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## STANDARD SERVICES AND INDICATOR LISTS

### 9.1 LEVELS OF HEALTH CARE, SUB-SECTORS AND SERVICES

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The following standard list of sub-sectors and health services is used for all data collection, recording and analysis purposes including HeRAMS, the IRA and other assessments (see sections 3.2, 3.3, 3.4), and for gap identification and planning (see sections 4.1 and 5.1). The list of sub-sectors is also used in the OCHA-managed 4W database.

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ROLE AND  
FUNCTIONING  
OF A HEALTH  
CLUSTER

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EFFECTIVE  
COORDINATION

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ASSESSMENT  
AND  
HEALTH  
SITUATION  
MONITORING

4

ANALYSIS AND  
PRIORITIZA-  
TION

5

STRATEGY  
DEVELOPMENT  
AND  
PLANNING

6

STANDARDS

7

ADVOCACY  
AND  
RESOURCES  
MOBILIZATION

8

CLUSTER  
PERFORMANCE  
MONITORING  
AND LESSONS  
LEARNED

9

STANDARD  
SERVICES AND  
INDICATOR  
LISTS

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ANNEXES

| HEALTH SERVICES CHECKLIST               |                      |                                |   |  |
|---|----------------------|--------------------------------|---|--|
| by level of care and health sub-sectors |                      |                                |   |  |
| Level of care                           | Area/<br>Sub-sectors |                                | Health Services<br>(RH MISP services in bold) |  |
| C. Community care                       | C0                   | Collection of vital statistics | C01   | Deaths and births  |
|   |                      |                                | C02   | Others: e.g. population movements; registry of pregnant women, newborn children                                  |
|   | C2                   | Child health                   | C21   | IMCI community component: IEC of child care taker + active case findings   |
|   |                      |                                | C22   | Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhoea                        |
|   |                      |                                | C23   | Community mobilization for and support to mass vaccination campaigns and/or mass drug administration/ treatments |
|   | C3                   | Nutrition                      | C31   | Screening of acute malnutrition (MUAC)   |
|   |                      |                                | C32   | Follow up of children enrolled in supplementary/therapeutic feeding (trace defaulters)                           |
|   |                      |                                | C33   | Community therapeutic care of acute malnutrition   |
|   | C4                   | Communicable diseases          | C41   | Vector control (IEC + impregnated bed nets + in/out door insecticide spraying)                                   |
|   |                      |                                | C42   | Community mobilization for and support to mass vaccinations and/or drug administration/ treatments               |
|   |                      |                                | C43   | IEC on locally priority diseases (e.g. TB self referral, malaria self referral, others)                          |
|   | C5                   | STI & HIV/<br>AIDS             | C51   | Community leaders advocacy on STI/ HIV   |
|   |                      |                                | C52   | IEC on prevention of STI/HIV infections and behavioural change communication                                     |
|   |                      |                                | C53   | <b>Ensure access to free condoms</b>   |

| Level of care     | Area/<br>Sub-sectors |   | Health Services<br>(RH MISP services in bold) |   |
|-------------------|----------------------|---|---|---|
| C. Community care | C6                   | Maternal & newborn health                             | C6I   | <b>Clean home delivery</b> , including distribution of clean delivery kits to visibly pregnant women, IEC and behavioural change communication, knowledge of danger signs and where/when to go for help, support breast feeding   |
|                   | C8                   | Non-communicable diseases, injuries and mental health | C8I   | Promote self-care, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility based health and social services for people with chronic health conditions, disabilities and mental health problems |
|                   | C9                   | Environmental Health                                  | C9I   | IEC on hygiene promotion and water and sanitation, community mobilization for clean up campaigns and/or other sanitation activities   |
| P. Primary care   | P1                   | General clinical services                             | P1I   | Outpatient services   |
|                   |                      |   | P12   | Basic laboratory  |
|                   |                      |   | P13   | Short hospitalization capacity (5-10 beds)  |
|                   |                      |   | P14   | Referral capacity: referral procedures, means of communication, transportation  |
|                   | P2                   | Child health  | P21   | EPI: routine immunization against all national target diseases and adequate cold chain in place   |
|                   |                      |   | P22   | Under 5 clinic conducted by IMCI-trained health staff   |
|                   |                      |   | P23   | Screening of under nutrition/ malnutrition (growth monitoring or MUAC or W/H, H/A)  |

