UNHCR's Strategic Plan for Reproductive Health

2008 - 2012

UNHCR
The UN Refugee Agency

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APR	Annual Protection Reports
COPs	Country Operation Plans
EmONC	Emergency Obstetric and Neonatal Care
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HIS	Health Information System
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group on Reproductive Health in Crisis
IDP	Internally Displaced Person
IP	Implementing Partner
MISP	Minimum Initial Service Package
MSRP	Management Systems Renewal Project
NGO	Non-Governmental Organization
OP	Operational Partner
PEP	Post-Exposure Prophylaxis
PoCs	Persons of Concern
S&I	Standards and Indicators
UBW	Unified Budget and Workplan for UNAIDS
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Funds
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organisation

EXECUTIVE SUMMARY

The United Nations High Commissioner for Refugees' (UNHCR) Reproductive Health Strategic Plan for 2008-12 outlines the vision, strategic objectives, and main strategies of UNHCR as well as indicators to measure their implementation. It aims to fully integrate reproductive health into UNHCR's overall mandate of protection of refugees and other persons of concern (PoCs), and to meet internal and international standards in UNHCR's reproductive health-related policies and programmes. The Strategic Plan supports the existing initiatives such as the Millennium Development Goals, the United Nations (UN) humanitarian reform process, and the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG) decisions.

This Strategic Plan was developed in coordination with those of other sectors in the Public Health and HIV Section in the Division of Operational Services at UNHCR as well as with other groups in and outside of UNHCR including other UN agencies, Non-Governmental Organisations (NGOs) and academic institutions. This approach will help to ensure a comprehensive and integrated approach across sectors. The Strategic Plan aims to guide operations in camp, urban and other non-camp settings according to all stages of an emergency, as well as for local integration and returnee situations, during the period of 2008-2012 (see also 2008-12 Guiding Principles).

The first action plan targets PoCs in camps and urban settings as well as major repatriation operations for progressive achievements of the objectives over the period 2008-2012. New emergencies will be supported and monitored using the Minimum Initial Package of Services (MISP). However, each operation should aim to significantly improve reproductive health deliverables and in particular safe-motherhood interventions within the coming 5 years.

OVERALL STRATEGIC OBJECTIVE:

To support and promote reproductive health policies and programmes to reduce morbidity and mortality and to enhance the quality of life among refugees, Internally Displaced Persons (IDPs), returnees and other PoCs to UNHCR.

REPRODUCTIVE HEALTH STRATEGIC OBJECTIVES FOR UNHCR:

1. **Protection:** To protect the reproductive health rights of UNHCR's PoCs while respecting their dignity and physical and mental integrity, with special attention to vulnerable groups.

2. **Coordination and Integration:** To effectively coordinate, advocate for and integrate reproductive health policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.

3. **Access to Early Diagnosis, Prompt and Effective Prevention and Treatment:** To ensure that PoCs have access to timely, quality, culturally adapted and effective preventive and curative services delivered by trained personnel working in a professional and respectful manner, with the necessary material and equipment in in structures that respect the need for privacy and security.

4. **Durable Solutions:** To develop and incorporate reproductive health strategies and interventions into policies and programmes for durable solutions.

5. **Capacity Building and Training:** To build and strengthen specific reproductive health knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.

6. **Assessment, Surveillance, Monitoring and Evaluation and Operational Research:** To regularly monitor and report on the reproductive health status of PoCs to inform programmatic planning and implementation in a timely manner; to evaluate programme performance and achievements using a results-based management approach; and to develop and carry out operational research on new approaches in reproductive health.

INTRODUCTION

Reproductive health is a right as well as a psychological and health need. It is defined by the World Health Organisation (WHO) as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes."

The International Conference on Population and Development which took place in Cairo, Egypt in 1994, first defined in its plan of action for reproductive health care services and strategies to ensure that people :

- Have the capability to reproduce and the freedom to decide if, when and how often to do so.
- Have the ability to control their sexual and reproductive health behaviour in agreement with social and personal ethics, resulting in a satisfying and safe sex life, free of feelings such as fear, shame, guilt or prejudice.
- Be free from organic injuries, mutilations, and diseases, which disturb their sexual and reproductive functions.

