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CHAPTER ONE

Fundamental Principles

Contents

1 Introduction

What is reproductive health?

Reproductive Health (RH) is a state of complete physical, mental and social well-being (not merely the absence of disease and infirmity) in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law. They should also have the right to access appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

See International Conference on Population and Development – Cairo 1994; Programme of Action, para 7.2.

Why is it essential to meet reproductive health needs in humanitarian settings?

A humanitarian setting is one in which an event or series of events has resulted in a critical threat to the health, safety, security or well-being of a community or other large group of people. The coping capacity of the affected community is overwhelmed and external assistance is required. This can be the result of events such as armed conflicts, natural

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disasters, epidemics or famine, and often involves population displacement.

In humanitarian settings, it is essential to provide RH services, because:

- Access to RH care is a right as described in the definition above and further explained in the Human Rights section below.
- Morbidity and mortality related to the reproductive system is a significant public health issue (see Box 1).
- Persons affected by conflict or disaster are entitled to protection and assistance. The timely provision of RH services can prevent death, disease and disability related to unwanted pregnancy, obstetric complications, sexual and other forms of gender-based violence, HIV infection and a range of reproductive disorders.

2 Objectives

The objectives of this chapter are to:

- set the framework that guides implementation of RH programming in humanitarian settings;
- explain the rationale for providing RH services and outline the principles that underlie the inclusion of essential RH care in relief efforts;
- guide RH officers, RH programme managers and service providers on how to assure that RH services are delivered in an effective, efficient and equitable manner.

Box 1: RH Problems Are a Public Health Concern

✔ 529 000 women die each year — one every minute — from pregnancy-related causes. Ninety-nine per cent of these deaths occur in developing countries.[1]

✔ Girls aged 15-19 are twice as likely to die from childbirth as women in their twenties. Girls under 15 are five times as likely to die from childbirth.[1]

✔ More than 340 million new cases of sexually transmitted diseases occur every year.[1]

✔ Nearly 34 million people in the world are HIV-infected.[1]

✔ 120 million women say they do not want to become pregnant, but are not using any method of family planning.[2]

✔ 20 million unsafe abortions occur every year — 55 000 each day — resulting in 80 000 maternal deaths and hundreds of thousands of disabilities.[2]

✔ It is estimated that each year tens of thousands of women and girls are subjected to sexual assault in conflict settings around the world.[1]

[1] "The World Health Report 2005: Make Every Mother and Child Count." World Health Organization, 2005. http://www.who.int/whr/2005/whr2005_en.pdf

[2] Reproductive Health: Ensuring That Every Pregnancy is Wanted. UNFPA. http://www.unfpa.org/rh/planning.htm

3 Fundamental principles of RH programming in humanitarian settings

The following principles underpin the implementation of RH programming in humanitarian settings.

1. Coordination
2. Quality of care
3. Communication
4. Community participation
5. Technical and managerial capacity-building
6. Accountability
7. Human rights
8. Advocacy

3.1 Coordination

What is coordination?

Coordination involves information sharing, compromise and collaborative action.

For RH services to be equitable, effective and efficient in a humanitarian setting, coordination must occur across agencies:

- among official bodies, agencies and other entities, for example, host country government, nongovernmental organizations (NGOs) and UN bodies;
- across sectors and clusters;
- within health programming, across levels of service providers: doctors, midwives, nurses, health assistants and other health-related providers, such as community health workers and traditional birth attendants;
- across levels of care: from communities to health centres and referral hospitals.

It is essential that coordination of RH programming be done in concert with overall health sector/cluster coordination and cover:

- Implementing the Minimum Initial Service Package (MISP)
- Delivering essential supplies
- Managing health information
- Conducting assessments
- Training service providers
- Integrating comprehensive RH services within health and social services

Why is coordination important?

Coordination of reproductive health within the health sector/cluster and with other relevant sectors/clusters can improve efficiency, effectiveness and speed of response, enable strategic decision-making and problem-solving and help avoid gaps and duplication in services. Coordination will help to deliver a standard package of RH services throughout an area, making good-quality RH care accessible to all. It can generate a multiplier effect that results in expanded coverage and efficient use of resources and can compensate for any single agency's limited expertise, staff, resources or range of activities.

How should coordination be done?

