



# RBF in the Context of COVID-19: Guidelines for Adaptation of Quality Checklist and Verification Modalities

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## ACRONYMS

|     |                                   |
|-----|-----------------------------------|
| IPC | Infection Prevention and Control  |
| NVA | National Verification Agency      |
| OV  | Onsite, face to face verification |
| PPE | Personal Protective Equipment     |
| RBF | Results Based Financing           |
| SOP | Standard Operational Procedure    |
| VV  | Virtual, remote verification      |

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# 1. INTRODUCTION

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## 1.1 Background

Health systems around the world are being challenged by increasing demand for care of people with COVID19 (SARS-CoV-2 Coronavirus), compounded by fear, stigma, misinformation and limitations on movement that disrupt the delivery of health care for all conditions. When health systems are overwhelmed and people fail to access needed care, both direct mortality from an outbreak and indirect mortality from preventable and treatable conditions increase dramatically.<sup>1,2,3</sup> Maintaining population trust in the capacity of the health system to safely meet essential needs and to control infection risk in health facilities is key to ensuring appropriate care-seeking behaviour and adherence to public health advice during COVID19.

COVID19 will also affect RBF implementation. Geographical access and essential service utilization will be negatively affected leading to reduced RBF payments to providers and consequently affect staff morale and motivation. Governments and many stakeholders will more focus on COVID19, but not on essential health services or the health system as a whole. Essential health service users may delay seeking care due to the fear of getting infected during transportation and/or at the health facility. Supply chain challenges at global and country level may impact availability of essential medicines and needed supplies. Verification and quality assessments could become a risk of transferring COVID19 between facilities.

Nevertheless, RBF can be an important tool and opportunity:

- To provide much needed resources at the frontline;
- To quickly promote large-scale shifts in provider behavior;
- To use it strategically to purchase the right things at the right places and send a signal (use of incentives) for the need to change behavior (both for COVID19 and to maintain essential health services);
- Benefit from the fact that RBF often uses a strong network connecting all level of the health system that can be used to share key messages

## 1.2 Purpose of the Guide

This guide is intended to facilitate the design/redesign service quality checklists for the RBF project during COVID-19 and contains a list of standards, assessment criteria and guidelines for virtual verification and counter-verification during COVID-19. In addition, it also offers brief guidance on possible adaptations governments are advised to consider for the implementation of RBF schemes during pandemic.

## 1.3 Target Audience

The target audience of this guide includes:

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<sup>1</sup> Parpia AS, Ndeffo-Mbah ML, Wenzel NS, Galvani AP. Effects of response to 2014–2015 Ebola outbreak on deaths from malaria, HIV/AIDS, and tuberculosis, West Africa. Volume 22, Number 3—March 2016 - Emerg Infect Dis, 2016;22(3):433-441. doi:10.3201/eid2203.150977

<sup>2</sup> Brolin Ribacke KJ, Saulnier DD, Eriksson A, von Schreeb J. Effects of the West Africa Ebola virus disease on health-care utilization - a systematic review. Front Public Health. 2016;4:222. doi: 10.3389/fpubh.2016.00222.

<sup>3</sup> Elston JWT, Cartwright C, Ndumbi P, Wright J. The health impact of the 2014-15 Ebola outbreak. Public Health. 2017;143:60–70. doi: 10.1016/j.puhe.2016.10.020.

- Governments, relevant departments of the Ministry of Health and structures responsible for implementation of RBF project;
- Sub-national and local Health Authorities overseeing implementation of RBF project;
- Health Facility Managers and staff implementing activities for improvement of care quality;
- Structures/agencies responsible for verification and counter-verification function.

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## 2. ADAPTATIONS NEEDED DURING COVID-19

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Results Based financing (RBF) schemes implemented in number of countries around the world, attempt to measure quantity and quality of provided services. During COVID-19 countries are advised to:

1. Revisit quantity indicators by adaptation of a set of temporary quantity indicators for health facilities
2. Modify payment mechanisms with primary focus on regular and timely subsidy payments
3. Redesign current Quality of Care Checklist (Balanced Score Cards) by simplification of the given quality checklist and reflecting quality standards and verification guidelines proposed by this guide, or temporarily, during COVID 19 pandemic, use quality standards and verification guidelines proposed by this guide for the areas of management, infrastructure, equipment, supplies and Infection Prevention and Control along with original clinical standards for essential services.
4. Shift face to face-on site verification- to remote-virtual verification

### 2.1 Adaptations to quantity indicators

During the pandemic, it is important to keep services that are important to incentivized but also thinking on innovative ways to maintain the provision of essential health services while ensuring no further transmission to health workers, patients and others. Therefore, extending the package of service might be a good option to mitigate the intended reduction of access and utilization of health services that would lead to a loss of regular income. Adaptations to quantity indicators could consider the following:

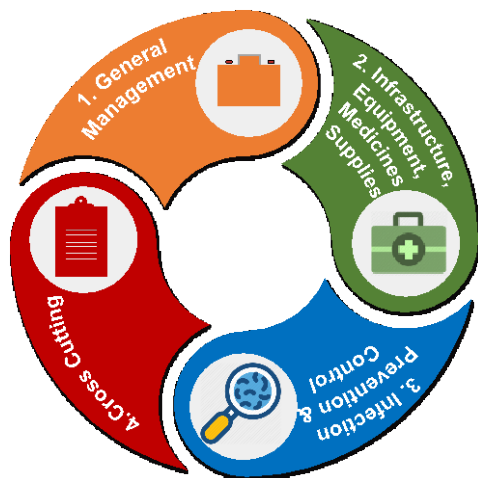
- Maintain RMNCHA services at the health facility and promote outreach services and CHW if health workers are well trained and protected, involvement of humanitarian NGOs in service delivery for vulnerable groups etc.
- Include new Covid-19 services related to behavior change communication related to COVID19 (e.g. prevention and detection of symptoms) & the need to continue receiving essential health services (e.g. where to go, for what services),
- Incentivize Covid-19 specifics services like for example testing where it is available, treatment of underlying symptoms.
- At the level of district health authorities, additional indicators could also be considered, such as : number of health facilities which meet basic IPC standards, number of health facility staff trained in COVID-19 suspected case detection etc.
- Upward revision of prices of existing quantity indicators, to counterbalance a lower utilization of health services

### 2.2 Adaptations to Quality Checklist

Using lengthy quality checklists service quality is verified onsite at the health facilities requiring direct contact with facility management, health workers and patients. Verification, counter-verification and quality assessments could become a risk of transferring COVID19 between facilities. Thus, it is recommended Quality Checklist be adapted, shortened and include COVID19 specific criteria or develop "Emergency checklist" mostly covering COVID19 specific aspects and essential clinical services. During Quality Checklist adaptation, mandatory elements that cannot be verified during the remote or virtual verification should temporarily be removed. Furthermore, countries may consider upward adjustment of the relative weights or prices of indicators in the Quality Checklist related to IPC, WASH, PPE etc. aiming at optimal

health worker and patient safety in health facilities and during community sensibilization and communication efforts

Figure 1: General Structure of the Quality Checklist



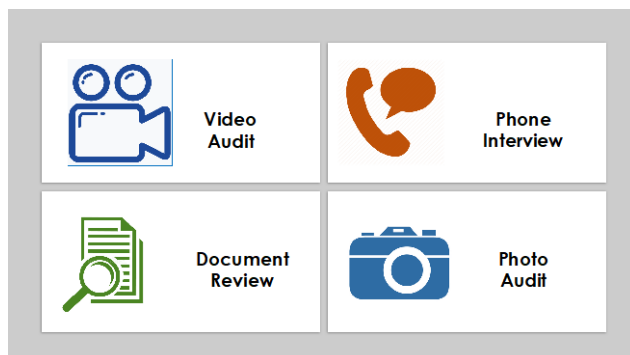
The “Emergency” Quality Checklist presented in this guide is divided into 4 main sections and detailed in Section [3. Suggested Standards, Criteria & Verification Guidelines](#):

1. General management
2. Infrastructure, Equipment, Medicines and Supplies
3. Infection Prevention and Control
4. Cross cutting Indicators

Following sections provide brief explanation of standards important to be complied with by health facilities during COVID19.

### 2.3 Virtual Verification Modes & Source Information

Figure 2: Virtual Verification modalities



With COVID-19 emergence, the situation requires the complete transformation of the forms and dynamics of the way business is performed in health sector, program or project. The given situation requires replacing the previous forms of work with an analogue basis. Due to movement restrictions and social distancing, governments, businesses and citizens have stopped part of their activity, limiting the number of activities

that usually require physical presence in COVID affected countries.

In this change of paradigm, RBF/PBF projects need to ensure that verification of quantitative indicators and the quality of services provided is performed as reliably and securely as possible, moving from on-site (OV) face to face verification to virtual/remote verification modality (VV).

On-site verification can only be substituted with remote, virtual verification where travel restrictions or social/physical distancing as a result of the pandemic prevent on site verifications from occurring.

#### Requirements for virtual verification:

- National Verification Agencies (NVA) to establish policies and procedures for the performance of VV;
- These procedures will define the requirements for technology or tools required for the performance of such VV as well as the documentation to be prepared;
- NVA and Governments should invest in required technology, equipment, and capacity building of NVA and health facility staff on new, virtual verification procedures and new protocols;



- NVA and Governments may reconsider frequency of verification and counter verification. For example, moving from quarterly to semi-annual virtual verification;
- Procedures for VV should consider the need to adjust the duration of the verification in accordance with the effectiveness of the technology employed and proficiency of the verification team and facility in employing this technology;
- Health facilities, subject to virtual verification, to be mapped by their access to internet, phone connectivity and proficiency in employing IT technologies.

## **2.4 Proposed Adaptations to Payment Mechanisms**

Releasing funds to frontline service providers in a timely and efficient manner is critical. This will allow facilities prepare and respond to the crisis and for staff to remain motivated. It is important to think about how much the facility will need to provide services and to meet their additional obligations in this context. Health facilities may need more money for outreach services, enhancing infection prevention control (IPC) measures, medical and laboratory supplies and staff incentives. Some of the options countries may want to consider increasing the funding level include:

- Increasing the unit cost of subsidy to counterbalance a lower utilization of health services and include transport and communication cost for outreach services or telemedicine,
- Using of Quality Improvement Bonus (QIB) to improve the covid-19 prevention and diagnostic capacities such as triage and other IPC measures, additional staff...
- Using alternative payment method like Mobile money to ensure timely disbursement,
- Exploring what additional PFM arrangements that need to be put in place to ensure accountability.

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## 3. SUGGESTED STANDARDS, CRITERIA & VERIFICATION GUIDELINES

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### 3.1 General Management/Administration

|        |  |
|--------|--|
| MNG 01 | Planning for measures to maintain delivery of essential health care services during COVID-19 |
|--------|--|

**Focal Point:** National COVID-19 responses usually involve appointment of the designated focal point at facilities for essential health services. In the phases of the epidemic when the COVID-19 caseload can be managed without compromising routine services, this focal point can coordinate the repurposing of human, financial and material resources and mobilize additional resources. During these phases, the focal point works to optimize protocols for modifying and maintaining essential health services, while ensuring that infection prevention measures are strengthened to guarantee safe service delivery. When routine services are compromised, the designated focal point coordinates the activation of protocols for phased reprioritization and adaptation of services.

**Emergency preparedness plan** contains measures to maintain delivery of essential health care services during COVID-19. The true impact of a COVID-19 outbreak in any community cannot be predicted. However, all healthcare facilities can take steps to prepare for such an outbreak and protect both their patients and staff.

At minimum, the plan should outline:

- Alternative models of care delivery
- Alternative staffing plans
- Referral pathways
- Emergency contact list
- Communication modalities with staff and Patients
- Measures to protect health staff
- Measures to protect patients and visitors
- Etc.

**Alternative models to in-facility health service delivery:** Health service delivery is constrained in many low-income countries and providing essential health services while resources are scarce is a challenge. Therefore, ensuring the provision of safe and quality essential health services during pandemic is critical at all levels of health system. It requires an adequate healthcare workforce (in terms of numbers, competence and skills) that have access to relevant medical supplies and equipment for infection prevention and control as well as a number of innovative approaches to service provision to facilitate opportunities for physical distancing and effective patient flow (including screening for COVID-19, triage and targeted referral). The settings where non-COVID-19 essential health services are delivered may need to be modified for many reasons, including:

- Existing service locations may be unavailable because they cannot safely provide routine services;
- Travel to health facilities may be disrupted by movement restrictions, including disruptions of public transport;
- A need to limit facility-based encounters both at in-patient and outpatient settings, for reasons of safety and capacity;

- A shift of the primary venue for acute care services to hospital emergency units to concentrate services in a setting suited to high-volume, high-acuity care that is available 24 hours per day.

The Government is responsible for determining which essential health care services are to be delivered to non-COVID patients. This may require attention to neonates, children, older people, people with mental health conditions, refugees, migrants, ethnic minorities and homeless people.

Priority services may include:

- Prevention for communicable diseases, particularly vaccine-preventable diseases;
- Services related to reproductive health (family planning, screening and treatment of sexually transmitted diseases, including HIV, post-abortion / abortion care), including care during pregnancy and childbirth;
- Core services for vulnerable populations, such as women, infants and older adults;
- Critical facility-based therapies, including continuation of inpatient therapies, e.g. Dialysis;
- Management of acute episodes and exacerbations of chronic conditions that require time-sensitive intervention;
- Provision of medicines and supplies for the ongoing management of chronic conditions, e.g. People with diabetes, cancer, cardiovascular diseases, HIV/AIDS, mental health disorders, pulmonary diseases, tb, etc., ensuring refills for longer periods;
- Rehabilitation services that support independence and quality of life;
- Long-term care services and home care services for older people and/or people with disabilities; and
- Maintaining the auxiliary services, such as basic diagnostic imaging, antimicrobial susceptibility testing, laboratory network and services, safe blood supply and blood bank services.

Albeit decisions are made at national level, health facilities are required to carefully examine their capacity and local context for delivering essential health services during the pandemic. Facilities will also be required to make adjustments to the standard mode of essential service provision along with care schedule to reduce the need for in-person care provision, so that some appointments are conducted using telehealth<sup>4</sup>, that is virtually by phone or video chat (remote contact) and/or community outreach, to ensure that there is no disruption in service or breakdown in essential care.

Facility-based services should be delivered remotely where appropriate and feasible, and primary care services that would routinely be delivered across multiple visits should be integrated when possible. In-patient admission processes may need to be adapted, as the risks and benefits associated with hospital-based care may change.

Consider moving services from health facilities to community-based or home-based care. These may include:

- Delivering services in a different setting/location;
- Delivering services on a different platform (telephone or web-based);
- Delivering similar services by different providers;
- Integrating different services in one facility based consultations;
- Exploring task sharing in line with existing scopes of practice, and consider expansion of scope of practice where this is may be practicable;

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<sup>4</sup> Telehealth involves the use of telecommunications and virtual technology to deliver health care outside of traditional health-care facilities

- Spacing out the frequency in delivering services; and
- Increasing the capabilities of and support for informal care givers for strengthening home care.

