for the last the last ten ART patients who missed their most recent appointment.* What percent of tracking documents reviewed, from ART patients who missed their most recent appointment, have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented? ***Numerator =*** *_____ # of ART tracking documents reviewed, for ART patients who missed their most recent appointment, that have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented* ***Denominator =*** *_____ # of ART patient tracking documents reviewed for patients who missed their most recent appointment*	_____%	If <80% =Yellow If >= 80% =Green
	SCORE		

CEE #: S_02_03 Rapid ART Initiation [C&T GEN POP]			
STANDARD: HIV-positive individuals are offered the option of rapid or same-day ART, according to guidelines and national policy. *Instructions: Is rapid or same-day ART currently a part of or allowed per national guidelines?* *If **NO**, check NA, and **SKIP** CEE:* ☐			**NA**
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site offer rapid ART initiation/test and start (within 14 days of diagnosis) **OR** same-day initiation to newly diagnosed adults and adolescents ≥15 years old?	Y N	If N = Red
	If Y, then Q2		
Q2 👀	*Review 10 register entries or charts (whichever source has the most updated information) of newly diagnosed HIV-positive adult and adolescent patients ≥15 years old who attended the clinic within the last 90 days.* What percentage of register entries or charts reviewed show evidence that HIV-positive patients received same day or rapid ART initiation? ***Note:*** *Records should only be from newly diagnosed HIV-positive patients.* ***Numerator***_____*# of register entries or charts reviewed of newly diagnosed adolescent patients, ≥15 years old who attended the clinic within the last 90 days, showing evidence that HIV-positive patients received same day or rapid ART initiation* ***Denominator***: _____*# of register entries or charts reviewed of newly diagnosed adolescent patients ≥15 years old who attended the clinic within the last 90 days.*	_____%	If =<80% = Yellow If >80% = Green
	SCORE		

CEE #: S_02_04 Viral Load Access and Monitoring [C&T GEN POP] (DUP)			
STANDARD: Patients on antiretroviral therapy (ART) receive routine monitoring for virologic suppression through assessment of viral load, per national guidelines, and the results are documented in the medical record.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site have access to viral load testing for adolescent and adult patients?	Y N	If N = Red
	If Y, then Q2		
Q2 👀	*Review 10 charts of adult and adolescent patients ≥15 years old on ART ≥12 months.* What percentage of charts reviewed, from adult and adolescent patients ≥15 years old on ART ≥12 months, show that the most recent viral load test was ordered within the appropriate interval, per the national guidelines? ***Note:*** *Modify chart review to fit the national guidelines. Countries may opt to exclude charts if viral load was collected within the last 4 weeks to allow adequate time for results to be returned; replace any excluded charts to review a total of ten. Viral load monitoring is expected to occur on an ongoing basis (e.g., every 3, 6, or 12 months per national guidelines).* ***Numerator****:* _____*# of* charts reviewed, from adult and adolescent patients ≥15 years old on ART ≥12 months, showing that the most recent viral load test was ordered within the appropriate interval, per the national guidelines ***Denominator***: _____*# of charts reviewed from adult and adolescent patients ≥15 years old on ART ≥12 months*	_____%	If <80% = Yellow
	If ≥80%, then Q3		
Q3 👀	*Review the same 10 charts of adult and adolescent patients ≥15 years old on ART ≥12 months.* What percent of adult and adolescent charts reviewed have a documented <u>result returned</u> for the most recent viral load test? *Numerator: ____# of charts reviewed, from adult and adolescent patients ≥15 years old on ART ≥12 months, with a documented returned result for the most recent viral load test*	_____%	If <70% = Red If ≥70% and <90% =Yellow If ≥90% = Green

	Denominator: ____Total # of charts reviewed, from adult and adolescent patients ≥15 years old on ART ≥12 months, with recent viral load test		
	SCORE		

CEE #: S_02_05 Management of High Viral Load [C&T GEN POP] (DUP)			
STANDARD: Patients on antiretroviral therapy (ART) with virologic non-suppression are tracked and receive enhanced adherence counseling (EAC) and repeat viral load monitoring per national guidelines to assess for virologic failure and the potential need to switch ART regimens.			
Instructions: EAC includes focused counseling sessions, typically led by a lay health worker or counselor, on the importance of adhering to the medication. *If a site does not offer these services, check NA and **SKIP** this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have a written procedure, which includes the following features, to manage patients with non-suppressed viral load results? *Tick all that apply:* ☐ 1) Tracking and urgently following-up with patients who have non-suppressed viral load results ☐ 2) Providing age-appropriate EAC ☐ 3) Follow-up viral load testing ☐ 4) Assessing the need to switch ART regimens in patients with virologic failure after completing EAC	# Ticked _____	If 0-1= Red
	If ≥2, then Q2		
Q2	*Review 10 records (e.g., charts, high viral load register, EMR entries) of adult and adolescent patients on ART ≥12 months with virologic non-suppression.* ***Notes:** This review should distinguish the management of patients with non-suppressed viral load results from patients with virologic suppression.* • *If assessing Set 2B at this site and reviewing pediatric records, select only adults ≥20 years old. If **only** assessing Set 2A, select both adolescents and adults ≥15 years old.* What percent of records reviewed have documentation of at least 1 EAC session after the date of virologic non-suppression (e.g., VL ≥1000 copies/mL or criteria based on national guidelines)? ***Numerator** = _____ # of records of patients who received at least 1 EAC session after date of virologic non-suppression* ***Denominator** = _____# of records reviewed of adult and adolescent patients on ART ≥12 months with virologic non-suppression.*	_____%	If <70% = Red
	If ≥ 70%, then Q3		

Q3 👀	*Review the same 10 records of patients on ART ≥12 months with virologic non-suppression.* What percent of the same records reviewed (e.g., charts, high viral load register or EMR entries) have documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥1000 copies/mL)? ***Numerator***= _____ *# of records reviewed (e.g., charts, high viral load register or EMR entries) with documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥1000 copies/mL* ***Denominator***= _____ *# of records reviewed of adult and adolescent patients on ART ≥12 months with virologic non-suppression.*	_____%	If <70% = Yellow If ≥70% = Green
	SCORE		

CEE #: S_02_06 Appointment Spacing and Multi-Month Drug Dispensing [C&T GEN POP] (DUP)			
STANDARD: Each site offers differentiated models of service delivery for adolescent and adult patients ≥15 years old (e.g., appointment spacing, multi-month drug dispensing, and community dispensation) to meet the needs of stable ART patients and triage or fast-track of appointments for unstable ART patients and those with advanced HIV infection.			
Instructions: Are differentiated models of service delivery (e.g., appointment spacing, multi-month dispensing) currently allowed in national guidelines? *If **NO**, check NA, and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site distinguish between stable and unstable patients, and have a standard definition of a 'stable ART patient' for adolescent and adult patients?	Y N	If N=Red
	If Y, then Q2		
Q2	Does the site use or provide the following for adolescent and adult patients? *Tick all that apply:* ☐ 1) 3-6 month routine follow-up visits for stable ART patients ☐ 2) Multi-month (≥3 months) ARV prescribing for stable patients ☐ 3) Multi-month ARV dispensing (≥3 month supply) for stable ART patients ☐ 4) Fast-track pharmacy pick-up of ARVs for stable ART patients ☐ 5) Community service delivery models (e.g., community ART groups or distribution points like home distribution)	# Ticked _____	If 0-2=Yellow If 3-5= Green
	SCORE		

CEE #: S_02_07 Partner Services [C&T GEN POP] (DUP)			
STANDARD: HIV-positive patients are offered partner services that include counseling on safe disclosure of HIV status to their sex partner(s) and/or injecting drug partner(s) and HIV partner testing, either onsite or through referral to a health facility or through or community-based approaches.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is counseling on the importance of both safe disclosure and testing of all sexual and/or injecting drug partner(s) provided?	Y N	If N=Red
	If Y, then Q2		
Q2	Are partner HIV-testing services provided (either onsite or through referral)? ***Note:*** *Partner testing approaches include any of the following: 1) contact referral, 2) provider referral, 3) dual referral, 4) client referral, 5) HIV self-testing kits provided to clients to provide to their sex partner(s). HIV testing of the partner(s) may be offered onsite, at a standalone VCT clinic located within the facility, or via HIV self-test kits.*	Y N	If N=Red
	If Y, then Q3		
Q3 👀	*Review 10 register entries (individual or index/partner testing logbook) or charts (whichever source has the most updated information) of HIV-positive adult and adolescent patients ≥15 years old on ART ≥12 months.* What percent of reviewed patient records document HIV testing or HIV status of all elicited partner(s)? **Numerator** = ____*# of HIV-positive patient records reviewed that have all elicited partner(s) with documented HIV-testing status (e.g., positive, known positive, negative, declined, or unable to reach)* ***Denominator*** *= ____ # of HIV-positive patient records reviewed*	_____%	If <90%=Yellow If ≥90%=Green
	SCORE		

CEE #: S_02_08 Routine HIV Testing of Children of Adult Patients [C&T GEN POP]			
STANDARD: Biological children and adolescents (<15 years old) of HIV-positive adults have a documented (or known) HIV status.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standardized practice to ensure routine testing of biological children (<15 years old) of adult ART patients?	Y N	If N=Red
	If Y, then Q2		
Q2 👀	*Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive adults and adolescent patients ≥15 years old on ART ≥12 months.* What percentage of reviewed charts have documentation of HIV testing status (e.g., positive, negative, declined) for all biological children <15? ***Numerator*** *= _____# of charts reviewed where all biological children <15 have documented HIV-testing status (e.g., positive, negative, declined)* ***Denominator*** *= _____# of HIV positive patient records reviewed*	_____%	If <70%=Red If ≥70% and <90% Yellow If ≥90%= Green
	SCORE		

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

CEE #: S_02_10 TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT) [C&T GEN POP] (DUP)			
STANDARD: HIV-positive patients who screen negative for active tuberculosis (TB) receive TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT) per national guidelines.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standardized practice for administration of TPT/IPT among HIV-positive adult and adolescent patients?	Y N	If N=Red
	If Y, then Q2		
Q2 👀	Does this site have a TPT/IPT register and/or another method that allows tracking of who *started* and *completed* TPT/IPT within a given reporting period? ***Note:*** *"Completed" includes those patients who started and completed 6 months of TPT/IPT and those on continuous TPT/IPT after 6 months of "completion".*	Y N	If N=Red
	If Y, then Q3		
Q3 👀	*Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive adult and adolescent patients ≥15 years old on ART ≥12 months).* What percent of reviewed records show evidence that HIV-positive adult and adolescent patients, who screened negative for active TB during their HIV clinic visits, were ever initiated on TPT/IPT? ***Numerator****: _____# of register entries or charts reviewed, from HIV-positive adult and adolescent patients ≥15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits, with evidence showing the patient was started on TPT/IPT?* ***Denominator****: _____# of register entries or charts reviewed* from *HIV-positive adult and adolescent patients ≥15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits*	_____%	If <70%=Red If ≥70% and <90% = Yellow If ≥90%=Green
	SCORE		

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

CEE #: S_02_12 TB Diagnostic Evaluation Cascade [C&T GEN POP] (DUP)			
STANDARD: Every site has standardized procedures for documenting HIV-positive adult and adolescent patients with presumptive tuberculosis (TB) (in a line list or register) and a referral and follow-up mechanism to ensure TB diagnostic evaluation, in accordance with national testing algorithms.			
Instructions: *If there are **NO** adult or adolescent patients with presumptive TB, check NA, and skip this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there standardized procedures for documenting HIV-positive adult and adolescent patients with presumptive TB and providing referral and follow-up to ensure TB diagnostic evaluation (e.g., smear, culture or Xpert MTB/RIF)?	Y N	If N=Red
	If Y, then Q2		
Q2	Is there a line list/register for HIV-positive adult and adolescent patients with presumptive TB to document diagnostic evaluation and treatment?	Y N	If N=Red
	If Y, then Q3		
Q3	*Review the last 10 entries in the line list/register of HIV-positive adult and adolescent patients ≥15 with presumptive TB.* What percent of the reviewed entries of HIV-positive adult and adolescent patients who are presumed to have TB have documented smear microscopy, culture or Xpert MTB/RIF results? ***Numerator**: ____# of reviewed entries of HIV-positive adult and adolescent patients ≥15 who are presumed to have TB with documented smear microscopy, culture or Xpert MTB/RIF results* ***Denominator**_____# of reviewed entries of HIV-positive adults and adolescent patients ≥15 who are presumed to have TB*	_____%	If <80%=Yellow
	If ≥80%, then Q4		

Q4 👀	*Review the same last 10 entries in the line list/register of HIV-positive adult and adolescent patients presumptive TB.* What percent of the same reviewed entries of HIV-positive adult and adolescent patients who are presumed to have TB received molecular testing as their first-line diagnostic test? ***Numerator**: ____# of same reviewed entries, of HIV-positive adult and adolescent patients ≥15 who are presumed to have TB, with documented receipt of molecular testing as their first-line diagnostic test* ***Denominator**: ___# of same reviewed entries of HIV-positive adults and adolescent patients ≥15 who are presumed to have TB*	_____%	If <90%=Yellow If ≥90%=Green
	SCORE		

CEE #: S_02_13 Community-Based Linkage and Retention Support Services [C&T GEN POP]			
STANDARD: Each site that provides care and support services has standardized procedures for providing and documenting all the following core elements: • Retention/adherence support for ART beneficiaries/clients • Referral and linkage to health facilities providing comprehensive HIV care • Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate			
Comment:			
	Question	**Response**	**Scoring**
Q1	Which of the following services does this site provide? *Tick all that apply:* ☐ 1) Retention/adherence support for ART beneficiaries/clients ☐ 2) Referral and linkage to health facilities providing comprehensive HIV care ☐ 3) Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate	# Ticked _____	If 0 = Red If 1-2 = Yellow
	If 3, then Q2		
Q2	Is there a written SOP addressing each of the core elements? *Tick all that apply:* ☐ 1) Support for retention for ART beneficiaries/clients ☐ 2) Referral and linkage to health facilities providing comprehensive HIV care ☐ 3) Basic beneficiary/client assessments, documenting clinical and psychosocial needs with linkage/referral to other services as appropriate	# Ticked _____	If 0-2 = Yellow If 3 = Green
	SCORE		

CEE #: S_02_14 Service Referral and Linkage System [C&T GENPOP]			
STANDARD: Sites supporting prevention and care outreach programs refer beneficiaries/clients to other high-impact HIV services (both community and facility) and track those referrals to support their successful completion.			
Comment:			
	Question	**Response**	**Scoring**
Q1	A system is in place with standardized tools (e.g., referral forms/vouchers given to beneficiaries, registers used for tracking) to track the following: *Tick all that apply:* ☐ 1) Referrals made to high-impact services (e.g., HTSC, STI screening and treatment, HIV care, PLHIV support groups, OVC programs, PMTCT, TB, VMMC, condom and lubricant provision, post-violence care, PrEP) ☐ 2) Whether the beneficiary/client received those services	# Ticked _____	If 0-1 = Red
	If 2, then Q2		
Q2	*Review 10 referral records (individual or logbook) for any 10 clients/beneficiaries from the last three months.* Of the reviewed referral records to any of the above high-impact services, what percentage have been successfully linked to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)? ***Numerator**: ____# of referral records reviewed, for clients/beneficiaries in the last three months, to any high-impact service with documentation of successful linkage to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)* ***Denominator**: _____# of referral records reviewed, for clients/beneficiaries in the last three months, to any high-impact service*	____%	If <70% = Yellow If ≥70% = Green
	SCORE		

CEE #: S_02_15 Family Planning /HIV Integration Service Delivery [C&T GEN POP]			
STANDARD: All clients attending HIV services have access to high-quality, voluntary family planning counseling and services, including safer pregnancy counseling and contraceptives, depending upon their fertility intentions.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is family planning education and/or counseling routinely offered onsite to clients who wish to delay or prevent pregnancy?	Y N	If N=Red
	If Y, then Q2		
Q2	Is safer conception/pregnancy counseling routinely offered onsite to PLHIV who wish to have children?	Y N	If N=Red
	If Y, then Q3		
Q3	Do clients have access to at least three contraceptive methods either onsite or through referral? (e.g., condoms, oral contraceptive pills, injectables, implants, intra-uterine devices (IUDs), fertility awareness methods, vasectomy, tubal ligation)	Y N	If N=Yellow
	If Y, then Q4		
Q4	Are education materials (IEC) about contraception and safe conception on display or available to clients (e.g., pamphlets, posters, brochures, inserts) accessing this service delivery point?	Y N	If N=Yellow
	If Y, then Q5		
Q5	Has there been a stockout within the past 3 months of any contraceptive methods usually provided onsite?	Y N	If Y=Yellow If N= Green
	SCORE		

CEE #: S_02_16 Community-Based Delivery of Family Planning Services [C&T GEN POP]			
STANDARD: Community-based delivery of family planning services should include high quality, voluntary family planning counseling and services, including safe conception/pregnancy counseling and contraceptives.			
Instructions: This CEE should be assessed at sites where contraceptives are distributed in the community. *Does this site's agreement with the prime partner or USG implementing agency include funding to support family planning education and services, directly or through referrals?* *If **NO**, check NA, and **SKIP** CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Do trained community care providers deliver information on family planning, safe conception/pregnancy, and available family planning services to community members and groups?	Y N	If N = Red
	If Y, then Q2		
Q2	Do all community care providers provide referrals to a health facility for additional information on family planning services and methods?	Y N	If N = Red
	If Y, then Q3		
Q3	Do health providers and/or supervisors conduct supportive supervision visits on at least a quarterly basis to monitor the quality of family planning activities provided by community care providers?	Y N	If N = Yellow
	If Y, then Q4		
Q4	Is there a process for tracking family planning referrals to confirm the beneficiary/client received the service? Note: If the service is directly provided, then Y.	Y N	If N=Yellow If Y= Green
	SCORE		