- At the onset of a humanitarian emergency where the Interagency Standing Committee (IASC) cluster system is activated, the health cluster lead agency must ensure that an agency is identified to lead reproductive health within the health cluster. The lead RH agency is selected on the basis of having a field presence and operational capacity to support the other health sector/cluster actors to implement RH services. Where the cluster system is not activated, a lead agency for reproductive health should be identified by the health sector lead agency.
- The agency identified to lead reproductive health must identify an RH officer. The RH officer works within the health coordination mechanism to ensure that technical and operation support is provided to the health cluster partners in scaling up coverage of RH services in the crisis areas.

Humanitarian workers with related responsibilities (health coordinator, RH officer, GBV/gender focal

point, and HIV focal point) should collaborate closely and share information on a regular basis.

In addition to facilitating communication across agencies and sectors, the RH officer must also ensure that RH programme managers engage with the host community, local authorities and other relevant actors to ensure that the concerns of these stakeholders are considered.

- To ensure access to appropriate RH care for affected populations served by a variety of agencies, the RH officer should provide technical guidance and advocate adherence to inter-agency standards (such as those outlined in this manual, IASC guidelines and in the Sphere Handbook) which stipulate compliance with appropriate national standards and guidelines).

3.2 Quality of care

What is quality of care?

Good-quality RH care is comprehensive, accessible and inclusive, addressing the RH needs of all persons without discrimination. This means that women, men, adolescents, elderly and the disabled — of all ethnicities, religions and sexual orientations — have access to services that meet recognized standards.

Why is quality of care important?

- Good-quality services help fulfill human rights.
- Good-quality services are effective:
  - Clients are more likely to use services and maintain good health practices when they receive good-quality care.
  - Providers are professionally satisfied and motivated when they deliver good-quality services.

How can quality of care be enhanced?

Quality of care is enhanced when *organizations*:

- comply with standard clinical protocols, for example, treatment guidelines and standard precautions;
- assure adequate coverage of facilities and personnel. Sphere and UN guidelines suggest the following minimum levels:
  - One community health worker per 500-1000 population
  - Community health workers should include women, men, youth, members of different ethnic groups, disabled and other groups in the population
  - One health centre with 2-5 service providers per 10 000 population:
    - One qualified health service provider per 50 outpatient consultations per day
    - One hospital per 50 000 population, with a minimum of 5 qualified service providers, including at least 1 doctor
    - One qualified service provider per 50 outpatient consultations per day
    - One qualified service provider on duty per 20-30 inpatient beds
- employ and support competent male and female service providers and provide regular updates and training on good practices
- maintain and coordinate logistics systems to ensure adequate supplies
- ensure the monitoring and evaluation methods measure the quality of services and guides quality improvement (see Chapter 3: Assessment, Monitoring and Evaluation).

Quality of care is enhanced when *service providers:*

- stay current on good practices and apply them to their work
- show respect to the people they serve

Quality of care is enhanced when *community members*:

- are empowered to hold implementing agencies accountable for the quality of services

Box 2: Elements of Quality Reproductive Health Care

Constellation of Services

Onset of Emergency: MISP

As situation stabilizes: Comprehensive reproductive health, encompassing:

- Adolescent reproductive health care
- Family planning
- Maternal and newborn health care
- Safe abortion care
- Protection from and response to gender-based violence
- Prevention and treatment of STI/RTI/HIV/AIDS

Linkages to related services in other sectors and clusters

Technical competence	**Facilities and equipment**	**Supplies and logistics**
• Job descriptions • Treatment protocols • Standard infection-prevention precautions • Competency-based training • Supportive supervision	• List of needed equipment • Provision of missing items • Preventive maintenance program • Repair and replacement as needed • Medical waste disposal	• Inventory and storage • Inventory control system • Logistics pipeline
Information given to clients	**Client satisfaction—What does the client care about? Is she/he getting it?**	**Information systems—Data for decision-making**
• Minimum preventive and care measures in the home • Location and hours of services • When to seek care • Adequate knowledge to make informed choices • Treatment counselling (how to take medicine, side effects, referral, return)	• Privacy from the view or hearing of others • Confidentiality (not revealing patient information without patient's consent) • Courtesy • Efficiency • Effectiveness • Safety	• Purpose of information • Identification of data needed • Data collection • Data storage and retrieval • Data analysis • Use of information (improving programmes, sharing with stakeholders)

Adapted from Bruce, J. (1990). "Fundamental Elements of the Quality of Care: A Simple Framework." Studies in Family Planning *Vol. 21(No. 2): pp. 61-91.*

3.3 Communication

What is communication?

