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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;
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 ADVOCACY
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MOBILIZING
RESOURCES

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 MONITORING
CLUSTER
PERFORMANCE;
LEARNING
LESSONS

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 STANDARD
SERVICES
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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
		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).



WHAT YOU WILL FIND ON THE ENCLOSED CD-ROM (the exhaustive list is in the table of contents on pages 7-8)

1. The electronic version of the Health Cluster Guide

2. The Health Cluster tools

3. Annexes to the Health Cluster Guide (as referred to and lettered in the text)

4. Relevant background documents:

- **Glossary of Humanitarian Terms** — ReliefWeb, August 2008
- **Principle of Partnership, A Statement of Commitment** — Global Humanitarian Platform, 12 July 2007
- **UN General Assembly Resolution 46/182** — United Nations, 19 December 1991
- **Guidance note on using the cluster approach to strengthen humanitarian response** — Inter-Agency Standing Committee (IASC), 24 November 2006
- **Rome Statement on Cluster Roll-Out** — IASC Working Group, 5-7 November 2007
- **Strengthening NGO Participation in the Inter-Agency Standing Committee** — UN/TCVA/SCHR/InterAction, 5 January 2006
- **Operational guidance on designating sector/cluster leads in major new emergencies** — Inter-Agency Standing Committee (IASC), 23 May 2007
- **Operational guidance on designating sector/cluster leads in ongoing emergencies** — Inter-Agency Standing Committee (IASC), 23 May 2007
- **Leadership in clusters** — IASC Cluster/sector leadership training tips and resources, 2-6 July 2007
- **Operational guidance on the concept of 'provider of last resort'** — Inter-Agency Standing Committee (IASC), 20 June 2008
- **Strengthening health systems to improve health outcomes** — WHO's framework for action, 2007
- **Guidelines for Gender-based Violence Interventions in Humanitarian Settings** — Inter-Agency Standing Committee (IASC), September 2005
- **IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings** — Inter-Agency Standing Committee (IASC), 2007
- **Water, Sanitation and Hygiene (WASH) Cluster Coordination Handbook** — Global WASH Cluster Coordination, January 2009
- **Building & managing consensus** — IASC Cluster/sector leadership training tips and resources, October 2007
- **Consensus Decision-Making** — Seeds for Change
- **Consensus in Large Groups** — Seeds for Change
- **Smarter Coordination Meetings** — IASC Cluster/sector leadership training tips and resources, 25 June 2007
- **Operational guidance on responsibilities of cluster/sector leads & OCHA in Information Management** — Inter-Agency Standing Committee (IASC), 4 December 2008
- **Reporting and Interpreting Data on Sexual violence from Conflict-Affected Countries** — Stop Rape Now - UN Action Against Sexual Violence in Conflict, June 2008
- **WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies** — WHO, 2007
- **Health Cluster bulletin example (Mozambique)** — WHO, 10-22 February 2008
- **Analysing Disrupted Health Sectors - A Modular Manual** — WHO, 2009
- **Shared assessment & analysis** — IASC Cluster/sector leadership training tips and resources, 15-19 October 2007
- **Needs assessment and decision-making in the humanitarian sector** — Humanitarian Policy Group, September 2003
- **Reporting template** — WHO
- **Women, Girls, Boys and Men different needs - equal opportunities** — Inter-Agency Standing Committee (IASC), December 2006
- **Needs Analysis Framework** — IASC CAP Sub-Working Group, July 2007
- **The UNHCR Tool for Participatory Assessment in Operations** — UNHCR, May 2006
- **Handbook for Estimating the Socio-economic and Environmental Effects of Disasters** — Economic commission for Latin America and the Caribbean (ECLAC), 2003
- **Guidelines for Monitoring the Availability and Use of Obstetric Services** — UNICEF/WHO/UNFPA, August 1997
- **Health Facility Survey: Tool to evaluate the quality of care delivered to sick children attending outpatients facilities** — WHO, 2003
- **Practical Guide to Multilateral Needs Assessments in Post-Conflict Situations** — UNDG/World Bank/UNDP, August 2004
- **Reproductive Health Assessment Toolkit for Conflict-affected Women** — USAID/CDC, January 2007
- **Safe Motherhood Needs Assessment** — WHO, September 2001
- **UNHCR Public Health Facility Toolkit** — UNHCR, January 2008
- **Communicable disease control in emergencies: A field manual** — WHO, 2005

The CD contains the entire Health Cluster Guide with hyperlinks to reference documents. For users in settings with limited or no access to the internet, the CD's disc menu **also contains downloaded versions of most of the reference documents** for easy access.

To access the CD's material, place it into a CD player (computer or external CD drive). If it does not run automatically, open the CD file from your computer and double click on the file **index.html**.