CEE#: S_02_17 Cervical Cancer Screening Capacity [C&T GEN POP]			
STANDARD: All sites offering cervical cancer screening and/or precancerous lesion treatment services have in place the procedures, equipment and processes necessary to provide high-quality services.			
Instructions: Assess this CEE based on which activities this site is expected to provide (e.g., cervical cancer screening, cryotherapy) *Does this site use ANY PEFPAR funding or PEPFAR support to provide cervical cancer screening and/or precancerous lesion treatment services to HIV positive women? If **NO**, check NA, and **SKIP** CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have the following? *Tick all that apply:* ☐ 1) Standardized procedures (and algorithms, where applicable) for onsite provision of cervical cancer screening *(Look for documentation)* ☐ 2) Standardized procedures for management of women with positive screening results, including referral (e.g., for cryotherapy (if not available onsite), loop electrosurgical excision procedure (LEEP), and further evaluation for suspected invasive cervical cancer) *(Look for documentation)* ☐ 3) Clinical staff, who provide cervical cancer secondary prevention services, are trained for screening and cervical cryotherapy ***Note:** Clinical staff include nurses, midwives, doctors, clinical officers*	# Ticked ____	If 0-2=Red
	If 3, then Q2		
Q2	Does the facility area where cervical cancer screening services are provided have the following basic elements? *Tick all that apply:* ☐ 1) Private area with gynecological exam table ☐ 2) Sterilized reusable (or new disposable) specula ☐ 3) Bright light source ☐ 4) Exam gloves ☐ 5) Disinfectant for specula and other equipment (i.e., facilities for universal precaution) ☐ 6) Hand washing station ☐ 7) Appropriate screening tools (3%-5% acetic acid for visual inspection with acetic acid (VIA) screening; or HPV test kit for HPV testing; or glass slides, cover slips, and fixatives for Pap smear)	# Ticked ____	If 0-6=Red

	If 7, then Q3		
Q3 👀	*Review cervical screening register or logbook entries from all women screened 90 days prior OR the previous 10 entries/records (whichever is less), of women with positive cervical cancer screening test results.* What percentage of women having a positive cervical cancer screening test result were either referred for precancerous lesion treatment or completed treatment onsite? ***Numerator***= ___*# of women with positive cervical cancer screening result who were REFERRED for OR COMPLETED precancerous lesion treatment* ***Denominator***= ____*# of women with positive cervical cancer screening results*	____%	<80% = Yellow ≥80% = Green
	SCORE		

SET 2B: CARE AND TREATMENT FOR HIV-INFECTED CHILDREN			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_02_18	Retesting for Verification before/at ART Initiation	X	
S_02_19	Patient Tracking-ART Patients	X	
S_02_20	First-line ART Regimen for Young Children		X
S_02_21	Dosing of Pediatric and Adolescent ARVs		X
S_02_22	Viral Load Access and Monitoring	X	
S_02_23	Management of High Viral Load	X	
S_02_24	Appointment Spacing and Multi-Month Drug Dispensing		X
S_02_25	Routine HIV Testing for Children and Adolescents		X
S_02_26	TB Screening		X
S_02_27	TB Preventive Therapy (TPT) / Isoniazid Preventive Therapy (IPT)	X	
S_02_28	Cotrimoxazole (CTX)		X
S_02_29	TB Diagnostic Evaluation Cascade		X
S_02_30	Support Services for Adolescents Living with HIV		X
S_02_31	Community -Based Linkage and Retention Support Services		X
S_02_32	Service Referral and Linkage System		X

CEE #: S_02_18 Retesting for Verification before/at ART Initiation [C&T PEDS] (DUP)			
STANDARD: All newly diagnosed HIV-positive pediatric patients are retested to verify their HIV diagnosis prior to, or at the time of, ART initiation using the national HIV testing algorithm.			
Instructions: HIV Retesting for verification occurs prior to or at the time of ART initiation using a new specimen from either (1) a newly diagnosed individual or (2) a previously diagnosed individual who has not initiated ART. In either case, a provider who is different from the provider who performed the previous HIV tests for that individual must conduct retesting for verification.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Do the national HIV Testing Services (HTS) or ART guidelines include retesting for verification prior to or at ART initiation?	Y N	If N = Red
	If Y, then Q2		
Q2	Is there a standardized process for conducting and documenting the retesting for verification prior to or at ART initiation?	Y N	If N = Yellow
	If Y, then Q3		
Q3	*Review 10 register entries or charts (whichever source has the most updated information) of pediatric patients who newly initiated on ART in the last 3 months to confirm that retesting for verification prior to or at initiation is documented.* What percent of pediatric patient records reviewed have documentation that retesting for verification occurred before ART initiation? *(i.e., the site knows the client or patient was retested for verification prior to or at ART initiation)* **Numerator** = _____*# of records reviewed, from pediatric patients who newly initiated ART in the last three months, with documented retesting for verification* **Denominator** = _____*# Total number of records reviewed from pediatric patients who newly initiated ART in the last three months*	_____ %	If <80% = Yellow If ≥80% = Green
	SCORE		

CEE #: S_02_19 Patient Tracking-ART Patients [C&T PEDS] (DUP)			
STANDARD: Each ART site has a standard procedure for identifying and tracking pediatric ART patients who have defaulted on their appointments. The system includes procedures for patient identification and tracking; standardized documentation showing evidence of more than one attempt to bring the patient back into care; and the results/outcome of tracking efforts.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there standard procedures for identifying and tracking pediatric ART patients who have missed an appointment?	Y N	If N=Red
	If Y, then Q2		
Q2	*Review tracking documentation (*logbooks, registers, patient files etc.) *for the last the last ten pediatric ART patients who missed their most recent appointment.* Is ART patient tracking documentation updated with evidence of more than one attempt to bring the pediatric patient back into care (e.g., names of those with missed appointments, evidence of phone calls, linked to outreach workers)? ***Numerator**: _____# of ART tracking documents reviewed, for pediatric ART patients who missed their most recent appointment, that include evidence of more than one attempt to bring the patient back into care (e.g., names of those with missed appointments, evidence of phone calls, linked to outreach workers)* ***Denominator**: _____# of ART tracking documents reviewed for pediatric ART patients who missed their most recent appointment*	% _____	If ≤80% = Red
	If >80%, then Q3		

Q3	*Review tracking documentation (*logbooks, registers, patient files etc.) *for the last the last ten pediatric ART patients who missed their most recent appointment.* What percent of tracking documents reviewed, from ART pediatric patients who missed their most recent appointment, have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented? ***Numerator****: Number of ART tracking documents reviewed, for pediatric ART patients who missed their most recent appointment, that* have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented ***Denominator****: Number of ART patient tracking documents reviewed for pediatric patients who missed their most recent appointment*	% _____	If <80% = Yellow If ≥80% = Green
	SCORE		

CEE#: S_02_20 First-line ART Regimen for Young Children [C&T PEDS]			
STANDARD: Lopinavir/ritonavir available as a standard first-line antiretroviral treatment regimen for children living with HIV who are less than three years of age.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are pediatric formulations of lopinavir/ritonavir available onsite (including tablets)?	Y N	If N= Red
	If Y, then Q2		
Q2 👀	Is a 'child-friendly' formulation of lopinavir/ritonavir available for children <3, who are unable to swallow tablets? ☐ 1) Syrup ☐ 2) Pellets or granules	# Ticked ____	If 0 = Yellow If ≥1 = Green
	SCORE		

CEE #: S_02_21 Dosing of Pediatric and Adolescent ARVs [C&T PEDS]			
STANDARD: Each site providing treatment services to children should be equipped, at the point of care for pediatric patients, with current pediatric ARV weight band dosing tools to provide appropriate pediatric dosing according to national guidelines.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a pediatric ARV dosing tool (e.g., table, wheel, and brochure) that provides all ARVs in the nationally recommended regimens available to the ARV provider? ***Note**: A tool must available to review. If a tool is not present or unavailable for inspection, mark response as No.*	Y N	If N=Red
	If Y, then Q2		
Q2	Is there a specific place to document the child's weight and ART dose for each clinic visit in the patient chart or register?	Y N	If N=Yellow If Y=Green
	SCORE		

CEE #: S_02_22 Viral Load Access and Monitoring [C&T PEDS] (DUP)			
STANDARD: Pediatric patients on antiretroviral therapy (ART) receive routine monitoring for virologic suppression through assessment of viral load per national guidelines, and the results are documented in the medical record.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site have access to viral load testing for pediatric patients?	Y N	If N = Red
	If Y, then Q2		
Q2	*Review 10 charts of pediatric patients <15 years old on ART ≥12 months.* What percentage of charts reviewed document that the most recent viral load test was ordered within the appropriate interval, per the national guidelines*?* ***Note:*** *Modify chart review to fit the national guidelines. Countries may opt to exclude charts if viral load was collected within the last 4 weeks to allow adequate time for results to be returned; replace any excluded charts to review a total of ten. Viral load monitoring is expected to occur on an ongoing basis (e.g., every 3, 6, or 12 months per national guidelines).* ***Numerator****: ____# of charts reviewed, of pediatric patients on ART for least 12 months, with a documented viral load test ordered within the appropriate interval, per the national guidelines* ***Denominator****: ____Total # of charts reviewed, of pediatric patients on ART for at least 12 months*	% _____	If ≤ 70% = Red
	If >70%, then Q3		
Q3	*Review the same 10 charts of pediatric patients<15 years old on ART ≥12.* What percent of charts reviewed have a documented result returned for the most recent viral load test? ***Numerator****: ____# of charts reviewed, of pediatric patients on ART for least 12 month, with a documented returned result for the most recent viral load test* ***Denominator****: ____Total # of charts reviewed, of pediatric patients on ART for least 12 months, with recent viral load test documented*	_____%	If <70% = Red If ≥70% and <90% =Yellow If ≥90% = Green
	SCORE		

CEE #: S_02_23 Management of High Viral Load [C&T PEDS] (DUP)			
STANDARD: Pediatric and adolescent patients on antiretroviral therapy (ART) with virologic non-suppression are tracked and receive enhanced adherence counseling (EAC) and repeat viral load monitoring per national guidelines to assess for virologic failure and the potential need to switch ART regimens.			
Instructions: EAC includes focused counseling sessions, typically led by a lay health worker or counselor, on the importance of adhering to the medication. *If a site does not offer these services, check NA and **SKIP** this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have a written procedure, which includes the following features, to manage pediatric patients with non-suppressed viral load results? *Tick all that apply:* ☐ 1) Tracking and urgently following-up with patients who have non-suppressed viral load results ☐ 2) Providing age-appropriate EAC ☐ 3) Follow-up viral load testing ☐ 4) Assessing the need to switch ART regimens in patients with virologic failure after completing EAC	# Ticked _____	If ≤1 = Red
	If ≥2, then Q2		
Q2	*Review 10 records (e.g., charts, high viral load register, EMR entries) of 5 pediatric (<10 years old) and 5 adolescent (10-19 years old) patients on ART ≥12 months with virologic non-suppression.* ***Note:** This review should distinguish the management of patients with non-suppressed viral load results from patients with virologic suppression.* What percent of pediatric and adolescent records reviewed have documentation of at least one EAC session after the date of virologic non-suppression (e.g., VL ≥1000 copies/mL or criteria based on national guidelines)? ***Numerator** = _____ # of patient records reviewed, from pediatric patients with virologic non-suppression, with documentation of at least one EAC session after the date of virologic non-suppression* ***Denominator** = _____# of patient records reviewed for patients with virologic non-suppression*	_____%	If <70% = Red
	If ≥ 70%, then Q3		

Q3 👀	*Review the same 10 records of 5 pediatric (<10 years old) and 5 adolescent (10-19 years old) patients on ART ≥12 months with virologic non-suppression.* What percent of the same pediatric and adolescent records reviewed (e.g., charts, high viral load register or EMR entries) have documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥1000 copies/mL)? ***Numerator****: Number of patient records reviewed (e.g., charts, high viral load register or EMR entries) with documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥1000 copies/mL)* ***Denominator****: Number of patient records reviewed of patients on ART ≥12 months with virologic non-suppression.*	_____%	If <70% = Yellow If ≥70% = Green
	SCORE		

CEE #: S_02_24 Appointment Spacing and Multi-Month Drug Dispensing [C&T PEDS] (DUP)			
STANDARD: Each site offers differentiated models of service delivery for pediatric patients (e.g., appointment spacing, multi-month drug dispensing, and community dispensation) to meet the needs of stable ART patients and triage or fast-track of appointments for unstable ART patients and those with advanced HIV infection.			
Instructions: Are differentiated models of service delivery (e.g., appointment spacing, multi-month dispensing) currently allowed for pediatric patients in national guidelines? *If **NO**, check NA, and **SKIP** CEE:* ☐			**NA**
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site distinguish between stable and unstable patients, and have a standard definition of a 'stable ART patient' for pediatric patients?	Y N	If N=Red
	If Y, then Q2		
Q2	Does the site use or provide the following for pediatric patients? *Tick all that apply:* ☐ 1) 3-6 month routine follow-up visits for stable ART patients ☐ 2) Multi-month (≥3 months) ARV prescribing for stable patients ☐ 3) Multi-month ARV dispensing (≥3 month supply) for stable ART patients ☐ 4) Fast-track pharmacy pick-up of ARVs for stable ART patients ☐ 5) Community service delivery models (e.g., community ART groups or distribution points like home distribution)	# Ticked _____	If ≤2=Yellow If ≥3= Green
	SCORE		

CEE #: S_02_25 Routine HIV Testing for Children and Adolescents [C&T PEDS]			
STANDARD: Routine, systematic HIV testing of all children and adolescents (0-19 years old) with undocumented HIV status is conducted at key entry points.			
Instructions: For Q1, answer based on the applicable service delivery points available at the site: *1) Pediatric inpatient ward* *2) Outpatient ward* *3) Malnutrition services* *4) Tuberculosis clinic* *If **NONE** of these pediatric service delivery points exists at this site, check NA, and skip this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Do the registers or records in each of the following entry points present in this facility allow for documentation of the HIV status of children? ☐ 1)Pediatric inpatient *wards* ☐ 2) Outpatient ward ☐ 3) Malnutrition services ☐ 4) Tuberculosis clinics	# Ticked _____	If 0-3 = Red
	If 4, then Q2		
Q2	Does this site use a systematic criteria (e.g., screening algorithm) to determine which children should receive HIV testing at OPD? *Note: Ask to see evidence of systematic criteria (e.g., screening algorithm)*	Y N	If N = Yellow
	If Y, then Q3		
Q3	*Select one of the available registers using the following criteria: Prioritize pediatric inpatient ward register. If site has pediatric inpatient ward, use pediatric ward register. If no pediatric ward, use the register for any of the entry points listed in Q1. In the selected register, review the last 10 patient entries to check for documented HIV status (e.g., positive, negative, declined).* What percentage of entries reviewed have documented HIV-testing status? ***Numerator**: _____# of pediatric and adolescent patients entries with documented HIV Status (e.g., positive, negative, declined).* ***Denominator**: ____# of pediatric and adolescent patient entries*	_____%	If <70% = Yellow If ≥70% = Green
	SCORE		

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

CEE #: S_02_27 TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT) [C&T PEDS] DUP			
STANDARD: HIV-positive pediatric patients who screen negative for active tuberculosis (TB) receive TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT) per national guidelines.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standardized practice for administration of TPT/IPT among HIV-positive pediatric patients?	Y N	If N=Red
	If Y, then Q2		
Q2	Does this site have a TPT/IPT register and/or another method that allows tracking of who started and who completed TPT/IPT within a given reporting period? ***Note:*** *"Completed" includes those patients who started and completed 6 months of TPT/IPT and those on continuous TPT/IPT after 6 months of "completion".*	Y N	If N=Red
	If Y, then Q3		
Q3	*Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive pediatric patients on ART ≥12 months.* What percent of reviewed records show evidence those HIV-positive pediatric patients who screened negative for active TB during their HIV clinic visits were ever initiated on TPT/IPT? ***Numerator****: _____# of register entries or charts reviewed, from HIV-positive pediatric patients <15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits, with evidence showing the patient was started on TPT/IPT?* ***Denominator****: _____# of register entries or charts reviewed* from *HIV-positive pediatric patients <15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits*	_____%	If <70%=Red If ≥70% and <90% Yellow If ≥90%=Green
	SCORE		

CEE #: S_02_28 Cotrimoxazole (CTX) [C&T PEDS] (DUP)			
STANDARD: Eligible pediatric patients have documented prescription of cotrimoxazole (CTX) according to national guidelines.			
Instructions: *If **NO** HIV-positive patients were eligible within the specified time period, check NA and **SKIP** this CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	*Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive pediatric patients <15 on ART >12 months.* *Of the total 10 records, select patients that are eligible for CTX based on the national guidelines. Include that number in the denominator in Q1, even if it is less than 10.* What percent of pediatric patient records reviewed have documentation of CTX prescription per the national guidelines at the last clinical assessment? **Numerator** = _____ *# of pediatric patients eligible to receive CTX per national guidelines, who received a CTX prescription at the last clinical assessment* **Denominator** = _____*# of HIV positive, CTX eligible (per national guidelines) pediatric patient records reviewed*	_____%	If <70%=Red If ≥70% and <90% =Yellow If ≥90%=Green
	SCORE		

