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

Questionnaire for On-Site Verification of HIV, TB and Malaria Service Continuity and Availability of Tracer Commodities in health facilities and community sites

Version 1: 30 September 2020

Version 2: 30 October 2020

Version 3: (Revisions): 19 April 2021

**Overall objective**

The primary objective of the spot check is to assess and document the availability and provision of HIV, TB and malaria (HTM), tracer commodities and Maternal, Newborn & Child health (MNCH) services in the Covid-19 context at facility and community levels in the 38 high priority Global Fund countries that contribute to reporting on KPI2 indicator. The spot check aims to identify key gaps and adaptive ways 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 service continuity: assess the availability and provision of HIV, TB, malaria services in health facilities and community sites;
2. To verify the availability of health service providers in facility and community sites;
3. To assess on-site the availability of tracer prevention and treatment commodities, laboratory equipment & reagents, rapid test kits in facility and community sites;
4. To understand whether and how health facilities/sites have adapted service delivery in the COVID-19 context and if there are any innovative service delivery models established, assess ways of maintaining health services.
5. To assess the availability of a national COVID-19 mitigation or adaptation plan(s) and funding & implementation status specific to HIV, TB and malaria

**Section 0: Background**

* 1. Date of Assessment: MM/DD/YYYY
  2. Contact details:

LFA Conducting Spot check:

Name of Expert(s) conducting Spot check (1):

Name of Expert(s) conducting Spot check (2):

Electronic mail for contact person:

* 1. Select country:

**Facility information**

* 1. Name of Site/Facility:
  2. Location (name of province, district, region):

Please add the GPS coordinates for this facility: ):

* 1. Residence area:

Urban

Rural

* 1. Managing authority:

Public

Private

* 1. Facility level:

Tertiary [i.e., national, central, academic/teaching hospital]

Secondary [i.e., district, provincial, regional or general hospital]

Primary [clinic, general hospital]

Community

Other (specify)

**Section 1: On-site verification of the extent of health service disruption**

**Services Provided by the Facility**

1. Does the facility/site provide the following services **(Select all applicable answers)**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Malaria |  |  |
| Tuberculosis |  |  |
| HIV/AIDS |  |  |

1. Please indicate if the facility provides the following ancillary services **(Select all applicable answers)**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Radiology |  |  |
| Laboratory  including rapid diagnostic tests or sending specimens for testing |  |  |
| Pharmacy |  |  |

In this section, please ask about **service utilization volume** in Q4 2020 (October,

November and December) and Q1 2021 (January, February and March).

1. In any of the service areas, has the facility observed a change (increase or decrease) in the number of **out-patient attendance** in Q4 2020 and Q1 2021, compared to Q4 2019 and Q1 2020?

Yes

No

Do not know

**Outpatient Department**

1. Is this service provided?

Yes

No

1. Does the site maintain a register/record of the services provided?

Yes

No

1. Please review Outpatient Department (OPD) visits record in Q4 2020 and Q1 2021 and provide the total number of all OPD attendees and compare to visits in Q4 2019 and Q1 2020 (set a 0 if no cases, set a 999 if information not available).

Q4 2019 & Q1 2020 OPD records

|  |  |  |
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| October 2019 |  |  |
| November 2019 |  |  |
| December 2019 |  |  |
| January 2020 |  |  |
| February 2020 |  |  |
| March 2020 |  |  |

Q4 2020 and Q1 2021 OPD records

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| October 2020 |  |  |
| November 2020 |  |  |
| December 2020 |  |  |
| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

**Antenatal care 1st visits (ANC 1)**

1. Is this service provided?

Yes

No

1. Does the site maintain a register/record of the services provided?

Yes

No

1. Review ANC records/site records in OPD, Q4 2020 and Q1 2021 and compare to Q4 2019 and Q1 2020. Enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
| November 2019 |  |  |
| December 2019 |  |  |
| January 2020 |  |  |
| February 2020 |  |  |
| March 2020 |  |  |

Q4 2020 & Q1 2021 records

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| October 2020 |  |  |
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| February 2021 |  |  |
| March 2021 |  |  |

**Sick child services** *(health services for children under 5 years of age. If sick child services are defined differently, please note this in the comments box)*

1. Is this service provided?

Yes

No

1. Comments on definition of sick child services

Snscns\

sknksn

1. Does the site maintain a register/record of the services provided?

Yes

No

1. Review Sick Child records/site records in OPD, Q4 2020 and Q1 2021 and compare to Q4 2019 and Q1 2020. Enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
| November 2019 |  |  |
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Q4 2020 & Q1 2021 records

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| October 2020 |  |  |
| November 2020 |  |  |
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| February 2021 |  |  |
| March 2021 |  |  |

1. Comments relating to OPD, ANC and Sick Child services

**HIV Services**

1. **Prevention package through outreach and/or drop-in:** is this service provided?

Yes

No

1. Does the site maintain a register/record of the services provided?

Yes

No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
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| January 2020 |  |  |
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Q4 2020 & Q1 2021 records

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| February 2021 |  |  |
| March 2021 |  |  |

1. Are STI prevention and family planning/sexual and reproductive health (FP/SRH) service packages and commodities included in the HIV prevention package?

Yes

No

1. Does the site maintain a register/record of the services provided?

Yes

No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
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Q4 2020 & Q1 2021 records

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| October 2020 |  |  |
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| February 2021 |  |  |
| March 2021 |  |  |

1. Is Pre-exposure prophylaxis for HIV (PrEP) available at this facility?

Yes

No

1. Does the site maintain a register/record for this service?

Yes

No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| February 2021 |  |  |
| March 2021 |  |  |

1. Is Post-exposure prophylaxis for HIV (PEP) available at this facility?

Yes

No

1. Does the site maintain a register/record for this service?

Yes

No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
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Q4 2020 & Q1 2021 records

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| October 2020 |  |  |
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| March 2021 |  |  |

1. Prevention of Mother to Child services (PMTCT): pregnant women **tested** for HIV**:** is this service provided?

Yes

No

1. Does the site maintain a register/record for this service?

Yes

No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| March 2021 |  |  |

1. Prevention of Mother to Child services (PMTCT): HIV+ pregnant women **initiated on ART: i**s this service provided?

Yes

No

1. Does the site maintain a register/record for this service?

Yes

No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| February 2021 |  |  |
| March 2021 |  |  |

1. HIV Testing Service: **i**s this service provided?

Yes

No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
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Q4 2020 & Q1 2021 records

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| March 2021 |  |  |

1. Viral load testing (including collected specimens sent to another site for testing):is this service provided?

Yes

No

1. Does the site maintain a register/record for this service?

Yes

No

1. If yes, please enter the number of people having received the viral load test for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| March 2021 |  |  |

1. Treatment/prescription of Anti-Retroviral Therapy (ART):is this service provided?

Yes

No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| March 2021 |  |  |

1. **Provision of multi-month ART per national guideline**: is this service provided?