Information systems and communication technologies (ICT) gave us new and innovative wave of communication life such as living in cyber space, instant messaging, and communications with people anywhere. These are changing not only life-style, but also mode of business in every industry. ICTs have great potential to address some of the challenges faced by both developed and developing countries in providing accessible, cost-effective and high quality health care services. Telemedicine uses ICTs to overcome geographical barriers, and increase access to health care services. These are particularly beneficial for rural and underserved communities, groups of population that traditionally suffered from lack of access to health care.

A remote consultation is an appointment that takes place between a patient and a clinician over the telephone or using video, as opposed to face-to-face. Using remote consultations supports i) preventing the transmission of the disease by reducing the need for patients to travel to health facility; ii) allow clinicians to speak to patients who are unable to travel to hospital (e.g. patients in at risk groups, or due to self-isolation or travel difficulties); iii) allows clinicians to carry out clinical work from home or office; and iv) support providers to meet increased demand in a particular locality. Remote consultations can be used for a range of patients and appointment types. In general, they are suitable for people who do not need a physical examination or test and who can communicate via phone or video. If there is a benefit to seeing the patient or their surroundings, then a video consultation is preferred. It is recommended that countries consider implementing remote consultations for all appointments except those which meet locally defined exception criteria. Even for those cases, a video or tele-triage may be booked in before the appointment.

Remote consultations can be used for a range of patients and appointment types. In general, they are suitable for people who do not need a physical examination or test and who can communicate via phone or video. If there is a benefit to seeing the patient or their surroundings, then a video consultation is preferred. In all cases, the relevant clinical team should carry out a risk assessment in conjunction with their managers to stratify services and individual patients; move to remote consultations only when there is low risk of impact upon patient safety and outcome. It is recommended to consider implementing remote consultations for all appointments except those which meet locally defined exception criteria. Even for those cases, a video or tele-triage may be booked in before the appointment.

Face to face consultations are conducted when remote consultation is not suitable. When booking for follow up appointments arrange for this to be carried out remotely if possible. Face to face consultations are necessary for:

- Patients with potentially serious, high-risk conditions likely to need a physical examination
- When an internal examination cannot be deferred
- When patients are unable to use the technology, and cannot be supported to do so, e.g. by a carers or relatives
- When patients are unable to communicate over telephone or video (e.g. patients who are deaf or hard-of-hearing or with mental health problems)

Considerations for children and young people:

- Communication with children and young people - be mindful that in a video consultation children and young people may feel less able to communicate effectively with clinicians and defer to parents

- Safeguarding - assess whether virtual consultation is appropriate in context of safeguarding and make alternative arrangements if there are any concerns

Main considerations:

- Appointments that take place over phone or video will still need notes and outcomes to be captured as they would be for a face-to-face appointment.
- Routine reports can be used to understand volumes and performance.
- Integrate services across disease programmes at the point of service delivery where appropriate to limit the number of facility-based encounters (example: postpartum and post abortion Family planning services)
- Consider increasing the capabilities of civil society and non-state actors to deliver care services and home care, e.g. nongovernmental organizations, Red Cross, Red Crescent, community health workers, etc.
- Ensure continued access to medicines and supplies for people with chronic conditions, e.g. allowing pharmacists to extend ordinary prescriptions.
- Disseminate information and include translation into local languages to guide safe care-seeking behavior and to prepare the public for changes in service delivery platforms, including outreach activities in their communities.



Alternate Delivery of Antenatal Contact<sup>5</sup>

| Current WHO Recommended Antenatal Contacts | Alternate Modality of Antenatal Contact – where remote contact available (must have COVID-19 Symptoms, Danger Signs** and Birth Preparedness *** information)  |
|--|--|
| 1 – 12 weeks                               | <b>Face to Face</b> <ul style="list-style-type: none"> <li>- Comprehensive history and plan for care</li> <li>- BP/ Blood tests</li> <li>- USS – where available</li> <li>- Initial risk assessment</li> </ul> |
| 2 – 20 weeks                               | <b>Remote consultation</b> – including ongoing risk assessment   |
| 3 – 26 weeks                               | <b>Remote consultation</b> – including ongoing risk assessment   |
| 4 – 30 weeks                               | <b>Face-to-Face</b> <ul style="list-style-type: none"> <li>- BP/Blood tests and Abdominal Palpation including FHR.</li> <li>- Ongoing risk assessment</li> </ul>   |
| 5 – 34 weeks                               | <b>Remote consultation</b> – including ongoing risk assessment   |
| 6 – 36 weeks                               | <b>Face-to-Face</b> <ul style="list-style-type: none"> <li>- BP/Blood tests</li> <li>- Abdominal Palpation including FHR.</li> <li>- Ongoing risk assessment Birth planning</li> </ul>                         |
| 7 – 38 weeks                               | <b>Remote consultation</b> – unless risk factors for hypertension in pregnancy or growth restriction identified previously   |
| 8 – 40 weeks                               | <b>Face-to-Face</b> <ul style="list-style-type: none"> <li>- BP/Blood tests</li> <li>- Abdominal Palpation including FHR.</li> <li>- Ongoing risk assessment Birth planning</li> </ul>                         |

\* COVID-19 Symptoms – fever, tiredness, dry cough, aches and pains, nasal congestion, runny nose, sore throat or diarrhea (World Health Organization, 2020)

\*\* Danger signs include: Vaginal bleeding; Convulsions/fits; Severe headache and/or blurred vision; Fever and too weak to get out of bed; Severe abdominal pain; Fast or difficult breathing (World Health Organization, 2017)

\*\*\* Birth Preparedness planning includes knowing Danger Signs; planned birthplace, skilled birth attendant and transport; identifying companion (World Health Organization, 2016)

<sup>5</sup> COVID-19 Technical Brief for Antenatal Care Services, UNFPA, April 2020; [https://asiapacific.unfpa.org/sites/default/files/pub-pdf/Antenatal%20Care%20during%20COVID%2019%20FINAL\\_formatted%2017%2004%2020%20%281%29.pdf](https://asiapacific.unfpa.org/sites/default/files/pub-pdf/Antenatal%20Care%20during%20COVID%2019%20FINAL_formatted%2017%2004%2020%20%281%29.pdf)

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## MNG 02 Health workforce available for surge capacity demands and essential health care services

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**Alternative staffing plan:** Many countries face health workforce challenges, including shortages, maldistribution and misalignment between population health needs and health worker competencies. Additional factors may limit the availability of health workers to deliver essential services during the pandemic, including the redistribution of staff to treat increasing numbers of patients with COVID-19 and the loss of staff who may be quarantined, infected or required to care for friends and family. The combination of increased workload and a reduced number of health workers is expected to severely strain the capacity to maintain essential services, and it will particularly impact women, who make up the majority of the health workforce. These predictable challenges should be offset through a combination of strategies, including recruitment, repurposing within the limits of training and skills, redistributing roles among health workers, while keeping health workers safe and providing mental health and psychosocial support.

**Health worker capacity building:** Refresher training in basic IPC measures and additional precautions to be adopted for COVID-19, as well as COVID 19 prevention, screening, triage, referral and case management should be conducted for health workers at all levels of the health system. Consider simple high-impact clinical interventions for which rapid upskilling would facilitate safe task sharing and expansion of scope of practice for the entire health workforce, e.g. including pharmacists, nurses, nursing assistants, social workers, physiotherapists, psychotherapists, dentists, community health workers.

Establish or reinforce communication platforms so that a workforce notification system is in place to regularly and frequently inform the health workforce of changes in demands, service delivery arrangements, referral pathways and training opportunities, etc.

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## MNG 03 Support, safety and protection of health workers ensured

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Staff safety and security measures include:

- Ensuring appropriate working hours and enforced rest periods (e.g. working schedule for 2 weeks followed by 2 weeks rest);
- Establish protocols to assure safe return to work of health workers following quarantine or sick leave;
- Establish protocols for risk assessment for staff exposures in the workplace;
- Providing guidance, training and supplies (including PPE in appropriate sizes) to limit health worker exposures;
- All health care workers including frontline workers are to be trained in standard protocols for Infection Prevention Control and should adhere to advisories for infection prevention, personal protection and physical distancing norms, for facility level care, outreach visits or home-based care;
- Monitor health workers for illness, stress and burnout;
- Monitor compliance with universal precautions while dealing with all patients and visitors, irrespective of symptomatology;
- Ensuring physical security;
- Providing access to mental health care through dedicated helplines including existing helplines for providing psycho-social support and self-help materials;
- Ensuring timely payment of salaries, sick leave and overtime, including to temporary staff to eliminate perverse incentives for staff to report to work while ill.

- If necessary, additional incentives (financial and non-financial – e.g. accommodation particularly for those mobilized from other areas, etc.) could be considered;

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**MNG 04**      Guidelines, patient pathways and job aids developed and operational

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- Introduce or reinforce standard operating procedures (SOP) for facility-based infection prevention and control. This may include separation of patients at the point of entry, dedicated pathways;
- Establish guidance on screening and triage of patients on arrival at health care settings using the most up-to-date COVID-19 guidance and case definitions, e.g. through dedicated tents in the premises, case testing prior to accessing facilities.
- Establish mechanisms for isolation of patients meeting the case definitions for COVID-19.
- Establish clear criteria and protocols for transporting patients from the community to hospitals or between services.
- Establish criteria and pathways for patient referrals and counter-referrals
- Develop and ensure the availability of COVID-19-specific clinical decision aids with staff and for staff.

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**MNG 05**      Communication to support appropriate use of essential services strengthened

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Changes to preparedness and response interventions should be announced and explained in advance and take the perspectives of affected communities into account. Facilities are encouraged to take the following measures:

- Develop/revise/adapt and implement national risk communication and community engagement plan for COVID-19
- Prepare local messages on safe care-seeking behaviour and up-to date information on
  - a. changes in service delivery settings, (for example implementation of separate access points for people with and without symptoms of COVID-19 or when suspended services will be available again);
  - b. whether and when to seek care;
  - c. sources for information and assistance in case of violence and substance abuse, and
  - d. information about activities to promote health
- Identify trusted community groups (e.g., local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks to engage and disseminate information related to changes in service provision and COVID-19
- Disseminate messages and materials in local languages and via relevant communication channels
- Monitor rumors, and track and respond to misinformation and disinformation

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**MNG 06**      Monitoring of essential health services strengthened

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Once the Government identifies the core set of essential services to be maintained during the pandemic, facility managers or any other responsible (focal point) staff member should regularly track, analyze and report on the utilization and delivery of these services. Reports should highlight any service disruptions and adjustments to be made, such as planning catch-up strategies, implementing workforce optimization strategies, addressing resource allocation and ensuring the availability of essential supplies.

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### **Sample indicators for monitoring the maintenance of essential health services during the COVID-19 pandemic**

Countries should select a context-relevant set of indicators and monitor and report at regular intervals to ensure close monitoring of essential health services. Examples include, but the list is not exclusive:

- Total number of outpatient attendances or primary care visits;
  - Total number of hospital discharges, including deaths (both related and unrelated to COVID-19);
  - Number of health workers available for work, disaggregated by occupational group;
  - Number of health workers with COVID-19, disaggregated by occupational group, including health or care workers in communities;
  - Essential medicines or supplies for which there is less than 2 months' inventory without confirmation of on-time replenishment or with or without confirmation of replenishment;
  - Number of facility births;
  - Number of children younger than 1 year receiving their third dose of diphtheria– tetanus– pertussis (DPT3) or their first dose of measles vaccine;
  - Number of women and girls receiving (a) oral and (b) injectable contraceptives; c) implants; d) Intrauterine Device (IUD);
  - Number of children 0-59 months of age admitted to health facility for treatment of severe wasting and bilateral pitting oedema;
  - Ratio of hospital-based deaths from acute injury to overall deaths from acute injury;
  - Number of inpatient admissions for acute cardiovascular and cerebrovascular emergencies;
  - Number of new and relapse TB cases notified;
  - Number of new cancer diagnoses
- 

It will be important for health facilities to collect and analyse routinely reported data on a core set of indicators that reflect overall service delivery and utilization and that can be monitored regularly. Collection and analysis should include assessing trends in total outpatient attendance or primary care visits and total hospital discharges and deaths compared with reports from previous years. Where possible, data should be disaggregated by age, sex and population group, as relevant to local context, to ensure that services are being delivered equitably and that no specific population (particularly the most vulnerable and at risk) is being left behind. A small number of tracer services should also be monitored to detect any changes and trends, such as an increase in maternal and or child deaths.



## GENERAL MANAGEMENT CHECKLIST

| CATEGORY/<br>STANDARD  | VERIFICATION<br>CRITERIA  | RESPONSE  | MAX.<br>POINTS | MODE OF<br>ASSESSMENT | PRIMARY SOURCE OF<br>INFORMATION   | STEP BY STEP GUIDELINES FOR VIRTUAL VERIFICATION  |
|--|---|---|----------------|-----------------------|--|---|
| <b>MANAGEMENT</b>  |   |   |                |                       |  |   |
| MNG-01<br>Planning for<br>measures to<br>maintain<br>delivery of<br>essential health<br>care services<br>during COVID-<br>19                               | 1.1 COVID-19<br>focal point<br>appointed and<br>reports to the<br>national/ sub-<br>national COVID-<br>19 emergency<br>management team  | COVID-19 focal point<br>appointed and reports to the<br>national/ sub-national COVID-<br>19 emergency management<br>team on a regular basis   | 2              | Document<br>Review    | 1. TOR of the COVID-<br>19 Focal Point<br>2. Staff registry for the<br>verification period<br>3. Reports to COVID-<br>19 emergency<br>management team<br>during the<br>verification period                                     | 1. Examine availability of the COVID19 focal point TOR. If not available, mark<br>point "0".<br>2. If TOR is available, review the staff registry for the verification period and<br>check whether focal person is recorded (appointed). If not recorded, mark<br>point "0".<br>3. If the focal point is appointed (recorded in staff register), review the TORs<br>and check whether a) responsibilities are well stipulated; and b)<br>accountability requirements, including reporting to COVID-19 emergency<br>management team formulated and c) authority for managing COVID19<br>activities is assigned. If one of these requirements are not met, mark point<br>"1".<br>4. If the person is appointed and the TOR clearly outlines all functions and<br>responsibilities (a,b,c), check 3 randomly selected reports to COVID 19<br>emergency management team during the verification period. In cases<br>where there are less than 3 reports to COVID 19 to emergency<br>management team, review all that are available. If reports are available<br>mark point "2". |
|  |   | COVID-19 focal point<br>appointed and but do not<br>report to the national/ sub-<br>national COVID-19 emergency<br>management team on a<br>regular basis                              | 1              |                       |  |   |
|  |   | COVID-19 focal point not<br>appointed   | 0              |                       |  |   |
| 1.2 Facility based<br>emergency<br>response plan for<br>safe delivery of<br>essential health<br>services during<br>COVID-19<br>emergency is<br>implemented | Facility based emergency<br>response plan for safe delivery<br>of essential health services<br>during COVID-19 emergency<br>developed, updated when<br>needed and implemented | Facility based emergency<br>response plan for safe delivery<br>of essential health services<br>during COVID-19 emergency<br>developed and implemented,                                | 3              | Document<br>Review    | 4. A plan for safe<br>delivery of essential<br>health services<br>during COVID-19<br>emergency (Initial<br>and most recent<br>updated version)<br>5. Schedule of<br>Management Team<br>Meetings for the<br>verification period | 1. Request the facility to submit a plan for safe delivery of essential health<br>services during COVID-19 emergency. If the plan is not available mark<br>point "0".<br>2. If plan is available, check whether the plan includes a) activity; b)<br>responsible person or unit; and c) due dates and d) implementation status.<br>If the plan does not include one of these requirements, mark point "1".<br>3. If the plan is presented and contains all required information, review a<br>schedule of the Management Team meetings for the verification period<br>and randomly select 1 meeting per each month of the verification period.<br>Review sampled meeting minutes and examine if the following information<br>is recorded: a) members of the Management team attending the meeting;<br>b) date of the meeting; c) Implementation status of the plan for safe  |
|  |   | Facility based emergency<br>response plan for safe delivery<br>of essential health services<br>during COVID-19 emergency<br>developed and implemented,<br>but not updated when needed | 2              |                       |  |   |

