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

12 May 2021

World Health Organization

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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.

WHO reference number: WHO/2019-nCoV/HCF_assessment/EHS/2021.1

Contents

Acknowledgements

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 in 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.

Note for country adaptation

There are four types of adaptation need to be made at the country-level and highlighted in the tool.

- Country-specific question adaptation: A word or phrase in the question must be adapted based on the country context.
- Country-specific response adaptation: Response options must be adapted based on the country context.
- Country-specific *optional* question: Exclude it unless both the context and sample design allow intended analysis possible.
- Country-specific *optional* response: Exclude it unless the response is relevant for the context and significant for analysis.

Questions in gray background will be recorded by interviewers or will be prefilled based on the sample list.

Questions ending with "i" are for skip patterns. In the electronic tool, these questions will be programmed and will not show on a screen.

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. Skip to question 11.4
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	(Country-specific question adaptation) Region/province name			
1.1.2	(Country-specific optional question)[a] District/county name			
1.1.3	(Country-specific optional question)[b] Village/clan/locality name			
1.2	Can you confirm your name?			
1.3	Can you confirm the facility name?			
1.4	Where is the facility located?	1. Urban 2. Rural		
1.5	What is the facility type?	(Country-specific response adaptation: adapt the list based on the country's own health system) 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 If other, please specify: _____		
1.6	What is the managing authority of the facility?	(Country-specific response adaptation: adapt the list based on the country's own health system) 1. Government 2. Private for profit 3. Private not for profit (e.g. nongovernmental organization, faith-based) 4. Other		
1.7	What is your position or title in the facility?			
1.8i	Check if the respondent is the facility director/manager. If yes, skip to question 1.10.			
1.8	What is facility director/manager's name?			
1.9	What is facility director/manager's telephone number?			
1.10	Record date	Day:	Month:	Year:

Exclude the question unless the administrative-level is used as sampling strata and/or relevant for analysis.

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

No.	Question	Response options	
1.11	Does this facility provide inpatient services?	1. Yes 2. No – skip to question 1.14	
1.12	How many overnight/inpatient beds does the facility have in total, excluding delivery beds?	_____ beds (numeric entry)	
1.13	Of the total number of inpatient beds, how many are intensive care unit (ICU) beds?	_____ ICU beds (numeric entry)	
1.14	Does the facility have the following departments or wards/spaces?	1. Yes	2. No
1.14.1	Dedicated 24-hour staffed emergency unit	☐	☐
1.14.2	Operating room	☐	☐

Section 2: Staffing

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

No.	Question	Response options	
2.1	(Country-specific question adaptation: adapt staff list based on the country's own health system.) 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.	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		
2.1.ai	See the total number of staff calculated on the screen, and use the number for the bracket in the next question.		
2.1.a	You mentioned [TOTAL NUMBER OF STAFF] staff work in the facility. Has anyone received COVID-19 vaccine?	1. Yes 2. No – skip to question 2.2	
2.1.b	How many of them received COVID-19 vaccine? Please count all who received at least one dose.	_____ people (numeric entry)	
2.1.c	How many of them received all required doses?	_____ people (numeric entry)	
2.2	Have any staff been on leave or absent at any time in the previous 3 months?	1. Yes 2. No – skip to question 2.4	
2.3	Please give the reasons for staff leave or absence in the previous 3 months. *Do not read response options aloud. Select all applicable answers.*	1. Vacation or personal leave 2. Sick leave – unrelated to COVID-19, including maternity leave 3. Sick leave – related to COVID-19, including preventive quarantine 4. Caring for family members who have COVID-19 5. Government policy on health care workers' reporting for work during an	

