



SIMS

**SITE IMPROVEMENT THROUGH
MONITORING SYSTEM (SIMS)**

FY21 ABOVE-SITE ASSESSMENT TOOL

Version 4.1, March 8, 2021

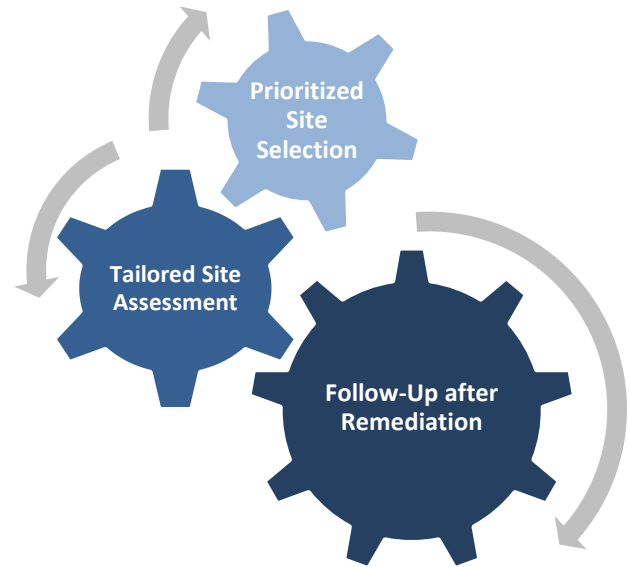


Site Improvement through Monitoring System

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 4.1

- ✓ 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,



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

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

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

Set Name	Set #	Required	Elective
HIV Planning, Coordination, And Management – Health	Set 1		X
Orphans and Vulnerable Children/Social Services	Set 2		X
Guidelines and Policies	Set 3		X
Private Sector Engagement and Advocacy	Set 4		X
Human Resources for Health	Set 5	X	
Commodities	Set 6	X	
Quality Management	Set 7		X
Laboratory and Blood Transfusion Support	Set 8	X	
Strategic Information: Surveillance and Surveys	Set 9	X	

Set Names and Required vs. Elective Status


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

Assessment Date: _____

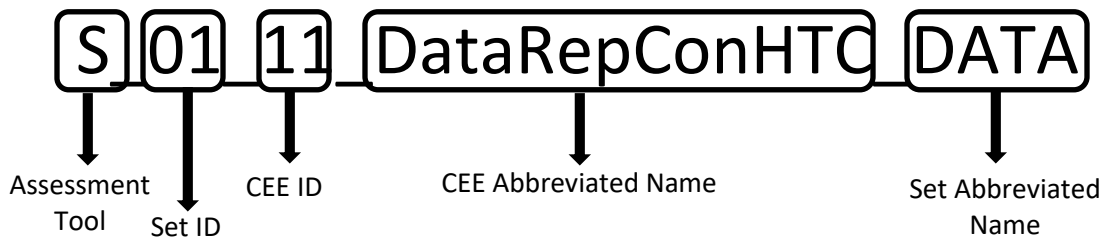
Assessment ID: _____

	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

Figure 1: Core Essential Elements (CEE) Structure Used within this Tool



FY 21 SIMS ABOVE-SITE ASSESSMENT TOOL

Table of Contents

SET 1: HIV PLANNING, COORDINATION, AND MANAGEMENT – HEALTH	9
CEE #: AS_01_01 Management and Planning – National Strategic Planning-Health sector (National) [PLAN MGT].....	10
CEE #: AS_01_02 Use of Data from Health Economics and Finance Studies (National/Subnational) [PLAN MGT].....	11
CEE #: AS_01_03 Management and Planning – Operational Planning (Subnational) [PLAN MGT].....	12
CEE #: AS_01_04 Supervision – Health Sector (Subnational level) [PLAN MGT]	13
CEE #: AS_01_05 Routine Data Collection/Review (Subnational level) [PLAN MGT]	14
CEE #: AS_01_06 Referrals (Subnational level) [PLAN MGT]	15
SET 2: OVC/SOCIAL SERVICES.....	16
CEE #: AS_02_01 Management and Planning – Strategic Planning (Social Services) (National) [SOC OVC]	17
CEE #: AS_02_02 Social Protection/Child Protection Management Information Systems (Subnational) [SOC OVC]	18
CEE #: AS_02_03 Management and Planning – Operational Planning (Social Services) (Subnational) [SOC OVC]	19
CEE #: AS_02_04 Supervision – Social Services (Subnational) [SOC OVC]	20
SET 3: GUIDELINES AND POLICIES	22
CEE #: AS_03_01 National Guidelines for Key Populations (National) [GUIDE]	23
CEE #: AS_03_02 Key Populations National Quality Norms (National) [GUIDE].....	24
CEE #: AS_03_03 Guideline Development (National) [GUIDE]	25
CEE #: AS_03_04 Guideline Distribution (Subnational) [GUIDE]	26
CEE #: AS_03_05 WHO Guidelines for ART Initiation in Different Populations (National) [GUIDE]	27
CEE #: AS_03_06 Data Protection Policies for Collection and Use of Patient Level Data (National) [GUIDE].....	28
CEE #: AS_03_07 Enabling Policies and Legislation (National) [GUIDE].....	29
CEE #: AS_03_08 Index Testing Services in National HTS Guidelines (National) [Guide]	30
SET 4: PRIVATE SECTOR ENGAGEMENT AND ADVOCACY	31

CEE #: AS_04_01 Public-Private Partnerships (National/Subnational) [PPP-ADVOCACY] 32

CEE #: AS_04_02 Performance and Service Delivery Transparency (National) [PPP-ADVOCACY] 33

CEE #: AS_04_03 Advocacy (National/Subnational) [PPP-ADVOCACY] 34

CEE #: AS_04_04 Health Communication (National/Subnational) [PPP-ADVOCACY] 35

SET 5: HUMAN RESOURCES FOR HEALTH36

CEE #: AS_05_01 HRH Staffing (National/Subnational) [HRH]..... 37

CEE #: AS_05_02 In-Service Training (National/Subnational) [HRH] 38

CEE #: AS_05_03 Pre-Service Education (National) [HRH]..... 40

CEE #: AS_05_04 HRH Regulation (National) [HRH] 41

CEE #: AS_05_05 Faculty Development (National) [HRH]..... 42

SET 6: COMMODITIES.....43

CEE #: AS_06_01 Supply Chain: ARVs (National) [COMMODITIES]..... 44

CEE #: AS_06_02 Data Use for ARV Distribution Decision making (National /Subnational) [COMMODITIES]..... 45

CEE #: AS_06_03 Supervision/Monitoring for ARV Supply Chain (National/Subnational) [COMMODITIES]..... 46

CEE #: AS_06_04 Supply Chain: Rapid Test Kits/Diagnostics (National) [COMMODITIES] 47

CEE #: AS_06_05 Data Use for RTK Distribution Decision making (National/Subnational) [COMMODITIES]..... 48

CEE #: AS_06_06 Supervision/Monitoring for RTK Supply Chain (National/Subnational) [COMMODITIES]..... 49

CEE #: AS_06_07 Supply Chain: Food and Nutrition (National) [COMMODITIES] 50

CEE #: AS_06_08 Data Use for Food and Nutrition Commodity Distribution Decision making (National/Subnational) [COMMODITIES]..... 51

CEE #: AS_06_09 Supervision/Monitoring for Food and Nutrition Supply Chain (National/Subnational) [COMMODITIES]..... 52

CEE #: AS_06_10 Medicines Regulatory System - Registration (National) [COMMODITIES] 53

CEE #: AS_06_11 Medicines Regulatory System – Quality Assurance / Quality Control (National) [COMMODITIES]..... 54

CEE #: AS_06_12 Medicines Regulatory System – Pharmacovigilance (National) [COMMODITIES]..... 55

SET 7: QUALITY MANAGEMENT56

CEE #: AS_07_01 Quality Management/Quality Improvement (QM/QI) System (National/Subnational) [QM]..... 57

CEE #: AS_07_02 Quality Management/Quality Improvement (QM/QI) Consumer Involvement (National/Subnational) [QM] 58

CEE #: AS_07_03 Quality Assurance: VMMC (National/Subnational) [QM] 59

SET 8: LABORATORY AND BLOOD TRANSFUSION SUPPORT60

CEE #: AS_08_01 HIV Rapid Test Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB] 61

CEE #: AS_08_02 CD4 Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB] 62

CEE #: AS_08_03 HIV Viral Load Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB] 63

CEE #: AS_08_04 HIV DNA PCR (EID) Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB] 64

CEE #: AS_08_05 Sputum Smear Microscopy Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB] 65

CEE #: AS_08_06 Xpert MTB/RIF Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB] 66

CEE #: AS_08_07 Laboratory/Point-of-Care Technology (POCT) Quality Improvement (QI) Program ([LAB] 67

CEE #: AS_08_08 Specimen Referrals (National/Subnational) [LAB] 68

CEE #: AS_08_09 Quality Assurance of HIV Testing Services (National/Subnational) [LAB] 69

CEE #: AS_08_10 National Blood Transfusion Service Accreditation (National) [LAB] 70

CEE #: AS_08_11 National Laboratory Strategic Plan (National) [LAB] 71

CEE #: AS_08_12 HIV Viral Load Capacity (National) [LAB] 72

SET 9: STRATEGIC INFORMATION: SURVEILLANCE, SURVEYS AND EVALUATION 73

CEE #: AS_09_01 Surveillance and Survey Data Collection According to National Strategy (National) [SI] 74

CEE #: AS_09_02 Surveillance and Survey Data Collection According to an Approved Protocol (National/Subnational) [SI] 75



CEE #: AS_09_03 Surveillance and Survey Data Use and Availability (National/Subnational) [SI] 76



Assessment Date: _____



Assessment ID: _____



This page is intentionally left blank

SET 1: HIV PLANNING, COORDINATION, AND MANAGEMENT – HEALTH		
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Level</i>
AS_01_01	Management and Planning – National Strategic Planning -Health Sector	National
AS_01_02	Use of Data from Health Economics and Finance studies	National/Subnational
AS_01_03	Management and Planning-Operational Planning	Subnational
AS_01_04	Supervision – Health Sector	Subnational
AS_01_05	Data Collection/Review	Subnational
AS_01_06	Referrals	Subnational



