

Key Humanitarian Indicators: Health Sector

The primary goal of the refugee health response is to minimize mortality and morbidity by supporting refugees' access to time-critical, lifesaving assistance, non-discriminatory access to emergency and essential health services, and priority prevention programs, as well as supporting and strengthening health systems to cope with the refugee influx. Consistent and harmonized monitoring of the refugee health response is critical to tracking the evolution of the response, decision-making, and accountability.

Purpose of Methodological Guidelines

This methodological guideline details key humanitarian indicators for all agencies and organizations planning, implementing, monitoring, and reporting health sector activities within the Refugee Response Plan (RRP). The methodology, however, excludes [Mental Health and Psychosocial Support](#) and [Gender Based Violence](#) indicators whose methodology is detailed in respective methodological guidelines. The methodological guidance aims to ensure that:

- A standard definition of key humanitarian indicators is to be applied in data collection and reporting by all agencies and organizations across RRP countries;
- Data reported by all agencies and organizations across RRP countries can be aggregated to report key achievements against the RRP health sector objectives.

Indicator: # of individuals supported in accessing health services

The unit of measurement of the RRP indicator is a number.

While entitlement to and access to health services by refugees varies across countries and is determined by national law, the refugee health response aims at ensuring that health services for refugees while in transit and host countries are accessible, acceptable, affordable, and of quality. Yet refugees face multiple barriers to health care, including such as language, administrative hurdles, lack of information about health entitlements, and cost. RRP partners are supporting national health systems to provide essential services and ensure the continuity of care or provide complimentary services to bridge gaps, including for SRH, patients with non-communicable diseases (NCD), rehabilitation services for refugees.

This indicator aims to capture the scope (reach and frequency) of health services supported by RRP partners either through direct service provision or support to the health system. To this end, **the indicator tracks the number of health consultations (new and repeated consultations for the same diagnosis) provided to refugees**; this implies that consultation will be counted multiple times and is therefore not indicative of the number of people accessing health services.

A health consultation is an act of seeking assistance from a physician or health care professional for assessment and diagnostic conclusions, therapeutic interventions, or other services that will benefit the patient. Consultations can be provided **in person in health facilities or online** as telemedicine. Calls to hotlines that are not manned by health professionals who are providing health consultation services to patients should not be counted under this indicator.

Health consultations include primary healthcare including SRH, dental care, NCDs management and treatment, and physical rehabilitation as well as other primary health care consultations as relevant. To

avoid double counting, diagnostic tests like HIV/STI tests and referrals should not be counted in this indicator as they all start with consultation that is already counted.

of health consultations provided to refugees. Consultations counted under this indicator whether in person or online should have been provided directly by an RRP partner or significantly enabled by the support of an RRP partner, e.g. medical equipment & supplies to health facilities, financial support e.g. paying health provider salaries, meeting operational costs to run facilities that are more than 50% of the total cost, recruitment, and payment of wages for cultural mediators/language translators in health facilities etc.

Consultations including medical services for clinical management of rape (CMR) and survivors of intimate partner violence (IPV) should be reported by health and GBV partners under this indicator. This indicator excludes MHPSS consultations, which are counted elsewhere under MHPSS.

Indicator # health care providers trained to provide health services to refugees

The unit of measurement of the RRP indicator is a number.

This indicator tracks the number of health care providers trained to address specific health needs of refugees. This includes e.g. trainings culturally appropriate health services, upscaling of services that might otherwise not be available such as clinical management of rape or in relation to treatment schemes which differ between Ukraine and the refugee hosting country. In the case of Trainers of Trainers, note should be taken to count the first level of trainees and only count the second level of trainees if the partner has verifiable records of the trainees. Training refers to the teaching and learning activities carried on for the purpose of helping health workers acquire and apply the knowledge, skills, abilities, and attitudes needed by a particular job. To this end, the length of the training should be a minimum of four hours (half a day) for participants to be counted under this indicator.

Key Resources:

The following resources can be used in planning and reporting refugee health activities:

[Improving the health care of pregnant refugee and migrant women and newborn children](#): technical guidance. World Health Organization. Regional Office for Europe

[Health promotion for improved refugee and migrant health: technical guidance](#). World Health Organization. Regional Office for Europe.

[Health of refugee and migrant children: technical guidance](#). World Health Organization. Regional Office for Europe.

[Health of older refugees and migrants: technical guidance](#). World Health Organization. Regional Office for Europe.

