

ANNEXES

UNHCR's Standards and Indicators

Since the mid-1990s, humanitarian agencies have become increasingly aware of the importance of institutional accountability and the link between quality control and maintenance of standards in their activities. At the same time, population movements, unstable political environments, and scarce financial and natural resources continue to challenge the effective delivery of services and the adequate monitoring and evaluation of humanitarian operations.

UNHCR developed a range of tools to enhance its programming and accountability over the years. The Office has adopted the Results-Based Management (RBM) method and has introduced a set of standards and indicators as a tool to reinforce this.

Standardized indicators are used as a global yardstick to measure operational progress towards targets or standards of delivery of refugee protection and assistance.

UNHCR developed a set of core indicators for refugee emergencies in its *Emergency Handbook* as early as 1982. In recent years, the Office has worked to expand the use of indicators and standards to also cover non-emergency situations. The practical field guide produced in 2004 provides a set of 52 standards and indicators, covering both emergency and protracted situations. These give a snapshot of the overall well-being of refugees, but they need to be complemented by additional information from qualitative indicators, project-level indicators, detailed sectoral data, and various narrative reports.

The guide on the use of standards and indicators was designed to serve as a practical manual and reference tool for UNHCR staff and managers in the field, as well as for implementing and operational partners involved in programme assessment, planning, design, monitoring, management and evaluation. It should also be useful for humanitarian staff and decision-makers who review and coordinate operations.

How UNHCR's Standards and Indicators relate to the Sphere Project and the Millennium Development Goals

The **Sphere Project** adapted and developed many of the refugee emergency standards implemented by UNHCR, and also consolidated many of the existing standards within UN organizations, the Red Cross movement and NGOs. Many of UNHCR's standards and indicators are in line with those of the Sphere Project, although there are some differences, mainly related to UNHCR's specific focus on refugees, internally displaced populations and other persons of concern, in line with its protection mandate.

The **Millennium Development Goals (MDGs)**, launched in the 1990s by the United Nations as a road map for implementing the Millennium Declaration, are commonly accepted as a tool to measure countries' progress towards achieving human development.

Although UNHCR's mandate differs from that of development agencies, the MDGs are an important framework for the Office's activities and are directly applicable to refugees, internally displaced populations, returnees and other people of concern.

The MDGs include 48 indicators to measure progress toward eight human development goals. In a similar way, UNHCR has defined goals and objectives in key sectoral areas, as well as core and supplemental indicators to measure progress against these goals and objectives.

Results-Based Management (RBM): UNHCR has embarked on an RBM approach, under the Operational Management System, that emphasizes results that have a positive impact on refugees, rather than on the control of inputs (financial, material, and related to human resources). This approach is in line with a prevailing norm in international relief and development efforts to achieve demonstrable programme effectiveness and accountability. The four components of RBM are: 1) participatory

analysis among stakeholders; 2) core problem analysis; 3) a hierarchy of objectives and objective setting; and 4) performance monitoring. The resulting current situation (Gap analysis) from these activities, then translates into the setting of goals, objectives and outputs within the annual programme cycle.

Refugee operations need to be planned on the basis of impact and performance indicators, taking account of the local situation. The effectiveness of

education, health, sanitation, and other services provided by UNHCR and its partners relates not only to *performance* on matters such as numbers of teachers trained, cases of malaria treated and number of latrines built, but on the *impact* which this has had in bringing about positive changes in the lives of beneficiaries.

UNHCR's focus on standards and indicators, placing emphasis on the impact of programmes, is a step forward in the evolution of RBM.