CEE #: AS_01_01 Management and Planning – National Strategic Planning-Health sector (National) [PLAN MGT]			
STANDARD The national authority overseeing the delivery of HIV services has a current, multi-year HIV strategic plan that was developed in consultation with external stakeholders, based on data, and costed.			
Comment:			
	Question	Response	Scoring
 Q1	Is there a national, current, multi-year HIV strategic plan for overseeing delivery of HIV services? <i>Note: The plan is current if it covers the current calendar year.</i>	Y N	If N=Red
If Y, then Q2			
Q2	Was the strategic plan both developed and endorsed by stakeholders from relevant sectors?	Y N	If N =Yellow
If Y, then Q3			
 Q3	Was the strategic plan both developed and costed using existing HIV output and outcome data?	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: AS_01_02 Use of Data from Health Economics and Finance Studies (National/Subnational) [PLAN MGT]			
STANDARD: National and Subnational health economic or finance studies involve key stakeholders in reviewing underlying data and consuming finalized results.			
Comment:			
	Question	Response	Scoring
 Q1	Have the economic or financial data from these studies been reviewed by technical working groups or relevant stakeholders? <i>Note: Examples of stakeholders include: Ministry of Health officials, program managers, donor agencies, and multilateral stakeholders.</i>	Y N	If N=Red
If Y, then Q2			
 Q2	Have the findings of these studies been finalized and disseminated to stakeholders? <i>Note: Examples of stakeholders include: Ministry of Health officials, program managers, donor agencies, and multilateral stakeholders.</i>	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: AS_01_03 Management and Planning – Operational Planning (Subnational) [PLAN MGT]			
STANDARD: Sub-national entities overseeing service delivery sites have annual operational plans that are costed and data-driven.			
Comment:			
	Question	Response	Scoring
	<p>Is there current annual operational plan which outlines priorities and actions for delivering services within the catchment area?</p> <p><i>Note: A “current” plan was either created or updated within the past calendar year.</i></p>	Y N	If N=Red
If Y, then Q2			
	<p>For the operational plan in question, are ALL of the following statements true?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) It was developed in collaboration with key stakeholders who are providing a significant quantity of services, financing, supplies and technical assistance. <input type="checkbox"/> 2) It includes all HIV activities being undertaken by key stakeholders. <input type="checkbox"/> 3) It is costed. <input type="checkbox"/> 4) It reflects the use of existing performance and health outcome data. <input type="checkbox"/> 5) It includes a monitoring plan that documents progress towards completing activities. <p><i>Note: Examples of key stakeholders include Civil Society Organizations (CSOs), Faith-Based Organizations (FBOs), and government facilities.</i></p>	<p># Ticked</p> <p>_____</p>	<p>If 0-4=Yellow</p> <p>If 5=Green</p>
SCORE			

CEE #: AS_01_04 Supervision – Health Sector (Subnational level) [PLAN MGT]			
<p>STANDARD: Sub-National health authorities use standardized tools and processes to routinely conduct supervisory visits to at least 50% of facilities in their catchment area and document results of supervisory visits.</p>			
<p>Comment:</p>			
	Question	Response	Scoring
 Q1	<p>Does this sub-national health authority (e.g., District Health Management Team) routinely visit at least 50% of health facilities within its catchment area to supervise health care facility staff?</p> <p><i>Note: "Routinely" as defined in national guidelines/health system supervision guidance</i></p>	Y N	If N=Red
<p>If Y, then Q2</p>			
 Q2	<p>For the supervisory visits, does this sub-national health authority? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Use a standardized process and schedule? <input type="checkbox"/> 2) Use a standardized tool? <input type="checkbox"/> 3) Provide written feedback to the facility with action items or recommendations to address identified gaps and issues (e.g., through supervision logbooks left at the site)? <input type="checkbox"/> 4) Maintain documentation of facility visits at the health authority's office? 	# Ticked _____	If 0-3=Yellow If 4=Green
SCORE			

CEE #: AS_01_05 Routine Data Collection/Review (Subnational level) [PLAN MGT]			
STANDARD: Sub-National health authorities routinely and in a timely way collect, review, and provide feedback on HIV indicator data from sites within their catchment area.			
<i>Instructions: Check the programmatic area(s) included in routinely collected HIV indicator data:</i>			
<input type="checkbox"/> (1) Adult Care & Treatment <input type="checkbox"/> (2) Pediatric Care & Treatment <input type="checkbox"/> (3) PMTCT <input type="checkbox"/> (4) VMMC <input type="checkbox"/> (5) HTS <input type="checkbox"/> (6) TB/HIV <input type="checkbox"/> (7) Community Care & Support <input type="checkbox"/> (8) Prevention <input type="checkbox"/> (9) Condoms <input type="checkbox"/> (10) Food & Nutrition		<input type="checkbox"/> (11) Lab <input type="checkbox"/> (12) FP/HIV <input type="checkbox"/> (13) Services for Key Populations <input type="checkbox"/> (14) Gender norms <input type="checkbox"/> (15) Post-violence care <input type="checkbox"/> (16) Supply Chain <input type="checkbox"/> (17) Blood Safety/Waste Management <input type="checkbox"/> (18) IDV/MMT <input type="checkbox"/> (19) QM/QI <input type="checkbox"/> (20) Other (specify) _____	
Comment:			
	Question	Response	Scoring
Q1	Does this health authority routinely collect HIV program indicator data in a standard format (paper or electronic) from all sites within its catchment area per national guidelines?	Y N	If N =Red
	If Y, then Q2		
Q2	Are HIV program indicator summaries consistently reported on a timely basis to the next level of the health system, per national requirements?	Y N	If N=Red
	If Y, then Q3		
Q3	Is there documentation to show that program indicator summaries are reviewed for data quality by health authority staff routinely throughout the reporting cycle, with feedback to the sites reporting the data?	Y N	If N=Yellow If Y=Green
	SCORE		



CEE #: AS_01_06 Referrals (Subnational level) [PLAN MGT]			
STANDARD: Sub-National entities overseeing service delivery sites have documented processes in place to assess referral and linkage systems within their catchment area.			
<i>Instructions: Check the programmatic area(s) included in referral and linkage system overseen by this institution:</i>			
<input type="checkbox"/> (1) Adult Care & Treatment <input type="checkbox"/> (2) Pediatric Care & Treatment <input type="checkbox"/> (3) PMTCT <input type="checkbox"/> (4) VMMC <input type="checkbox"/> (5) HTS <input type="checkbox"/> (6) TB/HIV <input type="checkbox"/> (7) Community Care & Support <input type="checkbox"/> (8) Prevention <input type="checkbox"/> (9) Condoms <input type="checkbox"/> (10) Food & Nutrition <input type="checkbox"/> (11) FP/Safe Motherhood Counseling <input type="checkbox"/> (12) Services for Key Populations <input type="checkbox"/> (13) Post-violence care <input type="checkbox"/> (14) OVC/social services <input type="checkbox"/> (15) IDV/MMT <input type="checkbox"/> (16) Other (specify) _____			
Comment:			
	Question	Response	Scoring
Q1	Is there a systematic approach to appropriately refer clients to HIV services between community service providers and health facilities?	Y N	If N=Red
	If Y, then Q2		
Q2	Are there standardized referral forms in use by facility and community service providers?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Does the HIV service referral system track clients receiving services and document completed referrals across service providers?	Y N	If N=Yellow If Y=Green
	SCORE		

Assessment Date: _____

Assessment ID: _____

SET 2: OVC/SOCIAL SERVICES		
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Levels</i>
AS_02_01	Management and Planning – strategic planning (Social Services) (National level) [SOC OVC]	National
AS_02_02	Social Protection/Child Protection Management Information Systems (Sub-national level) [SOC OVC]	Subnational
AS_02_03	Management and Planning – operational planning (Social Services) (Sub-national level) [SOC OVC]	Subnational
AS_02_04	Supervision – Social Services (Sub-national level) [SOC OVC]	Subnational

CEE #: AS_02_01 Management and Planning – Strategic Planning (Social Services) (National) [SOC OVC]			
STANDARD: National authority overseeing delivery of social services to children and families affected by HIV has a current, multi-year strategic plan that was developed in consultation with external stakeholders, is based on data and is costed.			
Comment:			
	Question	Response	Scoring
Q1	<p>Is there a national, current, multi-year strategic plan for overseeing delivery of social services to children and families affected by HIV?</p> <p><i>Note: The plan is current if it covers the current calendar year. The plan may oversee delivery of social services to a broader population but must include plans for addressing the health, education, protection, legal and psycho-social needs of children and families affected by HIV, supporting case management, and supporting the workers delivering these services)</i></p>	Y N	If N=Red
If Y, then Q2			
Q2	Was the strategic plan developed involving stakeholders and endorsed by stakeholders from relevant sectors?	Y N	If N=Red
If Y, then Q3			
Q3	<p>Do All of the following apply to the strategic plan?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Developed using existing social service output and outcome evidence (including relevant health, education, protection, and legal data) <input type="checkbox"/> 2) Costed <input type="checkbox"/> 3) Includes a monitoring plan that documents progress towards completing the activities <input type="checkbox"/> 4) Aligned with the national child protection policy framework, and has provisions for children’s needs and rights 	<p># Ticked</p> <p>_____</p>	<p>If 0-3=Yellow</p> <p>If 4=Green</p>
SCORE			

CEE #: AS_02_02 Social Protection/Child Protection Management Information Systems (Subnational) [SOC OVC]			
STANDARD: Authorities use nationally recognized OVC (including social protection/child protection) information management systems for data collection and analysis processes.			
<i>Instructions: Select the programmatic area(s) addressed by the information management system:</i>			
<input type="checkbox"/> (A) Social protection <input type="checkbox"/> (B) Child protection			
Comment:			
	Question	Response	Scoring
 Q1	Does this Sub-National Unit (SNU) authority routinely collect and submit data through an existing nationally recognized information management system?	Y N	If N=Red
If Y, then Q2			
 Q2	Does this SNU authority have routine access to analyzed data through the existing nationally recognized information management system?	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: AS_02_03 Management and Planning – Operational Planning (Social Services) (Subnational) [SOC OVC]			
STANDARD: The Sub-National Unit (SNU)-level governmental or non-governmental entity overseeing service delivery sites has a costed, data-driven annual operational plan that is developed with, and includes services offered by, governmental and/or non-governmental service delivery points.			
Comment:			
	Question	Response	Scoring
Q1	<p>Is there a current operational plan which outlines priorities and actions for delivering social services to children and families affected by HIV within the catchment area of this Sub-National Unit?</p> <p><i>Note: The plan is “current” if it covers the current calendar year. The plan may oversee delivery of social services to a broader population but must include plans for addressing the health, education, protection, legal and psychosocial needs of children and families affected by HIV, supporting case management, and supporting the workers delivering these services. Examples of the catchment area include: district, province or geographical area served by a NGO network</i></p>	Y N	If N=Red
If Y, then Q2			
Q2	<p>For the operational plan in question, do BOTH apply? <i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Was it developed in collaboration with key stakeholders who are providing a significant quantity of services, financing, supplies and technical assistance?</p> <p><input type="checkbox"/> 2) Does the plan include social service activities for children and families affected by HIV that are being undertaken by key stakeholders?</p> <p><i>Note: Examples of key stakeholders include: Civil Society Organizations (CSOs), Faith-Based Organizations (FBOs), and government facilities</i></p>	# Ticked _____	If 0-1=Yellow
If 2, then Q3			
Q3	<p>For the operational plan in question, do ALL apply? <i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Costed</p> <p><input type="checkbox"/> 2) Developed using existing social service output and outcome data (including relevant health, education, protection and legal data)</p> <p><input type="checkbox"/> 3) Include a monitoring plan that documents progress towards completing the activities and outcomes of the plan?</p>	# Ticked _____	If 0-2=Yellow If 3=Green
SCORE			