| CATEGORY/<br>STANDARD                    | VERIFICATION<br>CRITERIA                                       | RESPONSE   | MAX.<br>POINTS | MODE OF<br>ASSESSMENT   | PRIMARY SOURCE OF<br>INFORMATION   | STEP BY STEP GUIDELINES FOR VIRTUAL VERIFICATION  |
|--|--|--|----------------|---|--|---|
|  |  | Facility based emergency response plan for safe delivery of essential health services during COVID-19 emergency is developed, but not updated when needed and not implemented as planned | 1              |   | 6. Management Team meeting minutes for the verification period   | delivery of essential health services during COVID-19 emergency; d) challenges faced during implementation; e) mitigation measures; f) follow-up actions. If one of the meeting minutes not available or does not included all information ( a,b,c,d,e,f), mark point "1".  |
|  |  | A plan for safe delivery of essential health services during COVID-19 emergency not developed  | 0              |   |  | 4. If all information is provided in sampled meeting minutes, review the most recently updated plan and examine whether the follow-up action items recorded in the meeting minutes are adequately reflected. If the initial plan has not been updated or follow-up action items recorded in the meeting minutes not reflected in the updated version of the plan, mark point "1".<br>5. If the plan is not updated as per agreed follow-up actions, but implementation status of the original plan recorded in meeting minutes; mark point "2"<br>6. If the plan is updated as per agreed follow-up actions and implementation status of the original plan recorded in meeting minutes; mark point "3"  |
|  | 1.3 Alternative models of in-facility service delivery defined | Alternative models of in-facility service delivery defined, and services moved from facility to community-based or home-based care   | 2              | Document Review<br>Staff phone Interview<br>Patient phone interview | 1. Document outlining service delivery models<br>2. Staff duty schedule for the verification period<br>3. Patient registry for the verification period | 1. Review facility document outlining service delivery models and examine if the following information is provided: a) services provided at the facility and target beneficiaries; b) services delivered remotely (phone, etc.) and beneficiaries; and c) services delivered by community workers in the community or at home and target beneficiaries . If the document is not available or does not provide required information mark point "0".<br>2. If the document is available and contains all required information, review patient registry and check whether all types services are recorded. If yes, randomly select 2 patients receiving different type of services and interview them by phone using phone interview guide specific to this case. If all respondents report receiving services through alternative model of delivery, mark point "2", if not, mark point "1".<br>3. If patient phone interviews are not possible, from staff duty schedule for the verification period randomly select 3 staff members and interview by phone using phone interview guide specific to this case. If all respondents report receiving services through alternative model of delivery, mark point "2", if not, mark point "1". |
|  |  | Alternative models of in-facility service delivery defined, but services not moved from facility to community-based or home-based care   | 1              |   |  |   |
|  |  | Alternative models of in-facility service delivery not defined   | 0              |   |  |   |
|  |  |  |                |   |  | <b>NOTE: Develop staff/ patient phone Interview checklist with scoring</b>  |
| O actionMNG<br>02<br>Health<br>workforce | 2.1 Alternative staffing plan for surge capacity, demand and   | Alternative staffing plan for surge capacity demand and essential health care services developed   | 1              | Document Review   | Alternative HR plan  | 1. Review facility's alternative HR plan. If the plan is not available, mark point "0".   |

| CATEGORY/<br>STANDARD   | VERIFICATION<br>CRITERIA   | RESPONSE   | MAX.<br>POINTS | MODE OF<br>ASSESSMENT                | PRIMARY SOURCE OF<br>INFORMATION  | STEP BY STEP GUIDELINES FOR VIRTUAL VERIFICATION   |
|---|--|--|----------------|--------------------------------------|---|--|
| available for surge capacity demands and essential health care services | essential health care services developed   | Strategic HR plan for surge capacity, demand and essential health care services not developed                              | 0              |                                      |   | 2. If Alternative staffing plan is available, examine whether human resources for possible redeployment or re-assignment identified. If not, mark point "0". If yes, mark point "1"  |
|   | 2.2 Roster of all available health workforce maintained  | Roster of all available health workforce maintained  | 1              | Document Review                      | Roster of all available health workforce  | Review the roster of all available health workers. If the roster is not maintained, mark point "0".  |
|   |  | Roster of all available health workforce not maintained  | 0              |                                      |   |  |
|   | 2.3 Health workforce capacity building plan developed  | Health workforce capacity building plan developed  | 1              | Document Review                      | Training schedule for the last 12 months  | Review the facility annual training plan and check: a) training topics; b) online or in designated community training facilities c) including WHO online training. If the training plan is not available, mark point "0". If yes, and includes all elements (a, b, c), mark point "1"  |
|   |  | Health workforce capacity building plan not developed  | 0              |                                      |   |  |
|   | 2.4 All the health workforce in community and in health facility-based services are provided with COVID-19 & WASH training | All the health workforce in community- and facility-based services are provided with COVID-19 & WASH training              | 2              | Document review                      | 1) Training schedule for the last 12 months;<br>2) Training Reports                           | 1. Check training schedule for the last 12 months and examine whether IPC/WASH and COVID-19 related trainings were planned. If one of these trainings were not planned, ask respective administration staff whether such trainings were conducted during last 12 months but have not been planned. If no, mark point "0".<br>2. If yes, review training report and examine trainee attendance sheet. If training report and trainee attendance sheet is not available, mark point "0".<br>3. If either health workforce at facility or in the community were trained, mark point "1".<br>4. If more than 85% of health workers (according to plan) at both, facility and community level have been trained, mark point "2".  |
|   |  | Only the health workforce either at facility-based services or in the community are provided with COVID-19 & WASH training | 1              |                                      |   |  |
|   |  | Health workers not trained in COVID-19 & WASH  | 0              |                                      |   |  |
|   | 2.5 COVID-19 specific clinical decision aids are developed and available for staff   | COVID-19 specific clinical decision aids are developed with staff and available for staff                                  | 1              | Document Review<br>Photo/video audit | 1. Clinical decision aids<br>2. Photos of clinical decision aids posted in patient care areas | 1. Review clinical decision aids submitted by the health facility and examine availability of the a) screening and triage of patients on arrival at health care settings; b) isolation of patients meeting the case definitions for COVID-19; c) criteria and protocols for transporting patients from the community to hospitals or between services; d) criteria and pathways for patient referrals and counter-referrals; e) criteria and protocol for transportation of suspected and COVID-19 patients. If one of these decision aids are not developed, mark point "0".<br>2. If all these decision aids are developed, review photos or perform video auditing where applicable, and examine if decision aids are displaced in patient care areas. If even one decision aid is not displaced, mark point "0". |
|   |  | COVID-19 specific clinical decision aids are developed but not available for staff   | 0              |                                      |   |  |

| CATEGORY/<br>STANDARD  | VERIFICATION<br>CRITERIA  | RESPONSE   | MAX.<br>POINTS | MODE OF<br>ASSESSMENT                    | PRIMARY SOURCE OF<br>INFORMATION  | STEP BY STEP GUIDELINES FOR VIRTUAL VERIFICATION   |
|--|---|--|----------------|--|---|--|
|  | 2.6 A workforce notification system is in place to regularly and frequently inform the health workforce of changes in demands, service delivery arrangements, referral pathways, training opportunities, etc. | A workforce notification system is in place and operational  | 1              | Staff Phone Interview                    | Staff duty schedule for the verification period   | <p>Randomly select 1 staff member per each category ( physician, nurse, register, cleaner, etc.) and interview by phone using case specific interview guide. If collectively all interviewed staff collect more than &gt;85% of scores, mark point "1". Otherwise, mark point "0".</p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>- Develop photo requirements, labeling, dating, etc.</li> <li>- Develop staff phone Interview checklist with scoring</li> </ul>  |
|  |   | A workforce notification system is not in place and operational  | 0              |  |   |  |
| MNG 03<br>Safety and protection of health workers ensured  | 3.1 Appropriate hours and enforced rest periods established and enforced  | Appropriate hours and enforced rest periods established and enforced                                     | 2              | Document Review                          | 1 Document outlining facility decision on Appropriate hours and enforced rest periods<br>2 Staff duty schedule for the verification period                            | 1 Review Document outlining facility decision on appropriate hours and enforced rest periods. If the document is not available, mark point "0".<br>2 If the document is available, review staff duty schedule for the verification period and next reporting period and examine if guideline for appropriate hours and enforced rest periods outlined in the document is enforced. If not, mark point "1".<br>3 If yes, interview staff selected for the category 2.6 to assess whether guideline for appropriate hours and enforced rest periods are observed. If all interviewed confirm that guideline is observed in practice, mark point "2". |
|  |   | Appropriate hours and enforced rest periods established but not yet enforced                             | 1              | Staff Phone Interview                    |   |  |
|  |   | Appropriate hours and enforced rest periods not established  | 0              |  |   |  |
|  | 3.2 Protocols to assure safe return to work of health workers following quarantine or sick leave established  | Protocols to assure safe return to work of health workers following quarantine or sick leave established | 1              | Document Review<br>Staff Phone Interview | 1. Protocol on safe return to work of health workers following quarantine or sick leave<br>2. Staff duty schedule for the verification period & next reporting period | 1. Review facility based protocol on safe return to work of health workers following quarantine or sick leave. If not available, mark "0"<br>2. If available, interview staff selected for the category 2.6 by phone (using phone interview guide for a particular case) to assess staff experience or knowledge of the protocol. If all interviewed are aware of the protocol (>85% of scores accumulated collectively), mark point "1". Otherwise mark point "0".<br><br><p><b>NOTE:</b> Develop staff phone Interview checklist with scoring</p>  |
| Protocols to assure safe return to work of health workers following quarantine or sick leave not established |   | 0  |                |  |   |  |
|  | 3.3 Mechanisms for mental health and psychosocial   | Mental health and psychosocial support for health workers available and accessible                       | 1              | Staff Phone Interview                    | Staff duty schedule for the verification period   | Interview staff selected under category 2.6 to assess staff knowledge where to access mental health and psychosocial support when needed. If collectively all  |

| CATEGORY/<br>STANDARD  | VERIFICATION<br>CRITERIA   | RESPONSE   | MAX.<br>POINTS | MODE OF<br>ASSESSMENT              | PRIMARY SOURCE OF<br>INFORMATION  | STEP BY STEP GUIDELINES FOR VIRTUAL VERIFICATION  |
|--|--|--|----------------|------------------------------------|---|---|
|  | support for health workers defined   | Mental health and psychosocial support for health workers is not available and accessible  | 0              |                                    |   | interviewed accumulate more than 85% of scores, mark point "1". Otherwise, mark point "0".  |
| MNG 04<br>Guidelines,<br>patient<br>pathways and<br>job aids<br>developed and<br>operational | 4.1 Guidance on screening and triage of patients on arrival at health care settings are available                              | Guidance on screening and triage of patients on arrival at health care settings using the most up-to-date COVID-19 guidance and case definitions are available     | 1              | Document Review                    | Facility based guidance on screening and triage of patients on arrival    | Review the document and examine if guidance is provided on screening and triage of patients on arrival. If the document is not available, mark point "0".   |
|  |  | Guidance on screening and triage of patients on arrival at health care settings using the most up-to-date COVID-19 guidance and case definitions are not available | 0              |                                    |   |   |
|  | 4.2 Criteria and pathways for patient referrals and counter-referrals are established  | Criteria and pathways for patient referrals and counter-referrals are posted in patient care areas   | 1              | Photo Audit                        | Photos of criteria and pathways displayed on a wall in patient care areas | Review photos and examine whether criteria and pathways displayed on a wall in patient care areas. If not, mark point "0".<br><br><b>NOTE:</b> Develop photo requirements, labeling, dating, etc.   |
|  |  | Criteria and pathways for patient referrals and counter-referrals are not available  | 0              |                                    |   |   |
|  | 4.3 Facility has a written display of ambulance number for referral purposes   | Facility has a written display of ambulance number for referral purposes   | 1              | Video Audit/<br>Photo Audit        | Photos of all public areas with emergency numbers posted on a wall        | <b>Video Audit:</b><br><b>NOTE:</b> Make sure video audit is performed for all public areas<br><br><b>Photo Audit:</b> Review all photos and examine availability of emergency number posted on wall in public places. If emergency number is not posted in one of the public areas, mark point "0"<br><b>NOTE:</b><br><ul style="list-style-type: none"> <li>▪ Develop photo requirements, labeling, dating, etc.</li> <li>▪ Photo Auditing is applied where video auditing is not possible</li> </ul>   |
|  |  | Facility does not have a written display of ambulance number for referral purpose  | 0              |                                    |   |   |
|  | 4.4 Clear criteria and protocols for transporting patients from the community to hospitals or between services are established | Staff are aware of the patient transport guidelines, including transportation of COVID-19 suspected patients   | 2              | Document Review<br>Phone Interview | Staff duty schedule   | There should be a guidelines for transporting clients, especially with the possible symptoms of COVID-19. If guideline is not available mark point "0". If yes, from staff duty schedule for the verification period randomly select 4 staff members and interview by phone using the simulation/phone interview checklist. If all respondents collectively accumulate scores, mark point "2". If collectively more than 85% less than 85% scores, mark point "0". If collectively respondents collect scores between 65%-85%, mark point "1". Otherwise mark point "0" |
|  |  | Not all staff are aware of the patient transport guidelines, including transportation of COVID-19 suspected patients   | 1              |                                    |   |   |