Standards and Indicators for use in operations management

I. PROTECTION¹

Indicator	Standard		Disaggregated		
	Emergency	Stable	♀/♂	Age	
Physical protection					
1.	Number of cases of <i>refoulement</i> ²	None	None		
Legal status					
2.	Percentage of refugees individually registered	100%	100%	x	
3.	Percentage of refugees issued individual documentation	100%	100%	x	x
4.	Percentage of refugees with status either 1) following individual RSD; 2) on the basis of <i>prima facie</i> /group recognition; or 3) by other means such as temporary protection		100%	x	
5.	Percentage of newborns who have been issued individual birth certificates ³		100%		
Enjoyment of rights					
6.	Refugees can freely move in and out of the camp	Yes	Yes		
Addressing special protection needs					
7.	Percentage of unaccompanied and separated children for whom durable solutions are found		100%		
8.	Percentage of SGBV survivors who have received psycho-social, medical, legal or any other form of support	100%	100%	x	x
9.	SGBV training provided for different stakeholders (UNHCR, partners, authorities, refugees)		Yes		
10.	Percentage of refugees who participated in SGBV training/sensitization		10%	x	x
Active search for durable solutions⁴					
11.	Number and percentage of refugees who expressed a will to return and returned		Up to 100%	x	
12.	Percentage of refugees who belong to vulnerable categories for whom resettlement is a suitable solution and who were resettled ⁵		100%	x	

¹Assessment against the following considerations should be made for the protection regime existing in the country: accession to the 1951 Refugee Convention/1967 Protocol; accession to 1954/1961 Statelessness Conventions; adoption of national asylum/refugee legislation; establishment of national asylum/refugee authorities; functional national RSD procedures; establishment of a mechanism to refer asylum-seekers by border/immigration officials to the asylum authorities; and presence of NGOs active in the field of refugee protection/support.

² Exceptions to the principle of non-*refoulement* and non-expulsion are detailed in Article 32(2) and (3) and Article 33(2) of the 1951 Refugee Convention.

³ Newborn registration is expected to be undertaken within three months from the date of birth.

⁴ The indicators are limited to those, relevant to early phases of searching for durable solutions in protracted refugee camp situations. Profiles of the refugee population are updated to identify suitable durable solutions. For the camp population profile, see indicator no.1 under Community Services and Development. Concerning local integration, see the indicator on access to land under Crop Production, and the indicators under Income Generation and Community Services and Development (indicator No. 6).

⁵ Vulnerable categories include unaccompanied and separated children with special protection needs (for whom resettlement is recommended following best interests determination, medical cases, survivors of violence and torture, women at risk, elderly, and persons with immediate legal or physical protection needs).

II. COMMUNITY SERVICES AND DEVELOPMENT

Indicator	Standard		Disaggregated	
	Emergency	Stable	♀/♂	Age
Camp management				
1. Camp population profile survey ¹ conducted	in the past 3 months	in the past 12 months		
2. Frequency of multi-sectoral ² structured dialogue involving refugees, partners ³ , and UNHCR ⁴	weekly	monthly		
3. Percentage of women in all Camp Management Committees ⁵	50%	50%		

Targeted community assistance				
4. Percentage of refugees participating in community based structured programmes on HIV/AIDS		10% of women, 10% of men, per year	x	x
5. Percentage refugees participating in community based structured programmes on Conflict Resolution/Peace-Building		10% of women, 10% of men, per year	x	x
6. Percentage of individuals with special needs ⁶ met	50%	80%	x	x
7. Percentage adequacy of sanitary material kit ⁷ received by women and girls of menstruating ⁸ age	100%	100%		x

¹Population profile survey should be done on gender and age profiles of the beneficiary population as well as on special needs groups*, community resources and protection/assistance gaps. It must be noted that the important purpose of this survey is also identification of suitable durable solutions. (*Special needs groups usually include, unaccompanied and separated children, chronically ill, unaccompanied older persons, mentally and physically challenged persons, ex-combatants, including children associated with fighting forces, single-headed households and survivors of violence. Other groups may be included or some of the above excluded depending on the specific situation.)

² Topics of multi-sectoral meetings must cover at least the following issues: security/protection, gender equity, children and youth, persons with special needs, food, water, sanitation, health, shelter and education.

³ Such agencies include implementing and operational partners, NGOs and governments.

⁴ Only those meetings that are attended by the UNHCR head/OIC of the office and the officers who are responsible for concerned sectors, should be counted towards this reporting requirement, while the attendance of other officers and staff are welcomed and highly encouraged. (For example, the representative may plan to attend such meetings at least once a year).