Yes

No

1. Test for TB in HIV+ patients:is this service provided?

Yes

No

1. Is the TB testing services available today (on the day of visit)?

Yes

No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| March 2021 |  |  |

1. **HIV: referrals for care and treatment**: does this site refer attendees to other facilities for HIV care and treatment services?

Yes

No

1. If yes, specify the reason for referral(s)

|  |
| --- |
|  |

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
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Q4 2020 & Q1 2021 records

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1. Comments relating to HIV services

**TB Services**

**Review TB services records in Q4 2020 and Q1 2021 and compare to Q4 2019 and Q1 2020. Enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available**

1. **TB** **Preventive Treatment (IPT/TPT) services**: is this service provided?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
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Q4 2020 & Q1 2021 records

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| February 2021 |  |  |
| March 2021 |  |  |

1. TB screening services(eg.: screening of symptoms, Chest Xray, etc): is this service provided?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| February 2021 |  |  |
| March 2021 |  |  |

1. Drug Sensitive-TB diagnosis: is this service provided?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

1. Enrolled TB patients on treatment(total): is this service provided?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| March 2021 |  |  |

1. Enrolled Drug Resistant-TB patients on treatment: is this serviceprovided?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| October 2020 |  |  |
| November 2020 |  |  |
| December 2020 |  |  |
| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

1. Test for HIV in TB patients: is this service provided?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
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Q4 2020 & Q1 2021 records

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| March 2021 |  |  |

1. TB referrals: Community referral services: do Community Health Workers refer presumptive TB cases from the community to this facility for any TB service?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please specify the number of notified TB cases that were referred by Community Health Workers for the months below, , set a 0 if no cases, set a 999 if information not available

Q1 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| October 2020 |  |  |
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1. Intra-facility TB referral services: does this facility refer presumptive and/or confirmed TB patients to other units in this facility for any TB service e.g. GeneXpert testing, X-rays testing, MDR-TB treatment services etc?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of presumptive and/or confirmed TB cases referred between the units within this facility, set a 0 if no cases, set a 999 if information not available

Q1 2019 & Q1 2020 records

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Q4 2020 & Q1 2021 records

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| October 2020 |  |  |
| November 2020 |  |  |
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| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

1. Comments relating to TB services

**Malaria Services**

**Review malaria services records in Q4 2020 and Q1 2021 and compare to Q4 2019 and Q1 2020. Enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available**

1. Continuous LLIN distribution (please focus on continuous distribution at or through this facility, not campaigns; check with ANC & EPI services):is this service provided?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
| November 2019 |  |  |
| December 2019 |  |  |
| January 2020 |  |  |
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Q4 2020 & Q1 2021 records

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| February 2020 |  |  |
| March 2020 |  |  |

1. Malaria diagnosis (e.g. RDT, microscopy): is this service provided?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
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Q4 2020 & Q1 2021 records

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| February 2021 |  |  |
| March 2021 |  |  |

1. Malaria treatment:is this service provided?

☐ Yes

☐ No

1. Does the site maintain a register/record for this service?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
| November 2019 |  |  |
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| January 2020 |  |  |
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Q4 2020 & Q1 2021 records

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| October 2020 |  |  |
| November 2020 |  |  |
| December 2020 |  |  |
| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

1. Is malaria treatment available today (on the day of visit)?

☐ Yes

☐ No

1. Community site only: does this site refer clients to a higher-level facility for management of severe malaria and complications?

☐ Yes

☐ No

1. Does the site maintain a register or record of the referrals?

☐ Yes

☐ No

1. If yes, please enter the number of attendees for each month, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

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| October 2019 |  |  |
| November 2019 |  |  |
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Q4 2020 & Q1 2021 records

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| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

1. Surveillance activities (case and foci investigations): does the facility undertake surveillance of malaria cases and deaths?

☐ Yes

☐ No

1. Does the site maintain a register or record of the surveillance activities?

☐ Yes

☐ No

1. If yes, please indicate the number of surveillance activities undertaken in the months below, set a 0 if no cases, set a 999 if information not available

Q4 2019 & Q1 2020 records

|  |  |  |
| --- | --- | --- |
| October 2019 |  |  |
| November 2019 |  |  |
| December 2019 |  |  |
| January 2020 |  |  |
| February 2020 |  |  |
| March 2020 |  |  |

Q4 2020 & Q1 2021 records

|  |  |  |
| --- | --- | --- |
| October 2020 |  |  |
| November 2020 |  |  |
| December 2020 |  |  |
| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

1. Comments relating to malaria services

**COVID-19 Services**

1. Do I have permission to review the COVID-19 register?

☐ Yes

☐ No

1. How many COVID-19 cases have been diagnosed, managed, treated and referred in this site/facility during Q4 2020 and Q1 2021? Please indicate 0 if no cases, set a 999 if information is not available. **(Please ask to verify data in COVID-19 register)**

Number of suspected COVID-19 cases at this facility

|  |  |  |
| --- | --- | --- |
| October 2020 |  |  |
| November 2020 |  |  |
| December 2020 |  |  |
| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

Number of COVID-19 cases diagnosed at this facility

|  |  |  |
| --- | --- | --- |
| October 2020 |  |  |
| November 2020 |  |  |
| December 2020 |  |  |
| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

Number of COVID-19 cases referred to other facilities

|  |  |  |  |
| --- | --- | --- | --- |
| October 2020 |  |  |  |
| November 2020 |  |  |  |
| December 2020 |  |  |  |
| January 2021 |  |  |  |
| February 2021 |  |  |  |
| March 2021 |  |  |  |

Number of COVID-19 cases treated at this facility

|  |  |  |  |
| --- | --- | --- | --- |
| October 2020 |  |  |  |
| November 2020 |  |  |  |
| December 2020 |  |  |  |
| January 2021 |  |  |  |
| February 2021 |  |  |  |
| March 2021 |  |  |  |

Number of COVID-19 deaths reported at this facility

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| October 2020 |  |  |  |  |
| November 2020 |  |  |  |  |
| December 2020 |  |  |  |  |
| January 2021 |  |  |  |  |
| February 2021 |  |  |  |  |
| March 2021 |  |  |  |  |

1. Comments

**Community Outreach or Home-Visit Services**

1. Does this facility usually provide community outreach services or home-visit?

Yes

No

1. Does the site maintain a register or record of the services provided?

Yes

No

1. If yes, please indicate the number of outreach or home visits to clients in Q4 2020 and Q1 2021 compared to Q2 and Q3 2020, set a 0 if no outreach or visits, set a 999 if information not available **(Verify site/facility records for outreach or home visits)**

Q4 2019 & Q1 2020 records

|  |  |  |
| --- | --- | --- |
| October 2019 |  |  |
| November 2019 |  |  |
| December 2019 |  |  |
| January 2020 |  |  |
| February 2020 |  |  |
| March 2020 |  |  |