"Reproductive Health is not just a major health issue; it is a development issue, a human rights issue."[1] Determinants of sexual and reproductive health and well-being include health services but also behaviour, socio-economical conditions and living conditions and standards. Reproductive health differs from other health issues because it affects major societal, religious and cultural structures and systems. In fact many sexual and reproductive health and legal systems have been designed and set-up much more on the basis of beliefs, values and taboos than on medical needs and individual rights. Successful programmes increase people's knowledge and enhance healthy behaviours in good harmony and respect of community values.

Reproductive health needs continue and are generally exacerbated during crisis. For example, malnutrition, stress and epidemics increases the risk of of reproductive health complications. Childbirth can occur on the wayside during population movement, risk of gender and sexual violence increases due to social instability, and harmful traditional practices such as genital mutilation continue to be perpetrated.

Though the situation has improved greatly over the past few years, numerous reproductive health gaps for UNHCR's PoCs still exist, particularly during crisis and conflicts:

- Delayed implementation of the Minimum Initial Service Package (MISP)[2] at onset of emergencies.
- Inadequate capacity of health facilities to address basic reproductive health services including emergency obstetric care.

1 Reproductive Health and Human rights, R.J. Cook, B.M. Dickens, M.F, Fathalla, 2003

2 MISP represents the minimum standard of services in UNHCR operations. It is implemented during the early phase of emergency situations and during repatriation. It is a package of priority interventions with high impact on mortality and morbidity. The MISP is a set of activities (not a kit of supplies and equipment), specially designed for the initial stage of a crisis. Documented evidence of its efficiency justifies its use without prior needs assessment. Comprehensive services should be provided as soon as the situation stabilizes.

- Access difficulties to friendly, confidential, quality, comprehensive services.
- Limited capacities of women and adolescents to take control over key moments and events of their sexual and reproductive life.[3]

In order to provide adequate protection and assistance to women and girls and men and boys, UNHCR commits to support all components of reproductive health, prioritizing high impact interventions that affect mortality and morbidity at the onset of a crisis, while moving rapidly to more comprehensive services to cover the needs and rights of women and girls and men and boys.

The foundation of UNHCR's Reproductive Health Strategic Plan for 2008-2012 is supported by the following documents and policy statements:

- Inter Agency Standing Committee (IASC), Guidelines for Gender-based Violence Interventions in humanitarian settings, 2005.
- International Conference on Population and Development Programme of Action, Cairo, Egypt in 1994 and follow-up conferences of Beijing and Geneva.
- Report of the Inter-Agency Global Evaluation, Reproductive Health Services for Refugees and Internally Displaced Persons, 2004.
- R.J. Cook, B.M. Dickens, M.F, Fathalla. Reproductive Health and Human rights, 2003.
- UNHCR Executive Committee A/AC.96/1032, 1996.
- UNHCR/WHO, Clinical Management of Rape Survivors, 2005.
- UNHCR, High Commissioner's Special Project related to public health priority areas (2007 and 2008).
- Women's Commission, Emergency Obstetric Care in Humanitarian Programs, 2005.
- WHO/UNHCR/UNFPA, Reproductive Health in Refugee Situations, an Inter-Agency Field Manual, 1999 and corrigendum 2007.
- WHO, Managing Complications in Pregnancy and Childbirth: a guide for midwives and doctors, 2007.
- WHO, Reproductive Health during conflict and displacement, a guide for programme managers, 2000.

3 Reproductive Health Services for Refugees and Internally Displaced Persons, report of the Inter-Agency Global Evaluation 2004

BOX 1: Reproductive health in UNHCR's Global Strategic Objectives

Reproductive Health is also highlighted in UNHCR's Global Strategic Objectives[4]

Global Strategic Objective 3 - Realizing the social and economic well-being of person of concern, with priority given to:

3.1. Reducing malnutrition, and major risks to the health of populations of concern, notably malaria, HIV/AIDS and inadequate reproductive health services.

Performance Targets:

3.1.6. The percentage of live births attended by midwife, nurse or doctor (excluding Traditional Birth Attendants) is increased.

