

## **Adolescent SRH Programming in Humanitarian Settings**

### Introduction

Dear Colleagues:

The Women's Refugee Commission and Save the Children are examining adolescent sexual and reproductive health (ASRH) programs that are being implemented in humanitarian settings. We would very much appreciate your help in completing this survey to ensure the scan of programs is as comprehensive as possible. This survey should take you no more than 10 minutes.

Your name was provided to us, because it was felt that you may know about one or more Sexual and Reproductive Health programs, incorporating care for adolescents, or programs specifically for Adolescent Sexual and Reproductive Health. Results from qualifying programs from this survey will be summarized in an environmental scan that will be made publicly available. Some follow-up may be requested based on your responses, if you agree. We also hope to highlight a few notable projects, in greater detail, for a global audience.

Please assist us by completing the attached information, or by sending us an email so that we can arrange a time to speak.

We appreciate your feedback and thank you for your time in advance,

Women's Refugee Commission and Save the Children

Condensed questionnaire

**Please complete Q10-27 for the Adolescent Reproductive Health Program that you currently work with.**

#	Questions	Coding
10 a	What is the name of the program, which you will share information about first? _____	
10 b	What type of population (refugee, IDP, host community, etc.) does the program serve? _____	
11	Was the target population of this ASRH project affected by an event or series of events, resulting in a critical threat to the health, safety, security or well-being of that community between January 2009 and present?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Was the coping capacity of the community affected, overwhelmed by this event AND assistance provided or needed in this region?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
13	What age group was targeted for the ASRH program noted? <b>(select all that apply)</b>  <input type="checkbox"/> Young adolescents (10-14) <input type="checkbox"/> Middle adolescents (15-17) <input type="checkbox"/> Older adolescents (18-19) <input type="checkbox"/> Young adults (20 and above) <input type="checkbox"/> I don't know	
14	What components were included in the development of this ASRH program? <b>(select all that apply)</b>  <input type="checkbox"/> A needs assessment <input type="checkbox"/> Community involvement <input type="checkbox"/> Parent involvement <input type="checkbox"/> Adolescent participation <input type="checkbox"/> Previously existing tools <input type="checkbox"/> Training <input type="checkbox"/> Other (please list) _____ _____	

15	<p>What communications and outreach elements are included in this program? (select all that apply)</p> <p><input type="checkbox"/> Peer workers</p> <p><input type="checkbox"/> Plays or theatre</p> <p><input type="checkbox"/> Information, education, communication (IEC)/ Behavior change communication (BCC)</p> <p><input type="checkbox"/> Radio programming</p> <p><input type="checkbox"/> Television programming</p> <p><input type="checkbox"/> Cell phone-texting</p> <p><input type="checkbox"/> Helpline</p> <p><input type="checkbox"/> Health service days or health fairs</p> <p><input type="checkbox"/> Mobile outreach</p> <p><input type="checkbox"/> Youth centers</p> <p><input type="checkbox"/> School-based SRH curriculum</p> <p><input type="checkbox"/> Parent involvement</p> <p><input type="checkbox"/> Community leader/religious leader outreach</p> <p><input type="checkbox"/> Other (please list) _____</p> <p>_____</p>	
16	<p>What services are/were included in this ASRH program? (select all that apply)</p> <p><input type="checkbox"/> Health education (broadly)</p> <p><input type="checkbox"/> HIV education</p> <p><input type="checkbox"/> Sexuality education</p> <p><input type="checkbox"/> Fertility education</p> <p><input type="checkbox"/> Gender norms education</p> <p><input type="checkbox"/> Health provider training on ASRH</p> <p><input type="checkbox"/> Parent training on ASRH</p> <p><input type="checkbox"/> School support</p> <p><input type="checkbox"/> Life-skills training</p> <p><input type="checkbox"/> Vocational training/livelihoods</p> <p><input type="checkbox"/> Computer literacy</p> <p><input type="checkbox"/> Youth empowerment</p> <p><input type="checkbox"/> Young mother's programs</p> <p><input type="checkbox"/> Prevention of transactional sex</p> <p><input type="checkbox"/> Health service delivery</p> <p><input type="checkbox"/> Data collection on service utilization</p> <p><input type="checkbox"/> Other (describe) _____</p> <p>_____</p>	