Q4 2020 & Q1 2021 records

|  |  |  |
| --- | --- | --- |
| October 2020 |  |  |
| November 2020 |  |  |
| December 2020 |  |  |
| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

1. In each of the following services below, has the facility changed frequency of services in Q4 2020 and Q1 2021, compared to Q4 2019 and Q1 2020?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes changed - less  frequent outreach  services | Yes changed - suspended | No change in frequency | NA – outreach services not offered |
| Malaria prevention campaigns, including distribution of ITN/LLIN |  |  |  |  |
| Links with CHWs or community volunteers for any **HIV** related services |  |  |  |  |
| Links with CHWs or community  volunteers for any **TB** related services |  |  |  |  |

1. Provide any additional comment:

**Factors Contributing to Disruption**

1. On a scale of 1–5 from not at all to a great deal, how much have the following issues contributed to any disruption in service provision by this facility?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all  (1) | Slightly  (2) | Moderately (3) | Quite a lot (4) | A great deal (5) |
| Human resources |  |  |  |  |  |
| Financing |  |  |  |  |  |
| Infection prevention and control |  |  |  |  |  |
| Medical supplies |  |  |  |  |  |

1. What are the likely reasons for the change in the attendance for service provision? **(Please read out all the options below)**

**Site/facility reasons**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| More patients presenting with any respiratory infection symptoms |  |  |
| More patients being redirected from and to other facilities |  |  |
| Backlog resulting from disruptions of services |  |  |
| Communications to the public about reactivation of any services that were previously suspended or reduced |  |  |
| Reduced general health communications campaign to promote care seeking |  |  |
| Reduced or changed opening hours |  |  |
| Facility closure |  |  |
| Scope of specific services reduced |  |  |
| Provision of specific services completely suspended |  |  |
| More clients with gender-based violence (GBV)-related issues |  |  |

**Community reasons**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Changes in recommendations to the public for mild illness and elective care |  |  |
| Fear, mistrust, uncertainty of getting infected with COVID-19 from facility visits |  |  |
| Lockdown or stay-at-home order |  |  |
| Disruption in public transportation |  |  |
| Delayed care-seeking |  |  |
| Other (please specify) |  |  |

If other, please specify:

**Section 2:** Availability of Service Providers at health facilities / sites

In this section, ask questions related with staffing in Q4 2020 and Q1 2021.

1. For each of the following occupations, please provide the total number of staff at the site in Q4 2020 and Q1 2021 (set a 0 if staff not available, set a 999 if information not available). **(Verify from facility attendance records)**

|  |  |  |
| --- | --- | --- |
| Medical doctors |  |  |
| Nursing/midwifery professionals |  |  |
| Clinical officers/ medical practitioners |  |  |
| Laboratory workers |  |  |
| Radiographers |  |  |
| Pharmacists |  |  |
| Administrative staff |  |  |
| Community Health Worker linked to facility |  |  |

1. Does the facility keep a record of COVID-19 cases among facility workers?

Yes

No

Record not available at facility

Information not shared with data collectors

Do not know

1. For each of the following occupations, please provide the total number staff who have been diagnosed with COVID‑19 in Q4 2020 and Q1 2021 (set a 0 if no cases, set a 999 if information not available).

**(Verify from facility staff attendance records or COVID-19 register, etc.)**

|  |  |  |
| --- | --- | --- |
| Medical doctors |  |  |
| Nursing/midwifery professionals |  |  |
| Clinical officers/ medical practitioners |  |  |
| Laboratory workers |  |  |
| Radiographers |  |  |
| Pharmacists |  |  |
| Administrative staff |  |  |
| Community Health Worker linked to facility |  |  |

1. What has been the level of staff absence in Q4 2020 and Q1 2021?

**(Verify in the facility staff attendance records)**

|  |  |  |
| --- | --- | --- |
| No absences | 10-25% of staff | 51-75% of staff |
| Less than 10% of staff | 26-50% of staff | More than 75% of staff |

Records not available

Do not know

1. From the options below, please ask the facility the **5** main reasons for staff absences in Q4 2020 and Q1 2021

      Vacation

      Personal leave related family commitments (e.g. bereavement, child care, etc.)

      Sick leave - unrelated with COVID-19

      Sick leave - related with COVID-19, including preventive quarantine

      Maternity leave

      Limited transportation due to lock down

      Lack of personal protective equipment

      Fear related to COVID-19

      Fear related to violence targeting health workers

      Burn out or mental health issues related to COVID-19

      Other (please specify):

      Do not know

1. Has the facility made any changes in the management of health workers during Q4 2020 and Q1 2021 [changes in volume of patients; changes in type of patients] related with COVID-19?

Yes

No

Not applicable, there has been no changes in patient volume and/or type related to COVID-19

1. **What changes have been made by the facility?**

Select **yes** only if the adjustment is related to changes in patient volume and/or type related with COVID-19.

**(Please read out all the options below)**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Re-assigning staff to different units in the facility |  |  |
| Increasing hours among part time staff |  |  |
| Increasing over-time hours among full time staff |  |  |
| Recruiting new staff to support increased patient volumes |  |  |
| Recruiting volunteers to support increased patient volumes |  |  |
| Temporary secondment to different facility |  |  |
| Other changes in the management of health workers |  |  |

1. If other changes in the management of health workers), please specify:

**Section 3:** Stock of Prevention and treatment commodities, Lab equipment and reagents, RDT kits, PPE

**Tracer, HIV, TB and malaria prevention and treatment commodities**

1. Is the stock delivery date calculated based on:

*[Please check the distribution round SOP with the relevant authority, i.e. Ministry of Health pharmaceuticals department, Central Medical Stores, or distribution partner]*

The facility’s requisition / order date

The Central Medical Store (or equivalent) delivery schedule?

It varies by product

Do not know

1. What timeframe is provided in the SOP or guideline between order and delivery relevant for this facility (e.g. monthly, bi-monthly, quarterly etc)?

