

# General Sexual and Reproductive Health (SRH) Key Informant (KI) Questionnaire: MISP Process Evaluation

## Description

The “General SRH KI Questionnaire” is designed for national, subnational, local, and international health and SRH coordinators and managers engaged in the health and SRH response to a sudden onset humanitarian emergency.

The questionnaire aims to:

1. fill the gaps in incomplete information and help explain findings from the desk review on the integration of the MISP into Disaster Risk Management (DRM)-related health policies and measures of the host country.
2. assess key informants’ knowledge of the MISP objectives, activities, and other priority.
3. explore key informants' knowledge about affected communities’ priority SRH concerns and needs.
4. explore key informants’ engagement with affected communities, including adolescents, persons with diverse sexual orientations and gender identities and expressions (SOGIE), persons with disabilities, and other marginalized populations.
5. assess agencies’ involvement and implementation of MISP activities.
6. examine availability of MISP services.
7. explore accessibility of MISP services.
8. assess agencies’ preparedness to implement the MISP.
9. determine facilitating factors and key barriers to MISP implementation in a crisis response.

**Note to Interviewer: Prior to implementing the general SRH KI questionnaires it is important to determine which agencies (national, sub-national, and international) represent the “lead” organizations for SRH in the crisis setting.**

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| SECTION I. PRELIMINARY INFORMATION (Complete this section before the interview begins) |
| **Question** | **Response** |
| P1 Survey # (Code) | P1\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  |
| P2 Consent for interview granted  | P2 1 = Yes *(Proceed)*2 = No *(STOP)* If no, why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| P3 Today’s date (dd/mm/yyyy) | P3 \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| P4 Location of the interview | P4 |
| P5 Interviewer’s name | P5 |
| P6 Respondent’s organization | P6  |
| P7 Respondent’s position in organization | P7 |
| P8 Respondent’s length of time in organization  (in months) | P8Months\_\_\_\_\_\_\_\_\_\_\_  |
| P9 Number of months working in current  emergency | P9 Months\_\_\_\_\_\_\_\_\_\_\_  |
| P10 Time started interview | P10 \_\_\_\_\_: \_\_\_\_\_ (00:00 – 24:00) |
| P11 Time ended interview  | P11  \_\_\_\_\_: \_\_\_\_\_ (00:00 – 24:00) |

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| SECTION II. BACKGROUND  |
| **Question** | **Response** |
| 1. a. Is there a national entity responsible for sexual and reproductive health (SRH) coordination in this crisis?
 | 1a. 1 = Yes \_\_\_\_\_\_\_\_\_ (name and contact information)2 = No99 = Don’t know |
| b. Is there an international agency leading SRH coordination in this crisis? | 1b.1 = Yes\_\_\_\_\_\_\_\_\_ (name and contact information)2 = No99 = Don’t know |
| 1. a. Is there a designated national SRH focal point for this crisis?

  | 2a.1 = Yes\_\_\_\_\_\_\_\_\_ (name and contact information)2 = No99 = Don’t know |
| b. Is there a designated international SRH focal point for this crisis? | 2b.1 = Yes\_\_\_\_\_\_\_\_\_ (name and contact information)2 = No99 = Don’t know |
| **COMMENTS BY INTERVIEWER:** |
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| SECTION III. KNOWLEDGE OF MISP  |
| **Question** | **Response** |
| 1. Have you heard of the Minimum Initial Service Package (MISP) for SRH?
 | 1 = Yes2 = No **SKIP to Q5** |
| 1. a. Have you received training on the MISP?
 | 4a. 1 = Yes2 = No **SKIP to Q5** |
| b. **(If YES)** What type of training did you receive? (Choose all that apply) | 4b. If yes:1 = MISP Distance Learning Module (IAWG 2019)2 = IPPF MISP training resources (IPPF 2019) 2a. Clinical Service Providers 2b. Program Managers 2c. Policy Makers3 = Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings (IAWG 2020)66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. Please name all the objectives of the MISP that you know.

**NOTE:** Do not read the response options to the interviewee**.** For people who have never heard of the MISP and/or been trained in the MISP, rephrase the question to read: *“What do you think are the priority SRH services in the emergency response?”***(Circle all that apply.)** | 1 = Ensure the health sector/cluster identifies an organization to lead implementation of the MISP.2 = Prevent sexual violence and respond to the needs of survivors.3 = Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.4 = Prevent excess maternal and newborn morbidity and mortality.5 = Prevent unintended pregnancies.6 = Plan for comprehensive SRH services, integrated into primary health care as soon as possible. Work with the health sector/cluster partners to address the six health system building blocks.7 = Other priority: Ensure safe abortion care is available, to the full extent of the law.66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. Please name the activities that the **LEAD SRH ORGANIZATION** should undertake in an emergency.