Communication involves agents (messengers) transmitting information through appropriate channels (e.g. poster, radio, person-to-person, etc.) in order that people get the information they need, when they need it, in the way that makes sense to them so that they can make practical decisions.

Why is communication important?

- Women, men and adolescents should understand how their bodies work and how to maintain and improve their reproductive health. Scientifically validated knowledge should be shared and discussed with communities to support people in making decisions on their reproductive health.
- Effective communication can address the concerns of social gatekeepers (e.g. officials, parents, mothers-in-law, intimate partners) thereby improving access to RH care.

How can communication be done?

Employ **basic good practices** in communication programming. For example:

- Understand what the intended audience knows and believes.
- Develop and pretest messages and materials with representatives of the intended audience.

Develop a **short list of key RH messages** that are disseminated consistently by all health and social welfare promoters throughout the community. Sample "key RH messages":

- At the onset of the humanitarian response (MISP implementation): "Women experiencing problems during childbirth should seek care at the hospital near the water point".
- As the situation stabilizes (comprehensive RH care): "Spacing pregnancies at least two years apart promotes the health of women, children and families".

Use **community-wide campaigns** to raise awareness broadly. For example:

- Inform people that HIV cannot be transmitted by sharing food, shaking hands or other casual contact.

Use **targeted campaigns**, based on discussions of common behaviours, to promote healthier practices among vulnerable groups. For example:

- Promote childbirth in a facility.
- Increase the adoption and continued use of safer sex practices.
- Increase the uptake of family planning among postpartum women.
- Promote visits to clinics by survivors of rape and other forms of gender-based violence.

Use **a model for client counselling** that assures a competent client-provider interaction such as GATHER:

G – GREET the client
A – ASK her what she is seeking
T – TELL her what you have available for her
H – HELP her decide what's best for her
E – EDUCATE her on her choice
R – RETURN Schedule a return visit and let her know she can come any time she has a question

3.4 Community participation

What is community participation?

Participation is the involvement of key stakeholders in all aspects of the programme cycle — assessment, design, implementation, monitoring and evaluation (see Chapter 3: Assessment, Monitoring and Evaluation). Opportunities for involvement should be transparent, free of coercion and open to all. It is essential to assure the participation of all groups, including women,

men and adolescents (both male and female). It may be necessary to seek out the active involvement of often-marginalized groups such as minorities, young people, widows and the disabled.

Why is community participation important?

Community participation is essential to assure the appropriateness, acceptability and sustainability of RH programmes. Returning a sense of control and independence to local actors can help communities recover from a crisis. Successful community participation involves both women and men in decision-making and implementation.

How is community participation done?

External actors (UN or NGO workers/implementing agency staff from outside the community) should initiate participation early in the response and move progressively to hand programme control over to local actors (see Figure 1). One early step is the identification of both male and female community leaders or health service providers, among the affected population.

The MISP is initiated as a priority in humanitarian settings based on the acknowledged need for immediate access to essential services. Information gathered through community participation in

Figure 1: Community Participation

More local control  Less local control	• Local actors (women and men) manage the project; external actors* offer advice.
	• Local and external actors manage the project together through counterpart relationships.
	• Local and external actors implement activities together combining local and external contributions. External actors retain management and monitoring responsibilities.
	• Local and external actors make project decisions together using joint analysis and planning processes. External actors implement, manage and monitor projects.
	• Community members are consulted by external actors seeking local information and perceived needs. External actors plan based on information from the community and then implement, manage and monitor projects.
	• Community members are informed by external actors regarding planned programmes. External actors plan, implement, manage and monitor projects.

*Humanitarian NGO workers/implementing agency staff from outside the community.

the initial response guides the ongoing delivery and future planning of services. Such information may include local birthing practices, training needs of health-care providers and barriers to access, such as the requirement that health providers speak the same language or cultural preference for providers of the same sex as clients.

3.5 Technical and managerial capacity-building

What is capacity-building?

Capacity-building covers the improvements needed within an organization to assure adequate technical and managerial competence to serve clients and to expand programmes. Local and international organizations should cooperate in two-way partnerships.

- Service providers must be competent to provide good-quality care.
- Organizations must have the management systems in place to:
  - hire, train, place, supervise and support service providers
  - maintain facilities and equipment
  - ensure supplies
  - design, monitor and evaluate services
  - engage with stakeholders
  - raise and manage funds.

Why is capacity-building important?

- Organizations need adequate technical and management capacity to deliver effective RH services to populations in need.
- Greater capacity within local, national, regional and international organizations can improve the coverage, quality and sustainability of RH services.
- Local service providers or agencies are frequently responsible to run programmes during heightened security threats.

