

Continuity of essential health services: Facility assessment tool

A module from the suite of health service capacity assessments in the context of the COVID-19 pandemic

INTERIM GUIDANCE
20 November 2020



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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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Introduction

Context

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the COVID-19 outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

The COVID-19 pandemic has continued to shine a light on the fragility of health services and public health systems globally. It has revealed that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. Many routine and elective services have been postponed or suspended, and existing delivery approaches must be adapted as the risk-benefit analyses for any given activity or service has changed in the current pandemic context. At the same time, primary care facilities are being called upon to manage asymptomatic and mild COVID-19 cases, to engage the community and raise awareness, in various aspects of testing and contact tracing, and in referrals of worsening cases to secondary and tertiary care facilities. More serious cases continue to be managed at hospital levels.

Against this rapidly evolving situation, many countries are facing challenges in the availability of accurate and up-to-date data on capacities to respond to COVID-19 while maintaining the provision of essential health services. Few countries have reliable and timely data on existing and surge health workforce and service capacities. Fewer even can track and monitor the extent of disruptions on essential health services to inform mitigation strategies and guide responses to evolving community needs and barriers to accessing care.

In response to this situation WHO has developed the *Continuity of essential health services: Facility assessment tool*. This tool has been designed to help identify health systems bottlenecks in order to monitor and track the continuity of essential health services. This tool replaces the previous version published on 20 October 2020 and includes updates to the acknowledgements and annexes. It forms part of a wider [Suite of health service capacity assessments in the context of the COVID-19 pandemic](#). These different monitoring tools focus on different aspects of the dual-track of maintaining essential health services while continuing to manage COVID-19 cases. The suite and the different modules are described in annex 1.

Objectives of this tool: *Continuity of essential health services*

The *Continuity of essential health services: Facility Assessment Tool* can be used by countries to rapidly assess the capacity of health facilities to maintain the provision of essential health services during the COVID-19 pandemic. It can help to alert the authorities and other stakeholders about where service delivery and utilization may require modification and/or investment. The tool collects information on health workforce capacities, financial management of the facility, changes in health service delivery and utilization, infection prevention and control (IPC) capacities and COVID-19 primary care services. It also includes optional sections on therapeutics, diagnostics, vaccine readiness and infrastructure. The tool can be used in multiple types of health facilities. It can be used once to provide a rapid snapshot of current service capacity, or on a regular basis for tracking and monitoring the continuity of essential health services during the different phases of the pandemic. This assessment tool is informed by relevant WHO tools and guidance on the continuity of essential health services and readiness planning for COVID-19 (2–12).

Content areas

This assessment tool covers the following aspects of essential health services:

- health workforce (numbers, absences, COVID-19 infections, health workforce management, training and support);
- financial management and barriers;
- service delivery and utilization (facility closures, changes in service delivery, community communication campaigns, changes in service utilization and catch-up strategies);

- IPC capacities (protocols, safety measures, guidelines and the availability of personal protective equipment (PPE) for staff);
- availability of therapeutics, diagnostics and supplies, and vaccine readiness; and
- provision of COVID-19 primary care services.

Type of facility being assessed

The tool can be used in multiple types of health facilities, from primary care centres/clinics, to first-level referral hospital, general hospitals with specialties, single-specialty hospitals, and others (this terminology can be customized per country). The country can decide which level/levels to include in the assessment. The tool is structured with “skip” functions to enable it to be tailored to the different levels. For example, if the selected level is “primary care centre”, the questions not relevant to that level will automatically be skipped.

Target audience

Potential users of this assessment tool include:

- national and subnational health authorities;
- national and subnational COVID-19 incident management teams;
- facility managers; and
- WHO and other partners.

Key questions that this tool can help to answer

This tool can help to answer the following questions related to the provision of essential health care:

- How many staff are available in each facility? How many staff have been diagnosed with COVID-19? What adjustments to health workforce management have been made? Is additional training and support being provided to health-care workers?
- Is the facility charging user fees during the COVID-19 pandemic?
- Are staff salaries being paid on time? Are staff receiving overtime pay?
- How has the delivery of services unrelated to COVID-19 changed (for example, have there been facility closures or service delivery modifications)?
- How has service utilization increased or decreased and what are the main reasons for those changes?
- Has the facility implemented any community communication campaigns?
- Has the facility made catch-up plans for missed routine appointments?
- Are safety processes and protocols in place to ensure the safe delivery of health services?
- Do health workers have sufficient PPE to deliver essential services safely?
- Do facilities have therapeutics, diagnostic tests and supplies available for the delivery of essential health services?
- Do facilities have functioning cold chain capacity?
- Does the facility provide “COVID-19 primary care services” (detection, diagnosis, treatment, referral, rehabilitation, contact tracing, etc.)? What changes and support did this involve?

Country adaptation

The tool should be adapted in each country to reflect the needs and specificities of each health system. The adaptation should take place during the planning and preparation phase. There are potentially five different types:

- Adaptation of country-specific response options: for example, residence area, facility type, and managing authority.
- Adaptation of wording/phrase in a question specific to each country: for example, staffing category, name of the administrative units, name of national service guidelines, and tracer medicines.
- Inclusion or exclusion of country-specific questions: some questions are intended for use only if applicable in the setting.
- Use of optional sections: The tool includes four optional sections. Countries may choose to use the complete tool including all of its sections, or different combinations of optional sections according to context and need at the time of the assessment.
- Addition of country-specific questions.

Country-specific questions are shaded in green throughout the tool.

When to use this tool

This tool can be used from the early stages of an emergency to recovery and continuity after recovery.

Mode of data collection

Paper-based and electronic collection of data is used.

Ethical considerations

The guidance provided is not considered research, therefore, there is no need to submit it to the WHO ERC. Individual countries may need local ethics committee approval, depending on local law and guidelines and exactly what is done. They should ensure that they fulfil their ethical obligations submitting the document to the pertinent local ethics boards.

