# COVID-19 assessment for primary health care facilities:

# Data Collection Guidelines

01 May 2020

# How to use these guidelines

These guidelines outline planning considerations for using the *‘COVID-19 health facility assessment for PHC facilities’ tool* (version dated 01 May 2020) to measure COVID-19 readiness in multiple facilities. [[1]](#footnote-1)

Detailed guidance is provided in this document for completing the checklist for each question to ensure consistency in data collected

An excel version of the questionnaire is available 1 that can be used to input data and auto-generate facility scorecards. This database includes a coding sheet to allow further analysis.

# Planning assessments

## Agreeing purpose, scope and approval

* Specify objectives of the survey – specify the purpose of conducting the assessments and how the data will be used and shared and used for informing decision-making and resource allocation and expenditure.
* Identify key users of the findings of the assessment who will use the evidence to inform change. Develop a dissemination plan that specifies how the findings will be presented and packaged in formats relevant to different audiences to support action based on the findings.
* Determine scope of the assessment – identify which facilities / geographical areas where you wish to conduct these assessments, consider, for example:
* geographical focus
* population density
* risk of COVID19 transmission, epidemic hot spots
* frequency of assessments.
* Obtain formal permissions from MOH or other appropriate authority of the facility, facility In-Charges, including any sub-regional level health management teams.
* Ensure relevant agreements are in place specifically to gather and analyse data s.
* Consider and seek ethical approval if needed, especially if publication for wider sharing if data or findings is envisaged.
* Consider developing a protocol for implementation.

## Methods for data collection

### Format:

* The format may be: paper-based, digital in simple excel (with database provided), or the tool can be uploaded to a digital platform with the relevant expertise (eg. as a module of DHIS” or other data-collection App)

Data collectors and data collection methods: Consider:

* Relevant safety measures must be implemented for data collectors including social distancing and use of personal protective equipment following national or global guidance if and where necessary [[2]](#footnote-2).
* **Internal:** If a member of staff at the facility is considered as a data collector, they need the relevant resources (paper, computer/App with internet access). Biases need to be considered. An advantage is that they can easily fill/obtain responses for all questions, but this is harder to verify. Other approaches for internal data collection to reduce bias could involve using a small 2-3 person staff team or include a member of a health facility committee if this exists and if they can conduct assessments safely (ie. Using social distancing and use of personal protective equipment if relevant). If verification is needed, consider remote spot-checks with external data-collector with different respondents. Please note that data collectors would require training to conduct the assessment.
* **External**: data collectors may be persons external to the facility and/or MOH and should be trained/oriented (depending on level of expertise) in using the assessment and should have a background in health settings, If COVID19 containment measures allow, this may be in person by a relevant person at the facility if they are equipped with training and items needed to don / doff PPEs safely and must be given training on the social distancing and IPC in a health care setting.
* Alternatively, telephonic data collection may be easier, less costly and safer. Ideally, data collectors will be persons trained to administer the questionnaire and who have a link, or at least an introduction, to the respondent at the facility. Data collectors could be members of the MOH health management team.

### Selecting respondents:

* Ideally, this would be the facility In-charge or their nominated deputy. It needs to be someone who can answer or has access to information to respond to all aspects of the tool, which includes management-related questions.
* Permissions granted should be shared with the facility in-charge (and respondent, if different), and consent should be obtained to conduct the assessment. If the assessment forms part of a study, informed consent procedures should be implemented.

### Preparing for data collection by telephone

* Think about things the data collectors need (paper/print outs / electronic data base to enter data, laptop, phone, airtime, contact numbers, etc);

tips on data entry for paper, transfer to excel data base at most basic

* For specific guidance on completing the data entry form and asking questions, please see section below, ‘Data Collection – completing the checklist’.

### Data validation:

* The rigor in which data are validated should be determined by the purpose of conducting the assessments.
* Ad hoc in-person spot checks could be considered if facility visits are feasible or a sample of facilities, depending on the scope and scale of the assessments.
* Alternatively, consider ad hoc repeat assessments within 24 hours and with either a second data collector or a second respondent to verify. Potential changes in use of items in the period between the two assessments must be considered.

## Data analysis and dissemination

* The evidence from the assessment should help inform type of actions that need to be undertaken at different levels of the health system to ensure facility preparedness or address gaps. The findings should therefore be summarised and tailored for different types of audiences (e.g. policy makers and health planners, CSOs, facility in-charges, etc.)
* The PHC Assessment questionnaire and these guidelines are accompanied with a simple excel database[[3]](#footnote-3). This excel allows for automated facility level scorecards to be generated in the excel tool. It includes a coding sheet that automatically draws responses from the facility worksheets to collate responses for all fields from all facilities. Guidance is included in the first worksheet of the excel template.
* Before the assessment, identify a plan for analysis, including specifying who will analyse the data
* Every facility included should be sent a hard or soft copy of their facility findings (e.g. in a simple scorecard available in the excel data capture version of the tool. 1

For any further questions on this guidance, please contact:

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Or

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# Data collection – completing the checklist

This section provides generic guidelines for data collectors on how to complete the form.