		 6. Limited transportation due to lockdown 7. Lack of personal protective equipment 8. Fear related to COVID-19 9. Fear related to violence targeted at health workers 10. Burnout or mental health issues related to COVID-19 11. Industrial action/strike (country-specific optional response) 12. Other 13. 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	☐	☐
2.5.2	Increasing hours among part-time staff	☐	☐
2.5.3	Increasing overtime hours among full-time staff	☐	☐
2.5.4	Recruiting new staff to support increased patient volumes	☐	☐
2.5.5	Recruiting volunteers to support increased patient volumes	☐	☐
2.5.6	Receiving temporary staff seconded from other facilities	☐	☐
2.5.7	Temporary secondment to a different facility	☐	☐
2.5.8	Layoff or unpaid leave	☐	☐
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 question 2.8	
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)	☐	☐
2.7.2	Training on proper use of personal protective equipment (PPE)	☐	☐
2.7.3	Training on triage protocols for COVID-19 case management	☐	☐
2.7.4	Training on management of emergency conditions	☐	☐

2.7.5	(Country-specific optional question) Training on provision of remote health care	☐	☐
2.7.6	Mental health and psychosocial support for staff as a group or individual staff as needed	☐	☐
2.7.7	Supportive supervision for IPC	☐	☐
2.7.8	Supportive supervision on proper use of PPE	☐	☐
2.7.9	Supportive supervision for COVID-19 case management	☐	☐
2.8	(Country-specific optional question) What was the date of the latest supervision on any topic? (Specify type of supervision according to the country context.)	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?	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?	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	(Country-specific optional question) In the previous 3 months, has the facility exempted user fees for certain vulnerable populations such as [country-specific examples – e.g., migrants]? (Country-specific question adaptation: adapt the examples based on the country context)	1. Yes 2. No
3.4	(Country-specific optional question) In the previous 3 months, has the facility increased user fees for certain services?	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?	1. Yes – for COVID-19 case management services 2. Yes – for other essential health services 3. Yes – for both COVID-19 case management services and essential health services 4. No – skip to question 3.7 5. Do not know – skip to question 3.7
3.6	What is the source of the additional funding? *Select all applicable answers.*	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?	1. Yes 2. No
3.8	Have any personnel worked overtime in the previous 3 months?	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?	1. Yes 2. No 3. Not applicable, there is no overtime payment for staff

3.10	(Country-specific optional question)[a] Do you receive payments in the context of the Performance-Based Financing (PBF) project?	1. Yes 2. No - Skip to next section
3.11	(Country-specific optional question)[b] When was the last time you received such a payment?	MM/YYYY

[a-b] Exclude the question unless the PBF programs are widely implemented in the country or PBF facilities are oversampled for the assessment.

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	(Country-specific question adaptation) 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	(Country-specific optional question) Did the facility have a defined list of essential health services before the COVID-19 pandemic?	1. Yes 2. No	
4.5	(Country-specific optional question) [a] Has the facility received a defined list of essential health services to be delivered during the COVID-19 pandemic ?	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	☐	☐
4.6.2	Reduced the volume of specific services	☐	☐
4.6.3	Suspended the provision of specific services	☐	☐
4.6.4	Redirected patients to alternative health care facilities	☐	☐
4.6.5	Given priority to seeing high-risk patients	☐	☐
4.6.6	Provided all care in a single visit for multiple morbidities	☐	☐
4.6.7	Supported self-care interventions wherever appropriate	☐	☐
4.6.8	Provided home-based care for certain patients	☐	☐
4.6.9	Shifted clinical encounters to digital platforms such as teleconsultations	☐	☐
4.6.10	Provided electronic or tele prescriptions	☐	☐
4.6.11	Extended prescriptions of medicines for long-term use, such as medicines for treating noncommunicable diseases	☐	☐
4.6.12	Used novel dispensing approaches for medicines	☐	☐

