

# 6

## ENSURING STANDARDS

### **Key points:**

- ✓ Aim for high coverage with quality.
- ✓ Build consensus on the application of best practices.
- ✓ Monitor the application/implementation of evidence-based interventions.
- ✓ Promote an enabling environment for implementation/ adoption of evidence-based practices.

### **Expected Health Cluster outputs**

- ✓ Agreed standards, protocols and guidelines for basic health care delivery; standard formats for reporting.
- ✓ Training materials and opportunities available to all partners for upgrading skills and standards of service provision, as needed.

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### Common “gaps” in relation to health service delivery standards

Findings from 10 country case studies (2004-07)

Examples	Proposed remedies
<p><b>Malnutrition</b></p> <p>Global acute malnutrition among children 6-59 months of age often excessive, even in longstanding emergencies and early recovery situations.</p> <p>Health care for the malnourished not always in line with international standards, particularly routine malaria treatment in therapeutic feeding centres. For example, deaths due to malaria were very high in one therapeutic feeding centre. Promotion of breast feeding inadequate.</p>	<p>Create linkages between the health sector and the nutrition coordination mechanism. Ensure adequate data for decision making on prevalence of malnutrition.</p> <p>Disseminate operational guidance to partners, together with nutrition partners, with focus on community based care (including community based therapeutic care and promotion of breast feeding).</p>
<p><b>Waterborne diseases</b></p> <p>Lack of prevention, hygiene promotion, and standardized clinical management of diarrhoea, with linkages to the WASH activities. Inadequate access to adequate quantities of safe water in many settings.</p>	<p>Create linkages between the health sector and the Water, Sanitation and Hygiene (WASH) coordination mechanism to ensure access to water meets minimum international standards, and to develop and disseminate standards and operational guidance on hygiene promotion and the management of diarrhoea.</p>
<p><b>Measles</b></p> <p>Measles vaccination coverage not in line with international standards, particularly in non-camp situations.</p>	<p>Organize well monitored mass measles vaccination together with agencies and national authorities where indicated. Reinforce routine vaccination programme as indicated by phase of response.</p>
<p><b>Outbreaks</b></p> <p>Lack of standard reporting and case definition, no real time analysis and slow feedback. Delayed laboratory confirmation of outbreak. Slow response times (greater than 48 hours).</p>	<p>Appoint one agency to coordinate disease surveillance, outbreak detection and response. Plan for outbreak response, including identification of laboratories (local, national, international) for confirmation. Prompt establishment of Early Warning Alert and Response System. Establish contingency supply stock for emergency response.</p>
<p><b>Malaria</b></p> <p>Lack of standardized prevention and treatment of malaria, appropriate to the epidemiological setting and phase of response, and for special groups such as severely malnourished.</p>	<p>Develop and disseminate standards and operational guidelines, advocate for evidence-based treatment guidelines, and plan for additional support to drug and materials supply as necessary.</p>

Examples	Proposed remedies
<p><b>Reproductive health (incl. obstetrics)</b></p> <p>High maternal mortality, with limited access to emergency obstetric care and comprehensive reproductive health care.</p>	<p>Disseminate phase-specific minimum package of care among partners (including distribution of clean delivery kits to pregnant women in acute emergencies and promoting deliveries in a health facility with a trained practitioner in more stable settings).</p>
<p><b>Gender-based violence (GBV)</b></p> <p>lack of effective multisectoral effort to prevent and respond to GBV (poor inter-sectoral coordination).</p>	<p>Ensure that the health sector participates in an inter-sectoral strategy for preventing and responding to GBV.</p> <p>Develop and disseminate standard operating procedures for GBV including identification of roles and responsibilities standardized reporting, info management clinical management and referral</p> <p>Collaborate with the Protection Cluster and define a 'local framework' for prevention measures and for legal and psychosocial support early in the emergency response.</p>
<p><b>HIV/AIDS &amp; sexually-transmitted infections (STIs)</b></p> <p>Services for HIV/AIDS prevention and care neglected, inadequate, or not integrated into health service delivery. Lack of age- and gender- appropriate prevention and treatment of STIs and HIV/AIDS, coordinated with other sectors.</p> <p>Waste disposal not always safe.</p> <p>Blood transfusion not always safe.</p>	<p>Initiate a community based minimum service package for STI and HIV prevention, sensitive to gender and age.</p> <p>Provide adequate supplies for prevention, diagnosis and treatment, including antiretroviral drugs where rolled out.</p> <p>Provide condoms through various channels to ensure universal access.</p> <p>Develop and disseminate standards and operational guidelines for implementation and monitoring of safe waste disposal and blood transfusion.</p>
<p><b>Mental health and psychosocial support</b></p> <p>Stage-specific planning for mental health and psycho-social support disorganized or absent, particularly for the management of alcohol dependence. Lack of community based approach to mental health.</p>	<p>Collaborate with Protection Cluster and define a 'local framework' for mental health and psychosocial support early in the emergency response. In the emergency phase, actions should be mainly social, with community workers raising social supports and delivering psychological first aid, while protecting the severe mentally ill.</p>
<p><b>Disposal of dead bodies (forensics)</b></p> <p>Socially and culturally inappropriate burial of corpses, mass graves.</p>	<p>Disseminate standards and operational guidelines.</p> <p>Advocate with national authorities for culturally appropriate burial as indicated.</p>