The WHO Public Health Ethics Consultation Group reviewed the tool, and their considerations and recommendation were taken into consideration. Respondents are asked upfront for their informed consent. No personal or facility identifying details will be reported. The WHO data sharing agreement “Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies” specifies arrangement with regards to usage, and dissemination of the data gathered. The agreement is attached as annex 2.

Consent

Hello. My name is [interviewer name]. I am calling on behalf of the [Ministry of Health/implementing agency]. [Ministry of Health/implementing agency] is conducting a health facility assessment to assist the government in knowing more about continuity of essential health services during the COVID-19 pandemic in [country]. Your facility was selected to participate in this study. We will be asking you questions about various essential health services. Information collected about your facility during this study may be used by the [Ministry of Health/implementing agency], organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services. Neither your name nor the names of any other staff who participate in this study will be included in the dataset or in any report. Facility identifiers will not be reported.

We are asking for your help in order to collect this information. You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce me to that person to help us collect that information. At this point, do you have any questions about the study? Do I have your agreement to proceed?

| No. | Question | Response options |
|-----|---|------------------------|
| 1.A | May I begin the interview? | 1. Yes 2. No – STOP |
| 1.B | Type interviewer name indicating consent obtained | _____ |

Section 1: Health facility identification and description

The questions in this section are related to the facility identification and description.

| No. | Question | Response options | | |
|-------|--|---|--------|-------|
| 1.1 | Facility code | | | |
| 1.1.1 | Region/province name | | | |
| 1.1.2 | District/county name | | | |
| 1.1.3 | Village/clan/locality name (Country-specific question) | | | |
| 1.2 | Facility name | | | |
| 1.3 | Address of facility | | | |
| 1.3.1 | Country | | | |
| 1.4 | Residence area | <ol style="list-style-type: none"> 1. Urban 2. Peri-/ex-urban (country-specific option, if relevant) 3. Rural | | |
| 1.5 | Type of facility (Country-specific question: adapt the list of facility type based on the country's own health system.) | <ol style="list-style-type: none"> 1. Primary care centre/clinic 2. First referral hospital (district hospital) 3. Other general hospital with specialties or single-specialty hospital 4. Long-term care facility 5. Other <p>If other, please specify: _____</p> | | |
| 1.6 | Managing authority | <ol style="list-style-type: none"> 1. Government 2. Private for profit 3. Private not for profit (e.g. nongovernmental organization, faith-based) 4. Other | | |
| 1.7 | Facility director/manager's name | | | |
| 1.8 | Facility director/manager's telephone number | | | |
| 1.9 | Facility director/manager's email address | | | |
| 1.10 | Respondent or key informant's name | | | |
| 1.11 | Respondent or key informant's position | | | |
| 1.12 | Date | Day: | Month: | Year: |
| 1.13 | Geographical coordinates of the facility | | | |

| | | |
|--------|------------------|--|
| | (if applicable) | |
| 1.13.1 | Latitude | |
| 1.13.2 | Longitude | |
| 1.13a | Interviewer code | |

The following questions relate to the services offered in this facility.

| No. | Question | Response options | |
|--------|---|---|--------------------------|
| 1.14 | Does this facility provide inpatient services? | 1. Yes 2. No – skip to question 1.16 | |
| 1.15 | How many overnight/inpatient beds does the facility have in total, excluding delivery beds? | _____ beds (numeric entry) | |
| 1.16 | Does the facility have the following departments or wards/spaces? | 1. Yes | 2. No |
| 1.16.1 | Dedicated 24-hour staffed emergency unit | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.16.2 | Intensive care or other high-dependency unit | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.16.3 | Operating room | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.17i | If the answer to question 1.16.2 is “No”, skip to next section | | |
| 1.17 | Of the total number of inpatient beds, how many are intensive care unit (ICU) beds? | _____ beds (numeric entry) | |

Section 2: Staffing

The questions in this section relate to staffing in the previous 3 months.

| No. | Question | Response options | |
|--------|--|---|--|
| 2.1 | For each of the following occupations, please provide the total number of staff and the number of staff who have been diagnosed with COVID-19 in the previous 3 months. (Country-specific question: adapt staff list based on the country's own health system.) | 2.1.1.1 Number of staff | 2.1.1.2 Number of staff who have been diagnosed with COVID-19 in the previous 3 months |
| 2.1.1 | Medical doctors | | |
| 2.1.2 | Nursing personnel | | |
| 2.1.3 | Midwifery personnel | | |
| 2.1.4 | Other clinical staff (including clinical officers) | | |
| 2.1.5 | Laboratory workers | | |
| 2.1.6 | Radiographers | | |
| 2.1.7 | Pharmacists | | |
| 2.1.8 | Administrative staff | | |
| 2.1.9 | Support staff | | |
| 2.1.10 | Other | | |
| 2.2 | Have any staff been on leave or absent at any time in the previous 3 months? | <ol style="list-style-type: none"> Yes No – skip to question 2.4 | |
| 2.3 | <p>Please give the reasons for staff leave or absence in the previous 3 months.</p> <p><i>Do not read response options aloud. Select all applicable answers.</i></p> | <ol style="list-style-type: none"> Vacation or personal leave Sick leave – unrelated to COVID-19 Sick leave – related to COVID-19, including preventive quarantine Caring for family members who have COVID-19 Government policy on health care workers' reporting for work during an outbreak (country-specific option, if relevant) Limited transportation due to lockdown Lack of personal protective equipment Fear related to COVID-19 Fear related to violence targeted at health workers Burnout or mental health issues related to COVID-19 Other Unknown | |