CEE #: S_02_29 TB Diagnostic Evaluation Cascade [C&T PEDS]			
STANDARD: Every site has standardized procedures for documenting HIV-positive pediatric patients with presumptive tuberculosis (TB) (in a line list or register) and a referral and follow-up mechanism to ensure TB diagnostic evaluation in accordance with national testing algorithms.			
Instructions: *If there are **NO** pediatric patients with presumptive TB, check NA, and skip this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there standardized procedures for documenting HIV-positive pediatric patients with presumptive TB and providing referral and follow-up to ensure TB diagnostic evaluation (e.g., smear, culture or Xpert MTB/RIF)?	Y N	If N=Red
	If Y, then Q2		
Q2	Is there a line list/register for HIV-positive pediatric patients with presumptive TB to document diagnostic evaluation and treatment?	Y N	If N=Red
	If Y, then Q3		
Q3	*Review the last 5 entries in the line list/register of HIV-positive pediatric patients <15 years with presumptive TB recorded in line list/register.* What percent of the reviewed entries of HIV-positive pediatric patients < 15 years who are presumed to have TB have documented smear microscopy, culture or Xpert MTB/RIF results? ***Numerator**: ____# of reviewed entries of HIV-positive pediatric patients <15 who are presumed to have TB with documented smear microscopy, culture or Xpert MTB/RIF results* ***Denominator**: ___# of reviewed entries of HIV-positive pediatric patients <15 who are presumed to have TB*	% _____	If ≤ 80%=Yellow If >80% = Green
	SCORE		

CEE #: S_02_30 Support Services for HIV-Positive Adolescents [C&T PEDS]			
STANDARD: Adolescent-friendly clinical services are provided to cater to the specific treatment, support and general health needs of children and adolescents, aged 0 to 19 years old living with HIV.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have **ALL** of the following? *Tick all that apply*: ☐ 1) A system for documentation of disclosure to children and adolescents (visual inspection) ☐ 2) A written policy for consent to HIV treatment for adolescents, including provisions for treatment of emancipated minors without consent from parent, guardian or spouse (visual inspection) ☐ 3) ART provider trained to provide and provides adolescent-friendly health services	# Ticked _____	If 0-2=Red
	If 3, then Q2		
Q2	Does the site provide the following? *Tick all that apply:* ☐ 1) Psychosocial support (e.g., enhanced adherence counseling, disclosure tailored to adolescents) ☐ 2) Sexual and reproductive services and education (e.g., STI screening, family planning) ☐ 3) Adolescent-specific peer leaders, mentors, or support groups ☐ 4) Extended/weekend or dedicated hours for adolescents to receive clinical services	# Ticked _____	If 0-2=Yellow If ≥3=Green
	SCORE		

CEE #: S_02_31 Community-Based Linkage and Retention Support Services [C&T PEDS] (DUP)			
STANDARD: Each site that provides care and support services for pediatric patients has standardized procedures for providing and documenting all the following core elements: • Retention/adherence support for ART beneficiaries/clients • Referral and linkage to health facilities providing comprehensive HIV care • Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate			
Comment:			
	Question	**Response**	**Scoring**
Q1	Which of the following services does this site provide? *Tick all that apply:* ☐ 1) Retention/adherence support for pediatric beneficiaries/clients ☐ 2) Referral and linkage to health facilities providing comprehensive HIV care ☐ 3) Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate	# Ticked _____	If 0 = Red If 1-2 = Yellow
	If 3, then Q2		
Q2	Is there a written SOP addressing each of the core elements? *Tick all that apply:* ☐ 1) Support for retention for pediatric beneficiaries/clients ☐ 2) Referral and linkage to health facilities providing comprehensive HIV care ☐ 3) Basic beneficiary/client assessments, documenting clinical and psychosocial needs with linkage/referral to other services as appropriate	# Ticked _____	If 0-2 = Yellow If 3 = Green
	SCORE		

CEE #: S_02_32 Service Referral and Linkage System [C&T PEDS] (DUP)			
STANDARD: Sites supporting prevention and care outreach programs for pediatric patients refer beneficiaries/clients to other high-impact HIV services (both community and facility) and track those referrals to support their successful completion.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is a system in place with standardized tools (e.g., referral forms/vouchers given to beneficiaries, registers used for tracking) to track the following? *Tick all that apply:* ☐ 1) Referrals made to high-impact services (HIV care, PLHIV support groups, OVC programs, TB, VMMC) ☐ 2) Whether the beneficiary/client received those services	# Ticked _____	If 0-1=Red
	If 2, then Q2		
Q2	*Review 10 referral records (individual or logbook) for any 10 clients/beneficiaries from the last three months.* Of the reviewed referral records to any of the above high-impact services, what percentage have been successfully linked to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)? ***Numerator**: ____# of referral records reviewed, for pediatric clients/beneficiaries in the last three months, to any high-impact service with documentation of successful linkage to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)* ***Denominator**: ____# of referral records reviewed, for pediatric clients/beneficiaries in the last three months, to any high-impact service*	____%	If <60% = Yellow If ≥60% = Green
	SCORE		

SET 3A: KEY POPULATIONS-GENERAL			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_03_01	Lubricant Availability at Site		X
S_03_02	STI Screening and Management for Key Populations		X
S_03_03	Peer Outreach Management	X	
S_03_04	Family Planning/HIV Integration Service Delivery		X
S_03_05	Ability to Produce KP-specific Program Data	X	
S_03_06	Human-centered Approaches to Providing Sensitized Services		X
S_03_07	Provision of PrEP Services		X

CEE #: S_03_01 Lubricant Availability at Site [KP]			
STANDARD: Each site that targets sex workers (SW), men who have sex with men (MSM), people who inject drugs (PWID), people in closed spaces, or transgender persons has a reliable supply of water- or silicone-based lubricants. Lubricants have at least one month of shelf life before expiration, and are easily accessible to patrons/clients at the site.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Both of the following are true: *Check all that apply* ☐ 1) Water- or –silicone-based lubricants with at least one month shelf life are available at the site ☐ 2) A continuous supply of water or silicone based lubricants with at least one-month shelf life was available for the last three months	# Ticked _____	If 0-1 = Red
	If 2, then Q2		
Q2	Are lubricants easily accessible to patrons/clients at the site (e.g., in a bowl on the counter, in a dispenser, or distributed directly to clients/patrons at the site)? ***Note**: Lubricants are 'easily accessible' if available on-site, regardless of whether they are for sale or distributed free*.	Y N	If N=Yellow If Y =Green
	SCORE		

CEE #: S_03_02 STI Screening and Management for Key Populations [KP]			
STANDARD: Each site that targets sex workers (SW), men who have sex with men (MSM), people who inject drugs (PWID), people in enclosed spaces, or transgender persons regardless of HIV sero-status performs and documents syndromic screening for sexually transmitted infections (STI). All facilities offer STI management and treatment according with national or WHO STI guidelines either onsite or through referral.			
Instructions: If national guidelines do not recommend routine syphilis testing for sex workers (SW), men who have sex with men (MSM), people who inject drugs (PWID), people in enclosed spaces, or transgender persons, check NA and SKIP this CEE. ***NA*** ☐			
	Question	**Response**	**Scoring**
Q1	Is there a protocol/SOP describing how to routinely offer syndromic screening for STIs [vaginal or urethral discharge, (ano)genital ulcer disease, or, for women, lower abdominal pain] to patrons/clients regardless of HIV ser0-status at every clinical visit?	Y N	If N=Red
	If Y, then Q2		
Q2	Are all clients offered syphilis testing at every clinical visit?	Y N	If N=Red
	If Y, then Q3		
Q3	Is there a protocol/SOP describing how clients/patrons with STI signs or symptoms can get access to STI treatment, according to national or WHO STI guidelines, either on-site or through referral?	Y N	If N=Yellow
	If Y, then Q4		
Q4	*Review 10 randomly selected charts of clients/patrons who visited the site within the past 12 months.* What percent of reviewed charts documented syndromic screening for STIs at the last clinical assessment? ***Numerator**: ____# of charts reviewed that documented syndromic screening for STIs at the last clinical assessment* ***Denominator**: ____# of charts reviewed of clients/patrons who visited the site within the past 12 months*	_____%	If ≤70%=Yellow If >70% = Green
	SCORE		

CEE #: S_03_03 Peer Outreach Management [KP]			
STANDARD: Each site provides peer educators with standardized onsite supportive supervision, including mentorship and training, to improve their peer outreach services for key populations. Supportive supervision comments and recommendations are shared with peer educators.			
Instructions: Does this site conduct peer outreach services for key populations? *If **NO**, check NA, and **SKIP** CEE.*		**NA** ☐	
Comment:			
	Question	**Response**	**Scoring**
Q1	Do all peer educators have a performance plan/work plan that includes the following for peer outreach services: objectives, activities, and targets?	Y N	If N=Red
	If Y, then Q2		
Q2	Have all peer educators received onsite supportive supervision of their peer outreach efforts, at least once within the past 3 months?	Y N	If N=Red
	If Y, then Q3		
Q3	Are standardized tools or materials used to conduct supportive supervision for outreach services?	Y N	If N=Yellow
	If Y, then Q4		
Q4	Are supportive supervision comments and recommendations documented and shared with peer educators?	Y N	If N=Yellow If Y=Green
	SCORE		

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

CEE #: S_03_05 Ability to produce KP-specific program data [KP]			
STANDARD: Each site that provides services to key populations documents each client/patron's KP classification (i.e., KP group with which the client/patron identifies).			
*Instructions: If the site is unable to document this information due to confidentiality and security issues, check NA, and **SKIP** CEE:*		***NA*** ☐	
Comment:			
	Question	**Response**	**Scoring**
Q1	Have all providers (e.g., HIV Testing Services counselors, physicians, nurses, other health care workers, etc.) who conduct patient assessments received training on screening patrons/clients for KP classification?	Y N	If N=Red
	If Y, then Q2		
Q2	Do patient registers or enrollment forms have a place to indicate KP classification?	Y N	If N=Red
	If Y, then Q3		
Q3	Is screening for KP classification conducted in a space where safety and confidentiality can be assured?	Y N	If N=Yellow
	If Y, then Q4		
Q4	*Review 10 randomly selected records from the past 3 months.* What percent of reviewed records have documentation of KP classification? ***Numerator**: ____# of records, from the last three months, that have documentation of KP classification* ***Denominator**: ____# of records from the past three months*	_____%	If <70%=Yellow If ≥70%=Green
	SCORE		

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

CEE #: S_03_07 Provision of PrEP Services [KP]			
STANDARD: HIV-uninfected men and women who are at substantial risk of infection can access pre-exposure prophylaxis (PrEP) through high quality, safe, and friendly services.			
*Instructions: If the national policy does not include the provision of PrEP OR the site is not accredited to provide PrEP services, then check NA and **SKIP** CEE:* ***NA*** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standard training offered to site staff on PrEP provision?	Y N	If N=Red
	If Y, then Q2		
Q2	Is PrEP offered at an already existing service delivery point (ex. MCH, CTC/CCC, DIC etc.)? ***Note**: Examples of service delivery points include maternal and child health (MCH), Care and Treatment Clinics (CTC), Drop-in Centers (DIC), etc.*	Y N	If N=Yellow
	If Y, then Q3		
Q3	Does a PrEP initiation visit, as documented in the client assessment- or intake- or other such- form, include **ALL** the following? *Tick all that apply:* ☐ 1) Risk assessment ☐ 2) HIV testing ☐ 3) Screening for contraindications ☐ 4) Risk reduction counseling ☐ 5) Clear counseling on PrEP, including benefits, side effects, risks ☐ 6) Linkage to, or verification of existing linkage to, community peers and support networks, and any other applicable referrals ☐ 7) Providing services in a non-judgmental and professional manner	# Ticked _____	0-6=Yellow 7= Green
	SCORE		

SET 3B: CARE AND TREATMENT-KEY POPULATIONS (C&T KEY POPS)			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_03_08	Retesting for Verification before/at ART Initiation	X	
S_03_09	Patient Tracking-ART Patients*	X	
S_03_10	Rapid ART Initiation	X	
S_03_11	Viral Load Access and Monitoring		X
S_03_12	Management of High Viral Load	X	
S_03_13	Appointment Spacing and Multi-Month Drug Dispensing		X
S_03_14	Partner Services	X	
S_03_15	Routine HIV Testing of Children of Adult Patients	X	
S_03_16	TB Screening		X
S_03_17	TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT)	X	
S_03_18	Cotrimoxazole (CTX)		X
S_03_19	TB Diagnostic Evaluation Cascade		X
S_03_20	Community-Based Linkage and Retention Support Services		X
S_03_21	Service Referral and Linkage System		X
S_03_22	Family Planning / HIV Integration Service Delivery		X
S_03_23	Community-Based Delivery of Family Planning Services		X
S_03_24	Cervical Cancer Screening Capacity		X

CEE #: S_03_08 Retesting for Verification before/at ART Initiation [C&T KP] (DUP)			
STANDARD: All newly diagnosed HIV-positive and pre-ART adult and adolescent patients are retested to verify their HIV diagnosis prior to, or at the time of, ART initiation using the national HIV testing algorithm.			
Instructions: HIV Retesting for verification occurs prior to or at the time of ART initiation using a new specimen from either (1) a newly diagnosed individual or (2) a previously diagnosed individual who has not initiated ART. In either case, a provider who is different from the provider who performed the previous HIV tests for that individual must conduct retesting for verification.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Do the national HIV Testing Services (HTS) or ART guidelines include retesting for verification prior to or at ART initiation?	Y N	If N = Red
	If Y , then Q2		
Q2	Is there a standardized process for conducting and documenting the retesting for verification prior to or at ART initiation?	Y N	If N = Yellow
	If Y, then Q3		
Q3	*Review 10 register entries or charts (whichever source has the most updated information) of adult and adolescent patients ≥15 years old who newly initiated on ART in the last 3 months to confirm that retesting for verification prior to or at ART initiation is documented.* What percent of adult and adolescent patient records reviewed have documentation that retesting for verification occurred before ART initiation? *(i.e., the site knows the client or patient was retested for verification prior to or at ART initiation)* ***Numerator*** *= _____# of records, of adult and adolescent patients ≥15 years old who newly initiated on ART in the last 3 months, with documented retesting for verification* ***Denominator*** *= _____# Total number of records reviewed of adult and adolescent patients ≥15 years old who newly initiated on ART in the last 3 months*	_____ %	If <80% = Yellow If ≥80% = Green
	SCORE		

CEE #: S_03_09 Patient Tracking-ART Patients [C&T KP] (DUP)			
STANDARD: Each ART site has a standard procedure for identifying and tracking adult and adolescent ART patients who have defaulted on their appointments. The system includes procedures for patient identification and tracking; standardized documentation showing evidence of more than one attempt to bring the patient back into care and the results/outcome of tracking efforts.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there standard procedures for identifying and tracking adult and adolescent ART patients who have missed an appointment?	Y N	If N=Red
	If Y, then Q2		
Q2	*Review tracking documentation (logbooks, registers, patient files etc) for the last the last ten adult and adolescent ART patients who missed their most recent appointment.* What percent of tracking documents reviewed, from adult and adolescent ART patients who missed their most recent appointment, had evidence of more than one attempt to bring the patient back into care (e.g., names of those with missed appointments, evidence of phone calls, linked to outreach workers) documented? ***Numerator***: *_____# of ART tracking documents reviewed, for ART patients who missed their most recent appointment, that include evidence of more than one attempt to bring the patient back into care (e.g., names of those with missed appointments, evidence of phone calls, linked to outreach workers)* ***Denominator***: *_____# of ART tracking documents reviewed for patients who missed their most recent appointment*	_____%	If <80%=Red
	If ≥80%, then Q3		
Q3	*Review tracking documentation (logbooks, registers, patient files etc) for the last the last ten adult and adolescent ART patients who missed their most recent appointment.* What percent of tracking documents reviewed, from ART patients who missed their most recent appointment, have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented? ***Numerator***: *_____# of ART tracking documents reviewed, for ART patients who missed their most recent appointment, that have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented*	_____%	If <80% = Yellow If ≥80% = Green

	***Denominator**: _____# of ART patient tracking documents reviewed for patients who missed their most recent appointment*		
	SCORE		

CEE #: S_03_10 Rapid ART Initiation (C&T KP)			
STANDARD: HIV-positive individuals are offered the option of rapid or same-day ART initiation, according to guidelines and national policy. *Instructions: Is rapid or same-day ART currently a part of or allowed per national guidelines?* *If **NO**, check NA, and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site offer rapid ART initiation/test and start (within 14 days of diagnosis) **OR** same-day initiation to newly diagnosed adults and adolescents ≥15 years old?	Y N	If N = Red
	If Y, then Q2		
Q2 👀	*Review 10 register entries or charts (whichever source has the most updated information) of newly diagnosed HIV-positive adult and adolescent patients ≥15 years old who attended the clinic within the last 90 days.* What percentage of register entries or charts reviewed show evidence that HIV-positive patients received same day or rapid ART initiation? ***Note:*** *Records should only be from newly diagnosed HIV-positive patients.* ***Numerator***: *_____# of register entries or charts reviewed of newly diagnosed adolescent patients, ≥15 years old who attended the clinic within the last 90 days, showing evidence that HIV-positive patients received same day or rapid ART initiation* ***Denominator***: *_____# of register entries or charts reviewed of newly diagnosed adolescent patients ≥15 years old who attended the clinic within the last 90 days.*	_____%	If <90% = Yellow If ≥90% = Green
	SCORE		