Please specify:

General comments regarding delivery schedules

1. Is this product normally dispensed or used at this site?

*[Note: in the absence of a tracer drug for first for HIV, TB or malaria, please ask the facility for the adult and paediatric first line regiment used at the facility for that indication]*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Amoxicillin 500mg cap/tab or  Amoxicillin/Clavulanic acid 500/125mg tab |  |  |
| Paracetamol cap/tab 500 mg or 1G (adult oral formulation) |  |  |
| Dexamethasone for injection (4mg/ml or 5mg/ml, vial 1ml) |  |  |
| Dexamethasone oral (0.5mg tablet or 4mg tablet) |  |  |
| Anticoagulants for injection [Heparin sodium, Dalteparin sodium, Enoxaparin sodium, other) |  |  |
| Artemether/Lumefantrine 20/120mg 6 tablet dispersible  Or Artesunate/Amodiaquine 25/67.5mg 3 tablet  *Or other paediatric first line malaria treatment according to national standard treatment guidelines* |  |  |
| Artemether/Lumefantrine 20/120mg 12 tablet dispersible  Or Artesunate/Amodiaquine 50/135mg 3 tablet  *Or other paediatric first line malaria treatment according to national standard treatment guidelines* |  |  |
| Artemether/Lumefantrine 20/120mg 24 tablet  Or Artesunate/Amodiaquine 100/270mg 6 tablet  *Or other adult first line malaria treatment according to national standard treatment guidelines* |  |  |
| **IPTp** Sulfadoxine/Pyrimethamine 500/25mg tab |  |  |
| Insecticide-Treated Mosquito Nets (ITNs) / Long-lasting Insecticidal Nets (LLINs) |  |  |
| **PEP** : Lamivudine/Tenofovir 300/300mg tab or Emtricitabine/Tenofovir 200/300mg tab |  |  |
| Dolutegravir/Lamivudine/Tenofovir 50/300/300 mg tab  *(or LPV/r or ATV/r as third drug in place of DTG as per national ART guidelines)* |  |  |
| Efavirenz/Lamivudine/Tenofovir 400/300/300mg |  |  |
| Ethambutol/Isoniazid/Pyrazinamide/Rifampicin 275/75/400/150mg tab |  |  |
| Isoniazid/Rifampicin 75/150mgtab |  |  |
| **Isoniazid/Pyrazinamide/Rifampicin 50/150/75mg 10 tablet dispersible** |  |  |
| **Naloxone 0.4mg7ml, 1ml for inj or atomizer** | ☐ | ☐ |
| **Opioid substitute medicine per the national guidelines (e.g. Methadone or Buprenorphine)** |  |  |
| Male Condoms |  |  |
| Lubricants water based (tube 20ml, sachets 4ml, sachets 5ml) |  |  |
| Needles and syringes |  |  |

1. Stock availability: tracer medicines, HIV, TB and malaria commodities

Please observe if the available stock is above the defined minimum stock level, below the minimum stock level or currently out of stock for each drug/commodity below.

Please confirm with the facility staff where stock of the following drugs and commodities are stored]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Stock available** | | |  |
|  | Available and at or above defined minimum level | Available, but stock is below the defined minimum stock level | Currently not  available / stock-out | Information not available |
| Amoxicillin 500mg cap/tab or  Amoxicillin/Clavulanic acid 500/125mg tab |  |  |  |  |
| Paracetamol cap/tab 500 mg or 1G (adult oral formulation) |  |  |  |  |
| Dexamethasone for injection (4mg/ml or 5mg/ml, vial 1ml) |  |  |  |  |
| Dexamethasone oral (0.5mg tablet or 4mg tablet) |  |  |  |  |
| Anticoagulants for injection [Heparin sodium, Dalteparin sodium, Enoxaparin sodium, other) |  |  |  |  |
| Artemether/Lumefantrine 20/120mg 6 tablet dispersible  Or Artesunate/Amodiaquine 25/67.5mg 3 tablet  *Or other paediatric first line malaria treatment according to national standard treatment guidelines* |  |  |  |  |
| Artemether/Lumefantrine 20/120mg 12 tablet dispersible  Or Artesunate/Amodiaquine 50/135mg 3 tablet  *Or other paediatric first line malaria treatment according to national standard treatment guidelines* |  |  |  |  |
| Artemether/Lumefantrine 20/120mg 24 tablet  Or Artesunate/Amodiaquine 100/270mg 6 tablet  *Or other adult first line malaria treatment according to national standard treatment guidelines* |  |  |  |  |
| **IPTp** Sulfadoxine/Pyrimethamine 500/25mg tab |  |  |  |  |
| Insecticide-Treated Mosquito Nets (ITNs) / Long-lasting Insecticidal Nets (LLINs) |  |  |  |  |
| **PEP** : Lamivudine/Tenofovir 300/300mg tab or Emtricitabine/Tenofovir 200/300mg tab |  |  |  |  |
| Dolutegravir/Lamivudine/Tenofovir 50/300/300 mg tab  *(or LPV/r or ATV/r as third drug in place of DTG as per national ART guidelines)* |  |  |  |  |
| Efavirenz/Lamivudine/Tenofovir 400/300/300mg |  |  |  |  |
| Ethambutol/Isoniazid/Pyrazinamide/Rifampicin 275/75/400/150mg tab |  |  |  |  |
| Isoniazid/Rifampicin 75/150mgtab |  |  |  |  |
| **Isoniazid/Pyrazinamide/Rifampicin 50/150/75mg 10 tablet dispersible** |  |  |  |  |
| **Naloxone 0.4mg7ml, 1ml for inj or atomizer** |  |  |  |  |
| **Opioid substitute medicine per the national guidelines (e.g. Methadone or Buprenorphine)** |  |  |  |  |
| Male Condoms |  |  |  |  |
| Lubricants water based (tube 20ml, sachets 4ml, sachets 5ml) |  |  |  |  |

1. Stock on hand at month end **(please review facility stock cards)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Oct 2020 | Nov  2020 | Dec 2020 | Jan 2021 | Feb 2021 | March 2021 |
| Amoxicillin 500mg cap/tab or  Amoxicillin/Clavulanic acid 500/125mg tab |  |  |  |  |  |  |
| Paracetamol cap/tab 500 mg or 1G (adult oral formulation) |  |  |  |  |  |  |
| Dexamethasone for injection (4mg/ml or 5mg/ml, vial 1ml) |  |  |  |  |  |  |
| Dexamethasone oral (0.5mg tablet or 4mg tablet) |  |  |  |  |  |  |
| Anticoagulants for injection [Heparin sodium, Dalteparin sodium, Enoxaparin sodium, other) |  |  |  |  |  |  |
| Artemether/Lumefantrine 20/120mg 6 tablet dispersible  Or Artesunate/Amodiaquine 25/67.5mg 3 tablet  *Or other paediatric first line malaria treatment according to national standard treatment guidelines* |  |  |  |  |  |  |
| Artemether/Lumefantrine 20/120mg 12 tablet dispersible  Or Artesunate/Amodiaquine 50/135mg 3 tablet  *Or other paediatric first line malaria treatment according to national standard treatment guidelines* |  |  |  |  |  |  |
| Artemether/Lumefantrine 20/120mg 24 tablet  Or Artesunate/Amodiaquine 100/270mg 6 tablet  *Or other adult first line malaria treatment according to national standard treatment guidelines* |  |  |  |  |  |  |
| **IPTp** Sulfadoxine/Pyrimethamine 500/25mg tab |  |  |  |  |  |  |
| Insecticide-Treated Mosquito Nets (ITNs) / Long-lasting Insecticidal Nets (LLINs) |  |  |  |  |  |  |
| **PEP** : Lamivudine/Tenofovir 300/300mg tab or Emtricitabine/Tenofovir 200/300mg tab |  |  |  |  |  |  |
| Dolutegravir/Lamivudine/Tenofovir 50/300/300 mg tab  *(or LPV/r or ATV/r as third drug in place of DTG as per national ART guidelines)* |  |  |  |  |  |  |
| Efavirenz/Lamivudine/Tenofovir 400/300/300mg |  |  |  |  |  |  |
| Ethambutol/Isoniazid/Pyrazinamide/Rifampicin 275/75/400/150mg tab |  |  |  |  |  |  |
| Isoniazid/Rifampicin 75/150mgtab |  |  |  |  |  |  |
| **Isoniazid/Pyrazinamide/Rifampicin 50/150/75mg 10 tablet dispersible** |  |  |  |  |  |  |
| **Naloxone 0.4mg7ml, 1ml for inj or atomizer** |  |  |  |  |  |  |
| **Opioid substitute medicine per the national guidelines (e.g. Methadone or Buprenorphine)** |  |  |  |  |  |  |
| Male Condoms |  |  |  |  |  |  |
| Lubricants water based (tube 20ml, sachets 4ml, sachets 5ml) |  |  |  |  |  |  |
| Needles and syringes |  |  |  |  |  |  |