| | | | |
|-------|--|--|--------------------------|
| 2.4 | Has the facility made any changes to the way in which health workers are managed in the previous 3 months specifically because of changes in patient volume or patient type related to COVID-19? | 1. Yes 2. No – skip to question 2.6 3. Not applicable, there have been no changes in patient volume or patient type related to COVID-19 – Skip to question 2.6 | |
| 2.5 | What changes have been made? Select yes only if the adjustment is related to changes in patient volume and/or type related to COVID-19 | 1. Yes | 2. No |
| 2.5.1 | Reassigning to different units/responsibilities in the facility | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.2 | Increasing hours among part-time staff | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.3 | Increasing overtime hours among full-time staff | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.4 | Recruiting new staff to support increased patient volumes | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.5 | Recruiting volunteers to support increased patient volumes | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.6 | Receiving temporary staff seconded from other facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.7 | Temporary secondment to a different facility | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.8 | Layoff or unpaid leave | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 | Have any staff in the facility received training or support related to COVID-19 in the previous 3 months? | 1. Yes 2. No – skip to next section | |
| 2.7 | What kind of training or support have they received? | 1. Yes | 2. No |
| 2.7.1 | Training on infection prevention and control (IPC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7.2 | Training on proper use of personal protective equipment (PPE) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7.3 | Training on triage protocols for COVID-19 case management | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7.4 | Training on management of emergency conditions | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7.5 | Mental health and psychosocial support | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7.6 | Supportive supervision for IPC | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7.7 | Supportive supervision on proper use of PPE | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7.8 | Supportive supervision for COVID-19 case management | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7.9 | Training on provision of remote health care (Country-specific question, if relevant) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.8 | What was the date of the latest supervision? (Specify type of supervision according to the country context.) | DD/MM/YYYY | |

Section 3: Financial management

The questions in this section relate to financial management during the COVID-19 pandemic.

| No. | Question | Response options |
|------|---|--|
| 3.1 | Does the facility charge user fees? | <ol style="list-style-type: none"> 1. Yes 2. No – skip to question 3.5 |
| 3.2 | In the previous 3 months, has the facility exempted user fees for certain services? | <ol style="list-style-type: none"> 1. Yes – user fees exempted only for COVID-19 services 2. Yes – user fees exempted only for other health services 3. Yes – user fees exempted for both COVID-19 and other health services 4. No |
| 3.3 | In the previous 3 months, has the facility exempted user fees for certain vulnerable populations such as [country-specific examples – e.g., migrants]? | <ol style="list-style-type: none"> 1. Yes 2. No |
| 3.4 | In the previous 3 months, has the facility increased user fees for certain services? (Country-specific question) | <ol style="list-style-type: none"> 1. Yes 2. No |
| 3.5 | In the previous 3 months, has the facility received additional funding to ensure the maintenance of essential health services during the pandemic? | <ol style="list-style-type: none"> 1. Yes – for COVID-19 case management services 2. Yes – for other essential health services 3. No – skip to question 3.7 4. Do not know – skip to question 3.7 |
| 3.6 | What is the source of the additional funding? Select all applicable answers. | <ol style="list-style-type: none"> 1. Government 2. Local community 3. International organization 4. Private 5. Do not know |
| 3.7 | Have all personnel, including staff and contractors, received their salary on time in accordance with the regular payment schedule in the previous 3 months? | <ol style="list-style-type: none"> 1. Yes 2. No |
| 3.8 | Have any personnel worked overtime in the previous 3 months? | <ol style="list-style-type: none"> 1. Yes 2. No – skip to question 3.10 |
| 3.9 | Have all personnel who worked overtime in the previous 3 months received overtime payment? | <ol style="list-style-type: none"> 1. Yes 2. No 3. Not applicable, there is no overtime payment for staff |
| 3.10 | Do you receive payments in the context of the PBF project? (Country-specific question: applies only to countries with Performance-Based Financing (PBF) programme) | <ol style="list-style-type: none"> 1. Yes 2. No - Skip to next section |
| 3.11 | When was the last time you received such a payment? (Country-specific question: applies only to countries with PBF programme) | MM/YYYY |

Section 4: Service delivery and utilization

The questions in this section relate to services delivered in the previous 3 months.

| No. | Question | Response options | |
|--------|--|--------------------------|--------------------------|
| 4.1 | Are you aware of any COVID-19 cases in your county/district (country-specific administrative unit) that were newly identified in the past month? | 1. Yes 2. No | |
| 4.2 | Has the facility been closed temporarily because of a COVID-19 outbreak in the previous 3 months? | 1. Yes 2. No | |
| 4.3 | Have the facility service hours been changed because of a COVID-19 outbreak in the previous 3 months? | 1. Yes 2. No | |
| 4.4 | Did the facility have a defined list of essential health services before the COVID-19 pandemic? (Country-specific question) | 1. Yes 2. No | |
| 4.5 | Has the facility received a defined list of essential health services to be delivered during the COVID-19 pandemic? (Country-specific question) | 1. Yes 2. No | |
| 4.6 | For services that are unrelated to COVID-19, has the facility done any of the following in the previous 3 months? | 1. Yes | 2. No |
| 4.6.1 | Reduced the scope of specific services | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.2 | Reduced the volume of specific services | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.3 | Suspended the provision of specific services | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.4 | Redirected patients to alternative health care facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.5 | Given priority to seeing high-risk patients | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.6 | Provided all care in a single visit for multiple morbidities | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.7 | Supported self-care interventions wherever appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.8 | Provided home-based care for certain patients | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.9 | Shifted clinical encounters to digital platforms such as teleconsultations | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.10 | Provided electronic or tele prescriptions | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.11 | Extended prescriptions of medicines for long-term use, such as medicines for treating noncommunicable diseases | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6.12 | Used novel dispensing approaches for medicines | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 | Are there designated facilities for referral of patients with suspected or confirmed COVID-19? | 1. Yes 2. No | |