CEE #: S_03_11 Viral Load Access and Monitoring [C&T KP] (DUP)			
STANDARD: Patients on antiretroviral therapy (ART) receive routine monitoring for virologic suppression through assessment of viral load per national guidelines, and the results are documented in the medical record.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site have access to viral load testing for adolescent and adult patients?	Y N	If N = Red
	If Y, then Q2		
Q2 👀	*Review 10 charts of adult and adolescent patients ≥15 years old on ART ≥12 months.* What percentage of charts reviewed, from adult and adolescent patients ≥15 years old on ART ≥12 months, show that the most recent viral load test was ordered within the appropriate interval, per the national guidelines? ***Note:*** *Modify chart review to fit the national guidelines. Countries may opt to exclude charts if viral load was collected within the last 4 weeks to allow adequate time for results to be returned; replace any excluded charts to review a total of ten. Viral load monitoring is expected to occur on an ongoing basis (e.g., every 3, 6, or 12 months per national guidelines).* ***Numerator****: _____# of charts reviewed, from adult and adolescent patients ≥15 years old on ART ≥12 months, showing that the most recent viral load test was ordered within the appropriate interval, per the national guidelines* ***Denominator****: _____# of charts reviewed from adult and adolescent patients ≥15 years old on ART ≥12 months*	____%	If <80%=Red
	If ≥80%, then Q3		
Q3 👀	*Review the same 10 charts of adult and adolescent patients ≥15 years old on ART ≥12 months.* What percent of adult and adolescent charts reviewed have a documented result returned for the most recent viral load test? *Numerator: ____# of charts reviewed, from adult and adolescent patients ≥15 years old on ART ≥12 months, with a documented returned result for the most recent viral load test*	_____%	If <70% = Red If ≥70% and <90% =Yellow If ≥90% = Green

	Denominator: ____Total # of charts reviewed, from adult and adolescent patients ≥15 years old on ART ≥12 months, with recent viral load test		
	SCORE		

CEE #: S_03_12 Management of High Viral Load [C&T KP] (DUP)			
STANDARD: Patients on antiretroviral therapy (ART) with virologic non-suppression are tracked and receive enhanced adherence counseling (EAC) and repeat viral load monitoring per national guidelines to assess for virologic failure and the potential need to switch ART regimens.			
Instructions: EAC includes focused counseling sessions, typically led by a lay health worker or counselor, on the importance of adhering to the medication. *If a site does not offer these services, check NA and **SKIP** this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have a written procedure, which includes the following features, to manage patients with non-suppressed viral load results? *Tick all that apply:* ☐ 1) Tracking and urgently following-up with patients who have non-suppressed viral load results ☐ 2) Providing age-appropriate EAC ☐ 3) Follow-up viral load testing ☐ 4) Assessing the need to switch ART regimens in patients with virologic failure after completing EAC	# Ticked _____	If ≤1 = Red
	If ≥2, then Q2		
Q2	*Review 10 records (e.g., charts, high viral load register, EMR entries) of adult and adolescent patients on ART ≥12 months with virologic non-suppression.* ***Notes:** This review should distinguish the management of patients with non-suppressed viral load results from patients with virologic suppression.* • *If assessing Set 2B at this site and reviewing pediatric records, select only adults ≥20 years old. If **only** assessing Set 2A, select both adolescents and adults ≥15 years old.* What percent of records reviewed have documentation of at least 1 EAC session after the date of virologic non-suppression (e.g., VL ≥1000 copies/mL or criteria based on national guidelines)? ***Numerator** = _____ # of adult and adolescent patient records with evidence of at least one EAC session after date of virologic non-suppression* ***Denominator** = _____# of adult and adolescent patient records reviewed for patients with virologic non-suppression*	_____%	If <70% = Red
	If ≥ 70%, then Q3		

Q3 👀	*Review the same 10 records of patients on ART ≥12 months with virologic non-suppression.* What percent of the same records reviewed (e.g., charts, high viral load register or EMR entries) have documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥1000 copies/mL)? ***Numerator**: Number of records reviewed (e.g., charts, high viral load register or EMR entries) with documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥1000 copies/mL* ***Denominator**: Number of records reviewed of adult and adolescent patients on ART ≥12 months with virologic non-suppression.*	_____%	If <70% = Yellow If ≥70% = Green
	SCORE		

CEE #: S_03_13 Appointment Spacing and Multi-Month Drug Dispensing [C&T KP] (DUP)			
STANDARD: Each site offers differentiated models of service delivery for adolescent and adult patients ≥15 years old (e.g., appointment spacing, multi-month drug dispensing, and community dispensation) to meet the needs of stable ART patients and triage or fast-track of appointments for unstable ART patients and those with advanced HIV infection.			
Instructions: Are differentiated models of service delivery (e.g., appointment spacing, multi-month dispensing) currently allowed in national guidelines? *If **NO**, check NA, and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site distinguish between stable and unstable patients, and have a standard definition of a 'stable ART patient' for adolescent and adult patients?	Y N	If N=Red
	If Y, then Q2		
Q2	Does the site use or provide the following for adolescent and adult patients? *Tick all that apply:* ☐ 1) 3-6 month routine follow-up visits for stable ART patients ☐ 2) Multi-month (≥3 months) ARV prescribing for stable patients ☐ 3) Multi-month ARV dispensing (≥3 month supply) for stable ART patients ☐ 4) Fast-track pharmacy pick-up of ARVs for stable ART patients ☐ 5) Community service delivery models (e.g., community ART groups or distribution points like home distribution)	# Ticked _____	If≤2=Yellow If 3-5= Green
	SCORE		

CEE #: S_03_14 Partner Services [C&T KP] (DUP)			
STANDARD: All HIV-positive patients are offered partner services that include counseling on safe disclosure of HIV status to their sex partner(s) and/or injecting drug partner(s) and HIV partner testing, either onsite or through referral to a health facility, or community-based approaches.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is counseling on the importance of both safe disclosure **and** testing of all sexual and/or injecting drug partner(s) provided?	Y N	If N=Red
	If Y, then Q2		
Q2	Are partner HIV-testing services provided (either onsite or through referral)? ***Note:*** *Partner testing approaches include any of the following: 1) contact referral, 2) provider referral, 3) dual referral, 4) client referral, 5) HIV self-testing kits provided to clients to provide to their sex partner(s). HIV testing of the partner(s) may be offered onsite, at a standalone VCT clinic located within the facility, or via HIV self-test kits.*	Y N	If N=Red
	If Y, then Q3		
Q3 👀	*Review 10 register entries (individual or index/partner testing logbook) or charts (whichever source has the most updated information) of HIV-positive adult and adolescent patients ≥15 years old.* What percent of reviewed patient records document HIV testing or HIV status of all elicited partner(s)? **Numerator** = ____*# of HIV-positive patient records reviewed that have all elicited partner(s) with documented HIV-testing status (e.g., positive, known positive, negative, declined, unable to locate)* ***Denominator*** *= ____ # of HIV-positive patient records reviewed*	_____%	If <90%=Yellow If ≥90%=Green
	SCORE		

CEE #: S_03_15 Routine HIV Testing of Children of Adult Patients [C&T KP]			
STANDARD: Biological children and adolescents (<15 years old) of HIV-positive adults have a documented (or known) HIV status.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standardized practice to ensure routine testing of biological children (<15 years old) of adult ART patients?	Y N	If N=Red
	If Y, then Q2		
Q2 👀	*Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive adults and adolescent patients ≥15 years old on ART ≥12 months.* What percentage of reviewed charts have documentation of HIV testing status (e.g., positive, negative, declined) for all biological children <15? ***Numerator** = _____# of charts reviewed where all biological children <15 have documented HIV-testing status (e.g., positive, negative, declined)* ***Denominator** = _____# of HIV positive patient records reviewed*	_____%	If <70%=Red If ≥70% and <90% =Yellow If ≥90%= Green
	SCORE		

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

CEE #: S_03_17 TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT) [C&T KP] (DUP)			
STANDARD: HIV-positive patients who screen negative for active tuberculosis (TB) receive TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT) per national guidelines.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standardized practice for administration of TPT/IPT among HIV-positive adult and adolescent patients?	Y N	If N=Red
	If Y, then Q2		
Q2	Does this site have a TPT/IPT register and/or another method that allows tracking of who ***started*** and ***completed*** TPT/IPT within a given reporting period? ***Note:*** *"Completed" includes those patients who started and completed 6 months of TPT/IPT and those on continuous TPT/IPT after 6 months of "completion".*	Y N	If N=Red
	If Y, then Q3		
Q3	*Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive adult and adolescent patients ≥15 years old on ART ≥12 months).* What percent of reviewed records show evidence that HIV-positive adult and adolescent patients, who screened negative for active TB during their HIV clinic visits, were ever initiated on TPT/IPT? ***Numerator****: _____# of register entries or charts reviewed, from HIV-positive adult and adolescent patients ≥15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits, with evidence showing the patient was started on TPT/IPT?* ***Denominator****: _____# of register entries or charts reviewed* from *HIV-positive adult and adolescent patients ≥15 years old on ART ≥12 months who screened negative for active TB during their HIV clinic visits*	_____%	If <70%=Red If ≥70% and <90% = Yellow If ≥90%=Green
	SCORE		

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

CEE #: S_03_19 TB Diagnostic Evaluation Cascade [C&T KP] (DUP)			
STANDARD: Every site has standardized procedures for documenting HIV-positive adult and adolescent patients with presumptive tuberculosis (TB) (in a line list or register) and a referral and follow-up mechanism to ensure TB diagnostic evaluation in accordance with national testing algorithms.			
Instructions: *If there are **NO** adult or adolescent patients with presumptive TB, check NA, and skip this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there standardized procedures for documenting HIV-positive adult and adolescent patients with presumptive TB and providing referral and follow-up to ensure TB diagnostic evaluation (e.g., smear, culture or Xpert MTB/RIF)?	Y N	If N=Red
	If Y, then Q2		
Q2	Is there a line list/register for HIV-positive adult and adolescent patients with presumptive TB to document diagnostic evaluation and treatment?	Y N	If N=Red
	If Y, then Q3		
Q3	*Review the last 10 entries in the line list/register of HIV-positive adult and adolescent patients ≥15 with presumptive TB.* What percent of the reviewed entries of HIV-positive adult and adolescent patients who are presumed to have TB have documented smear microscopy, culture or Xpert MTB/RIF results? ***Numerator**: ____# of reviewed entries of HIV-positive adult and adolescent patients ≥15 who are presumed to have TB with documented smear microscopy, culture or Xpert MTB/RIF results* ***Denominator**: ___# of reviewed entries of HIV-positive adults and adolescent patients ≥15 who are presumed to have TB*	_____%	If <80%=Yellow
	If ≥80%, then Q4		

Q4 👀	*Review the same last 10 entries in the line list/register of HIV-positive adult and adolescent patients presumptive TB.* What percent of the same entries of HIV-positive adult and adolescent patients who are presumed to have TB received molecular testing as their first-line diagnostic test? ***Numerator**: ____# of same reviewed entries, of HIV-positive adult and adolescent patients ≥15 who are presumed to have TB, with documented receipt of molecular testing as their first-line diagnostic test* ***Denominator**: ___# of same reviewed entries of HIV-positive adults and adolescent patients ≥15 who are presumed to have TB*	_____%	If <90%=Yellow If ≥90%=Green
	SCORE		

CEE #: S_03_20 Community-Based Linkage and Retention Support Services [C&T KP]			
STANDARD: Each site that provides care and support services has standardized procedures for providing and documenting all the following core elements: • Retention/adherence support for ART beneficiaries/clients • Referral and linkage to health facilities providing comprehensive HIV care • Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate			
Comment:			
	Question	**Response**	**Scoring**
Q1	Which of the following services does this site provide? *Tick all that apply:* ☐ 1) Retention/adherence support for ART beneficiaries/clients ☐ 2) Referral and linkage to health facilities providing comprehensive HIV care ☐ 3) Basic beneficiary/client assessments, documenting psychosocial needs with linkage/referral to services as appropriate	# Ticked _____	If 0 = Red If 1-2 = Yellow
	If All 3, then Q2		
Q2	Is there a written SOP addressing each of the core elements? *Tick all that apply:* ☐ 1) Support for retention for ART beneficiaries/clients ☐ 2) Referral and linkage to health facilities providing comprehensive HIV care ☐ 3) Basic beneficiary/client assessments, documenting clinical and psychosocial needs with linkage/referral to other services as appropriate	# Ticked _____	If 0-2 = Yellow If 3 = Green
	SCORE		

CEE #: S_03_21 Service Referral and Linkage System [C&T KP]			
STANDARD: Sites supporting prevention and care outreach programs refer beneficiaries/clients to other high-impact HIV services (both community and facility) and track those referrals to support successful completion.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is a system in place with standardized tools (e.g., referral forms/vouchers given to beneficiaries, registers used for tracking) to track the following? *Tick all that apply:* ☐ (1) Referrals made to high-impact services (e.g., HTSC, STI screening and treatment, HIV care, PLHIV support groups, OVC programs, PMTCT, TB, VMMC, condom and lubricant provision, post-violence care, PrEP) ☐ (2) Whether the beneficiary/client received those services	# Ticked _____	If <2 = Red
	If 2, then Q2		
Q2	*Review 10 referral records (individual or logbook) from the last three months.* Of the reviewed referral records to any of the above high-impact services, what percentage have been successfully linked to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)? ***Numerator**: ____# of referral records reviewed, for clients/beneficiaries in the last three months, to any high-impact service with documentation of successful linkage to those services (e.g., evidence of a signed counter-referral slip from the receiving site or service)* ***Denominator**: ____# of referral records reviewed, for clients/beneficiaries in the last three months, to any high-impact service*	____%	If <60% = Yellow If ≥60% = Green
	SCORE		

CEE #: S_03_22 Family Planning /HIV Integration Service Delivery [C&T KP]			
STANDARD: All patients attending HIV services have access to high quality voluntary family planning counseling and services, including safer pregnancy counseling and contraceptives, depending upon their fertility intentions.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is family planning education and/or counseling routinely offered onsite to clients who wish to delay or prevent pregnancy?	Y N	If N=Red
	If Y, then Q2		
Q2	Is safer conception/pregnancy counseling routinely offered onsite to PLHIV who wish to have children?	Y N	If N=Red
	If Y, then Q3		
Q3	Do clients have access to at least three contraceptive methods either onsite or through referral? (e.g., condoms, oral contraceptive pills, injectables, implants, intra-uterine devices (IUDs), fertility awareness methods, vasectomy, tubal ligation)	Y N	If N=Yellow
	If Y, then Q4		
Q4	Are education materials (IEC) about contraception and safe conception on display or available to clients (e.g., pamphlets, posters, brochures, inserts) accessing this service delivery point?	Y N	If N=Yellow
	If Y, then Q5		
Q5	Has there been a stockout within the past 3 months of any contraceptive methods usually provided onsite?	Y N	If Y=Yellow If N= Green
	SCORE		

CEE #: S_03_23 Community-Based Delivery of Family Planning Services [C&T KP]			
STANDARD: Community-based delivery of family planning services should include high quality, voluntary family planning counseling and services, including safe conception/pregnancy counseling and contraceptives.			
Instructions: This CEE should be assessed at sites where contraceptives are distributed in the community. *Does this site's agreement with the prime partner or USG implementing agency include funding to support family planning education and services, directly or through referrals?* *If **NO**, check NA, and **SKIP** CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Do trained community care providers deliver information on family planning, safe conception/pregnancy, and available family planning services to community members and groups?	Y N	If N = Red
	If Y, then Q2		
Q2	Do all community care providers provide referrals to a health facility for additional information on family planning services and methods?	Y N	If N = Red
	If Y, then Q3		
Q3	Do health providers and/or supervisors conduct supportive supervision visits on at least a quarterly basis to monitor the quality of family planning activities provided by community care providers?	Y N	If N = Yellow
	If Y, then Q4		
Q4	Is there a process for tracking family planning referrals to confirm the beneficiary/client received the service? Note: If the service is directly provided, then Y.	Y N	If N=Yellow If Y= Green
	SCORE		

SIMS Assessment ID_____ Assessment Date: _____

CEE#: S_03_24 Cervical Cancer Screening Capacity [C&T KP]			
STANDARD: All sites offering cervical cancer screening and/or precancerous lesion treatment services have in place the procedures, equipment and processes necessary to provide high-quality services.			
Instructions: Assess this CEE based on which activities this site is expected to provide (e.g., cervical cancer screening, cryotherapy) *Does this site use ANY PEFPAR funding or PEPFAR support to provide cervical cancer screening and/or precancerous lesion treatment services to HIV positive women? If **NO**, check NA, and **SKIP** CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have the following? *Tick all that apply:* ☐ 1) Standardized procedures (and algorithms, where applicable) for onsite provision of cervical cancer screening *(Look for documentation)* ☐ 2) Standardized procedures for management of women with positive screening results, including referral (e.g., for cryotherapy (if not available onsite), loop electrosurgical excision procedure (LEEP), and further evaluation for suspected invasive cervical cancer) *(Look for documentation)* ☐ 3) Clinical staff who provide cervical cancer secondary prevention services are trained for screening and cervical cryotherapy ***Note:*** *Clinical staff include nurses, midwives, doctors, clinical officers*	# Ticked _____	If 0-2=Red
	If 3, then Q2		
Q2	Does the facility area where cervical cancer screening services are provided have the following basic elements? *Tick all that apply:* ☐ 1) Private area with gynecological exam table ☐ 2) Sterilized reusable (or new disposable) specula ☐ 3) Bright light source ☐ 4) Exam gloves ☐ 5) Disinfectant for specula and other equipment (i.e., facilities for universal precaution) ☐ 6) Hand washing station ☐ 7) Appropriate screening tools (3%-5% acetic acid for visual inspection with acetic acid (VIA) screening; or HPV test kit for HPV testing; or glass slides, cover slips, and fixatives for Pap smear)	# Ticked ____	If 0-6=Red
	If 7, then Q3		
Q3	*Review cervical screening register or logbook entries from all women screened 90 days prior OR the previous 10 entries/records (whichever is less), of women with positive cervical cancer screening test results.* What percentage of women having a positive cervical cancer screening test result were either referred for precancerous lesion treatment or completed treatment onsite?	____%	<80% = Yellow ≥80% = Green