| CATEGORY/<br>STANDARD  | VERIFICATION<br>CRITERIA   | RESPONSE   | MAX.<br>POINTS | MODE OF<br>ASSESSMENT                          | PRIMARY SOURCE OF<br>INFORMATION  | STEP BY STEP GUIDELINES FOR VIRTUAL VERIFICATION   |
|--|--|--|----------------|--|---|--|
|  |  | Staff are not aware of the patient transport guidelines, including transportation of COVID-19 suspected patients   | 0              |  |   | <b>NOTE:</b> Develop Interview checklist according to transportation guidelines with scoring   |
| MNG 05<br>Communication<br>to support<br>appropriate use<br>of essential<br>services<br>strengthened | 5.1 Communication<br>Strategy<br>developed and<br>implemented  | Communication Strategy developed and implemented   | 2              | Document<br>review<br>Staff Phone<br>Interview | 1. Communication<br>Strategy;<br>2. Staff duty schedule<br>for the verification<br>period | 1. Review the strategy and examine whether the document outlines: a) guidance on safe care-seeking behaviour and up-to date information on changes in service delivery settings, implementation of separate access points for people with and without symptoms of COVID-19 or when suspended services will be available again); b) whether and when to seek care; c) sources for information and assistance in case of violence and substance abuse, and iv) information about activities to promote health. If the strategy is not available, mark point "0".<br>2. From staff duty schedule for the verification period randomly select 2 staff members and interview by phone using staff phone interview guide to assess implementation of the communication strategy. If collectively interviewed staff accumulate more than 85% of points, and the strategy contain only selected required elements, mark point "1". |
|  |  | Communication Strategy contains only some required elements and is implemented   | 1              |  |   |  |
|  |  | Communication Strategy not available   | 0              |  |   |  |
|  | 5.2 Information to<br>guide safe care-<br>seeking behaviour<br>and to prepare the<br>public for changes<br>in service delivery<br>platforms,<br>including outreach<br>activities in their<br>communities are<br>translated into<br>local languages<br>and disseminated | Information on all local languages to guide safe care-seeking behaviour and changes in service delivery platforms including outreach activities displaced in the waiting area                    | 3              | Photo Audit                                    | Photos with information<br>on service delivery<br>modes                                   | Review photos and examine whether information related to: a) safe care-seeking behaviour and b) changes in service delivery platforms including outreach activities (where applicable) are displaced in patient waiting areas. If yes, check whether information is provided in all locally spoken languages. If of the types of information (a,b) is missing, mark point "2". If displaced information cover all required information (a,b) but not translated in all local languages, mark point "1". If information is not displaced, mark point "0".<br><br><b>NOTE:</b> Develop photo requirements, labeling, dating, etc.  |
|  |  | Information in all local languages displaced in the waiting area, but does not contain all information   | 2              |  |   |  |
|  |  | Information to guide safe care-seeking behaviour and changes in service delivery platforms including outreach activities displaced in the waiting area but not translated in all local languages | 1              |  |   |  |

| CATEGORY/<br>STANDARD   | VERIFICATION<br>CRITERIA  | RESPONSE  | MAX.<br>POINTS | MODE OF<br>ASSESSMENT | PRIMARY SOURCE OF<br>INFORMATION                              | STEP BY STEP GUIDELINES FOR VIRTUAL VERIFICATION   |
|---|---|---|----------------|-----------------------|---|--|
|   |   | Information to guide safe care-seeking behaviour and changes in service delivery platforms including outreach activities not displaced                                  | 0              |                       |   |  |
| MNG 06<br>monitoring of<br>essential health<br>services<br>strengthened | 2.3 Facility<br>Routinely<br>reports and<br>analyses the<br>overall<br>impact of the<br>pandemic on<br>health<br>service<br>provision<br>and<br>utilization | Facility routinely reports and analyses the overall impact of the pandemic on health service provision and utilization  | 2              | Document<br>Review    | Monthly statistical<br>reports for the<br>verification period | Review all monthly reports for the verification period and examine a) all monthly reports are available; b) reports provide trends of core set of indicators that reflect overall service delivery and utilization; c) integrates community-based reporting where applicable; d) tracks financial resources; e) contains analysis; f) outlines follow-up actions directed in improvement of utilization rates; g) reports on progress of follow-up actions from the previous reporting period. If even one monthly report is not available, mark point "0". If all monthly reports are available, but does not contain all information (a,b,c,d,e,f,g), mark point "1".  |
|   |   | Facility routinely reports but not analyses the overall impact of the pandemic on health service provision and utilization  | 1              |                       |   |  |
|   |   | Facility does not routinely report and analyse the overall impact of the pandemic on health service provision and utilization   | 0              |                       |   |  |
|   | 6.2 Statistical data<br>are recorded,<br>consolidated and<br>sent in a timely<br>manner to the<br>higher<br>management level<br>in standardized<br>form     | Statistical data are recorded, consolidated and sent to the higher management level in standardized format and necessary frequency (monthly) in a timely manner         | 3              | Document<br>review    | Monthly statistical<br>reports for the<br>verification period | <ol style="list-style-type: none"> <li>1. Review all monthly statistical reports. If not available mark point "0".</li> <li>2. Randomly select 1 monthly statistical report and examine whether <ol style="list-style-type: none"> <li>a. report consolidates all statistics information;</li> <li>b. all required statistical data is recorded in standard reporting form;</li> <li>c. statistical reports are sent to the higher level management by established due date</li> </ol> </li> <li>3. If all requirements are met (a, b, c), mark point"15"</li> <li>4. If statistical data are recorded, consolidated using standard reporting form, but not sent to the higher level management by due date, mark point "10"</li> <li>5. If statistical data are recorded, consolidated and sent to the higher level management by due date, but not followed the standard form, mark point "5"</li> </ol> |
|   |   | Statistical data are recorded, consolidated and sent to the higher management level in standardized format and necessary frequency (Monthly) but not in a timely manner | 2              |                       |   |  |
|   |   | Statistical data are recorded, consolidated and sent in a timely manner to the higher management level, but not in standardized format                                  | 1              |                       |   |  |



| CATEGORY/<br>STANDARD  | VERIFICATION<br>CRITERIA   | RESPONSE  | MAX.<br>POINTS | MODE OF<br>ASSESSMENT | PRIMARY SOURCE OF<br>INFORMATION  | STEP BY STEP GUIDELINES FOR VIRTUAL VERIFICATION   |
|--|--|---|----------------|-----------------------|---|--|
|  |  | Statistical data are NOT recorded, consolidated and sent in a timely manner to the higher management in standardized format   | 0              |                       |   |  |
|  | 6.3 Maternal and Neonatal Death Review and response are conducted and documented based on MOH guidelines                       | Maternal and Neonatal Death Review and Response are conducted and documented based on MOH guidelines                          | 2              | Document review       | 1) Maternal and Neonatal death registry for the verification period;<br>2) Maternal and Neonatal Death Review report/meeting minutes  | <ol style="list-style-type: none"> <li>From the Maternal and Neonatal death registry randomly select 4 cases, 2 maternal and 2 neonatal (if no mortality cases are reported during the verification period select cases from previous verification periods) and review Maternal and Neonatal Death Review report/meeting minutes whether: i) the review was performed with the Committee members at Health facility/ Community level and ii) whether the review was performed within 48 hours</li> <li>If all these requirements are met by all reviewed meeting minutes, mark point "10"</li> <li>If even one of these requirements are not met in one of the reviewed meeting minutes, mark point "5"</li> <li>Otherwise mark point "0"</li> </ol> |
| Maternal and Neonatal Death Review and Response are conducted but not documented based on MOH guidelines |  | 1   |                |                       |   |  |
| Maternal and Neonatal Death Review and Response are NOT conducted and documented based on MOH guidelines |  | 0   |                |                       |   |  |
| MNG 07 Health Facility demonstrates well - functioning Financial Management Practices                    | 7.1 Financial and accounting documents available and include bank statements, payment vouchers with attached support documents | Financial and accounting documents available and include bank statements, payment vouchers with attached support documents    | 2              | Document Review       | <ol style="list-style-type: none"> <li>Accounting ledger for the verification period</li> <li>Sampled accounting documents</li> </ol> | <ol style="list-style-type: none"> <li>From accounting ledger for the verification period, randomly select 5 accounting transactions and request the health facility to submit copies of payment voucher and supporting documents for each sampled transaction. If transaction documents even for one sampled transaction is not provided, mark point "0"</li> <li>If transaction documents are provided for all sampled transactions, check whether all required supporting documents – payment voucher and supporting documents- are included. If even in one case one of these documents is missing, mark point "1".</li> </ol>   |
|  |  | Financial and accounting documents available BUT does not include bank statements, payment vouchers and all support documents | 1              |                       |   |  |
|  |  | Financial and accounting documents are NOT available  | 0              |                       |   |  |
|  | 7.2 Monthly financial reports are maintained according to statutory requirements   | Monthly financial reports are maintained, show budget, revenue and expenditure of funds                                       | 2              | Document Review       | Monthly Financial Reports   | <p>Randomly select one monthly financial report from the verification period and examine whether the following elements are recorded: a) balance at the beginning of the reporting month, b) revenues received during the reporting period; c) expenditure during the reporting period, and d) balance at the end of the reporting month.</p> <p>If all elements are recorded (a, b, c, d), mark point "10". If one of the elements are missing, mark point "5". Otherwise mark point "0".</p>   |
| Monthly financial reports are maintained, BUT does not show budget, revenue and/or expenditure of funds  |  | 1   |                |                       |   |  |



| CATEGORY/<br>STANDARD         | VERIFICATION<br>CRITERIA  | RESPONSE  | MAX.<br>POINTS | MODE OF<br>ASSESSMENT                    | PRIMARY SOURCE OF<br>INFORMATION  | STEP BY STEP GUIDELINES FOR VIRTUAL VERIFICATION   |
|-------------------------------|---|---|----------------|--|---|--|
|                               |   | Monthly financial reports are not maintained                    | 0              |  |   |  |
|                               | 7.3 Staff incentive payments payed on time according to approved methodology                    | Staff incentive payments payed on time and in right amounts     | 3              | Document Review<br>Staff Phone Interview | 1) Staff on duty register during the verification period<br>2) Sampled staff incentives payment documents | 1) From staff on duty register for the verification period randomly select 1 staff member per each category (eligible for incentives) and interview by phone to find whether: a) staff received incentive payment for the verification period on time and b) amount paid<br>If even one staff member reports not receiving incentives, mark point "0"<br>2) If all sampled staff report receiving incentive payments for the verification period, ask the health facility to send incentives payment documents for sampled staff and check : i) amount paid and ii) date of payment. If date of payment is later than due date even in one case , mark point "10".<br>3) If in all cases incentives were payed on time, check whether staff reported incentive amount is equal to amount reported in the accounting documents. If even in one case reported and recorded incentive amounts differ, mark point "5".<br>4) If in all cases staff reported and recorded incentive payments are equal, and payments were made on time, mark point "15" |
|                               |   | Staff incentive payments payed in right amounts BUT NOT on time | 2              |  |   |  |
|                               |   | Staff incentive payments payed on time BUT NOT in right amounts | 1              |  |   |  |
|                               |   | Staff incentive payments NOT payed                              | 0              |  |   |  |
| <b>MAXIMUM POINTS</b>         |   |   |                |  |   | <b>43</b>  |
| <b>TOTAL POINTS COLLECTED</b> |   |   |                |  |   | _____  |
| Percent of points collected   | $\left[ \frac{\text{Total collected points}}{\text{Total maximum points}} \right] \times 100\%$ |   |                | _____ %                                  |   |  |

### QUARTERLY OBSERVATIONS AND RECOMMENDATIONS

|  |  |
|--|--|
| List recommendations not addressed from the previous quarter and provided justifications |  |
| Identified Strengths during the assessed quarter   |  |
| Identified weaknesses to improve upon during next quarter                                |  |
| Recommendations regarding the weaknesses   |  |
| Recommended Technical support  |  |



## 3.2 Infrastructure and supply chain

**STR 01** The health facility has adequate reception, screen and service delivery areas

Health facilities need to expand their capacity for COVID-19 screening and isolation and for triage of all patients, including reorganizing physical spaces and stocking appropriate PPE and IPC supplies (e.g. hand hygiene products and disinfectants for environmental decontamination).

Where appropriate, appointments should be scheduled to avoid crowding in waiting areas and waiting areas should be reorganized to ensure physical distancing. Numbers of visitors and visiting periods should be highly restricted. Where possible, to minimize unnecessary contacts among patients and staff, facilities should reorganize processes and physical space to create unidirectional flow.

All sites will need to be ready to assess and refer patients appropriately to reduce transmission and ensure the rational use of scarce advanced-care resources. Instituting targeted referral and counter-referral criteria and processes will be crucial to keep the system from becoming overwhelmed.

### Recommendations for triage area for patients with respiratory symptoms

| Area                       | Recommendations   |
|----------------------------|---|
| Reception and waiting room | <p>Patients not exhibiting respiratory symptoms should be directed to the routine triage area of the health facility, which should be clearly identified and marked. Patients exhibiting respiratory symptoms should go to the designated triage area, which should also be clearly marked. Patients entering this area should be asked to perform hand hygiene and put on a surgical mask, if the patient is able to tolerate a mask.</p> <p>In the area where patients wait prior to having their vital signs checked, it is recommended that markers be placed on the floor to indicate where each patient should wait. These markers should be placed two meters apart and should be clearly visible. Wheelchairs should be available for patients who need them.</p>   |
| Vital sign check           | <p>A “do not enter” sign should be placed on the floor at least two meters before the entrance to the vital sign check area. Patients should remain behind this line at all times unless they are instructed otherwise.</p> <p>Patients’ vital signs (temperature, preferably measured with an infrared thermometer, and oxygen saturation) should be checked, after which the personnel should sanitize the equipment used. The personnel should also collect general information from the patient and inquire about risk factors. Patients who do not meet the criteria established by the emergency service should be given recommendations for home isolation and should follow the exit path, which should be marked and should be located at least two meters from the patient entry area.</p> <p>Preferably, the exit route should be physically separated from the entry route (by screens, prefabricated structures, etc.)</p> |
| Data entry                 | <p>Patients who meets the criteria established by the emergency service should be directed to the data collection area, where the necessary patient information should be recorded. The patient information file should be kept by personnel of the triage area at all times and should not come into direct contact with the patient.</p>  |
| Waiting room               | <p>Once patients’ data have been entered, they should be directed to the pre-triage waiting room. There should be two meters of space between the chairs in this area.</p>  |
| Triage                     | <p>Triage area personnel should call patients in for classification. The patient’s condition should be evaluated and patients requiring hospitalization should be identified. Patients who meet the criteria for hospitalization under national guidelines should be directed by waiting room personnel to the appropriate area, following the designated internal route for patients with respiratory symptoms. For</p>  |

|  |   |
|--|---|
|  | patients not requiring hospitalization, the triage personnel should provide appropriate instructions. Patients should then be directed to the designated exit route, which should be separated from the entry route by at least two meters. |
|--|---|

## STR 02 Water supply facilities are located on premises and water is available

Water is required to support personal hygiene including hand washing with soap as a key preventive measure. Water must be available for regular cleaning and disinfection purposes, cleaning, disinfection, laundry and other activities while sufficient drinking water remains crucial.