Global Strategic Objective 4 - Responding to emergencies in a timely and effective manner, with priority given to:

4.2. Meeting the needs of women, children and groups with specific needs in emergency situations.

Performance Targets:

4.2.2. Emergency protection and assistance interventions in the first three months of an emergency increasingly respond to age, gender and diversity considerations including specific interventions for women, children and groups with special needs.

An interim assessment of all indicators and targets in this plan will be undertaken after 2009.

4 UNHCR Global Appeal 2007 *UNHCR's global strategic objectives*

GOALS AND OBJECTIVES

OVERALL REPRODUCTIVE HEALTH GOAL FOR 2008-12:

To support and promote reproductive health policies and programmes in order to reduce morbidity and mortality and to enhance the quality of life among refugees, IDPs, returnees and other PoCs to UNHCR.

REPRODUCTIVE HEALTH STRATEGIC OBJECTIVES FOR UNHCR:

1. **Protection:** To protect the reproductive health rights of UNHCR's PoCs while respecting their dignity and physical and mental integrity, with special attention to vulnerable groups.
2. **Coordination and Integration:** To effectively coordinate, advocate for and integrate reproductive health policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.
3. **Access to Early Diagnosis, Prompt and Effective Prevention and Treatment:** To ensure that PoCs have access to timely, quality, culturally adapted and effective preventive and curative services delivered by trained personnel working in a professional and respectful manner, with the necessary material and equipment in structures that respect the need for privacy and security.
4. **Durable Solutions:** To develop and incorporate reproductive health strategies and interventions into policies and programmes for durable solutions.
5. **Capacity Building and Training:** To build and strengthen specific reproductive health knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.
6. **Assessment, Surveillance, Monitoring and Evaluation and Operational Research:** To regularly monitor and report on the reproductive health status of PoCs to inform programmatic planning and implementation in a timely manner; to evaluate programme performance and achievements using a results-based management approach; and to develop and carry out operational research on new approaches in reproductive health.

STRATEGIES AND INDICATORS OF ACHIEVEMENT

UNHCR will monitor its progress against these strategic objectives over the 2008-2012 period through a rigorous monitoring and evaluation system at global, regional and country levels. The data will be aggregated and reported regularly at the global level. The following core set of **50 indicators** will be tracked as a measure of progress against the strategic objectives. For each of these indicators, many others could be suggested, particularly programme performance monitoring indicators, which are not detailed here but many of which will be collected and used at country level. Realisation of these strategic objectives will require a certain level of accountability at various levels of management. This accountability will be most important at the country and field level, through the processes of the programme planning cycle and ongoing reporting.

Table 1 summarises the strategies and indicators of achievement. It provides explicit definitions for and essential information on how the indicators will be measured at the global, regional and country operational levels.

Table 2 provides summaries of how the indicators of achievement will be reported. This includes information on targets, periodicity, applicable strategic objectives, and sources of measurement.

UNHCR will obtain data on reproductive health from the following main sources:

1. UNHCR's Health Information System (HIS).
2. UNHCR's HIV Information System (HIVIS).
3. UNHCR's Standards and Indicators (S&I).
4. UNHCR's Global Strategic Objectives.
5. Population-based surveys conducted by national authorities, UNHCR and other humanitarian agencies in coordination with Implementing or Operational Partners.
6. Joint Assessment Missions conducted with other UN agencies and Non-Governmental Organizations (NGOs).
7. UNHCR's Financial Systems using Management Systems Renewal Project (MSRP).