	Numerator= ___# *of women with positive cervical cancer screening result who were REFERRED for OR COMPLETED precancerous lesion treatment* ***Denominator***= ____*# of women with positive cervical cancer screening results*		
	SCORE		

SET 4A: PMTCT-ANC, POSTNATAL, and L&D			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_04_01	Retesting for Verification before/at ART Initiation	X	
S_04_02	Patient Tracking-ART Patients	X	
S_04_03	Viral Load Access and Monitoring		X
S_04_04	Management of High Viral Load	X	
S_04_05	Appointment Spacing and Multi-Month Drug Dispensing		X
S_04_06	Support Services for HIV-Positive Pregnant Adolescents in ANC		X
S_04_07	Partner Services	X	
S_04_08	Routine HIV Testing of Children of Adult Patients	X	
S_04_09	TB Screening		X
S_04_10	TB Preventative Treatment (TPT) / Isoniazid Preventive Therapy (IPT)	X	
S_04_11	Cotrimoxazole (CTX)		X
S_04_12	TB Diagnostic Evaluation Cascade		X
S_04_13	PITC for Maternity Patients	X	
S_04_14	ARVs at Labor and Delivery	X	

CEE #: S_04_01 Retesting for Verification before/at ART Initiation [C&T PMTCT]			
STANDARD: All newly diagnosed HIV-positive pregnant and breastfeeding patients are retested to verify their HIV diagnosis prior to, or at the time of, ART initiation using the national HIV testing algorithm.			
Instructions: HIV Retesting for verification occurs prior to or at the time of ART initiation using a new specimen from either (1) a newly diagnosed individual or (2) a previously diagnosed individual who has not initiated ART. In either case, a provider who is different from the provider who performed the previous HIV tests for that individual must conduct retesting for verification.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Do the national HIV Testing Services (HTS) or ART guidelines include retesting for verification prior to or at ART initiation?	Y N	If N = Red
	If Y , then Q2		
Q2	Is a standardized process available for conducting and documenting retesting for verification prior to or at ART initiation?	Y N	If N = Yellow
	If Y, then Q3		
Q3	*Review the last 10 register entries or charts (whichever source has the most updated information) of pregnant and breastfeeding patients who newly initiated ART in the last 3 months to confirm that retesting for verification* prior to or at ART initiation *is documented.* What percent of pregnant and breastfeeding patient records reviewed have documentation that retesting for verification occurred prior to or at ART initiation? (i.e., the site knows the client or patient was retested for verification prior to or at ART initiation) ***Numerator*** *= ____# of records with documented retesting for verification* ***Denominator*** *= _____Total number of records reviewed of pregnant and breastfeeding patients who newly initiated ART in the last 3 months*	_____ %	If <80% = Yellow If ≥80% = Green
	SCORE		

CEE #: S_04_02 Patient Tracking-ART Patients [C&T PMTCT] (DUP)			
STANDARD: Each ART site has a standard procedure for identifying and tracking pregnant and breastfeeding ART patients who have defaulted on their appointments. The system includes: procedures for patient identification and tracking; standardized documentation showing evidence of more than one attempt to bring the patient back into care; and the results/outcome of tracking efforts.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there standard procedures for identifying and tracking pregnant and breastfeeding ART patients who have missed an appointment?	Y N	If N=Red
	If Y, then Q2		
Q2	*Review tracking documentation (logbooks, registers, patient files etc.) for the last the last ten pregnant and breastfeeding ART patients who missed their most recent appointment.* What percent of tracking documents reviewed, from ART patients who missed their most recent appointment, had evidence of more than one attempt to bring the patient back into care (e.g., names of those with missed appointments, evidence of phone calls, linked to outreach workers) documented? ***Numerator***_____*# of ART tracking documents reviewed, for pregnant and breastfeeding ART patients who missed their most recent appointment, that include evidence of more than one attempt to bring the patient back into care (e.g., names of those with missed appointments, evidence of phone calls, linked to outreach workers)* ***Denominator***: _____*# of ART tracking documents reviewed for pregnant and breastfeeding ART patients who missed their most recent appointment*	% _____	If <80%=Red
	If ≥80%, then Q3		
Q3	*Review tracking documentation (logbooks, registers, patient files etc.) for the last the last ten ART patients who missed their most recent appointment.* What percent of tracking documents reviewed, from pregnant and breastfeeding ART patients who missed their most recent appointment, have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented?	% _____	If <80% = Yellow If ≥80% = Green

	***Numerator**: _____# of ART tracking documents reviewed, for pregnant and breastfeeding ART patients who missed their most recent appointment, that* have the result of tracking efforts (e.g., transferred out, new appointment, not found, refusal, death) documented ***Denominator**: _____# of pregnant and breastfeeding ART patient tracking documents reviewed for patients who missed their most recent appointment*		
	SCORE		

CEE #: S_04_03 Viral Load Access and Monitoring [C&T PMTCT]			
STANDARD: Pregnant and breastfeeding patients on antiretroviral therapy (ART) receive routine monitoring for virologic suppression through assessment of viral load, per national guidelines, and the results are documented in the medical record.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site have access to viral load testing for pregnant and breastfeeding patients?	Y N	If N = Red
	If Y, then Q2		
Q2 👀	*Review 10 randomly selected charts of pregnant and breastfeeding patients on ART >6 months.* What percentage of charts reviewed, from pregnant and breastfeeding patients ≥15 years old on ART ≥12 months, show that the most recent viral load test was ordered within the appropriate interval, per the national guidelines? ***Note:*** *Modify chart review to fit the national guidelines. Countries may opt to exclude charts if viral load was collected within the last 4 weeks to allow adequate time for results to be returned; replace any excluded charts to review a total of ten. Viral load monitoring is expected to occur on an ongoing basis (e.g., every 3, 6, or 12 months per national guidelines).* ***Numerator****: _____# of charts reviewed, from pregnant and breastfeeding patients on ART >6 months, showing that the most recent viral load test was ordered within the appropriate interval, per the national guidelines* ***Denominator****: _____# of charts reviewed of pregnant and breastfeeding patients on ART >6 months*	____%	If <80%=Red
	If ≥80%, then Q3		
Q3 👀	*Review the same 10 charts of pregnant and breastfeeding patients on ART >6 months.* What percent of adult and adolescent charts reviewed have a documented <u>result returned</u> for the most recent viral load test?	_____%	If <70% = Red If ≥70% and <90% =Yellow If ≥90% = Green

	Numerator: ____# of charts reviewed, from pregnant and breastfeeding patients on ART >6 months, with a documented returned result for the most recent viral load test *Denominator: ____Total # of charts reviewed, from pregnant and breastfeeding patients on ART >6 months, with recent viral load test*		
	SCORE		

CEE #: S_04_04 Management of High Viral Load [C&T PMTCT] (DUP)			
STANDARD: Pregnant and breastfeeding patients on antiretroviral therapy (ART) with virologic non-suppression are tracked and receive enhanced adherence counseling (EAC) and repeat viral load monitoring per national guidelines to assess for virologic failure and the potential need to switch ART regimens.			
Instructions: EAC includes focused counseling sessions, typically led by a lay health worker or counselor, on the importance of adhering to the medication. *If a site does not offer these services, check NA and **SKIP** this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have a written procedure, which includes the following features, to manage patients with non-suppressed viral load? *Tick all that apply:* ☐ 1) Tracking and urgently following-up with patients who have non-suppressed viral load results ☐ 2) Providing age-appropriate EAC ☐ 3) Follow-up viral load testing ☐ 4) Assessing the need to switch ART regimens in patients with virologic failure after completing EAC	# Ticked _____	If ≤1 = Red
	If ≥2, then Q2		
Q2	*Review 10 records (e.g., charts, high viral load register, EMR entries) of pregnant and breastfeeding patients on ART ≥12 months with virologic non-suppression.* ***Notes:*** *This review should distinguish the management of patients with non-suppressed viral load results from patients with virologic suppression.* What percent of records from pregnant and breastfeeding women have documentation of at least one EAC session after the date of virologic non-suppression (*e.g., VL ≥1000 copies/mL or criteria based on national guidelines*)? ***Numerator*** *= _____ # of records of pregnant and breastfeeding patients on ART ≥12 months received at least 1 EAC session after date of virologic non-suppression* ***Denominator*** *=_____# of records of pregnant and breastfeeding patients on ART ≥12 months with virologic non-suppression*	_____ %	If <70% = Red
	If ≥ 70%, then Q3		

Q3 👀	*Review the same 10 records of pregnant and breastfeeding patients on ART ≥12 months with virologic non-suppression.* What percent of the same records of pregnant and breastfeeding women (e.g., charts, high viral load register or EMR entries) have documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥1000 copies/mL)? ***Numerator**: _____# of records* of pregnant and breastfeeding women *with documentation of a follow-up viral load result after the first result of virologic non-suppression (e.g., VL ≥1000 copies/mL* ***Denominator**: _____# of records reviewed of pregnant and breastfeeding women on ART ≥12 months with virologic non-suppression.*	_____ %	If <70% = Yellow If ≥70% = Green
	SCORE		

CEE #: S_04_05 Appointment Spacing and Multi-Month Drug Dispensing [C&T PMTCT] (DUP)			
STANDARD: Each site offers differentiated models of service delivery for pregnant and breastfeeding patients (e.g., appointment spacing, multi-month drug dispensing, community dispensation) to meet the needs of stable ART patients and triage or fast-track of appointments for unstable ART patients and those with advanced HIV infection.			
Instructions: Are differentiated models of service delivery (e.g., appointment spacing, multi-month dispensing) currently allowed in national guidelines? *If **NO**, check NA, and **SKIP** CEE:* ☐			**NA**
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site distinguish between stable and unstable patients, and have a standard definition of a 'stable ART patient' for pregnant and breastfeeding patients?	Y N	If N=Red
	If Y, then Q2		
Q2	Does the site use or provide the following for pregnant and breastfeeding patients? *Tick all that apply:* ☐ 1) 3-6 month routine follow-up visits for stable ART patients ☐ 2) Multi-month (≥3 months) ARV prescribing for stable patients ☐ 3) Multi-month ARV dispensing (≥3 month supply) for stable ART patients ☐ 4) Fast-track pharmacy pick-up of ARVs for stable ART patients ☐ 5) Community service delivery models (e.g., community ART groups or distribution points like home distribution)	# Ticked _____	If ≤2=Yellow If ≥3= Green
	SCORE		

CEE #: S_04_06 Support Services for HIV-Positive Pregnant Adolescents in ANC [C&T-PMTCT]			
STANDARD: Adolescent-friendly clinical services are provided to cater to the specific treatment, support and general health needs of HIV-positive pregnant adolescents <20 years old.			
Instructions: If there are NO pregnant adolescents, check NA, and SKIP this CEE: NA ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have the following? *Tick all that apply:* ☐ 1) At least one health care provider at this site who is trained to provide adolescent friendly services ☐ 2) Dedicated time or space for pregnant adolescents to receive clinical services ☐ 3) Support available to provide adolescent-specific services (e.g., peer leaders, mentor mothers, support groups)	# Ticked _____	If 0 = Red If 1 or 2 = Yellow If 3 = Green
	SCORE		

CEE #: S_04_07 Partner Services [C&T PMTCT] (DUP)			
STANDARD: HIV-positive pregnant and breastfeeding patients are offered partner services that include counseling on safe disclosure of HIV status to their sex partner(s) and/or injecting drug partner(s) and HIV partner testing, either onsite or through referral to a health facility, or community-based approaches.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is counseling on the importance of both safe disclosure **and** testing of all sexual and/or injecting drug partner(s) provided?	Y N	If N=Red
	If Y, then Q2		
Q2	Are partner HIV-testing services provided (either onsite or through referral)? ***Note**: Partner testing approaches include any of the following: 1) contact referral, 2) provider referral, 3) dual referral, 4) client referral, 5) HIV self-testing kits provided to clients to provide to their sex partner(s). HIV testing of the partner(s) may be offered onsite, at a standalone VCT clinic located within the facility, or via HIV self-test kits.*	Y N	If N=Red
	If Y, then Q3		
Q3 👀	*Review 10 register entries (individual or index/partner testing logbook) or charts (whichever source has the most updated information) of HIV-positive pregnant and breastfeeding patients on ART ≥12 months.* What percent of reviewed pregnant and breastfeeding patient records document HIV testing or HIV status of all elicited partner(s)? **Numerator** = ____*# of HIV-positive patient record reviewed that have all elicited partner(s) with documented HIV-testing status (e.g., positive, known positive, negative, declined, unable to locate)* ***Denominator** = ____ # of HIV-positive patient records reviewed*	_____%	If <90%=Yellow If ≥90%=Green
	SCORE		

CEE #: S_04_08 Routine HIV Testing of Children of Adult Patients [C&T PMTCT] (DUP)			
STANDARD: Biological children and adolescents (<15 years old) of HIV-positive pregnant and breastfeeding women have a documented (or known) HIV status.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standardized practice to ensure routine testing of biological children (<15 years old) of adult ART patients?	Y N	If N=Red
	If Y, then Q2		
Q2 👀	*Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive pregnant and breastfeeding patients on ART ≥12 months.* What percentage of reviewed charts have documentation of HIV testing status (e.g., positive, negative, declined) for all biological children <15? ***Numerator*** *= _____# of charts reviewed where all biological children <15 have documented HIV-testing status (e.g., positive, negative, declined)* ***Denominator*** *= _____# of HIV positive patient records reviewed*	_____%	If <70%=Red If ≥70% and <90% Yellow If ≥90%= Green
	SCORE		

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

CEE #: S_04_10 TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT) [C&T PMTCT] (DUP)			
STANDARD: HIV-positive pregnant and breastfeeding patients who screen negative for active tuberculosis (TB) receive TB Preventive Treatment (TPT) / Isoniazid Preventive Therapy (IPT) per national guidelines.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standardized practice for administration of TPT/IPT among HIV-positive pregnant and breastfeeding patients?	Y N	If N=Red
	If Y, then Q2		
Q2	Does this site have a TPT/IPT register and/or another method that allows tracking of who started and who ***completed*** TPT/IPT within a given reporting period? ***Note:*** *"Completed" includes those patients who started and completed 6 months of TPT/IPT and those on continuous TPT/IPT after 6 months of "completion".*	Y N	If N=Red
	If Y, then Q3		
Q3	*Review 10 register entries or charts (whichever source has the most updated information) of HIV-positive pregnant and breastfeeding patients on ART ≥12 months.* What percent of reviewed records show evidence those HIV-positive pregnant and breastfeeding patients who screened negative for active TB during their HIV clinic visits were ever initiated on TPT/IPT? ***Numerator****: _____# of register entries or charts reviewed, from HIV-positive pregnant and breastfeeding patients on ART ≥12 months on ART ≥12 months who screened negative for active TB during their HIV clinic visits, with evidence showing the patient was started on TPT/IPT?* ***Denominator****: _____# of register entries or charts reviewed* from *HIV-positive pregnant and breastfeeding patients on ART ≥12 months who screened negative for active TB during their HIV clinic visits*	_____%	If <70%=Red If ≥70% and <90% = Yellow If ≥90%=Green
	SCORE		

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

CEE #: S_04_12 TB Diagnostic Evaluation Cascade [C&T PMTCT] (DUP)			
STANDARD: Every site has standardized procedures for documenting HIV-positive pregnant and breastfeeding patients with presumptive tuberculosis (TB) (in a line list or register) and a referral and follow-up mechanism to ensure TB diagnostic evaluation in accordance with national testing algorithms.			
*Instructions: If there are **NO** pregnant and breastfeeding patients with presumptive TB, check NA, and skip this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there standardized procedures for documenting HIV-positive pregnant and breastfeeding patients with presumptive TB and providing referral and follow-up to ensure TB diagnostic evaluation (e.g., smear, culture or Xpert MTB/RIF)?	Y N	If N=Red
	If Y, then Q2		
Q2	Is there a line list/register for HIV-positive pregnant and breastfeeding patients with presumptive TB to document diagnostic evaluation and treatment?	Y N	If N=Red
	If Y, then Q3		
Q3	*Review the last 10 entries in the line list/register of HIV-positive pregnant and breastfeeding patients with presumptive TB.* What percent of the reviewed entries of HIV-positive pregnant and breastfeeding patients who are presumed to have TB have documented smear microscopy, culture or Xpert MTB/RIF results? ***Numerator**: ____# of reviewed entries of HIV-positive pregnant and breastfeeding patients who are presumed to have TB with documented smear microscopy, culture or Xpert MTB/RIF results* ***Denominator**: ___# of reviewed entries of HIV-positive pregnant and breastfeeding patients who are presumed to have TB*	_____%	If <80%=Yellow
	If ≥80%, then Q4		

Q4	*Review same last 10 entries in the line list/register of HIV-positive pregnant and breastfeeding patients presumptive TB*. What percent of the same entries of HIV-positive pregnant and breastfeeding patients who are presumed to have TB received molecular testing as their first-line diagnostic test? ***Numerator**: ____# of same reviewed entries, of HIV-positive pregnant and breastfeeding patients who are presumed to have TB, with documented receipt of molecular testing as their first-line diagnostic test* ***Denominator**: ___# of same reviewed entries of HIV-positive pregnant and breastfeeding who are presumed to have TB*	_____%	If <90%=Yellow If ≥90%=Green
	SCORE		