⁵ Committees include: administration, food, health, shelter, WATSAN, gender equity, youth, education, persons with special needs, security etc.

⁶ Individuals with special needs are identified through the population profile survey (c.f. core indicator No. 1).

⁷ Sanitary material kit includes: (1) either disposable napkins (12 pieces per person/month) or reusable, absorbent cotton material (2m long per person/6 months); (2) 6 underpants per person/year; (3) 250 grams bar of soap per person/month (this provision is in addition to universal soap provision to all the population).

⁸ Such a group can be specified as 13-49 years, while individual needs must be met when identified.

III. TARGETED ASSISTANCE

Indicator	Standard		Disaggregated	
	Emergency	Stable	♀/♂	Age
Food and Nutrition				
1. Percentage of malnourished children (<2 SD Z scores weight for height)	≤ 10%	≤ 5%	x	
2. Average number of Kcals per person per day ¹ - for the entire population - for specific groups	2,100 Kcal ²	2,100 Kcal		
3. Percentage of newborn children with low birth weight	< 15%	< 15%		
4. Presence of micro-nutrient deficiencies (MNDs)	<i>Epidemic:</i> No MND outbreaks <i>Endemic:</i> Not above WHO cutoffs for public health concern ³	<i>Epidemic:</i> No MND outbreaks <i>Endemic:</i> Not above WHO cutoffs for public health concern		

1. In addition to food rations, there are other food aid programmes such as school feeding, food for work or complementary feeding programmes for groups at risk or for other select refugee populations. If refugees are partially self-reliant because they have access to land or income, the food they produce or buy should be also considered when calculating the estimated total number of kcal available per person/day.

² For both stable and emergency situations, the average 2,100 kcal has to be adapted to local circumstances and in particular to the levels of activity of the refugee population, to the external temperature (e.g. cold or hot climate) as well as to the demographic distribution of the population (e.g. depending on the percentage of elderly and young children versus adults and young men). Pregnant and lactating women should have access to additional calories. Food aid is only one small component of what is generally called "food security". Because food aid creates dependency and changes in eating habits, levels of food aid should be evaluated regularly, phasing in more sustainable and dignifying food security initiatives, wherever possible.

³ If a population is known to have micronutrient (MN) deficiencies in vitamin A, iron or iodine, it can be assumed that these will prevail throughout the disaster. When MN deficiencies go above the cut-offs, specific action needs to be taken. WHO public health concern cut-offs for indicators of micronutrient deficiencies include:

- Vitamin A deficiency: clinical signs of Bitot's spots (X1B) in children 6-71 months <0.5% prevalence
- IDD deficiency: Total Goitre Rate (TGR) in school age (6-12 years) <0.5% prevalence
- Thiamine, Niacin, ascorbic acid deficiencies in whole population: ≤ 1 case or ≤ 1% in the age group concerned
- Anaemia: (in women 15-45 years & children under 5 years) <20% prevalence (*20% anaemia is higher than the agreed international reference, however is more pragmatic for relief settings*)

Water Supply (non agricultural)				
1. Average quantity of water available per person per day	>15 liters	>20 liters		
2. Percentage of population within standard distance between usable water points and dwellings	< 300 meters	< 200 meters		
3. Number of persons per usable water point (tap/well/handpump)	> 1 water tap/120 persons; > 1 water well, handpump/300 persons	> 1 water tap/80 persons; > 1 water well, handpump/200 persons		
4. Number of total coliform organisms at distribution points	0 per 100 ml treated water	0 per 100 ml treated water		

Indicator	Standard		Disaggregated	
	Emergency	Stable	♀/♂	Age

Sanitation					
1.	Number of persons per communal latrine in use	20 persons	20 persons (communal)	x	
2.	Percentage of households having an individual latrine		100%		
3.	Number of persons per shower in use	80 persons	50 persons	x	
4.	Percentage of communal buildings with adequate water and sanitation	100% (within 6 months)	100%		
5.	Number of communal refuse pits (2x2x5m) per population size		1 per 500 persons		