Table 1. Key Strategies and Indicators of Achievement

STRATEGIC OBJECTIVE 1: PROTECTION	To protect the reproductive health rights of UNHCR's PoCs while respecting their dignity and physical and mental integrity, with special attention to vulnerable groups.
Key Strategies	**Indicators of Achievement**
(1.1) Ensure implementation of life-saving MISP strategies from onset of an emergency.	**(1.1.1)** % of children dying under 28 days of age (neonatal). **(1.1.2)** % of HCR operations where clean delivery kits are available for women obviously pregnant, in the absence or difficult access to quality institutional deliveries. **(1.1.3)** Number of reported cases of Gender-Based Violence (GBV), segregated per type, age and sex.
(1.2) Establish policies, guidelines and programmes to prevent and respond to gender-based violence.	**(1.2.1)** % of operations supporting health clinics with treatment and case management protocols for rape survivors in place. See also **(1.1.3)**.
(1.3) Establish policies, guidelines and programmes to protect women's body integrity and reduce harmful practices.	**(1.3.1)** % of operations where female genital mutilation (FGM) is practiced, where reduction strategies are adopted. **(1.3.2)** % of operations with obstetric fistula detection and referral programmes. See also **(1.1.2)** and **(1.2.1)**.
(1.4) Ensure that every pregnant women, new mother and newborn child is cared for by a skilled health professional in a continuum of services.	**(1.4.1)** % of all birth that take place in Emergency Obstetric and Neonatal Care (EmONC) facilities. **(1.4.2)** % of women who had at least 4 antenatal care (ANC) visits to a health professional with midwifery skills by time of delivery. **(1.4.3)** % of mothers having 3 postnatal visits within 6 weeks after birth. See also **(1.1.1)**.
(1.5) Establish programmes protecting the girls and contributing to reduce the number of teenage mothers.	**(1.5.1)** % of women who delivered before age of 18 years (teenage pregnancies).
Indicator **1.2.1** from Nutrition/Food Security Strategic Plan also applies. Indicators **1.4.1**, **1.5.1** and **1.5.2** from HIV Strategic Plan also apply.	

Table 1. Key Strategies and Indicators of Achievement (cont.)

STRATEGIC OBJECTIVE 2: COORDINATION AND INTEGRATION	To effectively coordinate, advocate for and integrate reproductive health policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.
Key Strategies	**Indicators of Achievement**
(2.1) Ensure that reproductive health policies and programmes for IDPs are coordinated and integrated within humanitarian reform process.	**(2.1.1)** % of HCR country offices that are consistently participating in health cluster meetings among those countries that have been "clusterized".[5]
(2.2) Establish mechanisms to ensure that policies and programmes are coordinated and integrated with best practices and standards implemented.	**(2.2.1)** % of HCR operations systematically investigating every maternal death. **(2.2.2)** Proportion of operation involving men in reproductive health activities, including family planning.
(2.3) Strengthen HCR health coordination capacity and supervision with relevant stakeholders (e.g. host country authorities, IPs and OPs, and refugee representatives).	**(2.3.1)** Number of HCR Public Health Coordinators. **(2.3.2)** Number of health coordination meetings held per year.
(2.4) Actively participate in international and regional reproductive health fora.	**(2.4.1)** % of HCR attendance at the Inter Agency Working Group (IAWG) on Reproductive Health in Crisis meetings.
(2.5) Ensure sufficient resources provided to supporting HCR's reproductive health activities.	**(2.5.1)** Reproductive health services mainstreamed in all country operation plans (COPs). **(2.5.2)** Amount of resources spent by HCR for reproductive health (USD/person/yr).
(2.6) Ensure that PoCs are included into participatory assessments and age, gender and diversity analysis as part of HCR's operations management cycle.	**(2.6.1)** % of countries that have conducted participatory assessments as part of the operations management cycle. See also **(2.2.2)**.

5 A cluster is a group of agencies, organizations and/or institutions unified by their particular mandates, working towards common objectives. The purpose of the clusters is to promote effective and predictable outcomes in a timely manner, while also improving accountability and leadership. Globally, 11 clusters have been identified, each with a lead agency, covering areas such as, protection, camp coordination and camp management, education, shelter, health and water and sanitation.

Table 1. Key Strategies and Indicators of Achievement (cont.)