- **Essentials for Emergencies** — WHO
- **Natural disasters protecting the Public's Health** — PAHO, 2000
- **Setting priorities in communicable disease surveillance** — WHO, 2006
- **WHO Recommended Surveillance Standards** — WHO/UNAIDS
- **Tracking Health Performance and Humanitarian Outcomes** — IASC/WHO, 30 November 2005
- **GAP Guidance materials** — IASC Global Health Cluster, 26 October 2007
- **Refugee Health An approach to emergency situations** — Médecins Sans Frontières
- **WHO-PAHO Guidelines for the Use of Foreign Field Hospitals** — PAHO
- **Integrated Missions Planning Process (IMPP)** — UN, 13 June 2006
- **UN Transitional Strategy Guidance Note** — UN, 26 October 2005
- **An Operational note on transitional results matrices** — UNDG/World Bank/UNDP, January 2005
- **Post-Disaster Recovery Guidelines** — UNDP
- **Guidance for CAP Project Selection and Prioritisation** — Inter-Agency Standing Committee (IASC) Working Group, June 2004
- **Consolidated Appeal 2009: Guidelines** — OCHA, 2009
- **Liberia 2007 CAP** — OCHA, 2007
- **Guidelines for HIV/AIDS interventions in emergency settings** — Inter-Agency Standing Committee (IASC)
- **Inter-agency contingency planning guidelines for humanitarian assistance** — Inter-Agency Standing Committee (IASC), November 2007
- **The Humanitarian Charter** — SPHERE
- **Child health in complex emergencies** — William J Moss, Meenakshi Ramakrishnan, dory Storms, Anne Henderson Siegle, William M. Weiss, Ivan Lejnev, Lulu Muhe; 2006
- **Clinical guidelines: Diagnosis and treatment manual** — Médecins Sans Frontières, 2007
- **Community-based Therapeutic Care (CTC) A Field Manual** — Valid International, 2006
- **Malaria control in complex emergencies** — WHO
- **Management of severe malnutrition: A manual for physicians and other senior health workers** — WHO, 1999
- **Reproductive Health in refugee situations an Inter-agency Field Manual** — Inter-Agency Standing Committee (IASC), 1999
- **Management of epidemic meningococcal meningitis** — Médecins Sans Frontières, February 2008
- **Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations** — Women's Commission for Refugee Women and Children, September 2006
- **Obstetrics in remote settings** — Médecins Sans Frontières, 2007
- **Practical Guidelines for Infection Control in Health Care Facilities** — WHO/SEARO, 2004
- **Sexually Transmitted and Other Reproductive Tract Infections** — WHO, 2005
- **Clinical Management of Rape Survivors**
- **CERF Application Template** — UN, 2009
- **CERF Life-saving criteria and sectoral activities** — UN, 7 August 2007
- **Revised Guidelines for Flash Appeals** — UN, March 2009
- **2009 CAP Mid-Year Review Guidelines** — UN, April 2009
- **OCHA Field Offices and the FTS** — OCHA
- **Common Funds for Humanitarian Action in Sudan and the Democratic Republic of Congo: Monitoring and Evaluation Study** — Center on International Cooperation/Humanitarian Policy Group, December 2006
- **Memorandum of Understanding between the Recipient UN Organisations and the United Nations Development Programme regarding the Operational Aspects of the Peacebuilding Fund** — UN
- **Review of Trust Fund Mechanisms for Transition Financing: Phase 2 Report** — Development Initiatives, 28 April 2006
- **ECHO Manual Project Cycle Management** — European Commission, June 2005
- **Evaluating humanitarian action using the OECD-DAC criteria** — ALNAP, March 2006
- **Guidelines for Implementing Interagency Health and Nutrition Evaluations in Humanitarian Crises** — Inter-agency Health and Nutrition Evaluations in Humanitarian Crises (IHE) Initiative, August 2007
- **Inter-Agency Real Time Evaluation of the Response to Cyclone Nargis** — Rober Turner, Jock Baker, Dr Zaw Myo Oo, Naing Soe Aye; 17 December 2008
- **A Manual: Measuring and Interpreting Malnutrition and Mortality** — CDC/WFP, July 2005
- **Interpreting and using mortality data in humanitarian emergencies** — HPN/Fancesco Checchi and Les Roberts, September 2005
- **SMART Methodology Measuring Mortality, Nutritional Status and Food Security in Crisis Situations** — SMART, April 2006

GOAL OF THE HEALTH SECTOR RESPONSE DURING HUMANITARIAN CRISIS

To reduce avoidable mortality, morbidity and disability, and restore the delivery of, and equitable access to, preventive and curative health care as quickly as possible and in as sustainable a manner as possible.

EXPECTED HEALTH CLUSTER OUTPUTS

<ul style="list-style-type: none"> ✓ Functioning health sector coordinating mechanisms involving UN agencies, NGOs, CBOs, health authorities, donors, and community members, including between the centre and the field, and with other sectors/clusters ✓ Up-to-date mapping of health actors, available health services, and service delivery activities ✓ Up-to-date information on the health situation and needs is available to all stakeholders; regular situation reports/health bulletins 	<p><i>See chapter 2</i></p>
<ul style="list-style-type: none"> ✓ Initial rapid assessment and situation analysis, agreement on priority health problems and risks ✓ Regular joint situation updates based on monitoring of the situation and of the health services delivered 	<p><i>See chapters 3, 4</i></p>
<ul style="list-style-type: none"> ✓ A joint, regularly updated, health response strategy in the crisis, with clear priorities and objectives for addressing priority health problems, risks and gaps ✓ A joint contingency plan for response to future events that could impact on the populations' health or partners' response activities ✓ Distribution of responsibilities among partners based on capacities to deliver in the field 	<p><i>See chapter 5</i></p>
<ul style="list-style-type: none"> ✓ 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 	<p><i>See chapter 6</i></p>
<ul style="list-style-type: none"> ✓ Agreed health sector elements in joint appeals and CERF applications; agreed priorities for allocation of pooled resources ✓ A common advocacy strategy and plan 	<p><i>See chapter 7</i></p>
<ul style="list-style-type: none"> ✓ Joint field visits for monitoring; joint evaluations and lesson-learning 	<p><i>See chapter 8</i></p>