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

CEE #: S_04_14 ARVs at Labor and Delivery [C&T PMTCT]			
STANDARD: ART for HIV-positive women and ARV prophylaxis for their exposed infants are provided at maternity and labor and delivery (L&D).			
Instructions: *If **NO** maternity ward/labor and delivery services are provided at this site or NO HIV-positive women were seen in the previous year, then check NA, and **SKIP** CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is ART for mothers and ARV prophylaxis for infants routinely available at L&D at all hours that the facility is open, including nights and weekends?	Y N	If N = Red
	If Y, then Q2		
Q2 👀	*Review 10 register entries or charts (whichever source has the most updated information) of the most recently seen HIV-positive women in maternity (up to the last 12 months prior to today's SIMS assessment).* What percent of mother-infant pair entries have documentation of receipt of ART for mothers and prophylaxis for infants? ***Numerator**= ___# of mother-infant pairs that have documented receipt of ART for mothers and prophylaxis for infant* ***Denominator**= ___# of charts/register entries of HIV-positive mothers in maternity (up to the last 12 months prior to today's SIMS assessment)*	_____%	If ≤70% = Red If >70 and ≤90% = Yellow If >90% = Green
	SCORE		

SET 4B: HIV EXPOSED INFANTS (HEI)			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_04_15	Early Infant Diagnosis Provided to Caregiver		X
S_04_16	Tracking HIV-Exposed Infants		X
S_04_17	Collection of a Second Specimen for Confirmatory Testing		X
S_04_18	CTX for HIV-Exposed Infants		X
S_04_19	HEI Follow-up and Final HIV Status	X	
S_04_20	Enrollment of HIV-Infected Infants into ART Services	X	
S_04_21	Supply Chain Reliability (Early Infant Diagnosis) DBS or POC		X

CEE #: S_04_15 Early Infant Diagnosis Provided to Caregiver [HEI]
STANDARD: All HIV-exposed infants (HEIs) have a specimen collected for early infant diagnosis (EID). There is documented return of HIV results to caregivers within one month of sample collection.
*Instructions: If **NO** HIV-exposed infants were seen in the previous year, select NA, and **SKIP** this CEE:* **NA** ☐ *Select testing available at this site:* ☐ *1) Conventional laboratory-based testing* ☐ *2) Point-of-care testing (POCT)*
Comment:

	Question	Response	Scoring
Q1	*Review 10 records (register entries, charts, or HEI cards) of the 10 most recent HEIs (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment).* What percent of HIV-exposed infants had a specimen collected for EID? ***Numerator=*** *____ # of HEI records with documentation of specimens collected for both EID and IVT testing* ***Denominator*** *= ____#Total number of most recent HEI records (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment).*	____%	If ≤90% = Red
	If >90%, then Q2		
Q2	*Review the same 10 records (register entries, charts, or HEI cards) of the 10 most recent HEIs (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment).* *Look at the EID sample collected at the site.* What percent of HIV-exposed infants have documentation of a HIV-test result provided to a caregiver within one month of sample collection? ***Numerator****= _____# of HEI records with documentation that the caregiver has received the results of an HIV-test within one month of sample collection*	_____%	If <90% = Yellow If ≥90%= Green

	Denominator *= _____# of most recent HEI records (i.e. born 3 or more months prior to the SIMS assessment and up to the last 12 months prior to today's SIMS assessment).*		
	SCORE		

CEE #: S_04_16 Tracking HIV-Exposed Infants [HEI]			
STANDARD: Each site providing services for HIV-exposed infants (HEIs) has a standard procedure for identifying and tracking HEIs who have missed an appointment. The tracking system includes procedures for patient identification and tracking; standardized documentation showing evidence of more than one attempt to bring the patient back into care, and results of tracking efforts.			
Instructions: *If **NO** HIV-exposed infants, select NA, and **SKIP** this CEE:* ☐			**NA**
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there standard written procedures for identifying and tracking HIV-exposed infants who missed an appointment?	Y N	If N = Red
	If Y, then Q2		
Q2	Is HIV-exposed infant tracking documentation up to date AND includes evidence of more than one attempt to bring the infant back into care (e.g., names of those with missed appointments, evidence of phone calls to care givers, evidence of being linked to outreach workers)? Note: tracking documentation includes logbooks, registers, patient files etc.	Y N	If N = Yellow
	If Y, then Q3		
Q3	Is there documentation of the result of the tracking efforts for each patient with a missed appointment (e.g., transferred out, new appointment, not found, refusal, death)? Note: tracking documentation includes logbooks, registers, patient files etc.	Y N	If N = Yellow If Y = Green
	SCORE		

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

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

CEE #: S_04_19 HEI Follow-Up and Final HIV Status [HEI]			
STANDARD: All HIV-exposed infants (HEIs) are tracked through the end of breastfeeding and have a documented final HIV outcome by 24 months of age.			
*Instructions: If **NO** HIV-exposed infants were seen in the previous year, select NA, and **SKIP** this CEE:* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a system in place for tracking HIV-exposed infants through the end of breastfeeding and documenting their final HIV status?	Y N	If N = Red
	If Y, then Q2		
Q2	*Review 10 records (register entries, charts, or HEI cards) of the most recent HEIs (i.e. born >24 but less than 36 months prior to the SIMS assessment).* What percent of HIV-exposed infants have documentation of final HIV status? ***Numerator**= _____# of most HEIs (i.e. born >24 but less than 36 months prior to the SIMS assessment) with documented final HIV status* ***Denominator** = ____Total number of records reviewed of most recent HEIs (i.e. born >24 but less than 36 months prior to the SIMS assessment).* ***Note:** Documented final HIV outcome is defined as an infant diagnosed HIV-positive at any point; diagnosed HIV-negative after >3 months following cessation of breastfeeding; with unknown status (e.g., LTFU, transferred out, or still breastfeeding/exposed); or who has died.*	_____%	If ≤ 70% = Red If >70% and ≤90% = Yellow If >90%= Green
	SCORE		

CEE #: S_04_20 Enrollment of HIV-Infected Infants into ART Services [HEI]			
STANDARD: All HIV-infected infants are enrolled into ART services.			
*Instructions: If the site does not offer infant virologic testing onsite OR there are **NO** HIV-infected infants, select NA, and **SKIP** the CEE*: **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a standardized practice and documentation of linkage to treatment for HIV-infected infants (e.g., documented date of ART enrollment, ART number, ART regimen)?	Y N	If N = Red
	If Y, then Q2		
Q2	*Review 10 records (e.g., register entries, charts, and HEI cards) of the last 10 **HIV-infected infants** born ≥3 months but less than 12 months prior to today's SIMS assessment.* *This requires a separate chart pull to review records of **HIV-infected** infants only.* What percent of HIV-infected infants have documentation of linkage into ART services? ***Numerator**= ____ # of HIV-infected infants with documented linkage to ART services/initiation on treatment* ***Denominator** = ____number of **HIV-infected infants** born ≥3 months but less than 12 months prior to today's SIMS assessment.*	_____#	If ≤70%= Red If > 70% and ≤90% = Yellow If >90% = Green
	SCORE		

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

SET 5: VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_05_01	Precision and Safeguarding of VMMC Surgical Records		X
S_05_02	Adverse Event (AE) Prevention and Management	X	

CEE #: S_05_01 Precision and Safeguarding of VMMC Surgical Records [VMMC]			
STANDARD: Each site retains accurate, complete, and updated VMMC patient records in a secure location.			
Instructions: This CEE applies to both electronic and paper based records. Although some sites may use both, assessors should collect data from the primary data source.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are national or standardized VMMC client record forms or logbooks available?	Y N	If N = Red
	If Y, then Q2		
Q2	*Review the last 10 VMMC client records from the national or standardized forms or logbooks* Do ALL ten of the VMMC client records reviewed meet the following criteria? *Tick all that apply*: ☐ 1) All ten VMMC client records entries include all of the following information: complete contact details, history and physical exam, weight, Blood Pressure, surgical method, follow-up date and presence/absence of Adverse Events ☐ 2) All ten VMMC records were stored in a secure locked location	# Ticked _____	If 0-1 = Yellow If 2 = Green
	SCORE		

SIMS Assessment ID_____ Assessment Date: _____

CEE #: S_05_02 Adverse Event (AE) Prevention and Management [VMMC]			
STANDARD: Each VMMC site has processes in place to ensure the VMMC services provided are safe.			
Comment:			
	Question	**Response**	**Scoring**
Q1	In the areas where VMMC surgeries occur, are **ALL** required emergency supplies available AND appear to be working? ☐ 1) Stethoscope ☐ 2) Sphygmomanometer (i.e., blood pressure cuff) ☐ 3) Sodium chloride (i.e., normal saline solution for IV infusion; 0.9% Sodium Chloride) ☐ 4) Tourniquet ☐ 5) IV infusion tubing ☐ 6) 3 sizes of IV catheters (G18-green, G20-pink, G22-blue) ☐ 7) Adrenaline (unexpired) ☐ 8) Hydrocortisone (unexpired) ☐ 9) 2 sizes of syringes (2ml and 10ml) ☐ 10) 2 sizes of needles (G21 and G23) ☐ 11) Bags and masks (e.g., Ambu bag) ○ 1 child size ○ 1 adult size ☐ 12) Exam gloves ☐ 13) Alcohol swabs ☐ 14) Gauze ☐ 15) Adhesive Tape (strapping) ☐ 16) 3 sizes of oropharyngeal airways (green, yellow, and purple/red)	# Ticked _____	If <16=Red
	If 17, then Q2		
Q2	Is there a written inventory list of all emergency supplies for VMMC services in the areas where VMMC surgeries occur?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Are the following in place for the management of adverse events? ☐ 1) In the VMMC surgery and clinical care areas, a written procedure or algorithm is available. The written algorithm or procedure must have the following components: how to classify, document and manage adverse events (including emergencies and life-support measures) ☐ 2) Meeting minutes or summary reports from a site-level Adverse Events review committee showing that all moderate/severe adverse events were reviewed at least monthly AND corrective actions were taken (as necessary)?	# Ticked ____	If 0-1=Yellow If 2= Green
	SCORE		

SET 6: AGYW, GBV and OVC			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_06_01	Capacity to Provide Post-Violence Care Services		X
S_06_02	Availability of Post-Violence Care Services	X	
S_06_03	Gender Norms		X
S_06_04	Case Management Services	X	
S_06_05	Case Management Workforce Strengthening		X
S_06_06	Preventing HIV in Girls	X	
S_06_07	Services to support HIV Testing for OVC		X
S_06_08	Services to support HIV Treatment Linkage, Retention and Viral Suppression for OVC	X	

CEE #: S_06_01 Capacity to Provide Post-Violence Care Services [AGYW, GBV, and OVC]			
STANDARD: Each site providing post-violence care services has written procedures for provision of accessible and affordable post-violence care services for adults, adolescents, and children. All staff providing post-violence care services are trained on the provision and documentation of those services.			
Instructions: If this site does not provide post-violence care services, check NA, and SKIP this CEE. **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q 1	Are there written procedures or algorithms in place for providing post-violence care services for adults, children, and adolescents? ***Note**: There should be clear written procedures for dosing post-exposure prophylaxis (PEP) and other medications differently for adults and children as well as providing additional supportive services.* *Note: Post-violence care includes sexual violence among children and adults, physical and emotional intimate partner violence, and physical and emotional violence against children.*	Y N	If N = Red
	If Y, then Q2		
Q 2	Are post-violence care services accessible and affordable? *Tick all that apply:* ☐ 1) Post-violence care is offered during all hours a facility is open either by staff who are physically at the facility or on-call to respond ☐ 2) The survivor can receive essential care without reporting the assault to the police *(review intake protocol and/or forms to ensure police report is not required to receive services)* ☐ 3) Service fees are eliminated or reduced for post-violence survivors	# Ticked ____	If 0-2=Red
	If 3, then Q3		
Q 3	Have all providers administering post-violence care services been trained on these standard procedures (including clinical management specific to children **AND** adolescents if providers are working with adolescents)?	Y N	If N=Red
	If Y, then Q4		
Q 4	Is there a register or other means of documenting cases of violence that records **ALL** of the following? *Tick all that apply:* ☐ 1) Sex ☐ 2) Age ☐ 3) Type of Violence (sexual, physical, emotional; or multiple forms of violence)	# Ticked _____	If 0-2=Yellow If 3= Green
	SCORE		

CEE #: S_06_02 Availability of Post-Violence Care Services [AGYW, GBV, and OVC]			
STANDARD: Each site providing post-violence care services provides the minimum package of services and referrals.			
Instructions: The CEE is to be assessed only at sites that provide post-violence care services to AGYW, GBV, OVC populations. *If this site does not provide post-violence care services only, check NA, and SKIP this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is post exposure prophylaxis (PEP) for HIV provided at the site for eligible victims of sexual violence?	Y N	If N=Red
	If Y, then Q2		
Q2	Are **ALL** of the following additional post-violence services provided at the site? *Tick all that apply:* ☐ 1) Initial assessment of patient needs/counseling ☐ 2) Medical treatment or referral for serious or life threatening issues (e.g., lacerations, broken bones) ☐ 3) Rapid HIV Testing ☐ 4) Emergency contraception in cases of sexual violence ☐ 5) STI screening and/or presumptive treatment *Note: Post-violence care includes sexual violence among children and adults, physical and emotional intimate partner violence, and physical and emotional violence against children.*	# Ticked	If ≤4=Yellow
	If 5, then Q3		
Q3	Are the following referrals documented in a systematic manner in a logbook, case file, intake form etc.? *Tick all that apply:* ☐ 1) Longer term psycho-social support ☐ 2) Legal counsel ☐ 3) Police (e.g., investigations, restraining orders, etc.) ☐ 4) Child Protection Services (e.g., emergency out of family care, reintegration into family care when possible, permanency options when reintegration not possible) ☐ 5) Economic Empowerment ☐ 6) Emergency shelter	# Ticked _____	If ≤2=Yellow If ≥3= Green
	SCORE		

CEE #: S_06_03 Gender Norms [AGYW, GBV, and OVC]			
STANDARD: Each site providing or supporting gender norms interventions has staff trained in delivering these interventions and has staff performance monitored at least quarterly. These interventions use a standard curriculum and that entails more than a single stand-alone session.			
Instructions: CEE is to be assessed at sites funded to provide gender norms interventions to AGYW and/or OVC. *Does the site's agreement with the prime partner or USG implementing agency include funding to provide gender norms interventions? If **NO**, check NA, and **SKIP** CEE.* ***NA*** ☐ ***Note:*** *Gender norms intervention: Activities that address harmful gender norms related to HIV/AIDS seek to change traditional, cultural, and social norms that contribute to behaviors that increase HIV/AIDS risk in both men and women, including gender-based violence and that impede access to care and treatment services for those who need them.*			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is the gender norms intervention **BOTH?** *Tick all that apply:* ☐ 1) More than a single session ☐ 2) Based on a standard, evidence-based curriculum ***Note:*** *Standard curriculum is defined as having a strong theoretical base, an evaluation that demonstrates positive changes in gender norms or as an evidence-based curriculum with a focus or strong emphasis on gender norms or violence prevention see the DREAMS Guidance for a list of accepted curricula.*	# Ticked _____	If 0-1=Red
	If 2, then Q2		
Q2	Have the staff who deliver gender norms interventions completed a formal training on the particular intervention(s)? ***Note****: A formal training could be training on intervention delivery, or completion of a training-of-trainers process or workshop on the use of a training manual that accompanies the curriculum*.	Y N	If N= Yellow
	If Y, then Q3		
Q3	For staff delivering gender norms interventions, are **BOTH** of the below practiced? *Tick all that apply:* ☐ 1) Staff who deliver gender norms interventions are monitored for performance or reviewed for quality of work at least once every 3 months during the intervention period ☐ 2) Monitoring is documented ***Note:*** *Monitoring can include a review of feedback from participant training evaluations, classroom observations, and supervision activities.*	# Ticked _____	If ≤1 =Yellow If 2 =Green
	SCORE		

CEE #: S_06_04 Case Management Services [AGYW, GBV, and OVC]			
STANDARD: Each site has standard procedures for supporting case management for children and families affected by HIV including standard procedures to support identification, assessment, case plan development, case plan monitoring, case plan achievement/graduation, case closure, case file confidentiality, client satisfaction and minimize attrition.			
Instructions: The CEE is assessed at community sites providing OVC services only. *Does the community site provide OVC services only?* *If **NO**, check NA, and **SKIP** CEE* ***NA*** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site have a comprehensive case management system (e.g. case management SOPs and case management tools) that is aligned with or meets national minimum standards for case management, ensures case files have been completed for all enrolled OVC and their families , and supports the following? *Tick all that apply:* ☐ 1) OVC identification ☐ 2) OVC and household assessment ☐ 3) Household case plan development ☐ 4) Referrals and referral tracking ☐ 5) Household case plan monitoring ☐ 6) Household case plan achievement/graduation – including benchmarks for assessing readiness to graduate ☐ 7) Case transfer ☐ 8) Case file confidentiality	# Ticked ____	If ≤7=Red
	If 8, then Q2		
Q2	*Randomly identify 10 active clients from the site roster and review their household case files* Do 100% of the active case files include the following: ☐ 1) Completed family assessments within the last year ☐ 2) Completed family case plans (focused on the minimum case plan achievement benchmarks) within the last year	# Ticked ____	If 0-1=Yellow
	If 2, then Q3		

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

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CEE #: S_06_05 Case Management Workforce Strengthening [AGYW, GBV, and OVC]			
STANDARD: Each site has standard procedures for planning, developing and supporting social service workers responsible for case management (including both professional or para-professional, paid or unpaid social service workers employed by government or non-governmental organizations), which are aligned with national standards.			
Instructions: The CEE is assessed at all sites providing OVC services only. *Does the site provide OVC services only?* *If **NO**, check NA, and **SKIP** CEE.* ***NA*** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site have standard procedures for planning developing and supporting social service workers responsible for case management, including **ALL** of the following? *Tick all that apply:* ☐ 1) Standard job descriptions/performance standards ☐ 2) Standard case manager to client ratios in line with national standards (*if no national standards exist, then check to ensure ratio is no larger than 30 cases*) ☐ 3) Standard training curricula (both pre-service and in-service in line with national standards *(if no national standards exist, then simply check to ensure curricula is standard across workers*) ☐ 4) Standard supervision and assessment mechanisms ☐ 5) Ethical standards	# Ticked _____	If ≤4 =Red
	If 5, then Q2		
Q2	*Randomly select 10 case managers from the assessment point roster and review their HR files.* Do 100% of the HR files include all of the following? *Tick all that apply:* ☐ 1) Job description/expectations ☐ 2) Evidence at least quarterly supervision meetings ☐ 3) Documentation of completed training/credentials ☐ 4) Documentation of appropriate case manager/client ratios	# Ticked _____	If ≤2 =Yellow If ≥3=Green
	SCORE		