STRATEGIC OBJECTIVE 3 **ACCESS TO EARLY DIAGNOSIS, PROMPT AND EFFECTIVE PREVENTION AND TREATMENT**	To ensure that PoCs have access to timely, quality, culturally adapted and effective preventive and curative services delivered by trained personnel working in a professional and respectful manner, with the necessary material and equipment in structures that respect the need for privacy and security.
Key Strategies	**Indicators of Achievement**
(3.1) Ensure access to appropriate maternal and newborn health preventive services.	**(3.1.1)** % of pregnant women screened for syphilis during the antenatal period. **(3.1.2)** % of antenatal care mothers that tested positive for syphilis. **(3.1.3)** % countries, when indicated, where pregnant women and the infant received antiretroviral medication to reduce the risk of mother to child transmission of HIV. **(3.1.4)** % of pregnant women presenting at ANC who receive at least 2 doses of Intermittent Preventive Treatment for malaria in pregnancy, when appropriate. **(3.1.5)** % stillbirths. See also **(1.1.1), (1.1.2), (1.3.1), (1.4.1), (1.4.2), (1.4.3), (1.5.1)**.
(3.2) Improve women delivery and child birth services with emphasis on EmONC.	**(3.2.1)** % of all birth through Caesarean section. **(3.2.3)** % of camps with access to EmONC, 24 hours per day, 7 days per week. **(3.2.3)** % of newborns born with less than 2500g of weight. **(3.2.4)** % of infants (0-<6 months of age) exclusively breastfed for the first six months of life. See also **(1.1.1), (1.3.2), (1.4.1), (3.1.5)**.
(3.3) Establish effective and supportive family planning programmes.	**(3.3.1)** % of women who use (or whose partner uses) a modern family planning method. See also **(1.5.1), (2.2.2)**.
(3.4) Reduce sexually transmitted infections (STIs) and HIV infections and increase access to STI management.	**(3.4.1)** Incidence of male urethral discharge by age. **(3.4.2)** Incidence of genital ulcer disease – by age and sex. **(3.4.3)** % of clients tested for syphilis with a positive result – by age and sex. **(3.4.4)** % of partners/contacts of STI patients that were notified and treated –by age and sex. **(3.4.5)** % of refugee operations where universal precautions are satisfactorily applied.[6] **(3.4.6)** % of refugee operations that provide blood transfusions which screen blood for HIV in a quality-assured manner. **(3.4.7)** % of refugee operations where sufficient number of male and female condoms are distributed.[7] **(3.4.8)** % of refugee operations where standard STI case management protocols are in place.
(3.5) Ensure appropriate care and treatment for all rape survivors.[8]	**(3.5.1)** % of countries reporting provision of emergency contraception to non pregnant rape survivors within 120 hours of rape. **(3.5.2)** % of countries reporting provision of PEP to survivors of rape within 72 hours of rape. **(3.5.3)** % of UNHCR operations enusring access and availability of emergency contraception See also **(1.1.3), (1.2.1)**.
Indicators **1.2.1** and **1.2.2** from Malaria Strategic Plan also apply. Indicator **3.1.3** and **3.2.5** from Nutrition/Food Security Strategic Plan also apply.	

6 Satisfactory universal precautions refers to a set of procedures to minimize the risk of infection and includes for this indicator a sufficient supply of stock of needles, syringes, and gloves defined as no stock out of >1 week at anytime during the past year

7 Sufficient number of male and female condoms = 0.5/per person/per month

8 Consistent with Reproductive Health in Refugee Situations, an Interagency Field Manual, 1999 and corrigendum 2007.

Table 1. Key Strategies and Indicators of Achievement (cont.)

STRATEGIC OBJECTIVE 4 **DURABLE SOLUTIONS**	To develop and incorporate reproductive health strategies and interventions into policies and programmes for durable solutions.
Key Strategies	**Indicators of Achievement**
(4.1) Advocate for and establish local integration and repatriation policies and programmes that include appropriate prevention and treatment interventions for reproductive health with an emphasis on MISP.	**(4.1.1)** % of operations where refugees are provided with appropriate returnee packages for reproductive health.[9] **(4.1.2)** % of operations where reproductive health plans have been designed and integrated with health plans in exit strategies (integration areas or areas of return). **(4.1.3)** % of programmes at point of return that offer EmONC services. See also **(1.1.2)**.
(4.2) Coordinate and share reproductive health information to governments, UN agencies and other humanitarian organisations during repatriation.	**(4.2.1)** % of countries undertaking major repatriation operations that collect and share reproductive health information about refugees and other PoCs in areas of return with government and organisations involved in reproductive health policies and programmes
Indicator **4.1.1** from Malaria Strategic Plan also applies.	