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| Level of care   | Area/<br>Sub-sectors                |                           | Health Services<br>(RH MISP services in bold) |  |   |
|-----------------|-------------------------------------|---------------------------|---|--|---|
| P: Primary care | P3                                  | Nutrition                 | P31   | Management of moderate acute malnutrition  |   |
|                 |                                     |                           | P32   | Management of severe acute malnutrition  |   |
|                 | P4                                  | Communicable diseases     | P41   | Sentinel site of early warning system of epidemic prone diseases, outbreak response (EWARS)  |   |
|                 |                                     |                           | P42   | Diagnosis and treatment of malaria   |   |
|                 |                                     |                           | P43   | Diagnosis and treatment of TB  |   |
|                 |                                     |                           | P44   | Other local relevant communicable diseases (e.g. sleeping sickness)  |   |
|                 | Sexual and reproductive health area | P5                        | STI & HIV/AIDS                                | P51  | Syndromic management of sexually transmitted infections   |
|                 |                                     |                           |   | P52  | <b>Standard precautions:</b> disposable needles & syringes, safety sharp disposal containers, Personal Protective Equipment (PPE), sterilizer, P 91 |
|                 |                                     |                           |   | P53  | <b>Availability of free condoms</b>   |
|                 |                                     |                           |   | P54  | Prophylaxis and treatment of opportunistic infections   |
|                 |                                     |                           |   | P55  | HIV counselling and testing   |
|                 |                                     |                           |   | P56  | Prevention of mother-to-child HIV transmission (PMTCT)  |
|                 |                                     |                           |   | P57  | Antiretroviral treatment (ART)  |
|                 |                                     |                           |   | P61  | Family planning   |
| P6              |                                     | Maternal & newborn health | P62   | Antenatal care: assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self care and family planning, preventive treatment(s) as appropriate |   |

| Level of care   | Area/<br>Sub-sectors                |   | Health Services<br>(RH MISP services in bold) |  |
|-----------------|-------------------------------------|---|---|--|
| P. Primary care | Sexual and reproductive health area |   | P63   | Skilled care during childbirth for <b>clean and safe normal delivery</b>   |
|                 |                                     |   | P64   | <b>Essential newborn care:</b> basic newborn resuscitation + warmth (recommended method: Kangaroo Mother Care – KMC) + eye prophylaxis + clean cord care + early and exclusive breast feeding  |
|                 |                                     |   | P65   | <b>Basic emergency obstetric care (BEmOC):</b> parenteral antibiotics + oxytocic/anticonvulsant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery <b>24/24 &amp; 7/7</b> |
|                 |                                     |   | P66   | Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning  |
|                 |                                     |   | P67   | Comprehensive abortion care: safe induced abortion for all legal indications, uterine evacuation using MVA or medical methods, antibiotic prophylaxis, treatment of abortion complications, counselling for abortion and post-abortion contraception     |
|                 |                                     |   | P7<br>Sexual violence                         | P71  |
|                 | P72                                 | <b>Emergency contraception</b>                                      |   |  |
|                 | P73                                 | <b>Post-exposure prophylaxis (PEP) for STI &amp; HIV infections</b> |   |  |

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| Level of care                  | Area/<br>Sub-sectors |   | Health Services<br>(RH MISP services in bold) |  |
|--------------------------------|----------------------|---|---|--|
| P. Primary care                | P8                   | Non communicable diseases, injuries and mental health | P81   | Injury care and mass casualty management   |
|                                |                      |   | P82   | Hypertension treatment   |
|                                |                      |   | P83   | Diabetes treatment   |
|                                |                      |   | P84   | Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders |
|                                | P9                   | Environmental health                                  | P91   | Health facility safe waste disposal and management   |
| S. Secondary and Tertiary care | S1                   | General clinical services                             | S11   | Inpatients services (medical, paediatrics and obstetrics and gynaecology wards)  |
|                                |                      |   | S12   | Emergency and elective surgery   |
|                                |                      |   | S13   | Laboratory services (including public health laboratory)   |
|                                |                      |   | S14   | Blood bank service   |
|                                |                      |   | S15   | X-Ray service  |
|                                | S2                   | Child health  | S21   | Management of children classified with severe or very severe diseases (parenteral fluids and drugs, O2)                |
|                                | S6                   | Maternal & newborn health                             | S61   | <b>Comprehensive emergency obstetric care: BEmOC + caesarean section + safe blood transfusion</b>                      |
|                                | S8                   | Non communicable diseases, injuries and mental health | S81   | Disabilities and injuries rehabilitation   |
|                                |                      |   | S82   | Outpatient psychiatric care  |
|                                |                      |   | S83   | Acute psychiatric inpatient unit   |

## 9.2 INDICATORS AND BENCHMARKS

The table below presents some commonly-used indicators together with corresponding widely-accepted benchmarks. The table below provides guidance in relation to estimating mortality rates.

