

**Sexual and reproductive health and
rights of refugees, asylum seekers
and undocumented migrants**

A framework for
the identification
of good practices



Sexual and reproductive health and rights
of refugees, asylum seekers and undocumented migrants



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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
EN-HERA	European Network for the promotion of Sexual and Reproductive Health of Refugees and Asylum Seekers
ERF	European Refugee Fund
EU	European Union
FP	Family Planning
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICPD	International Conference on Population and Development
ICRH	International Centre for Reproductive Health
IPPF	International Planned Parenthood Federation
ITM	Institute of Tropical Medicine
NGO	Non-governmental organization
PICUM	Platform for International Cooperation on Undocumented Migrants
R, AS & UM	Refugees, Asylum Seekers and Undocumented Migrants
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRH&R	Sexual and Reproductive Health & Rights
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UK	United Kingdom
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

1 Introduction

| 1.1 | Rationale and background

Sexual and reproductive health, health rights and needs of refugees and asylum seekers in the European Union (EU) have only recently begun to be recognized. However, there are no binding EU regulations for the incorporation of these health rights in reception and integration policies that secure entitlement of refugees and asylum seekers to a comprehensive range of sexual and reproductive health (SRH) services. Each EU country has its own policy as to health rights, services provided and financial regulations concerning the target group. This situation is in sharp contrast with the EU commitment to the promotion and protection of SRH rights worldwide. Some countries know no clear distinctions between refugees, asylum seekers or undocumented migrants. Also the concept of sexual and reproductive health and health rights is often misunderstood, the boundaries are unclear and therefore many important issues are excluded.

In a situation where countries are unfamiliar with sexual and reproductive health and health rights of refugees, asylum seekers and undocumented migrants, where there is no clear definition who the targeted group should be, and where legislative health procedures in reception and integration of these groups of newcomers are unregulated, we felt that a framework for identification and development of good practices had to be created. By means of this framework, organizations that already work or would like to work with refugees, asylum seekers and undocumented migrants could employ the best practices.

The proposed framework is a general framework created despite or in the face of local/national differences in each EU country with regards to certain principles or aspects of their application, which may be far from reality. But even if the proposed framework does not reflect the current situation in any of the EU countries, we are optimistic that the framework can assist stakeholders to identify and develop good practices in their respective countries.

A framework for the identification of good practices requires: an agreed understanding of good practices, agreed principles of good practice and an agreed procedure for identifying good practices. The proposed framework is based on the consensus view of experts from different European countries.

The ERF project and the EN-HERA! network

The current framework results from a joint European research project which was funded by the European Commission through the European Refugee Fund (ERF). The overall aim of this ERF project was to improve the sexual and reproductive health of refugees and asylum seekers in Europe and beyond.

The ERF project was carried out from August 2007 till January 2009 by five academic research institutions and one national knowledge centre:

ICRH – International Centre for Reproductive Health, Ghent University, Belgium

IMT – Institute of Tropical Medicine, Belgium

UCD – University College of Dublin, Ireland

IHMT – Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Portugal

NSPH – National School of Public Health, Greece

Pharos – Knowledge and advisory centre on refugees, migrants and health, the Netherlands

A steering committee was appointed to provide guidance throughout the ERF project. It included researchers from all abovementioned institutions. The development of a framework for the identification of good practices in SRH policy development, service delivery and participatory approach for refugees and asylum seekers was one of the specific objectives of the ERF project. Another specific objective of the project consisted of the establishment of a network for the promotion of the sexual and reproductive health and rights (SRH&R) of refugees and asylum seekers in the EU among different stakeholders at national and international level. Furthermore the specific objectives of the ERF project included the set-up of a common research agenda on SRH of refugees and asylum seekers in the EU and the organization of an international seminar on the same topic. All these project goals have been achieved. The project results have been disseminated through this as well as through another publication.¹

The decision to create a European network of different stakeholders involved in SRH services for refugees and asylum seekers was unanimously taken at the ‘International Workshop on Sexual and Reproductive Health and Rights of Refugee Women in Europe’, organized at the Ghent University, Belgium, from 17-19 January 2005 and funded by the EC/ERF. The abovementioned project partners acted as founding members of the network and took the decision to

call the network EN-HERA! The acronym stands for European Network for the promotion of Sexual and Reproductive HEalth of Refugees and Asylum seekers. But HERA also refers to the Greek goddess of fertility, change, protection of women, protection of marriage and relations, and of women in labour. Hera also is the (jealous) wife of Zeus and therefore the queen of the gods.

To make the network visible and recognizable and to obtain an image that reflects the name and the goals of the network, an EN-HERA! logo was developed. We selected a logo created by an Iranian refugee. It uses the image of a pomegranate which symbolizes the Greek goddess Hera in combination with other symbols referring to the world, SRH, refugees and asylum seekers.

The coverage of the EN-HERA! network gradually expanded and by the time this publication went to press, 27 members had officially joined, of which six are from new EU member states and one from outside the EU. The network has been officially launched on 21 November 2008 at an international seminar, organized in Ghent.

| 1.2 | Objective of the framework

This framework document wants to provide strategic guidance to stakeholders and organizations in the field of sexual and reproductive health and rights regarding:

- the development of Sexual and Reproductive Health and Rights (SRH&R) policies
- the deliverance of Sexual and Reproductive Health (SRH) services towards refugees, asylum seekers and undocumented migrants.

| 1.3 | Target groups of this framework

- Refugees
- Asylum seekers
- Undocumented migrants²

Note

Undocumented migrants cannot be excluded from the target group, because asylum seekers often become undocumented migrants. In some European

¹ The second publication resulting from the ERF project is the EN-HERA! report. It includes the EN-HERA! vision text, a literature review, a common research agenda and the proceedings of the seminar organized in Ghent.

² The decision to include undocumented migrants in the target group was taken at the first EN-HERA! seminar, organized in Ghent on 21 November 2008.

countries the recognition of refugees is particularly low, enlarging the undocumented migrant population significantly.

| 1.4 | **Some facts and figures**

While the number of refugees and internally displaced persons falling under UNHCR's responsibility was estimated at 25.1 million worldwide, available information suggests that a total of 67 million people had been forcibly displaced at the end of 2007. Out of the total number of refugees, some 1,580,000 reside in Europe out of whom 1,396,500 in the European Union.³ Recently, however, the numbers of newcomers have been rising.

At European level, in 2007, the 27 member states of the European Union have recorded 208,585 new asylum applications,⁴ which is about 6 per cent more than in 2006 (197,410). This is the first increase in five years and follows a twenty-year low observed in 2006. The rise in 2007 can be largely attributed to the sharp increase in Iraqi asylum seekers.⁵

Of course no official figures exist on the number of undocumented migrants in the European Union. The Organization for Economic Cooperation and Development (OECD) has estimated that 'between 10 and 15 percent of Europe's 56 million migrants have irregular status, and that each year around half a million undocumented migrants arrive in the EU.'⁶ Therefore we can estimate that there are about 6 to 9 million undocumented migrants in Europe.

| 1.5 | **How can the framework contribute to the SRH and rights of asylum seekers, refugees and undocumented migrants?**

The framework for identification and development of good practices for SRH&R of refugees, asylum seekers and undocumented migrants is designed to support organizations in the field of SRH to develop and maintain the capacity to deliver SRH services, which require participation of the targeted groups.

For the framework to work effectively, the guiding principle for all organizations must be a constant SRH service delivery improvement, sustained by an ongoing interactive process of mutual learning so as to understand the diversity of target group's SRH needs, problems and solutions.

Preconditions:

- 1 The framework operates within the culture of an organization, member state, region at EU level and beyond.
- 2 The principles ensure that refugees, asylum seekers and undocumented migrants from diverse social and cultural backgrounds face no barriers to receive

- ing SRH services and are treated fairly and equally regardless their gender and status within the host country.
- 3 Refugees, asylum seekers and undocumented migrants participate actively in SRH promotion and prevention, and these actions are coordinated with other sectors (policy making and service delivery) and disciplines.
 - 4 SRH care for refugees, asylum seekers and undocumented migrants is sustainable and promises a certain level of continuity.
 - 5 If you work in a policy area, you will need to deal with people's diverse needs in all aspects of your role – whether it is policy development, programme design, budgeting, monitoring, evaluation or reporting. In this way you'll ensure that your services are culturally responsive, rights and gender-based, customer-centred, and effective.
 - 6 If you work directly with the target group, you will need to be aware of the variety of SRH problems your clients face with, as well as resources you can call upon to help to address their specific needs.

| 1.6 | How can this framework be used?

In order to facilitate practical use, the current framework document consists of a general part as well as a self-assessment tool.

The first three chapters of the general part of the framework document provide background information regarding the rationale and objectives of the framework, the methodology used as well as clarifications regarding the different concepts.

In chapter 4 and 5, six guiding principles and six key programmatic indicators of quality of care are further elaborated. These principles and quality indicators should help to identify and/or develop good practices in the field of SRH&R of

3 UNHCR Statistical Online Population Database, United Nations High Commissioner for Refugees (UNHCR), www.unhcr.org/statistics/populationdatabase, data extracted: 09/10/2008

4 Provisional figure from the Eurostat database. From October 1998, the Statistical Office of the European Communities (Eurostat) collects monthly and annual statistics. Since an EC action plan in May 2003, data collection and exchange of information in the field of migration and asylum, has substantially improved. The Eurostat database is accessible at:

http://epp.eurostat.ec.europa.eu/portal/page?_pageid=1090,1&_dad=portal&_schema=PORTAL

5 UNHCR fact sheet, www.samah.nl/info/factsheet.pdf

6 Global Commission on International Migration (GCIM) (2005). *Migration in an Interconnected World: New Directions for Action*. Madrid: Médecins du Monde, p.32, www.gcim.org/attachements/gcim-complete-report-2005.pdf

refugees, asylum seekers and undocumented migrants. The different statements and guidelines given reflect the consensus view of the international experts who were involved in the development of this framework.

The self-assessment tool at the end of this publication includes key statements which could assist your organization or programme with the identification and/or development of good practices in SRH policy and service delivery for refugees, asylum seekers and undocumented migrants. The tool should also enable you to assess what elements in your service or programme need to be strengthened in order to comprehensively address SRH&R issues for the target group.

The self-assessment tool consists of two separate sets of statements: one for policy-makers, whether at organizational or (inter)national level, and one for service providers. For both parts, the assessment takes place at two levels: the fundamental (statements regarding six guiding principles) and programmatic level (statements regarding six quality indicators).

Some concrete suggestions for the use of the self-assessment tool:

- It can be used by policy-makers working at organizational or (inter)national level before making a strategic planning and/or to evaluate current existing policies.
- It can be used by an interdisciplinary team, before planning of a new SRH programme and/or during the evaluation process of a SRH programme.
- It can be used by organizations working in the field of SRH&R to develop or to revise annual action plans.
- It can be used as a basis for discussion and improvement of SRH policies and services, when all members of an organization are asked to complete the self-assessment tool.

2 Clarification of concepts

| 2.1 | Sexual and Reproductive Health and Rights

The terms *sexual and reproductive health and rights* are often not fully understood or used with different definitions describing different concepts. Therefore, the meaning of these concepts needs clarification. We endorse the definitions of Sexual and Reproductive Health and Rights as defined at the International Conference on Population and Development (ICPD) in Cairo 1994⁷ and recognize Sexual and Reproductive Health Rights as basic human rights.

Sexual health

The ICPD definition (Cairo 1994) states that sexual health is ‘a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, sexual rights of all persons must be respected, protected and fulfilled’.

Reproductive health

The same source holds that reproductive health is ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to 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

⁷ UNFPA (1996). Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Art. 7.2. These definitions are also endorsed by IPPF.

the freedom to decide if, when and how often to do so. Implicit in this last condition is the right 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, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with best chance of having a healthy infant. (...) Reproductive health care is defined as the constellation of methods, techniques, and services that contribute to reproductive health and wellbeing by preventing and solving reproductive health problems. It also includes sexual health; the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.’

Sexual and Reproductive Health Rights

Both sexual and reproductive health rights embrace certain human rights that are already recognized in national laws, international human rights documents and other relevant UN consensus documents.

Sexual and reproductive health rights include the right of all persons, free of coercion, discrimination and violence to:

- the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive health-care services;
- seek, receive and impart information in relation to sexuality;
- sexuality education;
- respect for bodily integrity;
- choice of partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not and when to have children;
- pursue a satisfying, safe and pleasurable sexual life;
- decide freely and responsibly about the number, spacing and timing of children;
- have the information and means to do so.

Sexual and Reproductive Health Care

In line with the definition of reproductive health, reproductive health care is defined as ‘the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations and not merely counselling and care related to reproduction and sexually transmitted diseases’.

| 2.2 | Refugees, asylum seekers and migrants

Refugees

Under the 1951 UN Convention Relating to the Status of Refugees, a refugee is a person ‘who, owing to well-founded fear of persecution for reasons of race, religion, nationality or membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail him/herself of the protection of that country; or who, not having a nationality or being outside the country of his/her former habitual residence, is unable or, owing to such fear, is unwilling to return to it.’⁸

Once a refugee meets the refugee definition in the 1951 Geneva Convention he or she is sometimes called a ‘convention refugee’ or ‘statutory refugee’. This definition is used in European law and is internationally widely accepted.

Asylum seekers

Asylum seekers are defined as ‘persons seeking to be admitted into a country as refugees and awaiting decision on their application for refugee status under relevant international and national instruments.’⁹ Asylum seekers are those individuals who formally request permission to live in another state because they (and often their families) have a ‘well founded fear of persecution’ in their country of origin. This distinguishes them from migrants in general. Strictly speaking, it is impossible to say whether the asylum seeker is a refugee or not, until his/her refugee status has been officially granted.

Documented and undocumented migrants

Migrants are persons who have left their home country for economic reasons or for reasons not covered under the limited definition of refugee. Within the category of migrants a distinction is made between regular (documented) and irregular (undocumented) migrants. Regular or documented migrants are ‘those people whose entry, residence and, where relevant, employment in a host or transit country has been recognized and authorized by official State authorities.’

Irregular or undocumented migrants (sometimes inappropriately referred to as ‘illegal’ migrants/immigrants) are ‘people who have entered a host country without legal authorization and/or overstayed authorized entry as, for example,

⁸ www.unhcr.org/protect/PROTECTION/3b66c2aa10.pdf

⁹ IOM (2004). *International Migration Law. Glossary on Migration*. Geneva, IOM

visitors, tourists, foreign students or temporary contract workers or rejected asylum seekers'.¹⁰

| 2.3 | What is a good practice?

The establishment of a framework for the identification of good practices requires first an agreed understanding of 'good practices'. However, there is no universal definition of 'good practice' in the field of SRH of refugees, asylum seekers and undocumented migrants. What is good varies over time and from place to place, and it depends on someone's point of view.