**NOTE:** For people who have never heard of the MISP and/or been trained in the MISP rephrase the question to read: "*What do you think are the priority activities the LEAD SRH ORGANIZATION SHOULD undertake in an emergency?”***(Circle all that apply.)** | 1 = Nominates an SRH officer to provide technical and operational support to all agencies providing health services.2 = Hosts regular stakeholder meetings with all relevant stakeholders to facilitate coordinated action to ensure implementation of the MISP.3 = Reports back to the health sector/cluster, GBV sub-cluster, and/or HIV national coordination meetings on any issues related to MISP implementation.4 = In tandem with health/GBV/HIV coordination mechanisms, ensures mapping and analysis of existing SRH services.5 = Shares information about the availability of SRH services and commodities.6 = Ensures the community is aware of the availability and location of SRH services.66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. What are the MISP activities to **PREVENT** **sexual violence and respond to the needs of survivors?**

**NOTE:** For people who have never heard of the MISP and/or been trained in the MISP, rephrase the question to read: *“What do you think are the priority activities to PREVENT sexual violence and respond to the needs of survivors at the onset of an emergency?”*  **(Circle all that apply.)** | 1 = Work with other clusters, especially the protection or gender-based violence sub-cluster, to put in place preventative measures at community, local, and district levels, including health facilities, to protect affected populations, particularly women and girls from sexual violence.2 = Make clinical care and referral to other supportive services available for survivors of sexual violence.3 = Put in place confidential and safe spaces within the health facilities to receive and provide survivors of sexual violence with appropriate clinical care and referral.66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. What are the MISP activities to **PREVENT the transmission and REDUCE morbidity and mortality due to HIV and other STIs**?

**NOTE:** For people who have never heard of the MISP and/or been trained in the MISP, rephrase the question to read: *“What do you think are the priority activities to prevent the transmission and reduce morbidity and mortality due to HIV and other STIs?”***(Circle all that apply.)** | 1 = Ensure safe and rational use of blood transfusion. 2 = Ensure application of standard precautions.3 = Guarantee the availability of free lubricated male condoms and, where applicable (e.g., already used by the population), ensure provision of female condoms.4 = Support the provision of antiretrovirals (ARVs) to continue treatment for people who were enrolled in an antiretroviral therapy (ART) program prior to the emergency, including those enrolled in prevention of mother-to-child (PMTCT) programs.5 = Provide post-exposure prophylaxis (PEP) to survivors of sexual violence as appropriate, and for occupational exposure.6 = Support the provision of cotrimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV.7 = Ensure the availability in health facilities of syndromic diagnosis and treatment of STIs.66 = Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. What are the MISP activities to **PREVENT excess maternal and newborn morbidity** **and mortality?**

**NOTE**: For people who have never heard of the MISP and/or been trained in the MISP, rephrase the question to read: *“What do you think are the priority activities to PREVENT excess maternal and newborn morbidity and mortality at the onset of an emergency?”***(Circle all that apply.)** | 1 = Ensure availability and accessibility of clean and safe delivery.2 = Ensure availability of essential newborn care.3 = Ensure availability of lifesaving basic and comprehensive emergency obstetric and newborn care services at health facilities and referral hospitals.4 = Provide information to the community about the availability of safe delivery and EmONC services and the importance of seeking care from health facilities. 5 = Provide clean delivery kits to birth attendants and visibly pregnant women and promote clean home deliveries when access to a health facility is not possible.6 = Establish a 24 hours per day, 7 days per week referral system to facilitate transport and communication from the community to the health center and hospital.8 = Ensure availability of supplies and commodities for clean delivery and immediate newborn care where access to a health facility is not possible or unreliable.66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. What are the MISP activities to **PREVENT unintended pregnancies**?
 | 1 = Ensure the availability of a range of long-acting reversible and short-acting contraceptive methods [including male and female (where already used) condoms and emergency contraception] at primary care facilities to meet demand.2 = Provide information, including existing information, education, and communications (IEC) materials, and contraceptive counseling that emphasizes informed choice and consent effectiveness, client privacy and confidentiality, equity, and non-discrimination.3 = Ensure the community is aware of the availability of contraceptives for women, adolescents, and men.66 = Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. How should organizations **PLAN FOR COMPREHENSIVE SRH SERVICES**, integrated into primary health care as soon as possible?
 | 1 = Work with the health sector/cluster to address the health system building blocks (includes: Service Delivery, Health Workforce, Health Information System, Medical Commodities, Financing, Governance, and Leadership). 66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. How should organizations ensure that safe abortion care is available to the full extent of the law?