CEE #: AS_02_04 Supervision – Social Services (Subnational) [SOC OVC]			
<p>STANDARD: Sub-national unit (SNU), regional level or non-governmental social service authorities routinely conduct supervisory visits to social service organizations in their catchment area using standardized tools and processes.</p>			
<p><i>Instructions: Check the institution type:</i></p> <p><input type="checkbox"/> (1) Sub-National Unit (SNU) – Level Governmental <input type="checkbox"/> (2) Regional Unit – Level Governmental</p> <p><input type="checkbox"/> (3) Non-government Level</p>			
<p>Comment:</p>			
	Question	Response	Scoring
Q1	<p>For the supervisory visits, does this SNU Social Service Office use ALL of the following? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Coordinate routine visits to social service organizations <input type="checkbox"/> 2) A standardized process for assessing the quality of social services <input type="checkbox"/> 3) A standardized tool <p>Note: <i>Quality can be assessed through national quality standards for social service provision or international standards for residential care institutions). Routinely as defined by the social service system supervision guidance</i></p> <p>Note: <i>The visit may monitor the quality of services to a broader population but must include children and families affected by HIV</i></p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Red</p>
<p>If all 3, then Q2</p>			
Q2	<p>Does the standardized process followed by the SNU Social Service Office include BOTH? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Written feedback to the social service organization with action items or recommendations to address identified gaps and issues (e.g., through supervision logbooks left at the site) <input type="checkbox"/> 2) Documentation of social service visits that is maintained at the district office 	<p># Ticked</p> <p>_____</p>	<p>If 0-1=Yellow</p>
<p>If 2, then Q3</p>			

Assessment Date: _____

Assessment ID: _____

<p>Q3</p>	<p>In the last quarter, what percent of required supervision visits by the SNU Social Service Office were conducted and documented?</p> <p><i>Numerator: Number of required supervision visits by SNU Social service Office conducted and documented</i> <i>Denominator: Number of required supervision visits by SNU Social Service</i></p>	<p>_____ %</p>	<p>If $\leq 80\%$=Yellow If $>80\%$=Green</p>
<p style="text-align: right;">SCORE</p>			

Assessment Date: _____



Assessment ID: _____


SET 3: GUIDELINES AND POLICIES		
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Levels</i>
AS_03_01	National Guidelines for Key Populations	National
AS_03_02	Key Populations National Quality Norms	National
AS_03_03	Guideline Development	National
AS_03_04	Guideline Distribution	Subnational
AS_03_05	WHO Guidelines for ART Initiation in Different Populations	National
AS_03_06	Data Protection Policies for Collection and Use of Patient Level Data	National
AS_03_07	Enabling Policies and Legislation	National
AS_03_08	Index Testing Services in National HTS Guidelines	National

CEE #: AS_03_01 National Guidelines for Key Populations (National) [GUIDE]			
STANDARD: National guidelines specific to key populations (sex workers, men who have sex with men (MSM), Transgender persons and people who inject drugs (PWID), and persons in closed settings) are updated on a periodic basis to reflect new evidence.			
<i>Instructions: Check the Key Populations (KP) identified in national guidelines:</i>			
<input type="checkbox"/> (1) Sex Workers <input type="checkbox"/> (2) MSM <input type="checkbox"/> (3) Transgender persons <input type="checkbox"/> (4) PWID <input type="checkbox"/> (5) Persons in closed settings			
Comment:			
	Question	Response	Scoring
Q1	Is there HIV national guidelines that address specialized KP programmatic concerns?	Y N	If N=Red
	If Y, then Q2		
Q2	Do the national guidelines include specific recommendations for each of the key populations selected above?	Y N	If N=Yellow
	If Y, then Q3		
Q3	Has this national guideline been updated within the last 5 years?	Y N	If N=Yellow If Y=Green
	SCORE		



CEE #: AS_03_02 Key Populations National Quality Norms (National) [GUIDE]			
STANDARD: National HIV programs set quality norms for the delivery of key population programs to address factors unique to the vulnerability, risk and service access needs of key populations.			
Comment:			
	Question	Response	Scoring
Q1	Do these key population quality norms include ALL the following standards? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Client confidentiality is required for all services <input type="checkbox"/> 2) An anti-discrimination policy and code of conduct for all services <input type="checkbox"/> 3) People from key populations are not required to meet specific criteria in order to access services <input type="checkbox"/> 4) HIV services are provided at no-cost or at a cost that is affordable 	Y # Ticked _____	If 0-3 = Red
If all 4, then Q2			
Q2	Do these key population quality norms include ALL the following standards? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Staff implementing key population services are required to receive annual training and sensitization to address key population needs <input type="checkbox"/> 2) A mechanism to maintain confidential feedback from clients is in place for services 	# Ticked _____	If 0-1=Yellow
If both boxes ticked then, then Q3			
Q3	Do these key population quality norms include the minimum service package per PEPFAR guidance for key populations? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Peer education and community-based outreach <input type="checkbox"/> 2) Sexually Transmitted Infection (STI) prevention, screening and treatment <input type="checkbox"/> 3) Condoms <input type="checkbox"/> 4) Condom-compatible lubricants <input type="checkbox"/> 5) HIV Testing and Counseling Services (HTS) <input type="checkbox"/> 6) Antiretroviral Therapy (ART) for all KP living with HIV <input type="checkbox"/> 7) Harm reduction for people who inject drugs (PWID) <input type="checkbox"/> 8) Reducing stigma and discrimination 	# Ticked _____	If 0-5=Yellow If ≥ 6 = Green
SCORE			




CEE #: AS_03_03 Guideline Development (National) [GUIDE]			
STANDARD: Development of national guidelines is informed by multi-sectoral stakeholders and documents key aspects of the development process that led to recommended guidelines.			
<i>Instructions: From the list below select all technical areas that are the focus of the guideline(s) being supported by this Implementing Mechanism. Check all that apply:</i>			
<input type="checkbox"/> (A) Adult Care & Treatment <input type="checkbox"/> (B) Community Care & Support <input type="checkbox"/> (C) Pediatric Care & Treatment <input type="checkbox"/> (D) Other Prevention <input type="checkbox"/> (E) TB/HIV Motherhood	<input type="checkbox"/> (F) VMMC <input type="checkbox"/> (G) PMTCT <input type="checkbox"/> (H) Condoms <input type="checkbox"/> (I) Food & Nutrition <input type="checkbox"/> (J) Post-violence care	<input type="checkbox"/> (K) HTS <input type="checkbox"/> (L) Key Populations services <input type="checkbox"/> (M) OVC/Social Service <input type="checkbox"/> (N) IDV/MMT <input type="checkbox"/> (O) Family Planning/Safe Counseling	<input type="checkbox"/> (P) Other
_____ Use the comment section to record instructional area inconsistencies as they relate to the CEE responses.			
Comment:			
	Question	Response	Scoring
Q1	During the development of national guidelines was a group convened and did it consist of the following? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Content experts from specialties involved <input type="checkbox"/> 2) Representatives of service provider groups <input type="checkbox"/> 3) Representatives of patients, consumers, or civil society <i>Note: Development of national guidelines also includes adoption or adaptation of international guidelines</i>	# Ticked _____	If 0=Red If 1-2=Yellow
If All 3, then Q2			
Q2	For guidelines that have reached at least an initial draft stage, do they include BOTH of the following? <i>Tick all that apply:</i> <input type="checkbox"/> (1) A summary of the development process <input type="checkbox"/> (2) Specific recommendations graded according to the evidence	# Ticked _____	If 0-1=Yellow If 2=Green
SCORE			

CEE #: AS_03_04 Guideline Distribution (Subnational) [GUIDE]			
STANDARD: Institutions that are responsible for any aspect of guidelines distribution maintain current copies of national guidelines and distribute them to lower-level facilities in a routine and timely manner.			
Comment:			
	Question	Response	Scoring
 Q1	Are current copies of all applicable HIV-related guidelines available at this institution?	Y N	If N=Red
If Y, then Q2			
 Q2	For national guidelines received by this institution from a higher level this year, were those guidelines distributed to lower-level sites within 3 months of receipt?	Y N	If N=Yellow If Y = Green
SCORE			

CEE #: AS_03_05 WHO Guidelines for ART Initiation in Different Populations (National) [GUIDE]			
STANDARD: National HIV/AIDS technical practice should follow current WHO guidelines for initiation of ART for all patient populations, i.e., Test and Start/Treat All.			
<i>Instructions: Only assess this CEE at the Ministry of Health or National AIDS Control Program offices.</i>			
Comment:			
	Question	Response	Scoring
 Q1	Does current national HIV/AIDS technical practice follow current WHO guidelines for initiation of ART, i.e., Test and Start/Treat All for each of the following populations? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Adults (>19 years) <input type="checkbox"/> 2) Pregnant and Breastfeeding Mothers <input type="checkbox"/> 3) Adolescents (10-19 years) <input type="checkbox"/> 4) Children (<10 years) 	# Ticked _____	If 0-1= Red If 2-3=Yellow If 4=Green
	SCORE		

CEE #: AS_03_06 Data Protection Policies for Collection and Use of Patient Level Data (National) [GUIDE]			
STANDARD: The government has policies in place that support and govern the collection of patient-level data for health, which include use of data for public health purposes, protection of privacy of the individual, confidentiality of the data, and use of data in criminal cases.			
<i>Instructions: Only assess this CEE at National level MOH</i>			
Comment:			
	Question	Response	Scoring
Q1	Does the government/Ministry have policies in place that support and govern the collection and appropriate use of patient-level data for health, including HIV/AIDS, for all of the following? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Collection of patient-level data for public health purposes, including surveillance <input type="checkbox"/> 2) Collection and use of unique identifiers such as national ID for health records <input type="checkbox"/> 3) Privacy and confidentiality of health outcomes matched with personally identifiable information <input type="checkbox"/> 4) Use of patient-level data, including protection against its use in criminal cases 	# Ticked _____	If 0-1= Red If 2-3=Yellow If 4=Green
	SCORE		

CEE #: AS_03_07 Enabling Policies and Legislation (National) [GUIDE]			
STANDARD: Policies or legislation exist that govern HIV/AIDS service delivery or health care that is inclusive of HIV service delivery.			
<i>Instructions: Only assess this CEE at National level Ministry of Health.</i>			
Comment:			
	Question	Response	Scoring
	<p>Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care, which is inclusive of HIV service delivery?</p> <p><i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Policies that permit patients stable on ART to have reduced ARV pickups (i.e., every 3-6 months)</p> <p><input type="checkbox"/> 2) Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready</p> <p><input type="checkbox"/> 3) Policies that permit HIV self-testing</p> <p><input type="checkbox"/> 4) Policies that permit pre-exposure prophylaxis (PrEP)</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-3 = Red</p>
If 4, then Q2			
	<p>Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care, which is inclusive of HIV service delivery?</p> <p><i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART</p> <p><input type="checkbox"/> 2) A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-1 = Yellow</p> <p>If 2 = Green</p>
SCORE			

