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|  | **Strengthening frontline health services tracking and monitoring in the context of the COVID-19 pandemic****Technical Briefing Note** 8 November 2021 |  |

This technical briefing note introduces an approach, methods and tools to support the urgent needs of countries for reliable and timely data to facilitate the scale up and delivery of essential COVID-19 clinical tools and supplies and, to guide strategies and plans to assure both the supply of- and demand for- essential health services

**BACKGROUND AND CONTEXT**

Over the past year, the COVID-19 pandemic has challenged public health systems and health services globally, revealing that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. Hospitals and COVID-19 treatment centres are facing urgent pressures to respond to COVID-19 case surges, while primary care facilities are increasingly called upon to manage mild COVID-19 cases, refer severe cases to higher levels of care, support testing and contact tracing, and lead community engagement and risk communication activities. Meanwhile, 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 service continuously changes. Countries are confronting a multitude of questions that must be addressed to prepare for and respond directly to the COVID-19 pandemic, while maintaining other essential services.

Key decisions and actions to mitigate health system bottlenecks and constraints must be informed by accurate and real-time data collected through ongoing tracking and monitoring of health services during all phases of the COVID-19 pandemic. Against the rapidly evolving situation, many countries are facing challenges in data access, availability, quality and timeliness of data. Most routine systems have not been designed to detect bottlenecks in health service capacities or capture data on the effectiveness of pursuing different mitigation strategies for certain services, community perceptions and demand, and health outcomes at national and subnational levels.

**APPROACH AND OBJECTIVES**

This proposed approach aims to rapidly bolster existing country data systems and capacities to track and monitor health systems preparedness and performance throughout the different phases of the pandemic and to build towards more sustainable systems for health services monitoring for future crises. Specifically, the approach has 3 objectives:

1. Rapidly fill data gaps to identify health systems bottlenecks through rapid readiness assessment and monitoring at national, facility community levels;
2. Guide country responses to deliver COVID-19 tools and maintain essential health services by strengthening country capacities and platforms in health systems and services monitoring, analysis and use of data; and
3. Scale to sustainable health services surveillance and monitoring systems through implementation, documentation and learning.

**COUNTRY IMPLEMENTATION**

The proposed implementation approach leverages existing regional and country capacities as much as possible and aims to fill any remaining resource gaps in 3 inter-related and synergistic activities:

***1. Strengthen routine facility data to monitor utilisation, morbidity and mortality trends***

First, routine HMIS country monitoring capacities should be strengthened to regularly track trends in service utilisation and delivery, morbidity and mortality, and facility capacities (e.g. bed occupancy rates, stockouts of essential medicines or supplies). As feasible and relevant to country context, data should be disaggregated by equity dimensions, such as subnational divisions, geographic setting, age, sex, and population groups. Particular attention is needed to look at differences between urban and rural settings and the impact on gender and marginalised groups in service utilisation. [Analysing and using routine data to monitor the effects of COVID-19 on essential health services](https://www.who.int/publications/i/item/who-2019-nCoV-essential-health-services-monitoring-2021-1) has been co-developed by WHO and partners to provide practical guidance in this area and technical support and capacity building is available.

***2. Implement rapid high frequency surveys to identify health systems capacities and bottlenecks***

In addition to investing in HMIS data quality and analysis, countries are encouraged to implement [rapid service capacity assessments](https://www.who.int/teams/integrated-health-services/monitoring-health-services/monitoring-frontline-service-readiness-capacities-during-the-covid-19-pandemic) to detect disruptions, track strategic service delivery adaptations, and identify supply- and demand-side bottlenecks in front line services (including health worker capacities and protection, stockouts, safe environment measures and evolving community health needs, care seeking behaviours and barriers to care). Such surveys augment and complement country HMIS data and capture data that are not usually available through routine systems. Se**e *Annex 1* for set of recommended key performance indicators** for monitoring on monthly, quarterly and annual basis that combines both HMIS and survey methods.