**NOTE**: For people who have never heard of the MISP and/or been trained in the MISP, rephrase the question to read: *“What do you think are the priority activities to ensure safe abortion care to the full extent of the law?”***(Circle all that apply.)** | 1 = Provide medically accurate information about abortion services in a form women can understand and recall.2 = Explain any legal requirements for obtaining safe abortion care.3 = Explain where and how to obtain safe, legal abortion services and their cost.4 = Provide medication abortion, with mifepristone/misoprostol if available or misoprostol-alone if mifepristone is unavailable, vacuum aspiration, dilatation and evacuation, or induction procedures as recommended by WHO.5 = Provide information and offer counseling to women on post-abortion contraceptive use and provide contraception to women who accept a method6 = Consider providing presumptive treatment for gonorrhea and chlamydia in settings with a high prevalence of STIs66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| **COMMENTS BY INTERVIEWER:** |
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| SECTION IV. SRH CONCERNS AND NEEDS |
| **Question** | **Response** |
| 1. a. Have you heard of incidents of sexual violence since the onset of the crisis in this setting?
 | 13a. 1 = Yes 2 = No |
| b. If yes, please describe. | 13b. If yes, comment: |
| 1. a. Have you heard of incidents of maternal mortality since the onset of the crisis?
 | 14a. 1 = Yes2 = No  |
| b. If yes, please describe. | 14b. If yes, comment: |
| 1. a. Have you heard of incidents of newborn mortality since the onset of the crisis?
 | 15a. 1 = Yes2 = No |
| b. If yes, please describe number and major causes of stillbirths (fresh/macerated) and deaths up to 28 days of life. | 15b. Stillbirths (fresh/macerated)Number:Causes:99 = Don’t knowDeaths up to 28 daysNumber:Causes:99 = Don’t know |
| 1. a. Have you heard of incidents of unintended pregnancy since the onset of the crisis?
 | 16a. 1 = Yes2 = No |
| b. If yes, please describe. | 16b. If yes, comment: |
| 1. a. Have you heard of incidents of unsafe abortion since the onset of the crisis?
 | 17a. 1 = Yes2 = No |
| b. If yes, please describe. | 17b. If yes, comment: |
| **COMMENTS BY INTERVIEWER:** |
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| SECTION V. RESPONSE |
| **Question** | **Response** |
| 1. At what point during your agency’s response did your organization’s implementation of SRH services start?
 | 1 = Pre-crisis 2 = Within 48 hours3 = Within 1–2 weeks 4 = Within 3–4 weeks5 = After 4 weeks6 = Not applicable66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| ***MISP priority activities to prevent sexual violence and respond to the needs of survivors*** |
| **Question** | **Service/Activity** | **Yes = 1** | **No = 2** | **Don’t know = 99** |
| 1. Are the following activities and services to prevent sexual violence and respond to the needs of survivors available in this setting?

(Specify the setting(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and prompt each service/activity.)   | 1= Protection measures at health facilities | 1 | 2 | 99 |
|  | 1a = Separated sex-specific latrines | 1 | 2 | 99 |
|  | 1b = Latrines with locks inside  | 1 | 2 | 99 |
|  | 1c = Guards at health facilities | 1 | 2 | 99 |
|  | 1d = Adequate lighting  | 1 | 2 | 99 |
|  | 66 = Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 99 = Don’t know |
|  | **Comments:** |
|  | 2 = Clinical care for survivors of sexual violence | 1 | 2 | 99 |
|  | 2a = Emergency contraception | 1 | 2 | 99 |
|  | 2b = Pregnancy testing, pregnancy options and information, and safe abortion care/referral to the full extent of the law | 1 | 2 | 99 |
|  | 2c = Presumptive treatment of sexually transmitted infections | 1 | 2 | 99 |
|  | 2d = post-exposure prophylaxis (PEP) to prevent HIV | 1 | 2 | 99 |
|  | 2e = Prevention of hepatitis B and human papillomavirus (HPV) | 1 | 2 | 99 |
|  | 2f = Care of wounds and prevention of tetanus | 1 | 2 | 99 |
|  | 2g = Referral for further services, such as other health, psychological, and social services | 1 | 2 | 99 |
|  | 66 = Other (specify) |
|  | 99 = Don’t know |
|  | **Comments:** |
|  | 3 = Community awareness mechanisms (IEC) about availability and benefits of care after rape  | 1 | 2 | 99 |
|  | 3a = IEC materials | 1 | 2 | 99 |
|  | 3b = Peer educators | 1 | 2 | 99 |
|  | 3c = Community health workers | 1 | 2 | 99 |
|  | 3d = Shared via radio messages/messaging | 1 | 2 | 99 |
|  | 3e = Shared via text messages | 1 | 2 | 99 |
|  | 3f = None |
|  | 66 = Other (specify)  |
|  | 99 = Don’t know |
|  | **Comments:** |
| ***MISP priority activities to prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs*** |
| **Question** | **Service/Activity** | **Yes = 1** | **No = 2** | **Don’t know = 99** |
| 1. Are the following activities and services to prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs available in this setting?

