Included Interventions

Periconceptual	Pregnancy	Child Birth	Preventive/ Vaccines	Curative
Contraception*	Syphilis detection and treatment (ANC)	Antenatal corticosteroids	Preventive postnatal care (healthy practices & illness detection)	Sepsis case management - basic
Folic acid supplementation or fortification	Calcium supplementation	Antibiotics for pPRoM	Complementary feeding--education only	Sepsis case management - comprehensive
Termination of pregnancy -D&C, anesthesia	IPTp malaria	Essential delivery care for all women and immediate essential newborn care (FAC)	Complementary feeding--supplementation and education	Kangaroo mother care
Termination of pregnancy -vacuum aspiration	Tetanus toxoid	Basic Emergency Obstetric Care (FAC)	Use of an improved water source	Oral antibiotic case management of severe infection in neonates
Termination of pregnancy -medical	Balanced energy supplementation	Comprehensive Emergency Obstetric Care (FAC)	Use of a water connection in the home	Injectable antibiotic case management of severe infection in neonates
Case management	Multiple micronutrient supplementation	Active management of the third stage of labor (FAC)	Improved excreta disposal (latrine/toilet)	Case management of severe infection in neonates with full supportive care
Post abortion case management - basic EMOC level	Pre-eclampsia case management (hospital)	Magnesium Sulfate	Hand washing with soap	ORS
Post abortion case management - comprehensive EMOC level	Hypertensive disease case management (hospital)	Neonatal resuscitation (FAC)	Hygienic disposal of children's stools	Antibiotics for dysentery
Ectopic case management - basic EMOC level	Case management of malaria (clinic)	Clean practices in non-facility birth and immediate essential newborn care (HOME)	Insecticide treated materials or indoor residual spraying (ITN/IRS)	Zinc for treatment
Ectopic case management - comprehensive EMOC level	Case management of malaria (hospital)	Neonatal resuscitation (HOME)	Vitamin A for prevention	Case management of pneumonia (oral antibiotics)
	PMTCT/Adult ART*		Zinc for prevention	Therapeutic feeding
*These interventions are linked into *LiST* from other Spectrum modules (FamPlan and AIM). Grey and indented interventions indicates that they are part of a larger package of interventions which are typically delivered together. At the end of each such intervention is abbreviated the package (ANC=antenatal care; FAC=facility delivery; HOME=home delivery)		**Breastfeeding**	Rotavirus vaccination	Vitamin A for measles treatment
		Optimal Breastfeeding	Measles vaccination	Antimalarials
		Breastfeeding Promotion	Hib vaccination	Cotrimoxazole*
			Pneumococcal vaccination	Child ART*
			DPT vaccination	
			Polio vaccination	
			BCG vaccination	

National level Data Inputs

Inputs	Value	Data Source	Notes
Neonatal mortality rate	NMR	WHO/UNICEF	Used 2004/2005 WHOSIS mortality data. Updated to DHS data if appropriate.
Infant mortality rate	IMR	WHO/UNICEF. Methodology described in Levels and trends in under-5 mortality, 1990-2008. You D, Wardlaw T, Salama P, Jones G. Lancet 2009 Sep 10.	Used UNICEF mortality data from the year of the most recent available survey.
Under 5 mortality rate	U5MR	WHO/UNICEF. Methodology described in Levels and trends in under-5 mortality, 1990-2008. You D, Wardlaw T, Salama P, Jones G. Lancet 2009 Sep 10.	Used UNICEF mortality data from the year of the most recent available survey.
Maternal mortality ratio	MMR	WHO	www.who.int/whosis/mme_2005.pdf
Stunting	by age group; 0-1 month, 1-5 months, 6-11 months, 12-23 months, 24-59 months	Calculated from WHO or DHS	Height-for-age less than -2 Z-scores When WHO data was used, stunting was based upon standard deviations and WHO under 5 stunting values. For DHS data, 0-1 month: used < 6 months 1-5 months: used < 6 months 6-11 months: used 6-11 months 12-23 months: used 12-23 months 24-59 months: used 36-47 months
Wasting	by age group; 0-1 month, 1-5 months, 6-11 months, 12-23 months, 24-59 months	Calculated from WHO or DHS	Weight-for-height less than -3 Z-scores When WHO data was used, stunting was based upon standard deviations and WHO under 5 stunting values. For DHS data, 0-1 month: used < 6 months 1-5 months: used < 6 months 6-11 months: used 6-11 months 12-23 months: used 12-23 months 24-59 months: used 36-47 months
Breast feeding	by age group; 0-1 month, 1-5 months, 6-11 months, 12-23 months,	Calculated from DHS or MICS data	Exclusive breast feeding, Predominant BF (+water or liquids or juice) Partial BF (+ complementary foods and other milks), No breast feeding As the DHS categories do not match exactly the LiST categories, the best fit for the