The recommended survey methodology is through high-frequency phone interviews with facility managers and/or community representatives in a network of sentinel facilities and communities (in facility catchment area), facilitated through an online instrument. This approach takes into account the need for high frequency data as well as for rapid and safe implementation using limited resources. While not fully representative of the national context, sentinel facilities and communities provide early evidence of changes in service provision and health service readiness and responsiveness. When implemented on a high frequency basis (monthly to quarterly) in a network of sentinel sites, this can serve as a surveillance and alert system for health systems preparedness and performance throughout the changing phases of the pandemic. WHO and partners have developed a suite of rapid service capacity modules and tools for implementation that can be tailored to country contexts and capacities, including in humanitarian settings***. Annex 2 provides an overview of the rapid survey methodology and Annex 3 provides an overview of core modules.***

***3. Strengthen country capacities and platforms to analyse and use data to inform policies and guide response***

Third, countries are encouraged to strengthen country capacities and platforms to consolidate, analyse and use data to guide evidence-informed policy dialogues, strategy planning, and actions to maintain essential health services. Results from HMIS and survey data should be triangulated and analysed with other key data sources – including COVID-19 epidemiological data, mortality and morbidity surveillance data and estimates, supply chain and procurement data, civil registration and vital statistics, and government response plans and measures – and integrated into real-time country intelligence dashboards. Regular dissemination of findings to all national and subnational decision-makers, COVID-19 incident management support teams, and other country stakeholders and partners will be key to ensure real-time data use.. Regular policy dialogues should be organized with key country stakeholders at each survey interval to review findings, alert critical bottlenecks, and co-develop an action plan to mitigate challenges and disruptions.

Over the long-term, strengthening real-time health systems and services preparedness and performance tracking and monitoring in the context of COVID-19 sets the foundation for sustainable health service capacity surveillance and early warning systems. In this way, strengthening regular health service monitoring capacities now can contribute to building back better and more resilient health systems in the event of future health emergencies.

**WHO ROLE AND SUPPORT**

The approach and tools are a key component of the Access to COVID-19 Tools Accelerator – Health Systems Connector monitoring work. WHO can play a role in promoting and supporting the implementation of these tools and approach. For countries that may be interested, technical assistance and funding support for implementation is available. For further information and guidance, please contact ehsmonitoring@who.int