CEE #: AS_03_08 Index Testing Services in National HTS Guidelines (National) [Guide]			
STANDARD: National HIV Testing Services (HTS) guidelines include standards on the provision of Index testing services at the site level. These guidelines include use of a standardized index testing curriculum to train site level providers.			
<i>Instructions: Only assess this CEE at National level Ministry of Health. This CEE can only be assessed if national index testing guidelines exist.</i>			
<i>Index testing, also known as partner notification or contact tracing, is defined as a voluntary process whereby a trained provider asks an HIV-positive client about their sexual partners, drug injecting partners, and biological children. If the HIV-positive client agrees to these services, the trained provider then offers HTS to these partners and/or children.</i>			
Internal Notes:			
	Question	Response	Scoring
 Q1	Do the most recent national HIV Testing Services (HTS) or ART guidelines include standards on the provision of Index Testing Services (ICT) or voluntary Partner Notification Services (PNS)?	Y N	If N = Red
	If Y, then Q2		
 Q2	Is there a national standardized training curriculum for ICT or PNS that includes the WHO 5 Cs AND how to assess and address intimate partner violence in the context of index testing services?	Y N	If N = Red
	If Y, then Q3		
 Q3	Are there national tools for documenting the provision of index testing services (e.g. an ICT register, patient forms, space on an ART card, etc.?)	Y N	If N = Yellow If Y = Green
	SCORE		

Assessment Date: _____

Assessment ID: _____

SET 4: PRIVATE SECTOR ENGAGEMENT AND ADVOCACY		
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Levels</i>
AS_04_01	Public-Private Partnerships	National/Subnational
AS_04_02	Performance and Service Delivery Transparency	National
AS_04_03	Advocacy	National/Subnational
AS_04_04	Health Communication	National/Subnational

CEE #: AS_04_01 Public-Private Partnerships (National/Subnational [PPP-ADVOCACY])			
STANDARD: Maintenance of public-private partnerships (PPPs) involves regular and systematic engagement of partners.			
Comment:			
	Question	Response	Scoring
Q1	In the last 12 months, do ALL of following apply? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Partner meetings were held at least quarterly? <input type="checkbox"/> 2) Partner meetings included representatives from members of the partnership? <input type="checkbox"/> 3) Partner meetings resulted in clearly-defined action items?	# Ticked _____	If 0-2=Red
	If all 3, then Q2		
Q2	Are there protocols in place for managing roles and responsibilities between partners?	Y N	If N=Yellow If Y=Green
	SCORE		

CEE #: AS_04_02 Performance and Service Delivery Transparency (National) [PPP-ADVOCACY]			
STANDARD: The government makes HIV/AIDS program performance and service delivery data available within 6 months after the date of programming.			
Comment:			
	Question	Response	Scoring
Q1	<p>Does the government make annual HIV/AIDS program performance and service delivery data available?</p> <p><i>Tick only one box:</i></p> <p><input type="checkbox"/> 1) More than one year after the date of programming</p> <p><input type="checkbox"/> 2) Within 6-12 months after the date of programming</p> <p><input type="checkbox"/> 3) Within 6 months after the date of programming</p>	<p>A-NUM</p> <p>_____#</p>	<p>If #1= Red</p> <p>If #2=Yellow</p> <p>If #3=Green</p>
	SCORE		

CEE #: AS_04_03 Advocacy (National/Subnational) [PPP-ADVOCACY]			
STANDARD: Entities advocate for issues related to the HIV response, engage key and affected populations in developing an advocacy plan(s) and provide feedback on implementation progress.			
Comment:			
	Question	Response	Scoring
Q1	Has at least one advocacy plan been developed related to an HIV response issue?	Y N	If N=Red
If Y, then Q2			
Q2	Have those affected by the advocacy issue been involved in developing the advocacy plan? <i>Note: Examples of those affected by advocacy include: community representatives, civil society organizations</i>	Y N	If N=Red
If Y, then Q3			
Q3	Has feedback on the progress of advocacy implementation been provided in the last 12 months to the following stakeholders? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Civil society representatives <input type="checkbox"/> 2) Governmental technical officials (e.g., Ministry of Health) <input type="checkbox"/> 3) Political authorities (e.g., elected decision makers)	# Ticked _____	If 0=Red If 1-2=Yellow If 3=Green
SCORE			

CEE #: AS_04_04 Health Communication (National/Subnational) [PPP-ADVOCACY]			
STANDARD: Health communication efforts are developed and implemented using best practice and evidence-based methods.			
Comment:			
	Question	Response	Scoring
Q1	<p>Where the following activities included in the design of health communication materials?</p> <p><i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Formative research, such as primary or secondary research, qualitative or quantitative?</p> <p><input type="checkbox"/> 2) Identification and rationalization of audience</p> <p><input type="checkbox"/> 3) Pre-testing of messages and tools</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Red</p>
If all 3, then Q2			
Q2	<p>Were BOTH of the following activities included in the implementation of advocacy materials for key and affected populations?</p> <p><i>Tick all activities that apply:</i></p> <p><input type="checkbox"/> 1) Informed by formative research</p> <p><input type="checkbox"/> 2) Mentioned/prioritized in the national HIV strategy or related documents</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-1=Yellow</p> <p>If 2=Green</p>
SCORE			

Assessment Date: _____



Assessment ID: _____

SET 5: HUMAN RESOURCES FOR HEALTH		
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Levels</i>
AS_05_01	HRH Staffing [HRH]	National/Subnational
AS_05_02	In-Service Training [HRH]	National/Subnational
AS_05_03	Pre-Service Education [HRH]	National
AS_05_04	HRH Regulation [HRH]	National
AS_05_05	Faculty Development [HRH]	National

CEE #: AS_05_01 HRH Staffing (National/Subnational) [HRH]			
STANDARD: The unit responsible for Human Resources (HR) functions makes data-driven decisions to match staffing to health data at sites over which it has oversight.			
<i>Instructions: Check if the HR unit conducts any of the following activities:</i>			
<input type="checkbox"/> (1) Staffing Allocation <input type="checkbox"/> (2) Deployment <input type="checkbox"/> (3) Transfers <input type="checkbox"/> (4) Recruitment <input type="checkbox"/> (5) Retention			
If No to All, check NA, and SKIP this CEE: <input type="checkbox"/> NA			
Comment:			
	Question	Response	Scoring
Q1	Does the HR unit have access to health worker data from an on-site manual or electronic HRH database (i.e., HRIS)?	Y N	If N=Red
Q2	In the last 12 months, has the HR unit used the following to guide allocation, deployment and/or transfer decisions for cadres working at sites offering HIV services? <i>Tick all that apply.</i> <input type="checkbox"/> 1) Health worker data <input type="checkbox"/> 2) Other health data (e.g., HMIS, disease burden)	# Ticked _____	If 0=Red If 1=Yellow If 2=Green
SCORE			



CEE #: AS_05_02 In-Service Training (National/Subnational) [HRH]			
<p>STANDARD: In-service training provider(s) for health workers utilize curricula aligned with national norms (e.g., policies, guidelines, regulations, etc.) and PEPFAR policies on non-discrimination, as well as processes that increase training effectiveness.</p>			
<p><i>Instructions: Check the In-Service Training provider type:</i></p> <p><input type="checkbox"/> (1) IP Office <input type="checkbox"/> (2) District/Regional Training Center <input type="checkbox"/> (3) National Training/IST Unit <input type="checkbox"/> (4) Other</p> <p><i>From the following In-Service Training instructional area(s) please select all those offered or coordinated by the provider and supported by this Implementing Mechanism. Check all that apply:</i></p> <p><input type="checkbox"/> (A) Adult Care & Treatment <input type="checkbox"/> (H) Community Care & Support <input type="checkbox"/> (O) Pediatric Care & Treatment <input type="checkbox"/> (B) PMTCT <input type="checkbox"/> (I) VMMC <input type="checkbox"/> (P) Prevention <input type="checkbox"/> (C) Food & Nutrition <input type="checkbox"/> (J) HTC <input type="checkbox"/> (Q) Post-violence care <input type="checkbox"/> (D) TB/HIV <input type="checkbox"/> (K) Gender <input type="checkbox"/> (R) Key Populations <input type="checkbox"/> (E) Supply Chain <input type="checkbox"/> (L) Blood Safety/Waste Management <input type="checkbox"/> (S) Leadership & Management <input type="checkbox"/> (F) QM/QI <input type="checkbox"/> (M) FP/HIV <input type="checkbox"/> (T) IDV/MMT <input type="checkbox"/> (G) Lab <input type="checkbox"/> (N) Other (specify in the comments field)</p> <p><i>Use the comment section to record any instructional area inconsistencies as they relate to the CEE responses.</i></p>			
Comment:			
	Question	Response	Scoring
Q1	<p>Do the in-service trainings offered by the training provider(s) do the following? <i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Use national curricula or are compliant with national policies and guidelines</p> <p><input type="checkbox"/> 2) Use standards and regulations set by national authorities</p> <p><input type="checkbox"/> 3) Align with national human resource plans</p> <p><input type="checkbox"/> 4) Include information on non-discrimination</p> <p>Note: <i>Examples of information on non-discrimination include how to deliver clinically appropriate, sensitive and non-stigmatizing care.</i></p>	# Ticked _____	If 0-3=Red
	If all 4, then Q2		




<p>Q2</p>	<p>Does the in-service training provider(s) track and submit data on in-service training administered to the authority responsible for oversight of IST data?</p> <p>Note: <i>Examples of authorities responsible for oversight of IST data include: national training coordination unit, professional councils, and regulatory bodies.</i></p>	<p>Y N</p>	<p>If N=Yellow</p>
<p>If Y, then Q3</p>			
<p>Q3</p>	<p>If the CEE is <u>not</u> administered at a national training coordinating body, ask:</p> <p>Does the in-service training provider(s) utilize the design and delivery practices listed below? <i>(Tick all that apply from the list below)</i></p> <p>If the CEE is administered at a national training coordinating body, ask:</p> <p>Does the institution promote the design and delivery practices listed below: <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Use team-based learning and/or active approaches and methodologies <input type="checkbox"/> 2) Provide guidance for trainee selection <input type="checkbox"/> 3) Use modes of delivery that reduce site absenteeism (e.g., on-the-job, distance learning) <input type="checkbox"/> 4) Conduct participant follow-up / post-training evaluation <input type="checkbox"/> 5) Apply follow-up evaluation data to improve future training 	<p># Ticked</p> <p>_____</p>	<p>If 0-1=Yellow If ≥2 = Green</p>
<p style="text-align: right;">SCORE</p>			