Inputs	Value	Data Source	Notes
			LiST period was chosen, if possible. 0-1 month: used < 2 months 1-5 months: used 4-5 months 6-11 months: used 8-9 months 12-23 months: used 18-19 months
Diarrhea incidence	by age group; 0-1 month, 1-5 months, 6-11 months, 12-23 months, 24-59 months	Boschi-Pinto C, Lanata C, Black R. The Global Burden of Childhood Diarrhoea. In: Ehiri, John (Ed.). Maternal and Child Health: Global Challenges, Programs, and Policies. Springer Publishers, Washington DC, USA, 2009.	Data are regional estimates based upon DHS data.
Under 5 deaths by cause	14 causes	CHERG 2008	*Lancet* 2010 ; 375: 1969–87; Global, regional, and national causes of child mortality in 2008: a systematic analysis.
Maternal deaths by cause	11 causes	Modified from Khan et al, WHO analysis of maternal death: a systematic review. Lancet 2006 Apr 1;367(9516):1066-74.	Data are regional (African, Asian, South American) and have been adjusted to match the newest categories.
Abortion incidence ratio		Sedgh G. et al. 2007. *Legal Abortion Worldwide: Incidence and Recent Trends*, International Family Planning Perspectives, 33(3): 106-116 and WHO. 2007. *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003*. Geneva.	The Sedgh article gave data for safe abortion at the country level for 60 countries, and the WHO gave data for unsafe abortion for 18 sub-regions (including North America and Oceania). Countries were allocated to the regions in the WHO publication. The Sedgh ratio (for safe abortion) was then used for the default, and if not available the WHO ratio for unsafe abortion was used, under the assumption that very few countries have a significant incidence of both.
Percent of pregnancies ending in spontaneous abortions	Default 13%	See FamPlan Manual	See FamPlan Manual for complete information.
IUGR	% of children born	Low Birth Weight: United	Data on the percent of infants considered to be intra-uterine growth retarded (IUGR)