**ANNEX 1: KEY PERFORMANCE INDICATORS REPORTING FREQUENCY**

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| **Area** | **Indicator** | **Definition** | **Frequency** | **Source** | **Level** |
| **M** | **Q** | **A** |
| **Service utilisation** | Outpatient attendance  | Total number of outpatient attendances or primary care visits, disaggregated by age group, sex, and cause | **x** | **x** | **x** | **HMIS** | **National****Facility** |
| Hospital admissions | Total number of hospital admissions or discharges, including deaths (both related and unrelated to COVID-19), disaggregated by age group, sex, and cause | **x** | **x** | **x** | **HMIS** | **National****Facility** |
| Emergency unit attendance by cause | Total number of emergency unit attendances by cause (including injury, emergency surgery, acute conditions and COVID-19 related ) | **x** | **x** | **x** | **HMIS** | **National****Facility** |
| Tracer service utilisation | Total number of tracer services provided (e.g. family planning, antenatal care, postnatal care, facility-based births, DTP3, cancer diagnoses and screening, and treatment for HIV (ART), malaria, TB, neglected tropical diseases, mental health disorders, diabetes, hypertension, and chronic respiratory diseases) | **x** | **x** | **x** | **HMIS** | **National****Facility** |
| **Morbidity & mortality** | Leading outpatient diagnoses  | Diagnoses of new outpatient visits expressed as rate per 1000 population (excluding preventive care visits such as ANC or immunization) | **x** | **x** | **x** | **HMIS** | **National****Facility** |
| Institutional mortality rate  | Total number of inpatient deaths per 1000 admission, related or unrelated to COVID-19), disaggregated by cause, age group, sex | **x** | **x** | **x** | **HMIS** | **National****Facility** |
| **Reporting** | Completeness of reporting | % of facilities that submit reports within the required deadline, disaggregated by facility type, geographic location, managing authority | **x** | **x** | **x** | **HMIS** | **National** |
| **Service capacity** | Health worker availability | Total staff by occupation in health facility |  | **x** | **x** | **HWFA & rapid survey** | **National****Facility** |
| Bed and surge capacity | Total number of inpatient beds (and ICU beds & total number of beds available for surge (ICU, respiratory isolation) |  |  | **x** | **HMIS** | **National****Facility** |
| Bed occupancy | # of beds currently occupied (by COVID patients & non COVID patients) | **x** | **x** |  | **Rapid survey** | **National****Facility** |
| **Health worker protection & support** | Health worker COVID-19 infection rates | % staff diagnosed with COVID-19 in last 3 months | **x** | **x** |  | **Rapid survey** | **National****Facility** |
| % of facilities reporting staff absences in last 3 months (by reason)  |  | **x** |  | **Rapid survey** | **National****Facility**  |
| Health worker vaccination | % of staff vaccinated for COVID-19 (first and second dose) | **x** | **x** |  | **Rapid survey** | **National****Facility** |
| Availability of PPE | % of facilities with adequate PPE for staff | **x** | **x** |  | **Rapid survey** | **National****Facility** |
| Staff training and support | % of facilities providing additional staff training, support and supervision to health workers during COVID-19 |  | **x** |  | **Rapid survey** | **National****Facility** |
| **Safe environment** | IPC and safe environment | % of facilities with safe environment and IPC measures in place | **x** | **x** |  | **Rapid survey** | **National****Facility** |
| **COVID-19 case management capacity**  | Availability of essential COVID-19 tools  | % of facilities with available tracer medicines | **x** | **x** |  | **Rapid survey** | **National****Facility** |
| % of facilities with COVID-19 laboratory diagnostic capacities (specimen collection, onsite PCR/ RDTs, system for offsite testing and timeliness of results) |  | **x** |  | **Rapid survey** | **National****Facility** |
| % of facilities with functioning medical oxygen provision (oxygen availability, source, distribution, oximeters, ventilators, …) |  | **x** |  | **Rapid survey** | **National****Facility** |
| COVID-19 vaccination capacity | % of facilities administering COVID-19 vaccines  | **x** | **x** |  | **Rapid survey** | **National****Facility** |
| % of facilities with refrigerator, cold box, and carrier, among those providing vaccine services |  | **x** |  | **Rapid survey** | **National****Facility** |
| % of facilities with the capacity to manage and report adverse events following immunization (AEFI) (AEFI kit and competencies and pharmacovigilance system) |  | **x** |  | **Rapid survey** | **National****Facility** |
| **Continuity of essential health services** | Disruptions to essential health services | % of facilities observing disruptions observed across tracer services and main reasons |  | **x** |  | **Rapid survey** | **Global\*****National****Facility** |
| Service delivery responsiveness   | % of facilities that modified service delivery strategies in the past 3 months (by strategic modification) |  | **x** |  | **Rapid survey** | **Global\*****National****Facility** |
| Restoration plans  | % of facilities with service restoration plans |  | **x** |  | **Rapid survey** | **Global\*****National****Facility** |
| Risk communications  | % of facilities with risk communication strategies with communities |  | **x** |  | **Rapid survey** | **Global\*****National****Facility** |
| **Health products for essential services** | Stock availability of essential tracer medicines, diagnostics, vaccines and supplies in facilities for tracer services | % of facilities with availability of essential medicines, diagnostics , supplies and vaccines (based on tracer items) | **x** | **x** |  | **Rapid survey & HMIS** | **National****Facility** |
| **Finance**  | Funding for essential health services   | % of facilities receiving additional funding for essential health services and sources |  | **x** | **x** | **Rapid survey** | **Global\*****National****Facility** |
| User fees  | % of facilities that waived/increased user fees |  | **x** |  | **Rapid survey** | **Global\*****National****Facility** |
| Financial management  | % of facilities maintaining on-time salary/overtime payments |  | **x** |  | **Rapid survey** | **National****Facility** |
| **Infrastructure** | Basic amenities | % of facilities with functional amenities (electricity, water, communication) and waste incinerator |  |  | **x** | **Rapid survey** | **National****Facility** |
| **Community needs & demand** | Community needs  | % of community representatives (e.g. community leaders, CHWs) who believe community communities are facing unmet health needs during COVID-19 |  | **x** |  | **Rapid survey- community** | **National****Community** |
| Barriers to care-seeking  | % of representatives (e.g. community leaders, CHWs) who believe that community faced barriers to seeking care pre-COVID and % who believe it has gotten worse  |  | **x** |  | **Rapid survey- community** | **National****Community** |
| Demand for COVID-19 vaccination  | % of representatives (e.g. community leaders, CHWs) who believe community has demand for COVID-19 vaccine (adults, children) and reasons for lack of demand  |  | **x** |  | **Rapid survey- community** | **National****Community** |