Therefore it is not easy to obtain a clear idea of what is 'good practice', or even more complicated, 'best practice'. For UNAIDS, for example, 'Best Practice means accumulating and applying knowledge about what is working and not working in different situations and contexts. In other words, it is both the lessons learned and the continuing process of learning, feedback, reflection, and analysis (what works, how and why, and so forth)'.¹¹

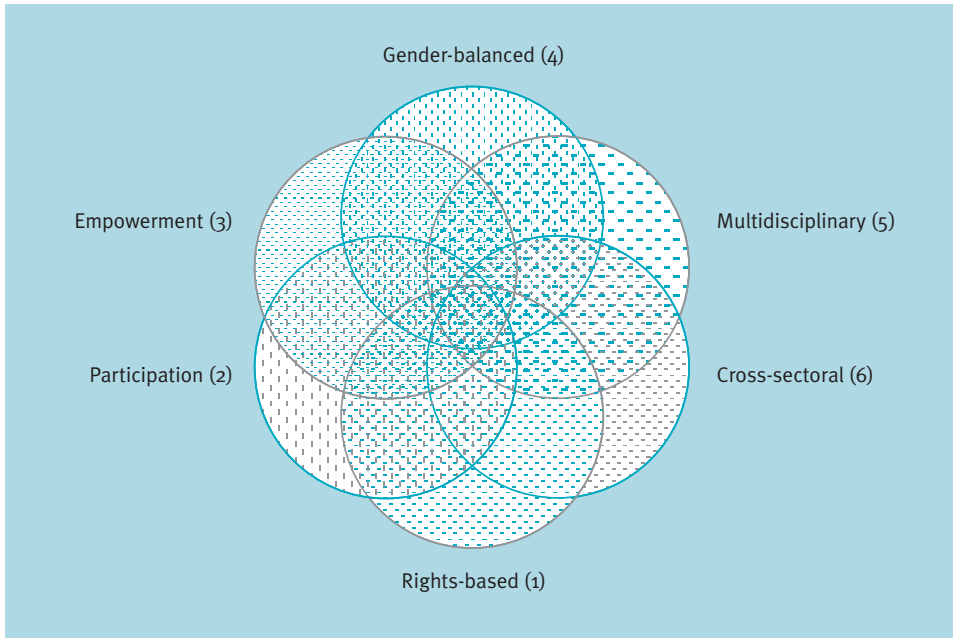
After reviewing this and several other definitions of good and best practice (see Appendix 2: definitions of UNESCO, UNFPA, Global Health Council, Advance Africa), we decided to understand good practice as 'a Practice being Effective, Transferable and Applicable in different contexts'. In summary, the good practice process helps to identify and describe the lessons learned and the keys to success of any given project, programme, or policy.

| 2.4 | Principles of good practices

The members of the steering committee of the project studied many indicators of good practices and distinguished two main groups: programmatic and fundamental indicators. All participants agreed that programmatic indicators are important especially with regard to the implementation, monitoring and evaluation of SRH policies, programmes and services. But for the identification and the development of good practices, fundamental indicators or guiding principles were judged more valuable.

After reviewing the literature, panel discussions and exchanges among the members of the steering committee, a consensus was reached that the framework would incorporate six principles to guarantee SRH for asylum seekers, refugees and undocumented migrants. These six identifiable principles are elaborated in the diagram below.

Figure 1 Overview of the guiding principles



| 2.5 | Criteria for quality of care

In addition to defining these fundamental principles, we also have to pay attention to the quality of service delivery. When we talk about service delivery it is not enough that they adopt a rights-based or gender-balanced approach. Whatever approach or policy is adopted, the outcome must be that the SRH services meet the basic criteria for quality service in general.

The experts in the steering committee initially selected six criteria for quality of care in the field of SRH&R of refugees and asylum seekers.

The following criteria for assuring the quality of service delivery were agreed upon:

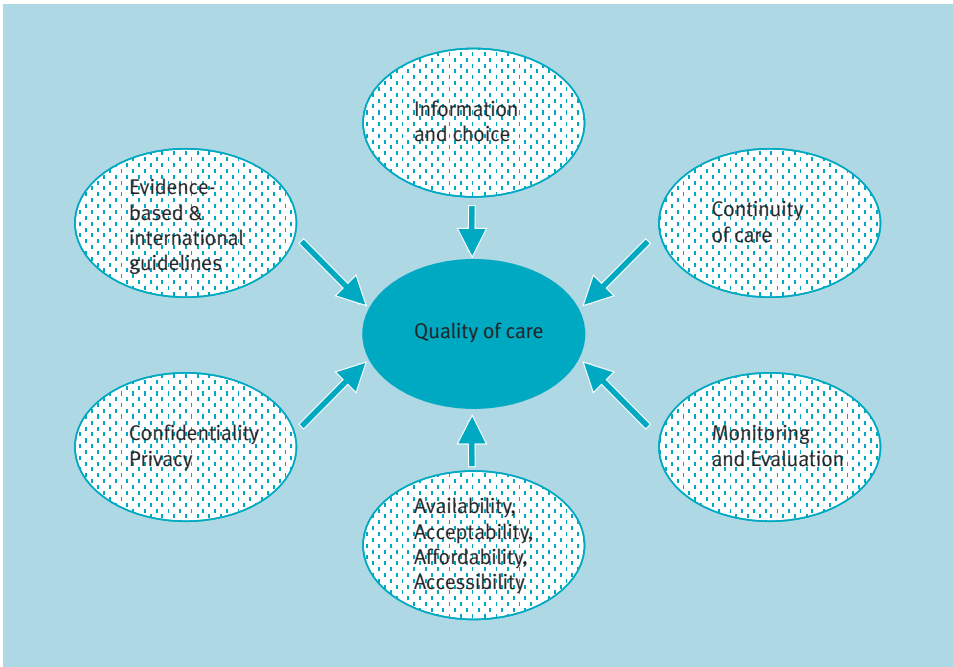
- 1 Evidence-based and being in line with international guidelines
- 2 Confidentiality and privacy
- 3 The four A's: Availability, Acceptability, Affordability and Accessibility

10 WHO (2003). *International Migration, Health and Human Rights*. Health & Human Rights Publication Series, Issue No.4, December 2003

11 http://data.unaids.org/Publications/IRC-pub02/JC-SummBook1-2_en.pdf

- 4 Monitoring and evaluation
- 5 Continuity of care
- 6 Information and choice.

Figure 2 Overview of the criteria for quality of care



3 Methodology used

| 3.1 | Introduction

The methodology was defined by the steering committee of the EN-HERA! network. This steering committee includes representatives of the National School of Public Health of Greece, Universidade Nova de Lisboa in Portugal, University College Dublin in Ireland, Pharos in the Netherlands, Institute of Tropical Medicine Antwerp in Belgium and the International Centre for Reproductive Health of Ghent University in Belgium.

In order to develop a standardized good practice identification framework in policy development, service delivery and participatory approach, the steering committee decided to carry out an expert consultation process, which involved three loops of feedback. This method derived from an applied variation of the Delphi technique. The Delphi technique is in essence a series of sequential questionnaires or 'rounds', interspersed by controlled feedback, that seek to gain the most reliable consensus of opinion of a group of experts.¹² In the framework of this project, two paper-pencil feedback loops were carried out. The results of the third loop was obtained during an expert meeting (held at the final project dissemination seminar) where different European experts, advocates and field workers gathered. The final framework reflects the overall consensus achieved at the end of this consultation process.

| 3.2 | First loop

The first loop started with the members of the steering committee issuing a call for experts in different EU countries. In total 188 potential experts were

¹² Linstone, H.A. & Turoff, M. (1975). *The Delphi method: techniques and applications*, www.is.njit.edu/pubs/delphibook

identified of whom 66 experts have been selected based on criteria pre-established by the steering committee.

- A first loop questionnaire was developed and mutually agreed upon by members of the steering committee.
- This questionnaire was composed of 67 questions and included statements regarding the six principles of good practice as well as questions and statements regarding the quality of care.
- 34 experts returned the questionnaire, a response rate of 52 per cent.
- Data were entered and analysed and presented to the steering committee.
- A first draft framework was created based on the results of the first loop questionnaire.

Table 1 Overview of all initially involved experts

Experts		Profile of stakeholders					Gender
Country of work	#	Policy-maker	Academic/research	Services	Intermediary/Advocacy	Community	Female
Austria	1	1					1
Belgium	18	3	4	9	1	1	14
Bulgaria	1			1			1
Cyprus	2		1	1			2
Georgia	1			1			1
Germany	1		1				1
Greece	9	1	2	4	1	1	5
Hungary	1			1			1
Ireland	8	1	2	4		1	6
Malta	1	1					0
Netherlands	3		1	1		1	3
Portugal	15	3	4	3		5	9
Spain	1			1			0
Turkey	1	1					1
UK	3		1			2	3
Total	66	11	16	26	2	11	48

Table 2 Summary of the expert profiles of respondents to first loop questionnaire

Experts		Profile of stakeholders					Gender
Country of work	#	Policy-maker	Academic/research	Services	Intermediary/Advocacy	Community	Female
Belgium	5	1	1	2	1		3
Bulgaria	1			1			1
Cyprus	1		1				1
Georgia	1			1			1
Germany	1		1				1
Greece	4		1	3			1
Hungary	1			1			1
Ireland	6	1	1	4			4
Malta	1	1					0
Netherlands	2		1	1			2
Portugal	7		2	2		3	4
Spain	1			1			0
Turkey	1	1					1
UK	2		1			1	2
Total	34	4	9	16	1	4	22

| 3.3 | Second loop

- A second questionnaire was developed on the basis of the feedback obtained during the first loop. Subjects where no consensus was reached during the first loop were retaken for further elaboration and clarification.
NB: Consensus has been defined as more than 80 per cent agreement of the responding experts regarding an issue.
- 19 experts returned the questionnaire, reaching a response rate of 29 per cent.
- Data were entered and analysed.
- A report was established incorporating the results of the second loop.

Table 3 Summary of the expert profiles of respondents to second loop questionnaire

Experts		Profile of stakeholders					Gender
Country of work	#	Policy-maker	Academic/research	Services	Intermediary/Advocacy	Community	Female
Belgium	0						0
Bulgaria	1			1			1
Cyprus	1		1				1
Georgia	1			1			1
Germany	1		1				1
Greece	4		1	3			1
Hungary	1			1			1
Ireland	2		2				2
Malta	0						0
Netherlands	1			1			1
Portugal	5		2	1		2	2
Spain	0						0
Turkey	1	1					1
UK	1					1	1
Total	19	1	7	8	0	3	13

| 3.4 | Third loop

The last step in the consultation process was organized at an international seminar held in Ghent on the 21st of November 2008.

- The responses to the first and second loop questionnaires were incorporated in a self-assessment tool which was presented at the seminar.
- 49 experts from 15 different European countries attended the EN-HERA! seminar in Ghent, including members of the steering committee, experts who responded to the first and second loop questionnaires as well as some external stakeholders.
- During three different workshops as well as some plenary sessions, a preliminary version of the self-assessment tool has been further elaborated, discussed and agreed upon.
- The recommendations of the experts were incorporated into the self-assessment tool.
- The framework was finalized and the final report was written by members of the steering committee.

Table 4 Summary of the expert profiles of the seminar participants (third loop)

Experts		Profile of stakeholders					Gender
Country of work	#	Policy-maker	Academic/research	Services	Intermediary/Advocacy	Community	Female
Belgium	15	3	5	1	5	1	12
Bulgaria	1			1			1
Cyprus	1				1		1
Czech Rep.	1			1			1
Germany	2	1	1				2
Greece	6		2	3		1	4
Hungary	1			1			1
Ireland	6	1	3	2			5
Malta	1	1					0
Netherlands	7		1	2	2	2	5
Portugal	3		2			1	2
Romania	1			1			1
Spain	1			1			0
Turkey	1	1					1
UK	2		1			1	2
Total	49	7	15	13	8	6	38

4 Guiding Principles

| 4.1 | Introduction

As stated earlier, six guiding principles were identified which should be incorporated in all programmes and strategies aiming the promotion of SRH&R of refugees, asylum seekers and undocumented migrants, both with respect to the policy level and to service delivery.

These principles are:

- 1 Rights-based
- 2 Participatory
- 3 Empowerment
- 4 Gender-balanced
- 5 Multidisciplinary
- 6 Cross-sectoral.

| 4.2 | Rights-based approach

Introduction and definition

‘All human beings are born free and equal in dignity and rights’¹³

Good practices should aim at promoting sexual and reproductive health among refugees, asylum seekers and migrants, by applying a rights-based approach. Sexual and Reproductive Health Rights are considered as basic human rights. The fulfilment of these rights depends on access to cultural, social and economic resources.

Definition of a rights-based approach

- A conceptual framework, normatively based on international human rights standards.
- Operationally directed to promoting and protecting human rights.
- Integrates norms, standards and principles of the international human rights system laid down in international treaties and declarations.
- Universal, inalienable, indivisible, interconnected and interdependent.
- Every individual, without regard to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or status, is entitled to the respect, protection, exercise and enjoyment of all the fundamental human right and freedoms.
- States are obliged to ensure the equal enjoyment of all economic, social, cultural, civil and political rights for women and men, girls and boys.

How can you make your service and/or policy rights-based?

- Enhance the enjoyment of human rights by all.
- Identify relevant target group and identify their entitlements.
- Get duty bearers to meet their obligations and responsibilities.
- Hold all duty bearers (target group, civil society, service providers, and policy-makers) accountable to fulfil their responsibilities towards the target group, to empower the target group to claim their rights, to fight discrimination and to strengthen equality and inclusion.

Good practice identification: results of the expert consultation loops

Policy level

- Policy-makers should develop or contribute to a national gender-based policy on sexual and reproductive health.
- Policies should ensure the same entitlement to gender-based SRH services as the host population for refugees, asylum seekers and undocumented migrants, which means that there are no conditions for the target group to access SRH services.
- Special programmes should be developed to improve access to SRH services for refugees, asylum seekers and undocumented migrants:
 - Training health staff on different cultural values and increase intercultural competences
 - Promoting easy access to interpreting and translating services.
- Policies should empower the target group to claim their rights.
- Policy-makers should promote the right to judicial protection from Sexual and Gender-Based Violence (SGBV).
- Policy-makers should ensure evaluation of SRH services regarding equity of access based on a participatory approach.

- A system of redress should be in place. Asylum seekers and refugees should be informed about this option and should be referred to such a system if needed. If policies exist that prevent members of the target group from accessing their entitlements, these policies need to be abandoned.
- A system should be in place that informs members of the target groups and other stakeholders about relevant policies. This system should also give a regular update on policy changes that will affect the target group.

SRH service delivery level

- SRH services should adopt a rights-based approach towards all clients, including asylum seekers, refugees and undocumented migrants.
- Services should empower refugees, asylum seekers and undocumented migrants to claim the following rights:
 - Right to health and reproductive health
 - Right to access to SRH services
 - Right to information on SRH and risks
 - Right to family planning and free partner choice
 - Right to equity and equality of services
 - Right to judicial protection against SGBV
 - Other related rights.
- Physical, mental and social wellbeing related to reproduction, sexual relations and sexuality should be promoted.
- Access to information regarding several SRH topics and risks for refugees and asylum seekers should be ensured (see also under quality of care).
- SRH service providers should get feedback from the service users about the information provided in a safe and confidential way.
- Providers should ensure confidentiality of services.
- Services should ensure interculturally competent services and develop special programmes to improve access for the target group:
 - Staff should be trained to understand cultural diversity and eliminate discrimination.
 - Organizations should have interpreting and translating services in place.

| 4.3 | Participatory approach

Introduction and definition

Good practices should adopt a participatory approach and consider participation as a core value of democracy. All persons should have the right to participate actively in the decision-making, structure and organization of their community and society.

Participation enhances the quality, efficiency and effectiveness of the process and the product. Every stakeholder (target group, civil society, NGOs, service providers and policy-makers) should have equal opportunity to determine the degree and nature of his or her participation at all different phases of decision making and the implementation of the decisions taken.

Definition of a participatory approach

- A core democratic value.
- All persons have the right to participate actively in the decision making, structure and organization of their community and society.
- A social process in enhanced knowledge production and in collaborative decision making.
- A means of empowerment whereby needs are identified, decisions are made and mechanisms are established to improve community life, services and/or resources.