| | | | | | |
|--------|--|---|--------------------------|--------------------------|--|
| 4.8 | Does this facility have access to safe and isolated transportation to transfer the patients following referral? | 1. Yes 2. No | | | |
| 4.9.a | Has the facility observed changes in outpatient attendance (excluding emergency unit visits, if any) in the previous 3 months, compared to the same 3 months last year? | 1. Yes, increased in all service areas 2. Yes, decreased in all service areas 3. Yes, increased in some but decreased in other service areas 4. No change in all service areas | | | |
| 4.9.i | If Annex 3 is completed on a comprehensive set of individual services, skip to question 4.10i. (Country-specific decision for the assessment) | | | | |
| 4.9 | Please provide the changes in each of the following services. | 1. Yes, increased | 2. Yes, decreased | 3. No | 4. Not applicable, the service is not offered in the facility |
| 4.9.1 | Services for undifferentiated symptoms (e.g. fever, pain, fatigue and cough) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.2 | Family planning and contraception | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.3 | Antenatal care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.4 | Postnatal care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.5 | Immunization services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.6 | Care for sick children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.7 | Prevention, diagnosis and treatment of human immunodeficiency virus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.8 | Tuberculosis case detection and treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.9 | Prevention, diagnosis and treatment of sexually transmitted infections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.10 | Diagnosis and treatment of malaria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.11 | Diagnosis and treatment of chronic cardiovascular disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.12 | Diagnosis and treatment of chronic respiratory disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.13 | Diabetes screening, diagnosis and treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.14 | Cancer screening, diagnosis and treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.15 | Diagnosis and treatment of mental health disorders (including substance abuse) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--------|---|--|--------------------------|--------------------------|--|
| 4.9.16 | Intimate partner and sexual violence – prevention and response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.17 | Diagnosis and treatment of neglected tropical diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9.18 | Rehabilitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.10i | Check the responses to questions 4.9a. If the answer is “Yes, decreased in all service areas” or “No change in all service areas”, skip to question 4.11. | | | | |
| 4.10 | <p>For the services where outpatient attendance increased, what are the likely reasons for the increase?</p> <p>There can be different reasons for individual services. Please provide all reasons, regardless of services.</p> <p>Any other reasons?</p> <p><i>Do not read response options aloud. Select all applicable answers.</i></p> | <ol style="list-style-type: none"> 1. More patients presenting with acute respiratory infection symptoms 2. More patients being redirected from other facilities 3. Backlog from disruptions of services prior to the past 3 months 4. Communications to the public about reactivation of any services that were previously suspended or reduced 5. General health communications campaign to promote care-seeking 6. Other | | | |
| 4.11i | Check the responses to questions 4.9 a. If the answer is “No change in all service areas”, skip to question 4.12. | | | | |
| 4.11 | <p>For the services where outpatient attendance decreased, what are the likely reasons for the decrease?</p> <p>There can be different reasons for individual services. Please provide all reasons, regardless of services.</p> <p>Any other reasons?</p> <p><i>Do not read response options aloud. Select all applicable answers.</i></p> | <p>Community reasons</p> <ol style="list-style-type: none"> 1. Changes in recommendations to the public for mild illness and elective care 2. Fear, mistrust, uncertainty about catching COVID-19 during facility visits 3. Lockdown or stay-at-home order 4. Disruption of public transport 5. Other <p>Facility reasons</p> <ol style="list-style-type: none"> 6. Scope of specific services reduced 7. Provision of specific services completely suspended 8. Reduced or changed opening hours 9. Facility closure 10. Limited availability of medicines or consumables 11. Limited availability of medical staff 12. Other | | | |
| 4.12i | Check response to question 1.16.1. If the answer is “No”, skip to question 4.13. | | | | |
| 4.12 | Has the facility observed changes in emergency unit visits for non-COVID-19-related issues in the previous 3 months, compared to the same 3 months last year? | 1. Yes, increased | 2. Yes, decreased | 3. No | 4. Not applicable, the service is |

| | | | | | |
|--------|---|---|----------------------------|---------------------------|---|
| | | | | | not offered in the facility |
| 4.12.1 | Overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.12.2 | Injuries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.12.3 | Emergency surgery, including emergency caesarean section | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.12.4 | Acute conditions related to noncommunicable diseases (e.g. myocardial infarction, arrhythmia, stroke, diabetic ketoacidosis, asthma, chronic obstructive pulmonary disease and cancer) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.12.5 | Urgent blood transfusion services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.13i | Check the response to question 1.14. If the answer is “No”, skip to question 4.15. | | | | |
| 4.13 | What was the average bed occupancy rate for the previous full month? <i>Note: average bed occupancy rate is calculated by dividing the total number of bed-days effectively occupied for the duration of the whole month by the number of beds available for curative care multiplied by 30, and multiplying the ratio by 100.</i> | _____ (percentage) | | | |
| 4.14 | Has the facility observed changes in inpatient admissions in the previous 3 months, compared to the same 3 months last year? | 1. Yes, increased 2. Yes, decreased 3. No | | | |
| 4.15 | Has the facility observed changes in the number of prehospital emergency care services (such as ambulance transport) in the previous 3 months, compared to the same 3 months last year? | 1. Yes, increased 2. Yes, decreased 3. No 4. Not applicable, prehospital emergency care services not offered | | | |
| 4.16 | Does this facility usually provide community outreach or home-visit services? | 1. Yes 2. No – skip to question 4.18 | | | |
| 4.17 | For each of the following outreach services, has the facility changed the frequency of services in the previous 3 months, compared to the same 3 months last year? | 1. Yes changed – less frequent outreach services | 2. Yes changed – suspended | 3. No change in frequency | 4. Not applicable – outreach services not offered |
| 4.17.1 | Immunization outreach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.17.2 | Malaria prevention campaigns, including distribution of insecticide-treated nets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.17.3 | Neglected tropical disease outreach activities, including mass drug administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--------|---|---|--|--------------------------|---|--------------------------|
| 4.17.4 | Community-based mobile clinics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.17.5 | Home visits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.18 | For patients who missed routine appointments that are unrelated to COVID-19 in the previous 3 months, has the facility developed plans to deliver services for those? | 1. Yes 2. No – Skip to question 4.21 | | | | |
| 4.19 | Has the facility registered the patients who have missed appointments? | 1. Yes 2. No | | | | |
| 4.20 | Has the facility made plans for targeted catch-up for the following patient groups who missed scheduled appointments? | 1. Yes, planned and implemented | 2. Yes, planned but not yet implemented | 3. No | 4. Not applicable – no service provided to the patient group | |
| 4.20.1 | Pregnant women | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.20.2 | Children for routine immunization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.20.3 | Patients with chronic noncommunicable diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.21 | Has there been any disruption of the services provided by the facility in the previous 3 months? (Country-specific question) | 1. Yes 2. No - Skip to next section | | | | |
| 4.22 | On a scale of 1–5 from not at all to a great deal, how much have the following issues contributed to the disruption? (Country-specific question) | 1. Not at all | 2. Slightly | 3. Moderately | 4. Quite a lot | 5. A great deal |
| 4.22.1 | Human resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.22.2 | Financing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.22.3 | Infection prevention and control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.22.4 | Medical supplies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please also answer the questions in Annex 3.