1. Stock delivery for items out-of-stock or below minimum stock level:

**tracer medicines, HIV, TB and malaria commodities**

For commodities currently out of stock or below the minimum stock level, ask if order has been placed and whether delivery is expected within the target time

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | If the product is “currently not available” or ‘below the defined minimum stock level”, **has the order been placed**? [verify from order (requisition) form in the facility] | | If order has been placed, is **delivery expected within the target delivery time?** | | | Is an emergency delivery  expected? |
|  | Yes | No | Delivery is expected **on time**  (e.g. within 30 days from order OR within the delivery schedule / distribution round) | Delivery is expected to **exceed** confirmed period from order date or will not be within expected delivery schedule / distribution round) | Delivery date not known |  |
| Amoxicillin 500mg cap/tab or  Amoxicillin/Clavulanic acid 500/125mg tab |  |  |  |  |  | Yes  No |
| Paracetamol cap/tab 500 mg or 1G (adult oral formulation) |  |  |  |  |  | Yes  No |
| Dexamethasone for injection (4mg/ml or 5mg/ml, vial 1ml) |  |  |  |  |  | Yes  No |
| Dexamethasone oral (0.5mg tablet or 4mg tablet) |  |  |  |  |  | Yes  No |
| Anticoagulants for injection [Heparin sodium, Dalteparin sodium, Enoxaparin sodium, other) |  |  |  |  |  | Yes  No |
| Artemether/Lumefantrine 20/120mg 6 tablet dispersible  Or Artesunate/Amodiaquine 25/67.5mg 3 tablet  *Or other paediatric first line malaria treatment according to national standard treatment guidelines* |  |  |  |  |  | Yes  No |
| Artemether/Lumefantrine 20/120mg 12 tablet dispersible  Or Artesunate/Amodiaquine 50/135mg 3 tablet  *Or other paediatric first line malaria treatment according to national standard treatment guidelines* |  |  |  |  |  | Yes  No |
| Artemether/Lumefantrine 20/120mg 24 tablet  Or Artesunate/Amodiaquine 100/270mg 6 tablet  *Or other adult first line malaria treatment according to national standard treatment guidelines* |  |  |  |  |  | Yes  No |
| **IPTp** Sulfadoxine/Pyrimethamine 500/25mg tab |  |  |  |  |  | Yes  No |
| Insecticide-Treated Mosquito Nets (ITNs) / Long-lasting Insecticidal Nets (LLINs) |  |  |  |  |  | Yes  No |
| **PEP** : Lamivudine/Tenofovir 300/300mg tab or Emtricitabine/Tenofovir 200/300mg tab |  |  |  |  |  | Yes  No |
| Dolutegravir/Lamivudine/Tenofovir 50/300/300 mg tab  *(or LPV/r or ATV/r as third drug in place of DTG as per national ART guidelines)* |  |  |  |  |  | Yes  No |
| Efavirenz/Lamivudine/Tenofovir 400/300/300mg |  |  |  |  |  | Yes  No |
| Ethambutol/Isoniazid/Pyrazinamide/Rifampicin 275/75/400/150mg tab |  |  |  |  |  | Yes  No |
| Isoniazid/Rifampicin 75/150mgtab |  |  |  |  |  | Yes  No |
| **Isoniazid/Pyrazinamide/Rifampicin 50/150/75mg 10 tablet dispersible** |  |  |  |  |  | Yes  No |
| **Naloxone 0.4mg7ml, 1ml for inj or atomizer** |  |  |  |  |  | Yes  No |
| **Opioid substitute medicine per the national guidelines (e.g. Methadone or Buprenorphine)** |  |  |  |  |  | Yes  No |
| Male Condoms |  |  |  |  |  | Yes  No |

**Commodities for** **SARS-CoV-2 (COVID-19) testing services**

1. Is this product normally dispensed or used at this site?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Sample collection kit: swab and viral transport medium |  |  |
| SARS-CoV-2 Automated or manual PCR testing kit (Abbott RealTime SARS-CoV-2 RT-PCR Kit 96 tests, Cobas SARS-CoV-2 RT-PCR Kit 96 tests, Panther Fusion SARS-CoV-2 Kit 96 tests, QIAstat-Dx Respiratory SARSCoV-2 Panel 6 tests, Xpert® Xpress SARS-CoV-2 10 tests, other) |  |  |
| SARS-CoV-2 Ag RDT (eg. SD, Abbott, Premier Medical) |  |  |
| Filtered Pipette tips sterile |  |  |
| Triple packaging boxes ( for transport of samples) |  |  |
| Sample collection kit: swab and viral transport medium |  |  |

1. Stock availability: COVID-19 testing commodities

Please observe and estimate the stock level of consumables for SARS-CoV-2 testing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COVID-19 Testing Commodities** | **Stock available** | | | |
| Available and at or above the defined minimum stock level | Available, but is below the defined minimum stock level | Currently not available/stock-out | Information not available |
| Sample collection kit: swab and viral transport medium |  |  |  |  |
| SARS-CoV-2 Automated or manual PCR testing kit (Abbott RealTime SARS-CoV-2 RT-PCR Kit 96 tests, Cobas SARS-CoV-2 RT-PCR Kit 96 tests, Panther Fusion SARS-CoV-2 Kit 96 tests, QIAstat-Dx Respiratory SARSCoV-2 Panel 6 tests, Xpert® Xpress SARS-CoV-2 10 tests, other) |  |  |  |  |
| SARS-CoV-2 Ag RDT (eg. SD, Abbott, Premier Medical)) |  |  |  |  |
| Filtered Pipette tips sterile |  |  |  |  |
| Triple packaging boxes ( for transport of samples) |  |  |  |  |
| Sample collection kit: swab and viral transport medium |  |  |  |  |