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)	☐	☐	☐	☐
4.9.2	Family planning and contraception	☐	☐	☐	☐
4.9.3	Antenatal care	☐	☐	☐	☐
4.9.4	Postnatal care	☐	☐	☐	☐
4.9.5	Immunization services	☐	☐	☐	☐
4.9.6	Care for sick children	☐	☐	☐	☐
4.9.7	Prevention, diagnosis and treatment of human immunodeficiency virus	☐	☐	☐	☐
4.9.8	Tuberculosis case detection and treatment	☐	☐	☐	☐
4.9.9	Prevention, diagnosis and treatment of sexually transmitted infections	☐	☐	☐	☐
4.9.10	Diagnosis and treatment of malaria	☐	☐	☐	☐
4.9.11	Diagnosis and treatment of chronic cardiovascular disease	☐	☐	☐	☐
4.9.12	Diagnosis and treatment of chronic respiratory disease	☐	☐	☐	☐
4.9.13	Diabetes screening, diagnosis and treatment	☐	☐	☐	☐
4.9.14	Cancer screening, diagnosis and treatment	☐	☐	☐	☐

4.9.15	Diagnosis and treatment of mental health disorders (including substance abuse)	☐	☐	☐	☐
4.9.16	Intimate partner and sexual violence – prevention and response	☐	☐	☐	☐
4.9.17	Diagnosis and treatment of neglected tropical diseases	☐	☐	☐	☐
4.9.18	Rehabilitation	☐	☐	☐	☐
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 4.11i.				
4.10	For the services where outpatient attendance increased, what are the likely reasons for the increase? There can be different reasons for individual services. Please provide all reasons, regardless of services. Any other reasons? ***Do not read response options aloud. Select all applicable answers.***	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. More clients presenting with GBV related issues 7. Other			
4.11i	Check the responses to questions 4.9 a. If the answer is "Yes, increased in all service areas" or "No change in all service areas", skip to question 4.12i.				
4.11	For the services where outpatient attendance decreased, what are the likely reasons for the decrease? There can be different reasons for individual services. Please provide all reasons, regardless of services. Any other reasons? ***Do not read response options aloud. Select all applicable answers.***	**Community reasons** 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 community reasons **Facility reasons** 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 facility reasons			
4.12i	Check response to question 1.14.1. If the answer is "No", skip to question 4.13i.				
4.12	Has the facility observed **changes in emergency unit visits for non-COVID-19-related issues** in the	1.	2.	3.	4.

		Yes, increased	Yes, decreased	No	Not applicable, the service is not offered in the facility
4.12.1	Overall	☐	☐	☐	
4.12.2	Injuries	☐	☐	☐	☐
4.12.3	Emergency surgery, including emergency caesarean section	☐	☐	☐	☐
4.12.4	Acute conditions related to noncommunicable diseases (e.g. myocardial infarction, arrhythmia, stroke, diabetic ketoacidosis, asthma, chronic obstructive pulmonary disease and cancer)	☐	☐	☐	☐
4.12.5	Urgent blood transfusion services	☐	☐	☐	☐
4.13i	Check the response to question 1.11. If the answer is "No", skip to question 4.15.				
4.13	Referring to previous calendar month, each night on average, how many patients had spent night in the facility?	_____ (numeric entry)			
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. Yes - Increased	5. Not applicable – outreach services not offered
4.17.1	Immunization outreach	☐	☐	☐	☐	☐
4.17.2	Malaria prevention campaigns, including distribution of insecticide-treated nets	☐	☐	☐	☐	☐

4.17.3	Neglected tropical disease outreach activities, including mass drug administration	☐	☐	☐	☐	☐
4.17.4	Community-based mobile clinics	☐	☐	☐	☐	☐
4.17.5	Home visits	☐	☐	☐	☐	☐

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 4.21i
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	☐	☐	☐	☐
4.20.2	Children for routine immunization	☐	☐	☐	☐
4.20.3	Patients with chronic noncommunicable diseases	☐	☐	☐	☐
4.20.4	(Country-specific optional question) Patients with tuberculosis	☐	☐	☐	☐
4.20.5	(Country-specific optional question) Patients with HIV	☐	☐	☐	☐

4.21i	Check the response to question 4.9.a. If the answer is "1. Yes, increased in all service areas" or "4. No change in all service areas", skip to next section.