### Key actions:

- Ensure that safe and adequate running water is available in HCFs especially at points of care (screening rooms, examination rooms, injection rooms, wards, treatment rooms, labour rooms, delivery rooms and postnatal care rooms as well as mortuaries), and for environmental cleaning, laundry activities, personal hygiene and decontamination of equipment and surfaces.
- If there is no running water, all means must be put in place to secure continuous availability of water for health care facility uses, this may require transporting water or increasing on-site water storage capacity.
- In areas where trucking water is opted for. i) each truck load should be checked for free residual chlorine (>0.5 mg/l) to ensure water safety ii) Allow water to settle in the tank before releasing for use. iii) Ensure regular cleaning of storage tanks.
- Ensure the water is safely treated. A number of measures can be taken to improve water safety starting with collection and safe storage of treated water in regularly cleaned and covered containers. Furthermore, conventional, centralized water treatment methods which utilize common filtration system and disinfection inactivate COVID-19.
- When possible, provide water stations with pedal-operated taps and devices or water dispensers with sensors to minimize hand contact and reduce the risk of infection; avoid installation of metal taps where possible and use elbow operated taps (as in surgical rooms) where feasible; in most cases though, where standard taps are in use, ensure taps are regularly disinfected together with regular handwashing or provide paper towels to use when opening and closing taps and facilities for disposing of towels safely
- Ensure safe drinking water for Patients and Health personnel

**Handwashing facility options** A number of design features should be considered in selecting and/or innovating on existing handwashing facility options. These features include:

- Turning the tap on/off: either a sensor, foot pump, or large handle so the tap can be turned off with the arm or elbow
- Soap dispenser: for liquid soap either sensor controlled or large enough to operate with the lower arm; for a bar of soap, the soap dish should be well-draining, so the soap doesn't get soggy
- Grey water: ensure the grey water is directed to, and collected in, a covered container if not connected to a piped system
- Drying hands: paper towels and a bin provided; if not possible encourage air drying for several seconds
- Materials: generally, the materials should be easily cleanable and repair/replacement parts can be sourced locally
- Accessible: should be accessible to all users, including children and those with limited mobility

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**STR- 03**      Supply chains to ensure continuity of established treatment regimens necessary for patients to access essential health care services are sustained

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The need to redirect supplies to treat patients with COVID-19, compounded by general supply chain disruptions due to the effects of the outbreak on other sectors, is likely to lead to stock-outs of resources needed for essential services. Supply is dynamic during a pandemic and there are elevated risks of shortages. Lists of priority resources linked to essential services should be developed or adapted from existing lists, and planning should be executed in coordination with the overall outbreak response

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**STR 04**      Uninterrupted supply of PPEs ensured

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Health facilities should ensure adequate IPC supplies<sup>6</sup> to guarantee the safe delivery of services

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<sup>6</sup> WHO, Coronavirus disease (COVID-19) technical guidance: Essential resource planning  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/covid-19-critical-items>

## INFRASTRUCTURE, EQUIPMENT AND SUPPLY CHAIN CHECKLIST

| CATEGORY/<br>STANDARD  | VERIFICATION CRITERIA  | RESPONSE   | MAX.<br>POINTS | MODE OF<br>ASSESSMENT       | PRIMARY SOURCE OF<br>INFORMATION | STEP BY STEP GUIDELINES FOR VERIFICATION  |  |
|--|--|--|----------------|-----------------------------|----------------------------------|---|--|
| <b>INFRASTRUCTURE, EQUIPMENT AND SUPPLY CHAIN MANGEMENT</b>  |  |  |                |                             |                                  |   |  |
| STR 01<br>The health facility has adequate reception, screen and service delivery areas  | 1.1 Patient waiting area is organized according National IPC and COVID-19 SOPs   | Patient waiting area is organized according National IPC and COVID-19 SOPs   | 2              | Video Audit/<br>Photo Audit | Photos of waiting area           | <p>Review photos of waiting areas and examine whether the set up meets COVID-19 requirements: i) a separate area for sick and well patients , ii) well ventilated; iii) trash bins with lids; iv) availability of biohazard bags; v) social distancing; vi) notification system to allow patients to wait in their personal vehicles or outside the facility. If one of the requirements are not met, mark "0".</p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▪ Video auditing used where possible.</li> <li>▪ Photo Auditing is applied where video auditing is not possible</li> <li>▪ Develop photo requirements, labeling, dating, etc.</li> </ul> |  |
|  |  | Patient waiting area is not organized according National IPC and COVID-19 Response Interim Guidance Document                           | 0              |                             |                                  |   |  |
|  | 1.2 Clear signs of the location of the waiting area, posters/ visual alerts with information on COVID-19 are displayed at entry points | Clear signs of the location of the waiting area, posters/ visual alerts with information on COVID-19 are displayed at entry points     | 2              | Video Audit/<br>Photo Audit | Photos of waiting area           |   |  |
|  |  | Clear signs of the location of the waiting area, posters/ visual alerts with information on COVID-19 are not displayed at entry points | 0              |                             |                                  |   |  |
|  | 1.3 Infrastructure for isolation of patients meets COVID-19 SOP requirements   | Isolation space/room organized according to National IPC and COVID-19 SOPs   | 2              | Video Audit/<br>Photo Audit | Photos of Isolation Room/space   |   | <p>Observe/Review photos and examine availability of the following signs, posters/visual alerts: 1) signs of the location of the respiratory waiting area displaced at entry points; 2) hygiene and cough etiquette; 3) screening of public/patient on fever or symptoms of respiratory infection to immediately notify triage personnel. If one of these signs, posters/visual alerts are not available, mark point "0"</p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▪ Video auditing used where possible.</li> <li>▪ Photo Auditing is applied where video auditing is not possible</li> <li>▪ Develop photo requirements, labeling, dating, etc.</li> </ul> |
|  |  | Isolation space/room not organized according to IPC & COVID-19 SOP   | 0              |                             |                                  |   |  |
| <p>Review submitted photos and examine whether the isolation space/room is organized as per National Infection Prevention &amp; Control COVID-19 Response Guidance, such as: i) placed out the main pathway of the facility ground or be an entirely independent structure; ii) placed as close as possible to the facility exit / entry; iii) has its own water storage; iv) has it's own back-up electricity supply; v) it's clearly identified with a visible signage; vi) protected against access and sight around it's assigned area with one single entry with security boot. If one of requirements are not met, mark point "0"</p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▪ Photo Auditing is applied where video auditing is not possible</li> <li>▪ Develop photo requirements, labeling, dating, etc.</li> </ul> |  |  |                |                             |                                  |   |  |

| CATEGORY/<br>STANDARD  | VERIFICATION CRITERIA   | RESPONSE   | MAX.<br>POINTS | MODE OF<br>ASSESSMENT               | PRIMARY SOURCE OF<br>INFORMATION                | STEP BY STEP GUIDELINES FOR VERIFICATION  |
|--|---|--|----------------|-------------------------------------|---|---|
|  | 1.4 A space outside the isolation space and patient/consultation rooms is designated for donning and doffing PPEs | A space outside the isolation space and patient/consultation rooms is designated for donning and doffing PPEs<br>One designated area available for donning and doffing PPEs<br>There is no designated space for donning and doffing PPEs |                | Staff Phone / Interview Photo audit | Staff duty schedule for the verification period | <b>Review photos (VV)</b> and examine availability of a space outside the isolation space and patient/consultation rooms is designated for donning and doffing PPEs. In addition to photo audit, conduct phone interview of randomly selected staff under category 9.1. When phone communication is not possible do not use this method of verification.<br><br><b>NOTE: Develop photo requirements, labeling, dating, etc.</b>   |
| STR-02<br>Water supply facilities are located on premises and water is available | 2.1 Reliable drinking water points are accessible for patients, care givers and staff at all times                | Reliable drinking water points are accessible for patients, care givers and staff at all times   | 1              | Video Audit<br>Photo audit          | Photos of drinking water points                 | Review by video /photos and examine if drinking water points are available in: 1) waiting area; 2) patient care areas; 3) staff offices. If water is not available in one of these areas, mark point "0"<br><br><b>NOTE: Develop photo requirements, labeling, dating, etc.</b>   |
|  |   | There are no reliable drinking water points  | 0              |                                     |   |   |
|  | 2.2 Water is available at the facility  | Continuous supply of water is available at the facility  | 1              | Video Audit<br>Photo audit          | Photos of drinking water points                 | Observe/Review by video /photos and examine if continuous supply of water is safeguarded : a) photos demonstrate on-site water storage capacity full of water; b)running water from the tap; c) availability of full water dispensers. If one of these is not observed, mark point "0".<br><br><b>NOTE: Develop photo requirements, labeling, dating, etc.</b>  |
|  |   | Continuous supply of water is not available at the facility  | 0              |                                     |   |   |
| STR-03<br>Supply chains to ensure continuity of IPC supplies and material        | 3.1 There is a system to track IPC supplies and material: and date of item delivery and quantity recorded         | There is a mechanism in the facility to track IPC supplies and materials and identify any stock-outs   | 2              | Document review                     | IPC stock cards for the verification period     | 1. Examine availability of stock cards for each month of the verification period for the following IPC supplies: i) gloves, ii) gowns, iii) apron, iv)head cover, v) face mask, vi) face shields, vii) plastic bags, viii) mops, viii) gumboots, ix)environmental detergents, x)soap/alcohol based hand rubs; xi) sharp safety box. If one of the stock cards are not available for these items mark point "0".<br>2. If stock cards are available for all IPC items, check whether the stock cards record: a) stock at hand at the beginning of reporting period, b) number of items received during the reporting period, c) date of item delivery; d) number of items dispensed during the reporting period, and e) stock balance at the end of the reporting period. If in one of the reviewed stock cards one of these information is missing, mark point "1".<br>3. Otherwise, mark point "2" |
|  |   | There is a mechanism in the facility to track IPC supplies and materials but not for all required IPC items  | 1              |                                     |   |   |
|  |   | There is no mechanism in the facility to track IPC supplies and materials and identify any stock-outs  | 0              |                                     |   |   |
|  | 3.2 There has been zero stock out in the last three (3) months of IPC supplies                                    | There has been zero stock out  |                | Document review                     | 1. IPC stock cards for the verification period  | Review photos (VV) and check availability of the IPC stock at the health facility. If one of the following is not in stock, mark point "0": i) gloves, ii) gowns, iii) apron, iv) head cover, iv) face mask, v) face shields, vi) plastic   |



| CATEGORY/<br>STANDARD | VERIFICATION CRITERIA  | RESPONSE  | MAX. POINTS |           |    | MODE OF ASSESSMENT                           | PRIMARY SOURCE OF INFORMATION  | STEP BY STEP GUIDELINES FOR VERIFICATION   |
|-----------------------|--|---|-------------|-----------|----|--|--|--|
|                       |  | There has been stock out in the last three (3) months |             |           |    | Staff phone Interviews<br>Photo of IPC stock | 2. Photos of IPC stock;<br>3. Staff on duty register for the verification period | bags, vii) mops, viii) gumboots, ix)environmental detergents, x)soap/alcohol based hand rubs; xi) sharp safety box. 2) Review IPC supply stock cards (OV&VV)/ conduct phone interview (VV) of sampled staff on duty and identify whether there was no stock out of IPC supplies for the last three months. |
|                       | 3.3 Facility has a two month supply of PPE according to COVID-19 IPC supplies guidelines |   | 2 month     | < 2 month | No | Document review                              | Stock card for each item for the verification period                             | 1. Review stock cards for each items and ensure that stock of each item is adequate to three month supply. If not, mark point "0".<br>2. If the stock at hand is for less than 2 months, mark point "0.5"  |
|                       | PPE Suits  |   | 1           | 0.5       | 0  |  |  |  |
|                       | Disposable Aprons  |   | 1           | 0.5       | 0  |  |  |  |
|                       | Face Shield  |   | 1           | 0.5       | 0  |  |  |  |
|                       | Hood   |   | 1           | 0.5       | 0  |  |  |  |
|                       | Scrubs   |   | 1           | 0.5       | 0  |  |  |  |
|                       | Eye Protection   |   | 1           | 0.5       | 0  |  |  |  |
|                       | Face masks   |   | 1           | 0.5       | 0  |  |  |  |
|                       | Respirator No 95 or FPP2   |   | 1           | 0.5       | 0  |  |  |  |
|                       | Body bags  |   | 1           | 0.5       | 0  |  |  |  |
|                       | Reusable Rubber Gloves   |   | 1           | 0.5       | 0  |  |  |  |
|                       | Plastic apron  |   | 1           | 0.5       | 0  |  |  |  |
|                       | Gown   |   | 1           | 0.5       | 0  |  |  |  |
|                       | Face masks   |   | 1           | 0.5       | 0  |  |  |  |
|                       | Rain Boots   |   | 1           | 0.5       | 0  |  |  |  |

Note: Essential medicines required for the provision of essential services to be added as per national list of Essential Medicines

## QUARTERLY OBSERVATIONS AND RECOMMENDATIONS

|   |  |
|---|--|
| 1. List recommendations not addressed from the previous quarter and provided justifications |  |
| 2. Identified Strengths during the assessed quarter   |  |
| 3. Identified weaknesses to improve upon during next quarter                                |  |
| 4. Recommendations regarding the weaknesses   |  |
| 5. Recommended Technical support  |  |

### 3.3 Infection Prevention & Control

|        |   |
|--------|---|
| IPC 01 | Standard and COVID-19 specific IPC SOPs are complied with |
|--------|---|

Because people present for care prior to having a diagnosis, people with and without COVID-19 will initially access the health system in the same way. To guarantee the safe delivery of services, the minimum requirements for IPC should be enforced throughout the health system, in particular at frontline care sites: primary care centres, clinics and hospital emergency units and ad hoc community settings that have been designated as care sites.

Adherence to standard precautions for all patients at all times should be strengthened, particularly regarding distancing (distancing guidelines on wards -spacing beds, markings on the floor to manage patient flow and lines etc.), hand and respiratory hygiene, the appropriate use of PPE, and surface and environmental cleaning and disinfection. Which additional IPC measures are needed will depend on the local COVID-19 transmission scenario and the type of contact required by the activity.

Majority of countries have standard Infection Prevention and Control (IPC) Standard Operational Procedure (SOP) followed by all health facilities. In light with COVID19 some developed COVID 19 specific SOPs as an addendum to the standard IPC SOP with the purpose to recommend additional actions that need to be put in place for ensuring critical services and to protect patients and health care workers from infection and prevent potential spread of COVID-19 within healthcare facilities.

|        |   |
|--------|---|
| IPC 02 | Triage and isolation of sick and suspected cases in accordance with national COVID-19 SOP |
|--------|---|

COVID 19 SOP should specify triage and isolation of sick and suspected cases.