Red indicators are tentatively proposed for tracer sub-set of indicators for early warning and alert – to be agreed

\*Sub-set of indicators that can be reported globally (as percentage of countries) through [*National pulse survey on continuity of essential health services*](https://www.who.int/teams/integrated-health-services/monitoring-health-services/national-pulse-survey-on-continuity-of-essential-health-services-during-the-covid-19-pandemic/dashboard)

**ANNEX 2. RAPID SERVICE CAPACITY SURVEY METHODOLOGY**

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| **Objectives** | To rapidly detect health systems bottlenecks and gaps in the delivery of COVID19 essential tools and to monitor signals for disrupted provision of EHS or disrupted capacity throughout the uncertain course of the pandemic.  |
| **Approach & methodology**  | As the aim is to rapidly fill data gaps and detect and track signals in service bottlenecks and or disruptions, the recommended methodology is based on rapid and high frequency phone surveys with facility managers or other relevant staff in selected **sentinel surveillance** facilities using an electronic questionnaire.This approach is **designed for rapid and safe implementation using limited resources.**  |
| **Survey modules** | Specifically, the rapid capacity surveys will provide timely data on:1/ **COVID-19 case management capacities** : current and surge capacities for the treatment of COVID-19 in health facilities, including availability of COVID-19 therapeutics, diagnostics, oxygen, PPE, vaccines and vaccine readiness)2/ **Continuity of essential health services** the extent of service disruptions due to COVID-19 and the health facility and health workforce capacities to maintain the safe provision of essential health services3/ **Community needs, perceptions and demand** : The WHO survey modules are available electronically and provide real time data entry in **online electronic format** (using LimeSurvey) and automated analytical outputs and dashboards in excel chartbooks. The modules can be used once to provide a rapid snapshot of current service capacity, but is recommended on a frequent basis (recommended quarterly) for tracking and monitoring the continuity of essential health services during the different phases of the pandemic.Additional modules are available for in-depth assessments and can be used by countries based on needs, gaps and context.  |
| **Selection of survey sites** | As the emphasis is on **monitoring trends, it is recommended that the survey is implemented in a network of sentinel sites.** The recommended sample size is **80-100 facilities**. An existing Master Facility List should serve as a sample frame. It is recommended to randomly select within each stratum of the sample frame - i.e. by facility type (primary care/hospital/long-term care), residence area (urban/rural), and managing authority (public/private).  |
| **Frequency** | The rapid survey is designed to be repeated on a **high frequency basis in the same facilitie**s. The recommended frequency is at least q**uarterly**. This will provide trend data among sentinel facilities and allow national planners and stakeholders to track the impact on essential health services throughout the course of the pandemic. The community survey and other modules may be implemented on a biennial or annual basis as needed and relevant to context. HMIS can contribute to the data analysis on a quarterly basis.  |
| **Governance & coordination**  | The survey should be undertaken under the overall **leadership of the Ministry of Health**, with involvement from relevant stakeholders and partners if needed. The MOH will oversee planning and implementation of the approach and define roles and responsibilities. |
| **Survey planning & implementation** | * Identify survey implementation team (manager, supervisor interviewers, data manager/analyst) to support the implementation of the survey. This could be experts from a national institute, public health school and or national consultants.
* Agree on scope and frequency of the survey.
* Review and tailor core sections to be used with national stakeholders.
* Obtain master facility list and select the sample
* Plan and conduct training courses for survey implementation team (interviewers/surveyors, supervisors)
* Conduct pre-interview outreach to sensitize sampled facilities (MOH letter to facilities in advance of the call to sensitise and allow time for preparation of responses).
* Pilot surveys in select number of facilities and amend surveys/and electronic questionnaire as needed.
* Conduct survey on regular basis (at least 4 times per year)
* Support integration of results and dashboards into country data platforms
* Key focal point team/unit in MOH to regularly review findings and develop strategies to address bottlenecks
* Workshop/policy dialogue to review findings and develop strategies/actions to mitigate
 |
| **Resource requirements** | * Master facility list
* Implementation team coordinator + 2 supervisors/trainers
* Recommended 5- 10 interviewers (assumption 1 interviewer can cover 4 facilities per day) with maximum of 100 facilities, survey can be completed in 5 days).
* Smart phones and laptops per interviewer (+ mobile phone credit)
* Training webinar for interviewers
* Training in results validation and synthesis and interpretation of results
 |
| **Key deliverables** | * Real-time data from sentinel facilities
* National database and integrated of automated dashboard
* Evidence-informed strategies/recommendations for maintaining essential health services during the COVID-19 outbreak
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**ANNEX 3. WHO HEALTH SERVICE CAPACITY MODULES IN THE CONTEXT OF THE PANDEMIC**

