

Broad Terms of Reference for a Reproductive Health Coordinator/Focal Point

Under the auspices of the overall health coordination framework, the RH Coordinator/Focal Point should:

- ❖ be the **focal point** for RH services and provide technical advice and assistance on RH to refugees and all organizations working in health and other sectors as needed.
- ❖ **liaise** with national and regional authorities of the host country when planning and implementing RH activities in refugee camps and among the surrounding population.
- ❖ **liaise** with other sectors (protection, community services, camp management, education, etc.) to ensure a multi-sectoral approach to RH.
- ❖ **create or adapt** and **introduce** standardized strategies for RH which are fully integrated with PHC.
- ❖ **initiate and coordinate** various audience-specific training sessions on RH (for audiences such as health workers, community services officers, the refugee population, security personnel, etc.).
- ❖ **introduce** standardized protocols for selected areas (such as syndromic case management of sexually transmitted infections (STIs), referral of obstetric emergencies, medical response to survivors of sexual violence, counseling and family planning services, etc.).
- ❖ **develop or adapt and introduce** simple forms for monitoring RH activities during the emergency phase that can become more comprehensive once the program is consolidated.
- ❖ **report** regularly to the health coordination team.



MISP Indicators

- ❖ **Incidence of sexual violence:** Monitor the number of cases of sexual violence reported to health services, protection and security officers.
- ❖ **Supplies for universal precautions:** Monitor the availability of supplies for universal precautions, such as gloves, protective clothing and disposal of sharp objects.
- ❖ **Estimate condom coverage:** Calculate the number of condoms available for distribution to the population.
- ❖ **Estimate of coverage of clean delivery kits:** Calculate the number of clean delivery kits available to cover the estimated births in a given period of time.



Material Resources

I. What is in the UNFPA Reproductive Health Kits for Emergency Situations?

The **Reproductive Health Kit** is divided into three “blocks” as follows:

Block 1

Six sub-kits to be used at the community and primary health care level for 10,000 persons / 3 months

		Color code
Sub-kit 0	Administration sub-kit	Orange
Sub-kit 1	Condom sub-kit (Part A + B)	Red
Sub-kit 2	Clean Delivery sub-kit (Individual) (Part A + B)	Dark Blue
Sub-kit 3	Post Rape sub-kit	Pink
Sub-kit 4	Oral and Injectable Contraception sub-kit	White
Sub-kit 5	STI sub-kit	Turquoise

Block 1 contains 6 sub-kits. Each sub-kit is designed for 10,000 persons for a 3-month period. The sub-kits contain mainly disposable items. Sub-kits 1 and 2 are subdivided into parts A and B, which can be ordered separately.

Block 2

Five sub-kits to be used at primary health care or referral hospital level for 30,000 persons / 3 months

		Color code
Sub-kit 6	Delivery sub-kit (Health Facility)	Brown
Sub-kit 7	IUD sub-kit	Black
Sub-kit 8	Management of Complications of Abortion sub-kit	Yellow
Sub-kit 9	Suture of Tears (cervical and vaginal) and Vaginal Examination sub-kit	Purple
Sub-kit 10	Vacuum Extraction for Delivery (Manual) sub-kit	Grey

Block 2 is composed of 5 sub-kits containing disposable and reusable material. In order to prevent wastage of expensive reusable equipment, these sub-kits are designed to be used for a population of 30,000 persons over a 3-month period. However, this certainly does not exclude the sub-kits from being ordered for a setting with less than 30,000 persons — in this case the supplies in the kits would last longer.

Block 3

Two sub-kits to be used at referral hospital level for 150,000 persons / 3 months

		Color code
Sub-kit 11	Referral level sub-kit for Reproductive Health (Part A + B)	Fluorescent green
Sub-kit 12	Blood Transfusion sub-kit	Dark green

Block 3 is composed of 2 sub-kits containing disposable and reusable material for the referral (surgical obstetrics) level. In most countries this level normally serves a population of approximately 150,000 persons over a 3-month period. In refugee situations, patients are generally referred to the nearest hospital, which will often require support in terms of equipment and supplies to be able to provide the necessary services for this additional population.