Section 5: COVID-19 infection prevention and control and personal protective equipment

The questions in this section concern infection prevention and control (IPC) during the COVID-19 pandemic.

| No. | Question | Response options | |
|-------|--|--|--------------------------|
| 5.1 | Is there a designated IPC focal point person in the facility? | 1. Yes 2. No | |
| 5.2 | Has the facility implemented any measures to create a COVID-19 safe environment? | 1. Yes 2. No – skip to question 5.4 | |
| 5.3 | Which of the following measures have been implemented in this facility? | 1. Yes | 2. No |
| 5.3.1 | Screening of all patients and visitors at a dedicated entrance | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3.2 | Distancing of at least 1 metre between patients and visitors in waiting rooms and wards | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3.3 | Displaying instructions on hand and respiratory hygiene practices for patients and visitors | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3.4 | Screening and triage of patients for suspected COVID-19 using up-to-date guidelines (country-specific: provide specific name or version number of guidelines) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3.5 | COVID-19 isolation areas clearly identified and divided from non-COVID-19 areas | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3.6 | Designated staff entrance for screening | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3.7 | Hand hygiene stations at all points of care | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3.8 | Use of PPE by staff | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3.9 | Environment cleaning and disinfection | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 | Does the facility have IPC guidelines for COVID-19? | 1. Yes 2. No – skip to question 5.6 | |
| 5.5 | Which of the following IPC guidelines exist? | 1. Yes | 2. No |
| 5.5.1 | Screening for signs and symptoms of COVID-19 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.5.2 | Management of suspected/confirmed COVID-19 cases | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.5.3 | PPE | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.5.4 | COVID-19 surveillance among health workers | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.5.5 | Management of dead bodies | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.6 | Does this facility usually provide PPE to health workers? | 1. Yes 2. No – skip to next section | |

| 5.7 | Are the following items currently available for each of the staff who are required to use them in accordance with the applicable guidelines? | 1. Currently available for all health workers | 2. Currently available only for some health workers | 3. Currently unavailable for any health workers | 4. Not applicable – never procured or provided |
|-------|---|--|--|--|---|
| 5.7.1 | Gown, protective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.7.2 | Gloves, examination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.7.3 | Goggles, protective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.7.4 | Face shield | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.7.5 | Respirator masks (N95 or FFP2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.7.6 | Mask, medical/surgical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.8 | Does the facility disposes used PPE safely? | | 1. Yes 2. No | | |

N95: not resistant to oil, 95% filter; FFP2: filtering face piece with minimum of 94% filtration percentage and maximum 8% leakage to the inside.

Section 6: Management of suspected and confirmed COVID-19 cases in primary care centres

The questions in this section concern management of patients with suspected or confirmed COVID-19. This section is only for primary care centres.

| No. | Questions | Response options | |
|-------|---|---|--------------------------|
| 6.1i | Check responses to question 1.5. If the answer is primary care centres/clinics, answer the questions in this section. If not, skip to the next section. | | |
| 6.1 | Does the facility have a focal point or team responsible for COVID-19 service coordination? | 1. Yes 2. No – skip to question 6.3 | |
| 6.2 | Do they have standard operation procedures? | 1. Yes 2. No | |
| 6.3i | Questions 6.3 to 6.5 will be repeated in Section 8 | | |
| 6.3 | Does the facility collect specimens from patients to diagnose COVID-19? | 1. Yes 2. No – Skip to question 6.6 | |
| 6.4 | Does the facility conduct polymerase chain reaction (PCR) tests or rapid diagnostic tests (RDTs) to diagnose COVID-19 on site? | 1. Yes, PCR – Skip to question 6.6 2. Yes, RDT – Skip to question 6.6 3. Yes, PCR & RDT – Skip to question 6.6 4. No | |
| 6.5 | Is there a functioning specimen transport system for forwarding specimens from the facility to a referral laboratory? | 1. Yes 2. No | |
| 6.6 | Has the facility seen patients with suspected COVID-19 in the past 3 months? | 1. Yes 2. No – skip to question 6.8 | |
| 6.7 | Which of the following were performed to manage suspected COVID-19 cases? | 1. Yes | 2. No |
| 6.7.1 | Patient consultation takes place in a separate room | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.7.2 | Checked for COVID-19 symptoms | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.7.3 | Measured O ₂ saturation with pulse oximeter | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.7.4 | Referred the patient to specialized care | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.7.5 | Performed diagnostic test | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.7.6 | Instructed patients with mild symptoms to self-isolate at home | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.7.7 | Provided teleconsultation to answer patient's questions before facility visit | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.8i | Check response to question 6.7.6. If the answer is "No", skip to question 6.9. | | |

