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|  | Frontline service readiness assessments:  Strengthening real-time health services tracking and monitoring in the context of the COVID-19 pandemic  **Technical Briefing Note**  20 January 2021 | |  |

This technical briefing note introduces a set of innovative facility and community assessment tools and approaches to support the urgent needs of countries for real-time data *from frontline services* to facilitate the scale up and delivery of essential COVID-19 tools and supplies and to guide strategies and plans to maintain essential health services.

**BACKGROUND AND CONTEXT**

***Addressing a Dual Track Challenge***

Over the past 10 months, 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 simultaneously maintaining the delivery of other health services.

***Need for reliable, timely data to scale up delivery of essential COVID-19 tools to frontline services and to track, monitor and understand service disruptions***

Key decisions and actions to mitigate the risk of potential health system collapse must be informed by accurate and real-time data collected through ongoing monitoring during all phases of the COVID-19 pandemic. Against the rapidly evolving situation, many countries are facing challenges in the availability of accurate and timely data on the capacities of frontline health services and facilities to deliver essential COVID-19 tools. At the same time, routine data systems are falling short in their ability to detect and track the extent of disruptions across essential health services to inform mitigation strategies and respond to evolving community needs and barriers to accessing care. In such contexts, countries should consider implementing regular and rapid assessments in facilities and communities to determine priority needs in terms of service availability, workforce capacities, training and protection, the availability of essential health products and supplies, vaccine readiness, infection prevention and control (IPC) capacities and safety measures.

**NEW TOOLS AND APPROACH**

***Frontline service readiness assessment tools to identify health systems bottlenecks and gaps***

To respond to this need, a new suite of health facility and community assessment tools has been developed to rapidly generate the data required to address this dual track challenge[[1]](#footnote-2):

* COVID-19 case management capacities: Diagnostics, therapeutics, and vaccine readiness – hospital assessment tool: This tool aims to assess *health facility capacities* in COVID-19 case management, including the availability of diagnostics, therapeutics and other essential health products such as oxygen and PPE, as well as cold chain capacities.
* Continuity of essential health services – facility assessment tool: This tool aims to assess *capacities of primary care and hospital facilities* to deliver essential health services (including health worker availability and infections, isolation and triage capacities, adherence to IPC standards, and availability of essential medicines and supplies) and helps to track changes in service utilisation and service delivery modifications.
* Community needs, perceptions and demand – community assessment tool: This tool aims to collect information on unmet health needs, changes in care-seeking behaviours, and barriers to care affecting service demand.

An overview of key questions the tools help to answer and proposed indicators is included in the Annex 1.

***High frequency phone survey methodology for rapid and safe implementation***

The tools are designed to detect and monitor health systems bottlenecks and health facility capacity and readiness gaps throughout the rapidly changing and uncertain course of the pandemic. The recommended data collection methodology therefore takes into account both this need for high frequency (near to real-time) data as well as the need for rapid and safe implementation using limited resources. In some contexts, these may need to be conducted through high frequency phone surveys with facility managers and/or other relevant staff in sentinel facilities. While not fully representative of the national context, sentinel facilities and communities can nonetheless provide early evidence of changes in health service provision and utilization. Frequency may range from monthly to quarterly to provide trend data and allow national planners and stakeholders to track the impact on health service capacities throughout the pandemic.

***Guiding country response through automated analysis and dashboards***

The tools are available in paper and electronic online formats. Should countries choose to use the WHO online survey tools, automated analysis chartbooks and dashboards will also be available for real-time decision making and use. The dashboards can provide an alert function for specific bottlenecks and challenges – such as stock outs, changes in utilization, service disruptions and staff shortages – to inform mitigation strategies and protocols for maintaining essential health services as well as for planning and redistribution of resources at national, subnational and local levels. Countries will have access to their country database locally. It is recommended that these results are triangulated with HMIS data on service provision and utilisation and feed into existing country data and intelligence platforms to guide the response.

***Building better resilient systems for real-time health services tracking and monitoring in the context of the COVID-19 pandemic***

Through documentation, adaptation and learning, the aim is to integrate these tools and dashboards into routine data systems that allow countries to scale to support sustainable real-time monitoring and early warning systems for health services in the event of future crises.

The tools and approach are a key component of the Access to COVID-19 Tools Accelerator – Health Systems Connector monitoring work.

**ANNEX 1: FRONTLINE SERVICE READINESS ASSESSMENTS: KEY QUESTIONS AND INDICATORS**

**COVID-19 case management capacities module**

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| **Sections** | | **Key questions** | **Key performance Indicators** |
| **1** | **Health facility description** | * What are the facility characteristics? | * All 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**

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| **Sections** | | **Key questions** | **Performance Indicators** |
| **1** | **Health 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 training and support being provided to staff? | * % 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 services unrelated to COVID-19 changed? * Has service utilization increased/decreased and what are the reasons? * Has the facility implemented community communication campaigns? Has the facility made catch-up plans for missed routine appoints? | * % 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 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**

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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 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 CHW’s 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 CHW’s who believe that community faced barriers to seeking care pre-COVID and % who believe it has gotten worse * % of CHW’s 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 CHW’s 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 been able to continue their work in the COVID-19 pandemic context? * Have community health workers experienced stigma in pursuing their functions? | * Distribution of perceived risk (moderate, high, very high) reported by CHWs and reasons * % of CHWs lacking support to perform work * % of communities with change in service volume by service (e.g. malaria prevention, social support for TB patients) |

1. The tools are part of a [suite of health service capacity assessments](https://www.who.int/teams/integrated-health-services/monitoring-health-services) designed to meet country needs throughout the different phases of COVID-19 preparedness, response and recovery. [↑](#footnote-ref-2)