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## 6.1 ENSURING STANDARDS – PROMOTING BEST PRACTICES

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Quality is essential if emergency health response is to decrease mortality and morbidity. For example, if a measles vaccination campaign does not achieve 95% coverage it would have failed to prevent the risk of a measles outbreak. Service quality is also a key determinant of health service utilization, which is critical in an emergency.

### Some basic principles

- ✓ The services and activities of all health actors should normally be in accordance with national treatment policies and guidelines but, where these are not in line with the latest global evidence or recommended practices, the CLA and HCC should facilitate dialogue among all stakeholders to agree on the application of best practices and enhance relevant national policies and guidelines.
- ✓ Where guidelines and protocols exist but are not widely implemented, or practised, at community and facility levels, effort should be directed to improving knowledge and practices and monitoring the implementation of standards and protocols at facility and community levels.

For cluster purposes, the *Humanitarian Charter and Minimum Standards in Disaster Response* of the Sphere Project (2004, chapter 4 on Health) is a key reference but not the only one. Others are indicated in the table below.

### HCC and Health Cluster action

- Ensure that national guidelines are known by all health actors.
- Agree on the standards and best practices to be applied if national policies and guidelines are not in line with the latest global evidence or recommended practices.
- Ensure an enabling environment for the implementation of the best clinical and public health practices. Facilitate and promote adherence to best practices and standard of care.
- Arrange for the preparation and dissemination of technical guidelines and organize joint training, if needed (see section 6.2).

- ☑ Ensure that the monitoring and surveillance system collects and compiles the data necessary to monitor the application of standards (see section 3.6).
- ☑ Jointly monitor the implementation of the national/agreed standards and share experiences with a view to achieving a consistently high standard of services for all communities.

If deemed useful, experts on relevant to the crisis context cross-cutting issues may be invited to provide the appropriate support for the effective integration of the subject matter in all health cluster activities.

### Specific CLA action

- ☑ Make sure that international NGOs and all other cluster partners are aware of national health policies and priorities, and international protocols and best practice, and their relevance in the prevailing situation. Encourage them to respect those policies and protocols and to preserve and strengthen local capacity with a view to developing services (including health information/warning systems and health facilities) that are sustainable in the long term.
- ☑ Discourage any organization from actions not consistent with the established standards.
- ☑ Where there is disagreement on standards of care, facilitate dialogue with the aim of ensuring that the “best” care is available equitably to all communities.
- ☑ Ensure that data are systematically disaggregated by sex and age and that health partners are supported in the collection of such data, if required.
- ☑ Create opportunities to share learning and jointly analyse data on service performance.
- ☑ Monitor the indicators of health status and public health service provision and, when necessary, draw attention to divergences from national standards and international best practice and suggest what could be done to improve standards. Ensure that indicators are gender-sensitive.
- ☑ Arrange briefings for new organizations arriving in the country to work in the health sector; when required, help the MoH to arrange such briefings. This may include:

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- the country's epidemiological profile, national health policies and programmes, and pre-emergency health service coverage;
- national and international expertise available (e.g. for tropical diseases specific to the country which may be beyond the experience of some foreign NGOs);
- the structure of the MoH and the list of health focal points in other organizations;
- details of arrangements for emergency health coordination.

The CLA/HCC may provide foreign relief teams that are new to the country with advice on measures to protect their own health and try to ensure that they have arrangements for emergency medical evacuations.

The table below summarizes some best practices and provides references for further guidance.