| | | | |
|-------|---|---|--------------------------|
| 6.8 | Which of the following were performed to manage COVID-19 patients with mild or no symptoms during self-isolation at home? | 1. Yes | 2. No |
| 6.8.1 | Provided remote consultation (phone or video call, text message) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.8.2 | Visited patients at home | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.8.3 | Arranged follow-up visit to the facility (e.g. by asking the patient to report to a designated entrance at prearranged appointment time) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.8.4 | Provided safety instructions for the members of the patient's household | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.8.5 | Assessed compliance with self-isolation (Country-specific question, according to whether facilities are responsible for infectious disease control) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.9 | Does the facility have up-to-date guidelines to manage asymptomatic or mild COVID-19 cases, including for referral? (Country-specific question: provide specific name or version number of guidelines) | 1. Yes 2. No | |
| 6.10 | Have you received any other information or guidelines on how to manage asymptomatic or mild COVID-19 cases? | 1. Yes 2. No – skip to question 6.12 | |
| 6.11 | Who did you receive the information from? <i>Do not read response options aloud. Select all applicable answers.</i> | 1. Ministry of health 2. Local government authority 3. WHO 4. Professional associations, including professional media or academic journals 5. Other | |
| 6.12 | Are there designated facilities for the referral of patients with suspected or confirmed COVID-19? | 1. Yes 2. No – skip to question 6.14 | |
| 6.13 | Does this facility have access to safe and isolated transportation to transfer the patients following referral? | 1. Yes 2. No | |
| 6.14 | Is your facility tasked with contact tracing when positive cases are identified at the facility? (Country-specific question depending on the facility's responsibilities for infectious disease control) | 1. Yes 2. No – skip to question 6.16 | |
| 6.15 | Have any staff members received training on contact tracing? (Country-specific question depending on the facility's responsibilities for infectious disease control) | 1. Yes 2. No | |
| 6.16 | Has the facility received new instructions about influenza vaccination for the flu season 2020–2021? (Country-specific question, if relevant) | 1. Yes 2. No – Skip to next section | |
| 6.17 | Has the facility received additional resources to ensure influenza vaccination and management for the flu season 2020–2021? (Country-specific question, if relevant) | 1. Yes 2. No | |

Section 7: Availability of selected tracer therapeutics (optional)

The questions in this section concern availability of selected medicines and medical supplies. This section is optional subject to country-specific priorities and context. The list of tracer medicines should be based on country-specific priorities and context, and may be different from the following. The number should be limited to 20 or fewer.

| No. | Question | Response options | |
|--------|--|--------------------------|--------------------------|
| 7.1 | Which of the following medicines are currently available ? (Country specific question: tracer medicines to be adapted) | 1. Currently available | 2. Currently unavailable |
| 7.1.1 | Salbutamol | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.2 | Metformin | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.3 | Hydrochlorothiazide | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.4 | Paracetamol | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.5 | Carbamazepine | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.6 | Amoxicillin | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.7 | Ethinylestradiol + levonorgestrel (or alternative combined oral contraceptive) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.8 | Oxytocin | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.9 | Magnesium sulfate | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.10 | Heparin | | |
| 7.1.11 | Hydrocortisone | | |
| 7.1.12 | Epinephrine | | |
| 7.1.13 | Artemether + lumefantrine (or other artemether combination medicine) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.14 | Efavirenz + emtricitabine + tenofovir disoproxil fumarate | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.15 | Isoniazid + pyrazinamide + rifampicin | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.16 | Intravenous (IV) fluids (normal saline or Ringer's lactate) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.17 | Oxygen | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | Which of the following supplies are currently available ? | 1. Currently available | 2. Currently unavailable |
| 7.2.1 | Syringes and needles | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|-------|--|--------------------------|--------------------------|
| 7.2.2 | IV cannulas and giving sets | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2.3 | Gauze | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3i | Check responses to question 4.9.5. If the answer is 4 (“Not applicable”), skip to question 7.4. | | |
| 7.3 | Which of the following vaccines is currently available ? | 1. Currently available | 2. Currently unavailable |
| 7.3.1 | Measles containing vaccine and diluent | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3.2 | DTP+Hib+HepB (pentavalent) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3.3 | Oral polio vaccine or inactivated polio vaccine | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3.4 | BCG vaccine and diluent | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3.5 | Pneumococcal vaccine (Country-specific question, if relevant) | | |
| 7.4 | In the past month, has the capacity of the facility to provide certain services been disrupted due to supply stockout? | 1. Yes 2. No | |

DTP: diphtheria, tetanus, pertussis; Hib: *Haemophilus influenzae* type b; HepB: hepatitis B vaccine; BCG: Bacillus Calmette–Guérin.

Section 8: Availability of diagnostics (optional)

The questions in this section concern the availability of laboratory and imaging services and supplies. This section is optional subject to country-specific priorities and context.

| No. | Question | Response options | | |
|--|--|----------------------------------|--------------------------|--------------------------|
| 8.1 | Does this facility conduct any diagnostic testing of specimens using either laboratory equipment or RDT? | Yes No – skip to question 8.7 | | |
| 8.2 Are the following tests available onsite at any location in this facility? | | | | |
| | | Yes | No | |
| 8.2.1 | Malaria | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.2.2 | Blood glucose | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.2.3 | Dipstick for urine glucose | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.2.4 | Dipstick for urine protein | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.2.5 | Urine test for pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.3 For tests conducted onsite, are the associated items (equipment and supplies) required for each test available and functional? | | | | |
| | | Yes | No | Not applicable |
| 8.3.1 | Malaria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.3.2 | Blood glucose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.3.3 | Dipstick for urine glucose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.3.4 | Dipstick for urine protein | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.3.5 | Urine test for pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.4i | Check responses to question 1.5. If the answer is neither 2 nor 3, skip to next section. | | | |

| | | | |
|-------|--|--------------------------|--------------------------|
| 8.4 | Are the following tests available onsite at any location in this facility? | | |
| | | Yes | No |
| 8.4.1 | Human immunodeficiency virus | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.4.2 | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.4.3 | Haemoglobin | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.4.4 | Blood typing and cross-matching | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|-------|--|----------------------------------|--------------------------|--------------------------|
| 8.4.5 | Blood creatinine | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.5 | For tests conducted onsite, are the associated items (equipment and supplies) required for each test available and functional today? | | | |
| | | Yes | No | Not applicable |
| 8.5.1 | Human immunodeficiency virus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.5.2 | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.5.3 | Haemoglobin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.5.4 | Blood typing and cross-matching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.5.5 | Blood creatinine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.6 | Does this facility conduct imaging examinations? | Yes No – Skip to next section | | |
| 8.7 | Are the following imaging examinations available onsite at any location in this facility? | | | |
| | | Yes | No | |
| 8.7.1 | X-ray | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.7.2 | Magnetic resonance imaging | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.7.3 | Ultrasound | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.8 | Are the associated items (equipment and supplies) required for the following imaging examinations available and functioning today? | | | |
| | | Yes | No | Not applicable |
| 8.8.1 | X-ray | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.8.2 | Magnetic resonance imaging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.8.3 | Ultrasound | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 9: Vaccine readiness (optional)