STRATEGIC OBJECTIVE 5: **CAPACITY BUILDING AND TRAINING**	To build and strengthen specific reproductive health knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.
Key Strategies	**Indicators of Achievement**
(5.1) Improve reproductive and sexual health and rights knowledge and capacities among HCR and partners, at global, regional and country level.	**(5.1.1)** Number of reproductive health workshops and training events –by subject. See also **(1.2.1), (1.3.2), (2.1.1), (2.2.1), (2.3.2), (2.4.1), (2.6.1)**.
(5.2) Improve reproductive and sexual health and rights knowledge and capacities among HCR's PoCs.	**(5.2.1)** % of countries reporting reproductive health training for HCR's PoCs. See also **(1.4.2), (2.2.2), (2.6.1), (3.1.3), (4.1.1)**.

9 Defined here as sanitary towels and family planning materials.

Table 1. Key Strategies and Indicators of Achievement (cont.)

STRATEGIC OBJECTIVE 6 **ASSESSMENT, SURVEILLANCE, MONITORING AND EVALUATION AND OPERATIONAL RESEARCH**	To regularly monitor and report on the reproductive health status of PoCs to inform programmatic planning and implementation in a timely manner; To evaluate programme performance and achievements using a results-based management approach; and To develop and carry out operational research on new approaches in reproductive.
Key Strategies	**Indicators of Achievement**
(6.1) Conduct reproductive health situation assessments using a standardised checklist.	**(6.1.1)** % of reproductive health assessments undertaken during initial emergency phase based on standard checklist.
(6.2) Collect, analyse, and respond to reproductive health data on a routine basis using standard case definitions.	**(6.2.1)** % of refugee operation with functioning HIS, as defined by monthly reporting to HCR.
(6.3) Monitor and investigate all maternal deaths.	See indicator **(2.2.1)**.
(6.4) Evaluate reproductive health programmes on a routine basis.	**(6.4.1)** % of camps/programmes that have evaluated their coverage and quality of reproductive health services every 2 years in stable settings.
(6.5) Conduct operational research as indicated to guide programme implementation or to address identified programmatic problems.	**(6.5.1)** Number of programmes that have conducted operational research defined as any investigation that is not routine and undertaken to inform programmatic planning or to address identified programmatic problems.

Table 2: Summary of Indicators of Achievement

INDICATORS OF ACHIEVEMENT	Target[9]	Periodicity	Strategic Objectives	Source of Measure-ment	Relation to Global Indicators	Setting: Camp, Non-camp[10]
Minimum Initial Services Package						
(1.1.1) % of children dying under 28 days of age (neonatal).	<53/1000 SS Africa <36/1000 SE Asia	Monthly, Annually	1, 3	HIS		Camp
(1.1.2) % of HCR operations where clean delivery kits are available for women obviously pregnant, in the absence or difficult access to quality institutional deliveries.	100%	Annually	1, 3, 4	Country Offices		Camp Non-camp
(1.1.3) Number of reported cases of GBV, segregated per type, age and sex.	100%	Monthly, Annually	1, 3	Country Offices HIS APR		Camp Non-camp
(3.4.5) % of refugee operations where universal precautions are satisfactorily applied.[11]	100%	Annual	3	Country Offices HIVIS	UBW PO[12] 7	Camp
(3.4.6) % of refugee operations that provide blood transfusions which screen blood for HIV in a quality-assured.	100%	Monthly, Annually	3	HIVIS HIS	UNGASS[13] 3 UBW PO 7	Camp
(3.4.7) % of refugee operations where sufficient[14] number of male and female condoms are distributed.	>75%	Monthly, Annually	3	HIS	UNGASS 17, 18, 19, 20	Camp

9 Target refers to the level that UNHCR intends to achieve by the end of 2012. It is based on the current situation and what HCR believes it is feasible to attain.

10 Refers to setting where indicator will primarily be measured. However, this may vary according to context. All population-based surveys could be undertaken in camp or non-camp settings; however, at this point they are primarily done in camp settings. This may change over time.