Inputs	Value	Data Source	Notes
	IUGR	Nations Children's Fund and World Health Organization, *Low Birthweight: Country,regional and global estimates.* UNICEF, New York, 2004. IUGR calculation: De Onis M. *Levels and Patterns of Intrauterine Growth Retardation in Developing Countries. European Journal of Clinical Nutrition* 1998; 52(1):s5-s15.	is difficult to obtain without accurate information on gestational age and data reported in household surveys is often biased because only a select sample of babies are weighed. In 2004, WHO and UNICEF published adjusted birthweights which are used as the default in LiST. De Onis give a calculation of Y= -3.2452 + 0.852X to calculate IUGR (y) from low birthweight (X), which excludes children who are pre-term as well as children who are IUGR but not LBW. Children who weigh less than 2000g at birth and are IUGR are less likely to benefit from the interventions which reduce IUGR births. It is estimated that 88.4% of all IUGR infants weigh between 2000 and 2499g. Default IUGR is 88.4% of calculated IUGR.
Vitamin A deficiency	0 or 1; Is the population Vitamin A deficient?	*Lancet* 2008; 371: 243–60	In addition, China and Brazil are assumed to only have pockets of Vitamin A deficiency.
Zinc deficiency	0 or 1; Is the population zinc deficient?	www.unu.edu/unupress/food/fnb25-1s-IZiNCG.pdf	Where stunting and data from food balance sheets were not both available, zinc deficiency was assumed if either stunting rates were > 20% in children 18-59 months old or where food balance sheets predict a medium or high risk.
IPTp recommended	0 or 1	Malaria & Children; Roll Back Malaria at www.unicef.org/health/files/Malaria0831.pdf	By default, IPTp can only benefit populations where the government has recommended that IPTp be used.
Falciparum malaria exposure	Percent of the population at risk of exposure to falciparum malaria	The Limits and Intensity of *Plasmodium falciparum* Transmission: Implications for Malaria Control and Elimination Worldwide. Guerra CA, Gikandi PW, Tatem AJ, Noor AM, Smith DL, et al. *PLoS Medicine* Vol. 5, No. 2, e38	The percent of the population at risk of exposure to falciparum malaria is the population which can benefit from taking IPTp during pregnancy. Thus this acts as the affected fraction for IPTp.
Economic status	% of the population living on less than $1 per day	SOWC 2005, Table 7. Economic indicators. Updated to Table 1 for the Human Development Report 2009 by UNDP.	Note that this only used to determine the percent of the population which can benefit from balanced energy supplementation (maternal) or complementary feeding education and supplementation. For the future, the percent of children living on less than $1.25 will be used instead.

Interventions, Indicators and Data Sources

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
Periconceptual period				
Contraception*	see FamPlan	FamPlan Module in Spectrum		
Folic acid supplementation or fortification	% of married women receiving folic acid supplementation tablet or fortification at conception	Assumed to currently be 0 in all countries	5.0 mg folic acid per day for three months for women attempting to become pregnant	
Termination of pregnancy – D&C, anaesthesia	% of terminations that are performed with D&C and anesthesia	Set at 0 for baseline	The sum of the three termination options may not add to more than 100%.	
Termination of pregnancy – vacuum aspiration	% of terminations that are performed with vacuum aspiration	Set at 0 for baseline	The sum of the three termination options may not add to more than 100%.	
Termination of pregnancy - medical	% of terminations that are performed medically	Set at 0 for baseline	The sum of the three termination options may not add to more than 100%.	
Post abortion case management – basic EMOC level		Set at 0 for baseline		
Post abortion case management – comprehensive EMOC level		Set at 0 for baseline		
Ectopic pregnancy case		Set at 0 for baseline		

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
management – basic EMOC level				
Ectopic pregnancy – comprehensive EMOC level		Set at 0 for baseline		
Antenatal period				
Antenatal care	% of pregnant women with at least 4 antenatal care visits	DHS or MPS WHR-05 if not available	This intervention has no impact itself. The components below are the interventions which impact mortality.	
Syphilis detection and treatment	% of pregnant women screened for syphilis with the rapid plasma reagent test and treated with 2.4 miu benzathine penicillin, if needed.			if ANC4 < 40%, then ANC4 *.2; ANC4< 75%, then ANC4 *.5; ANC4< 95% then ANC4 *.7; ANC4 >= 95%, then ANC *1.0
Calcium Supplementation	% of pregnant women taking 1g of calcium per day	No data currently available Set at 0 for baseline.		
Multiple micronutrient supplementation	% of pregnant women receiving micronutrient supplementation	set at 0 for baseline	The population at risk is all pregnant women. Multiple micronutrient supplementation is defined as receiving at least three micronutrients, typically including iron, folic acid, and another nutrient, often Vitamin A. Adequate receipt is for the duration of the pregnancy.	
IPT malaria	% of pregnant women living in malaria endemic areas and receiving intermittent preventive treatment for	MICS/DHS via Malaria and Children Report www.unicef.org/health/files/Malaria0831.pdf	Only applies to countries with a program recommending IPTp and 1st or 2nd child	