(Specify the setting(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and prompt each service/activity.) | 1 = Safe and rational use of blood transfusion | 1 | 2 | 99 |
|  | 2 = Standard precautions for infection prevention | 1 | 2 | 99 |
|  | 3 = Free lubricated male condoms  | 1 | 2 | 99 |
|  | 4 = Where already available to the population, free female condoms | 1 | 2 | 99 |
|  | 5 = Antiretrovirals (ARVs) to continue treatment for people who were already enrolled in antiretroviral therapy including for prevention of mother-to-child transmission | 1 | 2 | 99 |
|  | 6 = Postexposure prophylaxis (PEP) for occupational exposure | 1 | 2 | 99 |
|  | 7 = Co-trimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV | 1 | 2 | 99 |
|  | 8 = Ensure the availability in health facilities of syndromic diagnosis and treatment of STIs | 1 | 2 | 99 |
|  | **Comments:** |
| ***MISP priority activities to prevent excess maternal and newborn morbidity and mortality*** |
| **Question** | **Service/Activity** | **Yes = 1** | **No = 2** | **Don’t know = 99** |
| 1. Are the following activities and services to prevent excess maternal and newborn morbidity and mortality available in this setting?

(Specify the setting(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and prompt each service/activity.)   | 1 = Available and accessible clean and safe delivery with skilled birth attendant  | 1 | 2 | 99 |
|  | 2 = Essential newborn care services  | 1 | 2 | 99 |
|  | 3 = Basic emergency obstetric and newborn care | 1 | 2 | 99 |
|  | 4 = Comprehensive emergency obstetric and newborn care | 1 | 2 | 99 |
|  | 5 = Ensure the availability of lifesaving postabortion care in health centers and hospitals | 1 | 2 | 99 |
|  | 6 = 24/7 referral system **(maternal and newborn)** | 1 | 2 | 99 |
|  | 7 = Community awareness (IEC) mechanisms about the danger signs of pregnancy and childbirth | 1 | 2 | 99 |
|  | 8 = Community awareness (IEC) mechanisms about benefits/location of maternal and newborn services | 1 | 2 | 99 |
|  | 9 = Clean delivery kits available to visibly pregnant women when access to a health facility is not possible | 1 | 2 | 99 |
|  | **Comments:** |
| ***MISP priority activities to prevent unintended pregnancies*** |
| **Question** | **Service/Activity** | **Yes = 1** | **No = 2** | **Don’t know = 99** |
| 1. Are the following activities and services to prevent unintended pregnancy available in this setting?

(Specify the setting(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and prompt each service/activity.)     | 1a = Contraceptive pills | 1 | 2 | 99 |
|  | 1b = Injectables | 1 | 2 | 99 |
|  | 1c = Intrauterine device (IUD) | 1 | 2 | 99 |
|  | 1d = Implant  | 1 | 2 | 99 |
|  | 1e = Emergency contraception (EC) | 1 | 2 | 99 |
|  | 1f = Dedicated EC product | 1 | 2 | 99 |
|  | 1g = Yuzpe Method (oral contraceptive pills) | 1 | 2 | 99 |
|  | 1h = IUD for EC | 1 | 2 | 99 |
|  | 2 = Community awareness (IEC) about benefits/location of family planning services | 1 | 2 | 99 |
|  | **Comments:** |
| ***MISP priority activities to plan for comprehensive SRH services, integrated into primary health care as soon as possible. Work with the health sector/cluster partner to address the six health system building blocks:******Service Delivery • Health Workforce • Health Information System • Medical Commodities • Financing • Governance and Leadership*** |
| **Question** | **Response** |
| 1. What health system building blocks have been addressed to plan for comprehensive SRH services?

**(Prompt and circle all that apply.)** | 1 = Service Delivery2 = Health Workforce3 = Health Information System4 = Medical Commodities5 = Financing6 = Governance7 = None66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
|  | **Comments:** |
| ***Other Priority of the MISP*** |
| **Question** | **Response** |
| 1. What activities have been undertaken to ensure safe abortion care to the full extent of the law?