### Good practices & recommended reference materials by sub-sector

<p>General health services</p>	<ul style="list-style-type: none"> <li>✓ At least 1 basic health unit per 10 000 people.</li> <li>✓ Basic emergency obstetric care (BEmOC), providing 6 signal functions, available at health centre level, these numbering 1/30 000 people.</li> <li>✓ Recommended standard is of 1 service providing comprehensive emergency obstetric care (CEmOC) and 4 services providing BEmOC for 500 000 people but, in a conflict setting, services should be available as near to the population as possible as referral might be impossible.</li> <li>✓ Mid-level medical practitioner's (nurses, midwives, health officers) role in the provision of curative health services enhanced.</li> <li>✓ Role of CHW in provision of curative care for childhood illness e.g. community-case management of pneumonia in remote locations, a potential strategy to reach remote scattered communities and inaccessible displacement camps.</li> <li>✓ Risk assessment for disease outbreaks.</li> </ul> <ul style="list-style-type: none"> <li>• Sphere minimum standards.</li> <li>• IAWG. <i>Reproductive Health in refugee situations: an inter-agency field manual</i>. United Nations High Commissioner for Refugees, 1999.</li> <li>• MSF. <i>Refugee health. An approach to emergency situations</i>. Médecins Sans Frontières, 1997.</li> </ul>
<p>Child health</p>	<ul style="list-style-type: none"> <li>✓ Children with pneumonia have access to adequate treatment within 24-48 hours of symptoms.</li> <li>✓ Zinc supplementation for treatment of childhood diarrhoea.</li> <li>✓ Vitamin A supplementation for all children under five.</li> <li>✓ Oral rehydration salts available at home level.</li> <li>✓ Malaria treatment – recommended artemisinin-based combination therapy (ACT), with rapid diagnosis testing or microscopic diagnosis.</li> </ul> <ul style="list-style-type: none"> <li>• WHO. <i>Child health in complex emergencies</i>. World Health Organization, 2009.</li> <li>• OMS. <i>Malaria control in complex emergencies : an interagency field handbook</i>. World Health Organization, 2005.</li> <li>• MSF. <i>Clinical guidelines: diagnosis and treatment manual</i>. Médecins Sans Frontières, 2010.</li> </ul>
<p>Nutrition</p>	<ul style="list-style-type: none"> <li>✓ Management of cases with severe acute malnutrition at health centre level.</li> <li>✓ If acute malnutrition level is above national standard or &gt;10 GAM and &gt;1 SAM – coordinate with Nutrition Cluster for possible initiation of community case management of acute malnutrition.</li> </ul> <ul style="list-style-type: none"> <li>• OMS. <i>Management of severe malnutrition: a manual for physicians and senior health workers</i>. World Health Organization, 2000.</li> <li>• Valid International and Concern Worldwide. <i>Community-based therapeutic care: a field manual</i>. Valid International, 2006.</li> </ul>

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Sub-sector	Good practices & recommended reference materials
Communicable diseases	<ul style="list-style-type: none"> <li>✓ Early Warning and Response system (EWARS) established, including data collection from service providers, data analysis and dissemination.</li> <li>✓ Outbreak response initiated within 24-48 hours of case reporting.</li> <li>✓ Case fatality rate during cholera and measles outbreaks &lt;1%.</li> <li>✓ Measles vaccination campaign conducted with the objective to achieve &gt;95% coverage among children aged 6 to 59 months.</li> </ul> <ul style="list-style-type: none"> <li>• MSF. <i>Management of epidemic meningococcal meningitis</i>. Médecins Sans Frontières, 2008.</li> <li>• MSF. <i>Management of a measles epidemic</i>. Médecins Sans Frontières, 1996.</li> <li>• WHO. <i>Cholera outbreak: assessing the outbreak response and improving preparedness</i>. World Health Organization, 2004.</li> <li>• WHO. <i>Communicable diseases control in emergencies: field manual</i>. World Health Organization, 2005.</li> </ul>
STIs & HIV/AIDS	<ul style="list-style-type: none"> <li>✓ Standard precautions at facility level.</li> <li>✓ Continuity of ARTs for those who are on treatment (restocking).</li> <li>✓ Safe blood transfusion.</li> <li>✓ Free condoms available and accessible to the community.</li> <li>✓ Syndromic case management of STIs.</li> <li>✓ Rapid test for syphilis as part of focused ANC.</li> <li>✓ Initiate PMTCT in contexts where HIV/AIDS is the main cause of death (e.g. sub-Saharan Africa).</li> </ul> <ul style="list-style-type: none"> <li>• WHO. <i>Practical guidelines for infection control in health care facilities</i>. World Health Organization, Regional Office for South-East Asia, Regional Office for the Western Pacific, 2004.</li> <li>• WHO. <i>Sexually transmitted and other reproductive tract infections</i>. World Health Organization, 2005.</li> </ul>
Maternal and newborn health	<ul style="list-style-type: none"> <li>✓ The minimum initial service package (MISP).</li> <li>✓ Provision of clean delivery kits to pregnant women with counselling on how to use the kit and birth preparedness plan.</li> <li>✓ Immediate postnatal (maternal &amp; newborn) care within 24-48 hours after delivery by medical personnel (or trained community health workers).</li> <li>✓ Provision of BEmOC signal functions at health centre level.</li> <li>✓ Availability of referral mechanism, with special attention to CEmOC.</li> <li>✓ Neonatal resuscitation materials and adequately trained staff available at all health service delivery points and staff trained on essential newborn care including neonatal resuscitation.</li> <li>✓ Aim to increase proportion of deliveries at facility level</li> </ul> <ul style="list-style-type: none"> <li>• MSF. <i>Obstetrics in remote settings: a guide for non-specialized health care</i>. Médecins Sans Frontières, 2007.</li> <li>• WHO, UNFPA, UNICEF, World Bank. <i>Integrated management of pregnancy, childbirth, and newborn care</i>. World Health Organization, 2009.</li> <li>• Women's Commission. <i>Minimum initial service package for reproductive health in crisis situations</i>. Reproductive Health Response in Conflict (RHRC) Consortium, 2006.</li> </ul>