SIMS Assessment ID_____ Assessment Date: _____

CEE #: S_06_06 Preventing HIV in Girls [AGYW, GBV, and OVC]			
STANDARD: Each site provides or links vulnerable adolescent girls and young women (AGYW) ages 10-24 years to comprehensive interventions/services for HIV prevention.			
Instructions: *CEE is to be assessed at sites (community and facility) providing AGYW prevention services only.* *Does the site provide AGYW prevention services? If **NO**, check NA, and **SKIP** CEE.* ***NA*** ☐ ***Note:*** *Please refer to the DREAMS guidance for a list of approved, evidence-informed curricula and program.*			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have a standard process for identifying girls who are vulnerable to HIV infection?	Y N	If N=Red
	If Y, then Q2		
Q2	How many of the following prevention interventions/services for adolescent girls does this site offer onsite? *Tick all that apply:* ☐ 1) Condom promotion and provision (male & female) ☐ 2) HTS services ☐ 3) PrEP ☐ 4) Post-violence care services ☐ 5) Access to voluntary, comprehensive FP services ☐ 6) Social asset building activities ☐ 7) School- or Community-based HIV and violence prevention ☐ 8) Community Mobilization & Norms Change ☐ 9) Parenting/caregiver programs ☐ 10) Educational subsidies ☐ 11) Combination socioeconomic approaches	# Ticked _____	If 0=Red
	If ≥1, then Q3		

Q3	How many of the following evidence-based interventions/services for adolescent girls does this site offer through referral? *Tick all that apply:* ☐ 1) Condom promotion and provision (male & female) ☐ 2) HTS services ☐ 3) PrEP ☐ 4) Post-violence care services ☐ 5) Access to voluntary, comprehensive FP services ☐ 6) Social asset building activities ☐ 7) School- or Community-based HIV and violence prevention ☐ 8) Community Mobilization & Norms Change ☐ 9) Parenting/caregiver programs ☐ 10) Educational subsidies ☐ 11) Combination socioeconomic approaches	# Ticked _____	If 0-4=Yellow If >4= Green
	SCORE		

CEE #: S_06_07 Services to Support HIV Testing for OVC [AGYW, GBV, and OVC]			
STANDARD: Each site has a case management system that captures pertinent information related to HIV status for children and their caregivers, including a standard process to assess children for HIV risk factors and to facilitate linkages to HIV testing if needed.			
Instructions: *This CEE is to be assessed at sites (community and facility) providing OVC services only.* *Does the site provide OVC services only?* *If No, check NA, and* ***SKIP*** *CEE.* ***NA*** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have a standard process to assess children with unknown/undisclosed HIV status using the HIV risk algorithm prototype and to facilitate linkages to HIV testing if needed?	Y N	If N=Red
	If Y, then Q2		
Q2 👀	*Randomly select 10 beneficiaries from the assessment point roster and review their case files or client records (individual or logbook) from the last three months.* What percent of case files include documentation of the child's HIV status and the caregiver's HIV status as reported by the caregiver or child (i.e. self-report)? ***Numerator****: _____# of case files or client records that include documentation of the child's HIV status and the caregiver's HIV status (as reported by the caregiver or self)* ***Denominator****: _____# of case files or client records assessed* ***Note:*** *HIV status categories must include the following:* ● *Test not needed (based on HIV risk algorithm prototype)* ● *Positive* ● *Negative* ● *Undisclosed (child has tested but results were not disclosed to program)* ● *Not Tested and Status Unknown – File establishes that the child's status is unknown, i.e., child has not been assessed for HIV risk by the program, caregiver will not provide information that enables risk assessment; testing indicated but caregiver does not want to have child tested.*	_____%	If <80%=Yellow
	If ≥ 80%, then Q3		

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

CEE #: S_06_08 Services to support HIV Treatment Linkage, Retention and Viral Suppression for OVC [AGYW, GBV, and OVC]			
STANDARD: Each site providing OVC services has case management procedures that capture pertinent information related to HIV Treatment Linkage, Retention, and Viral Suppression for children and their caregivers.			
Instructions: *The CEE is to be assessed at sites (i.e., community and/or facility) providing OVC services only.* *Does the site provide OVC services?* *If No, check NA, and* ***SKIP*** *CEE.* ***NA*** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site have a standard process for ALL of the following: ☐ 1) linking children and caregivers living with HIV to HIV treatment ☐ 2) tracking completion of treatment referrals, ☐ 3) supporting disclosure of HIV status to adolescents ☐ 4) transitioning adolescent to adult care, ☐ 5) monitoring and supporting treatment retention, ☐ 6)monitoring and supporting viral suppression (if Viral Load Testing is available)	# Ticked _____	If <6= Red
	If 6, then Q2		
Q2	*Randomly identify 10 families with either a caregiver or child living with HIV from the site roster. Review their household case files* What percent of case files have documentation demonstrating the site is monitoring both the child and caregiver's (if applicable) HIV treatment status and disclosure status including all of the following: Treatment enrollment, Regularly attending treatment appointments, Correctly taking medication, Adhering to treatment, Virally suppressed if VL is available and accessible to site, and age-appropriate HIV Disclosure to child **N*umerator***: *_____# of case files with documentation the site is monitoring both the child and caregiver's (if applicable) HIV treatment status and disclosure status including all of the following: Treatment enrollment, Regularly attending treatment appointments, Correctly taking medication, Adhering to treatment, Virally suppressed if VL is available and accessible to site, and age-appropriate HIV Disclosure to child*	_____%	If≤90%= Red

	Denominator: _____*# of case files with either a caregiver or child living with HIV from the site roster*		
	If >90%, then Q3		
Q3 👀	*Review the same 10 case files.* What percent of case files indicate that the site engages clinicians treating children and caregivers at least semi-annually through case conferencing or other means to identify and address any treatment challenges or barriers to treatment (e.g. notes from case conferences)? ***Numerator***: _____*# of case files documenting that the site engages clinicians treating children and caregivers at least semi-annually through case conferencing or other means to identify and address any treatment challenges or barriers to treatment (e.g. notes from case conferences)* ***Denominator***: _____*# of case files with either a caregiver or child living with HIV from the site roster*	_____%	If ≤90%= Yellow
	If response is >90% then Q4		
Q4 👀	*Review the same 10 case files.* What percent of case files indicate that the site helps children and caregivers to overcome treatment challenges or barriers to treatment (e.g. financial barriers, transportation barriers, nutritional or health concerns, social or cultural barriers, health challenges)? ***Numerator***: _____*# of case files documenting that the site helps children and caregivers to overcome treatment challenges or barriers to treatment (e.g. financial barriers, transportation barriers, nutritional or health concerns, social or cultural barriers, health challenges)* ***Denominator***:_____*# of case files with either a caregiver or child living with HIV from the site roster*	_____%	If ≤80%= Yellow If >80%= Green
	SCORE		

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

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

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

CEE #: S_07_03 HTS Linkage to HIV Care and Treatment at the Site Level [HTS]			
STANDARD: All sites that provide HTS have a standardized protocol or process for tracking successful and unsuccessful linkage of HIV-infected beneficiaries/clients to HIV care and treatment services.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is an active linkage to care and treatment protocol or standardized process available to facilitate linkage to HIV care and treatment services for those who test positive (e.g., use of standard referral forms, peer navigators, transport vouchers, etc.)?	Y N	If N=Red
	If Y, then Q2		
Q2	Does the protocol or standardized process include requirements to confirm and document successful linkage to HIV care and treatment services (e.g., documented completed phone call, verification by a peer navigator, etc.)?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Does the protocol or standardized protocol from above include following up with HIV-positive clients who fail to enroll in HIV care and treatment services (e.g., documented completed phone call, verification by a peer navigator, etc.)?	Y N	If N=Yellow
	If Y, then Q4		
Q4	*Review 10 clients identified as HIV positive within the last 3 months from the HTS register to determine the percentage of HIV positive clients who were successfully linked to treatment services.* Of the 10 clients selected for review, what percentage were successfully linked to treatment (i.e., the site knows the client or beneficiary was successfully initiated on ART)? ***Numerator:*** *____# of clients who were successfully linked to treatment (i.e., the site knows the client or beneficiary was successfully initiated on ART)* ***Denominator****: ____# of identified as HIV positive within the last 3 months*	_____%	If <90%=Yellow If ≥90%= Green
	SCORE		

CEE #: S_07_04 Site Level HIV Proficiency Testing [HTS]			
STANDARD: Sites offering HIV Testing services (HTS) meet HIV proficiency testing participation and pass rate requirements			
Instructions: *Is HIV proficiency testing part of the national guidelines for sites offering HTS?* *If **NO**, check NA, and **SKIP** CEE*		**NA** ☐	
Comment:			
	Question	**Response**	**Scoring**
Q1	Is the site currently enrolled in an HIV proficiency testing (PT) program?	Y N	If N=Red
	If Y, then Q2		
Q2	What percent of HTS providers at the site completed and submitted proficiency testing panels in the last 12 months? ***Numerator*** *= _____# of HTS providers who completed and submitted proficiency testing panels in the last 12 months* ***Denominator*** *= _____ # of HTS providers who received a proficiency testing panel in the last 12 months* ***Note****: HTS providers include laboratory staff conducting HIV testing.*	_____%	If <50%=Red If ≥50% and <80%=Yellow
	If ≥80%, then Q3		
Q3	*Review logbook or records or other documentation of all PT scores that were returned to the site within the last 12 months.* *Tick ONE of the following:* ☐ 1) All PT scores were NOT returned to the site ☐ 2) Unsatisfactory PT scores were returned to the site but no documentation of corrective action exists ☐ 3) Unsatisfactory PT scores were returned to site and documentation of corrective action exists ☐ 4) All PT scores that were returned to the site were satisfactory	Answer # _____	If 1 or 2 =Yellow If 3 or 4 =Green
	SCORE		

CEE #: S_07_05 HTS Safety Measures at the Site [HTS]			
STANDARD: Each site has HIV Testing Services (HTS) safety measures implemented by all HIV testing providers. These safety measures include use of disposable gloves, personal hygiene, and proper waste management.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are **ALL** the following available for all HIV testing providers? *Tick all that apply*: ☐ 1) Sharps and waste containers for disposal of lancets, syringes and other sharps ☐ 2) Clean water, soap and disinfectant or hand sanitizer available for use before contact with each beneficiary/client ☐ 3) Disposable gloves for all HIV testing providers	# Ticked _____	If ≤2=Red
	If 3, then Q2		
Q2	Has a supervisor or manager visited this site within the last six months to document implementation of HTS safety measures (e.g. safe disposal of sharps and biohazardous waste, proper hand hygiene, and the use of disposable gloves) by all HIV testing providers?	Y N	If N =Yellow
	If Y, then Q3		
Q3	Have all HIV testing providers at this site received safety training on safe disposal of sharps and biohazardous waster, proper hand hygiene and the use of disposable gloves within the last 12 months?	Y N	If N=Yellow If Y= Green
	SCORE		

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

CEE #: S_07_07 HIV Self-Testing [HTS]			
STANDARD: Use of HIV self-test kits, and linkage to additional HIV testing, is documented.			
Instructions: *Are HIV Self-Test kits distributed within the sub-national unit/district that this site is located? Is HIV self-testing part of the national HIV Testing Services (HTS) guidelines?* *If **NO to either question**, check NA, and **SKIP** CEE* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site's standardized process/protocol/SOP that describes how to provide HTS include inquiring whether the reason for HIV testing at this current time is due to a positive HIV self-test result?	Y N	If N=Red
	If Y, then Q2		
Q2	Does the HTS register or logbook provide a space to document whether the HTS client indicated recent use of an HIV Self-test and need for additional testing as the reason for testing at this current time?	Y N	If N = Yellow If Y = Green
	SCORE		

CEE #: S_07_08 Index Testing Training & Supportive Supervision [HTS]			
STANDARD: All staff who provide index testing services are trained using a standardized national training curriculum that covers the WHO's 5Cs (consent, confidentiality, counseling, correct test results, and connection to treatment and/or prevention services) and the minimum standards for index testing, including an intimate partner violence (IPV) risk assessment and first line support following IPV disclosure, supportive supervision, and adverse event monitoring and response. All staff who provide index testing services continue to receive supportive supervision and mentorship at least quarterly. Supportive supervision comments and recommendations are shared with staff members.			
Instructions: *Only assess this CEE at sites that provide index testing services.*			
Comment:			
	Question	**Response**	**Scoring**
Q1	Have **ALL** staff conducting index testing services been trained according to a standardized, national training curriculum that covers the WHO's 5Cs and minimum standards for index testing, including an intimate partner violence (IPV) risk assessment and first line support following IPV disclosure, supportive supervision, and adverse event monitoring and response?	Y N	If N=Red
	If Y, then Q2		
Q2	Have all staff who currently provide Index Testing services received supportive supervision on index testing, at least once within the past 3 months? **Numerator** = _____Number of staff currently providing index testing services who received at least one documented supportive supervision in past 3 months **Denominator** = _____Number of staff currently providing index testing services ***Note:*** *data source can be staff records, supervision logbooks, supportive supervision forms.*	_____%	If <80%=Yellow
	If ≥80%, then Q3		
Q3	Are standardized tools or materials used to conduct supportive supervision for index testing services?	Y N	If N =Yellow
	If Y, then Q4		

Q4 👀	Are supportive supervision comments and recommendations documented and shared with staff?	Y N	If N=Yellow If Y =Green
	SCORE		

CEE #: S_07_09 Monitoring Adverse Events from Index Testing [HTS]			
STANDARD: All sites where PEPFAR supports index testing service provision have procedures and processes in place to assess, mitigate and reduce potential risk for social harm or impact arising from partner notification and index testing. All personnel providing index testing services are trained on providing partner notification services appropriately and safely.			
Instructions: *Only assess this CEE at sites that provided index testing services. Social harm is defined as any intended or unintended cause of physical, economic, emotional or psychosocial injury or hurt from one person to another, a person to themselves, or an institution to a person, occurring before, during or after HTS, including partner notification services. Intimate partner violence (IPV) is defined as behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship, including acts of physical violence, sexual violence, stalking, emotional or psychological abuse and controlling behaviors.*			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the site routinely follow-up with index clients at the next clinical encounter to assess if they've experienced any social harm as a result of index testing service?	Y N	If N = Red
	If Y, then Q2		
Q2 👀	Are reports of social harms, including IPV, following index testing services documented in the client's charts and/or index testing register?	Y N	If N = Yellow
	If Y, then Q3		
Q3 👀	Does the site have an SOP in place for investigating any reports of social harms following index testing services?	Y N	If N = Yellow If Y = Green
	SCORE		

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

CEE #: S_07_11 Intimate Partner Violence Risk Assessment and Support [HTS]			
STANDARD: Sites offering index testing services have an appropriate system in place for testing service providers to identify and respond to clients who disclose their fear of or experience with Intimate Partner Violence (IPV) from (a) named partner(s).			
Instructions: *This CEE should be assessed at sites offering HIV partner testing services (including both sexual and needle-sharing partner(s)) as part of index testing.*			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are IPV questions asked in private settings by providers with confidentiality ensured? *Note: Private means conducted in a space where no one else can hear or see the conversation. Confidentiality ensured means that information discussed during the HTS session will not be disclosed to anyone else without the consent of the beneficiary/client. Evidence of ensuring confidentiality can include: confidentiality or consent agreements, notices of confidentiality.*	**Y N**	If N = Red
	If Y, then Q2		
Q2	Have all providers who conduct index testing services been trained on both of the following before providing index testing services: (1) how to ask about IPV; and (2) how to offer first-line support (such as LIVES) following IPV disclosure? *Note: LIVES stands for Listen; Inquire about needs and concerns; Validate; Enhance Safety; Support. It is the immediate psychosocial support and safety check that is provided to someone who discloses violence. Consult Health care for women subjected to intimate partner violence or sexual violence: A Clinical Handbook (WHO, 2014) for further information.*	**Y N**	If N = Red
	If Y, then Q3		
Q3	Does the site have a written Standard Operating Procedure (SOP) or equivalent for asking clients about their experience or fear of violence? *Note: The SOP should outline the roles/responsibilities of site staff. For example, if a client discloses violence the testing provider provides immediate psychosocial support, does an immediate safety check, and then may refer to another staff member for referrals and follow up to other services. The SOPs outline these roles so it is clear for everyone at the site.*	**Y N**	If N = Red

	If Y, then Q4		
Q4	Does the site have a standard set of questions providers use to ask clients about IPV and a place (e.g., IPV screening form, client file or register) to document responses? *Note: The standard questions help to minimize the potential for personal biases to shape how a provider asks questions.*	**Y N**	If N = Red
	If Y, then Q5		
Q5	Do providers offer first-line support (such as LIVES) to clients who disclose violence?		If N = Yellow If Y = Green
	SCORE		

SET 8: TB TREATMENT SERVICE POINT			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_08_01	Routine PITC for Patients with TB and Presumptive TB		X
S_08_02	ART Provision for HIV-Positive Adult TB Patients	X	