How is capacity-building done?

- Assess current technical and management strengths and weaknesses of each partner organization and identify focus areas for improvement.
- Establish and agree on clear roles and responsibilities for each partner and document these roles.
- Jointly design, implement and evaluate technical trainings, updates and management improvement systems.

3.6 Accountability

What is accountability?

Accountability is the process of holding individuals and organizations responsible for performance according to set standards and principles. Relevant standards and principles include fiscal responsibility, humanitarian principles, professional standards, local and international laws and the principles described in this chapter. Accountability may include the imposition of sanctions for violations of the standards, for example, being fired for sexual exploitation or imprisoned for theft.

In the humanitarian community there is a movement towards ensuring accountability to recipients of assistance. For example, the Humanitarian Accountability Partnership (HAP) — International promotes accountability to beneficiaries through standards and a certification process. HAP identifies seven major principles of accountability:

1. Commitment to humanitarian standards and rights

2. Setting organizational standards of accountability and building staff capacity

3. Communicating and consulting with stakeholders, particularly beneficiaries and staff, about the organizational standards, the project to be implemented and the mechanism for addressing concerns

4. Participation — involving beneficiaries in planning, implementation, monitoring and evaluation of programmes

5. Monitoring and reporting on compliance with standards in consultation with beneficiaries

6. Addressing complaints — enable beneficiaries and staff to report complaints and seek redress safely

7. Implementing partners — maintaining a commitment to the principles when working through implementing partners.

Why is accountability important?

Effective accountability systems and processes help fulfil the entitlements and obligations inherent in universal human rights and acknowledge the equal humanity of all persons, including those affected by crisis, as well as humanitarian responders.

In the humanitarian community, efforts to promote accountability have been incorporated into the Sphere Humanitarian Charter and the *Code of Conduct for the International Red Cross and Red Crescent Movement and Nongovernmental Organization in Disaster Relief* (Code of Conduct). Adherents to the Humanitarian Charter recognize both the vulnerabilities and capacities of affected populations.

The UN humanitarian reform advocates for accountability, leadership, predictability and partnership to improve response.

How can programmes be accountable to recipients?

Abide by humanitarian standards, respect human rights and adhere to basic principles of RH care as outlined in this inter-agency manual and other documents, including:

- Sphere Humanitarian Charter and Minimum Standards in Disaster Response
- UN Secretary General's Bulletin "Special measures for protection from sexual exploitation and sexual abuse"
- IASC Gender Handbook in Humanitarian Action
- IASC Guidelines for Gender-based Violence Interventions in Humanitarian Assistance
- IASC Guidelines for HIV/AIDS Interventions in Emergency Settings
- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- IASC Matrix on Agency Roles and Responsibilities for Ensuring a Coordinated, Multisectoral Fuel Strategy in Humanitarian Settings and IASC Decision Tree Diagrams on Factors Affecting Choice of Fuel Strategy in Humanitarian Settings

In addition, ensure the following steps are taken:

- Establish ongoing communication with affected populations about your organization and its project plans and work.
- Engage beneficiary participation in all programming steps — assessing, planning, implementing and monitoring the project.
- Arrange mechanisms for beneficiaries to contact organizational representatives, lodge complaints and seek redress.
- Enforce systems within your organization to respond to improper conduct by staff (see Box 3: Sexual Exploitation and Abuse).

3.7 Human rights

What are human rights?

International human rights are the set of global obligations that govern how States treat the people under their jurisdiction with a goal of ensuring the equal dignity, freedom and well-being of all people. Human rights are universal; they apply to all individuals by virtue of their being human.

The human rights principles contained in international and regional treaties form a part of international law. Several treaties establish legal contracts between nations in support of the

Box 3: Sexual Exploitation and Abuse

Humanitarian agencies have a duty of care to beneficiaries and a responsibility to ensure that beneficiaries are treated with dignity and respect and that certain minimum standards of behavior are observed. In order to prevent sexual exploitation and abuse RH officers and programme managers must:

- create and maintain a working environment that prevents sexual exploitation and abuse (SEA);
- ensure that all staff (national and international) sign, and abide by, a code of conduct (CoC) against SEA. Retain originals of all acknowledgements in the appropriate employee files;
- ensure that reporting mechanisms on SEA by service providers are in place and known to the community;
- take appropriate action where there is reason to believe that any of the standards listed in the CoC have been violated, or that other sexually abusive or sexually exploitive behaviour has occurred. SEA by a service provider constitute acts of gross misconduct and are therefore grounds for termination of employment. The standards include:
  - Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defence.
  - Exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.
  - Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.