This suite of modules is designed to meet country needs throughout the different phases of COVID-19 preparedness, response and recovery, and is aligned and consistent with all published WHO guidance on COVID-19. Its primary aim is to support rapid and accurate assessments of the current, surge and future capacities of health facilities, so that they are prepared for and responsive to COVID-19 while maintaining the delivery of essential health services throughout all phases of the pandemic. The suite comprises a number of core and in-depth modules.

The modules are listed in Table 1 and described in further detail in the following sections. Countries may select different combinations of modules according to context and the need for one-time or recurrent use throughout the pandemic.

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| **Health facility and community assessment tools (core modules)** |
| 1 | **COVID-19 case management capacities: Diagnostics, therapeutics, and vaccine readiness – health facility assessment** | Assess present and surge capacities for the treatment of COVID-19 in health facilities |
| 2 | **Continuity of essential health services – health facility assessment** | Assess health facility and health workforce capacities to maintain the safe provision of essential health services  |
| 3 | **Community needs, perceptions and demand – community assessment tool** | Assess community needs, changes in care-seeking behaviours, and barriers to accessing care |
| **In-depth assessment tools/modules**  |
| 5 | **Rapid hospital readiness checklist**  | Assess overall hospital readiness to identify priority actions to prepare for, be ready for and respond to COVID-19 |
| 6 | **Biomedical equipment for COVID-19 case management – inventory tool** | Conduct an in-depth facility inventory of biomedical equipment re-allocation, procurement and planning measures for COVID-19 |
| 7 | **Ensuring a safe environment for patients and staff in COVID-19 health-care facilities** | Assess structural capacities of health facilities to allow safe service delivery and enable surge capacity planning |
| 8 | **Infection prevention and control health care facility response for COVID-19** | Assess infection prevention and control capacities to respond to COVID-19 |

The recommended core modules in this approach are COVID-19 case management, and the continuity of essential health services and community needs, perceptions and demand. The core questions and indicators for these 3 modules are below.