The questions in this section concern capacity to provide general immunization services. This section is optional subject to country-specific priorities and context.

| No. | Questions | Response options |
|-------|---|--|
| 9.1 | Does this facility offer any immunization services for children? | 1. Yes 2. No |
| 9.2 | Does this facility offer any immunization services for adolescents or adults? | 1. Yes 2. No |
| 9.3i | Check responses to questions 9.1 and 9.2. If the answers to both are “No”, skip to the next section. | |
| 9.3 | Does the facility currently have a vaccine fridge? If yes, is it functional? <i>If there are multiple vaccine fridges, select “yes, functional” if at least one is functional.</i> | 1. Yes, functional 2. Yes, but not functional 3. No – Skip to question 9.5 |
| 9.4 | Does the facility currently have a continuous temperature recorder/logger? If yes, is it functional? <i>If there are multiple temperature recorders/loggers, select “yes, functional” if at least one is functional.</i> | 1. Yes, functional 2. Yes, but not functional 3. No |
| 9.5 | Does the facility currently have a cold box? | 1. Yes 2. No – skip to question 9.8 |
| 9.6 | How many cold boxes does the facility have? | _____ cold boxes (numeric entry) |
| 9.7 | Does the facility have a full set of ice packs for each of the cold boxes? | 1. Yes, a set of ice packs for all cold boxes 2. Yes, a set of ice packs only for some cold boxes 3. No |
| 9.8 | Does the facility currently have a vaccine carrier? | 1. Yes 2. No – skip to question 9.11 |
| 9.9 | How many vaccine carriers does the facility have? | _____ vaccine carrier (numeric entry) |
| 9.10 | Does the facility have a full set of ice packs for each of the vaccine carriers? | 1. Yes, a set of ice packs for all carriers 2. Yes, a set of ice packs only for some carriers 3. No |
| 9.11i | Check responses to questions 9.5 and 9.8. If the answers to both are “No”, skip to next section. | |
| 9.11 | In a single day, how many ice packs for cold boxes and/or vaccine carriers can the facility freeze? | 1. All ice packs in the facility 2. Only some of the ice packs in the facility 3. None – no ice packs 4. None – no functional freezer |
| 9.12 | Does the facility have sharps containers (“safety boxes”)? | 1. Yes 2. No |

Section 10: Facility infrastructure (optional)

The questions in this section concern facility infrastructure. This section is optional subject to country-specific priorities and context.

| No. | Questions | Response options |
|--------|---|---|
| 10.1 | First call: Has the facility experienced an unplanned closure in the previous 3 months? | <ol style="list-style-type: none"> 1. Yes – for 1 week or less 2. Yes – for more than 1 week, but less than 4 weeks 3. Yes – for 4 weeks or more 4. No |
| 10.1.1 | Follow-up call: Has the facility experienced an unplanned closure in the past 2 weeks? | <ol style="list-style-type: none"> 1. Yes 2. No |
| 10.2 | First call: What is the primary source of electricity for the facility? | <ol style="list-style-type: none"> 1. Electrical mains/grid 2. Generator 3. Solar 4. No source of electricity 5. Other, please specify _____ |
| 10.3 | Have there been any electric power outages in the last 7 days? | <ol style="list-style-type: none"> 1. Yes 2. No – Skip to question 10.5 |
| 10.4 | What was the total number of hours the facility was without electric power in the last 7 days? | (Maximum 168 hours) |
| 10.5 | First call: What is the primary source of water for the facility? | <ol style="list-style-type: none"> 1. Piped into Facility 2. Piped into Yard/Plot 3. Public tap/Standpipe 4. Protected well 5. Unprotected well 6. Protected spring 7. Unprotected spring 8. Rainwater 9. Tanker Truck/Vendor 10. Surface water (lake, river or stream) 11. Bottled water 12. Other, specify: |
| 10.6 | In the last 7 days, was there any time when there was no water available in the facility? | <ol style="list-style-type: none"> 1. Yes 2. No – Skip to question 10.8 |
| 10.7 | For how many hours in total was there no water available at the facility during the past 7 days? | (Maximum 168 hours) |
| 10.8 | In the last 7 days, was there any time when the facility did not have any telephone service whether landline or mobile? | <ol style="list-style-type: none"> 1. Yes 2. No – Skip to question 10.10 |
| 10.09 | For how many hours in total was there no telephone service over the last 7 days? | (Maximum 168 hours) |
| 10.10 | First call: Is there a functional incinerator for the disposal of medical waste? | <ol style="list-style-type: none"> 1. Yes 2. No |

Section 11: Interview result

| No. | Question | Response options |
|------|--|--|
| 11.1 | <p>Thank you for responding to the interview. We would like to speak with you again in about three months [country-specific interval].</p> <p>Do you have a better number we can use to reach you in case we follow up with you in the future?</p> | <ol style="list-style-type: none"> 1. Yes 2. No – the current number is the best |
| 11.2 | What is the alternative number? | |
| 11.3 | Can you repeat the number? | |
| 11.4 | Record the result of the interview. | <ol style="list-style-type: none"> 1. Completed 2. Postponed 3. Partly completed and postponed 4. Partly completed 5. Refused 6. Other _____ |

If you have any queries or questions regarding this questionnaire, please contact us at EHSmonitoring@who.int

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Annex 1. Suite of health service capacity assessments in the context of the COVID-19 pandemic

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the COVID-19 outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

In response to this situation, the [Suite of health service capacity assessments in the context of the COVID-19 pandemic](#) has been developed to support rapid and accurate assessments of the current, surge and future capacities of health facilities throughout the different phases of the COVID-19 pandemic (1). The suite consists of two sets of modules that can be used to inform the prioritization of actions and decision-making at health facility, subnational and national levels:

1. Hospital readiness and case management capacity for COVID-19

This set of modules can be used to assess health facility readiness and case management capacities for COVID-19.