**(Prompt and circle all that apply.)** | 1 = Medically accurate information shared about abortion services in a form women can understand and recall. 2 = Information shared with women about legal requirements for obtaining safe abortion care. 3 = Information shared with women about where and how to obtain safe, legal abortion services and their cost. 4 = Provision of medication abortion, with mifepristone/misoprostol if available or misoprostol-alone if mifepristone is unavailable, vacuum aspiration, dilatation and evacuation, or induction procedures as recommended by WHO. 5 = Information and counseling provided to women on post-abortion contraceptive use and contraception to women who accept a method 6 = Presumptive treatment for gonorrhea and chlamydia in settings with a high prevalence of STIs. 66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99 = Don’t know |
|  | **Comments:** |
| ***Inclusion of crisis-affected communities***  |
| Question | Response |
| 1. Are affected communities engaged in SRH health programming?
 | 1 = Yes2 = No **SKIP to Q27**99 = Don’t know **SKIP to Q27** |
| 1. How are the affected communities engaged in SRH programming?

**(Check all that apply.)** | 1 = Data collection 2 = Program design3 = Implementation (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 = Monitoring5 = Evaluation6 = Feedback mechanisms7 = Consultations66 = Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. Are agencies conducting any adolescent SRH interventions?
 | 1 = Yes2 = No **SKIP to Q29**99 = Don’t know **SKIP to Q29** |
| 1. What is being done to address the SRH needs of adolescents?
 | 1 = Providing adolescent friendly SRH services at health facilities2 = Engaging adolescents in SRH programming3 = Delivering SRH messages in the community4 = Delivering adolescent-friendly services in the community5 = Coordinating with other sectors and/or agencies to provide ASRH messages and services 6 = Providing referrals to other agencies for SRH services to adolescents66 = Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
|  | **Comments:** |
| 1. Are agencies reaching out to people with disabilities to address their SRH needs?
 | 1 = Yes2 = No **SKIP to Q31**99 = Don’t know **SKIP to Q31** |
| 1. What is being done to address the SRH needs of people with disabilities?

**(Prompt and circle all that apply.)** | 1 = Disability-inclusive health facilities ramps2 = Disability-inclusive health facilities with wide doors3 = IEC materials in large print4 = IEC materials translated to local languages5 = IEC materials in local sign language6 = People with disabilities are involved in SRH programming (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_66 = Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
|  | **Comments:** |
| 1. Are there any activities to address the SRH needs of people with diverse sexual orientations, and gender identities and expressions (SOGIE)?
 | 1 = Yes2 = No **SKIP to Q33**99 = Don’t know **SKIP to Q33** |
| 1. What is being done to address the SRH needs of people with diverse SOGIE?

**(Prompt and circle all that apply.)** | 1 = Lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI) identified as a population to include in SRH2 = Providing LGBTQI-friendly services at health facilities and in the community3 = LGBTQI populations engaged in SRH services4 = Resources/organizations explicitly supporting LGBTQI populations identified 66 = Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
|  | **Comments:** |
| ***Funding***  |
| **Question** | **Response** |
| 1. a. Has your organization received any funding for the MISP response during this humanitarian crisis?
 | 33a. 1 = Yes 2 = No **SKIP to Q36**99 = Don’t know **SKIP to Q36** |
| b. **(If YES)** How much? | 33b. **If yes:** Amount in USD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. From which donor(s)?

**(Circle all that apply.)** | 1 = Flash, Consolidated Appeals Process (CAP), or other donor appeals2 = UNHCR3 = MOH4 = UNFPA5 = WHO6 = Foundations66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. a. Is your funding sufficient to meet your MISP program goals?
 | 35a. 1 = Yes 2 = No 99 = Don’t know |
| b. **(If NO)** How much more funding does your agency need for its SRH programming? *Note to evaluators:**\*During data analysis, ensure funding needs from UNFPA are not duplicated with implementing partners’ financial needs (analyze data with UNFPA in a donor role).* | 35b. **If no:**Amount needed in USD: \_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| ***Supplies*** |
| **Question** | **Response** |
| 1. Are SRH equipment and supplies procured and stocked?
 | 1 = Yes2 = No **SKIP to Q40**99 = Don’t know **SKIP to Q40** |
| 1. **[If key informant is from lead SRH agency]** What types of Inter-Agency Emergency Reproductive Health (IARH) Kits are currently available for the SRH response in this emergency?