How can you make your service and/or policy participatory?

Several modes of participation exist:

- 1 Contractual: stakeholders agree to take part in a specific part of policy development or service delivery.
- 2 Consultative: stakeholders are asked for their opinion and advice before a policy, intervention or service is developed or planned.
- 3 Collaborative: stakeholders work together with policy-makers/service providers in the implementation of a policy/service which is planned, monitored and managed by policy-makers/service providers.
- 4 Collegiate: stakeholders and policy-makers/service providers work together as colleagues, each with different skills in all phases of the policy development/service delivery.

Good practice identification: results of the expert consultation loops

Policy level

- Policy-makers should enable stakeholders to participate in all phases of the policy-making process, being: the planning, implementation, monitoring and evaluation phase.
- The following stakeholders should be able to participate actively in all phases of the policy-making process:
 - All service users: citizens, refugees, asylum seekers and undocumented migrants
 - Service providers
 - NGO's
 - Community organizations
 - Social services frequented by the target group
 - Researchers

- Intercultural mediators.
- Although all modes of participation can be used in any of the different phases, agreement was achieved that the collaborative mode should be guaranteed in all phases of the policy-making process.

SRH service delivery level

- Services should enable stakeholders to participate in SRH service delivery.
- The following groups of stakeholders should be enabled to participate actively, especially in the planning process of SRH services:
 - NGOs
 - Policy-makers
 - Service providers
 - Service users
 - Other health services frequented by the target group
 - Social services frequented by the target group
 - Community based organizations.

NB: For the evaluation of SRH services, participation of other stakeholders (service users – citizens as well as refugees, asylum seekers and undocumented migrants –, intercultural mediators and researchers) was generally considered as indicative as well. Service providers and other health or social services do not need to be necessarily included in the evaluation process.

- For the implementation phase, only service providers (and NGOs) were considered as relevant.
- All modes of participation can be used in the different stages of SRH service delivery, but answers with respect to the collegiate mode of participation were split (50 per cent of respondents agreed).
- Service users, refugees, asylum seekers and undocumented migrants included, play a particularly pronounced role among the various group of stakeholders, hence they should be consulted and involved in all phases of the service delivery.

| 4.4 | Empowerment

Introduction and definition

Good practices in both policy development and service delivery should adopt an empowering approach. The goal of empowerment is to give people the power, capacities, capabilities and access needed to change their own lives, improve their own communities and influence their own destinies.

Definition of empowerment

- Empowerment is a multi-dimensional social process that helps people gain control and transform their lives and the organization of society in order to share power and resources equitably.
- Empowerment occurs at various levels, such as individual, group, and community level.
- The goal of empowerment is to give people the power, capacities, capabilities and access needed to change their own lives, improve their own communities and influence their own destinies.

Good practice identification: results of the expert consultation loops

Policy Level

- Policy-makers should protect SRH as a basic human right and promote health for all.
- Policies should contribute to the empowerment of all citizens, including refugees, asylum seekers and undocumented migrants.
- Policies should contribute to the empowerment of refugees, asylum seekers and undocumented migrants through ensuring training of health staff.
- Policy-makers should create a legal framework against discrimination regarding gender, race, religion and sexual orientation.
- Policy-makers should ensure active involvement of all stakeholders in decision making.
- Policies should promote active citizenship.
- Policies should raise public awareness for sexual and reproductive rights through sexual education, seminars, campaigns and research.
- Policies should ensure free access to services and information regarding SRH.

SRH service delivery level

- SRH services should actively promote and contribute to the empowerment of all clients, including refugees, asylum seekers and undocumented migrants.
- SRH services should focus on a broad range of topics in order to contribute to the empowerment of refugees, asylum seekers and undocumented migrants including:
 - Family planning and contraception
 - Freedom of partner choice
 - Healthy sexual behaviour
 - Respectful approaches to sexual relationships
 - Respectful approaches to sexual diversity
 - STI prevention, sexual risk behaviour and safe sex
 - Sexual and gender-based violence, and more specifically domestic violence and harmful traditional practices (female genital mutilation, honour-related violence, etc.)
 - Abortion (informed choice, respectful care, safe procedures, post-abortion care)

- Satisfying sex life
- Cervical, breast and prostate cancer.

NB: The only topic that did not reach consensus was that SRH services should include transgender issues in their focus.

- How can SRH services contribute to the empowerment of the target group?
 - Offer culturally competent services:
 - Ensure staff are culturally competent: through training and education, seminars, etc.
 - Research with participation of the target group
 - Access to translation services.
 - Ensure free, accessible and participatory knowledge transfer: Information should be as clear as possible and use appropriate language.
 - Actively involve refugees, asylum seekers and undocumented migrants in decision making.
 - Ensure informed choice and encourage ownership of one's own health.
- Empowerment needs be addressed during the consultations, medical interventions at different levels (individual, group and community, local level), counselling sessions, as well as during seminars and training of staff.
- Specific attention should be given to unaccompanied minors with respect to all of the above-mentioned services, since their needs may differ from those of their adult counterparts.
- SRH services should promote freedom of partner choice and a respectful approach to sexuality and relationships.
- SRH services should fight stigma and discrimination related to gender, culture, race and religion, sexual orientation, STIs, HIV and AIDS.

NB: Other types of stigmatization mentioned refer to age, social and legal status.
- SRH services need to encourage and facilitate a positive attitude towards different cultures and attitudes at all levels.

| 4.5 | Gender-balanced approach

Introduction and definition

A good practice should adopt a gender-based approach since equal participation of women and men is a crucial factor for lasting development. It also symbolizes the level of political maturity of societies: while democracy requires equal rights for women, this in turn guarantees democracy.

The 1993 Vienna Declaration and Programme of Action affirmed the human rights of women as an inalienable, integral and indivisible part of human rights and demanded that the equal status and human rights of women be integrated into the mainstream of United Nations system-wide activity.

Definition of a gender-balanced approach

- A gender-balanced approach is defined by the United Nations as the process of assessing the implications for women and men of any planned action, including legislation, policies and programmes, in any area and at all levels.

Good practice identification: results of the expert consultation loops

Policy level

- Policies need to ensure that SRH services adopt a gender-balanced approach towards all citizens, regardless of their legal/residence status as well as to promote gender equality.
- Policies need to ensure that SRH services adopt an approach which is sensitive to diversity.
- Policy-makers should assess the implications for SRH of women and men of any planned action, including legislation, policies and programmes, in any area and at all levels.
- Policy-makers should undertake efforts to actively involve men in SRH policy development.

NB: Consensus to involve men was based on inclusiveness, equality, efficiency and acknowledgement of different roles that men potentially have in relation to SRH.

- Policy-makers should address gender-related violations of SRH rights.

SRH service delivery level

- SRH services should provide a broad range of services that are evidence-based on gender.
- Services should promote gender equality among all clients and adopt an approach sensitive to diversity.

The following diversity characteristics of asylum seekers and refugees should be taken into consideration during service provision:

- Age/stage of life
- Cultural background and ethnicity
- Religious, spiritual and philosophical beliefs
- (Dis)abilities
- Specific issues relating to unaccompanied minors.

NB: Diversity criteria which should not necessarily be taken in consideration are social status and legal status.

- Which services should be gender balanced?
 - Family planning and contraception
 - Healthy sexual behaviour and satisfying sex life
 - Sexual risk behaviour and safe sex, HIV and STI prevention
 - Sexual and gender-based violence, and more specifically domestic violence

and harmful traditional practices (female genital mutilation, honour-related violence, etc.).

- Services need to undertake efforts to actively involve men and boys in SRH service delivery in a broad range of SRH services, except for abortion services, transgender services and services related to cervical and breast cancer.

Proposed strategies for involving boys and men:

- Knowledge transfer: target information and education
- Involve male community leaders
- Encourage men to make a change
- Involvement of men during SRH consultations and counselling.

Motivation:

- Principles of equality and inclusiveness
- Improves efficiency and empowerment
- Men can have different roles: as perpetrators, victims, influencers, stakeholders
- Involving men increases awareness and contributes to prevention of SGBV.
- SRH services should address gender-related violations of SRH rights.

Which type of violations need to be addressed?

- Sexual violence and rape
- Forced pregnancy, forced abortion or forced sterilization
- Domestic violence
- Sexual exploitation
- Honour-related violence
- Harmful traditional practices
- Non-consensual sexual relations and non-consensual marriage.
- How can SRH services address gender-related violations among the target group?
 - Through adequate information and training of health-care providers
 - Create space and time for listening during health-care delivery
 - Create an atmosphere of respect, trust and confidentiality
 - Free channel to denunciate and deal with sexual violations; hotline for medical information/consultation
 - Establish centres for support and assistance to victims
 - Specialized multi-disciplinary approach is needed with medical, legal and social services
 - Community campaigns.
- Why should SRH services address gender-related violations among asylum seekers and refugees?
 - Target group lacks judicial protection
 - Violations of basic human rights are unacceptable
 - Enhances quality of care.

| 4.6 | Multidisciplinary approach

Introduction and definition

The multi-disciplinary work in the field of sexual and reproductive health implies that the service delivering team includes members of different professions working together (e.g., medical doctors, social workers, lawyers, community workers, target group volunteers).

Definition of a multi-disciplinary approach

- A multidisciplinary approach is characterized by different disciplines working within the boundaries of their professional practice towards discipline-related goals that are part of a larger common goal.

Good practice identification: results of the expert consultation loops

SRH service delivery level

Overall, there was high consensus reached among the experts relating to this principle.

- SRH services should ensure that they adopt a multi-disciplinary approach providing holistic care and services.
- How can SRH services adopt a multi-disciplinary approach:
 - Involve gynaecologists, midwives, urologists, psychologists, social workers, family planning nurses, community workers and community educators.
 - In the second loop, feedback was also achieved on integrating professions as diverse as general practitioners (GPs), legal advisors, counsellors and trusted key-persons in multi-disciplinary teams. In addition, respondents suggested other professions such as anthropologists, sociologists and cultural mediators be integrated.
 - The general perception is that a holistic and culturally competent approach might enhance the efficiency and quality of the services by reducing boundaries, improving the involvement of the stakeholders and giving equal importance to different groups of stakeholders, which ultimately will result in the creation of culturally appropriate services and policies.
- SRH services should facilitate the access for refugees, asylum seekers and undocumented migrants to other services and refer the target group whenever appropriate to:
 - GPs and other medical services
 - Social and welfare services (including housing)
 - Migration services
 - Community-based organizations
 - Legal aid
 - Education

- Violence prevention and victim support services.
- SRH services need to be involved in exchange of expertise, consultation and networking with other SRH programmes.
NB: In the second loop, consensus was also achieved on SRH services' involvement in the planning, implementation and monitoring and evaluation of other SRH interventions and programmes.

| 4.7 | Cross-sectoral approach

Introduction and definition

A cross-sectoral approach requires a broad perspective and partnership with other sectors than health. These sectors can include, but are not limited to: the psycho-social, the political and administrative, the legal and judicial, the educational and community development, the safety and security sectors.

Definition of a cross-sectoral approach

- A cross-sectoral approach emphasizes the need to go beyond the boundaries of individual sectors in order to enhance health promotion.

Good practice identification: results of the expert consultation loops

Policy level

- An inter-sectoral approach should be adopted on international, national, regional and local level.
NB: No consensus could be reached on the statement that one identifiable authority should be responsible for guaranteeing SRH rights.
- The following sectors should be included in the gender-based SRH national policy development process:
 - Political representatives
 - NGO sector and volunteer organizations
 - SRH service providers
 - Legal representatives
 - Education sector
 - Representatives of refugees and asylum seekers
 - Reception centres for refugees and asylum seekers
 - Human rights organizations
 - Media
 - Social inclusion services.

SRH service delivery level

- A cross-sectoral approach in the planning and implementation process of SRH service provision should be adopted.
NB: Consensus was achieved to a lesser degree on the monitoring and evaluation of those services.
Other sectors that should be encouraged to be involved during the planning and implementation phase:
 - Migration services
 - Community development services
 - Political representatives
 - Social services
 - Legal services.NB: General practitioners and other medical services were not considered as essential with regard to the planning process of SRH services.
- SRH services should monitor the performance of other sectors working in the field of SRH of refugees, asylum seekers and undocumented migrants in order to keep up with changes.

5 Quality Indicators for service delivery

| 5.1 | Introduction

As stated earlier, having principles in place is a prerequisite, but not sufficient for assuring best quality of services. Whatever approach or policy is adopted, the outcome must be that the SRH services meet the basic criteria for quality service in general.

Quality of service delivery in the field of health care requires a holistic, physical-mental-social view of health as defined by WHO¹⁴: ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’

Based on the consensus view of the experts in the steering committee, six criteria for quality of care in the field of SRH for refugees and asylum seekers were defined. These criteria are:

- 1 Evidence-based and in line with the international guidelines
- 2 Confidentiality and privacy
- 3 Availability, Acceptability, Affordability and Accessibility
- 4 Monitoring and evaluation
- 5 Information and choice
- 6 Continuity of care.

In this chapter, we give a description of these indicators as well as guidelines on how to achieve these goals in the field of SRH for refugees, asylum seekers and undocumented migrants.

A general focus should be on the empowerment of people using SRH services and the establishment of positive ongoing relationships between service deliverers and service users.

| 5.2 | Evidence-based and in line with the international guidelines

Introduction and definition

Definition of evidence-based health care

- Evidence-based health care takes place when decisions that affect care of patients are taken with due weight accorded to all valid, relevant information. ¹⁵
- Evidence-based health care is the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services. Current best evidence is up-to-date information from relevant, valid research about the effects of different forms of health care, the potential for harm from exposure to particular agents, the accuracy of diagnostic tests, and the predictive power of prognostic factors. ¹⁶

How can good practice services assure that they are in line with evidence-based medicine and existing guidelines?

- Preferential use of sexual and reproductive health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific SRH problems.
- Identifying such evidence that there may be for a practice, and rating it accordingly to how scientifically sound it may be.
- Carefully summarize research, put out accessible research summaries, encourage and educate professionals in how to understand and apply research findings.
- When no systematic legal regulations on the national level exist, sexual and reproductive health services should be rooted in already existing international guidelines.

As for the international guidelines, we selected and listed some of the main available web resources in Appendix 3.

Good practice identification: results of the expert consultation rounds

- Before planning and designing SRH policies or services, it is important to analyse the context your organization is working in and to collect data and evi-

¹⁴ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

¹⁵ Hicks, N. (1997). Evidence based healthcare. *Bandolier* 4 (39): 8.

¹⁶ First Annual Nordic Workshop on how to critically appraise and use evidence in decisions about healthcare, National Institute of Public Health, Oslo, Norway, 1996.

dence regarding the SRH needs of the target group. The scope and the severity of the problems your organization is addressing or tries to address, are to be defined in order to prove that what your organization is doing is important and contributes to the improvement of SRH of refugees, asylum seekers and undocumented migrants.

- It is important that SRH services are built on an analysis of evidence-based findings.

This implies and requires:

- The set-up of an appropriate data collection system
- Analysis of the collected data as well as reporting of the results.
- SRH services should collect data on their service users referring to the following characteristics:
 - Age/stage of life (e.g. undocumented minors and vulnerable adolescents as part of the target group)
 - Refugee background
 - Ethnicity
 - Cultural background
 - Religious, spiritual or philosophical beliefs
 - Physical and psychological disabilities.

NB: There is no consensus among experts regarding the need to set up a data collection system which allows analysis of SRH data according to sexual orientation, socio-economic status or legal status.