To ensure the maximum effectiveness of the Code of Conduct, RH officers and programme managers must post a copy, translated into the appropriate language, in clear view in public areas, such as waiting areas in clinics.

For a sample Code of Conduct see Appendix 3.

rights declared in the 1948 Universal Declaration of Human Rights. These include the International Covenant of Civil and Political Rights (1966), the International Covenant of Economic, Social and Cultural Rights (1966), the Convention on the Elimination of All Forms of Discrimination against Women (1979), which specifically spells out forms of gender discrimination and the steps States must take to eliminate them, and the Convention on the Rights of the Child (1989).

In addition to the international human rights system, there are three major regional human rights systems; each one has its own human rights instruments and mechanisms:

- The African Union human rights system
- The Council of Europe human rights system
- The Inter-American human rights system

Other documents in which human rights principles are enshrined include international humanitarian law, international refugee law and national laws.

Political consensus documents, such as outcome documents of UN conferences, help interpret the application of human rights standards in legally binding international instruments. (Please refer to the CD ROM for the texts of key human rights documents.)

States that have signed or ratified human rights instruments are obligated to respect, protect and fulfil human rights. All national and local laws should respect human rights. States are obligated to protect people from violations of their rights by others. For example, when a State changes its laws on rape to ensure that any person who is assaulted, regardless of citizenship, marital status or gender, can receive an effective legal response and good-quality services, it has begun to meet its obligations to protect and fulfil rights. In other words, it is not enough for a person to have a right; she or he must be able to exercise that right.

What are reproductive rights and how are they linked with human rights?

Reproductive rights are a cluster of recognized human rights. The 1994 International Conference on Population and Development (ICPD) set out a framework for the realization of reproductive rights: "These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence."

Human rights critical to reproductive health include:

- Right to life
- Right to security of the person
- Right to decide the number, spacing and timing of children
- Right to nondiscrimination and equality
- Right to privacy
- Right to health
- Right to seek, receive and impart information
- Right to be free from cruel, degrading and inhuman treatment
- Right to remedy
- Right to the benefits of scientific progress

Why are human rights important to RH programming?

The legal and policy environments in which people (including service providers), in humanitarian settings live, think and act have an impact on the reproductive health of the population. These environments formally govern what can legally be done by local and external actors. They can also shape the attitudes and responses to RH initiatives.

While international human rights instruments primarily hold States responsible to fulfil human rights, nonstate actors such as international agencies play an important role in helping people realize their rights. Humanitarian workers have a dual responsibility to actively promote human rights and ensure that interventions do not violate them.

How can RH programmes promote human rights?

It is essential for RH service providers to be familiar with:

- international and regional human rights treaties and conventions to which the country in which they are working is a party;
- national rules and protocols governing: privacy and confidentiality, mandatory disclosure, registration and dispensing of drugs;
- national and/or customary laws regulating access to services, guardianship and informed consent;
- national criminal law and/or customary laws defining sexual violence crimes and legal response to sexual violence (including evi-

dence rules and legal age of consent).

Ensure that your RH programme is rights-based, that is, available, of good quality and accessible to all. Analyse and enhance your programme in the following areas:

- international human rights norms
- national legal standards
- local customs
- availability and accessibility of services.

Advocate and collaborate with advocacy groups at local and national levels to bring laws, policies and practices into compliance with international human rights. The rights enshrined in human rights treaties apply to all people, regardless of citizenship or legal residence; they are therefore applicable to refugees and internally displaced people. However, the services refugees receive are determined by the host country's national laws and its international obligations. In instances where a country's national laws are inconsistent with human rights principles, service providers can contribute to positive change through advocacy efforts.

3.8 Advocacy

What is advocacy?

Advocacy is strategic action to ensure that laws, policies, practices and social norms enable people to enjoy their right to reproductive health. RH advocacy can:

- target laws, policies, practices and social norms that affect whether individuals or groups have access to RH information and services;
- influence people with decision-making power to enact policies that support reproductive rights;
- influence the decisions and actions of community leaders whose opinions affect people's reproductive rights.

Why is advocacy important?

Advocacy is needed in humanitarian settings to ensure supportive policies and adequate funding for comprehensive RH services. RH programming requires advocacy because it is often misunderstood, it challenges some political and cultural attitudes and it is often not perceived as a standard or priority relief activity.

