

Community needs, perceptions and demand: community assessment tool

A module from the suite of health service capacity assessments in the context of the COVID-19 pandemic

INTERIM GUIDANCE

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire two years after the date of publication.

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Introduction

Context

On 30 January 2020, the Director-General of the World Health Organization (WHO) declared the COVID-19 outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

The COVID-19 pandemic has continued to shine a light on the fragility of health services and public health systems globally. It has revealed that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. Many routine and elective services have been postponed or suspended, and existing delivery approaches must be adapted as the risk–benefit analysis for any given activity or service has changed in the current pandemic context. At the same time, primary care facilities are being called upon to manage asymptomatic and mild COVID-19 cases, to engage the community and raise awareness, to assist with various aspects of testing and contact tracing, and to refer worsening cases to secondary and tertiary care facilities. More serious cases continue to be managed at hospital level.

Against this rapidly evolving situation, many countries are facing challenges in the availability of accurate and up-to-date data on the capacity to respond to COVID-19 while maintaining the provision of essential health services. Few countries have reliable and timely data on existing and surge health workforce and service capacities. Even fewer can track and monitor the extent of disruptions to essential health services as a basis for informing mitigation strategies, guiding responses to evolving community needs, and overcoming barriers to accessing care.

In response to this situation, WHO has developed the *Community needs, perceptions and demand: community assessment tool*. This tool has been designed to help identify health system bottlenecks in order to monitor and track community needs, behaviours and barriers to care during the COVID-19 pandemic. It forms part of a wider [suite of health service capacity assessments in the context of the COVID-19 pandemic](#) (1). These different monitoring tools focus on different aspects of the dual track of maintaining essential health services while continuing to manage COVID-19 cases. The suite and the different modules are described in Annex 1.

Objectives of this tool

The *Community needs, perceptions and demand: community assessment tool* can be used by countries to conduct a rapid pulse survey of community health needs and perceptions around effective use of essential health services during the COVID-19 outbreak. The assessment helps to establish an early warning system on the need to implement coping strategies to continue to respond to communities' health needs throughout the course of the pandemic. This assessment tool is informed by WHO and partner tools and guidance on community health needs, continuity of essential health services and readiness planning for COVID-19 (2–7).¹

¹ Unpublished sources include: COVID-19 et mise en œuvre des subventions: sondage effectué auprès des SR et BP des subventions du fonds mondial en Algérie, au Maroc et en Tunisie [COVID-19 and implementing subsidies: survey carried out with SR and PB of Global Fund grants in Algeria, Morocco and Tunisia], Global Fund to Fight AIDS, Tuberculosis and Malaria; Access to COVID-19 Tools Accelerator health systems preparedness and performance: COVAX item; COVID-19 behaviour tracker: insights on vaccinations, World Health Organization; Enquête auprès les volontaires et le personnel de la Croix-Rouge [Survey of Red Cross volunteers and staff], International Federation of Red Cross and Red Crescent Societies; and Measuring behavioural and social drivers (BeSD) of vaccination, World Health Organization.

Content areas

This assessment tool covers community perceptions of the use of essential health services in the context of the COVID-19 outbreak, specifically:

- unmet need for essential health services
- perceived barriers to use of essential health services, considering supply and demand factors
- attitudes towards COVID-19 vaccination
- community assets and vulnerabilities
- barriers to the provision of community-based services.

Target audience

Potential users of this assessment tool include:

- national and subnational health authorities
- national and subnational COVID-19 incident management teams
- facility managers.

Key questions that this tool can help to answer

This tool can help to answer the following questions:

- How has the COVID-19 pandemic affected utilization of essential health services?
- What are the main barriers to people's use of essential health services during the COVID-19 pandemic?
- Are there marginalized groups more affected during the COVID-19 pandemic?
- Where or what is the first point of contact during the COVID-19 pandemic?
- What are perceived attitudes towards a potential COVID-19 vaccine?
- Have community health workers been able to continue their work in the COVID-19 pandemic context?
- Have community health workers experienced stigma in pursuing their function?

When to use this tool

This tool can be used from the early stages of an emergency to recovery and continuity after recovery.

Mode of data collection

Paper-based and electronic collection of data is used. The questionnaire is administered through phone interviews. These can be completed with focus group discussions to answer specific policy questions in more detail.

Respondents

The questionnaire should be administered to key informants representing community perspectives. These include community leaders, representatives of local nongovernmental organizations or health committees, and community health workers.

Tool adaptation

The tool will require tailoring according to country context to reflect policy-makers' priorities, the burden of disease, definitions and terminology (for example, definition of "community"), list of services provided by community health workers, and other factors. Questions and response options in orange rows or columns indicate where country-specific adaptation is required. Words or phrases in brackets also indicate that country-specific adaptation is required. Questions in grey rows are completed by the interviewer.

Ethical considerations

The guidance provided is not considered research; there is therefore no need to submit it to the WHO Research Ethics Review Committee. Individual countries may need the approval of local ethics committees,

depending on local law and guidelines and current practice. National authorities should ensure that they fulfil their ethical obligations by submitting the document to the pertinent local ethics boards.

Respondents are asked for their informed consent before the survey commences. No personal or facility identifying details will be reported. The WHO data-sharing agreement “Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies” specifies arrangements with regard to usage and dissemination of the data gathered. The agreement is attached as Annex 2.

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