**(PROMPT and circle all that apply.)** | 1 = Kit 1A: Male Condoms2 = Kit 2: Clean Delivery (A and B)3 = Kit 3: Post-Rape Treatment4 = Kit 4: Oral and Injectable Contraception5 = Kit 5: Treatment of Sexually Transmitted Infections6 = Kit 6: Clinical Delivery Assistance - Midwifery Supplies (A and B)7 = Kit 8: Management of Complications of Miscarriage or Abortion8 = Kit 9: Repair of Cervical and Vaginal Tears 9 = Kit 10: Assisted Delivery with Vacuum Extraction10 = Kit 11: Obstetric Surgery and Severe Obstetric Complications Kit (A and B)11 = Kit 12: Blood Transfusion12 = Complementary commodities13 = UNICEF Newborn Supply Kit14 = None99 = Don’t know  |
| 1. a. Has your agency ordered IARH Kits?
 | 38a. 1 = Yes (circle which ones below)2 = No **SKIP to Q39**99 = Don’t know **SKIP to Q39** |
| b. If yes, which ones?**(PROMPT and circle all that apply.)** | 38b. If yes: 1 = Kit 1A: Male Condoms2 = Kit 2: Clean Delivery (A and B)3 = Kit 3: Post-Rape Treatment4 = Kit 4: Oral and Injectable Contraception5 = Kit 5: Treatment of Sexually Transmitted Infections6 = Kit 6: Clinical Delivery Assistance — Midwifery Supplies (A and B)7 = Kit 8: Management of Complications of Miscarriage or Abortion8 = Kit 9: Repair of Cervical and Vaginal Tears9 = Kit 10: Assisted Delivery with Vacuum Extraction10 = Kit 11: Obstetric Surgery and Severe Obstetric Complications Kit (A and B)11 = Kit 12: Blood Transfusion12 = Complementary Commodities 12a Kit O: Administration and Training 12b Kit 1B: Female Condoms 12c Kit 2A: Chlorhexidine gel 12d Kit 2B: Misoprostol 12e Kit 4: Depot-medroxyprogesterone acetate — sub-cutaneous (DMPA-SC) 12f Kit 7A: Intrauterine Device (IUD) 12g Kit 7B: Contraceptive Implant 12h Kit 6A: Non-pneumatic Anti-Shock Garment 12i Kit 6B: Oxytocin 12j Kit 8: Mifepristone 12k Kit 10: Hand-held Vacuum Assisted Delivery System13 = UNICEF Newborn Supply Kit14 = None99 = Don’t know  |
| 1. Has your agency ordered or secured SRH supplies from other sources?
 | 39a. 1 = Yes (circle which ones below)2 = No **SKIP to Q40**99 = Don’t know **SKIP to Q40**  |
| b. If yes, which ones?**(PROMPT and circle all that apply.)** | 39b. If yes: 1 = Organizational procurement2 = Local market3 = National supply chain66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know **Comments:** |
| 1. Are the SRH kits/supplies adequate for this emergency generally?
 | 1 = Yes **SKIP to Q42**2 = No 99 = Don’t know **SKIP to Q42** |
| 1. What SRH kits/or supplies are currently lacking for the response?

**(Circle all that apply.)** | 1 = Kit1A: Male Condoms2 = Kit2: Clean Delivery (A and B)3 = Kit3: Post-Rape Treatment 4 = Kit4: Oral and Injectable Contraception5 = Kit5: Treatment of Sexually Transmitted Infections6 = Kit6: Clinical Delivery Assistance — Midwifery Supplies (A and B)7 = Kit8: Management of Complications of Miscarriage or Abortion8 = Kit9: Repair of Cervical and Vaginal Tears9 = Kit10: Assisted Delivery with Vacuum Extraction10 = Kit11: Obstetric Surgery and Severe Obstetric Complications Kit (A and B)11 = Kit12: Blood Transfusion12 = Kit11: Referral level kit for RH13 = Kit12: Blood transfusion14 = Complementary Commodities 14a Kit O: Administration and Training 14b Kit 1B: Female Condoms 14c Kit 2A: Chlorhexidine gel 14d Kit 2B: Misoprostol14e Kit 4: Depot-medroxyprogesterone acetate - sub-cutaneous (DMPA-SC) 14f Kit 7A: Intrauterine Device (IUD) 14g Kit 7B: Contraceptive Implant 14h Kit 6A: Non-pneumatic Anti-Shock Garment 14i Kit 6B: Oxytocin 14j Kit 8: Mifepristone 14k Kit 10: Hand-held Vacuum Assisted Delivery System15 = UNICEF Newborn Supply Kit66 = Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| **Comment** (supply, usage, and logistics of the kits)  |
| 1. Are clean delivery kits distributed?
 | 1 = Yes2 = No **SKIP to Q44**3 = Partially99 = Don’t know **SKIP to Q44** |
|  | **Comments:** |
| 1. When are the clean delivery kits distributed?

(**Prompt and circle all that apply.)** | 1 = To pregnant women and girls at arrival/registration2 = Distributed at the clinic if women come for an ANC visit3 = Distributed by TBAs66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
|  | **Comments:** |
| ***Coordination*** |
| **Question** | **Response** |
| 1. How often does the SRH lead agency host SRH coordination meetings?
 | 1 = Never **SKIP to Q50**2 = Weekly3 = Bi-weekly4 = Once a month66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99 = Don’t know **SKIP to Q50** |
| 1. Do the following organizations participate in the SRH meetings?