CEE #: AS_05_03 Pre-Service Education (National) [HRH]			
<p>STANDARD: Pre-service education for clinical and public health workers comprises competency-based curricula, student practica at high volume HIV sites, and faculty is proficient in current HIV methods.</p>			
<p><i>Instructions: Select the pre-service education profession type(s) being supported by this Implementing Mechanism. Check all that apply:</i></p> <p><input type="checkbox"/> (1) Medical Doctors <input type="checkbox"/> (2) Nurses <input type="checkbox"/> (3) Midwives <input type="checkbox"/> (4) Clinical officers <input type="checkbox"/> (5) Pharmacy <input type="checkbox"/> (6) Laboratory <input type="checkbox"/> (7) Public health <input type="checkbox"/> (8) Paraprofessionals <input type="checkbox"/> (9) Other</p> <p><i>Use the comment section to record any profession type inconsistencies as they relate to the CEE responses.</i></p>			
Comment:			
	Question	Response	Scoring
 Q1	<p>For the pre-service program, do ALL of the following apply? <i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) The curriculum (e.g. degree program) has HIV content that reflects national standards of practice for cadres offering HIV services</p> <p><input type="checkbox"/> 2) The curriculum and course content have been updated in the last 3 years</p> <p><input type="checkbox"/> 3) Faculty received training on the updated curriculum or course content</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-2=Red</p>
If all 3, then Q2			
 Q2	<p>For the pre-service program, do BOTH of the following apply? <i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) The pre-service curriculum content is competency based</p> <p><input type="checkbox"/> 2) Students complete practica at high volume HIV sites</p>	<p># Ticked</p> <p>_____</p>	<p>If 0-1=Yellow</p> <p>If 2=Green</p>
SCORE			

Assessment Date: _____

Assessment ID: _____

CEE #: AS_05_04 HRH Regulation (National) [HRH]			
STANDARD: There is a system to register health workers and a continuing professional development program in place.			
Comment:			
	Question	Response	Scoring
 Q1	Is there a system to register health care workers within their cadre?	Y N	If N=Red
	If Y, then Q2		
 Q2	Is there a national continuous professional development (CPD) program?	Y N	If N=Yellow If Y-Green
	SCORE		

CEE #: AS_05_05 Faculty Development (National) [HRH]			
STANDARD: Academic institutions have a system in place to support the development of faculty to effectively provide learners with the skills and abilities to deliver quality HIV services.			
Comment:			
	Question	Response	Scoring
 Q1	<p>Does this academic institution have processes in place to determine faculty development needs?</p> <p><i>Note: Examples of processes in place to determine faculty needs include: needs assessment, new faculty training survey</i></p>	Y N	If N=Red
If Y, then Q2			
 Q2	<p>Does this academic institution provide faculty with the following? <i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Orientation and educational training for new staff</p> <p><input type="checkbox"/> 2) Ongoing faculty development programs</p>	# Ticked _____	If 0-1 =Yellow
If 2, then Q3			
 Q3	<p>Does this academic institution have the following key factors in place to support the continued development of faculty? <i>Tick all that apply:</i></p> <p><input type="checkbox"/> 1) Established health professional education department (or responsible unit) that coordinates, administers, monitors and evaluates the faculty development programs</p> <p><input type="checkbox"/> 2) Budgeted internal and/or external resources to support the continued implementation of the faculty development plan</p> <p><input type="checkbox"/> 3) Provisions to link faculty development programs to funding, promotion, and reward</p>	# Ticked _____	If 0 =Yellow If ≥ 1 = Green
SCORE			

SET 6: COMMODITIES		
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Levels</i>
AS_06_01	Supply Chain: ARVs	National
AS_06_02	Data Use for ARV Distribution Decision making	National/Subnational
AS_06_03	Supervision/Monitoring for ARV Supply Chain	National/Subnational
AS_06_04	Supply Chain: Rapid Test Kits/Diagnostics	National
AS_06_05	Data Use for RTK Distribution Decision making	National/Subnational
AS_06_06	Supervision/Monitoring for RTK Supply Chain	National/Subnational
AS_06_07	Supply Chain: Food and Nutrition	National
AS_06_08	Data Use for Food and Nutrition Commodity Distribution Decision making	National/Subnational
AS_06_09	Supervision/Monitoring for Food and Nutrition Supply Chain	National/Subnational
AS_06_10	Medicines Regulatory System - Registration	National
AS_06_11	Medicines Regulatory System – Quality Assurance / Quality Control	National
AS_06_12	Medicines Regulatory System – Pharmacovigilance	National

CEE #: AS_06_01 Supply Chain: ARVs (National) [COMMODITIES]			
STANDARD: National HIV programs routinely oversee the review of ARV supply requirements, and coordinate procurements and delivery/facility ARV distribution schedules.			
Comments:			
	Question	Response	Scoring
Q1	Is there a group that is responsible for overseeing forecasting and supply planning for ARVs at a national level which meets and updates the forecast and supply plan at least semi-annually?	Y N	If N=Red
If Y, then Q2			
Q2	Does this group have access to data no more than 3 months old for ARV stock on hand at health facilities, distribution centers, and/or warehouses? <i>Note: Although not ideal, it is acceptable to have collated data from districts if the districts have full visibility into stock on hand.</i>	Y N	If N=Yellow
If Y, then Q3			
Q3	For all ARVs procured or donated, does the supply planning group do ALL of the following at least quarterly? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Review stock on hand and issues data (or where available, consumption data) from facilities <input type="checkbox"/> 2) Review stock on hand and issues data from all appropriate warehouses <input type="checkbox"/> 3) Update forecasted consumption <input type="checkbox"/> 4) Estimate future funding needs/gaps for procurement in the supply plan <input type="checkbox"/> 5) Review delivery schedules of stakeholders procuring/donating ARVs to ensure a continuous supply according to desired stock levels as defined in the supply chain system design <input type="checkbox"/> 6) Convene relevant stakeholders and mobilize resources <input type="checkbox"/> 7) Coordinate facility distribution functions with involved stakeholders <input type="checkbox"/> 8) Monitor and evaluate logistics system performance using fixed, national metrics (metrics from a national PMP or another universally available document)	# Ticked _____	If 0-7=Yellow If 8 = Green
SCORE			




CEE #: AS_06_02 Data Use for ARV Distribution Decision making (National /Subnational) [COMMODITIES]			
STANDARD: HIV programs have routine access to supply chain data and have a mechanism in place to respond to emergency orders, to ensure a continuous supply of ARVs.			
Comments:			
	Question	Response	Scoring
Q1	Does the central level authority have routine access to BOTH of the following supply chain data for each distribution center? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Timely data on stock on hand for all of the relevant commodity at every distribution center during the latest reporting period <input type="checkbox"/> 2) Timely data on stock for all of the relevant commodity issued to health facilities during the last re-supply cycle/ reporting period <p><i>Note: Timely is defined as not older than 3 months or per national standards</i></p>	# Ticked _____	If 0-1= Red
If 2, then Q2			
Q2	Does the central level authority use supply chain data to plan and implement re-positioning or redistribution of stock between distribution centers to avoid low stock levels and expiries or in response to emergency orders?	Y N	If N = Yellow
If Y, then Q3			
Q3	Are the logistics data on stock status of the relevant commodity and issues data routinely shared with the following audiences that are not primarily concerned with commodity availability, within the broader HIV program? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Ministry of Health senior leadership <input type="checkbox"/> 2) Sub-national level MOH officials <input type="checkbox"/> 3) National stakeholders <input type="checkbox"/> 4) Supply Chain Implementing Partners <p><i>Note: Examples of logistics data include: stock-outs, overstocks, expiries, losses.</i></p>	# Ticked _____	If 0-3= Yellow If 4= Green
SCORE			

CEE #: AS_06_03 Supervision/Monitoring for ARV Supply Chain (National/Subnational) [COMMODITIES]			
STANDARD: HIV programs routinely conduct supervisory and monitoring visits aimed at mentoring health workers at facilities to improve the availability of HIV commodities.			
Comments:			
	Question	Response	Scoring
Q1	Does a health official at the national or subnational level conduct quarterly visits using a standardized process on which they have been trained to distribution centers within the country to monitor and supervise activities related to HIV commodity availability? <i>Note: Visits do not have to exclusively address HIV commodity availability but must be capable of addressing HIV-product-specific issues</i>	Y N	If N=Red
If Y, then Q2			
Q2	Does the standardized process for monitoring and supervisory visits prompt officials to mentor staff on ALL of the following? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Record keeping <input type="checkbox"/> 2) Complete, accurate and timely ordering and reporting <input type="checkbox"/> 3) Appropriate clean, well-organized with a regularly updated inventory management system, well-ventilated storage conditions for commodities (without commodities on the floor but rather on shelves or pallets) <input type="checkbox"/> 4) Adherence to the maximum and minimum stock levels according to national standards as found in the national supply chain SOP/national system design to avoid overstock, stock-outs, losses and expiries <input type="checkbox"/> 5) Stock status and commodity availability at the site (which is in part, due to order fill rates and on-time delivery) 	# Ticked _____	If 0-4= Yellow
If all 5, then Q3			
Q3	Are there formal groups or mechanisms (e.g., committees, TWGs) for health officials to gather to discuss HIV product issues that come up during the monitoring and supervisory visits with Central Medical Store, Ministry of Health and other related officials?	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: AS_06_04 Supply Chain: Rapid Test Kits/Diagnostics (National) [COMMODITIES]			
STANDARD: National HIV programs have a group that routinely meets and reviews data to oversee commodities forecasting and supply planning.			
INSTRUCTIONS: Check the products routinely used by the national program and answer questions for only those products which are relevant to the national program: <input type="checkbox"/> (1) RTKs <input type="checkbox"/> (2) CD4 <input type="checkbox"/> (3) VL <input type="checkbox"/> (4) EID/IVT <input type="checkbox"/> (5) TB			
Comments:			
	Question	Response	Scoring
Q1	Is there a group that meets at least semi-annually and is responsible for overseeing the forecasting and supply planning for ALL commodities relevant to the national program (<i>as checked above</i>)?	Y N	If N=Red
If Y, then Q2			
Q2	Does the group have timely stock data (3 or fewer months old) from health facilities, distribution centers and warehouses for ALL commodities relevant to the national program (<i>as checked above</i>)?	Y N	If N=Yellow
If Y, then Q3			
Q3	Quarterly, does the group do ALL of the following? <i>Tick all that apply:</i> <input type="checkbox"/> 1) Review national stock levels <input type="checkbox"/> 2) Review stock on hand and issues data from all appropriate warehouses <input type="checkbox"/> 3) Update forecasted consumption <input type="checkbox"/> 4) Estimate funding needs/gaps for procurement <input type="checkbox"/> 5) Review delivery schedules to ensure a continuous supply according to desired stock levels and avoiding stock-outs <input type="checkbox"/> 6) Convene relevant stakeholders and mobilize resources <input type="checkbox"/> 7) Coordinate distribution functions with involved stakeholders <input type="checkbox"/> 8) Monitor and evaluate logistics system performance using fixed, national metrics (metrics from a national PMP or another universally available document)	# Ticked _____	If 0-7= Yellow If 8=Green
SCORE			

