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STANDARD SERVICES
AND INDICATOR LISTS

9.1 LEVELS OF HEALTH CARE, SUB-SECTORS AND SERVICES

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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 ASSURING
EFFECTIVE
COORDINATION

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 ASSESSING
AND
MONITORING
THE HEALTH
SITUATION

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 ANALYSING
AND
PRIORITIZING

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 DEVELOPING
A STRATEGY;
PLANNING

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 ENSURING
STANDARDS

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 ADVOCACY
AND
MOBILIZING
RESOURCES

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 MONITORING
CLUSTER
PERFORMANCE;
LEARNING
LESSONS

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 STANDARD
SERVICES
AND INDICATOR
LISTS

ANNEXES

HEALTH SERVICES CHECKLIST, BY LEVEL OF CARE AND HEALTH SUB-SECTORS				
Level of care	Area/Sub-sectors		Health Services (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/ AIDS	C51	Community leaders advocacy on STI/ HIV
			C52	IEC on prevention of STI/HIV infections and behavioural change communication
			C53	Ensure access to free condoms

Level of care	Area/Sub-sectors		Health Services (RH MISP services in bold)	
C. Community Care	C6	Maternal & Newborn Health	C6I	Clean home delivery , 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 psycho-social 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/Sub-sectors		Health Services (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 & REPRODUCTIVE HEALTH AREA	P5 STI & HIV/AIDS	P51	Syndromic management of sexually transmitted infections
			P52	Standard precautions: disposable needles & syringes, safety sharp disposal containers, Personal Protective Equipment (PPE), sterilizer, P 91
			P53	Availability of free condoms
			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)
P6			P61	Family planning
	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/Sub-sectors	Health Services (RH MISP services in bold)		
P. Primary Care	SEXUAL & REPRODUCTIVE HEALTH AREA	P6 Maternal & Newborn Health	P63	Skilled care during childbirth for clean and safe normal delivery
			P64	Essential newborn care: basic newborn resuscitation + warmth (recommended method: Kangaroo Mother Care – KMC) + eye prophylaxis + clean cord care + early and exclusive breast feeding 24/24 & 7/7
			P65	Basic emergency obstetric care (BEmOC): parenteral antibiotics + oxytocic/anticonvulsant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7
			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 Sexual Violence	P71
		P72		Emergency contraception
		P73		Post-exposure prophylaxis (PEP) for STI & HIV infections

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Level of care	Area/Sub-sectors		Health Services (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, O ₂)
	S6	Maternal & Newborn Health	S61	Comprehensive emergency obstetric care: BEmOC + caesarean section + safe blood transfusion
	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 admin unit	Input, proxy	HeRAMS	>= 1 Health Unit/10,000 >= 1 Health Centre / 50,000 >= 1 District/Rural Hospital /250,000
	A.2	# HF with Basic Emergency Obstetric Care / 500,000 population, by admin unit	input	HeRAMS	>= 4 BOEC /500,000
	A.3	# HF with Comprehensive Emergency Obstetric Care / 500,000 population, by admin unit	input	HeRAMS	>= 1 CEOC /500,000
	A.4	% of HF without stock out of a selected essential drug in 4 group of drugs, by admin unit	input	IRA	100 %
	A.5	# of hospital beds per 10,000 population (inpatients & maternity), by admin unit	input	HeRAMS	> 10
	A.6	% of HF with availability of clinical management of rape survivors + emergency contraception + PEP	input	HeRAMS	100%
	A.7	# of health workforce (MD+nurse+midwife) per 10,000 population, by admin unit (%m/f)	input	HeRAMS,	> 22
	A.8	# of CHWs per 10,000, by admin 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 admin unit	output	HIS / EWARS	> = 1 new visit per person per year
	C.2	# of consultations per clinician per day, by admin unit	output	HIS	Less than 50/per day /per clinician
	C.3	Coverage of measles vaccination (6 months-15 Years)	output	HIS, survey	> 95% in camps or urban, > 90% in rural areas
	C.4	Coverage of DPT3 in < 1yr., by admin unit	output	HIS, survey	> 95%
	C.5	% births assisted by skilled attendant	output	HIS, survey	> 90%
	C.6	% expected deliveries by Caesarean section, by admin unit	output	prospective HF based surveillance	>= 5% and <= 15%
Risks Factors	R.1	# 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	
	R.2	# of cases or incidence of sexual violence	out-come	prospective HF based surveillance, surveys	
	R.3	CFR for most common diseases	Out-come, proxy	prospective HF based surveillance	Measure trends
	R.4	Proportional mortality	Out-come, proxy	prospective HF based surveillance	Measure trends
	R.5	# of admissions to SFT and TFC	Out-come, proxy	prospective HF based surveillance	Measure trends
	R.6	Proportion/number of U5 GAM and SAM cases detected at OPD/IPD	Out-come, proxy	prospective HF based surveillance	Measure trends
Health Outcomes	O.1	CMR	out-come	HH survey	Emergency threshold: either: >=2x base rate OR > 1/10,000/day*
	O.2	U5MR	out-come	HH survey	Emergency threshold: either: >=2x base rate OR > 2/10,000/day*

Category	#	Name of indicator	Type	Data Collection Method	Benchmarks
Health Outcomes	O.3	Prevalence of GAM	out-come	HH survey	< 10%, Measure trends
	O.4	Prevalence of SAM	out-come	HH survey	Measure trends
	O.5	% of population with severe or extreme difficulties in functioning	out-come	WHODAS II HH survey ³³	Thresholds depends from the context and nature of the crisis




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/1,000/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:

-  ODI-HPN – *Interpreting and using mortality data in humanitarian emergencies*, F Checchi & L Roberts, NPH Network Paper No. 52, Sept. 2005
-  SMART – *Measuring Mortality, Nutritional Status, and Food Security in Crisis Situations*: http://www.smartindicators.org/SMART_Methodology_08-07-2006.pdf
-  CDC & WFP – *Measuring and interpreting mortality and malnutrition*, <http://www.unhcr.org/45f6abc92.html>

³³ Measuring Health and Disability, Manual for WHO Disability Assessment Schedule, WHODAS 2.0. Editors: T.B. Üstün, N. Kostanjsek, S. Chatterji, J. Rehm – WHO, 2009 (in press).