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
	malaria (2 doses of sulfadoxine-pryemthamine)			
Tetanus toxoid	% of children protected at birth from tetanus (PAB)	WHO/UNICEF	% of women who received 2 doses of tetanus toxoid during this pregnancy or ever: Received at least 2 doses, the last within 3 years; Received at least 3 doses, the last within 5 years; Received at least 4 doses, the last within 10 years; Received at least 5 doses during lifetime. Also known as TT2+. www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html	
Balanced energy supplementation	% of undernourished pregnant women receiving high protein and calorie dietary supplements	set at 0 for baseline	The proxy chosen for undernourished pregnant women is the percent of the population living on less than a dollar a day.	
Magnesium sulfate for pre-eclampsia	?	?	?	
Hypertensive disease case management	?	?	?	
Case management of malaria (clinic)	% of pregnant women with malaria who are treated for malaria at a health center	Set at 0 for baseline	This is at a health center. This intervention covers the entire period between contraception and 6 weeks after delivery. The sum of the two case a management options must not sum to greater than100%.	
Case management of malaria (hospital)	% of pregnant women with malaria who are treated for malaria at a hospital	Set at 0 for baseline	This is in a hospital. This intervention covers the entire period between contraception and 6 weeks after delivery. The sum of the two case a management options must not sum to greater than100%.	
PMTCT**	see AIM	AIM Module in Spectrum	Note that this intervention covers all activities which occur between contraception and through the end of	

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
			breastfeeding related to transmission of HIV.	
Child Birth				
Available data				
Facility based birth (InstDel)	% of infants delivered in a facility	DHS/MICS and MPS WHR-05, if otherwise unavailable	This intervention has no impact itself. The components below are the interventions which impact mortality. This is used to estimate coverage below.	
Skilled birth attendance	% of infants delivered by a skilled birth attendant	DHS/MICS and MPS WHR-05, if otherwise unavailable	This intervention has no impact itself. The components below are the interventions which impact mortality. This is used to estimate coverage below.	
At onset of labor or risk of onset				
Antenatal corticosteroids			Intramuscular injection of betamethasone sodium phosphate to women with suspected premature labor (6 mg, every 12 hours for 2 days) – target 2+ doses 12 hours before birth	InstDel <30, InstDel*.1; InstDel <50, InstDel*.2; InstDel <95, InstDel*.5, InstDel >=95,InstDel *.8
Antibiotics for pPRoM			Administration of oral erythromycin to women with premature rupture of membranes (PRoM) (250mg, 4 times daily for 7 days) who are not in labor to prevent PRoM	InstDel <30, InstDel*.3; InstDel <50, InstDel*.5; InstDel <95, InstDel*.75,InstDel >=95, InstDel*1
Labor, birth, and immediate postnatal period				
Essential care for all women and immediate essential newborn care	% of women with essential care during delivery and immediate newborn care		This includes: monitoring labor progress with a partograph, detection of complications and infection control via a clean delivery. Episiotomy is available, if needed. For the neonate, this includes routine care practices including: immediate drying, skin-to-skin contact or immediate wrapping for thermal care and clean cord cutting. Although this activity should include immediate initiation of breastfeeding, the effect is not calculated here.	InstDel <30, InstDel*.3; InstDel <50, InstDel*.5; InstDel <95, InstDel*.75; InstDel >= 9, InstDel*1
Basic Emergency Obstetric Care	% of women with access to basic emergency obstetric care, if needed		This refers to management of delivery at a health center and covers case management of direct obstetric complications. The intervention includes: Case management of ante-partum hemorrhage, prolonged/obstructed labor, post-partum hemorrhage and severe infection. Methods include: shock management, pain relief, ABC,	InstDel <30, InstDel*.1; InstDel <50, InstDel*.5; InstDel <95, InstDel*.75; InstDel >= 95, InstDel*1 It is assumed that all with access to this also receive essential care