4.21	(Country-specific optional question)[b] Earlier, you mentioned that outpatient volume decreased in some services. On a scale of 1–5 from not at all to a great deal, how much have the following issues contributed to the disruption?	1. Not at all	2. Slightly	3. Moderately	4. Quite a lot	5. A great deal
4.21.1	Human resources	☐	☐	☐	☐	☐
4.21.2	Financing	☐	☐	☐	☐	☐
4.21.3	Infection prevention and control	☐	☐	☐	☐	☐

| 4.21.4 | Medical supplies | ☐ | ☐ | ☐ | ☐ | ☐ |

Please also answer the questions in Annex 3.

[a] Provide specific name or version number of country specific list/document

[b] Exclude the question and sub-questions unless relevant for the country context.

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	☐	☐
5.3.2	Designated staff entrance for screening	☐	☐
5.3.3	COVID-19 suspected patient consultation takes place in a separate room	☐	☐
5.3.4	Triage system that isolates COVID-19 suspects and confirmed cases	☐	☐
5.3.5	COVID-19 isolation areas clearly identified and divided from non-COVID-19 areas	☐	☐
5.3.6	(Country-specific question adaptation)[a] Screening and triage of patients for suspected COVID-19 using up-to-date guidelines	☐	☐
5.3.7	Distancing of at least 1 metre between patients and visitors in waiting rooms and wards	☐	☐
5.3.8	Displaying instructions on hand and respiratory hygiene practices for patients and visitors	☐	☐
5.3.9	Hand hygiene stations at all points of care	☐	☐
5.3.10	Use of PPE by staff	☐	☐
5.3.11	Environment cleaning and disinfection	☐	☐
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	☐	☐
5.5.2	Management of suspected/confirmed COVID-19 cases	☐	☐
5.5.3	PPE	☐	☐

5.5.4	COVID-19 surveillance among health workers		☐		☐	
5.5.5	Management of dead bodies		☐		☐	
5.5.6	Waste management		☐		☐	
5.6	Does this facility usually provide PPE to health workers?		1. Yes 2. No – skip to question 5.8			
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	Protective gown	☐	☐	☐	☐	
5.7.2	Examination gloves	☐	☐	☐	☐	
5.7.3	Protective goggles	☐	☐	☐	☐	
5.7.4	Face shield	☐	☐	☐	☐	
5.7.5	Respirator masks (N95 or FFP2)	☐	☐	☐	☐	
5.7.6	Medical/surgical mask	☐	☐	☐	☐	
5.8	Does the facility disposes used PPE safely according to the IPC guidelines?	1. Yes 2. No 3. I do not know				

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

a provide specific name or version number of guidelines

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	(Country-specific question adaptation)[a] Check responses to question 1.5. If the answer is [country-specific code for primary care centres/clinics], continue 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 operating procedures?	1. Yes 2. No		
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. Always	2. Sometimes	3. Never
6.7.1	Patient consultation takes place in a separate room	☐	☐	☐
6.7.2	Checked for COVID-19 symptoms	☐	☐	☐
6.7.3	Measured O_2 saturation with pulse oximeter	☐	☐	☐
6.7.4	Referred the patient to specialized care	☐	☐	☐
6.7.5	Performed diagnostic test or sent sample to external laboratory for testing	☐	☐	☐
6.7.6	Instructed patients with mild symptoms to self-isolate at home	☐	☐	☐
6.7.7	Provided teleconsultation to answer patient's questions before facility visit	☐	☐	☐