CEE #: AS_06_05 Data Use for RTK Distribution Decision making (National/Subnational) [COMMODITIES]			
STANDARD: HIV programs have routine access to supply chain data and have a mechanism in place to respond to emergency orders, to ensure a continuous supply of HIV-related commodities.			
Comments:			
	Question	Response	Scoring
Q1	Does the central level authority have routine access to BOTH of the following supply chain data for each distribution center? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Timely data on stock on hand for all of the relevant commodity at every distribution center during the latest reporting period <input type="checkbox"/> 2) Timely data on stock for all of the relevant commodity issued to health facilities during the last re-supply cycle/ reporting period <p><i>Note: Timely is defined as not older than 3 months or national standards</i></p>	# Ticked _____	If 0-1 = Red
If 2, then Q2			
Q2	Does the central level authority use supply chain data to plan and implement re-positioning or redistribution of stock between distribution centers to avoid low stock levels and expiries or in response to emergency orders?	Y N	If N =Yellow
If Y, then Q3			
Q3	Are all of the logistics data on stock status of the relevant commodity (e.g., stock-outs, overstocks, expiries, losses) and issues data routinely shared with the following audiences that are not primarily concerned with commodity availability, within the broader HIV program? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Ministry of Health senior leadership <input type="checkbox"/> 2) Sub-national level MOH officials <input type="checkbox"/> 3) National stakeholders <input type="checkbox"/> 4) Supply Chain Implementing Partner <p><i>Note: Examples of logistics data include: Stock-outs, overstocks, expiries, losses</i></p>	# Ticked _____	If 0-3 = Yellow If 4= Green
SCORE			




CEE #: AS_06_06 Supervision/Monitoring for RTK Supply Chain (National/Subnational) [COMMODITIES]			
STANDARD: HIV programs routinely conduct supervisory and monitoring visits aimed at mentoring health workers at facilities to improve the availability of RTKs.			
Comments:			
	Question	Response	Scoring
△ Q1	Does a health official conduct quarterly visits using a standardized process on which they have been trained to distribution centers to monitor and supervise activities related to HIV commodity availability? <i>Note: Visits do not have to exclusively address HIV commodity availability but must be capable of addressing HIV-product-specific issues</i>	Y N	If N=Red
If Y, then Q2			
△ Q2	Does the standardized process for monitoring and supervisory visits prompt officials to mentor staff on ALL of the following? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Record keeping <input type="checkbox"/> 2) Complete, accurate and timely ordering and reporting <input type="checkbox"/> 3) Appropriate clean, well-organized with a regularly updated inventory management system, well-ventilated storage conditions for commodities (without commodities on the floor but rather on shelves or pallets) <input type="checkbox"/> 4) Adherence to the maximum and minimum stock levels according to national standards as found in the national supply chain SOP/national system design to avoid overstock, stock-outs, losses and expiries <input type="checkbox"/> 5) Stock status and commodity availability at the site (which is in part, due to order fill rates and on-time delivery) 	# Ticked _____	If 0-4=Yellow
If all 5, then Q3			
Q3	Are there formal groups or mechanisms (e.g., committees, TWGs) at the national level for health officials to gather to discuss HIV product issues that come up during the monitoring and supervisory visits with Central Medical Store, Ministry of Health and other related officials	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: AS_06_07 Supply Chain: Food and Nutrition (National) [COMMODITIES]			
STANDARD: Therapeutic and supplementary foods that are procured meet local regulatory authority and international standards for quality and safety, and are stored properly.			
Comments:			
	Question	Response	Scoring
 Q1	Does evidence exist that therapeutic and supplementary foods provided within the country for treatment of severe and moderate malnutrition meet international quality and safety standards?	Y N	If N=Red
If Y, then Q2			
 Q2	Are therapeutic and supplementary foods properly stored (lockable, well-ventilated, clean storage site, free from insects and animals, stored on pallets or shelves, away from the sun, with an inventory control system) before they are provided to health facilities (in regional and central warehouses)?	Y N	If N=Yellow
If Y, then Q3			
 Q3	Is procurement of therapeutic and supplementary foods guided by a forecast and supply plan that is updated on a quarterly basis with consumption data?	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: AS_06_08 Data Use for Food and Nutrition Commodity Distribution Decision making (National/Subnational) [COMMODITIES]			
STANDARD: HIV programs have routine access to supply chain data and have a mechanism in place to respond to emergency orders, to ensure a continuous supply of HIV-related Food and Nutrition commodities.			
Comments:			
	Question	Response	Scoring
Q1	Does the central level authority have routine access to BOTH of the following supply chain data for each distribution center? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Timely data on stock on hand for all of the relevant commodity at every distribution center during the latest reporting period <input type="checkbox"/> 2) Timely data on stock for all of the relevant commodity issued to health facilities during the last re-supply cycle/ reporting period <p><i>Note: Timely as defined as not older than 3 months or national standards</i></p>	# Ticked _____	If 0-1=Red
If 2, then Q2			
Q2	Does the central authority use supply chain data to plan and implement re-positioning or redistribution of stock between distribution centers to avoid low stock levels and expiries or in response to emergency orders?	Y N	If N =Yellow
If Y, then Q3			
Q3	Are the logistics data on stock status of the relevant commodity (e.g., stock-outs, overstocks, expiries, losses) and issues data routinely shared with the following audiences that are not primarily concerned with commodity availability, within the broader HIV program? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Ministry of Health senior leadership <input type="checkbox"/> 2) Sub-national level MOH officials <input type="checkbox"/> 3) National stakeholders <input type="checkbox"/> 4) Supply Chain Implementing Partners <p><i>Note: Examples of logistics data include: stock-outs, overstocks, expiries, losses</i></p>	# Ticked _____	If 0-3= Yellow If 4= Green
SCORE			

CEE #: AS_06_09 Supervision/Monitoring for Food and Nutrition Supply Chain (National/Subnational) [COMMODITIES]			
STANDARD: HIV programs routinely conduct supervisory and monitoring visits aimed at mentoring health workers at facilities to improve the availability of Food and Nutrition commodities.			
Comments:			
	Question	Response	Scoring
Q1	<p>Does a health official conduct quarterly visits using a standardized process on which they have been trained to distribution centers to monitor and supervise activities related to HIV commodity availability?</p> <p><i>Note: visits do not have to exclusively address HIV commodity availability but must be capable of addressing HIV-product-specific issues</i></p>	Y N	If N=Red
If Y, then Q2			
Q2	<p>Does the standardized process for monitoring and supervisory visits prompt officials to mentor staff on ALL of the following? <i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Record keeping <input type="checkbox"/> 2) Complete, accurate and timely ordering and reporting <input type="checkbox"/> 3) Appropriate clean, well-organized with a regularly updated inventory management system, well-ventilated storage conditions for commodities (without commodities on the floor but rather on shelves or pallets) <input type="checkbox"/> 4) Adherence to the maximum and minimum stock levels according to national standards as found in the national supply chain SOP/national system design to avoid overstock, stockouts, losses and expiries <input type="checkbox"/> 5) Stock status and commodity availability at the site (which is in part, due to order fill rates and on-time delivery) 	# Ticked _____	If 0-4=Yellow
If all 5, then Q3			
Q3	<p>Are there formal groups or mechanisms (e.g., committees, TWGs) at the national level for health officials to gather to discuss HIV product issues that come up during the monitoring and supervisory visits with Central Medical Store, Ministry of Health and other related officials?</p>	Y N	If N=Yellow If Y= Green
SCORE			

CEE #: AS_06_10 Medicines Regulatory System - Registration (National) [COMMODITIES]			
STANDARD: A country pharmaceutical product registration system is in place that can effectively and efficiently register medicines and other health products.			
Comment:			
Question	Response	Scoring	
<p>Q1</p> <p>Is there national legislation for pharmaceuticals and medical devices requiring product evaluation, registration, and fast-tracking for products of public health importance?</p> <p><i>Note: Pharmaceuticals encompass: medicines, vaccines, biologics.</i></p> <p><i>Note: Specific products of particular public health importance include ARVs and other essential medicines and products for the HIV program.</i></p>	<p>Y N</p>	<p>If N =Red</p>	
If Y, then Q2			
<p>Q2</p> <p>Does the regulatory authority accept WHO prequalification or marketing authorizations from stringent regulatory authorities (SRAs)?</p>	<p>Y N</p>	<p>If N=Yellow</p>	
If Y, then Q3			
<p>Q3</p> <p>Is there at least one product registered for all of the medicines recommended in the standard treatment guidelines for HIV?</p> <p><i>Note: Standard treatment guidelines may also be known as a national treatment policy.</i></p>	<p>Y N</p>	<p>If N=Yellow If Y =Green</p>	
SCORE			

CEE #: AS_06_11 Medicines Regulatory System – Quality Assurance / Quality Control (National) [COMMODITIES]			
STANDARD: Countries have a quality assurance system in place to ensure the quality of medicines according to established pharmacopeia standards and to combat the availability of substandard and counterfeit medicines in the national treatment policy for HIV or related opportunistic infections.			
Comment:			
	Question	Response	Scoring
 Q1	Is quality control testing of medicines by qualified government or independent laboratories informed by a sample collection strategy aligned with the medicines in the standard treatment guidelines for HIV or related opportunistic infections? <i>Note: Standard treatment guidelines may also be known as a national treatment policy.</i>	Y N	If N =Red
If Y, then Q2			
 Q2	Does the government have its own national drug quality control laboratory, or are there existing MOUs or official agreements with other qualified labs used by the government for drug quality control testing?	Y N	If N=Yellow
If Y, then Q3			
 Q3	Did the government identify and confirm any substandard or counterfeit medicines through testing that resulted in regulatory or legal action? <i>Note: Medicines may be general or HIV-specific.</i>	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: AS_06_12 Medicines Regulatory System – Pharmacovigilance (National) [COMMODITIES]			
STANDARD: Medicine safety surveillance (pharmacovigilance) is governed by legislation and a national pharmacovigilance center or unit that has core structures in place.			
Comment:			
	Question	Response	Scoring
Q1	Does the country have specific legal provisions for medicines safety (pharmacovigilance) in national medicines legislation or similar legislation? AND Is there a national pharmacovigilance center or unit with ALL of the following? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Designated staff? <input type="checkbox"/> 2) Stable basic funding? <input type="checkbox"/> 3) A clear mandate? <input type="checkbox"/> 4) Defined structure and roles and responsibilities? <input type="checkbox"/> 5) An Adverse Drug Reaction (ADR) reporting form? 	# Ticked _____	If 0-4=Red
If all 5, then Q2			
Q2	Is there a national database or system for coordination and collation of pharmacovigilance data to and from stakeholders in the country? <i>Note: Examples include national public health programs, pharmacies, health care facilities, consumers, market authorization holders/industry, safety surveillance studies.</i>	Y N	If N=Yellow
If Y, then Q3			
Q3	Have any regulatory actions been taken as the result of pharmacovigilance information and/or adverse events reported in the last 12 months?	Y N	If N =Yellow If Y = Green
SCORE			




Assessment Date: _____

Assessment ID: _____

SET 7: QUALITY MANAGEMENT		
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Levels</i>
AS_07_01	Quality Management/Quality Improvement (QM/QI) System [QM]	National/Subnational
AS_07_02	Quality Management/Quality Improvement (QM/QI) Consumer Involvement [QM]	National/Subnational
AS_07_03	Quality Assurance: Voluntary Medical Male Circumcision (VMMC) [QM]	National/Subnational