17	<p>Are any clinical SRH services provided through this program specifically to adolescents?</p> <p><input type="checkbox"/> Yes (this program <b>directly provides</b> clinical SRH services)  <input type="checkbox"/> Yes (this program <b>refers</b> to health facilities for ASRH care)  <input type="checkbox"/> No → <b>SKIP TO QUESTION 21</b></p>																																											
18	<p>What health services are provided specifically to adolescents through this ASRH program or referrals? (leave box empty if service not provided)</p> <table border="0"> <thead> <tr> <th data-bbox="250 554 428 583">ASRH Program</th> <th data-bbox="456 554 565 583">Referrals</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>General health clinic services are adolescent friendly</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent family planning/pregnancy prevention</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent sexually transmitted infection (STI) care and treatment</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent antenatal care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent delivery/post-natal care facilities</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent fistula treatment</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent post-abortion care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent post-rape emergency contraception</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent post-rape treatment of injuries</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent HIV care and treatment</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adolescent mental health and counseling services</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other (please list) _____</td> </tr> <tr> <td></td> <td></td> <td>_____</td> </tr> </tbody> </table>	ASRH Program	Referrals		<input type="checkbox"/>	<input type="checkbox"/>	General health clinic services are adolescent friendly	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent family planning/pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent sexually transmitted infection (STI) care and treatment	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent antenatal care	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent delivery/post-natal care facilities	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent fistula treatment	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent post-abortion care	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent post-rape emergency contraception	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent post-rape treatment of injuries	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent HIV care and treatment	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent mental health and counseling services	<input type="checkbox"/>	<input type="checkbox"/>	Other (please list) _____			_____	
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20	<p>What family planning services are provided within this ASRH program?</p> <p><input type="checkbox"/> Family planning counseling  <input type="checkbox"/> Male condoms  <input type="checkbox"/> Female condoms  <input type="checkbox"/> Pills  <input type="checkbox"/> Emergency contraception  <input type="checkbox"/> Injectables  <input type="checkbox"/> Implant  <input type="checkbox"/> Intrauterine device (IUD)  <input type="checkbox"/> Lactational Ammenhorrea Method (LAM)  <input type="checkbox"/> Withdrawal  <input type="checkbox"/> Cycle beads/calendar method  <input type="checkbox"/> Post-abortion family planning</p>																																											

	<p>___ Other (please specify) _____</p> <p>_____</p>	
21	<p>What challenges, if any, has this program faced to providing ASRH services, including family planning? (mark all that apply)</p> <p>___ Use of services by youth</p> <p>___ Adolescent knowledge of these services</p> <p>___ Availability of supplies or methods</p> <p>___ Provider attitudes or skills</p> <p>___ Level of security in the setting</p> <p>___ Community attitudes</p> <p>___ Policy</p> <p>___ Funding</p> <p>___ Other (please specify) _____</p> <p>_____</p>	
23	<p>What factors, if any, have helped your organization provide ASRH services, including family planning?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
24	<p>How effective do you think this program has been at providing SRH services to adolescents within this community? (select only one)</p> <p>___ 0 Very Ineffective</p> <p>___ 1 Ineffective</p> <p>___ 2 Neutral</p> <p>___ 3 Effective</p> <p>___ 4 Very Effective</p>	
25	<p>Does this program collect data, which helps to demonstrate how effective it has been?</p> <p>___ Yes</p> <p>___ No</p>	
26	<p>Do you feel that you are well positioned to share information about another ASRH program you have worked with or supported, in a setting affected by conflict or natural disaster in the past three years?</p> <p>___ Yes</p> <p>___ No</p>	

	Is there someone who should be contacted instead?	
27	What is the name of the program, which you will share information about next?	

	<p>Do you know of any (other) people working in adolescent health, or programs for ASRH which might be helpful to contact?</p> <table border="1" style="margin-left: 40px;"> <tr> <td>Person or organization, Contact information</td> <td></td> </tr> <tr> <td>Person or organization, Contact information</td> <td></td> </tr> <tr> <td>Person or organization, Contact information</td> <td></td> </tr> <tr> <td>Person or organization, Contact information</td> <td></td> </tr> </table>	Person or organization, Contact information		Person or organization, Contact information		Person or organization, Contact information		Person or organization, Contact information		
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	Would you have any additional comments or questions you would like to provide?									

**Thank you so much for your time in completing this survey.**

Please feel free to contact us at [JennS@wrcommission.org](mailto:JennS@wrcommission.org) or [MihokoT@wrcommission.org](mailto:MihokoT@wrcommission.org) if you have any further questions.