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
			parenteral antibiotics, IV fluids, instrumental delivery and manual removal of the placenta and retained products,.	for all women and immediate essential newborn care.
Comprehensive Emergency Obstetric Care	% of women with access to comprehensive emergency obstetric care, if needed		This refers to management of delivery at a hospital and covers case management of direct obstetric complications. This is in addition to all interventions included in Basic Emergency Obstetric Care. This intervention includes: Case management of ante-partum hemorrhage, prolonged/obstructed labor, post-partum hemorrhage and severe infection. Additional methods include: ultrasound, culdocentesis, induction, laparotomy, salpingectomy, blood transfusion, caesarian section, hysterectomy, symphisiotomy, balloon tamponade, uterine ligature, MRVOP, surgical infection control and episiotomy. This does NOT include MgSO4 or AMSTL! Although these should be part of a comprehensive emergency obstetric program and delivered at the same time, their effect is being calculated separately.	InstDel <30, InstDel*.1; InstDel <50, InstDel*.2; InstDel <95, InstDel*.6; InstDel >= 95, InstDel*1 It is assumed that all who receive this also have access to basic emergency obstetric care and receive essential care for all women and immediate essential newborn care.
Active management of third stage of labor	% of women with access to active management of the third stage of labor	Set at 0 for baseline	This includes controlled cord traction, and oxytocics as well as massage. Need linkage to delivery care.	
Magnesium sulfate	% of women with eclampsia receiving IV MgSO4	Set at 0 for baseline	Need definition and linkage to delivery care. This must be delivered in a facility.	
Neonatal resuscitation (facility)			% of newborns with access to detection of breathing problems and resuscitation (with a bag and mask), if needed	InstDel <30, InstDel*.1; InstDel <50, InstDel*.2; InstDel <95, InstDel*.5, InstDel >=95, InstDel * .8
Home Delivery	1-% of infants born in any facility	fixed by % born in facility	This intervention has no impact itself. The components below are the interventions which impact mortality.	

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
Clean practices in non-facility birth and immediate, essential newborn care	% of women delivering at home with a clean delivery kit,		Need a full definition.	SBA-Facility delivery
Newborn resuscitation (home)	% of women delivering at home with access to newborn resuscitation	Set at 0 for baseline	% of newborns with access to detection of breathing problems and resuscitation (with a mucus extractor), if needed	
Breastfeeding				
Breastfeeding behavior	See breast feeding under national level data inputs	DHS or MICS	Note that this refers to the actual breastfeeding behavior, which can change based upon the age of the child as well as the observed/desired behavior.	The user can elect to use either breastfeeding behavior or breastfeeding promotion as the breastfeeding indicator of choice. Baseline breastfeeding status by age is needed for both options.
Breastfeeding promotion	% of mothers of children 0-11 months of age exposed to a breastfeeding promotion message	Baseline is percent of 1-5 month old children exclusively breastfed	Breastfeeding promotion can be either one-on-one or group meetings. It is assumed that children 1-5 months of age who are exclusively breast fed do not need breastfeeding promotion.	
Preventive after birth				
Preventive postnatal care (healthy practices & illness detection)	% of infants with a postnatal health contact/visit within 2 days of birth	set at 0 for baseline, unless available	This intervention includes clean cord care after cutting and skin hygiene, continued thermal care for all infants as well as detection of illnesses. Although this *activity* should include breast feeding counseling, the *effect* is not calculated here.	Note: this indicator has changed over time and much of the data available refers to a postnatal visit for mothers delivering at home. Use this if nothing else is available.