When beneficiaries arrive at the entrance to the health facility the following requirements have to be met:

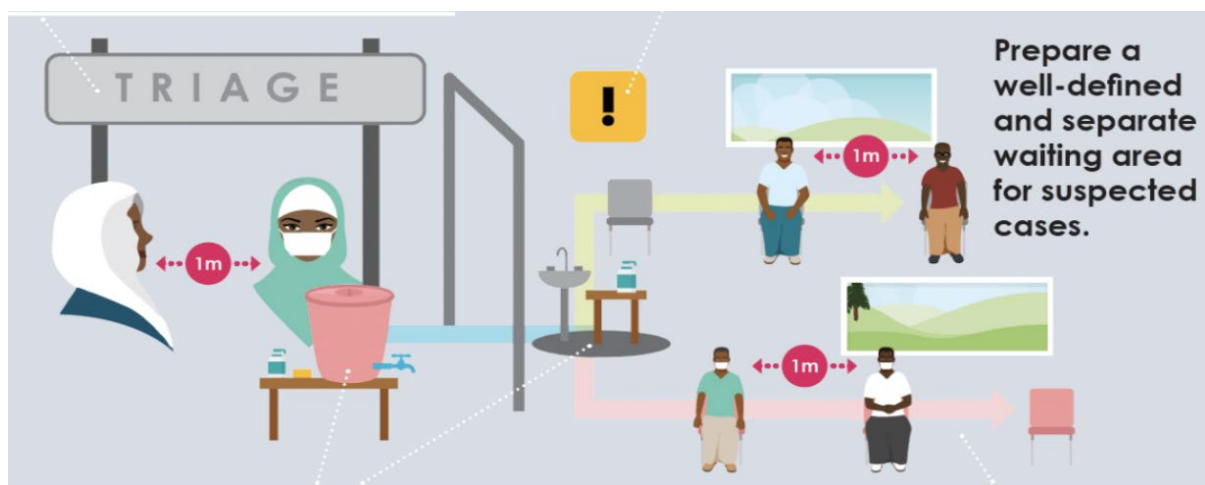
- Handwashing facilities (including soap and water or (0.05% bleach solution) placed at the entrance to the health facility site; all patients, including children are required to wash their hands;
- Information, like posters and flyers that remind patients and visitors to practice good respiratory and hand hygiene has to be posted;
- In front of the health facility entrance, screening is conducted of all incoming patients (including caregivers of children) to screen patients for COVID-19 symptoms and limit potential infection throughout the health care center;
- Patients are encouraged to avoid any form of physical contact with one another;
- Where possible, sheltered/covered area for patients that do not receive clearance at the body temperature check point is established, allowing patients to sit/stand at least one meter apart;
- Clean and safe drinking water should be available – bucket with a tap;
- Crowd control and queue management volunteers for entry point and waiting area to maintain the minimum acceptable distance between patients and between patients and health staff is deployed.

At the waiting (temporary isolation) area for suspect cases:

- A separate waiting area with available drinking water is provided

- Information, like posters and flyers are posted that remind patients, visitors and service providers to practice good respiratory and hand hygiene; Provide surgical masks for all suspects
- Designated staff (in isolation area but not providing direct assistance) should wear medical mask and gloves;
- Suspect COVID 19 cases should sit with at least a distance of 1m between them;
- Health education on COVID-19 is provided to patients and visitors and a handwashing station available
- Laboratory sampling (if available) is initiated;
- Symptomatic suspects are segregated from confirmed cases;
- Symptomatic management is initiated
- Suspect cases with fever and/or cough only are referred for home quarantine
- Suspect cases with shortness of breath are referred to the nearest designated isolation unit using the COVID-19 specific emergency referral pathway

Figure 3: Triage and separate waiting areas for suspect and non-suspect cases



IPC 03 Hand Hygiene practiced routinely

Hand Hygiene is the best way to prevent the spread of germs, like COVID-19, in the health care setting and community. This is because our hands are our main tool for work as health care workers and they are the key link in the chain of transmission. Hand hygiene must be performed at every point and moment after touching surfaces made of copper, cardboard, plastic and stainless steel as recent studies indicated the virus may remain on these surfaces up to two to three days; touching doors handles, elevator doors and buttons, after removing masks; going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. There is a need to make handwashing facilities or hand sanitizer positioned in every critical HCF room (entrance, screening and observation, care, near toilets, exit).

Key actions are:

1. Hand washing with soap and water or
2. Hand rubbing with an alcohol-based formulation makes hand hygiene disinfection possible at the point of care, is faster, more effective and better tolerated; alternatively, regular hand washing with soap and water, or a 0,05% chlorine solution, is necessary to avoid infection.

3. The appropriate technique and time taken to clean hands is also important (20-30 seconds for alcohol rub and 40-60 seconds for handwashing with clean water and soap).
4. Where patient care is taking place, hand hygiene facilities, including products (e.g. alcohol-based hand-rub if available, water, soap, sinks) should be in place, easily accessible, as close as possible (e.g. within arm's reach) to the point of care to fulfil the right times for hand hygiene in support of patient and health worker safety.
5. Support behavioral change amongst health workers, patients and care takers towards effective hand hygiene as part of quality of care and patient safety.
6. Avoid close contact with other people - no hugging, kissing/ pecking cheeks, shaking hands.
7. Remind, brief and train healthcare workers, patients and clients including mothers on why, when and how to wash hands frequently.
8. Ensure the availability of hand washing stations with soap and water or alcohol rub/hand sanitizers in healthcare facilities entrance and exit, near bathroom and toilet, and all points of care (screening, observation, treatment).

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IPC 04      Environment cleaning guidelines routinely practiced

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To reduce any role that fomites might play in the transmission of COVID-19 in health-care settings, the health facilities should ensure adherence to environment cleaning guidelines. Environmental surfaces in health-care settings include furniture and other fixed items inside and outside of patient rooms and bathrooms, such as tables, chairs, walls, light switches and computer peripherals, electronic equipment, sinks, toilets as well as the surfaces of non-critical medical equipment, such as blood pressure cuffs, stethoscopes, wheelchairs and incubators. Environmental surfaces are more likely to be contaminated with the COVID-19 virus in health-care settings where certain medical procedures are performed. Therefore, these surfaces, especially where patients with suspected or confirmed COVID-19 are being cared for, must be properly cleaned and disinfected to prevent further transmission.

Cleaning helps to remove pathogens or significantly reduce their load on contaminated surfaces and is an essential first step in any disinfection process. Cleaning with water, soap (or a neutral detergent) and some form of mechanical action (brushing or scrubbing) removes and reduces dirt, debris and other organic matter such as blood, secretions and excretions, but does not kill microorganisms.

In addition to the methodology used, the disinfectant concentration and contact time are also critical for effective surface disinfection. Therefore, a chemical disinfectant, such as chlorine or alcohol, should be applied after cleaning to kill any remaining microorganisms. Disinfectant solutions must be prepared and used according to the manufacturer's recommendations for volume and contact time. Concentrations with inadequate dilution during preparation (too high or too low) may reduce their effectiveness. High concentrations increase chemical exposure to users and may also damage surfaces. Enough disinfectant solution should be applied to allow surfaces to remain wet and untouched long enough for the disinfectant to inactivate pathogens, as recommended by the manufacturer.

Linen should be laundered and the surfaces where COVID-19 patients receive care should be cleaned and disinfected frequently (at least once a day), and after a patient is discharged. Many disinfectants are active against enveloped viruses, such as the COVID-19 virus, including commonly-used disinfectants. Currently, WHO recommends using:

- 70% ethyl alcohol to disinfect small surface areas and equipment between uses, such as reusable dedicated equipment (for example, thermometers);

- sodium hypochlorite at 0.1% (1000 ppm) for disinfecting surfaces<sup>35</sup> and 0.5% (5000 ppm) for disinfection of blood or bodily fluids spills in health-care facilities.

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**IPC 05      Infectious waste management routinely practiced in accordance with Guidelines**

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Best practices for safely managing health-care waste should be followed, including assigning responsibility and sufficient human and material resources to segregate and dispose of waste safely. There is no evidence that direct, unprotected human contact during the handling of health-care waste has resulted in the transmission of the COVID-19 virus. All health-care waste produced during patient care, including those with confirmed COVID-19 infection, is considered to be infectious (infectious, sharps and pathological waste) and should be collected safely in clearly marked lined containers and sharpsafe boxes.

This waste should be treated, preferably on-site, and then safely disposed. If waste is moved off-site, it is critical to understand where and how it will be treated and disposed. Waste generated in waiting areas of health-care facilities can be classified as non-hazardous and should be disposed in strong black bags and closed completely before collection and disposal by municipal waste services.

All those who handle health-care waste should wear appropriate PPE (boots, long-sleeved gown, heavy-duty gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it. The volume of infectious waste during the COVID 19 outbreak is expected to increase, especially through the use of PPE. Therefore, it is important to increase capacity to handle and treat this health-care waste. Additional waste treatment capacity, preferably through alternative treatment technologies, such as autoclaving or high temperature burn incinerators, may need to be procured and systems may need to be put in place to ensure their sustained operation.

In general, the best practices for safely managing excreta should be followed. Latrines or holding tanks should be designed to meet patient demand, considering potential sudden increases in cases, and there should be a regular schedule for emptying them based on the wastewater volumes generated. PPE (long-sleeved gown, gloves, boots, masks, and goggles or a face shield) should always be worn when handling or transporting excreta offsite, and great care should be taken to avoid splashing. For crews, this includes pumping out tanks or unloading pumper trucks. After handling the waste and once there is no risk of further exposure, individuals should safely remove their PPE and perform hand hygiene before entering the transport vehicle. Soiled PPE should be put in a sealed bag for later safe laundering.

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**IPC 06      Staff uses risk appropriate PPEs**

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The use of PPE should be based on exposure risk (e.g. activity type) and the transmission dynamics of the pathogen (e.g. contact, droplet, or aerosol). The overuse of PPE will further impact supply shortages. Therefore, first conduct a risk assessment of staff risk of exposure and extent of contact anticipated with blood, body fluids, respiratory droplets, and/or open skin. Then select which PPE items to wear based on this assessment. PPE should be appropriately and rationally used.

Table 1: Risk Assessment and rational use of PPE

| Risk Category | Characteristics of Exposure of staff  | Examples of staff /individuals  | Surgical masks | N95 masks | Gloves | Nitrile Gloves | Gown | Goggles/ face shield | Apron | Heavy duty gloves | Boots | Cloth Masks |
|---------------|---|---|----------------|-----------|--------|----------------|------|----------------------|-------|-------------------|-------|-------------|
|               | Health care workers providing direct care to COVID19 patients   | Health care workers in patient rooms  |                | *         | *      |                | *    | *                    |       |                   |       |             |
| 1             | Healthcare workers when performing aerosol generating procedures such as tracheal intubation, non-invasive ventilation, tracheostomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy | Doctors, nurses who work in the isolation treatment facility  |                | *         |        | *              | *    | *                    | *     |                   |       |             |
| 2             | Healthcare workers who manage patients clinically and have close contact (less than 1m) with known/suspected COVID-19 patients or their infectious material   | Doctors, nurses, Lab technician who work in the isolation facility, Ambulance team transporting suspects  | *              |           |        | *              | *    | *                    |       |                   |       |             |
| 3             | Cleaners serving in a facility with suspected/confirmed COVID-19 patients for work  | Cleaners, waste collectors  | *              |           |        |                | *    | *                    |       | *                 | *     |             |
| 4             | Healthcare workers and non- healthcare workers who have close contact (less than 1m) with suspected COVID-19 patients   | Medical staff involved in primary and secondary screening; food handlers delivering food and collecting utensils to and from suspected/confirmed case             | *              |           |        | *              |      |                      |       |                   |       |             |
| 5             | Patients with high risk of infecting others   | Confirmed COVID-19 cases, any patient with respiratory condition, Asymptomatic contacts working from home whenever they visit public places, Quarantined suspects | *              |           |        |                |      |                      |       |                   |       |             |
| 6             | Patients, clients and accompanying persons  | Patients, clients and their accompanying persons seeking care at health facilities  |                |           |        |                |      |                      |       |                   |       | *           |
| 7             | Visitors <sup>7</sup>   | Visitors entering the room of a COVID19 patient   | *              |           | *      |                | *    |                      |       |                   |       |             |

<sup>7</sup> The number of visitors should be restricted. If visitors must enter a COVID-19 patient's room, they should be provided with clear instructions about how to put on and remove PPE and about performing hand hygiene before putting on and after removing PPE; this should be supervised by a health care worker.

## INFECTION PREVENTION & CONTROL (IPC)

| CATEGORY/<br>STANDARD  | VERIFICATION<br>CRITERIA   | RESPONSE  | MAX.<br>POINTS | MODE OF<br>ASSESSMENT       | PRIMARY<br>SOURCE OF<br>INFORMATION  | STEP BY STEP GUIDELINES FOR VERIFICATION   |
|--|--|---|----------------|-----------------------------|--|--|
| <b>INFECTION PREVENTION AND CONTROL (IPC)</b>  |  |   |                |                             |  |  |
| IPC 01 – Standard and COVID-19 specific IPC SOPs are complied with   | 1.1 There is a person responsible for IPC and WASH activities in the facility  | Dedicated IPC & WASH Focal Persons in place   | 2              | Document Review             | 1. IPC Focal Point TOR;<br>2. WASH Focal Point TOR;<br>3. Staff registry for the verification period     | 1. Examine availability of the a) IPC and b) WASH focal point TORs. If one of them is not available, mark point “0”. In those instanced where both functions are combined in one TOR-meaning one person responsible for both functions the TOR is considered as available.<br>2. If IPC and WASH TORs are available, review the staff registry for the verification period and check whether dedicated persons are recorded (appointed). If one of them not recorded, mark point “0”.<br>3. If the focal point is appointed (recorded in staff register), review the TORs and check whether a) responsibilities are well stipulated; and b) accountability requirements formulated and c) authority for managing IPC activities is assigned. If one of these requirements are not met, mark point “1”.<br>4. If the person is appointed and the TOR clearly outlines a) responsibilities b) accountability requirements; and c) authority for managing IPC activities, mark point “2”. |
|  |  | IPC & WASH Focal Person available but without responsibility, accountability and authority in managing IPC activities | 1              |                             |  |  |
|  |  | No IPC & WASH Focal Persons available   | 0              |                             |  |  |
| 1.2 Standard operating procedures for facility-based infection prevention and control and IPC SOP for COVID-19 are Introduced and reinforced | 1.2 Standard operating procedures for facility-based infection prevention and control and IPC SOP for COVID-19 are Introduced and reinforced | Standard and COVID-19 specific IPC SOPs are developed and posted on the wall in the patient care areas                | 2              | Video Audit/<br>Photo Audit | Photos of both, MOH standard and COVID-19 specific IPC SOPs posted on the wall in the patient care areas | 1. Review photos and examine whether both, MOH standard and COVID-19 specific IPC SOPs are posted next to each other in patient care areas.<br>2. If both SOPs are posted on a wall in all patient care areas, mark point “2”;<br>3. If one of the SOP is missing for any patient ward, mark “1”;<br>4. Otherwise mark point “0”.<br><br><b>NOTE:</b><br><ul style="list-style-type: none"> <li>▪ Video auditing used where possible. Photo Auditing is applied where video auditing is not possible</li> <li>▪ Develop photo requirements, labeling, dating, etc.</li> </ul>  |
|  |  | One of the IPC SOP (Standard or COVID-19 specific SOP) is not posted on the wall in the patient care areas            | 1              |                             |  |  |
|  |  | Standard IPC and control and COVID-19 specific IPC SOPs are not posted in the patient care areas                      | 0              |                             |  |  |
| 1.3 Standard IPC checklist is used daily to monitor staff compliance with IPC SOPs   | 1.3 Standard IPC checklist is used daily to monitor staff compliance with IPC SOPs   | IPC checklist developed and monitored daily   | 2              | Document Review             | Standard filled in IPC checklist   | 1. Randomly select 1 day in each week of the month in the quarter to be verified and ask facility to submit copies of filled in daily IPC checklists for selected days<br>2. Review filled in sampled daily IPC checklists and examine whether all required fields are assessed and filled in fully and correctly.   |
|  |  | IPC checklist developed but not monitored regularly   | 1              |                             |  |  |