- Analysis of the (above cited) diversity aspects of the service users should be used to guide SRH service provision.
- SRH services should encourage and facilitate research on diversity aspects of SRH services.
- SRH services should also collect data which allow to analyse the service delivery itself:
 - Satisfaction of service users
 - Accessibility of SRH services for refugees, asylum seekers and undocumented migrants
 - Service outcomes.
- Organizations need to develop manuals regarding SRH&R of refugees, asylum seekers and undocumented migrants that are in line with existing SRH guidelines (see Appendix 3).
- SRH service providers need to be trained on and have access to existing SRH guidelines and manuals.
- The following international guidelines were cited by some experts as relevant for SRH service providers:
 - UN declaration of Human Rights
 - UNAIDS guidelines and recommendations
 - ICPD and Beijing declarations
 - WHO guidelines and recommendations
 - EU instruments regarding SRH.

- The reasons why these resources are perceived as important are the following:
 - Contribute to equality and equal treatment
 - Prevent violations of SRH rights
 - Culturally sensitive
 - Promote multi-disciplinary services
 - Ensure continuity of care.

| 5.3 | Confidentiality and privacy

Introduction and definitions

Definition of the concepts confidentiality and privacy

- *Confidentiality* can be defined as the ethical principle or legal right that a physician or other health professional will hold secret all information relating to a patient, unless the patient gives consent permitting disclosure.¹⁷
- Confidentiality is not equal to secrecy – information may be shared within a team, in certain cases there is a legal obligation to break confidentiality.
- *Privacy* is the ability of an individual or group to seclude themselves or information about themselves and thereby reveal themselves selectively.¹⁸ The boundaries and content of what is considered private differ among cultures and individuals, but share basic common themes.

Various types of privacy can be distinguished:

- Physical privacy could be defined as preventing 'intrusions into one's physical space or solitude'.¹⁹
- Medical privacy allows a person to keep their medical records from being revealed to others.
- Data privacy refers to the evolving relationship between technology and the legal right to, or public expectation of privacy in the collection and sharing of data about one self.

Good practice identification: results of the expert consultation rounds

- A confidentiality policy should be in place and all persons in any way involved should be aware of this policy.
- The confidentiality policy should guarantee the non-disclosure of personal data of refugees, asylum seekers and undocumented migrants:
 - Any personal information remains confidential
 - Any personal information is accessible only to those authorized to have access: persons involved in patient care.

¹⁷ The American Heritage® Medical Dictionary

¹⁸ Wikipedia, the free Encyclopedia

¹⁹ Smith, H.J. (1994). *Managing Privacy: Information Technology and Corporate America*. Chapel Hill: University of North Carolina Press

- Specific measures need to be taken in order to guarantee confidentiality:
 - One-on-one counselling
 - Anonymous HIV and STI testing should be available
 NB: Anonymous access to other SRH services can be considered though is not perceived as mandatory by the consulted experts.
 - Save storage of data.
- The use of (certified) independent cultural mediators is advised in order to guarantee confidentiality.

| 5.4 | Availability, Acceptability, Affordability and Accessibility

Introduction and definition

Since we consider sexual and reproductive health as a basic human right, SRH services need to be obtained regardless of race, sex or sexual orientation, marital status, age, religious or political beliefs, ethnicity or disability.

Of course, the extent to which organizations or service providers can reach this universal goal, relies merely on the existing national policies and regulations. It is in the first place the responsibility of national policy-makers to ensure that refugees, asylum seekers and undocumented migrants can easily access all sexual and reproductive health services being provided in a country. However, organizations and service providers have an important role to play as well by raising general awareness and advocacy. They can contribute in multiple ways to positive policy changes which increase the accessibility of SRH services for refugees, asylum seekers and undocumented migrants.

Definitions of the concepts Availability, Acceptability, Affordability and Accessibility

- *Availability* can be defined as the quality of being at hand when needed.²⁰
- *Acceptability* means the degree to which a service meets the cultural needs and standards of a community. This in turn will affect utilization of that service.²¹
- Services are *affordable* when they are relatively low in price and people have the financial means to pay for these services.¹⁹
- *Accessibility* can be defined as the degree to which individuals are inhibited or facilitated in their ability to gain entry to and to receive care and services from the health-care system. Factors influencing this ability include geographic, cultural and financial considerations, among others.²²

Good practice identification: results of the expert consultation rounds

- A basic package of SRH services should be freely available for all service users, including refugees, asylum seekers and migrants.

NB: It is difficult to determine which specific kinds of SRH services should be included and free of charge available to all. The exact content of a free basic package of SRH services can vary from one country to another, depending on existing policies and health-care services. However a general consensus was reached that the following SRH services should be provided to all clients, free of charge:

- Antenatal care and postnatal care
- Safe delivery and emergency obstetric care
- Family planning
- Screening for STIs and HIV
- Prevention of STIs and HIV
- Prevention of sexual and gender-based violence
- Support to victims of sexual violence.

Though the consulted experts tended to agree that most other SRH services like HIV and AIDS treatment and contraceptives should be freely available, many experts doubted whether such a policy is really realistic in the current European context. But all experts agreed that SRH services should at least be affordable to anyone.

- Affordability is needed for the following SRH services, but a fee can be (eventually) be charged as long as the income level has been taken into consideration:
 - Treatment of STIs and HIV/AIDS
 - Abortion and post-abortion care
 - Supply of contraceptives
 - Sexual counselling
 - Treatment of cervical, breast and prostate cancer
 - Prevention of cervical cancer (vaccination for HPV virus).

NB: The general opinion among the experts was that services regarding the diagnosis and treatment of infertility should not be provided free of charge.

- Access to national SRH screening programmes (e.g., annual Papanicolaou test, mammography) should be facilitated and encouraged by SRH service providers.
- SRH services need to provide special measures to improve access for asylum seekers, refugees and undocumented migrants.

Therefore the following measures need to be put in place:

- Ensure interpreting and translating services
- Training of health staff on cultural values and backgrounds of the target group
- Ensure confidentiality and privacy
- Ensure culturally competent services

20 The Free Dictionary by Farlex at www.thefreedictionary.com/availability

21 Witter (1997). Cited in the Glossary from the European Observatory on Health Systems and Policies, accessible at www.euro.who.int/observatory/Glossary/TopPage

22 United States National Library of Medicine, National Institutes of Health

- Ensure respect for different norms and values and fight stigma and discrimination.

NB: No consensus was reached regarding the need to employ health-care staff with refugee background as one of the specific measures to increase access for the target group.

- Other measures that were mentioned in order to improve the accessibility of services:
 - Participatory approach with involvement of the target group in the planning, designing and evaluation of SRH services
 - Multi-disciplinary and cross-sectoral approach
 - Networking with other organizations and institutions
 - Facilitate the constant availability of experts which can be consulted by health staff
 - Ensure gender-sensitive services: e.g., provide the possibility for women to be examined by women and men by men.
 - The use of cultural mediators and community educators
 - Better understanding of the barriers and the stigma associated with sexual health issues
 - Training of staff on social skills and make them sensitive to socio-economic inequalities and barriers
 - Information (whether oral or written) should be assessable in a range of different languages
 - Dissemination of information on SRH services that are available in the communities as well as on the practical organization of these services, e.g., through putting brochures in different languages on existing SRH services in key places
 - The practical organization of SRH services is also important in order to match the profile of refugees, asylum seekers and migrants and to reach different cultural, gender and age groups
 - Organization of outreach services
 - Location of services and opening hours
 - Possibility for separation of men and women.
- Experts unanimously recognize the need for training of staff working in SRH services and specifically mentioned the need for training on following aspects:
 - Gender aspects
 - Legal aspects of refugees, asylum seekers and undocumented migrants
 - Intercultural communication
 - Adapting and simplifying the professional vocabulary
 - Medical health care expectations of people with different cultural background
 - Differences in health seeking behaviour and perceptions.

NB: Knowledge on the health care in refugee countries of origin, was not considered as essential for health-care workers.

Furthermore it was commented by the experts that health-care staff cannot be aware of all legal aspects regarding the target group but at least they should rec-

ognize these gaps in their knowledge and more actively refer to appropriate legal and social services.

- Why training?

Experts stated that training on the above mentioned aspects will help service providers to have a better understanding of the needs of their clients, to communicate more successfully, to raise credibility and trust in the provided services and to provide the best services for each individual.

- Apart from the need for training, service providers have other needs which must equally be addressed in order to make SRH services accessible.

IPPF identified the following ten needs for service providers: ²³

- Training on technical aspects as well as on communication skills
- Information on aspects related to the work of their colleagues and other areas of the organization's programmes
- An appropriate infrastructure
- Supplies required for the provision of SRH services at appropriate standards of quality
- Clear, relevant and objective guidance
- Back-up: service providers may find the need to request a consultation or technical support, or to refer service users to another provider or another level
- Encouragement
- Feedback concerning their competences and attitudes as judged by others
- Self-expression concerning the quality and efficiency of the SRH programme and services.

| 5.5 | Monitoring and evaluation

Introduction and definition

Monitoring and evaluation are essential to assess the results of a programme. But in a broader perspective, these results can equally help to educate stakeholders, health staff and the broader community about the good practices and lessons learned.

Definitions of the concepts monitoring and evaluation

- *Monitoring* is the routine tracking of the key elements of health service performance, usually inputs and outputs, through record-keeping, regular reporting and surveillance systems as well as health facility observation and client surveys. ²⁴

²³ IPPF (International Planned Parenthood Federation), www.ippf.org

²⁴ Website of The Global Fund, www.theglobalfund.org

- *Evaluation* is the episodic assessment of the change in targeted results that can be attributed to projects or interventions. Evaluation attempts to link a particular output or outcome directly to an intervention after a period of time has passed.²³

Good practice identification: results of the expert consultation rounds

- Everyone agreed that the quality of SRH services should be monitored regularly.
- Opinions differed though with respect to how monitoring and evaluation should be carried out in practice. Some of the proposed strategies include:
 - Questionnaires of service users regarding client satisfaction
 - Professional (external) audits
 - Comparison of services with the international state of the art
 - Anonymous reporting by SRH staff regarding mistakes made or bad practices
 - Encourage SRH staff to report on obstacles and make suggestions for the improvement of services
 - Include health staff as well as all other persons around the patient (including the cleaner, etc.) in the evaluation process
 - Include other service providers, all stakeholders as well as service users asylum seekers, refugees and undocumented migrants) in the evaluation process.
- The equity of access needs to be part of the evaluation of SRH services. A participatory approach is recommended in this perspective.

| 5.6 | Information and choice

Introduction and definition

With regard to sexual and reproductive health and rights, and regulation of birth in particular, the Cairo Programme²⁵ states that reproductive health 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 right 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.

Also IPPF states that every individual has the right to be informed about the benefits and the availability of sexual and reproductive health services, as well as the right to make a free choice.

Definition of the concept informed consent

- Informed consent can be defined as the consent to medical procedures/treatment given by a patient after the potential risks, hazards, and benefits of the treatment have been explained.²⁶

Good practice identification: results of the expert consultation loops

- Efforts need to be made to empower asylum seekers, refugees and undocumented migrants to claim the right on information on sexual and reproductive health and health risks.
- This implies that refugees, asylum seekers and undocumented migrants need to be informed and to have access to a range of safe, effective, affordable and acceptable methods of family planning and fertility regulation of their choice.
- Information regarding a wide range of SRH topics and services needs to be provided to the target group:
 - Practical information on SRH services
 - Legal and social services, including information on financial assistance and entitlements
 - Legal rights
 - STIs and HIV
 - Sexual risk behaviours
 - Healthy sexual relationships and a satisfying sex life
 - Family planning and contraceptive methods
 - Abortion and post-abortion care
 - SG/BV, including harmful traditional practices and the existing victim supportive services.
- Information on SRH should be provided through several channels, including:
 - institutions (schools, universities, workplace, hospitals, primary care centres, migrant information centres, etc.)
 - media (online, campaigns)
 - interpersonal modes (training and information sessions, counselling)
 - printed materials
 - other creative communication channels: e.g., using art and drama and peer education programmes for the target group, so that they raise the issues and problems that concern them.

NB: Diverse information channels are needed because the target group is difficult to reach and at the same time, it helps reduce stereotypes in the public opinion and contributes to the welfare of the entire society. Also, the right to in-

²⁵ See: UNFPA (1996). *Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Art. 7.2*

²⁶ The Free Medical Dictionary by Farlex at <http://medical-dictionary.thefreedictionary.com/informed+consent>

formation on SRH needs to be part of a larger strategy towards the whole civil society, in which political institutions (like the EU) should be involved as well as all important stakeholders.

- Information on SRH provided through all types of channels should meet some criteria:
 - Employ appropriate language (use simple wordings, available in multiple languages, etc.) and use creative methods without language (pictures, playing materials, etc.)
 - Be accessible free of charge and available in different places
 - Integrate a bottom-up approach
 - Use external experts to make sure the language, meanings and messages conveyed are scientifically correct (medical information) and appropriate (gender sensitive)
 - Avoid stigmatization and stereotypes
 - Be adapted to different cultural backgrounds.

According to the experts, a bottom-up approach is required because of the following reasons:

- It ensures that the provided information is sensitive to cultural codes, which enables efficient transmission of knowledge
- It allows to hear all the opinions of the ones taking part in the process
- It ensures you don't reproduce stereotypes and misconceptions
- It enables better targeting of the messages to the audience.
- With regard to specific SRH technical procedures, it is necessary to always obtain informed consent first (e.g., HIV or STI testing).

| 5.7 | Continuity of care

Introduction and definition

Continuity of care is considered as another important quality indicator. It basically means to ensure delivery of SRH health services and supplies to each individual for as long as needed.

Definition of the concept continuity of care

- *Continuity* is the degree to which a series of discrete health-care events is experienced as coherent and connected and consistent with the patient's medical needs and personal context.²⁷
- *Continuity of care* is distinguished from other attributes of care by two core elements: care over time and the focus on individual patients.²⁶

Good practice identification: results of the expert consultation rounds

- SRH programmes, policies and initiatives need to contribute the continuity of SRH services for asylum seekers, refugees and undocumented migrants.
- SRH services also need to enable access to other services.
- Whenever indicated, service users should actively be referred to:
 - Social and welfare services
 - General practitioners
 - Other medical services
 - Migration services
 - Community organizations.
- Other important referral services include: counselling and victim support services (including crisis support, safe houses, agencies offering support, etc.), legal services, advocacy groups, educational services, etc.
- Which mechanisms need to be put in place to ensure continuity of care?
 - A system which allows systematic follow-up of service users (e.g., personal medical file)
 - If a particular SRH service is not available, a system for referral to other (high) quality SRH services
 - A system to monitor and follow-up effective referral to other health and social services
 - When a facility or person considers to stop delivering SRH services, other service providers need to be informed, to be asked to take over and to be provided with all necessary information and training.