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
Complementary feeding--education only	% of mothers intensively counseled on the importance of continued breast feeding after 6 months and appropriate complementary feeding practices	Set at 6-9 month old children receiving breastmilk and complementary feeding as baseline; See FAQ for notes on indicator selection.	This intervention only benefits children 6-24 months of age who are living on more than a dollar a day; This can be delivered in the home, community or clinic, by health professionals or health volunteers. It includes the assumption that breast feeding should be continued for children 6-24 months of age, (but does not affect breast feeding rates). The intervention includes education on the proper foods to prepare as well as appropriate hygiene for food preparation.	
Complementary feeding--supplementation and education	% of mothers of malnourished infants who are intensively counseled on the importance of continued breast feeding after 6 months and appropriate complementary feeding practices as well as given appropriate supplements	set at 0 for baseline.	This intervention only benefits children 6-24 months of age who are living on less than a dollar a day; This can be delivered in the home, community or clinic, by health professionals or health volunteers. It includes the assumption that breast feeding should be continued for children 6-24 months of age,(but does not affect breast feeding rates). The intervention includes supplementation of child, ranging from 100-1500 kcal per day, typically including micronutrients. As well as education on the proper foods to prepare and appropriate hygiene for food preparation.	
Use of improved water source within 30 minutes	% of homes with improved water	Joint Monitoring Program for Water and Sanitation	Progress on Sanitation and Water; 2010 Update. (http://www.wssinfo.org/)	Ideal indicator would be improved water within 30 minutes, but this data is not available on a global scale.
Use of water connection in the home	% of households with water piped into the home or yard	Joint Monitoring Program for Water and Sanitation	Progress on Sanitation and Water; 2010 Update. (http://www.wssinfo.org/)	
Improved excreta disposal (latrine/toilet)	% of homes with access to an improved latrine or flush toilet	Joint Monitoring Program for Water and Sanitation	Progress on Sanitation and Water; 2010 Update. (http://www.wssinfo.org/)	

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
Hand washing with soap	% of mothers washing their hands with soap appropriately	Curtis VA, Health Education Research, March 2009; all others set to 0	Appropriate hand washing is defined as washing hands with soap, ash or other materials and using adequate water, after handling feces and before preparing food. Reported hand washing is not an adequate indicator. Neither is availability of hand washing materials. Observational data is required.	
Hygienic disposal of children's stools	% of children whose fecal matter is adequately contained	DHS survey	Children's tools are considered to be contained if 1) the child always uses a toilet/latrine, 2) the feces are thrown in a toilet/latrine, 3) the feces are buried in the yard	
Insecticide treated materials or indoor residual spraying	% of households with at least 1 insecticide treated net or covered by indoor residual spraying	MICS/DHS via Malaria and Children Report www.unicef.org/health/files/Malaria0831.pdf		
Vitamin A supplementation	% of children 6-59 months receiving full coverage with Vitamin A	Childinfo.org	Full coverage of Vitamin A supplementation is considered to be 2 doses of Vitamin A in the past year. See above definition of national Vitamin A deficiency. It is assumed that all children in a country with Vitamin A deficiency are in need of Vitamin A for prevention.	
Zinc for prevention	% of children 6-59 months supplemented daily with zinc	set at 0 for baseline	Daily supplementation with 10mg zinc. It is assumed that all children in a country with zinc deficiency are in need of zinc for prevention. See above definition of national zinc deficiency.	
Vaccinations				
Rotavirus vaccine	Proportion of infants having received 3 doses of rotavirus vaccine prior to the survey	set at 0 for baseline, unless reported data available from UNICEF	Not yet implemented in most countries routinely. Data used ins reported coverage by the countries. www.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragebcg.htm	
Measles vaccine	Proportion of infants having received 2 dose of measles	UNICEF	www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html; Use MCV1 if MCV2 not available.	In the future, it will be more accurate to use a combination of MCV1, MCV2, and supplemental activities. However, at this