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. Always	2. Sometimes	3. Never
6.8.1	Provided remote consultation (phone or video call, text message)	☐	☐	☐
6.8.2	Visited patients at home	☐	☐	☐
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)	☐	☐	☐
6.8.4	Provided safety instructions for the members of the patient's household	☐	☐	☐
6.8.5	(Country-specific optional question)[b] Assessed compliance with self-isolation	☐	☐	☐
6.8.6	(Country-specific optional question)[c] Reported the home-based self-isolation and care patients to relevant health authority	☐	☐	☐
6.9	(Country-specific question adaptation)[d] Does the facility have up-to-date guidelines to manage asymptomatic or mild COVID-19 cases, including for referral?	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? *Do not read response options aloud. Select all applicable answers.*	1. Ministry of health 2. Local government authority 3. WHO 4. Professional associations, including professional media or academic journals 5. Other		
6.12	(Country-specific optional question) [e] Is your facility tasked with contact tracing when positive cases are identified at the facility?	1. Yes 2. No – skip to question 6.14		
6.13	(Country-specific optional question) [f] Have any staff members received training on contact tracing?	1. Yes 2. No		
6.14	(Country-specific optional question) [g]	1. Yes 2. No – Skip to next section		

	Has the facility received new instructions about influenza vaccination for the flu season 2020–2021?	
6.15	(Country-specific optional question) [h] Has the facility received additional resources to ensure influenza vaccination and management for the flu season 2020–2021?	1. Yes 2. No

[a] Determine the type of facilities for primary care centers, eligible for this module.

[b-c, e-f] Exclude the question unless the described item is included in responsibility of facilities that provide essential health services.

[d] Provide specific name or version number of guidelines.

[g-h] Exclude the question unless there are nation-wide influenza vaccine administration policies or the vaccine administration is widely implemented in the country.

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 adaptation: The list of tracer medicines may be adapted per country context)	1. Currently available	2. Currently unavailable
7.1.1	Salbutamol	☐	☐
7.1.2	Metformin	☐	☐
7.1.3	Hydrochlorothiazide	☐	☐
7.1.4	Paracetamol	☐	☐
7.1.5	Carbamazepine	☐	☐
7.1.6	Amoxicillin	☐	☐
7.1.7	Ethinylestradiol + levonorgestrel (or alternative combined oral contraceptive)	☐	☐
7.1.8	Oxytocin	☐	☐
7.1.9	Magnesium sulfate	☐	☐
7.1.10	Heparin	☐	☐
7.1.11	Hydrocortisone or dexamethasone	☐	☐
7.1.12	Epinephrine	☐	☐
7.1.13	Artemether + lumefantrine (or other artemether combination medicine)	☐	☐
7.1.14	Efavirenz + emtricitabine + tenofovir disoproxil fumarate	☐	☐
7.1.15	Isoniazid + pyrazinamide + rifampicin	☐	☐
7.1.16	Intravenous (IV) fluids (normal saline or Ringer's lactate)	☐	☐
7.1.17	Oxygen	☐	☐
7.2	Which of the following supplies are **currently available?**	1. Currently available	2. Currently unavailable

7.2.1	Syringes and needles	☐	☐
7.2.2	IV cannulas and giving sets	☐	☐
7.2.3	Gauze	☐	☐
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	☐	☐
7.3.2	DTP+Hib+HepB (pentavalent)	☐	☐
7.3.3	Oral polio vaccine or inactivated polio vaccine	☐	☐
7.3.4	BCG vaccine and diluent	☐	☐
7.3.5	(Country-specific optional question)[a] Pneumococcal vaccine	☐	☐
7.3.6	(Country-specific optional question)[b] Seasonal influenza vaccine		
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.

[a] Exclude the question unless the pneumococcal vaccine is included in the national routine immunization programme.

[b] Exclude the question unless the seasonal influenza vaccine is included in the national routine immunization programme.