Appendices

Appendix 1 Data on refugees and asylum seekers in EU countries

Table 1 Population of concern to UNHCR: data 2007 for EU countries²⁸

Country/territory of asylum	Total refugees and people in refugee-like situations	Asylum seekers (pending cases)	Stateless	Total Population of Concern	General Notes
Austria	30,773	38,442	472	69,687	*
Belgium	17,575	15,247	468	33,290	
Bulgaria	4,836	1,012	0	5,848	
Cyprus	1,194	11,892	0	13,086	
Czech Republic	2,037	2,186	0	4,223	
Denmark	26,788	560	796	28,144	*
Estonia	18	6	116,248	116,272	
Finland	6,204	721	68	6,993	*
France	151,789	31,051	948	183,788	
Germany	578,879	34,063	9,091	622,033	
Greece	2,228	28,463	108	30,799	*
Hungary	8,131	1,565	241	9,937	*
Ireland	9,333	4,400	0	13,733	*
Italy	38,068	1,500	886	40,454	*
Latvia	29	15	372,622	372,666	
Lithuania	688	29	5,900	6,617	
Luxembourg	2,737	38	154	2,929	*
Malta	3,000	861	0	3,861	*
Netherlands	86,587	5,840	4,461	96,888	*
Poland	9,790	5,940	74	15,804	*
Portugal	353	0	0	353	*
Romania	1,757	166	257	2,180	*
Slovakia	279	584	911	1,774	*
Slovenia	263	55	4,090	4,408	
Spain	5,147	0	20	5,167	*
Sweden	75,078	27,723	5,571	108,372	*
United Kingdom	299,718	10,900	205	310,823	*
Total	1,363,279	223,259	523,591	2,110,129	

²⁸ UNHCR Statistical Online Population Database, United Nations High Commissioner for Refugees (UNHCR), www.unhcr.org/statistics/populationdatabase, data extracted: 09/10/2008

* In the absence of Government estimates, UNHCR has estimated the refugee population in most industrialized countries, based on recent refugee arrivals and recognition of asylum seekers during the past 10 years.

Table 2 Eurostat data on asylum applications in the European Union 2003-2007²⁹

Country	2007		2006		2005		2004		2003	
EU (27 countries)	208,585	p	197,410	p	234,675	p	276,675	p	344,800	
EU (25 countries)		:	196,530	p	233,490	p	275,145	p	342,595	
EU (15 countries)		:	178,640	p	210,485	p	238,070	p	306,410	
EU (13 countries)		:	124,040	p	159,835	p	171,050	p	210,615	
EU (12 countries)		:	123,540	p	158,285	p	169,960	p	209,565	
Austria	11,920	p	13,350	p	22,460	p	24,635	p	32,360	
Belgium	11,575	p	8,870	p	12,575	p	12,400	p	13,585	
Bulgaria	815	p	500	p	700	p	985	p	1,320	
Czech Republic	1,585	p	2,730	p	3,590	p	5,300	p	11,400	
Denmark	2,225	p	1,960		2,280		3,235		4,390	
Germany	1,9165	p	21,030	p	28,915	p	35,605	p	50,565	
Estonia	15	p	5	p	10	p	10	p	15	
Ireland	3,935	p	4,240	p	4,305	p	4,265	p	7,485	
Greece	25,115	p	12,265	p	9,050	p	4,470	p	8,180	
Spain	7,195	p	5,295	p	5,050	p	5,365	p	5,765	
France	29,160	p	30,750	r	49,735	r	58,545	pr	59,770	r
Italy		:	10,350	p	9,345	p	9,630	p	13,705	
Cyprus	6,780	p	4,540	p	7,715	p	9,675	p	4,405	
Latvia	35	p	10	p	20	p	5	p	5	
Lithuania	125	p	145	p	100	p	165	p	395	
Luxembourg	425	p	525	p	800	p	1,575	p	1,550	
Hungary	3,420	p	2,115	p	1,610	p	1,600	p	2,400	
Malta	1,380	p	1,270	p	1,165	p	995	p	455	
Netherlands	7,100	p	14,465	p	12,345	p	9,780	p	13,400	
Poland	7,205	p	4,225	p	5,240	p	7,925	p	6,810	
Portugal	225	p	130	p	115	p	115	p	115	
Romania	660	p	380	p	485	p	545	p	885	
Slovenia	370	p	500	p	1,550	p	1,090	p	1,050	
Slovakia	2,640	p	2,850	p	3,550	p	11,395	p	10,300	
Finland	1,405	p	2,275	p	3,595	p	3,575	p	3,090	
Sweden	36,205	p	24,320	p	17,530	p	23,160	p	31,355	
United Kingdom	27,905	p	28,320	r	30,840	p	40,625	p	60,045	

p = provisional value r = revised value := not available

NB: These figures refer to all persons who apply on an individual basis for asy-

lum or similar protection, irrespective of whether they lodge their application on arrival at the border, or from inside the country, and irrespective of whether they entered the country legally or illegally. Due to different methods of collecting the information, data from different countries may not be entirely comparable.

29 Provisional figure from the Eurostat database. Accessible at: http://epp.eurostat.ec.europa.eu/portal/page?_pageid=1090,1&_dad=portal&_schema=PORTAL

Appendix 2 Good, better, best practice: in search of excellence in sexual and reproductive health provisions for refugees and asylum seekers

What is a good and best practice?

There is no universally accepted definition of good or best practice – and continuing debate over terminology and definitions can even create a roadblock to action. Many international organizations prefer the term best practice over good practice, however, it is often not clear what is the difference between those two concepts. Some state that best practice is good practice that has been rigorously evaluated, others treat both terms as equals. Given the ambitious connotation of the wording 'best practice', the EN-HERA! network prefers 'good practice'.

After reviewing several definitions, the members of the EN-HERA! Steering Committee agreed that a good practice must at a minimum:

- Demonstrate evidence of success
- Have a major impact on issues of general concern
- Bear the potential to be replicable and transferable to other settings.

Some international health and development organizations also believe good or best practices must be innovative, sustainable, cost-effective, ethically sound, and/or superior to all other approaches.³⁰

Examples of definitions

UNESCO³¹ states that the following four characteristics are common to all best practices related to poverty and social exclusion:

- Best practices are innovative. A best practice has developed new and creative solutions to common problems of poverty and social exclusion.
- Best practices make a difference. A best practice demonstrates a positive and tangible impact on the living conditions, quality of life or environment of the individuals, groups or communities concerned.
- Best practices have a sustainable effect. A best practice contributes to sustained eradication of poverty or social exclusion, especially by the involvement of participants.
- Best practices have the potential for replication. A best practice serves as a model for generating policies and initiatives elsewhere.

UNAIDS³² defines best practice as follows: 'Best practice means accumulating

and applying knowledge about what is working and not working in different situations and contexts. It is both the lessons learned and the continuing process of learning, feedback, reflection and analysis.’

According to UNAIDS the criteria for whether an approach, strategy or programme qualifies as a best practice are thus related to:

- Effectiveness (an activity’s overall success in producing desired outcomes)
- Ethical soundness (follows principles of social and professional conduct)
- Relevance (in this case, how closely an activity is focused on HIV and AIDS)
- Efficiency and cost-effectiveness (an activity’s capacity to produce desired results with a minimum of expenditure)
- Replicability (the ability of a programme to be adapted to meet similar needs in other settings)
- Sustainability (the ability of a programme or project to continue being effective in the future).

A best practice can be anything that works, in full or in part and can be useful in providing lessons learned. This means that, according to UNAIDS, a best practice needs only meet one or more of the criteria mentioned above, and not necessarily all of them.

UNFPA describes best practices as ‘planned or operational practices that have been proven successful in particular circumstances and are used to demonstrate what works and what does not, with evidence on how and why they work in different situations and contexts’.

The *Global Health Council* states that practices are best practices if they are ‘community-based, sustainable, replicable, and have measurable outcomes to show the success of the programme’.

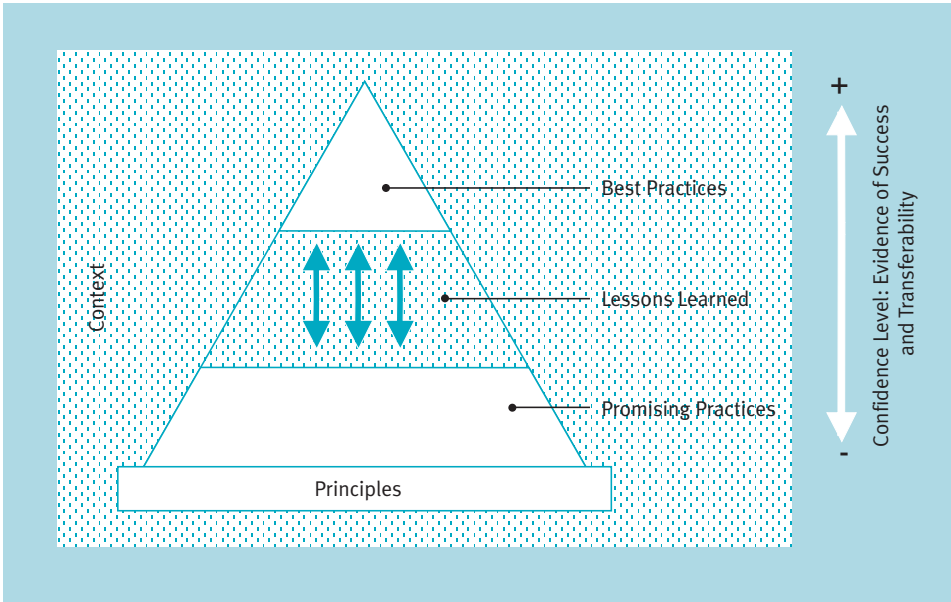
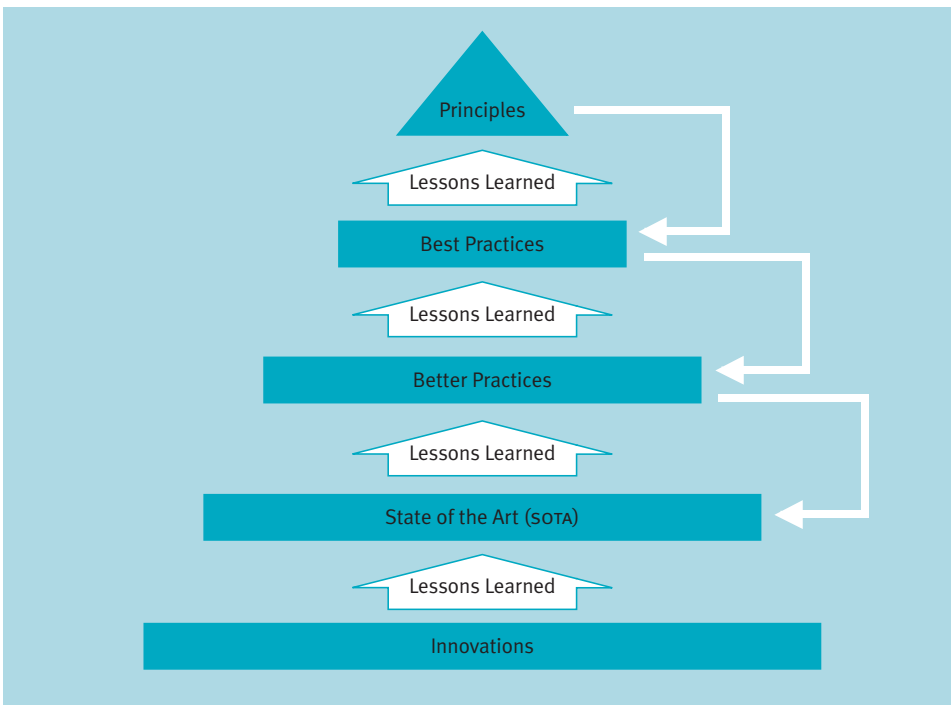
According to the *Implementing Best Practices (IBP) Initiative in Reproductive Health*, the term best practice refers to ‘an array of evidence-based tools, materials and practices, including guidelines, norms, standards, experiences and skills, among others, that have proven their worth in the field of reproductive health’.³³

³⁰ Setswe, G., Skinner, D., Simbayi, L. & Rispel, L. (2007). *Elements of good practice. ovc interventions in selected projects in three southern African countries*. Abstract book of the 4th SAHARA Conference on the Social Aspects of HIV/AIDS Research, Kisumu, Kenya, 31 April – 2 May 2007, www.sahara.org.za/index.php/Conferences

³¹ www.unesco.org/most/bphome.htm#1

³² *Manual on Best Practices HIV/AIDS Programming with Children and Young People*. Developed by Bjarke Oxlund, AIDSNET (the Danish NGO Network on AIDS and Development & The Children and Youth Network), www.saf aids.net/?q=node/329

³³ www.ibpinitiative.org/best_practices.php

Figure 3 Pyramid of Practices 1³⁵Figure 4 Pyramid of Practices 2³⁶

Advance Africa, which was funded by USAID to collect and share best practices, states: ‘A best practice is a specific action or set of actions exhibiting quantitative and qualitative evidence of success with the ability to be replicated and the potential to be adapted and transferred. A best practice is the ‘gold standard’ of practices, activities, or tools that can be implemented to support programme objectives.’

What are lessons learned? Promising practices?

The terms ‘lessons learned’ and ‘promising practices’ are both terms used to describe useful practices. These terms are often used to indicate practices or approaches that have not been evaluated as rigorously as ‘best practices’, but that still offer ideas about what works best in a given situation.³⁴

Advance Africa differentiated a promising practice from a best practice in this way: ‘A promising practice is a specific action or set of actions exhibiting inconclusive evidence of success or evidence of partial success. It may or may not be possible to replicate a promising practice in more than one setting.’

The Pyramids of Practices on page 56 illustrate the various types of practices and the ways in which they are related.

Glossary from the UNAIDS Manual on Best Practices: HIV/AIDS programming with children and young people

Best practice (**** out of 4) is the ‘gold standard’ of practices, activities, or tools that can be implemented to support programme objectives. Evidence of impact and success is drawn from multiple settings and is based on objective data. Best practices involve limited risk because they have a good track record and evidence of success and have been successfully replicated. Programme staff can be more confident that adapting and implementing a best practice to fulfil their programme needs will help achieve desired programme objectives.

Better practices (***) out of 4) are state of the art (SOTA) practices that have been improved based on lessons learned. The projects and interventions show promise for transfer to new settings. There is less risk associated with imple-

³⁴ The Info for Health project of the John Hopkins University, www.infoforhealth.org/practices.shtml

³⁵ Copied from: The Best Practice Compendium. Advance Africa, www.advanceafrica.org/tools_and_approaches/Best_Practices/BP_Process.html

³⁶ Copied from: The Best Practice Compendium: Conclusions and Lessons Learned from the Advisory Group Meetings. December 2002. Advance Africa, www.advanceafrica.org/tools_and_approaches/Best_Practices/BP_BPAG.html

menting better practices than with SOTA or innovative practices because there is clearer evidence of success and more lessons learned through experience. Evidence exists in both qualitative and quantitative form, but is drawn from application of the practice in limited settings.

State of the art (** out of 4) refers to practices that reflect new trends and current thinking in the field. These practices may be successful in localized settings, but much of the evidence is preliminary or anecdotal. There is a large degree of risk associated with implementation of SOTA practices because they may not have been replicated extensively.

Innovations (* out of 4) are cutting-edge approaches that reflect new, possibly untested thinking. They are sometimes variations on an old theme. Innovations come in the form of pilot programmes or experimental projects. There is little if any objective evidence that the practice will have the desired impact. The promise of an innovation is based on speculation and lessons learned from other practices. A high degree of risk is associated with applying innovations to a programme.

Lessons learned are cross-cutting observations and conclusions that apply to a specific practice. The lessons themselves are extrapolated from experience with an intervention or programme. Evidence supporting the lessons is clear and objective. It is through the process of lessons learned that a practice or intervention moves up the pyramid to another stage. As time progresses, more evidence is found to support the programme and to reduce the risk that it will not have the desired impact. The wealth of evidence increases as lessons are continually learned from experience and applied the next time around. As this process progresses, the risk continues to diminish.