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
	containing vaccine (MCV) prior to the survey			moment, this combined indicator of coverage is not easily available for all countries.
Hib vaccine	Proportion of infants having received 3 doses of Haemophilis influenzae type B vaccine prior to the survey	UNICEF	www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html	
Pneumococcal vaccine	Proportion of infants having received 3 doses of pneumococcal vaccine prior to the survey	set at 0 for baseline	Will be implemented in some countries routinely in 2009.	
DPT3 vaccination	Proportion of infants having received 3 doses of diphtheria, tetanus and pertussis vaccine prior to the survey	UNICEF	www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html	
Polio vaccine	Proportion of infants having received 3 doses of polio vaccine prior to the survey	UNICEF	Polio vaccine has no impact on mortality of children less than 5 years of age.	
BCG vaccine	Proportion of infants having received 1 dose of BCG vaccine prior to the survey	UNICEF	BCG vaccine has no impact on cause specific mortality of children less than 5 years of age.	

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
Curative after birth				
Sepsis case management – basic level		Set to 0 at baseline		
Sepsis case management – comprehensive level		Set to 0 at baseline		
Kangaroo mother care	% of low birth weight infants with access to kangaroo mother care	set at 0 for baseline	Kangaroo mother care is defined as: continuous skin-to-skin contact between a mother and her newborn as well as frequent and exclusive breast feeding. Note that this intervention only impacts deaths attributable to prematurity and *must* be given in a facility.	
Oral antibiotics: case management of severe neonatal infection	Proportion of neonates with suspected pneumonia, sepsis or ARI in the 2 weeks preceding the survey treated with antibiotics	Set at 0 for baseline		
Injectable antibiotics: case management of severe neonatal infection	Proportion of neonates	Set at 0 for baseline		
Full supportive care: case management of severe neonatal infection	Proportion of neonates with serious infections with oxygen, IV antibiotics, IV fluids, blood transfusion, phototherapy, etc. available	set as a function of facility births	Facility based care only	InstDel <30, InstDel*.1; InstDel <50, InstDel*.2; InstDel <95, InstDel*.5, InstDel >=95, InstDel *.8
ORS	% of children with diarrhea	DHS	This includes sachets or pre-mixed solutions of ORS.	

Interventions	Indicators	Baseline Data Source	Notes-Description	Formula
	given ORS from sachets			
Antibiotics for dysentery	% of children with dysentery treated with antibiotics	set at case management for pneumonia, if available, otherwise 50% of ORS	Typical treatment is 3 days of 250mg of ciprofloxacin. This data is typically not available. Use DHS data if available.	
Zinc for treatment	% of children 0-59 months with diarrhea receiving zinc supplementation	set at 0 for baseline	20mg of zinc supplementation daily for 14 days	
Case management of pneumonia (oral antibiotics)	Proportion of children 1-59 months with suspected pneumonia or ARI treated with antibiotics	Childinfo.org; DHS	This is not available for many recent DHS surveys.	
Vitamin A for measles treatment	% of measles cases treated with Vitamin A	Set at the percent of children receiving 2 doses of Vitamin A, UNICEF, as baseline	Typical treatment is 2 days of Vitamin A supplementation, ranging from 50,000 IU to 200,000 IU, based upon the age of the child. This information is not typically available.	
Antimalarials	Proportion of children 0-59 months with a fever receiving any appropriate anti-malarial	Childinfo.org	This data is from the DHS surveys.	
Therapeutic feeding	% of wasted children receiving therapeutic feeding	Set at 0 for baseline	Therapeutic feeding is outpatient treatment for severely wasted children (<-3Z) including supplementation with food (such as PlumpyNut) and maternal education.	
Cotrimoxazole**	see AIM	AIM Module in Spectrum		
Child ART**	see AIM	AIM Module in Spectrum		

Colored text indicates that coverage is not estimated directly but is calculated with respect to another indicator.