1. Stock on hand at month end **(please review facility stock cards)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Oct 2020 | Nov  2020 | Dec 2020 | Jan 2021 | Feb 2021 | March 2021 |
| Sample collection kit: swab and viral transport medium |  |  |  |  |  |  |
| SARS-CoV-2 Automated or manual PCR testing kit (Abbott RealTime SARS-CoV-2 RT-PCR Kit 96 tests, Cobas SARS-CoV-2 RT-PCR Kit 96 tests, Panther Fusion SARS-CoV-2 Kit 96 tests, QIAstat-Dx Respiratory SARSCoV-2 Panel 6 tests, Xpert® Xpress SARS-CoV-2 10 tests, other) |  |  |  |  |  |  |
| SARS-CoV-2 Ag RDT (eg. SD, Abbott, Premier Medical)) |  |  |  |  |  |  |
| Filtered Pipette tips sterile |  |  |  |  |  |  |
| Triple packaging boxes ( for transport of samples) |  |  |  |  |  |  |
| Sample collection kit: swab and viral transport medium |  |  |  |  |  |  |

1. Stock delivery for items out-of-stock or below minimum stock level: **commodities for COVID-19 testing**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | If the product is “currently not available” or ‘below the defined minimum stock level”, **has the order been placed**? [verify from order form in the facility] | | If order has been placed, is **delivery expected within the target delivery time?** | | | Is an emergency delivery  expected? |
|  | Yes | No | Delivery is expected **on time**  (within 30 days from order OR within the delivery schedule / distribution round) | Delivery is expected to **exceed** confirmed period from order date or will not be within expected delivery schedule / distribution round) | Delivery date not known |  |
| Sample collection kit: swab and viral transport medium |  |  |  |  |  | Yes  No |
| SARS-CoV-2 Automated or manual PCR testing kit (Abbott RealTime SARS-CoV-2 RT-PCR Kit 96 tests, Cobas SARS-CoV-2 RT-PCR Kit 96 tests, Panther Fusion SARS-CoV-2 Kit 96 tests, QIAstat-Dx Respiratory SARSCoV-2 Panel 6 tests, Xpert® Xpress SARS-CoV-2 10 tests, other) |  |  |  |  |  | Yes  No |
| SARS-CoV-2 Ag RDT (eg. SD, Abbott, Premier Medical) |  |  |  |  |  | Yes  No |
| Filtered Pipette tips sterile |  |  |  |  |  | Yes  No |
| Triple packaging boxes ( for transport of samples) |  |  |  |  |  | Yes  No |
| Sample collection kit: swab and viral transport medium |  |  |  |  |  | Yes  No |

**Personal Protective Equipment (PPE)**

1. Please provide the **current** availability for each of the following items

PPE today **(Verify the availability of items)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Currently available for **all** workers | Currently available only for **some** workers | Currently **not** available for **any** workers | Never procured or provided |
| Medical/Surgical masks |  |  |  |  |
| Face Shield |  |  |  |  |
| Respirator masks (N95 or FP2) |  |  |  |  |
| Protective goggles |  |  |  |  |
| Isolation gowns(non-sterile) |  |  |  |  |
| Aprons |  |  |  |  |
| Soap |  |  |  |  |
| Running water |  |  |  |  |
| Disinfectant |  |  |  |  |
| Hand sanitizer |  |  |  |  |
| Examination/Surgical gloves |  |  |  |  |
| Waste disposal |  |  |  |  |

1. Stock on hand at month end **(please review facility stock cards)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Oct 2020 | Nov  2020 | Dec 2020 | Jan 2021 | Feb 2021 | March 2021 |
| Medical/Surgical masks |  |  |  |  |  |  |
| Face Shield |  |  |  |  |  |  |
| Respirator masks (N95 or FP2) |  |  |  |  |  |  |
| Protective goggles |  |  |  |  |  |  |
| Isolation gowns(non-sterile) |  |  |  |  |  |  |
| Aprons |  |  |  |  |  |  |
| Soap |  |  |  |  |  |  |
| Running water |  |  |  |  |  |  |
| Disinfectant |  |  |  |  |  |  |
| Hand sanitizer |  |  |  |  |  |  |
| Examination/Surgical gloves |  |  |  |  |  |  |
| Waste disposal |  |  |  |  |  |  |

1. Stock delivery for items out-of-stock or below minimum stock level: **PPE**

**commodities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Product** | If the product is “currently **not available”** or ‘**below the defined minimum stock** level”, **has the order been placed**?  [verify from order (requisition) form in the facility] | | If order has been placed, is **delivery expected within the target delivery time?** | | | Is an emergency delivery  expected? |
|  | Yes | No | Delivery is expected **on time**  (within 30 days from order OR within the delivery schedule / distribution round) | Delivery is expected to **exceed** confirmed period from order date or will not be within expected delivery schedule / distribution round) | Delivery date not known |  |
| Medical/Surgical masks |  |  |  |  |  | Yes  No |
| Face Shield |  |  |  |  |  | Yes  No |
| Respirator masks (N95 or FP2) |  |  |  |  |  | Yes  No |
| Protective goggles |  |  |  |  |  | Yes  No |
| Isolation gowns (non-sterile) |  |  |  |  |  | Yes  No |
| Aprons |  |  |  |  |  | Yes  No |
| Soap |  |  |  |  |  | Yes  No |
| Disinfectant |  |  |  |  |  | Yes  No |
| Hand sanitizer |  |  |  |  |  | Yes  No |
| Examination/Surgical gloves |  |  |  |  |  | Yes  No |

**Medical Oxygen**

1. Medical oxygen and related consumables for COVID-19 case

management: does the facility offer oxygen therapy and related

services?

Yes

No

1. Is the oxygen therapy available/functional at the day of the visit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source of oxygen (production & administration)** | **Available (Yes/No)** | **Functional**  **(yes/no)** | **Number of units available** | **Number of units functional** |
| Cylinders |  |  |  |  |
| Oxygen concentrator |  |  |  |  |
| Piped oxygen distribution to terminal bedside wall units |  |  |  |  |
| Other |  |  |  |  |

1. Availability of medical oxygen and related **commodities** on day of visit

If yes, please ask the facility staff-in charge if oxygen and the related products below are available, at or above defined minimum level, below the minimum stock level or currently out of stock. For products currently out of stock or below the minimum stock level, ask if order has been placed and whether delivery is expected within the target time.

