

Checklist for Conducting Assessments with Adolescents

- **Approvals:** Approval to conduct assessments should be obtained from the coordinating agency, as well as the local government and health authorities, local community leaders, and partner organizations. Ethical review or ethical approval may also be required in some countries or by some agencies and institutions depending on the type of assessment.
- **Privacy:** Data should be collected in a setting where visual and auditory privacy can be ensured and where adolescents feel comfortable. Adults should not be present during the assessments to allow for open discussion among adolescents; however, if the adolescent requests the presence of a caregiver during an assessment, the caregiver should be allowed but properly coached beforehand to understand their role. Trusted adults are permitted to see adolescents but are not to be within earshot of the discussion among adolescents.
- **Security:** The security of the beneficiary population should always be the top priority. If conducting an assessment could put the participants or the study team at risk, then it should not be conducted. Staff should receive a security briefing prior to conducting any assessment to understand the specific risks and security protocols for that area, particularly if you are bringing in third-party individuals for the assessment (translators, vendors, etc).
- **Child safeguarding:** All staff involved (whether a part of your organization or a third-party individual) should receive child safeguarding orientation to understand what your organization does to keep children (and the information obtained from children) safe. It is also recommended to conduct a background check for all staff involved prior to working with adolescents or their data. Staff should also have experience working with adolescents or receive training on adolescent considerations.
- **Inclusive:** To the extent possible, at least one member of the assessment team should be of the same gender and speak the same language as participants. All assessment staff should be of an age that is contextually appropriate to discuss SRH-related issues with adolescents. When possible, assessments should be pre-tested to ensure the language is understood and appropriate for the participants. If you need to hire a translator, you must make sure they receive appropriate training, including security and child safeguarding protocols. Assessment team members should consult community members on what terminology is contextually appropriate to avoid stigma.
- **Referrals:** Appropriate resources or referral services must be available before any assessment is conducted. All assessment staff need training on how to respond to adolescent needs, should an assessment result in services requested by an adolescent. For example, assessment staff must know the correct referral mechanism (and bring appropriate forms) to ensure linkages to medical and psychological treatment or support are available for any participant who reports that he, she, or they is/are a survivor of sexual violence.
- **Assent/Consent:** Each individual involved in the assessment must be fully informed of the purpose of the assessment (in language/terminology they can understand). This includes the purpose of the assessment, methods that will be used, the nature of the questions that will be asked, the risks and benefits of participating prior to giving assent/consent to participate, how participants were selected, and what steps will be taken to safeguard their privacy and confidentiality. SRH managers should also explain that the adolescent can disallow the use of

their data before results are published. SRH managers should comply with local laws regarding consent. Where possible, verbal assent and consent should be collected so as not to record the persons' identifiable information (eg their signature).

- **Consent** refers to giving permission for something to occur. In research, informed consent is the formal process for getting permission before a person can participate in research. Refer back to the [Principle of Capability](#), which states that an adolescent—who identifies that they want SRH services and voluntarily requests SRH care, such as maternal care, contraception, sexually transmitted infection (STI) care, or to terminate the pregnancy—is capable of consenting to services. Humanitarian staff must always comply with local laws regarding consent. When the laws/policies/governmental statutes do not include guidance on managing ethical and legal conflicts, practitioners should act in the best interests of the child. If parental consent is required, humanitarian staff should ensure they receive consent from the adolescent's caregiver, as well as the adolescent's assent.
- **Assent** refers to “the willingness to participate in research, evaluations, or data collection by persons who are by legal definition too young to give informed consent...but who are old enough to understand the proposed research in general, its expected risks and possible benefits, and the activities expected of them as subjects.” Assent gives adolescents who are not of legal age (according to local laws where the adolescent resides) the ability to take ownership of their participation and make their own decision as to whether or not they want to participate. Assent is crucial to conducting research activities with adolescents, as they are empowered to make their own decision on whether or not they want to participate in the activity. Even if an adolescent's caregiver provides consent, an adolescent is free to not provide their assent and should not be forced to participate in the assessment.
- **Voluntary Participation:** Participation is completely voluntary and any participant may decline to answer any question or may decide to withdraw from the assessment at any time. The individuals or the agency conducting the study must respect the wishes of the adolescent and must not pressure them to respond to any question. Ideally, assessment staff should not use incentives to pressure participation. If incentives are used, they should be aligned with local living standards. Adolescents should also be informed that they can withdraw without losing any benefits or services.
- **Confidentiality & Anonymity:** Confidentiality and anonymity must be maintained at all times. Maintaining confidentiality means that only certain people involved in data collection can link responses to a specific participant. Any data collection that includes personal information, such as a registration form, should be kept separate and have no clear links to other data. Protecting anonymity means that there will not be any identifying information of individual participants recorded (name, place of residence, etc). Members of the assessment team must sign confidentiality agreements and not discuss any aspect of the study with anyone except the study supervisor. Adolescents participants' identities should not be shared with anyone outside the study team and should not be linked to their response. Where possible, data should be de-identified from the participant. Ideally, their name or other personally identifiable information is not linked to the participants at all. If it is linked to the participants during the survey collection, the personally identifiable information must be destroyed following the end of the survey.

- **Data storage** should be done to ensure that no one else may access the data. For data stored on computers, folders and files should be password protected. For paper-based data, files should be kept in a drawer or cabinet with a lock. All personally identifiable data should be destroyed once data analysis is complete if there is any risk that the questionnaires could pose a risk to participants or staff. Program managers should also take into consideration the cyber-security data privacy related to confidentiality and safety of providers, health facilities, and adolescents.

 - **Use the Data!** Debrief after the assessment with the assessment team and determine how best to use the data to improve SRH outcomes for adolescents. Your team should be consulting with adolescents, as well as community members, without breaking confidentiality. Recommendations generated from the assessment should be shared through appropriate humanitarian coordination mechanisms (SRH Working Group, Health Cluster, etc) to ensure other partners can also adjust programming to better address SRH needs of adolescents. For multi-sectoral and sectoral assessments, SRH managers should collaborate in designing and conducting the assessments to jointly advocate for the inclusion of adolescents. Make sure all data shared cannot be linked to an individual. Data should be shared with adolescents and community members in an accessible, appropriate format.
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How are adolescents different from other beneficiaries we collect data from?

How data is collected should be adapted for adolescent populations. Typical modes of data collection, such as in-person surveys, may not be appropriate for all adolescents for a variety of reasons, especially when discussing sensitive topics. Practitioners should meet the adolescent where they are, whether that is through individual interviews, storytelling methodologies, photo elicitation, or other methods. Below are some considerations for conducting assessments with adolescents:

- Adolescents may have a shorter attention span than adults, making it difficult to stay engaged for a long survey or group activity. Surveys should be piloted and kept as succinct as possible and group activities should be kept to one hour.
- Adolescents may be more adept with technology than adults, making it possible to conduct self-administered surveys using platforms such as [Audio Computer-Assisted Self-Interviewing](#).
- Adolescents may feel shy to discuss issues related to SRH in front of a large group of peers. Smaller group activities or discussions (4–5 participants) may be more comfortable than standard focus group discussions of 10–12 participants. Moreover, to ensure active participation, group sessions, to the extent possible, should be gender specific.

How do we discuss SRH values with adolescents?

As discussed in other parts of the Toolkit, the social norms, taboos, and sensitivity regarding SRH in some contexts or among some individuals can have an impact on activities, services, and information delivered to adolescents. This is also true with assessments. The team's strengths and weaknesses (related to values, attitudes, skills, and experience) when assigning roles and tasks is therefore a key consideration when planning for adolescent and community participation.