Principles are ideas and concepts that are 'essential' to programme success. They are overriding conclusions that have general applicability across sectors, geographic boundaries, or technical areas for a programme. These might be considered 'truisms', usually relating to policy. There is definitive quantitative and objective evidence from multiple implementation experiences supporting the practice. Principles do not necessarily come in the form of programmes or interventions.

Good/best practice databases and resources

UNAIDS Best Practice work involves several types of activities, and the *UNAIDS Best Practice Collection* includes hundreds of UNAIDS publications documenting successful approaches to particular HIV and AIDS problems and issues. www.unaids.org/en/resources/publications/best+practice+collection.asp

UNFPA has a toolkit, which provides guidance and options for project staff to improve planning, monitoring and evaluation activities in the context of results-based programme management.

www.unfpa.org/monitoring/toolkit.htm

The *World Bank* has a website for knowledge and learning, where they present their best practices. Knowledge sharing at the World Bank has evolved over time. From an early emphasis on capturing and organizing knowledge, its focus now is on adopting, adapting, and applying knowledge in a way that helps practitioners to work more effectively to reduce global poverty.

www.worldbank.org/ks

Identifying and analyzing 'good practices' is part of *UNICEF's* search for excellence. They distil these from field experience, monitoring and evaluation of what works in programming, advocacy and management, and why.

www.unicef.org/evaluation/index_12966.html

UNESCO maintains a database on best practices in order to present and promote creative, successful and sustainable solutions to social problems arising from poverty and social exclusion in order to build a bridge between empirical solutions, research and policy.

www.unesco.org/most/bphome.htm#1

The *South African Youth Development Network* has a website where they publish their different manuals and resources.

www.ydn.org.za

Advance Africa has developed a Best Practice Compendium, which can be downloaded from their website. The Best Practices Compendium was created to provide an easily accessible database of proven practices to be used by programme managers who have identified gaps, needs, and opportunities in their programmes.

www.advanceafrica.org/Compendium

Background information on the Best Practice Process of *Advance Africa* can be found on the organization's website.

www.advanceafrica.org/tools_and_approaches/Best_Practices/BP_Process.html

The *INFO Project*, which is run by Johns Hopkins University, created a tool which explains how an organization can more effectively share its own best practices internally.

www.infoforhealth.org/practices/InternalBPs/index.shtml

The INFO Project's *Best Practices Signpost* directs users to the latest information on proven practices in family planning and reproductive health. It provides annotated links to websites and online publications with information on best practices – as well as good practices, promising practices, lessons learned, and evidence-based medicine.

www.infoforhealth.org/practices/signpost.shtml

ARC, the *Asylum Seeking and Refugee Children*, developed a Good Practice website, a new online resource from the National Children's Bureau (UK) targeting those working with separated or unaccompanied refugee children or young people.

www.ncb.org.uk/Page.asp?sve=881

The *Implementing Best Practices (IBP) Initiative* is an interactive forum aiming at sharing experiences which improve the introduction, utilization and scaling-up of evidence-based practices and/or proven effective practices in reproductive health.

www.ibpinitiative.org

Appendix 3 Useful guidelines and documents in the field of sexual and reproductive health and rights

Human rights and sexual and reproductive rights

UN Declaration of Human Rights

www.un.org/Overview/rights.html

UN-ICPD Programme of Action of the International Conference on Population and Development (Cairo, 1994)

The 20 Year Programme of Action as agreed upon by 179 countries in 1994 in Cairo can be found on the UNFPA website: www.unfpa.org/icpd/icpd.cfm

Beijing Declaration

Official United Nations website of the Fourth World Conference on Women held in Beijing in 1995: www.un.org/womenwatch/daw/beijing/index.html

UN fact sheet: The Right to Reproductive and Sexual Health

www.un.org/ecosocdev/geninfo/women/womrepro.htm

UNHCR guide to International Refugee Law

UN High Commissioner for Refugees, Refugee Protection: A Guide to International Refugee Law, 1 December 2001. UNHCR Refworld
www.unhcr.org/refworld/docid/3cd6a8444.html

UNHCR Collection of International Instruments and Legal Texts Concerning Refugees and Others of Concern to UNHCR

UN High Commissioner for Refugees, edition June 2007. This Collection of International Instruments and Legal Texts spans four volumes and contains over 260 documents that have been compiled to support those working on issues relating to forced displacement, statelessness and related matters. UNHCR Refworld
www.unhcr.org/publ/PUBL/455c460b2.html

1951 UN Convention relating to the status of refugees

www.unhchr.ch/html/menu3/b/o_c_ref.htm

PICUM publication regarding Rights of Undocumented Migrants

PICUM (2007) Undocumented Migrants Have Rights! An Overview of the International Human Rights Framework
www.picum.org

IPPF Charter on Sexual and Reproductive Rights

The IPPF Charter has been designed as a tool to help NGOs to hold governments accountable for promises they have made in upholding human rights in general, and sexual and reproductive rights in particular. It includes twelve basic human rights, with examples of their relevance to sexual and reproductive rights work.
www.ippf.org/en/Resources/Statements/IPPF+Charter+on+Sexual+and+Reproductive+Rights.htm

IPPF Declaration on Sexual Rights

www.ippf.org/en/Resources/Statements/Sexual+rights+an+IPPF+declaration.htm

UNFPA: Human Rights-Based Programming

www.unfpa.org/publications/detail.cfm?ID=324&filterListType=1

Inter-Agency Guiding Principles on Unaccompanied and Separated Children

www.unfpa.org/publications/detail.cfm?ID=324&filterListType=1

ICRC publication: Women facing War

This ICRC study is an extensive reference document on the impact of armed conflict on the lives of women.
www.icrc.org/Web/Eng/siteeng.nsf/html/p0798

WHO: Transforming health systems: gender and rights in reproductive health

A training resource for health trainers to use with health managers, planners, policy-makers and others with responsibilities in reproductive health.
www.who.int/reproductive-health

WHO: Gender and Rights in Reproductive and Maternal Health: Manual for a Learning Workshop

This manual is intended for use in facilitating a six-day workshop on gender and rights in reproductive and maternal health for health managers, policy-makers and others with responsibilities in reproductive health.
www.who.int/reproductive-health

Health Key Issues Guide: Universal Access to Sexual and Reproductive Health Services

A Guide produced by IDS (Health and Development Information Team) and adopted by the UN General Assembly in September 2006
www.eldis.org/go/topics/resource-guides/health/key-issues/universal-access-to-sexual-and-reproductive-health-services

ICW Fact Sheet: Sexual and reproductive health and rights

Fact sheet developed by the International Community of Women Living with

HIV/AIDS (ICW) and the Global Coalition on Women and AIDS (GCWA)
www.icw.org/files/SRHR-ICW%20fact%20sheet-06.doc

Links to SRH in general

WHO recommendations and guidelines regarding SRH

Most SRH resources developed by WHO can be found on the website www.who.int/reproductive-health/publications.

- The WHO Regional Office for Europe developed two major strategy documents regarding Reproductive Health framework for Member States: the WHO European regional strategy on sexual and reproductive health and the Strategic Action Plan for the Health of Women in Europe.
www.euro.who.int/reproductivehealth/advocacy/20021015_1
- WHO: *Engaging men and boys in changing gender inequity in health (report 2007)*
www.who.int/gender/documents/Engaging_men_boys.pdf

UNFPA resources on sexual and reproductive health, human rights, gender equality and culturally sensitive approaches

www.unfpa.org/issues/

IPPF Medical and Service Delivery Guidelines and IPPF Toolkits

The IPPF guidelines offer up-to-date evidence-based guidance on a range of SRH issues, including family planning.

www.ippf.org/en/Resources/Medical/Medical+and+Service+Delivery+Guidelines.htm and www.ippf.org/en/Resources/Guides-toolkits

ICRH Sexual and Reproductive Health and Rights of Refugee Women in Europe: literature review and policy recommendations

Both reports resulted from an international research project on SRH&R in Europe
www.ggd Kennisnet.nl/kennisnet/paginaSjablonen/raadplegen.asp?display=2&atoom=32785&atoomsrt=17&actie=2

Links to SRH of refugees, asylum seekers and migrants

Sexual health, asylum seekers and refugees. A handbook for people working with refugees and asylum seekers in England

Wilson, R., Sanders, M., Dumper, H. (2007). *Sexual health, asylum seekers and refugees. A handbook for people working with refugees and asylum seekers in England.*

www.fpa.org.uk/attachments/published/793/PDF%20Sexual%20health,%20asylum%20seekers%20and%20refugees%202007.pdf

An Inter-agency Field Manual: Reproductive Health in Refugee Situations (1999)

www.unfpa.org/emergencies/manual

UNHCR: Reproductive Health Services for Refugees and Internally Displaced Persons (2004)

www.unhcr.org/publ/PUBL/41c9384d2a7.html

Publications of the RAISE initiative

www.raiseinitiative.org/library

Field Tools/Guidelines of the RHRC (Reproductive Health Response in Conflict Consortium)

RHRC resources accessible at: www.rhrc.org/resources/index.cfm

RHRC fact sheets accessible at: www.rhrc.org/rhr_basics/factsheet.html

United Nations Population Information Network (Popin): Information About Refugees and Reproductive Health

www.un.org/popin/refugees.htm

Path/RHO archives: Annotated bibliography on refugee reproductive health

www.rho.org/html/files/RHO_refugee_I2-I9-04.pdf

WHO: Reproductive health during conflict and displacement: A guide for programme managers

www.who.int/reproductive-health/publications/conflict_and_displacement

UNFPA: Challenges and Good Practices In Support of Women in Conflict and Post-Conflict Situations

www.unfpa.org/publications/detail.cfm?ID=348&filterListType=1

UNFPA: International Migration and the Millennium Development Goals

www.unfpa.org/publications/detail.cfm?ID=246&filterListType=1

ICRH publication: Towards a comprehensive approach of sexual and reproductive rights and needs of women displaced by war and armed conflict. A practical guide for programme officers

www.poline.org/docs/274647

Marie Stopes International: Access to life-saving sexual and reproductive health services for refugees and internally displaced persons (IDPS)

www.maristopes.org/Health_programmes/Refugees_%5E_IDPS.aspx

Reproductive health databases

One Source Database combines the resources of the following six unique databases from INFO (the Info for Health project which is run by Johns Hopkins University) and the Health Communication Partnership.

www.infoforhealth.org/onesource.shtml

- 1 *POPLINE* – the world's largest database on reproductive health
www.popline.org
- 2 The *Pop Reporter* – an electronic magazine published weekly by INFO
www.infoforhealth.org/popreporter/current.shtml
- 3 *Photoshare* – contains more than 13,000 photographs from international public health activities
www.photoshare.org
- 4 The *M/MC Health Communication Materials Database* provides digital access to the world's largest, most comprehensive collection of health communication material
www.m-mc.org
- 5 *Netlinks* – an online database of over 2,000 organizations working in global health and development with up-to-date contact information and website links
- 6 *Q&AS* – Q&AS is designed to include USAID's Dr. Jim Shelton's Pearls (www.infoforhealth.org/pearls/parchive.shtml), Healthwise (www.hcpartnership.org/Healthwise/index.php) and other Frequently-Asked-Questions (FAQS) from INFO.

One Source resources have been organized into 14 categories (child health, adolescent reproductive health, family planning, gender and health, health communication, HIV/AIDS/STIS, infectious diseases, maternal health, population, and demography).

www.infoforhealth.org/topics/hierarchy.php

The *Reproductive Health Gateway* is a search tool, powered by Google, which allows you to perform a simultaneous search of more than 140 websites involved in reproductive health and related activities worldwide

www.infoforhealth.org/RHGateway/index.shtml

Reproline, information regarding reproductive health online, a service of the John Hopkins University

www.reproline.jhu.edu/index.htm

European health policies

Health-EU: The Public Health Portal of the European Union

The official public health portal of the European Union offers a wide range of information and data on health-related issues and activities at both European and international level. The main objective is to provide European citizens with easy access to comprehensive information on Public Health initiatives and programmes at EU level.

http://ec.europa.eu/health-eu/index_en.htm

PICUM (2007). Access to Health Care for Undocumented Migrants in Europe
www.picum.org

National websites and guidelines regarding health of refugees, asylum seekers and undocumented migrants

AsylumSupport.Info is a website with information, publications, policies, links, online world news, etc. regarding asylum seekers in the UK as well as world-wide.

www.asylumsupport.info

HARPWEB (Health for Asylum Seekers and Refugees Portal) consists of three websites designed to enable easy access to the wealth of information, practical tools, and articles that have been written by health care professionals, NGOs, academics and research bodies with expert knowledge of working with asylum seekers and refugees, both in the UK and other countries.

www.harpweb.org.uk/index.php

Meeting the health needs of refugee and asylum seekers in the UK: an information and resource pack for health workers

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010199

Medimmigrant: a Belgian organization promoting and providing information about health care for undocumented migrants

www.medimmigrant.be

Pharos: Dutch knowledge and advisory centre on refugees, migrants and health

www.pharos.nl

Guidelines on STIs

WHO publications: Reproductive Tract Infections and Sexually Transmitted Infections including HIV/AIDS

www.who.int/reproductive-health/publications/stis_rtis.htm

WHO guidelines for the management of Sexually Transmitted Infections

www.who.int/hiv/pub/sti/pub6/en/index.html

WHO Sexually transmitted and other reproductive tract infections – A guide to essential practice (2005)

www.who.int/reproductive-health/publications/rtis_gep/index.htm

Sexually Transmitted Diseases: CDC treatment guidelines

www.cdc.gov/std/treatment/

Guidelines on HIV and AIDS

UNAIDS: Joint United Nations Programme on HIV/AIDS

- UNAIDS/WHO estimates on the global AIDS epidemic (data and reports) are accessible at www.unaids.org/en/KnowledgeCentre/HIVData
- HIV and AIDS policies and (best) practices can be found at www.unaids.org/en/PolicyAndPractice/default.asp
- SRH and HIV Linkages: Evidence Review and Recommendations http://data.unaids.org/pub/Agenda/2008/20081022_linkages_evidence_review_final_en.pdf or www.unfpa.org/publications/detail.cfm?ID=381&filterListType=
- HIV and refugees policy brief http://data.unaids.org/pub/BriefingNote/2007/Policy_Brief_Refugees.pdf

IASC: Guidelines for HIV/AIDS of interventions in emergency settings

http://data.unaids.org/Publications/External-Documents/IASC_Guidelines-Emergency-Settings_en.pdf

IPPF/UNFPA: Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide

www.unfpa.org/publications/detail.cfm?ID=382&filterListType=

WHO guidelines: HIV/AIDS treatment and care. Clinical protocols for the WHO European Region

www.euro.who.int/InformationSources/Publications/Catalogue/20071121_I

European Guidelines: HIV prevention in Europe: Action, needs and challenges

http://bookshop.europa.eu/eubookshop/FileCache/PUBPDF/TQX107029ENC/TQX107029ENC_002.pdf

International Federation of Red Cross and Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies list following and other useful documents in the field of HIV and AIDS on their website www.ifrc.org/what/health/tools/index.asp:

- *HIV prevention treatment, care and support*
This set of eight generic training modules on HIV prevention, treatment, care and support for community-based volunteers was developed as a partnership between the International Federation of Red Cross and Red Crescent Societies, the World Health Organization and the Southern Africa HIV/AIDS Information Dissemination Service.
- *Service delivery model for access to care and antiretroviral therapy for persons living with HIV/AIDS*
This publication aims to help National Societies support their governments' efforts to initiate and scale up the access to antiretroviral therapy within the context of a holistic intervention.