View the full [suite of modules](https://www.who.int/teams/integrated-health-services/monitoring-health-services/monitoring-frontline-service-readiness-capacities-during-the-covid-19-pandemic) and package of [implementation support materials](https://www.who.int/teams/integrated-health-services/monitoring-health-services/frontline-service-readiness-assessments).

[**COVID-19 case management capacities module**](https://www.who.int/publications/i/item/WHO-2019-nCoV-HCF_assessment-Products-2020.1)[**View the module**](https://www.who.int/publications/i/item/WHO-2019-nCoV-HCF_assessment-Products-2021.1)

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| **Sections** | **Key questions** | **Key performance Indicators**  |
| **1** | **Facility description** | * What are the facility characteristics?
 | * All key performance indicators (KPIs) can be disaggregated by facility type, residence area (rural/urban), managing authority (public/private)
 |
| **2** | **Hospital IMST** | * Have facilities adopted and activated incident management support (IMST) team protocols?
 | * % of facilities with IMST protocols adopted and activated
 |
| **3** | **Case management & bed capacity** | * Do facilities have sufficient bed and space capacities to manage COVID-19 patients?
 | * Total # of beds for COVID patients (moderate, severe, critical)
* # of beds currently occupied by COVID patients
* Total # of beds available for surge (ICU, respiratory isolation)
 |
| **4** | **Medicines & supplies** | * Do facilities have the necessary medicines and medical supplies for the management of COVID-19 patients?
 | * % of facilities with available tracer medicines
* % of facilities participating in the Solidarity Clinical trial (and availability of trial medications)
 |
| **5** | **PPE & IPC** | * Do facilities have necessary PPE for health workers?
* Do facilities have the necessary IPC supplies?
 | * % of facilities with available personal protective equipment for staff (e.g. masks, gowns, goggles, etc.)
* % of facilities with available infection prevention and control supplies (e.g. soap, biohazard bags, sanitizer stations, etc.)
 |
| **6** | **COVID-19 laboratory diagnostics** | * Do facilities have necessary COVID-19 diagnostic supplies for COVID-19 testing?
 | * % of facilities with laboratory diagnostic capacities with tracer items (e.g. specimen collection, onsite PCR/ RDTs, system for offsite testing)
* % of facilities receiving timely results
 |
| **7** | **Medical equipment** | * Do facilities have the necessary medical equipment for COVID-19 patient diagnosis, monitoring and case management?
 | * % of facilities with available/functional medical equipment onsite for COVID-19 diagnosis, monitoring, and case management (e.g. x-ray, pulse oximeters, ventilators, oxygen, etc.)
* % of facilities with malfunctions (and reasons)
 |
| **8** | **COVID-19 vaccine readiness** | * Do facilities have a functioning cold chain ready to support COVID-19 vaccine introduction?
 | * % of facilities with functional cold chain capacity to deliver COVID-19 vaccines (vaccine fridge with continuous temperature recorder, vaccine carriers/cold boxes, ice packs)
 |

[**Continuity of essential health services module**](https://www.who.int/publications/i/item/WHO-2019-nCoV-HCF_assessment-EHS-2020.1)[**View the module**](https://www.who.int/publications/i/item/WHO-2019-nCoV-HCF-assessment-EHS-2021.1)