**(Circle all that apply.)** | 1 = MOH2 = International NGOs3 = Local/Community-based organizations 4 = Youth organizations5 = Organizations of persons with disabilities6 = Women-led organizations7 = Diverse sexual orientation and gender identity and expression (SOGIE) organizations8 = Development agencies9 = UN agencies10 = GBV sub-cluster 11 = HIV working group12 = None66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
|  | **Comments:** |
| 1. Please rank how effective SRH coordination is on a scale of 1 to 5, where 1 is very poor and 5 is excellent.

  | 1 = Very poor2 = Poor 3 = Average4 = Good5 = Excellent |
|  | **Comments:** |
| 1. **[Ask only if KI is from lead SRH agency]** How often does the lead SRH agency representative (the SRH Coordinator or Focal Point) attend the health sector or cluster meetings?
 | 1 = Never 2 = Rarely3 = Half the time4 = Most of the time5 = Always66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99 = Don’t know |
| 1. What is normally included in the agenda of the SRH coordination meeting?

**(Prompt answers and circle all that apply**.**)** | 1 = General topics on the SRH situation of the affected populations2 = MISP implementation3 = Information on orientation to the MISP for staff not familiar with it4 = Data collection issues on SRH indicators5 = Using data for action6 = Information on SRH Kits/supplies7 = Information on SRH funding8 =SRH protocols66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. a. Are SRH coordination meeting minutes written?
 | 49a.1 = Yes2 = No99 = Don’t know |
| b. **(If YES)** How are SRH coordination meeting minutes made available to participants and others? | 49b.1 = Uploaded to website (specify site) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 = Emailed to participants and others3 = Printed and distributed66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| **Comment:** How could the SRH coordination meetings be improved? |
| 1. a.**[Ask only if KI is from lead SRH agency]** Are MISP indicators collected?
 | 50a.1 = Yes2 = No99 = Don’t know |
| b. **(If YES)** Which indicators are collected? **(Prompt)** | 50b.1 = Number of incidents of sexual violence reported2 = Proportion of all births in health facilities (Number of women giving birth in health facilities in specified period/expected number of births in the same period)3 = Number of women and girls treated for complications of abortion (spontaneous or induced)4 = Number of condoms taken during specified period5 = Number of health facilities which maintain a minimum of 3 month’s supply of each (condoms, EC-progestin only, COCs, Progestin-only contraceptive pills, injectables, imp lants, IUDs) 6 = Coverage of safe abortion care (SAC) (number of health facilities where SAC is available/number of health facilities) x 100%66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. What protocols is your agency using to support the SRH response?

**(Check all that apply in 51a.–51h.)**   | 51a. Clinical management of sexual violence 1 = MoH2 = WHO66 = Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 = Not applicable99 = Don’t know51b. Emergency Obstetric and Newborn Care 1 = MoH2 = WHO66 = Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 = Not applicable99 = Don’t know51c. Essential Newborn Care 1 = MoH2 = WHO66 = Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 = Not applicable99 = Don’t know51d. Contraception 1 = MoH2 = WHO66 = Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 = Not applicable99 = Don’t know51e. HIV Prevention (Blood screening, standard precautions)1 = MoH2 = WHO66 = Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 = Not applicable99 = Don’t know51f. STI treatment1 = MoH2 = WHO66 = Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 = Not applicable99 = Don’t know51g. ARVs1 = MoH2 = WHO66 = Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 = Not applicable99 = Don’t know51h. Other SRH services 1 = MoH2 = WHO66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 = Not applicable99 = Don’t know |
| **COMMENTS BY INTERVIEWER:** |
|  |
| SECTION VI: DISASTER RISK REDUCTION, INCLUDING PREPAREDNESS |
| **Question** | **Response** |
| 1. a**. [Ask only if KI is from lead SRH agency]** Was there a pre-crisis national SRH coordination mechanism?
 | 52a.1 = Yes 2 = No **SKIP to Q53**3 = Don't know **SKIP to Q53** |
| b. **(If YES)** Was MISP preparedness put in place by the national coordination team? | 48b.1 = Yes 2 = No 3 = Don't know  |
| 1. [**Ask only if KI is from lead SRH agency]** Prior to the crisis, what actions were taken to prepare for MISP implementation in case a crisis occurs?