UNESCO: *Educational responses to HIV and AIDS for refugees and internally displaced persons: discussion paper for decision makers*
<http://unesdoc.unesco.org/images/0014/001493/149356e.pdf>

Guidelines and tools on SGBV

UNHCR (2008). *UNHCR Handbook for the Protection of Women and Girls*
www.unhcr.org

WHO (2007). *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*
www.who.int

UNFPA (2007). *Ending Violence Against Women: Programming for Prevention, Protection and Care*
www.unfpa.org

UNFPA (2001). *A practical approach to Gender-based Violence. A Programme Guide for Health Care Providers and Managers*
www.unfpa.org

WHO (2004). *Preventing Violence: a guide to implementing the recommendations of the World Report on Violence and Health*
www.who.int

WHO (2003). *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. WHO/FCH/GWH/OII
www.who.int

UNHCR (2003). *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*
www.unhcr.org

IASC Inter-Agency Standing Committee (2005). *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*
www.unhcr.org/refworld/docid/439474c74.html

WHO (2008). *Eliminating female genital mutilation. An interagency statement*
www.who.int/reproductivehealth/publications/fgm/fgm_statement_2008.pdf

UNHCR (2006). *The UNHCR Tool for Participatory Assessment in Operations*
www.unhcr.org

Ellsberg, M. & Heise, L. (2005). *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC: WHO-PATH
www.who.int

RHRC (2004). *Gender-based Violence Tools Manual for Assessment & Programme Design, Monitoring & Evaluation in conflict-affected settings*
www.rhrc.org

Guidelines on maternal and newborn health

WHO Regional Office for Europe: European strategic approach for making pregnancy safer
www.euro.who.int/pregnancy/20071024_1

WHO publications regarding maternal and newborn health
www.who.int/reproductive-health/publications/maternal_newborn.en.html

The partnership for Maternal, Newborn & Child Health
www.who.int/pmnch/about/en

UNFPA Safe Motherhood programme
www.unfpa.org/mothers/index.htm

UNICEF resources regarding Maternal and Newborn health
www.unicef.org/health/index_maternalhealth.html

MIGHEALTHNET The information network on good practice in health care for migrants and minorities in Europe
www.mighealth.net/uk/index.php

Guidelines on family planning and abortion services

The European Society of Contraception & Reproductive Health
www.contraception-esc.com/index.htm

WHO selected practice recommendations for contraceptive use
www.who.int/reproductive-health/publications/spr/index.htm

IPPF information regarding contraception and contraceptive methods
www.ippf.org/en/Resources/Contraception/Contraception.htm

UNFPA publication: Meeting the Need: Strengthening Family Planning Programmes
www.unfpa.org/publications/detail.cfm?ID=309

Guidelines on HPV, cervical and other gynaecological cancers

European guidelines for quality assurance in cervical cancer screening

http://bookshop.europa.eu/eubookshop/FileCache/PUBPDF/ND7007117ENC/ND7007117ENC_002.pdf

European Guidance for the introduction of HPV vaccines in EU countries

http://bookshop.europa.eu/eubookshop/FileCache/PUBPDF/TQ3008140ENC/TQ3008140ENC_001.pdf

European guidelines for quality assurance in breast cancer screening and diagnosis

http://bookshop.europa.eu/eubookshop/FileCache/PUBPDF/ND7306954ENC/ND7306954ENC_002.pdf

WHO guidelines regarding cervical cancer/HPV

www.who.int/reproductive-health/publications/cancers.html

Guidelines on confidentiality and privacy

European guidelines: European standards on Confidentiality and Privacy in Health-care Among Vulnerable Patient Populations

www.eurosocap.org

UNAIDS Guidelines on Confidentiality and Security of HIV Information

www.unaids.org/en/KnowledgeCentre/HIVData/Confidentiality

Web links regarding youth, adolescents and separated children

UNHCR (2001). *Protection and assistance to unaccompanied and separated refugee children*

www.unhcr.org/refworld/category,REFERENCE,,ANNUALREPORT,,3be124486,o.html

Safe the Children: European Programme

www.separated-children-europeprogramme.org/separated_children/good_practice/index.html

Safe the Children: Action for the Rights of Children. Resource pack: Sexual and Reproductive Health

www.savethechildren.net/arc/files

Women's Commission for Refugee Women and Children

www.womenscommission.org

UNHCR: Work with Young Refugees to Ensure Their Reproductive Health and Well-being

www.womenscommission.org/pdf/ad_hiv.pdf

FMO (Forced Migration Online): Children and Adolescents in Conflict Situations

www.forcedmigration.org/guides/fm0008

Refugee Council Online: Claiming Asylum at a Screening Unit as an Unaccompanied Child

www.refugeecouncil.org.uk/policy/external_reports

ARC (Asylum Seeking and Refugee Children) Good Practice website

www.ncb.org.uk/Page.asp?sve=881

WHO publications: Sexual and reproductive health of adolescents

www.who.int/reproductive-health/publications/adolescents.html



Self-assessment tools

Self-assessment tool for development of SRH policy for refugees, asylum seekers and undocumented migrants

On behalf of the EN-HERA! Network we wish to thank you for your interest in the promotion of sexual and reproductive health (SRH) and rights¹ of refugees, asylum seekers and undocumented migrants² in Europe and beyond.

The purpose of this self-assessment tool is to assist your organization or programme in identification and/or development of good practices in SRH policy for refugees, asylum seekers and undocumented migrants. Moreover, by means of this tool you may be able to assess what elements in your service or programme need to be strengthened to comprehensively address SRH (rights) issues of these target groups.³

As elaborated earlier, the assessment takes place at two levels: the fundamental and the programmatic.⁴ On the basis of the current literature and our own research, we suggest six guiding principles in sexual and reproductive health and rights of refugees, asylum seekers and undocumented migrants. Completing this tool will allow for assessing how much your organization or programme already employs good practices in its programmes. This, in turn, could help you decide which principles your organization or programme should concentrate on to ensure the SRH&R of these beneficiaries.

We realize that perhaps not all the elements will apply to your organization or programme. If this is the case, then you can skip irrelevant sections in the self-assessment tool. Some parts are especially applicable for organizations working on the level of national policy making, other parts are relevant for organizations working on the level of organizational policy making. In this way you can identify whether your organization or programme is doing well despite gaps in national policy with respect to SRH of refugees, asylum seekers and undocumented migrants. Also note that all statements refer to your organization or programme as a whole. Try to see your answers as a contribution of your organization or programme to the existing SRH policy. This checklist can be an

¹ as defined in paragraph 2.1

² as defined in paragraph 2.2

³ see paragraph 1.6 for more detailed explanation of the self-assessment tool's purpose

⁴ see paragraph 2.4 and 2.5 for explanation of fundamental and programmatic levels of assessment

swered by individuals from such organizations or programmes, but it can also be answered by any organizational or programme team, e.g. before planning a programme or implementing a strategy.⁵

Instructions for scoring good practices in SRH policy development

The answers to the statements below will help determine if and to what extent your organization or programme employs good practices for each of the charted elements. For the statements below you are requested to tick the box that corresponds with the extent of progress that you feel your organization or programme has made to this moment. You can choose from a range of five answers. The answers are:

- 1 = very poor
- 2 = poor
- 3 = average
- 4 = good
- 5 = very good

Then make a total of all scores at the bottom of the relevant principle or indicator. On the last page you can mark your totals on the scoring sheet that is provided and calculate your own 'best practice' percentage. Subsequently, you can identify the level your 'practice' is at. Its aim is to define how closely your programme currently fits an ideal best practice and to enable you to identify points that would need improvements.

Guiding principles

Table 1 Rights-based approach⁶

		1	2	3	4	5
Policy-making	1 There is a national rights-based policy on SRH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National level	2 Our national policy-making reflects international rights-based policy on SRH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 R, AS & UM* have the same access without discrimination (no conditions to fulfil) to rights-based SRH services as the host population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 UM have the same entitlement to SRH services as the host population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	----- ----- ----- ----- -----				
Policy-making	1 Our organization is familiar with the national rights-based policy on SRH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational level	2 Our organization is familiar with the regional rights-based policy on SRH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Our organization is familiar with the local rights-based policy on SRH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Our organization contributes to a national rights-based policy on SRH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 Our organization contributes to a regional rights-based policy on SRH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Our organization contributes to a local rights-based policy on SRH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	----- ----- ----- ----- -----				

* Refugees, asylum seekers & undocumented migrants

⁵ see paragraph 1.6 for more detailed suggestions for the tool's usage

⁶ as defined in paragraph 4.2

Table 2 Participatory approach⁷

		1	2	3	4	5
Policy-making National level	1 Our organization participates in the SRH policy-making process at national level.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 NGOs and community organizations participate actively in all phases of the SRH policy-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Beneficiaries and service users participate actively in all phases of the SRH policy-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Health service and social service providers participate actively in all phases of the SRH policy-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 Researchers and intercultural mediators participate actively in all phases of the SRH policy-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 In the SRH policy-making process, stakeholders participate at least in a collaborative way. ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	----- ----- ----- ----- -----				
Policy-making Organizational level	1 In the policy-making process of our organization different stakeholders participate in a collaborative way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 NGOs, community organizations and service users participate actively in all phases of the organizational policy-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	----- ----- ----- ----- -----				

* The stages of the policy-making process are: planning, implementation, monitoring, and evaluation

Table 3 Empowerment⁸

		1	2	3	4	5
Policy-making National level	1 Our SRH policies contribute to the personal empowerment of all clients, including R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Our policy-making empowers R, AS & UM to claim their rights to SRH & SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Our policy-making empowers R, AS & UM to claim their rights to physical, mental and social well-being related to reproduction, sexual relations and sexuality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	<input type="text"/>				
Policy making Organizational level	1 Our SRH policies contribute to the personal empowerment of all clients, including R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Our organization empowers R, AS & UM to claim their rights to SRH & SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Our organization empowers R, AS & UM to claim their rights to physical, mental and social well-being related to reproduction, sexual relations and sexuality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	<input type="text"/>				

⁷ as defined in paragraph 4.3⁸ as defined in paragraph 4.4

Table 4 Gender-balanced approach⁹

		1	2	3	4	5
Policy-making National level	1 Our policy-making promotes gender equality for all, including R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Our policy-making addresses the following gender-related violations of SRH rights:					
	• Non consensual partner choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Non consensual sexual relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Non consensual marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Forced pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Forced abortion/sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sexual and gender-based violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Score	Total scores of all statements in this section	----- ----- ----- ----- -----				
Policy-making Organizational level	1 Our organization promotes gender equality for all, including R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Our organization addresses the following gender-related violations of SRH rights:					
	• Non consensual partner choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Non consensual sexual relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Non consensual marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Forced pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Forced abortion/sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sexual and gender-based violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Score	Total scores of all statements in this section	----- ----- ----- ----- -----				

Table 5 Multidisciplinary approach¹⁰

		1	2	3	4	5
Policy-making	1 In policy-making our organization adopts a multidisciplinary approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational level	2 Our organization involves the following disciplines in SRH policy-making:					
	• Gynaecologists and midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Urologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• General practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Psychologists and counsellors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Legal aid advisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Community educators and workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Intercultural mediators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Fundraisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Sexologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Our SRH policy-making is involved in other SRH interventions/programmes, such as:					
	• Exchange of expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Referral system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Using lessons learned from service delivery to inform advocacy/lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	_ _ _ _ _				

⁹ as defined in paragraph 4.5¹⁰ as defined in paragraph 4.6

Table 6 Cross-sectoral approach¹¹

		1	2	3	4	5
Policy-making National level	1 Our national policy-making encourages a cross-sectoral approach on (inter)national level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Our national policy-making encourages a cross-sectoral approach on regional and local level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 In the country our organization works, the following sectors are involved in the SRH policy-making process:					
	• Political sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Legal sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Educational sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• General migrants health sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• SRH sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Mental health sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Community and civil society sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reception sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Score	Total scores of all statements in this section	<hr/>				
Policy-making Organizational level	1 Our organization encourages a cross-sectoral approach on (inter)national level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Our organization encourages a cross-sectoral approach on regional and local level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 In the country we work, the following sectors are involved in the SRH policy-making process:					
	• Political sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Legal sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Educational sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• General migrants health sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• SRH sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Mental health sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Community and civil society sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reception sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Score	Total scores of all statements in this section	<hr/>				

Scoring for self-assessment tool

Your score (A) = please transfer here your total score which you have counted at the bottom of each chart under *Total scores of all statements in this section*

Number of applicable statements (B) = please specify here how many statements you answered

Maximum score (C) = please multiple the number of applicable statements (B) by 5 (as score 5 is the highest score possible one can obtain in each section)

Your % (D) = please divide your score (A) by the maximum score you could obtain (C), and transform it into percentages (multiple by 100%)

Your level = please have a look at level specification and explanation below the table; each level applies to a certain percentage group

Table 7 Final scoring table

For the element...	Your Score (A)	Number of applicable questions (B)	Maximum score (C) = (B) x 5	Your % (D) = (A)/(C) x 100%	Your level
1 Rights-based approach					
National level				%	
Organizational level				%	
2 Participatory approach					
National level				%	
Organizational level				%	
3 Empowerment					
National level				%	
Organizational level				%	
4 Gender-balanced approach					
National level				%	
Organizational level				%	
5 Multidisciplinary approach					
Organizational level				%	
6 Cross-sectoral approach					
National level				%	
Organizational level				%	
Totals				%	

Level

A = 80% to 100%	Congratulations! You are certainly doing your best to employ good practices in your work.
B = 60% to 79%	You are on the right way. Consolidate your efforts.
C = 40% to 59%	You can achieve srh for all when trying a little harder.
D = 20% to 39%	More efforts are needed if you want to improve srh of refugees, asylum seekers and undocumented migrants. Looking at the specific areas in which your programme performs weakly may help to identify where you should concentrate to make progress.
E = 0% to 19%	Your programme still encounters too many barriers in implementing good practices and may need support to perform better. Looking at the specific areas in which your programme performs weakly may help to identify where you should concentrate to make progress.

Self-assessment tool for SRH service delivery of refugees, asylum seekers and undocumented migrants

On behalf of EN-HERA! Network we wish to thank you for your interest in promotion of sexual and reproductive health (SRH) and rights¹² of refugees, asylum seekers and undocumented migrants¹³ in Europe and beyond.

The purpose of the self-assessment tool is to assist your organization or programme in identification and/or development of good practices in SRH service delivery for refugees, asylum seekers and undocumented migrants. Moreover, by means of this tool you may be able to assess what elements in your service or programme need to be strengthened to comprehensively address SRH (rights) issues of these target groups.¹⁴

As elaborated earlier, the assessment takes place at two levels: the fundamental and the programmatic.¹⁵ On the basis of the current literature and our own research, we suggest six guiding principles and six key programmatic indicators of quality in sexual reproductive health care for refugees, asylum seekers and undocumented migrants. Completing this tool will allow for assessing how much your organization or programme already employs good practices in its programmes. This, in turn, could help you decide which principles and indicators your organization or programme should concentrate on to ensure the SRH&R of these beneficiaries.

