

The Need for the UN Process Indicators in the Humanitarian Context

Henia Dakak

RHRC / Women's Commission for Refugee

Women and Children

&

Samantha Lobis

AMDD, Columbia University

Objectives

**To demonstrate the need for and
utility of the UN Process
Indicators in the humanitarian
assistance context**

Background

15% of pregnant women develop direct obstetric complications:

- Hemorrhage
- Obstructed / Prolonged labor
- Pre-eclampsia / Eclampsia
- Sepsis
- Ruptured uterus
- Ectopic pregnancy
- Complications of abortion

Background

- Obstetric complications cannot be predicted nor prevented
- No treatment = death or severe disability
- To avert death and disability all pregnant women need access to good quality EmOC

Background

- In 1997, UNICEF, WHO & UNFPA issued a set of process indicators to monitor the availability, utilization and quality of EmOC
- Known as the 'UN Process Indicators'

UN Process Indicators

Answer these questions:

- Are there enough facilities providing EmOC?
- Are they well distributed within a geographic area?
- Are enough women using these facilities?
- Are the women with obstetric complications using these facilities?
- Are enough critical services being provided?
- Is the quality of the services adequate?

Signal Functions

Basic EmOC

1. Parenteral antibiotics
2. Parenteral oxytocic drugs
3. Parenteral anticonvulsants for pre-eclampsia & eclampsia
4. Manual removal of placenta
5. Removal of retained products
6. Assisted vaginal delivery

Comprehensive EmOC

- (1-6) All Signal Functions included in Basic EmOC
7. Perform surgery (Cesarean section)
8. Perform blood transfusion

The UN Process Indicators & Recommended Levels

1. Amount of EmOC services available

- *_ 1 Comprehensive EmOC + 4 Basic EmOC facilities per 500,000 population*

2. Geographical distribution of EmOC facilities

- *EmOC facilities are well-distributed at sub-national level*

The UN Process Indicators & Recommended Levels

3. Proportion of expected births in EmOC facilities

- 15%

4. Met need for EmOC

- 100%

5. Cesarean deliveries as a percentage of expected births

- 5% ← ★ → 15%

6. Case fatality rate

- 1%

UN Process Indicators

Useful for:

- Needs assessments
- Implementation
- Monitoring & evaluation for sustainability

Methodology

Systematic review of:

- The Sphere Project's Humanitarian Charter and Minimum Standards in Disaster Response (2000)
- Inter-agency Field Manual on Reproductive Health in Refugee Situations (1999)
- Médecins Sans Frontières' Refugee Health: An Approach to Emergency Situations (1997)
- WHO's Reproductive Health Services During Conflict and Displacement: A Guide for Program Managers (2000)
- UNHCR's Guidelines on the Protection of Refugee Women (1991)

Methodology

Answered the following questions:

1. Includes EmOC?
2. Identifies which EmOC services need to be in place?
3. Incorporates the UN Process Indicators into assessment, monitoring or evaluation plans?
4. Lists the UN Guidelines as a resource?

Review: Sphere

Includes:

- Need for EmOC
- Assessment of local health infrastructure
- Place on monitoring form to record number of maternal deaths

Does NOT include:

- Specific EmOC services or 'Signal Functions' that must be in place
- Skills needed by personnel to treat obstetric complications
- UN Process Indicators or necessary variables
- Reference to 'UN Guidelines'

Review: MSF's Refugee Health

Includes:

- Need for EmOC
- Importance of working with existing health system
- Link direct obstetric complications to mortality / morbidity

Does NOT include:

- Specific required EmOC services or skills
- UN Process Indicators or necessary variables
- Reference to ÅUN GuidelinesÅ

Review: WHO's Guide for Program Managers

Includes:

- Importance of EmOC, quality of care & human rights
- Some EmOC services & types of skilled practitioners
- Use of process indicators (generally)
- Reference for WHO's 'Managing Complications in Pregnancy & Childbirth'

Does NOT include:

- All necessary EmOC services or skills
- UN Process Indicators (specifically)
- Reference for 'UN Guidelines'

Review: Inter-agency Field Manual

Includes:

- Importance of good quality EmOC to reduce maternal mortality
- 'Essential obstetric services'
- Reference to 'UN Guidelines'

Does NOT include:

- UN Process Indicators (although discusses process indicators more generally)

Review: UNHCR's Protection of Women

Includes:

- Need for accessible women's health services (generally & including maternal health)

Does NOT include:

- EmOC, specifically

Recommendations

- Distribute UN Guidelines to all agencies and NGOs working with war affected populations
- When necessary, incorporate UN Process Indicators into all service packages, guidelines, minimum standards and policies pertaining to the health and protection of war-affected populations
- Advocate for EmOC in particular and RH in general to be recognized as a women's right

UNICEF, WHO, UNFPA. *Guidelines for Monitoring the Availability and Use of Obstetric Services*. New York: UNICEF; 1997.

The Guidelines are available online at:

<http://www.unicef.org/reseval/pdfs/finalgui.pdf>,

http://www.unfpa.org/upload/lib_pub_file/188_filename_emoc-guidelines.doc, and

<http://www.who.int/reproductive-health/publications/unicef/>