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?	1. Yes 2. No – skip to question 8.3i		
8.2	Are the following tests available onsite at any location in this facility?	1. Available and functional	2. Available but not functional	3. Not available
8.2.1	Malaria	☐	☐	☐
8.2.2	Blood glucose	☐	☐	☐
8.2.3	Dipstick for urine glucose	☐	☐	☐
8.2.4	Dipstick for urine protein	☐	☐	☐
8.2.5	Urine test for pregnancy	☐	☐	☐
8.3i	(Country-specific question adaptation)[a] Check responses to question 1.5. If the answer is [country-specific code for lower-level facilities], proceed. Otherwise, skip to next section.			
8.3	Are the following tests available onsite at any location in this facility?	1. Available and functional	2. Available but not functional	3. Not available
8.3.1	Human immunodeficiency virus	☐	☐	☐
8.3.2	Tuberculosis	☐	☐	☐
8.3.3	Haemoglobin	☐	☐	☐
8.3.4	Blood typing and cross-matching	☐	☐	☐
8.3.5	Blood creatinine	☐	☐	☐
8.4i	(Country-specific question adaptation)[a] Check responses to question 1.5. If the answer is [country-specific code for higher-level facilities], proceed. Otherwise, skip to next section.			
8.4	Does this facility conduct imaging examinations?	1. Yes 2. No – Skip to next section		

8.5	Are the following imaging examinations available onsite at any location in this facility?	1. Available and functional	2. Available but not functional	3. Not available
8.5.1	X-ray	☐	☐	☐
8.5.2	CT scan	☐	☐	☐
8.5.3	Magnetic resonance imaging	☐	☐	☐
8.5.4	Ultrasound	☐	☐	☐

a Determine the type of facilities for primary care centers, eligible for this module.

Section 9: General 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? *If there are multiple vaccine fridges, select "yes, functional" if at least one is functional.*	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? *If there are multiple temperature recorders/loggers, select "yes, functional" if at least one is functional.*	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 9.11i
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 question 9.12. Check the responses to questions 9.7 and 9.10. If the answers to both are "No", skip to question 9.12.	
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 functional freezer

9.12	Does the facility have sharps containers ("safety boxes")?	1. Yes 2. No
9.13	Does the facility have an adverse events following immunization treatment kit ("AEFI kit")?	1. Yes 2. No
9.14	(Country-specific question adaptation)[a] Does the facility have a system in place to report vaccine-associated adverse events to the national pharmacovigilance centre?	1. Yes 2. No

[a] Replace 'the national pharmacovigilance center' with a specific name of the center in the country. If there is no designated national pharmacovigilance center in the country, exclude this question.

Section 10: COVID-19 vaccine readiness (optional)

This section contains questions on capacity to provide COVID-19 immunization services.

Note for country adaptation: This section will be included in settings where COVID-19 vaccines are being distributed. If this section is included, do not use the Section 9. General vaccine readiness.

No.	Questions	Response options		
10.1	Does the facility currently have a vaccine fridge? If yes, is it functional? **If there is more than one vaccine fridge, select "yes, functional" if at least one is functional.**	1. Yes, functional 2. Yes, but not functional 3. No – skip to Question 10.3		
10.2	Does the facility currently have a continuous temperature recorder/logger? If yes, is it functional? **If there is more than one, select "yes, functional" if at least one is functional.**	1. Yes, functional 2. Yes, but not functional 3. No		
10.3	Does this facility offer COVID-19 vaccine?	1. Yes 2. No – Skip to next section		
10.4	(Country-specific question adaptation)[a] Please indicate whether each of the following vaccine is provided and **currently available**:	1. Yes provided and currently available	2. Yes provided but currently unavailable	3. Not provided
10.4.1	Pfizer-BioNTech COVID-19 Vaccine	☐	☐	☐
10.4.2	Moderna COVID-19 Vaccine	☐	☐	☐
10.4.3	AstraZeneca/Oxford COVID-19 vaccine	☐	☐	☐
10.4.4	Janssen/Johnson & Johnson COVID-19 vaccine	☐	☐	☐
10.5	Has staff received training on the following topics regarding the COVID-19 vaccine provided at the facility?	1. Yes	2. No	
10.5.1	Storage of the vaccine	☐	☐	
10.5.2	Administration of the vaccine	☐	☐	
10.5.3	Management of the adverse events, including anaphylactic shock	☐	☐	
10.5.4	Reporting adverse events	☐	☐	
10.6	Does the facility have sufficient syringes for the COVID-19 vaccine provided in the facility?	1. Yes 2. No		
10.7	Does the facility have sharps containers ("safety boxes")?	1. Yes 2. No		
10.8	Does the cold storage for COVID-19 vaccine currently remain in the recommended temperature range?	1. Yes 2. No		