CEE #: AS_07_01 Quality Management/Quality Improvement (QM/QI) System (National/Subnational) [QM]			
STANDARD: The national HIV program or sub-national unit has a QM/QI system with dedicated leadership, a budget line item for the QM program, peer learning opportunities, and a current QM/QI plan.			
<i>Instructions: Check the programmatic area(s) included in the QM/QI system:</i>			
<input type="checkbox"/> (1) Adult Care & Treatment <input type="checkbox"/> (2) Pediatric Care & Treatment <input type="checkbox"/> (3) PMTCT <input type="checkbox"/> (4) VMMC <input type="checkbox"/> (5) HTS <input type="checkbox"/> (6) TB/HIV <input type="checkbox"/> (7) Community Care & Support <input type="checkbox"/> (8) Prevention <input type="checkbox"/> (9) Food & Nutrition <input type="checkbox"/> (10) FP/HIV		<input type="checkbox"/> (11) Services for Key Populations <input type="checkbox"/> (12) IDV/MMT <input type="checkbox"/> (13) Gender <input type="checkbox"/> (14) Post-violence care <input type="checkbox"/> (15) OVC/Social Service <input type="checkbox"/> (16) Lab <input type="checkbox"/> (17) Supply Chain <input type="checkbox"/> (18) Blood Safety <input type="checkbox"/> (19) Other (specify) _____	
Comment:			
	Question	Response	Scoring
Q1	Is there a QM/QI system in place for all supported programmatic areas with all of the following: <input type="checkbox"/> 1) Dedicated leadership <input type="checkbox"/> 2) Budget line item for the QM program <input type="checkbox"/> 3) Peer learning opportunities available to site QA participants to gain insights from other sites and interventions?	# Ticked _____	If 0-2=Red
If all 3, then Q2			
Q2	Is there a current QM/QI plan? <i>Note: The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan. "Current" means updated within the last 2 years.</i>	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: AS_07_02 Quality Management/Quality Improvement (QM/QI) Consumer Involvement (National/Subnational) [QM]			
STANDARD: Consumers of health services formally engage in the functioning of the QM/QI program.			
Comment:			
	Question	Response	Scoring
Q1	Is there a system in place to solicit feedback from consumers in the QM/QI system? <i>Note: Patients are consumers.</i>	Y N	If N=Red
If Y, then Q2			
Q2	Is there a formal, documented process for ongoing and systematic participation of consumers in the QM/QI system? <i>Note: Participation might be through focus groups, surveys, or in-depth interviews.</i>	Y N	If N=Yellow If Y=Green
SCORE			

CEE #: AS_07_03 Quality Assurance: VMMC (National/Subnational) [QM]			
STANDARD: The national VMMC program should have a national or subnational-level quality assurance (QA) body that regularly reviews VMMC service quality and safety outcomes data.			
Comment:			
	Question	Response	Scoring
 Q1	Does the QA committee or body regularly convene (e.g., quarterly, monthly, weekly)? <i>Note: As evidenced by reviewing the meeting minutes on file over the previous 3 months</i>	Y N	If N=Red
	If Y, then Q2		
 Q2	Does this committee or body regularly review site, regional and/or national VMMC adverse event outcomes? <i>Note: As evidenced by reviewing the meeting minutes on file over the previous 3 months</i>	Y N	If N=Yellow
	If Y, then Q3		
 Q3	Is there written documentation indicating that the committee or body reviews and calculates rates of moderate and severe adverse events at the site, regional, and/or national levels, and uses this data for program improvement? <i>Note: Shown in the meeting minutes or summary report on file over the previous 3 months</i>	Y N	If N = Yellow If Y = Green
	SCORE		

SET 8: LABORATORY AND BLOOD TRANSFUSION SUPPORT		
<i>CEE #</i>	<i>Abbreviated Title</i>	<i>Level</i>
AS_08_01	HIV Rapid Testing Proficiency Testing (PT)/External Quality Assurance (EQA)	National/Subnational
AS_08_02	CD4 Proficiency Testing (PT)/External Quality Assurance (EQA)	National/Subnational
AS_08_03	HIV Viral Load Proficiency Testing (PT)/External Quality Assurance (EQA)	National/Subnational
AS_08_04	HIV DNA PCR (EID) Proficiency Testing (PT)/External Quality Assurance (EQA)	National/Subnational
AS_08_05	Sputum Smear Microscopy Proficiency Testing (PT)/External Quality Assurance (EQA)	National/Subnational
AS_08_06	Xpert MTF/RIF Proficiency Testing (PT)/External Quality Assurance (EQA)	National/Subnational
AS_08_07	Laboratory/Point-of-Care Technology (POCT) Quality Improvement (QI) Program	National/Subnational
AS_08_08	Specimen Referrals	National/Subnational
AS_08_09	Quality Assurance of HIV Testing Services	National/Subnational
AS_08_10	National Blood Transfusion Service Accreditation	National
AS_08_11	National Laboratory Strategic Plan	National
AS_08_12	HIV Viral Load Capacity	National/Subnational

CEE #: AS_08_01 HIV Rapid Test Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB]			
STANDARD: The PT/EQA Program provides PT panels or engages in other EQA activities, collects PT/EQA results from at least 90% of participating laboratories/sites, and provides feedback to all sites according to the schedule set by the program.			
<i>Instructions: Assess this CEE at programs that support HIV Rapid Testing PT/EQA activities.</i>			
Comment:			
	Question	Response	Scoring
Q1	In the last 12 months, has the PT/EQA Program sent out PT panels or engaged in EQA activities to all enrolled sites according to the schedule set by the program?	Y N	If N=Red
If Y, then Q2			
Q2	In the last 12 months, what percentage of enrolled sites has returned PT/EQA results to the PT/EQA Program within the schedule set by the program? <i>Numerator: # of enrolled sites which returned PT/EQA results</i> <i>Denominator: # of enrolled sites</i>	_____%	If <90%=Yellow
If ≥90%, then Q3			
Q3	In the last 12 months, has the PT/EQA Program provided reports, documented feedback, or corrective action on the results of the PT/EQA? <i>Tick all that apply:</i> <input type="checkbox"/> 1) To all enrolled sites, including to sites that did not return results? <input type="checkbox"/> 2) Within the schedule set by the program?	# Ticked _____	If 0-1=Yellow If 2= Green
SCORE			

CEE #: AS_08_02 CD4 Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB]			
STANDARD: The PT/EQA Program provides PT panels or engages in other EQA activities, collects PT/EQA results from at least 90% of participating laboratories/sites, and provides feedback to all sites according to the schedule set by the program.			
<i>Assess this CEE at programs that support CD4 PT/EQA activities</i>			
Comment:			
	Question	Response	Scoring
Q1	In the last 12 months, has the PT/EQA Program sent out PT panels or engaged in EQA activities to all enrolled sites according to the schedule set by the program?	Y N	If N=Red
If Y, then Q2			
Q2	In the last 12 months, what percentage of enrolled sites has returned PT/EQA results to the PT/EQA Program within the schedule set by the program? <i>Numerator = # of enrolled sites which returned PT/EQA results</i> <i>Denominator = # of enrolled sites</i>	_____ %	If <90%=Yellow
If ≥90%, then Q3			
Q3	In the last 12 months, has the PT/EQA Program provided reports, documented feedback, or corrective action on the results of the PT/EQA? <i>Tick all that apply:</i> <input type="checkbox"/> (1) To all enrolled sites, including to sites that did not return results? <input type="checkbox"/> (2) Within the schedule set by the program?	# Ticked _____	If 0-1=Yellow If 2= Green
SCORE			




CEE #: AS_08_03 HIV Viral Load Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB]			
STANDARD: The PT/EQA Program provides PT panels or engages in other EQA activities, collects PT/EQA results from at least 90% of participating laboratories/sites, and provides feedback to all sites according to the schedule set by the program.			
<i>Instructions: Assess this CEE at programs that support HIV Viral Load PT/EQA activities</i>			
Comment:			
	Question	Response	Scoring
Q1	In the last 12 months, has the PT/EQA Program sent out PT panels or engaged in EQA activities to all enrolled sites according to the schedule set by the program?	Y N	If N=Red
If Y, then Q2			
Q2	In the last 12 months, what percentage of enrolled sites has returned PT/EQA results to the PT/EQA Program within the schedule set by the program? Numerator = _____ # of enrolled sites which returned PT/EQA results Denominator = _____ # of enrolled sites	_____ %	If <90%=Yellow
If ≥90%, then Q3			
Q3	In the last 12 months, has the PT/EQA Program provided reports, documented feedback, or corrective action on the results of the PT/EQA? <i>Tick all that apply:</i> <input type="checkbox"/> 1) To all enrolled sites, including to sites that did not return results? <input type="checkbox"/> 2) Within the schedule set by the program?	# Ticked _____	If 0-1=Yellow If 2= Green
SCORE			



CEE #: AS_08_04 HIV DNA PCR (EID) Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB]			
STANDARD: The PT/EQA Program provides PT panels or engages in other EQA activities, collects PT/EQA results from at least 90% of participating laboratories/sites, and provides feedback to all sites according to the schedule set by the program.			
<i>Instructions: Assess this CEE at programs that support HIV DNA PCR (EID) PT/EQA activities</i>			
Comment:			
	Question	Response	Scoring
Q1	In the last 12 months, has the PT/EQA Program sent out PT panels or engaged in EQA activities to all enrolled sites according to the schedule set by the program?	Y N	If N=Red
If Y, then Q2			
Q2	In the last 12 months, what percentage of enrolled sites has returned PT/EQA results to the PT/EQA Program within the schedule set by the program? Numerator = _____ # of enrolled sites which returned PT/EQA results Denominator = _____ # of enrolled sites	_____ %	If <90%=Yellow
If ≥90%, then Q3			
Q3	In the last 12 months, has the PT/EQA Program provided reports, documented feedback, or corrective action on the results of the PT/EQA? <i>Tick all that apply:</i> <input type="checkbox"/> (1) To all enrolled sites, including to sites that did not return results? <input type="checkbox"/> (2) Within the schedule set by the program?	# Ticked _____	If 0-1=Yellow If 2= Green
SCORE			





CEE #: AS_08_05 Sputum Smear Microscopy Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB]			
<p>STANDARD: The PT/EQA Program provides PT panels or engages in other EQA activities, collects PT/EQA results from at least 90% of participating laboratories/sites, and provides feedback to all sites according to the schedule set by the program.</p>			
<p><i>Instructions: Assess this CEE at programs that support Sputum Smear Microscopy PT/EQA activities</i></p>			
<p>Comment:</p>			
Question	Response	Scoring	
Q1	In the last 12 months, has the PT/EQA Program sent out PT panels or engaged in EQA activities to all enrolled sites according to the schedule set by the program?	Y N	If N=Red
If Y, then Q2			
Q2	In the last 12 months, what percentage of enrolled sites has returned PT/EQA results to the PT/EQA Program within the schedule set by the program? Numerator = _____ # of enrolled sites which returned PT/EQA results Denominator = _____ # of enrolled sites	_____%	If <90%=Yellow
If ≥90%, then Q3			
Q3	In the last 12 months, has the PT/EQA Program provided reports, documented feedback, or corrective action on the results of the PT/EQA? <i>Tick all that apply:</i> <input type="checkbox"/> 1) To all enrolled sites, including to sites that did not return results? <input type="checkbox"/> 2) Within the schedule set by the program?	# Ticked _____	If 0-1=Yellow If 2= Green
SCORE			