[Add suggested text for call intro and description; mention that they can add info on any section in the ‘Comments’ section (at end of form). Add note on thanking participant at end of call.]

While it will be appropriate to visit facilities for the assessment, to ensure evaluators are not exposed, this tool will be administered over a telephone interview

* Prepare your contact list and respondents prior to the actual call

Before starting the interview:

* Indicate the date in the format provided
* Indicate the interviewers name
* Indicate the name and contacts of the respondent

This tool has 10 sections all of which should be filled, as described in the table below.

|  |  |
| --- | --- |
| **Question category** | **Instructions on how to fill/ capture the information** |
| HEALTH CENTRE INFORMATION |
| Name of facility, location, region, District | Type in/write the details as per the respondents’ answers.Wording can be changed where sub-national levels are referred to as something else (eg. state / zone / province) |
| For type of facility, managing authority and setting | For each question, circle the most appropriate choice (just one) among the list provided for type of ownership |
| Outpatient only | Circle YES if the facility does not provide overnight services to clients; if it does Circle NO  |
| Number of staff employed | * Indicate the total number of staff working in the facility per cadres provided including staff on Internship
* For cadres not on the list indicate under the “other” option specifying the cadre and number.
* Students will be counted under the category of “other”.
 |
| Total number of general outpatient consultations | * Indicate the total number of outpatient attendance (both under 5 and over 5 years) as reported in the national health systems
* The period refers to three immediate months preceding the data collection month.
* Zero is a number; do not leave blank services.
* Calculate an average for the three months attendance
 |
| Total number of deliveries  | * Indicate the total number of deliveries conducted in the facility as reported in the national health systems
* The period refers to three immediate months preceding the data collection month.
* Calculate an average for the three months’ attendance
* Zero is a number; do not leave blank services if the facility provides delivery services.
* If the facility does not provide maternity and delivery services; indicate N/A
 |
| HUMAN RESOURCES |
| * For each of the questions in this section, select just one of the three options provided that best describes the level of preparedness by the facility.
* Select by using a tick (√)
* **Completed:** Tick this option if the facility has put in place required human resources functions as per the national guidance (or WHO in the absence of country specific) and is fully functional
* **Partially completed:** for each specific question, tick this option if some and not all of the required human resource function has been put in place.
* **Not completed:** Tick this option if the implementation of the required action is not yet done.
 |
| INFORMATION, EDUCATION, COMMUNICATION |
| * For each of the questions in this section, select just one of the two options provided that best describes the level of implementation by the facility.
* Select by using a tick (√)
* **Displayed:** Select this option if the facility has the information, education and communication materials listed and have displayed them in appropriate places
* **Not Displayed:** Select this option if the facility either does not have the information, education and communication materials or it has but has not displayed in the appropriate places.
 |
| SURVEILLANCE |
| * For each of the questions in this section, select just one of the three options provided that best describes the level of preparedness in having the surveillance measures in place by the facility.
* Select by using a tick (√)
* **Fully Operational:** Select this option if the surveillance measure is in place and fully functional
* **Partially operational:** Select this option if the surveillance measure has been put in place but not fully functional; i.e. a few items still missing
* **Not in place:** Select this option if the specific surveillance measure is yet to be put in place.
 |
| TRIAGE AND EARLY RECOGNITION  |
| * For each of the questions in this section, select just one of the three options provided that best describes the level of preparedness in having the triage and early recognition measures in place by the facility.
* Select by using a tick (√)
* **Fully Operational:** Select this option if the triage and early recognition measure is in place and fully functional
* **Partially operational:** Select this option if the triage and early recognition measure has been put in place but not fully functional;
* **Not in place:** Select this option if the specific triage and early recognition measure is yet to be put in place
 |
| DIAGNOSIS |
| * For each of the questions in this section, select just one of the three options provided that best describes the level of availability and adequacy of diagnostic equipment and supplies in place at a given health facility.
* Some respondents may find it helpful to know how ‘sufficient’ or ‘adequate’ supplies are quantified. If needed, the quantities should be identified using Government or WHO quantification guidelines or approaches relevant for your specific context.
* Select by using a tick (√)
* **Available in sufficient supplies:** Select this option if the diagnostic equipment or supplies are available and sufficient for the anticipated caseload.
* **Available with risk of shortage:** Select this option if the diagnostic equipment or supplies are available but not sufficient for the anticipated caseload.
* **Not available:** select this option if the diagnostic equipment or supplies are not available in the facility at the time of assessment
 |
| ISOLATION |
| * For each of the questions in this section, select just one of the three options provided that best describes the level of preparedness putting the isolation measures in place by the facility.
* Some respondents/assessors may find it helpful to know how ‘sufficient’ or ‘adequate’ supplies are quantified. If needed, the quantities should be identified using Government or WHO quantification guidelines or approaches relevant for your specific context.
* Select by using a tick (√)
* **Fully Operational:** Select this option if the isolation measure is in place and fully operational
* **Partially operational:** Select this option if the isolation measure has been put in place but not fully operational
* **Not in place:** Select this option if the specific isolation measure is yet to be put in place
 |
| CASE MANAGEMENT |
| * For each of the questions in this section, select just one of the three options provided that best describes the level of availability and adequacy of medicines, equipment and materials in place at a given health facility.
* Some respondents may find it helpful to know how ‘sufficient’ or ‘adequate’ supplies are quantified. If needed, the quantities should be identified using Government or WHO quantification guidelines or approaches relevant for your specific context.
* Select by using a tick (√)
 |
| Presence of medicines: | * **Available in sufficient supplies:** Select this option if the medicines are available and sufficient for the anticipated caseload.
* **Available with risk of shortage:** Select this option if the medicines are available but not sufficient for the anticipated caseload.
* **Not available:** select this option if the medicines are not available in the facility at the time of assessment
 |
| Presence of equipment and material: | * **Available in sufficient supplies:** Select this option if the equipment or materials are available and sufficient for the anticipated caseload and functional.
* **Available with risk of shortage:** Select this option if the equipment or materials are available but not sufficient for the anticipated caseload or partially functional / awaiting maintenance.
* **Not available:** select this option if the equipment or materials are not available in the facility at the time of assessment or not functional.
 |
| **INFECTION PREVENTION AND CONTROL** |
| * For each of the questions in this section, select just one of the three options provided that best describes the level of infection prevention and control preparedness are in place at a given health facility.
* Select by using a tick (√)
 |
| PERSONAL PROTECTIVE EQUIPMENT (PPE) | * **Available in sufficient supplies**: Select this option if the specific appropriate PPE is available and sufficient for the anticipated caseload.
* **Available with risk of shortage:** Select this option if the specific appropriate PPE is available but not sufficient for the anticipated caseload.
* **Not available:** select this option if the specific appropriate PPE is not available in the facility at the time of assessment
 |
| PERSONAL PROTECTIVE EQUIPMENT (PPE) use demonstrations | * **Available or fully achieved:** Select this option if demonstration protocols are available or training on putting on/off has been fully done for all appropriate staff
* **Partially achieved:** Select this option if demonstration protocol is available but not sufficient or training on putting on/off has not been fully done for all **appropriate staff**
* Not achieved: Select this option if demonstration protocol is not available and training on putting on/off has not been done
 |
| Waste collection and disposalAndWater, sanitation and hygiene (WASH) | * **Available in sufficient supplies:** Select this option if the specific waste collection and disposal supply is available in sufficient quantities