| Category                      | #   | Name of indicator  | Type         | Data Collection Method | Benchmarks  |
|-------------------------------|-----|--|--------------|------------------------|---|
| Health resources availability | A.1 | Average population covered by functioning Health Facility (HF), by type of HF and by administrative unit     | Input, proxy | HeRAMS                 | SPHERE standards: 10 000 for 1 Health Unit, 50 000 for 1 Health Centre, 250 000 for 1 District/Rural Hospital |
|                               | A.2 | # HF with Basic Emergency Obstetric Care / 500 000 population, by administrative unit                        | input        | HeRAMS                 | >= 4 BEmOC /500 000   |
|                               | A.3 | # HF with Comprehensive Emergency Obstetric Care / 500000 population, by administrative unit                 | input        | HeRAMS                 | >= 1 CEemOC /500 000  |
|                               | A.4 | % of HF without stock out of a selected essential drug in 4 group of drugs, by administrative unit           | input        | IRA                    | 100 %   |
|                               | A.5 | # of hospital beds per 10 000 population (inpatients & maternity), by administrative unit                    | input        | HeRAMS                 | > 10  |
|                               | A.6 | % of HF with availability of clinical management of rape survivors + emergency contraception + PEP available | input        | HeRAMS                 | 100%  |
|                               | A.7 | # of health workforce (MD+nurse+midwife) per 10 000 population, by administrative unit (%m/f)                | input        | HeRAMS                 | > 22  |
|                               | A.8 | # of CHWs per 10 000, by administrative unit   | input        | HeRAMS                 | >= 10   |

| Category                  | #   | Name of indicator  | Type            | Data Collection Method                                 | Benchmarks  |
|---------------------------|-----|--|-----------------|--|---|
| Health services' coverage | C.1 | # of outpatient consultations per person per year, by administrative unit  | output          | HIS / EWARS  | > = 1 new visit/person per year                       |
|                           | C.2 | # of consultations per clinician per day, by administrative unit   |                 | HIS  | Less than 50/ day per clinician                       |
|                           | C.3 | Coverage of measles vaccination (6 months-15 years)  |                 | HIS, survey  | > 95% in camps or urban areas<br>> 90% in rural areas |
|                           | C.4 | Coverage of DPT3 in < 1 year, by administrative unit   |                 |  | > 95%   |
|                           | C.5 | % births assisted by skilled attendant   |                 |  | > 90%   |
|                           | C.6 | % expected deliveries by Caesarean section, by administrative unit   |                 |  | prospective HF based surveillance                     |
| Risks factors             | R.1 | # of cases or incidence rates for selected diseases relevant to the local context (cholera, measles, acute meningitis, others) | Out-come        | EWARS, IRA, prospective HF based surveillance, surveys | Measure trends  |
|                           | R.2 | # of cases or incidence of sexual violence   | Out-come        | prospective HF based surveillance, surveys             | Measure trends  |
|                           | R.3 | CFR for most common diseases   | Out-come, proxy | prospective HF based surveillance                      | Measure trends  |
|                           | R.4 | Proportional mortality   |                 |  | Measure trends  |
|                           | R.5 | # of admissions to SFT and TFC   |                 |  | Measure trends  |
|                           | R.6 | Proportion/number of U5 GAM and SAM cases detected at OPD/IPD  |                 |  | Measure trends  |
|                           | R.7 | Proportion of people with <15L of water/day  |                 |  | Measure trends  |
| Health outcomes           | O.1 | CMR  | out-come        | HH survey  | >=2x base rate OR >1/10 000 per day*                  |
|                           | O.2 | U5MR   |                 |  | >=2x base rate OR >2/10 000 per day*                  |

| Category        | #   | Name of indicator  | Type    | Data Collection Method | Benchmarks  |
|-----------------|-----|--|---------|------------------------|---|
| Health outcomes | O.3 | Prevalence of GAM  | Outcome | HH survey              | < 10%, Measure trends   |
|                 | O.4 | Prevalence of SAM  |         |                        | Measure trends  |
|                 | O.5 | % of the population in worst quintile of functioning, including those with severe or extreme difficulties in functioning |         | WHODAS II HH survey*   | Thresholds have to be defined according to the local context and nature of the crisis. Measure trends |

\* Üstün B, Kostanjsek N, Chatterji S, Rehm J (eds). *Measuring health and disability, Manual for WHO disability assessment schedule, WHODAS 2.0*. Geneva: World Health Organization, 2010 (in press).




## ESTIMATING MORTALITY RATES

To be able to compare mortality rates over time in the same population, or among different populations, 'death counts' must be converted into rates using a standard *population denominator* and a standard *time period*. Mortality rates are expressed in one of two ways, depending on the situation:

| Situation                                | Usual frequency of data collection | Calculation of mortality rate |
|--|------------------------------------|-------------------------------|
| acute emergency period                   | each day, or every few days        | Deaths/10 000/day             |
| when the health situation has stabilized | once-a-month                       | Deaths/1000/month             |

N.B. In many situations, only a rough estimate is available for the total population and there may be ongoing population movements with high rates of in- and out-displacement. The denominator is then uncertain and changing. In such cases, calculate the mortality rate using the average (arithmetic mean) of the population estimates during the time period concerned.

### Additional guidance

-  Checchi F, Roberts L. *Interpreting and using mortality data in humanitarian emergencies*. HPN Network Paper No. 52, Sept. 2005.
-  SMART. *Measuring mortality, nutritional status, and food security in crisis situations: SMART methodology*. Version 1 April 2006.
-  CDC, WFP. *A manual: measuring and interpreting mortality and malnutrition*. Centers for Diseases Control and Prevention, World Food Programme, 2005.