**(Verify if facility has received a delivery schedule for ordered product)**

**Note:** *Target for delivery on time is 30 days from date of order placement or Within the specified period of the distribution round. Please confirm delivery schedule with MoH*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Stock available on day of visit** | | | |
|  | Available and at or above defined minimum level | Available, but stock is below the defined minimum level | No, not currentlyavailable / stock out | Information not available |
| Medical oxygen |  |  |  |  |
| Oxygen cylinder |  |  |  |  |
| Pulse oximetry |  |  |  |  |
| Piped oxygen distribution to terminal bedside wall units |  |  |  |  |
| Nasal canula |  |  |  |  |
| Oxygen masks |  |  |  |  |

1. Stock on hand at month end **(please review facility stock cards)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Oct 2020 | Nov  2020 | Dec 2020 | Jan 2021 | Feb 2021 | March 2021 |
| Medical oxygen |  |  |  |  |  |  |
| Oxygen cylinder |  |  |  |  |  |  |
| Pulse oximetry |  |  |  |  |  |  |
| Piped oxygen distribution to terminal bedside wall units |  |  |  |  |  |  |
| Nasal canula |  |  |  |  |  |  |
| Oxygen masks |  |  |  |  |  |  |

1. Stock delivery for items out-of-stock or below minimum stock level: **medical oxygen**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | If the product is “currently not available” or ‘below the defined minimum stock level”, **has the order been placed**? [verify from order form in the facility] | | If order has been placed, is **delivery expected within the target delivery time?** | | | Is an emergency delivery  expected? |
|  | Yes | No | Delivery is expected **on time**  (within 30 days from order OR within the delivery schedule / distribution round) | Delivery is expected to **exceed** confirmed period from order date or will not be within expected delivery schedule / distribution round) | Delivery date not known |  |
| **Medical Oxygen** |  |  |  |  |  | Yes  No |
| **Oxygen cylinder** |  |  |  |  |  | Yes  No |
| **Pulse Oximetry** |  |  |  |  |  | Yes  No |
| **Piped oxygen distribution to terminal bedside wall units** |  |  |  |  |  | Yes  No |
| **Nasal canula** |  |  |  |  |  | Yes  No |
| **Oxygen Masks** |  |  |  |  |  | Yes  No |

1. Has oxygen been unavailable in this facility at any time during the past 3

months for any reason?

Yes

No

Do not know

1. If yes, please specify the reason

**Section 4:** Testing Capacity

**Testing: HIV, TB, Malaria**

Does this facility conduct the following tests using either rapid diagnostic test or laboratory equipment (HIV, TB, malaria)? *(Verify from the OPD/ laboratory register(s) for Q4 2020 and Q1 2021)*

1. **HIV/AIDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes, available | No, not currently available but conducted previously | Refer samples  (not applicable for RDTs) | No, never conducted |
| RDT (national HTS algorithm) |  |  |  |  |
| EIA |  |  |  |  |
| EID |  |  |  |  |
| Viral load |  |  |  |  |
| CD4 Count |  |  |  |  |
| HIV RDT or HIV self-test RDT |  |  |  |  |

1. **Tuberculosis**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes, available today | No, not currently available but conducted previously | Refer samples | No, never conducted |
| Light or fluorescent  Microscope + reagents |  |  |  |  |
| MTB/RIF  (GeneXpert/TrueNat) + cartridges/chips |  |  |  |  |
| TB culture/drug  sensitivity testing  (DST) equipment and consummables |  |  |  |  |
| TB-LAM (urine) |  |  |  |  |

1. **Malaria**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No, not currently available but conducted previously | Refer samples | No, never conducted |
| M-RDT Kit |  |  |  |  |
| Microscopy + reagents |  |  |  |  |

**Testing: COVID-19**

1. Is this facility authorized to provide **SARS-CoV-2 (COVID-19) testing services**?

Yes

No

Do not know

1. Does this facility conduct the following tests using either rapid diagnostic test or laboratory equipment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COVID-19 tests | Test is currently available at the facility | Test is not currently available at the facility but was available previously | No, never conducted | Do not know |
| Automated PCR testing |  |  |  |  |
| Manual PCR testing |  |  |  |  |
| Rapid tests (Antigen) (Ag RDT) (i.e. SD, Abbott, Premier Medical) |  |  |  |  |

1. If yes, does the site maintain a register or record of the services provided?

Yes

No

1. If yes, enter the number of SARS-CoV-2 (COVID-19) tests conducted & positive test results(verify from Laboratory /Facility records)

*(this should include all tests carried out onsite, whether these were PCR-Rapid Tests or Antigen-Ag Tests. This should not include any tests carried out off-site)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | # Tests Conducted | # Positive Test Results |
| April 2020 |  |  |  |
| May 2020 |  |  |  |
| June 2020 |  |  |  |
| July 2020 |  |  |  |
| August 2020 |  |  |  |
| September 2020 |  |  |  |
| October 2020 |  |  |  |
| November 2020 |  |  |  |
| December 2020 |  |  |  |
| January 2021 |  |  |  |
| February 2021 |  |  |  |
| March 2021 |  |  |  |

1. Does the facility receive results of SARS-CoV-2 (COVID-19) tests performed onsite?

Yes for RDT (Ag) test

Yes for manual PCR test

Yes for automated PCR test

No

Do not know

1. Does the facility receive results of SARS-CoV-2 (COVID-19) tests performed elsewhere?

Yes for RDT (Ag) test

Yes for manual PCR test

Yes for automated PCR test

No

Do not know

1. If the facility is a testing site, have the COVID-19 results been reported

per the national guidelines?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Reported according to national guidelines | |
|  |  | Yes | No |
| Tests Conducted |  |  |  |
| Positive Test Results |  |  |  |

1. **Comments**

Snscns\

sknksn

**Section 5:** COVID-19 Vaccine Readiness

1. COVID-19 **vaccine** readiness: does the facility have available cold chain capacity for key commodities including COVID-19 vaccines on site?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Vaccine fridge |  |  |
| Cold box |  |  |
| Ice packs for Cold box |  |  |
| Vaccine Freezer |  |  |
| Remote Temperature Monitoring System configured for real-time monitoring of vaccine storage conditions |  |  |

|  |  |  |
| --- | --- | --- |
| \*Is the cold chain equipment functional on the day of the Spot Check? | Yes | No |
| Vaccine fridge |  |  |
| Cold box |  |  |
| Ice packs |  |  |
| Vaccine Freezer |  |  |
| Remote Temperature Monitoring System configured for real-time monitoring of vaccine storage conditions |  |  |

1. Roll-out of COVID-19 vaccines: is the facility offering COVID-19 vaccination?

Yes

No

Covid-19 vaccination plan is in place, but vaccines are not yet available

1. If yes, are healthcare workers being prioritized?

☐ Yes

☐ No

☐ Do not know

**Section 6: Ways of maintaining health services and counter measures**

In this section, ask about mitigation strategies to deliver essential health services that are **unrelated with COVID-19** in Q4 2020 and Q1 2021.

**Adaptive Measures to maintain essential health services**

1. Has the site made any changes in delivery strategies for **non-COVID-19**,

essential health services in Q4 2020 and Q1 2021?