11 Satisfactory universal precautions refers to a set of procedures to minimize the risk of infection and includes for this indicator a sufficient supply of stock of needles, syringes, and gloves defined as no stock out of >1 week at anytime during the past year

12 UBW PO = Principle Outcome of the Joint UNAIDS Budget and Workplan for 2008 and 2009

13 UNGASS = United Nations General Assembly Special Session on HIV/AIDS and provides international set of standard core indicators that measure the effectiveness of the national HIV response

14 Sufficient number of male and female condoms = 0.5/per person/per month

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target[9]	Periodicity	Strategic Objectives	Source of Measure-ment	Relation to Global Indicators	Setting: Camp, Non-camp[10]
Maternal and Newborn Health (+ MISP indicators)						
(1.4.2) % of women who had at least 4 antenatal care visits to a health professional with midwifery skills by time of delivery.	100%	Monthly, Annually	1, 3, 5	HIS		Camp
(3.1.1) % of pregnant women screened for syphilis during the antenatal period.	>90%	Monthly, Annually	1,3	HIS		Camp
(3.1.2) % of antenatal care mothers that tested positive for syphilis.	Variable	Monthly, Annually	1,3	HIS		Camp
(1.4.3) % of mothers having 3 postnatal consultations within 6 weeks after birth.	>75%	Monthly, Annually	1, 3	HIS		Camp
(3.1.3) % countries, when indicated, where pregnant women and the infant received antiretroviral medication to reduce the risk of mother to child transmission of HIV.	>90% in generalized epidemics	Monthly, Annually	1, 3, 5	HIVIS HIS	UNGASS 5 UBW PO 7	Camp
(3.1.4) % of pregnant women presenting at ANC who receive at least 2 doses of Intermittent Preventive Treatment in pregnancy for malaria, when appropriate.	>80%	Monthly, Annually	1,3	HIS		Camp
(3.1.5) % stillbirths.	20/1000 birth (max. 32/1000)	Monthly, Annually	1,3	HIS		Camp
(3.2.2) % of camps with access to EmONC, 24 hours per day, 7 days per week.	100%	Annually	1,3	Country Offices	UN process indicator 1	Camp
(1.4.1) % of all birth that take place in EmONC facilities.	Min 15%; 100% in protracted situations	Monthly, Annually	1, 3	HIS	UN process indicator 3	Camp
(4.1.3) % of programmes at point of return that offer EmONC services.	100%	Annually	1,4	Country Offices		Camp Non-camp
(3.2.1) % of all birth through Caesarean section.	5 %< CS < 15%	Monthly, Annually	1,3	HIS	UN process indicator 5	Camp
(3.2.3) % of newborns born with less than 2500g of weight.	<15%	Monthly, Annually	1,3	HIS		Camp
(3.2.4) % of infants (0-<6 months of age) exclusively breastfed for the first six months of life.	>80%	Annually	1,3	Country Offices		Camp
(1.3.2) % of operations with obstetric fistula detection and referral programmes.	Variable	Annually	1, 3, 5	Country Offices		Camp Non-camp
(2.2.1) % HCR operations systematically investigating every maternal death.	100%	Immediate reporting, Monhtly, Annually	2, 5, 6	HIS		Camp

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target[9]	Periodicity	Strategic Objectives	Source of Measure-ment	Relation to Global Indicators	Setting: Camp, Non-camp[10]
Family Planning						
(3.3.1) % of women who use (or whose partner uses) a modern family planning method.	Variable	Monthly, Annually	1,2,3	HIS		Camp
(1.5.1) % of women who delivered before age of 18 years (teenage pregnancies).	Variable	Monthly, Annually	1, 3	HIS		Camp
(2.2.2) % of operation involving men in reproductive health activities, including family planning.	100%	Annually	2, 3, 5	Country Offices		Camp Non-camp
(4.1.1) % of operations where refugees are provided with appropriate returnee packages for reproductive health (defined here as sanitary towels and family planning material).	Variable	Annually	1,4, 5	Country Offices		Camp Non-camp
Prevention and Management of Gender Based Violence (+ MISP indicators)						
(1.2.1) % of operations supporting health clinics with treatment and case management protocols for rape survivors in place.	100%	Annually	1, 3, 5	Country Offices		Camp Non-camp
(3.5.1) % of countries reporting provision of emergency contraception to non pregnant rape survivors within 120 hours of rape.	100%	Monthly, Annually	1,3	HIS		Camp
(3.5.2) % of countries reporting provision of PEP to survivors of rape within 72 hours of rape.	100%	Monthly, Annually	1,3	HIS		Camp
(3.5.3) % of HCR operation ensuring access and availability of emergency contraception.	100%	Annually	1,2,3	Country Offices		Camp Non-camp
(1.3.1) % of operations where FGM is practiced, where reduction strategies are adopted.	100%	Annually	1, 3	Country Offices		Camp Non-camp