Advocacy is also needed to ensure that humanitarian workers adhere to the fundamental principles described in this chapter.

How is advocacy done?

- Advocacy requires careful strategic planning. It is not a one-time or a linear process. An advocacy strategy has to be assessed continually and adjusted to changing circumstances.
- An advocacy strategy includes: identification of a problem, short-term and long-term goals, activities and resources; anticipating potential challenges and preparing responses; and monitoring activities as they are implemented.
- Effective activities for advocacy include: developing policy proposals, sharing examples of good RH policies with decision-makers; presenting evidence of successful programmes from the field; engaging champions (informed, influential individuals who motivate change in others); working within existing coordination structures to ensure RH programmes are prioritized for funding and implementation; educating service providers; and maintaining communication with decision-makers to keep them informed.

4 Monitoring

The following measures can be used to monitor the implementation of the fundamental principles of RH programming.

4.1 Coordination

- Are MISP activities underway? Are MISP services available to all members of the affected population?
- In ongoing programming do all members of the affected population have equitable access to good-quality comprehensive RH care? Are RH indicators within acceptable norms?

4.2 Accountability

The measurement of accountability is described well in the Humanitarian Accountability Partnership. Some simple measures include:

- Documentation of beneficiary involvement in the planning, implementation, monitoring and evaluation of programmes
- Periodic project progress reports posted in public view
- Documentation of actions taken in response to beneficiary complaints concerning the programme.

4.3 Community participation

- Degree of transition from external to local control of programme elements.

4.4 Quality of care

- Reports showing collection of and response to the views of the beneficiary population
- Regularly completed supervision checklists with acceptable quality scores (see Figure 2).

4.5 Capacity-building

- The proportion of clinical and managerial staff performing according to required level of competency. (Example: a midwife's job description includes the ability to perform manual vacuum aspiration (MVA); the annual performance review records the number of MVAs performed during the year; a selection of the midwife's MVA charts are reviewed (e.g. five randomly selected charts) and scored relative to compliance with the standard protocol.)

4.6 Communication

- Health information materials visible in the community
- Client-provider interaction and client exit interview observed
- Over the longer term, evidence of behaviour change among community members.

4.7 Advocacy

- Presence of, or change to, policies that promote access to RH services
- Proportion of service providers and community members aware of RH policies
- RH services reflect implementation of positive RH policies

4.8 Human rights

- Utilization rate of RH services disaggregated by ethnicity, age, marital status, immigration/asylum status, religion, geography, etc.

Figure 2: Sample Reproductive Health Supervision Checklist						
Date						
Facility						
Facility manager						
Supervisor						
SCORE						
Indicator 1: Quality of Antenatal Care - 1st Trimester						
Steps	Review five 1st-Trimester ANC consultations Score 1 if the action was performed. Score 0 if the action was not performed.					
	Consultation Number	**1**	**2**	**3**	**4**	**5**
Essential actions	Pt has at least 1 TT					
	BP checked					
	Urine checked for protein					
	Pt received at least 30 tablets of ferrous sulphate and folic acid					
	Pt was taught danger signs					
	Pt has received LLIN					
Key: Pt = patient; BP = blood pressure; LLIN = long-lasting insecticide-treated nets; TT = tetanus toxoid						

5 Further reading

Essential reading

The Sphere Project. *Humanitarian Charter and Minimum Standards in Humanitarian Response.* 2004. www.sphereproject.org/content/view/27/84 (Revision due 2010).

Reproductive health during conflict and displacement - A guide for programme managers. World Health Organization, 2000. http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/RHR_00_13/en/

Additional reading

UN Secretary General's Bulletin "Special measures for protection from sexual exploitation and sexual abuse", ST/SGB/2003/13, 9 October 2003. http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&DocId=1001083

IASC Gender Handbook in Humanitarian Action. Women, Girls, Boys and Men - Different Needs, Equal Opportunities. IASC, 2006. http://ochaonline.un.org/OCHAHome/AboutUs/GenderEquality/KeyDocuments/IASCGenderHandbook/tabid/5887/language/en-US/Default.aspx

Guidelines for Gender-based Violence Interventions in Humanitarian Assistance. IASC, 2005. http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

Guidelines for HIV/AIDS interventions in emergency settings. IASC, 2004. http://www.unfpa.org/upload/lib_pub_file/249_filename_guidelines-hiv-emer.pdf

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