Yes

No

1. What changes have been made?

**(Please read out the options below and select all applicable answers)**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Adapt triage protocols for COVID-19 case management |  |  |
| Shift in outpatient service provision location |  |  |
| Shift of clinical encounters to digital platform such as telemedicine (Remote consultations i.e., by phone or sms, telephone triage, remote monitoring, etc.) |  |  |
| Task shifting to optimize health worker roles |  |  |
| Home-based care for certain patients |  |  |
| Provision of all care in a single visit for multiple morbidities |  |  |
| Support self-care where appropriate |  |  |
| Shift in TB diagnosis location |  |  |
| Shift or relocation of other (non-TB) services to other locations |  |  |
| Modifying routes for sample transport |  |  |
| Priority given to encounters with high-risk patients |  |  |
| Redirecting patients to alternate health care facilities |  |  |
| Arrangement for Pick-up/drop-off locations outside the facility for Pharmacy (example, in the community drug store or elsewhere) |  |  |
| Tele prescription to refill |  |  |
| Extended drug prescriptions for long term use such as non-communicable diseases drugs |  |  |
| Implemented multi-month scripting for ARVs | ☐ | ☐ |
| Digital health platform tools for key messages on HIV prevention and testing such as online outreach models, call centers, remote counseling, mobile apps, etc. |  |  |
| Increase infection prevention and control strategies and protocols |  |  |
| Designated facilities for referral of patients with suspected or confirmed COVID-19? |  |  |
| Other - Have any other adaptive measures been adopted to cope with the COVID-19 pandemic? |  |  |

1. If other adaptive measure(s), please specify:

**Communications campaigns on COVID-19**

1. Has the facility made any COVID-19 communication campaigns to communities in Q4 2020 and Q1 2021?

Yes

No

1. What campaigns have been made?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| How to seek care for non COVID-19 services during the pandemic |  |  |
| Safety procedures to prevent COVID-19 transmission |  |  |
| Care seeking and signs/symptoms for COVID-19 |  |  |

1. Has the facility developed mitigation plans to deliver services for patients who missed their routine appointments that are unrelated with COVID-19?

Yes

No

**Catch up / Mitigation plans for patients**

1. What mitigation plans have been made or implemented? (targeted catch-up plans for missed appointments)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, plan  developed.  Not yet  implemented | Yes, plan  developed &  implemented | No plan developed |
| Registering patients who have missed appointments |  |  |  |
| Targeted catch-up of missed appointments for HIV patients |  |  |  |
| Targeted catch-up of missed appointments for TB patients |  |  |  |
| Targeted catch-up of missed appointments for antenatal care in the facility |  |  |  |

**Section 7: Health System Readiness**

**Infection Prevention and Control (IPC)**

In this section, ask about **infection prevention and control (IPC)** during COVID-19 pandemic and the availability of related health products on this day.

1. Have the facility staff received training on COVID-19 management including Infection Prevention and Control (IPC)?

Yes

No

1. What kind of training have they received?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Training on infection prevention and control (IPC) |  |  |
| Training on proper use of personal protective equipment (PPE) |  |  |
| Training on triage protocols for COVID-19 case management |  |  |
| Training on management of emergency conditions |  |  |
| Training on provision of remote health care |  |  |
| Mental health and psychosocial support for staff as a group or individual staff as needed |  |  |
| Supportive supervision for IPC |  |  |
| Supportive supervision on proper use of PPE |  |  |
| Supportive supervision for COVID-19 case management |  |  |
| When was the date of the latest supervision on any topic? | MM/YY | |

**Waste Management**

**In this section, ask about waste management practices**

1. Have facility staff received training for waste management?

Yes

No

1. Does the facility keep a record of training provided to health care workers?

(verify the training provided for waste management)

Yes

No

1. Does the facility have a copy of the guidelines/ regulations/written

instructions for waste management on site? (verify the availability of

guidelines for waste management)

Yes

No

1. Does the facility have health waste storage containers available?

|  |  |  |  |
| --- | --- | --- | --- |
| **Waste storage containers** | Yes, available and sufficient | Yes, available but not sufficient | Not available |
| Infectious waste containers | ☐ | ☐ | ☐ |
| Non-infectious waste containers | ☐ | ☐ | ☐ |
| Sharp containers | ☐ | ☐ | ☐ |

1. Does the facility disposes used PPE safely according to the guidelines /

regulations for waste management?

Yes

No

Do not know

1. How does this facility finally dispose of medical and sharps waste including

single use PPE and Laboratory waste? (Select all applicable answers)

Burn incinerator

Open burning

Dump without burning

Remove offsite

Other (please specify):

**Health facility financing**

**In this section, ask about the health facility budget**

1. For Q2 2021, is the budget sufficient to cover basic service delivery?

No, insufficient budget to keep the health facility open - it will need to close

No, but health facility will stay open

Yes, budget received and sufficient

The facility does not hold its own budget

Information not available

Do not know

1. Does the facility have a bank account to receive health budget?

Yes

No

The facility does not hold its own budget

Information not available

Do not know

Comment (please explain)

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

1. Does the facility charge user fees?

Yes

No

1. In the previous three months, has the facility exempted user fees for certain

services?

Yes – user fees exempted only for COVID-19 services

Yes – user fees exempted only for other health services

Yes – user fees exempted for both COVID-19 and other health services

No

1. In the previous 3 months, has the facility received additional funding to ensure the maintenance of essential health services during the pandemic?

Government

Local community

International organization

Private

Private

**Reporting and Supervision**

1. Have monthly reports been **completed** for Q4 2020 and Q1 2021?

**(Check the monthly reports submitted for HIV, TB, Malaria services & COVID-19)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Partially | No |
| HIV |  |  |  |
| TB |  |  |  |
| Malaria |  |  |  |

1. Have monthly reports been **submitted on time** for Q4 2020 and Q1 2021?

**(Check the monthly reports submitted for HIV, TB and Malaria services)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Partially | No |
| HIV |  |  |  |
| TB |  |  |  |
| Malaria |  |  |  |

1. Which of the following communication systems are currently supported by the site/facility and functional?

**(Select all applicable answers)**

|  |  |
| --- | --- |
| Radio | Mobile phone |
| Facility landline telephone | Personal mobile phone |
| Functional Computer or tablet with internet | Other |

If other, please specify:

1. Does this facility receive external supervisory visits, such as from the district, regional or national office?

Yes

No

1. Is there any record from Supervisory visits during Q4 2020 and Q1 2021? If **yes**, ask to see documentation.

Yes, seen

Yes, reported, not seen

No

1. If yes and seen, enter below the number of supervisory visits for Q4 2020 and Q1 2021

|  |  |  |
| --- | --- | --- |
| October 2020 |  |  |
| November 2020 |  |  |
| December 2020 |  |  |
| January 2021 |  |  |
| February 2021 |  |  |
| March 2021 |  |  |

**Section 8: Additional Information**

**Additional information**

Please provide information on data availability and quality, and any relevant additional information.

1. Availability of data

Comments

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1. Data Quality-completeness of data

Comments

Snscns\

sknksn

1. Other comments

Snscns\

sknksn