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

CEE #: S_08_01 Routine PITC for Patients with TB and Presumptive TB [TB]			
STANDARD: Routine HIV provider-initiated testing and counseling (PITC) is provided to all patients with tuberculosis (TB) and presumptive TB.			
Instructions: What age bracket is served by this site? Select ONE: ☐ **Pediatric patients only (<15 years of age)** ☐ **Adult patients only (≥15 years of age)** ☐ **Both pediatric and adult patients (mixed)**			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does this site provide routine provision of PITC for presumptive TB and TB patients?	Y N	If N = Red
	If Y, then Q2		
Q2 👀	*Review the last 10 entries in a line list/register of patients with presumptive TB. If this site serves pediatric patients and adult patients, choose 5 charts for pediatrics (<15 years of age) and 5 charts for adult and adolescent patients (≥15 years of age).* What percent of the reviewed presumptive TB patients have documented HIV-testing status? ***Numerator*** *= _____# of presumptive TB patients entries with documented HIV-testing status (e.g., positive, negative, declined)* ***Denominator*** *= _____#Total presumptive TB patient entries reviewed*	_____%	If <70% = Red If ≥70 and <90% = Yellow If ≥90% Green
	SCORE		

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

SET 9: METHADONE OR BUPRENORPHINE MEDICATION ASSISTED TREATMENT (MAT)			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_09_01	Intake Treatment Plan Development	X	
S_09_02	TB screening and Management in MAT Facilities		X
S_09_03	Dose Reduction and Termination	X	
S_09_04	HIV Testing	X	
S_09_05	Supply Chain Reliability (methadone and buprenorphine)		X

CEE #: S_09_01 Intake Treatment Plan Development [MAT]			
STANDARD: During a client intake assessment, a METHADONE OR BUPRENORPHINE MEDICATION ASSISTED TREATMENT (MAT) plan is developed for every client that lists his/her physical and mental health- and social- needs.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are there written standard operating procedures (SOPs) to guide the intake assessment at this site?	Y N	If N=Red
	If Y, then Q2		
Q2	Does the patient intake assessment at the site include **ALL** of the following? *Tick Yes to all that apply:* ☐ 1) Drug use history ☐ 2) Mental health history ☐ 3) Comorbid medical conditions ☐ 4) Psychosocial circumstances ☐ 5) Medical examination and laboratory tests	Y N	If 0-4=Red
	If 5, then Q3		
Q3	*Review 10 randomly selected charts of clients who started METHADONE OR BUPRENORPHINE MEDICATION ASSISTED TREATMENT (MAT) within the past 12 months.* What percent of charts document development of treatment plans at intake? ***Numerator**: ____# of charts with documented development of treatment plan at intake* ***Denominator**: ____# of charts of clients who started METHADONE OR BUPRENORPHINE MEDICATION ASSISTED TREATMENT (MAT) within the past 12 months*	_____%	If <90%=Yellow If ≥90%= Green
	SCORE		

CEE #: S_09_02 TB screening and Management in MAT Facilities [MAT]			
STANDARD: All sites providing MAT perform and document screening for active tuberculosis (TB) on intake and at each clinical visit, and provide access to TB treatment either on site or through referral.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is there a protocol in place for TB screening and documentation at each clinical assessment per national guidelines?	Y N	If N=Red
	If Y, then Q2		
Q2	Does the TB screening protocol include all 4 of the following symptoms: cough, fever, night sweats, and weight loss AND procedures for the client to access TB treatment on site or through referral?	Y N	If N=Yellow
	If Y, then Q3		
Q3	*Review 10 randomly selected charts of clients who started MAT within the past 12 months.* What percent of reviewed charts document TB screening results at the last clinical visit? ***Numerator**: ____# of client charts with documented TB screening results at the last clinical visit* **Denominator**: *____# of clients who started MAT within the past 12 months.*	_____%	If <80%=Yellow If ≥80%= Green
	SCORE		

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

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

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

SET 10A: LABORATORY			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_10_01	Quality Management Systems	X	
S_10_02	Laboratory Biosafety		X
S_10_03	Test SOP		X
S_10_04	Quality Testing Monitoring		X
S_10_05	Testing Interruptions		X
S_10_06	Waste Management		X
S_10_07	Injection Safety		X
S_10_08	HIV Viral Load Laboratory Capacity	X	
S_10_09	HIV Viral Load Specimen Referral and Results Management	X	

CEE #: S_10_01 Quality Management Systems (QMS) [LAB]			
STANDARD: Each laboratory is implementing a Quality Management System (QMS) program for continuous quality improvement and/or accreditation. As part of a QMS, each facility laboratory provides and documents routine personnel training, performs and documents routine equipment maintenance, has an inventory control system for supplies and reagents, and conducts regular quality improvement activities.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Is documentation of **ALL** of the following available? *Tick all that apply:* ☐ 1) Personnel training records ☐ 2) Routine equipment maintenance ☐ 3) Inventory system for supplies and reagents	# Ticked _____	If 0-2=Red
	If 3, then Q2		
Q2	Is the laboratory doing **EITHER** of the following? *Tick all that apply:* ☐ 1) Implementing a quality management/quality improvement program (e.g., SLMTA, SLIPTA, GLI, and LQMS-SIP)? ☐ 2) Applying for accreditation according to international standards (e.g., SANAS, CAP, ISO, and KENAS)?	# Ticked _____	If 0=Yellow If 1-2=Green
	SCORE		

CEE #: S_10_02 Laboratory Biosafety [LAB]			
STANDARD: Each laboratory has a biosafety program that includes the following elements: availability and proper use of Personal Protective Equipment (PPE) and waste containers, training on biosafety for laboratory personnel and laboratory biosafety SOPs and/or biosafety manual. ●			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are **ALL** of the following available in the laboratory? *Tick all that apply:* ☐ 1) Gloves ☐ 2) Lab Coats ☐ 3) Clean water/soap or hand sanitizer ☐ 4) Sharps containers ☐ 5) Biohazard waste containers	# Ticked	If 0-4=Red
	If 5, then Q2		
Q2	Are there written laboratory biosafety standard operating procedures or manuals available?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Is there documentation that **all** laboratory personnel have received ***annual*** biosafety training?	Y N	If N=Yellow If Y= Green
	SCORE		

CEE #: S_10_03 Test SOPs [LAB]			
STANDARD: Each laboratory has current written standard operating procedures (SOPs) available and accessible for all the core HIV-related tests that are performed.			
Comment:			
	Question	**Response**	**Scoring**
Q1	What percentage of the HIV-related tests offered at this laboratory have written SOPs available at the point of testing? ***Numerator***= _____*# of HIV-related tests performed at the facility laboratory with SOPs available* ***Denominator*** = _____*# of HIV-related tests performed at facility laboratory*	_____**%**	If <50%=Red If ≥50 and ≤90%=Yellow
	If >90%, then Q2		
Q2	Are ALL SOPs current? *Note: "Current" refers to approval or effective dates within the last 2 years*	Y N	If N=Yellow If Y=Green
	SCORE		

CEE #: S_10_04 Quality Testing Monitoring [LAB]			
STANDARD: Each laboratory performs and monitors routine Quality Control (QC) testing on all core HIV-related tests and participates in proficiency testing (PT) or external quality assessment (EQA) programs for all core HIV-related tests that they perform. PT/EQA results and feedback are available onsite.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the laboratory perform and monitor the results of routine QC testing for **All** (100%) HIV-related core tests offered? ***Numerator*** *=_____ # of HIV-related core tests with QC test results* ***Denominator*** *= _____# of HIV-related core tests performed at facility laboratory*	_____%	If ≤90% =Red
	If >90%, then Q2		
Q2	In the past 12 months, has the lab participated in PT/EQA for **All** (100%) core HIV-related tests offered and are PT/EQA result reports available onsite? ***Numerator*** *= _____# of HIV-related core tests participating in PT/EQA* ***Denominator*** *= _____# of HIV-related core tests performed at facility laboratory*	_____%	If ≤90% =Yellow
	If >90%, then Q3		
Q3	*Evaluate the results reports for PT/EQA panels.* Did the laboratory's result reports demonstrate satisfactory/passing scores for **ALL** PT/EQA panels submitted within the past 12 months? *Tick **one** of the following:* ☐ 1) No PT results were returned to the site ☐ 2) Unsatisfactory results and no evidence of corrective action ☐ 3) Unsatisfactory results and evidence of corrective action ☐ 4) All satisfactory results	Answer #: _____	If #1 or #2=Yellow If #3 or #4=Green

	SCORE		

CEE #: S_10_05 Testing Interruptions [LAB]			
STANDARD: Each laboratory provides continuous and reliable services, in which there are minimal to no testing interruptions due to supply or reagent stock outs, expired supplies or reagents, equipment failures, staff shortages, or infrastructure issues.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Within the past 3 months, have there been **any** testing interruptions of >2 days for **any** HIV-related core test for any of the reasons below? *Tick all that apply:* ☐ 1) Supply or reagent stock out ☐ 2) Expired supplies or reagents ☐ 3) Equipment failure ☐ 4) Staff shortages ☐ 5) Power supply, water or temperature conditions ☐ 6) Other (please note in the comments)	_____ # Ticked	If ≥4= Red If 1 – 3=Yellow
	If <1, then Q2		
Q2	Have there been any testing interruptions at all?	Y N	If Y=Yellow If N=Green
	SCORE		

CEE #: S_10_06 Waste Management [LAB]
STANDARD: Each laboratory implements procedures for collection, storage, and disposal of infectious waste to prevent exposures to workers, patients, and the public. Procedures include segregation of infectious waste, posted waste disposal guidance, and secure storage of infectious waste inside and outside the facility.
*Instructions: Assess this CEE **only** at a stand-alone laboratory that is not connected to a clinical facility OR a stand-alone blood bank/blood center.* *Is this a stand-alone laboratory OR a stand-alone blood bank/blood center?* *If **NO**, check NA, and* **SKIP** *CEE*: **NA** ☐ If **YES,** *assess all the components of this CEE at the applicable testing areas, then complete the CEE scoring based on **any** instance where the observations do not meet the requirements.*
Comment:

	Question	Response	Scoring
Q1	Is infectious waste segregated from general waste and correctly stored in separate, labeled, color-coded waste containers?	Y N	If N=Red
	If Y, then Q2		
Q2	Is infectious waste securely stored and not accessible to the public (*regardless if stored inside or outside the facility*)?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Does the facility have **BOTH** of the following? *Tick all that apply:* ☐ 1) Written procedures for infectious waste management and disposal? ☐ 2) Posted guidance or job aides describing the types of waste and the process for waste segregation?	# Ticked _____	If 0-1=Yellow If 2=Green
	SCORE		

CEE #: S_10_07 Injection Safety [LAB]			
STANDARD: Appropriate injection and phlebotomy equipment supplies and written, standardized safety procedures are available to reduce risk of blood borne pathogen transmission to patients and healthcare workers.			
*Instructions: Assess this CEE **only** at a stand-alone laboratory or blood bank/blood center that performs phlebotomy.* *Does this site provide injections or phlebotomy services to patients?* *If **NO**, check NA, and **SKIP** CEE.* ☐*NA* If **YES,** *assess all the components of this CEE at the applicable areas, then complete the CEE scoring based on **any** instance where the observations do not meet the requirements.*			
Comment:			
	Question	**Response**	**Scoring**
Q1	Are **ALL** of the following available in the areas where blood is drawn? *Tick all that apply:* ☐ 1) Disposable gloves ☐ 2) Hand washing materials ☐ 3) Rigid World Health Organization-approved sharps containers	# Ticked ____	If ≤2=Red
	If 3, then Q2		
Q2	Is appropriate size equipment available for all applicable patient ages (example: pediatric venous and capillary blood collection)?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Are there written procedures for safe blood collection and post-exposure prophylaxis (PEP) protocol for health care staff working at the site? ***Note:*** *Guidelines do not qualify as a specific site protocol.*	Y N	If N=Yellow
	If Y, then Q4		
Q4	Are post-exposure prophylaxis drugs or starter packs available at the site?	Y N	If N=Yellow If Y= Green
	SCORE		

CEE #: S_10_08 HIV Viral Load Laboratory Capacity [LAB]			
STANDARD: The laboratory has the capacity and systems to meet the testing demands for HIV viral load scale-up.			
Instructions: Does this laboratory perform HIV viral load testing? *If **NO**, check NA, and **SKIP** this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the laboratory have sufficient capacity to meet HIV viral load testing demands in regards to: *Tick all that apply:* ☐ 1) Personnel: Including qualified technician for testing, supervisory/monitoring, and support staff ☐ 2) HIV viral load instruments and ancillary equipment ☐ 3) Infrastructure: Reliable electricity and adequate space for: lab testing, specimen processing and storage, and reagent and supply storage. ☐ 4) Keeping up with demand: The backlog for testing of HIV viral load specimens is < 1 month.	# Ticked _____	If ≤3=Red
	If 4, then Q2		
Q2	Does the laboratory have sufficient systems to meet HIV viral load testing demands in regards to all of the following? *Tick all that apply:* ☐ 1) The laboratory uses specimen/result transport system(s) to serve all designated facility. ☐ 2) The laboratory has a turn-around-time for HIV viral load testing of ≤ 14 days. ☐ 3) The laboratory has procedures available to notify Care and Treatment facilities of specimens that show virological non-suppression as defined by country's guidelines (e.g. ≥ 1000 cp/mL). ***Note:** Laboratory turn-around-time is defined as time from specimen reception to results reported.*	# Ticked _____	If ≤2= Yellow If 3= Green
	SCORE		

CEE #: S_10_09 HIV Viral Load Specimen Referral and Results Management [LAB]			
STANDARD: Laboratories that do not perform HIV viral load have capacities and tools in place for referred specimen and handling results to ensure specimen integrity and achievement of established acceptable turnaround time for referral testing services.			
Instructions: Does this laboratory offer specimen referral services for HIV viral load testing? *If **NO**, check NA, and **SKIP** this CEE.* **NA** ☐			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the laboratory have sufficient capacity to manage referred HIV viral load specimens and results in regards to **ALL** of the following? *Tick all the apply:* ☐ 1) Personnel: Including trained laboratory staff for specimen handling, storage, packaging, and VL Focal Person/ Roster of staff in-charge ☐ 2) Registers/ Logs: Including HIV viral load specimen referral, rejected specimens, and dispatched results registers/ logs ☐ 3) Guidelines/SOPs: Containing instructions of safe handling and packaging of biological specimen, specimen referral laboratory network for HIV viral load testing, contact information for referral laboratories and Itinerary of specimen transport system ☐ 4) Infrastructure and Materials: Reliable specimen reception area and adequate space for, specimen and lab request verification, specimen packaging materials and containers, and lockable cabinet for results	# Ticked _____	If ≤3=Red
	If 4, then Q2		

Q2	Does the laboratory have sufficient systems to monitor HIV viral load testing services in regards to: *Tick all the apply:* ☐ 1) The laboratory reviews all registers at least weekly to identify rejected specimen and missing VL results for corrective action(s) to be taken ☐ 2) The laboratory monitors turn-around-time and alerts the hub of HIV viral load testing going beyond ≤14 days ☐ 3) The laboratory has procedures available to notify Care and Treatment facilities of delayed VL results ***Note:*** *Laboratory turn-around-time is define as time from specimen dispatch to results reported.*	# Ticked _____	If ≤2= Yellow If 3= Green
	SCORE		

SET 10B: BLOOD SAFETY			
CEE #	*Abbreviated Title*	*Required*	*Elective*
S_10_10	Access to Safe Blood		X
S_10_11	Blood Center/Blood Bank Linkage to Care		X

Instructions: Only assess this Set if PEPFAR supports blood safety at this facility.

CEE #: S_10_10 Access to Safe Blood [LAB-BLOOD]
STANDARD: Clinical service delivery sites that conduct blood transfusions (e.g., via comprehensive emergency obstetric care) provide access to transfusion services that are delivered in a consistent and quality-assured manner.
Instructions: Are ANY blood transfusions -performed at this site? *If **NO**, check NA, and **SKIP** CEE.* **NA** ☐
Comment:

	Question	Response	Scoring
Q1	Do **ALL** of the following apply to blood units at this facility? *Tick all that apply:* ☐ 1) Transfusion in compliance with National Blood Transfusion Service (NBTS) guidelines ☐ 2) Stored separately in a temperature-monitored blood storage refrigerator and/or freezer for transfusion blood units/components ☐ 3) Blood storage refrigerators are monitored by a functional temperature monitoring system to detect temperature variations	# Ticked	If 0-2=Red
	If 3, then Q2		
Q2	Does the site have or use all of the following? *Tick all that apply.* ☐ 1) Standardized form for all requests for blood ☐ 2) Adequate supply of blood products to meet the demand ☐ 3) Conduct at least 75% of transfusions with blood components rather than whole blood	# Ticked _____	If 0-2=Yellow If 3=Green
	SCORE		

CEE #: S_10_11 Blood Center/Bank/Linkage to HIV Testing and Treatment [LAB-BLOOD]			
STANDARD: Blood donors are screened using a behavioral questionnaire to identify high-risk HIV behavior and their donations are tested for HIV. HIV-positive blood donors receive their test results, post-donation counseling, and are linked to HIV testing and treatment services.			
Comment:			
	Question	**Response**	**Scoring**
Q1	Does the facility use a standardized behavioral questionnaire to screen all blood donors?	Y N	If N = Red
	If Y, then Q2		
Q2	Does the facility provide HIV test results to all HIV-positive blood donors? ***Note:*** *This information may come from client forms or other documents.*	Y N	If N = Red
	If Y, then Q3		
Q3	Does the facility link HIV-positive blood donors to HIV testing and treatment services? ***Note****: This information may come from the general or referral register, client forms, or other documents.*	Y N	If N = Yellow If Y = Green
	SCORE		