Health					
1.	Crude mortality rate (CMR) ^{1,2}	< 1 death/ 1,000/ day	< 1.5 deaths/ 1,000/ month	x	
2.	Child mortality rate (U5MR) ^{1,2}	< 2 deaths/1,000/ day	< 3 deaths/ 1,000/ month	x	
3.	Infant mortality rate (IMR)		60 deaths among children under one year of age/1000 live births/year		
4.	Number of primary health care facilities	1/10,000 population	1/10,000 population		
5.	Number of new visits to primary health facilities per person per year	3.0-5.0	1.0-4.0	x	
6.	Number of consultations per trained clinician per day in primary health care facilities	≤ 50	≤ 50		
7.	Measles vaccination coverage	≥90% aged 6 months to 15 yrs	≥90% aged 9-59 months	x	
8.	Percentage of live births attended by skilled personnel		50%		
9.	Percentage of blood drawn for transfusion screened for HIV	100%	100%		

¹ Mortality rates are linked to a host of factors in refugee camps. Specific causality should be determined by looking at other indicators such as food, vaccinations, adequate shelter, and safe water, etc. Hence, these are cross-cutting indicators, not only applicable to the health sector.

²The indicators given are minimum, not aspirational, standards. In practice, mortality rates should be much lower than baseline in stable conditions if access to good quality health services is ensured.

Shelter/Site planning					
1.	Surface area per person for a refugee camp	45 m ²	45 m ²		
2.	Average floor area of shelter per person	3.5 m ²	3.5m ²		
3.	Percentage of dwellings constructed of an adequate nature ¹		Up to 100%		
4.	Natural Resource Management plan developed	Yes	Reviewed annually		

¹ Adequacy should be determined by the following factors: covered space that provides dignified accommodation and a degree of privacy; sufficient thermal comfort and fresh air; protection from the elements; buildings constructed from material that mitigate against further disaster.

Indicator	Standard		Disaggregated	
	Emergency	Stable	♀/♂	Age
Education				
1. Percentage of refugees aged 5 – 17 enrolled in primary and lower secondary education ¹	80% of boys 80% of girls	100% of boys 100% of girls ²	x	
2. Percentage of students successfully completing school year		≥ 90% of boys enrolled ≥ 90% of girls enrolled	x ²	
3. Students per teacher ratio	40:1	40:1		
4. Percentage of male/female teachers who are qualified/trained ³	50%, aspiring to gender parity	80% (> 40% female and trained, > 40% male and trained) ⁴	x	
5. Percentage of schools with structured initiatives ⁵ to support girls' retention in school	50% of schools have ≥ 1 structured initiative	80% of schools have ≥ 1 structured initiative		

¹This is called the Net Enrolment Ratio (NER). It is noted that in many large camp populations, it is not feasible to know the ages of all the pupils. This means that over-aged pupils are often included in the figures yielding the Gross Enrolment Ratio (GER) instead of the preferred NER.

²NB: according to the Millennium Development Goals, it is 100 per cent in primary education by 2015 and gender parity by 2005. This is not taking account of the local situation, which may not have all the primary-school aged local population in school.

³Governments, UNHCR and implementing partners should ensure a minimum of 10 days per year of in-service training for each teacher who is not fully qualified.

⁴Specific efforts must be made to recruit and train female teachers if parity is not attained.

⁵Structured initiatives to help ensure retention of girls (to confront the main causes of drop-outs) have to be defined contextually and may include referral/linking families with community services, opportunities to income-generation activities with lower income families, providing clothes and/or sanitary materials, etc.).

Crop production				
1. Hectares per household cultivated ¹		One hectare ²	x	

¹ Measured by number of hectares of cultivated land divided by the total number of refugee households.

² The standard is a minimum goal for households to reach self-reliance, especially in situations where land production is the primary source of income. When analyzing the indicator, considerations of households with additional income opportunities and/or access to food need to be considered to provide an initial idea of the level of self-reliance. The standard will need to be reviewed after one year.

Income generation				
1. Percentage of adult beneficiaries who have access to income opportunities ¹		up to 100%	x	

¹ This measure only captures formal or structured sources of income opportunities offered by UNHCR and implementing partners.