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target[9]	Periodicity	Strategic Objectives	Source of Measure-ment	Relation to Global Indicators	Setting: Camp, Non-camp[10]
Prevention and Management of Sexually Transmitted Infections (+ MISP indicators)						
(3.4.1) Incidence of male urethral discharge by age.	Variable	Monthly, Annually	3	HIS		Camp
(3.4.2) Incidence of genital ulcer disease – by age and sex.	Variable	Monthly, Annually	3	HIS		Camp
(3.4.3) % of clients tested for syphilis with a positive result – by age and sex.	Variable	Monthly, Annually	3	HIS		Camp
(3.4.4) % of partners/contacts of STI patients that were notified and treated –by age and sex.	Variable	Monthly, Annually	3	HIS		Camp
(3.4.8) % of refugee operations where standard case management protocols are in place.	100%	Annually	3	Country Offices		Camp Non-camp
Support Services						
(2.1.1) % of HCR country offices that are consistently participating in health cluster meetings among those countries that have been "clusterized".[14]	>75%	Annually	2, 5	Country Offices		Camp Non-camp
(2.3.1) Number of HCR Public Health Coordinators.	Variable	Annually	2	Country Offices Regional Offices HQ		Camp Non-camp
(2.3.2) Number of health coordination meetings held per year.	Variable	Annually	2, 5	Country Offices Regional Offices HQ		Camp Non-camp
(2.4.1) % of HCR attendance at the InterAgency Working Group on Reproductive Health in Crisis meetings.	100%	Annually	2, 5	Country Offices Regional Offices HQ		Not applicable
(2.5.1) Reproductive health services mainstreamed in all COPs.	100%	Annually	2	MSRP COPs		Camp Non-camp

14 A cluster is a group of agencies, organizations and/or institutions unified by their particular mandates, working towards common objectives. The purpose of the clusters is to promote effective and predictable outcomes in a timely manner, while also improving accountability and leadership. Globally, 11 clusters have been identified, each with a lead agency, covering areas such as, protection, camp coordination and camp management, education, shelter, health and water and sanitation.

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target[9]	Periodicity	Strategic Objectives	Source of Measure-ment	Relation to Global Indicators	Setting: Camp, Non-camp[10]
Support Services (cont.)						
(2.5.2) Amount of resources spent by HCR for reproductive health (USD/person/yr).	Variable	Annually	2	MSRP		Camp Non-camp
(2.6.1) % of countries that have conducted participatory assessments as part of the operations management cycle.	>75%	Annually	2, 5	Country Offices		Camp Non-camp
(4.1.2) % of operations where reproductive health plans have been designed and integrated with health plans in exit strategies (integration areas or areas of return).	100%	Annually	1,4	Country Offices		Camp Non-camp
(4.2.1) % of countries undertaking major repatria-tion operations that collect and share reproductive health information about refugees and other PoCs in areas of return with government and organisations involved in reproductive health policies and programmes.	100%	Annually	4	Country Offices		Camp Non-camp
(5.1.1) Number of reproductive health workshops and training events –by subject.	Variable	Annually	1,2,5	Country Offices Regional Offices HQ		Camp Non-camp
(5.2.1) % of countries reporting reproductive health training for HCR's PoCs.	100%	Annually	1,2,3,4,5	Country Offices		Camp Non-camp
(6.1.1) % of reproductive health assessments undertaken during initial emergency phase based on standard checklist.	100%	Annually	6	Country Offices		Camp Non-camp
(6.2.1) % of refugee operation with functioning HIS, as defined by monthly reporting to HCR.	100%	Annually	6	HIS		Primarily camp with emphasis to include non camp
(6.4.1) % of camps/programmes that have evaluated their coverage and quality of reproductive health services every 2 yrs in stable settings.	100%	Biannually	6	Country Regional Offices		Camp
(6.5.1) Number of programmes that have conducted operational research defined as any investigation that is not routine and undertaken to inform programmatic planning or to address identified programmatic problems.	Variable	Annually	6	Country Offices Regional Offices HQ		Camp Non-camp


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