| CATEGORY/<br>STANDARD   | VERIFICATION<br>CRITERIA   | RESPONSE   | MAX.<br>POINTS | MODE OF<br>ASSESSMENT              | PRIMARY<br>SOURCE OF<br>INFORMATION                                  | STEP BY STEP GUIDELINES FOR VERIFICATION  |
|---|--|--|----------------|------------------------------------|--|---|
|   |  | IPC checklist not developed  | 0              |                                    |  | 3. If all sampled IPC checklist are available and all required fields are assessed and filled in fully and correctly, mark point "2"<br>4. Assign point "1" if one of the sampled checklists are not available or one of the sampled daily checklist is not filled in correctly;<br>5. If sampled daily IPC checklists are not available, mark point "0"  |
| IPC 02- Triage and isolation of sick and suspected cases in accordance with national COVID-19 SOP | 2.1 Guidance on assessment and triage of patients on arrival using the most up-to-date COVID-19 guidance and case definitions are utilized | Standard precautions at entry to the facility taken for all patients and visitors in compliance with the most up-to-date COVID-19 guidance         | 2              | Document Review                    | Patient/visitor risk assessment registry for the verification period | 1. Randomly select 1 day per each month of the verification period and asks the facility to submit patient/visitor risks assessment register.<br>2. Review submitted risk assessment daily registers for selected days and check that main COVID-19 symptoms are assessed and recorded for all patients and visitors.<br>3. If one of this information is missing, in one of studied risk assessment daily registers, mark point "0".   |
|   |  | Standard precautions at entry to the facility not taken for all patients and visitors  | 0              |                                    |  |   |
| IPC 03 Hand Hygiene practiced routinely   | 3.1 Hand hygiene practice observation done according to WHO/MOH IPC guidelines   | Hand hygiene practiced according to WHO/MOH IPC guidelines   | 2              | Video Audit Staff Phone Interview  | Staff duty schedule for the verification period                      | Randomly select staff members ( 1 clinical staff; 1 mid-level staff, 1 cleaning staff; 1 support staff) and perform direct observation through video using staff specific checklist or staff phone interview using staff specific interview guides. If less than 85% scores are collected by all interviewed staff, mark point "0".<br><b>NOTE:</b> <ul style="list-style-type: none"> <li>Phone Interviewing is applied where video auditing is not possible</li> <li>Develop staff specific direct observation/phone interview guides with scoring</li> </ul> |
|   |  | Hand hygiene practiced not according to WHO/MOH IPC guidelines   | 0              |                                    |  |   |
|   | 3.2 The staff in the reception practice respiratory, hand hygiene and social distancing during COVID-19 period                             | Facility staff in the reception area practice respiratory, hand hygiene and social distancing  | 2              | Video Audit Staff Phone Interview  | Staff duty schedule for the verification period                      | Randomly select 3 staff members on duty in the reception area for the verification period and interview by phone using phone interview guide for a case. If less than 85% scores are collected by all interviewed staff, mark point "0".<br><b>NOTE:</b> <ul style="list-style-type: none"> <li>Phone Interviewing is applied where video auditing is not possible</li> <li>Develop staff specific direct observation/phone interview guides with scoring</li> </ul>  |
|   |  | Facility staff in the reception do not practice respiratory, hand hygiene and social distancing  | 0              |                                    |  |   |
| IPC 04 Environment cleaning guidelines routinely practiced  | 4.1 Routine and terminal cleaning and disinfection throughout the healthcare facility is performed in accordance with                      | Routine and terminal cleaning and disinfection throughout the healthcare facility is performed in accordance with MoH standard IPC & VOCID-19 SOPs | 2              | Video Audit/ Staff Phone Interview | Staff duty schedule for the verification period                      | Randomly select 3 cleaning staff and carry out direct observation through video/staff phone interview using a case study. If less than 85% scores are collected by all interviewed staff, mark point "0".<br><b>NOTE:</b> <ul style="list-style-type: none"> <li>Phone Interviewing is applied where video auditing is not possible</li> </ul>  |

| CATEGORY/<br>STANDARD   | VERIFICATION<br>CRITERIA   | RESPONSE   | MAX.<br>POINTS | MODE OF<br>ASSESSMENT              | PRIMARY<br>SOURCE OF<br>INFORMATION  | STEP BY STEP GUIDELINES FOR VERIFICATION   |   |  |
|---|--|--|----------------|------------------------------------|--|--|---|--|
|   | MoH standard IPC & VOCID-19 SOPs frequency and procedures  | Routine and terminal cleaning and disinfection throughout the healthcare facility is not performed in accordance with MoH standard IPC & VOCID-19 SOPs | 0              |                                    |  | <ul style="list-style-type: none"> <li>Develop cleaning staff specific direct observation/phone interview guides with scoring</li> </ul>   |   |  |
|   | 4.2 Appropriate disinfectants with right concentration are used for routine and terminal cleaning  | Appropriate disinfectants with right concentration are used for routine and terminal cleaning  | 1              | Staff Phone Interview              |  | Interview cleaning staff selected for category 4.1 using staff phone interview using a case study. If less than 85% scores are collected by all interviewed staff, mark point "0".   |   |  |
|   |  | Disinfectants used with incorrect concentration are used for routine and terminal cleaning   | 0              |                                    |  | <b>NOTE:</b> For assessment of criteria 4.1 & 4.2 one phone interview guide can be used  |   |  |
| IPC 05<br>Infectious waste management routinely practiced in accordance with guidelines | 5.1 Handling of infectious waste (segregation, handling, collection, transportation, storage, treatment and disposal) is performed routinely according to MoH standard IPC & VOCID-19 SOPs | Infectious waste management practiced routinely in accordance with national SOPs   | 2              | Document review<br>Photo audit     | 1) Incineration Log, 2) photo of incinerator; 3) photo of ash pit; 4) Biological waste management Log, 5) Waste logbook; 6) waste transport cleaning log | <ol style="list-style-type: none"> <li>Review documents and submitted photos and examine: i) waste containers are leak-proof and covered with lids; ii) waste labels are appropriately labeled and placed at point of care; iii) waste are segregated into infectious, general and sharps; iv) Waste is transported with covered trolley, wheelbarrow; v) Waste transport equipment are clearly identified and dedicated for this purpose; vi) Waste transport equipment is cleaned and disinfected after each use; vii) Functioning incinerator is present for waste disposal. If even one of this requirements are not met, mark point "0".</li> <li>Review infectious waste handling log and examine whether Infectious waste and sharps are incinerated within 24 hours. If not, mark point "0".</li> <li>If infectious waste management is routinely performed, but not in a accordance national SOPs, mark point "1".</li> </ol> |   |  |
|   |  | Infectious waste management is not practiced routinely in accordance with national SOPs  | 1              |                                    |  |  |   |  |
|   |  | Infectious waste management not practiced routinely and not in accordance with national SOPs   | 0              |                                    |  |  |   |  |
|   | 5.2 Infectious waste handlers are trained in waste management and wear appropriate PPEs  | Infectious waste handlers are trained and wear appropriate PPEs  | 2              | Document review<br>Phone Interview |  |  | <ol style="list-style-type: none"> <li>List of all health care waste handlers and their phone numbers;</li> <li>Staff training reports</li> </ol> | <ol style="list-style-type: none"> <li>Review the list of all health care waste handlers and randomly sample 1 staff (if more than 1 waste handler).</li> <li>Interview using phone interview guide and check whether appropriate PPEs are used. If appropriate PPEs are not used, mark point "0".</li> <li>Review staff training reports for the last 12 months and check whether waste handlers have been trained in safe waste management practices. If appropriate PPEs are used but waste handlers not trained in safe waste management practices, mark point "1".</li> </ol> |
|   |  | Infectious waste handlers are not trained but wear appropriate PPEs  | 1              |                                    |  |  |   |  |
|   |  | Infectious waste handlers are not trained and do not wear appropriate PPEs   | 0              |                                    |  |  |   |  |
|   |  |  |                |                                    | <b>NOTE:</b> Develop photo requirements, labeling, dating, etc.  |  |   |  |
|   |  |  |                |                                    | <b>NOTE:</b> Develop a checklist of appropriate PPEs   |  |   |  |

| CATEGORY/<br>STANDARD                                | VERIFICATION<br>CRITERIA   | RESPONSE  | MAX.<br>POINTS | MODE OF<br>ASSESSMENT    | PRIMARY<br>SOURCE OF<br>INFORMATION                                      | STEP BY STEP GUIDELINES FOR VERIFICATION   |
|--|--|---|----------------|--------------------------|--|--|
| IPC 06 Injection<br>Safety routinely<br>practiced    | 6.1 Health workers<br>demonstrate<br>competency with<br>safe injection<br>practices                      | Health workers<br>demonstrate competency<br>with safe injection<br>practices                                | 1              | Staff Phone<br>Interview | Staff duty schedule<br>for the verification<br>period                    | 1. Randomly select at least 3 nurses ( if less than 3 as many as available) and<br>conduct phone interview using case study.<br>2. If collectively accumulated score is equal or more than 85% scores, mark point<br>"1". Otherwise mark point "0"<br><br><b>NOTE:</b> Develop cleaning staff specific direct observation/phone interview guides<br>with scoring   |
|  |  | Health workers fail to<br>demonstrate competency<br>with safe injection<br>practices                        | 0              |                          |  |  |
|  | 6.2 Facility routinely<br>audits (monitors and<br>documents)<br>adherence to safe<br>injection practices | Routine audits of staff<br>practicing safe injection<br>practices performed and<br>documented               | 1              | Document<br>review       | 1. Quarterly/monthly<br>audit schedules;<br>2. Selected audit<br>Reports |  |
|  |  | Routine audits of staff<br>practicing safe injection<br>practices performed and<br>documented               | 0              |                          |  |  |
| IPC 06<br>Staff uses risk<br>appropriate<br>PPEs     | 6.1 Staff uses<br>correctly risk<br>appropriate PPEs   | Staff uses correctly risk<br>appropriate PPEs   | 2              | Staff Phone<br>Interview | Staff duty schedule<br>for the verification<br>period                    | 3. Randomly select 1 staff member per each category and conduct phone interview<br>using case study.<br>4. Assess: i) staff uses risk appropriate PPE; ii) follows donning and doffing<br>procedures.<br>5. If staff do not use risk appropriate PPE, mark "0".<br>6. If yes, check scores accumulated collectively by all staff interviewed. If collectively<br>accumulated score is equal or more than 85% scores, mark point "2", if collected<br>scores are between 75% - 85%, mark " 1". If scores collected are <75%, mark<br>point "0".<br><b>NOTE:</b> Develop cleaning staff specific direct observation/phone interview guides with<br>scoring |
|  |  | Staff use risk appropriate<br>PPEs but donning and<br>doffing of PPEs not<br>according standard<br>practice | 1              |                          |  |  |
|  |  | Staff do not use risk<br>appropriate PPEs   | 0              |                          |  |  |
|  | 6.2 Facility has a<br>documented system<br>of random audits of<br>staff wearing and<br>removing PPE      | Random audits of staff<br>wearing and removing<br>PPE performed and<br>documented                           | 2              | Document<br>review       | 3. Quarterly/monthly<br>audit schedules;<br>4. Selected audit<br>Reports |  |
| Random audits neither<br>performed nor<br>documented |  | 0   |                |                          |  |  |
| <b>MAXIMUM POINTS</b>                                |  |   |                |                          |  | <b>24</b>  |
| <b>TOTAL POINTS COLLECTED</b>                        |  |   |                |                          |  | _____  |
| Percent of points collected                          |  | $\frac{\text{Total collected points}}{\text{Total maximum points}} \times 100\%$                            |                |                          | _____%   |  |

## CROSS CUTTING INDICATORS

Cross cutting indicators in a way they are presented is mostly used in hospital settings. For the primary health care facilities all these criteria have to be assessed in each unit of the primary health care clinic. Depending on the facility type maximum possible points will differ.

| Location  | OPD |   | Emergency Department |   | Operating Theater |   | Delivery Room |   | Labor ward/post-partum |   | Pediatrics ward |   | Male Ward |   | Female Ward |   | Surgical Ward |   | Medical Ward |   | Laboratory |   | Max Points 33 | Collected points |
|---|-----|---|----------------------|---|-------------------|---|---------------|---|------------------------|---|-----------------|---|-----------|---|-------------|---|---------------|---|--------------|---|------------|---|---------------|------------------|
|   | Y   | N | Y                    | N | Y                 | N | Y             | N | Y                      | N | Y               | N | Y         | N | Y           | N | Y             | N | Y            | N | Y          | N |               |                  |
| <b>IPC &amp; HYGINE</b>   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   | <b>21</b>     |                  |
| 3 bin waste system in place with correct waste in each bin on random check  | 0.1 | 0 | 0.1                  | 0 |                   |   |               |   | 0.1                    | 0 | 0.1             | 0 | 0.1       | 0 | 0.1         | 0 | 0.1           | 0 | 0.1          | 0 | 0.1        | 0 | 0.9           |                  |
| <b>Assessment mode:</b> Video/Photo audit <b>Source if Information:</b> Photos of 3 bins in each ward under verification showing waste in each bin<br>Observe /Review photos and check: 1) there are 3 bin waste system in each ward; 2) each bin is i) with close lid; ii) correctly labeled; iii) contains correct waste are available. If the ward fails to meet 3 bin waste management system and or even 1 bin contains incorrect waste, mark point"0"   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| Hand washing station/point with available and functioning for each toilet block   | 0.2 | 0 | 0.2                  | 0 | 0.2               | 0 | 0.2           | 0 | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 | 0.2        | 0 | 2.2           |                  |
| <b>Assessment mode:</b> Video/Photo audit <b>Source if Information:</b> Photos of hand washing stations in toilet block in each ward<br>Observe/Review photos from each ward one by one and check: 1) running water; 2) sink, 3) functional tap or bucket/faucet, 4) soap, 5) foot operated garbage bins. If one of these requirements are not met, mark point "0" for respective ward  |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| Alcohol based hand sanitizers are available in front of the patient rooms and consultation/manipulation room of OPD   | 0.2 | 0 | 0.2                  | 0 | 0.2               | 0 | 0.2           | 0 | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 | 0.2        | 0 | 2.2           |                  |
| <b>Assessment mode:</b> Video/Photo audit <b>Source if Information:</b> 1) Photos of hand sanitizers in front of the patient rooms; 2) Stock card of alcohol based hand sanitizer solution<br>Observe /Review photos and check availability of hand sanitizers in front of patient rooms in each ward separately. If not available mark point "0" for respective ward. If hand sanitizers are available in front of the patient rooms, examine utilization of alcohol based sanitizer using relevant stock cards. If utilization is low, consider the requirement not met and mark point "0". |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |

| Location  | OPD |   | Emergency Department |   | Operating Theater |   | Delivery Room |   | Labor ward/post-partum |   | Pediatrics ward |   | Male Ward |   | Female Ward |   | Surgical Ward |   | Medical Ward |   | Laboratory |   | Max Points 33 | Collected points |
|---|-----|---|----------------------|---|-------------------|---|---------------|---|------------------------|---|-----------------|---|-----------|---|-------------|---|---------------|---|--------------|---|------------|---|---------------|------------------|
|   | Y   | N | Y                    | N | Y                 | N | Y             | N | Y                      | N | Y               | N | Y         | N | Y           | N | Y             | N | Y            | N | Y          | N |               |                  |
| Evaluation Criteria   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| Garbage bins for medical waste are available and accessible for staff on each ward  | 0.2 | 0 | 0.2                  | 0 | 0.2               | 0 | 0.2           | 0 | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 | 0.2        | 0 | 2.2           |                  |
| <b>Assessment mode:</b> Video/Photo audit <b>Source if Information:</b> Photos of garbage bins for medical waste in each ward under verification showing waste in each bin<br>Observe/Review photos and check 1) there are garbage bins for medical waste in each ward; ii) contain only medical waste (infectious and pathological waste (eg soiled gauze, used gloves, disposable PPE etc); iii) bins are with closed lid and v) appropriately labeled. If one of these requirements are not met, mark point "0" for respective ward.   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| Sharp boxes are well positioned at the point of care and appropriately used in each ward (no other waste in sharp container)  | 0.2 | 0 | 0.2                  | 0 | 0.2               | 0 | 0.2           | 0 | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 | 0.2        | 0 | 2.2           |                  |
| <b>Assessment mode:</b> Video/Photo audit <b>Source if Information:</b> Photos of sharp boxes showing content in each ward<br>Observe/Review photos and check availability of sharp boxes in each ward separately. If not available mark point "0" for respective ward. If sharp boxes are available, examine its content by checking presence of other waste in the box. If other waste is observed on a photo, mark point "0"   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| Availability of functional toilets  | 0.1 | 0 | 0.1                  | 0 |                   |   |               |   | 0.1                    | 0 | 0.1             | 0 | 0.1       | 0 | 0.1         | 0 | 0.1           | 0 | 0.1          | 0 | 0.1        | 0 | 0.9           |                  |
| <b>Assessment mode:</b> Video/Photo audit <b>Source if Information:</b> Photos of 1) functional flush toilets showing running water and/or water in container with cup for scooping; 2) seat lid and surrounding floor; 3) toilet doors and 4) lightening in each ward (VV)<br>Observe/Review photos and check availability of functional flush toilets in each ward separately. If not available, mark point "0" for respective ward. If available, examine: i) flush toilet = presence of running water and/or water in container with cup for scooping; ii) seat lid; iii) surrounding floor without visible blood, urine or fecal matter; iv) light is on a photo. If one of these requirements not met, mark point "0" |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| Cleaning schedule on wall of toilet /shower and sign off sheet completed indicating compliance  | 0.1 | 0 | 0.1                  | 0 |                   |   |               |   | 0.1                    | 0 | 0.1             | 0 | 0.1       | 0 | 0.1         | 0 | 0.1           | 0 | 0.1          | 0 | 0.1        | 0 | 0.9           |                  |
| <b>Assessment mode:</b> Video/Photo audit <b>Source if Information:</b> Photo of cleaning schedule on wall of toilet /shower in each ward<br>Observe/Review photos and check availability of the cleaning schedule on wall in each ward separately. If not available, mark point "0" for respective ward. If available, examine whether the cleaning schedule is signed for each cleaning session on a photo. If even one cleaning session is not signed, mark point "0"  |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |

| Location   | OPD |   | Emergency Department |   | Operating Theater |   | Delivery Room |   | Labor ward/post-partum |   | Pediatrics ward |   | Male Ward |   | Female Ward |   | Surgical Ward |   | Medical Ward |   | Laboratory |   | Max Points 33 | Collected points |     |  |
|--|-----|---|----------------------|---|-------------------|---|---------------|---|------------------------|---|-----------------|---|-----------|---|-------------|---|---------------|---|--------------|---|------------|---|---------------|------------------|-----|--|
|  | Y   | N | Y                    | N | Y                 | N | Y             | N | Y                      | N | Y               | N | Y         | N | Y           | N | Y             | N | Y            | N | Y          | N |               |                  |     |  |
| Evaluation Criteria  |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |     |  |
| Availability of showers accessible for each ward with presence of running water/water in container with cup for scooping. At least 20 L of water per showering episode available.  | 0.1 | 0 | 0.1                  | 0 | 0.1               | 0 | 0.1           | 0 | 0.1                    | 0 | 0.1             | 0 | 0.1       | 0 | 0.1         | 0 | 0.1           | 0 | 0.1          | 0 | 0.1        | 0 | 0.1           | 0                | 1.1 |  |
| <b>Assessment mode:</b> Video/Photo audit <b>Source if Information:</b> Photo of showers showing i) presence of running water/water in container with cup for scooping; ii) showers lightened in each ward<br>Observe/Review photos and check availability of showers in each ward separately. If not available, mark point "0" for respective ward. If available, examine i) whether the shower has running water or water in container with cup for scooping on and ii) showers are lightened. If no, mark point "0" |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |     |  |
| Reusable equipment is appropriately cleaned, disinfected, and reprocessed before use with another patient  | 0.2 | 0 | 0.2                  | 0 | 0.2               | 0 | 0.2           | 0 | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 | 0.2        | 0 | 0.2           | 0                | 2.2 |  |
| <b>Assessment mode:</b> Staff Phone Interview <b>Source if Information:</b> Staff Duty Schedule for the verification period<br>Randomly select 2 staff in each ward and carry out phone interview using case studies. If less than 80% scores are collected by all interviewed staff in each ward, mark point "0".   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |     |  |
| All surfaces in the patient care areas are cleaned with disinfectants at least twice daily and on discharge (beds, bed rails, mattress and bedside tables, and floor) - check documented cleaning schedule and checklist   | 0.2 | 0 | 0.2                  | 0 | 0.2               | 0 | 0.2           | 0 | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 | 0.2        | 0 | 0.2           | 0                | 2.2 |  |
| <b>Assessment mode:</b> Document review <b>Source if Information:</b> Cleaning schedule in each ward for the verification period and sampled checklists<br>Review and check availability of the cleaning schedule in each ward separately. If not available, mark point "0" for respective ward. If available, randomly select cleaning checklists for 3 days during the verification period and examine whether cleaning was performed according to MoH and COVID-19 guidelines. If not, mark point "0"               |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |     |  |
| Vital signs including COVID-19 symptoms are monitored daily and recorded   | 0.5 | 0 | 0.5                  | 0 |                   |   |               |   | 0.5                    | 0 | 0.5             | 0 | 0.5       | 0 | 0.5         | 0 | 0.5           | 0 | 0.5          | 0 |            |   |               |                  | 4   |  |

| Location  | OPD  |   | Emergency Department |   | Operating Theater |   | Delivery Room |   | Labor ward/post-partum |   | Pediatrics ward |   | Male Ward |   | Female Ward |   | Surgical Ward |   | Medical Ward |   | Laboratory |          | Max Points 33 | Collected points |
|---|------|---|----------------------|---|-------------------|---|---------------|---|------------------------|---|-----------------|---|-----------|---|-------------|---|---------------|---|--------------|---|------------|----------|---------------|------------------|
|   | Y    | N | Y                    | N | Y                 | N | Y             | N | Y                      | N | Y               | N | Y         | N | Y           | N | Y             | N | Y            | N | Y          | N        |               |                  |
| Evaluation Criteria   | Y    | N | Y                    | N | Y                 | N | Y             | N | Y                      | N | Y               | N | Y         | N | Y           | N | Y             | N | Y            | N | Y          | N        |               |                  |
| <b>Assessment mode:</b> Document review <b>Source if Information:</b> 1) Patient registry for the verification period; 2) sample patient charts<br>Review list of hospitalized & OPD patients for the verification quarter and randomly sample 2 patients per each ward. Review sampled patient records (all pages) and examine whether vital signs including COVID-19 symptoms are monitored and recorded daily. If even one sampled patient card per each ward, does not contain daily records on vital signs including COVID-19 symptoms, mark point "0" |      |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |          |               |                  |
| <b>INFRASTRUCTURE</b>   |      |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            | <b>8</b> |               |                  |
| Beds in patient rooms as per MOH standard IPC and COVID-19 SOPs   |      |   | 0.5                  | 0 |                   |   |               |   | 0.5                    | 0 | 0.5             | 0 | 0.5       | 0 | 0.5         | 0 | 0.5           | 0 | 0.5          | 0 |            |          | 3.5           |                  |
| <b>Assessment mode:</b> Video/Photo Audit <b>Source if Information:</b> Photos of patient rooms in all wards showing patient beds<br>Observe/Review Photos of patient rooms for each ward separately and check: i) distance between beds, and ii) number of patients per bed. If one of standard requirements ( distance between beds is at least 1 meter and one patient per bed), mark point "0".   |      |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |          |               |                  |
| Safe Drinking Water available in all Wards  | 0.25 | 0 | 0.25                 | 0 | 0.25              | 0 | 0.25          | 0 | 0.25                   | 0 | 0.25            | 0 | 0.25      | 0 | 0.25        | 0 | 0.25          | 0 | 0.25         | 0 | 0.25       | 0        | 2.5           |                  |
| <b>Assessment mode:</b> Video/Photo Audit <b>Source if Information:</b> Photos of drinking water stations in each ward showing running/water or a water container with water<br>Observe/ Review Photos and check availability of drinking water stations in each ward. If drinking water stations are not available in one of the wards, mark point "0"   |      |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |          |               |                  |
| Windows with clean curtains and functional doors  | 0.2  | 0 | 0.2                  | 0 | 0.2               | 0 | 0.2           | 0 | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 | 0.2        | 0        | 2             |                  |
| <b>Assessment mode:</b> Video/Photo Audit <b>Source if Information:</b> Photos of doors and windows in each department<br>Observe/ Review Photos of each ward and check: i) windows are clean; ii) has clean curtains; iii) and doors close and open. If one of these requirements are not met, mark point "0".   |      |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |          |               |                  |
| <b>EQUIPMENT</b>  |      |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            | <b>4</b> |               |                  |
| Thermometer   |      |   | 0.2                  | 0 |                   |   |               |   | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 |            |          | 1.4           |                  |
| Pulse oximeter  | 0.2  | 0 | 0.2                  | 0 |                   |   |               |   | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 |            |          | 1.6           |                  |
| <b>Assessment mode:</b> Document Review <b>Source if Information:</b> Inventory list of each department<br>Review inventory lists of each ward for the verification period and check availability of thermometer and pulse oximeter in each ward. If not available, mark point "0" for respective ward  |      |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |          |               |                  |
| Oxygen therapy devise   | 0.2  | 0 | 0.2                  | 0 |                   |   |               |   | 0.2                    | 0 | 0.2             | 0 | 0.2       | 0 | 0.2         | 0 | 0.2           | 0 | 0.2          | 0 |            |          | 1.6           |                  |



| Location  | OPD |   | Emergency Department |   | Operating Theater |   | Delivery Room |   | Labor ward/post-partum |   | Pediatrics ward |   | Male Ward |   | Female Ward |   | Surgical Ward |   | Medical Ward |   | Laboratory |   | Max Points 33 | Collected points |
|---|-----|---|----------------------|---|-------------------|---|---------------|---|------------------------|---|-----------------|---|-----------|---|-------------|---|---------------|---|--------------|---|------------|---|---------------|------------------|
|   | Y   | N | Y                    | N | Y                 | N | Y             | N | Y                      | N | Y               | N | Y         | N | Y           | N | Y             | N | Y            | N | Y          | N |               |                  |
| Evaluation Criteria   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| <b>Assessment mode:</b> Document Review <b>Source if Information:</b> Inventory list of each department<br>Review inventory lists of each ward for the verification period and check availability of oxygen therapy device in each ward. If not available, mark point "0" for respective ward   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| Beds and Bed Side Tables, Trolley/ Stretcher and Mosquito Nets available for all beds   |     |   | 0.1                  | 0 |                   |   |               |   | 0.1                    | 0 | 0.1             | 0 | 0.1       | 0 | 0.1         | 0 | 0.1           | 0 | 0.1          | 0 |            |   |               | 0.7              |
| <b>Assessment mode:</b> Document Review <b>Source if Information:</b> Inventory list of each department<br>Review inventory list for the verification period and check availability of 1) Beds; 2) Bed Side Tables, 3) Trolley/ Stretcher; 4) Mosquito Nets in each ward. For VV review inventory lists of each ward for the verification period. If not available, mark point "0" for respective ward. |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| Clean Sheets Stocked for the Ward   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               | 1                |
| <b>Assessment mode:</b> Video audit/Document Review <b>Source if Information:</b> Clean linen ledger for the verification period<br>Observe/ Review clean linen ledger for availability of clean linen stock. If not available, mark point "0".   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |
| IV Poles  |     |   | 0.1                  | 0 | 0.1               | 0 | 0.1           | 0 | 0.1                    | 0 | 0.1             | 0 | 0.1       | 0 | 0.1         | 0 | 0.1           | 0 | 0.1          | 0 |            |   |               | 0.9              |
| <b>Assessment mode:</b> Video Audit/Document Review <b>Source if Information:</b> Inventory list for the verification period<br>Observe/Check availability of IV Poles in each department by reviewing inventory lists for each department for the verification period. If not available, mark point "0" for respective ward.   |     |   |                      |   |                   |   |               |   |                        |   |                 |   |           |   |             |   |               |   |              |   |            |   |               |                  |



## QUARTERLY OBSERVATIONS AND RECOMMENDATIONS

|   |  |
|---|--|
| 6. List recommendations not addressed from the previous quarter and provided justifications |  |
| 7. Identified Strengths during the assessed quarter   |  |
| 8. Identified weaknesses to improve upon during next quarter                                |  |
| 9. Recommendations regarding the weaknesses   |  |
| 10. Recommended Technical support   |  |

### Example of phone interview guide for Hand Hygiene practice assessment

| Question  | Possible Response<br>(mark all named by respondent)  | Yes | No | Points Collected | Maximum Points |
|---|--|-----|----|------------------|----------------|
| Please describe when you practice hand hygiene? | Before contact with the patient  | 1   | 0  |                  | 8              |
|   | Before performing an aseptic task (e.g., insertion of IV or preparing an injection, administering eye drops) | 1   | 0  |                  |                |
|   | After contact with the patient   | 1   | 0  |                  |                |
|   | After contact with objects in the immediate vicinity of the patient  | 1   | 0  |                  |                |
|   | After contact with blood, body fluids or contaminated surfaces   | 1   | 0  |                  |                |
|   | After removing gloves  | 1   | 0  |                  |                |
|   | Immediately after removal of PPE   | 1   | 0  |                  |                |
|   | When moving from a contaminated-body site to a clean-body site during patient care                           | 1   | 0  |                  |                |

**NOTE:** in case of direct observation of hand hygiene practice use the same checklist and mark "YES" for all that observed.