**Terms of Reference:**

**Monitoring of COVID 19 disruption in health facilities and community sites in 38 KPI-2 cohort countries**

*Version 1 issued: 30 September 2020*

*Version 2 issued: 30 October 2020*

*Version 3 issued: 20 April 2021*

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| --- | --- | --- | --- |
| **Country:** |  | **Date of Assessment:** |  |
| **LFA Conducting Assessment:** |  | **Name of Expert(s) conducting the spot check** |  |

1. **Objectives:**

The primary objective of the verification of implementation/programmatic spot check is to assess and document the availability and provision of health services in the Covid-19 context at facility and community levels in 38 high priority GF countries that contribute to reporting on KPI2 indicator. The spot check aims to identify key gaps in service delivery based on verified data to inform decision making in the COVID-19 pandemic context.

**The specific objectives are:**

1. To verify onsite the extent of HIV, TB and malaria services disruption: assess the availability and provision of HIV, TB, malaria services in health facilities and community sites;
2. To verify onsite the extent of service disruption by service providers: assess the availability of health service providers in facility and community sites;

## To assess on-site the availability of tracer prevention and treatment commodities, laboratory equipment & reagents, rapid test kits in facility and community sites;

## To assess mitigation strategies to deliver essential health services that are unrelated with COVID-19, and to understand how facilities have adapted service delivery in the COVID-19 context, and innovative service delivery models established to maintain health services.

## To assess the availability of a national COVID-19 mitigation or adaptation plan(s), the funding and implementation status

1. **Scope of work and geographic coverage:**
2. The **sample size** for this spot check is not intended to yield nationally representative findings and will include up to 15 high volume sites that provide HIV, TB, malaria services, and are accessible considering local restrictions in the COVID-19 pandemic context. For the availability of national COVID-19 mitigation or adaptation plan(s), funding & implementation status, the LFA is expected to gather the information from the national program managers during planning.
3. **Sampling approach****:** The LFA should follow the criteria below to describe the sampling methodology for this spot check, and to describe how the sites are **purposefully** selected. See the guidance in Table 1.
4. Sites should be purposively selected based on the following criteria:
   * + Up to 15 sites that have been providing health services for HIV, TB and malaria[[1]](#footnote-2) from before COVID-19 period, for at least 1 year;
     + HIV, TB and Malaria service sites with high caseloads (volume);
     + Preferable mix as much as practical: facilities located in-capital, urban and rural in 2-3 districts [2/15 community level sites; 11/15 public health facilities (6 urban, 5 rural); 2 private facilities]; Facilities/sites in partially or total lockdown areas.

**The second Round of spot checks carried out in 2021 will retain the same sample as Round 1, i.e. the LFA will perform the Spot checks at the same sites selected in the initial round.**

These spot checks should be undertaken as **on-site verifications,** including, as much as feasible, in selected sites in areas of lockdown/restrictions to understand the level of service provision, and to understand to which facilities patients are being referred to for HIV, TB and malaria services. If onsite visits are not possible due to travel restrictions/lockdowns, the LFA should explain this in the sampling approach and select another facility/site. Please note: **Off-site interviews, e.g. via telephone, are not an acceptable substitution for onsite verification for these spot checks.**

If required and feasible, the LFA should consider recruiting local consultants who live in the lockdown areas and may have easier access to the sites. This, however, needs to be considered only if the independence of the consultants, and adequate oversight can be provided to assure the reliability of their work. As such, this approach needs to be determined on a case-by-case basis and discussed with the Global Fund Country Team.

**Table 1. List of Sites:** The following list of facility & community sites, and managing authorities is illustrative, and serves as guidance. LFA is expected to complete when the sampling approach is done in each of the countries.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Name of Site/Facility** | **Disease(s)** | **District** | **Urban**  **/Rural** | **Public/**  **Private** | **Restriction**  **level** |
| 1 | Health Facility |  |  | Urban | Public |  |
| 2 | Health Facility |  |  | Urban | Public |  |
| 3 | Health Facility |  |  | Urban | Public |  |
| 4 | Health Facility |  |  | Urban | Public |  |
| 5 | Health Facility |  |  | Urban | Public |  |
| 6 | Health Facility |  |  | Urban | Private |  |
| 7 | Health Facility |  |  | Urban | Private |  |
| 8 | Health Facility |  |  | Urban | Public |  |
| 9 | Health Facility |  |  | Rural | Public |  |
| 10 | Health Facility |  |  | Rural | Public |  |
| 11 | Health Facility |  |  | Rural | Public |  |
| 12 | Health Facility |  |  | Rural | Public |  |
| 13 | Health Facility |  |  | Rural | Public |  |
| 14 | Community |  |  |  |  |  |
| 15 | Community |  |  |  |  |  |

1. **Schedule of visits**

The LFA is expected to develop the schedule of visits and to consult the PR/MoH for the required authorizations.

**Methodology: Conducting the spot check**

**Planning:** After the final scope of work is agreed with the Global Fund Country Team, the LFA is advised to review the ToR to plan the site visits, and to make travel arrangements accordingly.

The LFA should contact the PR and the relevant authorities/entities that are required for the spot check well before the assessment (minimum 5 days) to ensure that the relevant counterparts are available during the spot check.

While requesting authorizations, the national level items in the questionnaire concerning COVID-19 mitigation or adaptation plan(s) and COVID-19 disease notifications may be collected from the national program managers at the MoH.