In the WASH section, for the question about ‘separate toilet…’, select this option if the toilet/latrine is available separately and in working order.* **Available with risk of shortage:** Select this option if the specific waste collection and disposal supply is available but not in sufficient quantities.

In the WASH section, for the question about ‘separate toilet…’, select this option if the toilet/latrine is available separately but not in full working order / not fully functional.* **Not available:** select this option if the specific waste collection and disposal supply is not available in the facility at the time of assessment.
 |
| Disinfection and sterilisation | * **Displayed:** Select this option if the facility has the information, education and communication materials listed and have displayed them in appropriate places.

For the question about availability of disinfectant, select this option if available in sufficient quantities.* For the question about availability of disinfectant, select ‘**Available with risk of shortage’** if relevant.
* **Not Displayed:** Select this option if the facility either does not have the information, education and communication materials or it has but has not displayed in the appropriate places.

For the question about availability of disinfectant, select this option if not available. |
| **LOGISTICS** |
| * For each of the questions in this section, select just one of the three options provided that best describes the level of patient and sample transfer logistics preparedness at a given health facility.
* Select by using a tick (√)
* **Available:** Select this option if the patient and sample transfer logistics are available and sufficiently functional
* **Partially available:** Select this option if the patient and sample transfer logistics are available but not sufficiently functional
* **Not available:** Select this option if the patient and sample transfer logistics are not available
 |
| Comments: | In this section, indicate any general comments from the respondent and observations or impressions from the assessment interview that are relevant to the data collected. |

End the assessment call by thanking the respondent for their time and providing a contact number in case of any further questions. Please outline how the results of the assessment will be shared with others and how it will be sent back to the facility.

1. Available at the following URLs:

Options website URL to follow

<https://www.cerahgeneve.ch/resources/covid-19-response-tools/> [↑](#footnote-ref-1)
2. WHO Interim Guidance on the rational use of PPEs <https://apps.who.int/iris/handle/10665/331498> [accessed 20/04/2020) [↑](#footnote-ref-2)
3. Available from URL: <https://cerahgeneve.ch/resources/covid-19-response-tools/> [↑](#footnote-ref-3)