We realize that perhaps not all the elements will apply to your organization or programme. If this is the case, then you can skip irrelevant sections in the self-assessment tool. Also note that all statements refer to your organization or programme as a whole. This checklist can be answered by individuals from organizations or programmes, but it can also be answered by any organizational or programme team, e.g. before planning a programme or implementing a strategy.¹⁶

¹² as defined in paragraph 2.1

¹³ as defined in paragraph 2.2

¹⁴ see paragraph 1.6 for more detailed explanation of self-assessment tool's purpose

¹⁵ see paragraph 2.4 and 2.5 for explanation of fundamental and programmatic levels of assessment

¹⁶ see paragraph 1.6 for more detailed suggestions for the tool's usage

Instructions for scoring good practices in SRH service delivery

The answers to the statements below will help determine if and to what extent your organization or programme employs good practices for each of the charted elements. For the statements below you are required to tick the box that corresponds to the extent of progress that you feel your organization or programme has made to this moment. You can choose from a range of five answers. These answers are:

1 = very poor

2 = poor

3 = average

4 = good

5 = very good

Then make a total of all scores at the bottom of each relevant principle or indicator. On the last page you can mark your totals on the scoring sheet that is provided and you can calculate your own 'best practice' percentage. Subsequently, you can identify the level your 'practice' is at. Its aim is to define how closely your programme currently fits an ideal best practice and to enable you to identify points that would need improvements.

Guiding principles

Table 1 Rights-based approach¹⁷

		1	2	3	4	5
SRH service delivery	1 Our organization develops and provides relevant and appropriate information on different SRH topics and risks for R, AS & UM*:					
Organizational level	<ul style="list-style-type: none"> • Pregnancy and fertility-related topics • Family planning • HIV/STIs • Sexual Risk Behaviours • Healthy sexual relationships • Legal rights • Safe abortion • Social Services • Sexual and Gender-Based Violence 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Our organization gets feedback from service users about the information we provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Our organization takes special measures to improve access to SRH services, service providers and key contact persons for R, AS & UM:					
	<ul style="list-style-type: none"> • Interculturally competent and gender-sensitive staff • Interculturally competent and gender-sensitive service provision • Translation and interpreting • Assuring confidentiality 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Our organization encourages R, AS & UM to claim the following SRH rights:					
	<ul style="list-style-type: none"> • right to health and reproductive health • right to access of SRH services • right to information on SRH and risks • right to family planning and free partner choice • right equity and equality of services • right to judicial protection against SGBV 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> </div>				

* Refugees, asylum seekers & undocumented migrants

¹⁷ as defined in paragraph 4.2

Table 2 Participatory approach¹⁸

		1	2	3	4	5
SRH service delivery	1 Our organization participates actively in the planning phase of SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational level	2 NGOs and community organizations participate actively in the planning and evaluation phase of SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Beneficiaries and service users participate actively in the planning and evaluation phase of SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Health service providers and social services participate actively in the planning phase of SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 Policy-makers participate actively in the planning and evaluation phase of SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Researchers and intercultural mediators participate actively in the planning and evaluation phase of SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	_ _ _ _ _				

Table 3 Empowerment¹⁹

		1	2	3	4	5
SRH service delivery	1 Our organization actively promotes personal empowerment of all clients, including R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational level	2 Our organization focuses on providing a broad range of services, such as:					
	• Family planning and contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Pregnancy and fertility-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Freedom of partner choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Sexual risk behaviour and safer sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Healthy and respectful approach to sexual diversity and sexual relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Prevention HIV/STIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Prevention of sexual and gender-based violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Prevention of domestic and honour-related violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Sexual discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Our organization contributes to free and accessible knowledge transfer at different levels.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Our organization contributes to free and accessible medical interventions at different levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 Our organization contributes to free and accessible psychosocial interventions at different levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Our organization fights stigma and discrimination related to:					
	• Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• HIV/STIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	_____ _____ _____ _____ _____				

* Such as individual, group, community and local level

¹⁸ as defined in paragraph 4.3

¹⁹ as defined in paragraph 4.4

Table 4 Gender-balanced approach²⁰

		1	2	3	4	5
SRH service delivery	1 Our organization adopts an evidence-based ²¹ gender-balanced approach in the SRH services we provide:					
Organizational level	<ul style="list-style-type: none"> • Family planning and contraception • Pregnancy- and fertility-related issues • Satisfying sex life • Sexual risk behaviour and safer sex • Healthy and respectful approach to sexuality and sexual relationships • HIV/STI prevention • Cervical, breast and prostate cancer • Sexual and gender-based violence • Domestic and honour-related violence • Sexual and (trans)gender discrimination 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Our organization adopts an evidence-based diversity-sensitive approach in the SRH services we provide, taking into account:					
	<ul style="list-style-type: none"> • Age/stage of life • Cultural background • Ethnicity • Religious/spiritual or philosophical beliefs • Ability/disability • Sexual orientation • Economic status 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Our organization undertakes efforts to involve men and boys actively in:					
	<ul style="list-style-type: none"> • Family planning • Contraception • Satisfying sex life • Healthy sexual relationships • Sexual risk behaviour • Respectful approach to sexuality and sexual relationships • Safe sex • HIV/STI prevention • Sexual and gender-based violence • Domestic and honour-related violence • Sexual and (trans)gender discrimination 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section					

Table 5 Multidisciplinary approach²²

		1	2	3	4	5
SRH service delivery	1 Our SRH service adopts a multidisciplinary approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational level	2 Our organization involves the following disciplines in SRH service provision:					
	• Gynaecologists and midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Urologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• General Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Psychologists and counsellors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Legal aid advisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Community educators and workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Intercultural mediators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Fundraisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Sexologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Our SRH service is involved in other SRH interventions/programmes, such as:					
	• Exchange of expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Referral system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Using lessons learned from service delivery to inform advocacy/lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Our organization facilitates the access of R, AS & UM to other services, such as:					
	• General practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Other medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Social and welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Migration services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Community organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section					

²⁰ as defined in paragraph 4.5 ²¹ as defined in paragraph 5.2²² as defined in paragraph 4.6

Table 6 Cross-sectoral approach²³

		1	2	3	4	5
SRH service delivery	1 Our organization adopts a cross-sectoral approach in our SRH service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational level	2 Our organization involves the following services in the planning phase of our SRH services:					
	• Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Migration services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Policy-makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Community development services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• General practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Other medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Our SRH service monitors the performance of other sectors working on SRH for R, AS & UM in order to keep up with changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score	Total scores of all statements in this section	_ _ _ _ _				

Programmatic Indicators for Quality of Care

Table 1 Evidence-based and in line with international guidelines²⁴

	1	2	3	4	5
1 Our SRH services for R, AS & UM are in line with existing SRH guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Research on diversity aspects of our SRH services is encouraged and facilitated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Manuals for R, AS & UM are developed in lines with existing SRH guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Our SRH service providers for R, AS & UM are trained and informed on existing SRH guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 There is a data collection system which allows analysis of cultural background of service users.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 The accessibility of our SRH services for R, AS & UM is assessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Data are gathered on SRH needs and client satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Evidence suggests that there is a need for the work our organization does.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total scores of all statements in this section	_ _ _ _ _				

Table 2 Confidentiality and privacy²⁵

	1	2	3	4	5
1 There are confidentiality guidelines in place which guarantee non-disclosure of personal data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 All staff involved in SRH of R, AS & UM are aware of and respect the confidentiality policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Confidentiality is guaranteed for R, AS & UM through the use of cultural mediators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Anonymous HIV or STI testing is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Medical and personal data is only accessible to persons involved in patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total scores of all statements in this section	<input type="text"/>				

Table 3 Availability, acceptability, affordability, accessibility²⁶

	1	2	3	4	5
1 Antenatal care, obstetric care and postnatal care are available for R, AS & UM free of charge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Prevention and screening on STI and HIV/AIDS is freely available for R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 There are interpreting and translating services available for R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Information on SRH health (oral and written) is accessible in a range of different languages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 SRH service delivery staff are sensitive to culture/gender aspects of working with R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 SRH services take into account the specific needs of different age/gender/social-economic status groups within R, AS & UM and develop special measures to reach these groups (outreach services, opening hours, location).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 HIV/STI treatment is affordable for R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Contraceptives are affordable for R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Our organization facilitates access of R, AS & UM to national SRH screening and treatment programmes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total scores of all statements in this section	<input type="text"/>				

²³ as defined in paragraph 4.7 ²⁴ as defined in paragraph 5.2²⁵ as defined in paragraph 5.3 ²⁶ as defined in paragraph 5.4

Table 4 Monitoring and evaluation²⁷

	1	2	3	4	5
1 There is a monitoring system in place for our SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Client satisfaction of our SRH service users is measured regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Our SRH services are evaluated regarding equity of access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Evaluations are based on a participatory approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A system is put in place for anonymous reporting of obstacles and mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 A participatory method is used to continuously improve our SRH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total scores of all statements in this section	<input type="text"/>				

Table 5 Information and choice²⁸

	1	2	3	4	5
1 R, AS & UM are encouraged to claim their rights, to be informed on and have access to safe, effective, affordable acceptable and legal methods of family planning and fertility regulation of their choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Information on legal rights and legal services is provided to R, AS & UM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Informed consent is always obtained from R, AS & UM with regard to specific SRH technical procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Clients are counselled to make an informed choice in relation to a wide range of family planning methods to choose from is being offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Information on abortion and post-abortion services is available and provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Information on sexual gender-based violence and on victim support services is available and provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Information on sexual gender-based violence and on victim support services is provided in understandable and accessible language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total scores of all statements in this section	<input type="text"/>				

Table 6 Continuity of care²⁹

	1	2	3	4	5
1 A system which allows follow-up of our SRH service users is put in place (e.g. personal medical file).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 A system is put in place to monitor effective referral to services for:					
• Pregnancy and fertility-related topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HIV/STIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sexual risk behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Healthy sexual relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Legal rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Safe abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sexual and gender-based violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 When our organization stops delivering its SRH services, appropriate referral is organized and the service provider is given all necessary information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total scores of all statements in this section	_ _ _ _ _				

Scoring for self-assessment tool

Your score (a) = please transfer here your total score which you have counted at the bottom of each chart under Total all scores of all statements in this section

Number of applicable statements (b) = please specify here how many statements you answered

Maximum score (c) = please multiple the number of applicable statements (b) by five (as score 5 is the highest score possible one can obtain in each section)

Your % (d) = please divide your score (A) by the maximum score you could obtain (c), and transform it into percentages (multiple by 100%)

Your level = please have a look at level specification and explanation below the following table; each level applies to a certain percentage group

²⁷ as defined in paragraph 5.5

²⁸ as defined in paragraph 5.6

²⁹ as defined in paragraph 5.7

Table 7 Final Scoring table

For the element...	Your Score (A)	Number of applicable questions (B)	Maximum score (C) = (B) x 5	Your % (D) = (A)/(C) x 100%	Your level
Guiding principles					
1 Rights-based approach				%	
2 Participatory approach				%	
3 Empowerment				%	
4 Gender-balanced approach				%	
5 Multidisciplinary approach				%	
6 Cross-sectoral approach				%	
Programmatic indicators of quality					
1 Evidence-based and in line with international guidelines				%	
2 Confidentiality and privacy				%	
3 Availability, acceptability, affordability and accessibility				%	
4 Monitoring and evaluation				%	
5 Information and choice				%	
6 Continuity of care				%	
Totals				%	

Level

A = 80% to 100%

Congratulations! You are certainly doing your best to employ good practices in your work.

B = 60% to 79%

You are on the right way. Consolidate your efforts.

C = 40% to 59%

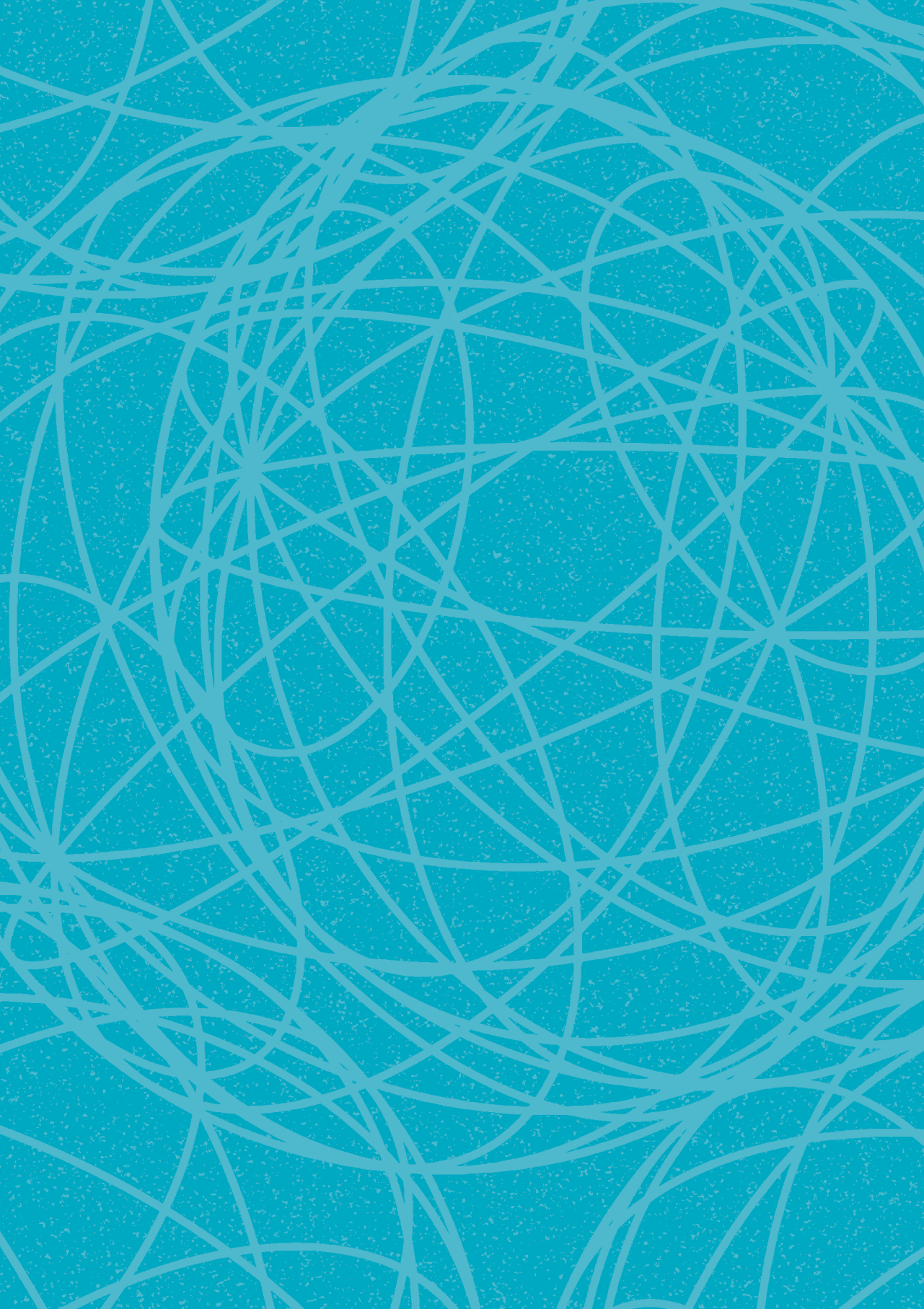
You can achieve SRH for all by trying a little harder.

D = 20% to 39%

More efforts are needed if you want to improve SRH of refugees, asylum seekers and undocumented migrants. Looking at the specific areas in which your programme performs weakly may help to identify where you should concentrate on to make progress.

E = 0% to 19%

Your programme still encounters too many barriers in implementing good practices and may need support to perform better. Looking at the specific areas in which your programme performs weakly may help to identify which areas you should develop further.





PHAROS