**\*LFA Best practice examples from Round 1 Spot Checks:**

* **Before the Spot Check:**
* Provide facilities with a short summary of the main areas in the questionnaire to be assessed;
* Advise the facility in advance, the records/primary data sources required and the selected time periods or months to be reviewed, to enable facilities to be ready on day of facility visits;
* Train data collectors on the source documents to be verified;
* An official(s) from the national program(s) may be requested to facilitate by accompaning the LFA to the facilities for data collection;
* Data quality of primary source documents- LFA to provide a short description of the completeness of the data, before submitting data to the Global Fund via survey monkey.

When undertaking the spot checks, LFAs should use all the COVID-19 precautionary measures which are required by the local/national authorities.

The LFA will assess the availability and provision of HIV, TB and malaria services in addition to MNCH services in facilities and community sites through interviews with responsible staff, verifications/records’ review and observation of service delivery as specified in the questionnaire.

In line with the objectives for the COVID-19 monitoring spot check, it is necessary that the LFA verifies the data in the primary source records or registers at the site. If the records are paper based, please identify the monthly total(s) for the selected period from the source document and enter in the survey questionnaire as appropriate.

Other considerations at the start and during the spot check implementation:

* Ask at the start of the Spot Check if COVID-19 data is centralized and/or available at facilities
* Distinguish between Non-availability of data due to lack of source documents in the facility and “Not applicable” where services are not offered
* For service volume, distinguish between 0 patients and information not available (in the latter case, use ‘999’ code)

Section 3 of the Spot check asks to provide information on the current availability of the minimum required stock level of Prevention and Treatment commodities, Lab equipment and reagents, and RDT kits.

The minimum stock level maintained for each drug/commodity should be obtained from the pharmacist or stock manager at the site. This information may also be obtained from the LMIS. The LFA should verify from the stock record(s) the current stock level on hand. Next, observe the stock availability in the stock room/pharmacy, i.e. observe if the minimum required stock is available, or if there is a stock-out. Estimate whether the available stock is below, at minimum stock level or above, or stock out for each drug/commodity.

Note: It is not necessary to do a full stock count of drugs and commodities; an observation of the physical stock available, the estimated number of full or partial stock units should be sufficient for approximate stock levels.

Please note that for the C19 RM M&E framework, we are also looking for information on stock availability of key commodities at month-end. Please review the stock cards for this data for the commodities specified in the questionnaire.

The questionnaire should be completed and submitted to the Global Fund in Survey Monkey.

1. **National Level Questions**

The following questions are important for analysis of certain sections. As these apply to all facilities, the LFA should check these with the Ministry of Health or other relevant authority prior to the start of the Spot Check field work.

* Notification of COVID-19 case(s) to government authority: Is COVID-19 a notifiable disease condition? Yes / No
* Disease-specific national COVID-19 mitigation or adaptation plans: have national COVID-19 mitigation plans been developed, funded and implemented specifically for HIV, TB and malaria? (Please contact the national program managers for HIV, TB and malaria to complete the table below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No national COVID-19 mitigation/adaptation plan developed | Yes, plan developed but not yet funded | Yes, plan developed & funded but implementation has not yet started | Yes, plan developed, funded & Implementation has started |
| HIV | ☐ | ☐ | ☐ | ☐ |
| TB | ☐ | ☐ | ☐ | ☐ |
| Malaria | ☐ | ☐ | ☐ | ☐ |

Delivery schedules for key commodities: identifying whether deliveries are received in line with delivery SOPs is an important component in this Spot Check. Please find out the following. Information can normally be obtained from the Ministry of Health (pharmaceuticals department), Central Medical Store (or equivalent) or third party distribution / logistics partner:

* Is there an SOP for delivery schedule for delivery of commodities to health facilities?
* Does the SOP define delivery schedules based on the date of order by the facility or based on distribution scheduled by the Central Medical Store (or equivalent)
* What is the frequency of the distribution schedule of the CMS (e.g. monthly, bi-monthly, quarterly)?
* Does the distribution round vary by commodity category (probe the frequency of distribution for HIV, TB, malaria and COVID-related commodities)
* Does the SOP indicate the maximum and minimum allowed stock level at national, regional and health facility level?
* Are emergency deliveries carried out?

1. **Analysis & Reporting**

The spot check is intended to generate results in real time. The Global Fund (TAP Department) in collaboration with the respective Global Fund Country Teams will analyze and interpret the data generated from the spot checks across the 38 KPI 2 cohort countries.

1. **Expected level of effort:**

The level of effort (LoE) will depend on the sample size and scope of work agreed between the Country Team and LFA prior to the start of the work. It is assumed that on average it should take 2 LFA experts 1 day to visit 1 site depending on travel to the facilities, plus time for planning.

1. **LFA experts**

As much as possible, the **LFA Programmatic/M&E expert should conduct the spot checks supported by other LFA team members such as the PSM Expert**. If the LFA PSM expert is already in country, then s/he may also participate in the spot checks, as needed. Where this is not feasible, i.e. where the PSM and/or Programmatic/M&E expert is not based in country and is unable to travel to the country due to COVID-19 restrictions, the LFA may involve other LFA team members in country to conduct the spot check under the close supervision and guidance of the Programmatic/M&E and PSM experts.

1. **Outputs and deliverables:**
   1. **Sampling approach:** The LFA should describe the sampling methodology for this spot check; how many sites visited /out of total sites selected, and the rationale for selection chosen and locations. A list of the proposed sites and sample approach should be submitted to the Global Fund (TAP Department) prior to the start of the survey for information purposes to facilitate preparation of analysis.
   2. **Raw data** entered via survey monkey questionnaire

1. As much as feasible, it is preferable to select sites which are providing services for all three diseases (in countries where the GF support all three diseases). If this is not possible, facilities providing services for either one or two of the three diseases is acceptable. The LFA should note this in the description of the sampling approach. [↑](#footnote-ref-2)