Sub-sector	Good practices & recommended reference materials
Sexual violence	<ul style="list-style-type: none"> <li>✓ Medical staff have the skills to medically manage cases of sexual violence.</li> <li>✓ PEP for HIV/AIDS, STI treatment, hepatitis B vaccine, emergency contraception (EC) – available from basic health unit level with no stock-out.</li> <li>✓ Provision of, or programme link with, psychosocial support.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• IASC. <i>Guidelines on gender-based violence interventions in humanitarian settings</i>. Inter-Agency Standing Committee, 5 December 2007.</li> <li>• WHO, UNFPA, UNHCR. <i>Clinical management of rape survivors</i>. World Health Organization, United Nations High Commissioner for Refugees, 2005.</li> </ul>
Non-communicable diseases, injuries and mental health	<ul style="list-style-type: none"> <li>✓ Rescue and evacuation, first aid, and surgical care needs are immediately available following natural disasters like earthquakes.</li> <li>✓ Re-stocking of supplies for chronic diseases in circumstances where the burden of chronic diseases is high.</li> <li>✓ Protect and care for people with mental disorders and others in institutions.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• IASC. <i>Guidelines for mental health and psychosocial support in emergency settings</i>. Inter-Agency Standing Committee, 2007.</li> </ul>
Environmental health	<ul style="list-style-type: none"> <li>✓ Safe sharp and medical waste disposal system in place in all facilities.</li> <li>✓ Health facility staff trained on standard precautions.</li> </ul>

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## 6.2 DEFINING AND MEETING TRAINING NEEDS – BUILDING CAPACITY

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Training for health workers and auxiliaries is often needed to improve standards especially during a protracted crisis. Broader capacity-building activities including the development of policies and systems and the upgrading of equipment are often needed to facilitate recovery especially in a complex (conflict-related) crisis.

### Some basic principles

- ✓ All training should be designed to meet specific gaps in service provision or performance and be based on an assessment of training needs.
- ✓ National standards, norms, curricula, and training material should be used as initial platforms and updated, integrated or simplified in consultation with the national/local health authorities.
- ✓ Training should be coordinated among health actors to ensure reasonable consistency in content and standards.
- ✓ During the initial response period, focus on supporting the implementation of priorities such as MISIP and EWARS (early warning including standard case definitions) and in-service training on key issues where there are immediate problems.

### HCC and Health Cluster action

- ☑ Identify priority training needs for personnel of both MoH local health sectors and cluster partners based on identified gaps in services and service-delivery capacities. Include training for both service delivery and the use of cluster tools, as needed.
- ☑ Coordinate the development (or up-dating/adaptation) of training materials based as much as possible on national standards and curricula and make them available for use by all cluster partners.
- ☑ Coordinate the planning and implementation of training activities among partners and facilitate joint training events whenever possible.
- ☑ Keep up-to-date information on training activities that are ongoing or planned, or have been completed.

- ☑ Identify other capacity-building that is needed to facilitate early recovery; coordinate the planning and implementation of such activities among partners to maximize complementary.

### Lessons & practical hints from field experience

In Uganda, a three-day health, nutrition and HIV/AIDS workshop was organized for members of the three clusters (from UN agencies, NGOs and government). A wide range of topics were covered including the Cluster Approach, management of health information during crisis, joint health strategy development, and transforming health priorities into action. The training provided a good opportunity for joint planning by cluster members which resulted in a joint health, nutrition and HIV/AIDS plan for Karimoja. The cluster also supported some of its members to attend various international courses organized by the Global Health Cluster, WHO and the NGO Merlin.

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