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| **Sections** | **Key questions** | **Performance Indicators** |
| **1** | **Facility description** | * What are the facility characteristics?
 | * All KPIs can be disaggregated by facility type, residence area (rural/urban), managing authority (public/private)
 |
| **2** | **Staffing** | * How many staff are available?
* How many staff have been diagnosed with COVID-19?
* Is additional staff training and support being provided related toCOVID-19?
 | * % of staff (by occupation) diagnosed with COVID
* % of facilities with staff leave/absences and reasons/changes in staff management
* % of facilities providing staff training, support, supervision (by type)
 |
| **3** | **Financial management** | * Are facilities continuing to charge user fees?
* Are facilities receiving additional funding for essential health services?
* Are staff salaries and overtime pay being paid on time?
 | * % of facilities that waived/increased user fees
* % of facilities receiving additional funding for essential health services and sources
* % of facilities maintaining on-time salary/overtime payments
 |
| **4** | **Service delivery & utilization** | * Has delivery of non-COVID services changed?
* Has service utilization increased/decreased and what are the reasons?
* Which types of services or service areas have been most affected?
* Has the facility implemented community communication campaigns?
* Has the facility made catch-up plans for missed routine appointments?
 | * % of facilities with service delivery modifications
* % of facilities with observed increases/decreases in tracer services (OPD, IPD, emergency) and reasons
* % of facilities with service restoration plans
* % change in service utilization (record review)
 |
| **5** | **IPC & PPE** | * Are safety processes and protocols in place to ensure the safe delivery of health services?
* Do facilities have triage/isolation capacities?
* Do staff have sufficient personal protective equipment (PPE) to deliver essential services safely?
 | * % of facilities with safe environment measures (triage capacity, isolation capacity)
* % of facilities with IPC guidelines in place
* % of facilities with adequate PPE for staff
 |
| **6** | **Management of COVID-19 in PC** | * Which COVID-19 primary care services are being delivered in the facility? What support is being provided to deliver these services?
 | * % of primary care facilities with measures to manage COVID-19 (mild cases)
* % of facilities with capacity to provide COVID-19 services in primary care
 |
| **7** | **Therapeutics** | * Do facilities have available therapeutics for essential health services?
 | * % of facilities with available tracer therapeutics, supplies and vaccines
 |
| **8** | **Diagnostics** | * Do facilities have available diagnostic tests and supplies for essential health services?
 | * % of facilities with available tracer diagnostics
 |
| **9** | **Vaccine readiness** | * Do facilities have functioning cold chain capacity?
 | * % of facilities with cold chain capacities
 |
| **10** | **Facility infrastructure** | * Have facilities experienced unplanned closures?
* Have facilities experienced infrastructure-related issues?
 | * % of facilities that have experience unplanned closures
* % of facilities with infrastructure-related issues
 |

**Community needs, perceptions and demand module**[**View the module**](https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccination-community_assessment-tool-2021.1)

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| **Section** | **Key questions** | **Key performance indicators** |
| **1** | **Identification and informed consent** | * Who is the key informant providing responses?
* What is the residence setting of the community?
 | * All KPIs can be disaggregated by type of community key informant (CHW, community leader, CSO, etc.) and residence area (rural/urban)
 |
| **2** | **Community needs and use of essential health services** | * How has the COVID-19 pandemic affected utilization of essential health services?
* What are the current unmet needs for health services in the community?
 | * % of key informants who believe that community has unmet health needs
 |
| **3** | **Barriers to seeking care** | * What are main barriers for people to use essential health services during the COVID-19 pandemic?
* Are there marginalized group more affected during the COVID-19 pandemic?
* Where/what are the first point of contact during COVID-19 pandemic?
 | * % of key informants who believe that community faced barriers to seeking care pre-COVID
* % of key informants % who believe barriers to care have increased during COVID-19
* % of key informants who believe there are disadvantaged groups in the community
* Distribution of first point of care/information in the community
 |
| **4** | **Attitudes towards COVID-19 vaccination** | * What are perceived attitude towards potential COVID-19 vaccine?
 | * % of key informants who believe community has demand for COVID-19 vaccine (adults, children)
* Distribution of reasons for low demand
 |
| **5** | **Barriers in delivery of community-based services** | * Have community health workers (CHWs) been able to continue their work in the COVID-19 pandemic context?
* Have CHWs experienced stigma in pursuing their functions or delivering services?
 | * Distribution of perceived risk (moderate, high, very high) reported by % of CHWs informants and reasons
* % of CHWs who feel they are lacking support to perform work during COVID-19 (financial, trainings, guidelines, PPE, etc.)
* % of communities with change in service volume by service (e.g. malaria prevention, social support for TB patients)
 |