10.9	In the past week, did the cold storage for COVID-19 vaccine always remain in the recommended temperature range?	1. Yes 2. No
10.10i	(Country-specific question)[b] Check answer in questions 10.4.1 – 10.4.3. If "No" in all three questions, skip to question 10.11.	
10.10	(Country-specific question)[b] Are vaccine recipients informed when to return for their next vaccination?	1. Yes 2. No
10.11	Are vaccine recipients informed of side effects?	1. Yes 2. No
10.12	Are vaccine recipients informed of what to do in case of adverse events following immunization?	1. Yes 2. No
10.13	Does the facility have an adverse events following immunization treatment kit ("AEFI kit")?	3. Yes 4. No
10.14	(Country-specific question adaptation)[c] Does the facility have a system in place to report vaccine-associated adverse events to the national pharmacovigilance centre?	1. Yes 2. No

[a] For sub-questions, provide COVID-19 vaccines that have been approved and distributed in the country.
[b] Exclude this question if only single-dose vaccine is available. It is applicable when there are vaccines in the country that require two doses.
[c] Replace 'the national pharmacovigilance center' with a specific name of the center in the country. If there is no designated national pharmacovigilance center in the country, exclude this question.

Section 11: 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
11.1	First call: Has the facility experienced an unplanned closure in the previous 3 months?	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
11.1.1	Follow-up call: Has the facility experienced an unplanned closure in the past 2 weeks?	1. Yes 2. No
11.2	First call: What is the primary source of electricity for the facility?	1. Electrical mains/grid 2. Generator 3. Solar 4. No source of electricity 5. Other, please specify_____
11.3	Have there been any electric power outages in the last 7 days?	1. Yes 2. No – Skip to question 11.5
11.4	What was the total number of hours the facility was without electric power in the last 7 days?	(Maximum 168 hours)
11.5	First call: What is the primary source of water for the facility?	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:
11.6	In the last 7 days, was there any time when there was no water available in the facility?	1. Yes 2. No – Skip to question 11.8
11.7	For how many hours in total was there no water available at the facility during the past 7 days?	(Maximum 168 hours)
11.8	In the last 7 days, was there any time when the facility did not have any telephone service whether landline or mobile?	1. Yes 2. No – Skip to question 11.10
11.9	For how many hours in total was there no telephone service over the last 7 days?	(Maximum 168 hours)
11.10	First call: Is there a functional incinerator for the disposal of medical waste?	1. Yes 2. No

Section 12: Interview result

No.	Question	Response options
12.1	Thank you for responding to the interview. We would like to speak with you again in the future. Do you have a better number we can use to reach you in case we follow up with you in the future?	1. Yes 2. No – the current number is the best – Skip to question 12.4
12.2	What is the alternative number?	
12.3	Can you repeat the number?	
12.4	Record the result of the interview.	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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12. Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. Geneva: World Health Organization; 2010 (https://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf, accessed 18 August 2020).

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 − 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)								
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?	Past 4 months				Corresponding 4 months in the previous year				Not applicable – The service is not provided
		Month 1	Month 2	Month 3	Month 4 (last month)	Month 1	Month 2	Month 3	Month 4	
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			43					
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.