CEE #: AS_08_06 Xpert MTB/RIF Proficiency Testing (PT)/External Quality Assurance (EQA) (National/Subnational) [LAB]			
STANDARD: The PT/EQA Program provides PT panels or engages in other EQA activities, collects PT/EQA results from at least 90% of participating laboratories/sites, and provides feedback to all sites according to the schedule set by the program.			
<i>Instructions: Assess this CEE at programs that support Xpert MTB/RIF PT/EQA activities</i>			
Comment:			
	Question	Response	Scoring
Q1	In the last 12 months, has the PT/EQA Program sent out PT panels or engaged in EQA activities to all enrolled sites according to the schedule set by the program?	Y N	If N=Red
If Y, then Q2			
Q2	In the last 12 months, what percentage of enrolled sites has returned PT/EQA results to the PT/EQA Program within the schedule set by the program? Numerator = _____ # of enrolled sites which returned PT/EQA results Denominator = _____ # of enrolled sites	_____ %	If <90%=Yellow
If ≥90%, then Q3			
Q3	In the last 12 months, has the PT/EQA Program provided reports, documented feedback, or corrective action on the results of the PT/EQA? <i>Tick all that apply:</i> <input type="checkbox"/> (1) To all enrolled sites, including to sites that did not return results? <input type="checkbox"/> (2) Within the schedule set by the program?	# Ticked _____	If 0-1=Yellow If 2= Green
SCORE			

CEE #: AS_08_07 Laboratory/Point-of-Care Technology (POCT) Quality Improvement (QI) Program ([LAB]			
STANDARD: Implementation of national QI Programs for laboratory and POCT leads to measurable QI progress in at least 75% of participating laboratories or testing sites.			
Comment:			
	Question	Response	Scoring
Q1	Has a plan for implementation of the laboratory/POCT QI program been developed?	Y N	If N=Red
If Y, then Q2			
Q2	What percent of the laboratories/POCT sites participating in the QI Program have achieved measurable QI progress? Numerator = _____ # of enrolled sites with measurable QI progress Denominator = _____ # of sites enrolled in QI program <i>Note: Examples of measurable QI progress include: accreditation, certification, or other documentation of achievement towards QI goals</i>	_____%	If <75% = Yellow If ≥75% = Green
SCORE			

CEE #: AS_08_08 Specimen Referrals (National/Subnational) [LAB]			
<p>STANDARD: Programs for specimen referral/result reporting have a defined specimen transportation schedule and standardized procedures for safe operations, ensuring that sites receive at least 80% of test results.</p>			
<p>Comment:</p>			
	Question	Response	Scoring
 Q1	Does the specimen referral/result reporting network have a defined transportation schedule?	Y N	If N=Red
<p>If Y, then Q2</p>			
 Q2	<p>Are there standardized procedures for ALL of the following:</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Safe specimen packaging and transport? <input type="checkbox"/> 2) Specimen tracking <input type="checkbox"/> 3) Test results delivery 	<p># Ticked</p> <p>_____</p>	If 0-2= Red
<p>If all 3, then Q3</p>			
 Q3	<p>What percent of laboratory test results arrive at HIV service delivery sites within the target turnaround time from specimen collection to time of result receipt?</p> <p>Numerator = _____ # of HIV service delivery sites that receives results with the target turnaround time</p> <p>Denominator = _____ # of HIV service delivery sites that collect and send specimens for testing referral</p>	<p>_____ %</p>	<p>If <80% = Yellow</p> <p>If ≥80% = Green</p>
SCORE			

CEE #: AS_08_09 Quality Assurance of HIV Testing Services (National/Subnational) [LAB]			
STANDARD: The HIV Rapid Test Quality Improvement (QI) Program monitors the quality of HIV rapid testing including the use of standardized laboratory logbooks, verifying the quality of HIV rapid test kits, and regularly documented site visits to testing sites.			
Comment:			
	Question	Response	Scoring
 Q1	Is there a process by the HIV Rapid Test QI program to ensure that data from the HTS rapid testing logbooks at the HIV testing sites gets reported and reviewed on a quarterly basis?	Y N	If N =Red
If Y, then Q2			
Q2	Is each new batch/lot of HIV rapid test kits verified for quality before release to sites?	Y N	If N=Yellow
If Y, then Q3			
 Q3	Do HIV rapid test program supervisors conduct and document site visits at least semi-annually to assess the quality of HIV testing at the sites y?	Y N	If N=Yellow If Y = Green
SCORE			

CEE #: AS_08_10 National Blood Transfusion Service Accreditation (National) [LAB]			
STANDARD: Blood transfusion services have a roadmap to achieve accreditation from a regional or internationally-recognized blood service accrediting body.			
Comment:			
	Question	Response	Scoring
Q1	Has the National Blood Transfusion Service (NBTS) identified an appropriate blood banking accrediting body?	Y N	If N=Red
If Y, then Q2			
 Q2	Has the NBTS completed a pre-accreditation self-assessment process outlined by the identified accrediting body?	Y N	If N=Red
If Y, then Q3			
 Q3	Has the NBTS produced an accreditation roadmap based on gaps identified through the self-assessment? <i>Note: The roadmap will be used to direct external technical assistance activities and frame the use of any bi-lateral COP funding.</i>	Y N	If N=Yellow
If Y, then Q4			
 Q4	Is there evidence that NBTS is making progress towards remediating issues or gaps identified in the roadmap?	Y N	If N=Yellow
If Y, then Q5			
 Q5	What percentage of the total number of NBTS blood centers has achieved accreditation? <i>Numerator: Number of NBTS blood centers that achieved accreditation</i> <i>Denominator: Number of NBTS blood centers</i>	____%	If <50%=Yellow If ≥50%= Green
SCORE			

CEE #: AS_08_11 National Laboratory Strategic Plan (National) [LAB]			
STANDARD: A National Laboratory Strategic Plan has been developed, approved, costed and implemented.			
<i>Instructions: Assess this CEE at the Ministry(s) and Partners supporting Ministry(s) to develop a National Laboratory Strategic Plan</i>			
Comment:			
	Question	Response	Scoring
Q1	Has a National laboratory Strategic plan been developed? Note: If the national strategic plan is under development, then select No	Y N	If N=Red
If Y, then Q2			
Q2	Which of the following most accurately reflect the status of the National Laboratory Strategic Plan? <i>Tick all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1) The National Laboratory Strategic has been approved <input type="checkbox"/> 2) The National Laboratory Strategic plan has been costed <input type="checkbox"/> 3) The National Laboratory Strategic plan has been implemented 	# Ticked _____	If 0-2=Yellow If 3=Green
SCORE			



CEE #: AS_08_12 HIV Viral Load Capacity (National) [LAB]			
STANDARD: Nationally, there is laboratory capacity to provide HIV viral load testing to meet the expected needs (per number of PLHIV) and reach sustained epidemic control.			
<i>Instructions: Assess this CEE at Ministries and Partners providing support for HIV Viral Load testing scale-up.</i>			
Comment:			
	Question	Response	Scoring
Q1	<p>Is there laboratory capacity to provide for HIV viral load testing that includes all of the following?</p> <p><i>Tick all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Adequate number of HIV viral load testing laboratories and efficient laboratories networks to provide testing to all PLHIV <input type="checkbox"/> 2) Adequate number of HIV viral load Instruments at each laboratory to test the expected number of PLHIV <input type="checkbox"/> 3) Support for Instrument maintenance and supply chain systems to prevent HIV viral load testing interruption. <input type="checkbox"/> 4) Laboratory Information Management Systems for specimen and result management and provide data on HIV viral load testing capacity. 	<p># Ticked</p> <p>_____</p>	<p>If <u>0-1</u>= Red</p> <p>If 2-3=Yellow</p> <p>If 4=Green</p>
	SCORE		

Assessment Date: _____

Assessment ID: _____

SET 9: STRATEGIC INFORMATION: SURVEILLANCE, SURVEYS AND EVALUATION		
<i>CEE#</i>	<i>Abbreviated Title</i>	<i>Levels</i>
AS_09_01	Surveillance and Survey Data Collection According to National Strategy	National
AS_09_02	Surveillance and Survey Data Collection According to an Approved Protocol	National/Subnational
AS_09_03	Surveillance and Survey Data Use and Availability	National/Subnational

CEE #: AS_09_01 Surveillance and Survey Data Collection According to National Strategy (National) [SI]			
STANDARD: The surveillance unit (or designated entity) collects surveillance and survey data per the national HIV Surveillance and Survey Strategy.			
Comment:			
	Question	Response	Scoring
Q1	Is there a written national HIV Surveillance and Survey Strategy, based on current epidemiological data from the in-country HIV epidemic?	Y N	If N=Red
	If Y, then Q2		
Q2	Does the unit collect HIV surveillance and survey data among population groups and geographic locales specified in the national HIV Surveillance and Survey Strategy?	Y N	If N=Yellow If Y=Green
	SCORE		

CEE #: AS_09_02 Surveillance and Survey Data Collection According to an Approved Protocol (National/Subnational) [SI]			
STANDARD: The surveillance unit (or designated entity) collects and reviews HIV surveillance and survey data according to technical standards included in approved protocols.			
Comments:			
	Question	Response	Scoring
 Q1	Were all HIV surveillance and survey protocols approved by an in-country institutional review board prior to the start of field implementation?	Y N	If N=Red
	If Y, then Q2		
 Q2	Within the last year, did the surveillance unit collect all HIV surveillance and/or survey data in accordance with technical protocols?	Y N	If N=Red
	If Y, then Q3		
Q3	Were data collected for HIV surveillance and surveys conducted within the last year reviewed for quality by a member of the surveillance unit staff?	Y N	If N=Yellow If Y=Green
	SCORE		

CEE #: AS_09_03 Surveillance and Survey Data Use and Availability (National/Subnational) [SI]			
STANDARD: The surveillance unit (or designated entity) ensures that surveillance and survey reports are made available to stakeholders and the general public, and are used within the same year for HIV program planning and improvement.			
Comments:			
	Question	Response	Scoring
Q1	Are HIV surveillance and survey reports highlighting key results made available to stakeholders and the general public within 12 months of completion of data collection and field implementation?	Y N	If N=Red
If Y, then Q2			
Q2	Does the surveillance unit ensure that the most recent available HIV surveillance and survey data are used within the same year for all HIV program planning and improvement?	Y N	If N=Yellow If Y=Green
SCORE			