2. Continuity of essential health services in the context of the COVID-19 pandemic

This set of modules can be used to assess health facility capacities to maintain delivery of essential health services. It can also be used to assess community needs and access to services during the COVID-19 pandemic.

The modules are listed in Table 1.

Table 1. Suite of health service capacity assessment modules

| Hospital readiness and case management capacity for COVID-19 | |
|---|---|
| Module | Purpose |
| Rapid hospital readiness checklist | To assess the overall readiness of hospitals and to identify a set of priority actions to prepare for, be ready for and respond to COVID-19 |
| Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19 | To assess present and surge capacities for the treatment of COVID-19 in health facilities with a focus on availability of diagnostics, therapeutics and other health products as well as vaccine readiness, availability of beds and space capacities |
| Biomedical equipment for COVID-19 case management – inventory tool | To conduct a facility inventory of biomedical equipment re-allocation, procurement and planning measures for COVID-19 case management |
| Ensuring a safe environment for patients and staff in COVID-19 health-care facilities | To assess the structural capacities of hospitals to allow safe COVID-19 case management, maintain the delivery of essential services and enable surge capacity planning |
| Infection prevention and control health-care facility response for COVID-19 | To assess infection prevention and control capacities to respond to COVID-19 in health facilities |
| Continuity of essential health services in the context of the COVID-19 pandemic | |
| Module | Purpose |
| Continuity of essential health services: Facility assessment tool | – To assess the capacity of health facilities to maintain the provision of essential health services during the COVID-19 pandemic |

| | |
|---|---|
| | <ul style="list-style-type: none"> – To assess workforce capacity during the pandemic, including availability, absences, COVID-19 infections, support and training |
| Continuity of essential health services: Community demand side tool | To conduct a rapid pulse survey on community needs and perceptions around access to essential health services and community resilience during the COVID-19 pandemic |

Countries may select different combinations of modules according to context and need for one-time or recurrent use throughout the pandemic.

Annex 2. Data Sharing

Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies

Data are the basis for all sound public health actions and the benefits of data sharing are widely recognized, including scientific and public health benefits. Whenever possible, WHO wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Ministry of Health of your Country confirms that all data to be supplied to WHO have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;

Agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of your Country:

- to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as “the Data”) and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
- to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO’s work and in accordance with the Organization’s policies and practices.
- Except where data sharing and publication is required under legally binding instruments (IHR, WHO Nomenclature Regulations 1967, etc.), the Ministry of Health of your Country may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt out.

Annex 3. Routine data on key performance indicators

The questions in this Annex are intended to provide information on the number of services provided by the facility in the past few months to compare the current and previous year. Please provide data on outpatient attendance and inpatient admissions. Where appropriate specific to each country, please provide data on individual services (optional). Services are organized by broad group: reproductive, maternal, newborn and child health in green shade; HIV, tuberculosis, and malaria in yellow shade; and other essential health services in blue shades. Ensure question wording corresponds to indicators used in the country health management information system.

| No. | Question | Response options ^a (numeric entry) | | | | | | | | Not applicable – The service is not provided |
|-------|---|---|---------|---------|----------------------|---|---------|---------|---------|---|
| | | Past 4 months | | | | Corresponding 4 months in the previous year | | | | |
| | | Month 1 | Month 2 | Month 3 | Month 4 (last month) | Month 1 | Month 2 | Month 3 | Month 4 | |
| A1 | According to your registries/HMIS report, how many of the following services were recorded in the previous four complete months in the current and previous year? | | | | | | | | | |
| A1.1 | Reporting month (MM/YYYY) | | | | | | | | | |
| A1.2 | Total no. of outpatient visits | | | | | | | | | |
| A1.3 | Total no. of inpatient admissions | | | | | | | | | |
| A1.4 | Total no. of facility-based births | | | | | | | | | |
| A1.5 | Total no. of DTP3 doses | | | | | | | | | |
| A1.6 | Total no. of family planning consultations (all methods; (with new or recurrent users) | | | | | | | | | |
| A1.7 | Total no. of pregnant women having received ANC4 | | | | | | | | | |
| A1.8 | Total no. of women having received postnatal care | | | | | | | | | |
| A1.9 | Total no. of growth monitoring consultations | | | | | | | | | |
| A1.10 | Total no. of children 6-59 months who were treated for Severe Acute Malnutrition | | | | | | | | | |
| A1.11 | Total no. of outpatient visits for prevention, diagnosis and treatment of human immunodeficiency virus | | | | | | | | | |

| | | | | | | | | | | |
|-------|---|--|--|--|--|--|--|--|--|--|
| A1.12 | Total no. of outpatient visits for tuberculosis case detection and treatment | | | | | | | | | |
| A1.13 | Total no. of outpatient visits for prevention, diagnosis and treatment of sexually transmitted infections | | | | | | | | | |
| A1.14 | Total no. of outpatient visits for diagnosis and treatment of malaria | | | | | | | | | |
| A1.15 | Total no. of outpatient visits for diagnosis and treatment of chronic cardiovascular disease | | | | | | | | | |
| A1.16 | Total no. of outpatient visits for diagnosis and treatment of chronic respiratory disease | | | | | | | | | |
| A1.17 | Total no. of outpatient visits for diabetes screening, diagnosis and treatment | | | | | | | | | |
| A1.18 | Total no. of outpatient visits for cancer screening, diagnosis and treatment | | | | | | | | | |
| A1.19 | Total no. of outpatient visits for diagnosis and treatment of mental health disorders (including substance abuse) | | | | | | | | | |
| A1.20 | Total no. of outpatient visits for intimate partner and sexual violence –prevention and response | | | | | | | | | |
| A1.21 | Total no. of outpatient visits for diagnosis and treatment of neglected tropical diseases | | | | | | | | | |

HMIS: health management information systems; DTP, diphtheria-tetanus-pertussis.

^a Illustrative example of reporting months: If the assessment is conducted in March 2021, the reporting months are: 11/2020, 12/2020, 01/2021 and 02/2021 (the preceding 4 months), and the corresponding reporting months from the previous year are 11/2019, 12/2019, 01/2020, and 02/2020.