**(Prompt and circle all that apply.)** **Note:** As preparedness is not addressed in the MISP chapter of the 2018 revised *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings*, the reference for these responses is: *A Preparedness Tool Kit: Ready to Save Lives: Sexual and Reproductive Health Care in Emergencies* produced by FP2020, International Planned Parenthood Foundation, John Snow Inc., Women’s Refugee Commission, and United Nations Population Fund in collaboration with IAWG and published in 2020.  | 1 = Awareness raising among decision-makers and stakeholders on the importance of MISP2 = National policy on SRH preparedness and/or MISP3 = Financial resources dedicated to SRH preparedness 3 = Dedicated SRH in Emergencies focal point(s) identified 4 = MISP Readiness Assessment conducted5 = Women, youth, and other marginalized groups involved in SRH preparedness planning 6 = MISP action plan developed7 = MISP and SRH incorporated into national emergency response plans 8 = MISP incorporated into national emergency response budgets for emergency staffing and supplies9 = Government made written commitment to SRH preparedness and/or MISP response. Name of commitment document \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10 = Other SRH preparedness action(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Did your organization make any **prior** preparations or arrangements for SRH activities for this humanitarian crisis?
 | 1 = Yes2 = No **SKIP to Q56**99 = Don’t know **SKIP to Q56** |
| 1. What did your organization do to prepare for this emergency?

**(Prompt and circle all that apply.)** | 1 = Supplies: virtual storage, stockpile, pre-positioning 2 = Financial resources dedicated to SRH preparedness and/or MISP response3 = Dedicated SRH focal points identified 4 = Information, education, and communication materials developed5 = Data on SRH indicators collected 6 = Women, youth, and other marginalized groups involved in SRH preparedness planning7 = Awareness raising about importance of MISP8 = Advocacy for SRH preparedness policies, budget, and plans9 = Conduct MISP readiness assessment10 = Nothing66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. a. Are the personnel employed by your agency required to sign a Code of Conduct against sexual exploitation and abuse?
 | 56a. 1 = Yes2 = No99 = Don’t know |
| b. Have you signed a Code of Conduct against sexual exploitation and abuse? | 56b.1 = Yes2 = No99 = Don’t know |
| 1. Are the personnel employed by your agency required to abide by a child and adult safeguarding policy?
 | 1 = Yes2 = No99 = Don’t know |
| 1. a. Has your agency made opportunities available for staff to be trained on the MISP?
 | 58a. 1 = Yes2 = No99 = Don’t know |
| b. **(If YES)** Specify the training. | 58b. 1 = MISP Distance Learning Module (IAWG 2019)2 = IPPF MISP training resources (IPPF 2019) 2a. Clinical Service Providers 2b. Program Managers 2c. Policy Makers3 = Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings (IAWG 2020)66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. a. Have you used any preparedness guidance documents?
 | 59a. 1 = Yes2 = No **SKIP to Q60**99 = Don’t know **SKIP to Q60** |
| b. **(IF YES)** Which ones?**(Prompt and circle all that apply.)** | 59b.1 = Ready to Save Lives: A Preparedness Toolkit for SRH in Emergencies (FP2020, IPPF, JSI, WRC, UNFPA) with IAWG, 20202 = MISP Readiness Assessment (IPPF, F2020) 3 = Community Preparedness for SRH and Gender (WRC, UNFPA, ACCESS), 2021)4 = JSI [Tip Sheet for Starting a Continuity of Operations Plan for SRH Supply Chains, 2020](http://familyplanning2020.org/sites/default/files/ready_to_save_lives/tip_sheet_SRH_COOP.pdf) 66 = Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 = Don’t know |
| 1. **[Ask** only **if KI from lead SRH** **agency].** Were SRH kits/supplies (including kits) procured and/or pre-positioned (physically or virtually) prior to this humanitarian crisis?
 | 1 = Yes2 = No99 = Don’t know |
| 1. **[Ask only if KI from lead SRH agency].** Was a logistics system established in preparation to support emergency distribution of health supplies, including SRH supplies?

  | 1 = Yes2 = No99 = Don’t know |
| 1. **[Ask only if KI from lead SRH agency].**

Do you have anything further to add about logistics or procurement/pre-positioning of SRH supplies? |
| 1. Based on this recent crisis experience, what preparedness actions would you recommend the government and other stakeholders take in preparation for MISP implementation the next time a crisis occurs?
 |
| **COMMENTS BY INTERVIEWER:** |
|  |
| SECTION VI. SUMMARY |
| **Question** | **Response** |
| 1. What are the top three **barriers** to an effective SRH response to this emergency?
 | * + - 1.

 * + - 1.
			2.

  |
| 1. What top three factors **facilitated** the SRH response in this emergency?
 | * + - 1.

 * + - 1.
			2.
 |
| 1. What suggestions do you have for improving MISP implementation in this setting? Please think about preparedness, response, and recovery.
 | 1.2.3.  |
| 1. We talked about a lot of things today; do you have any final comments or questions?
 |
| **COMMENTS BY INTERVIEWER:** |

**Thank you very much for your time.**