Table 6 provides information on when you can use these different assessments throughout different phases of the program and humanitarian cycle, how to involve adolescents in different assessments, and examples and tools to consult when using the assessments. It includes several participatory methodologies as well, including body and participatory mapping, ranking exercises, score cards, transect walks, and storytelling. The purpose of participatory methods is to make the assessment process as inclusive as possible. Community organizations led by members of the affected population and informal groups of different subpopulations within the affected population, such as adolescent clubs or youth networks, should be engaged and involved throughout the process. Table 6 will be referenced throughout the chapter, as several of the assessments can be used during multiple phases of the program cycle and humanitarian continuum. Note: This table is not an exhaustive list of all the assessment tools and methods that can be used for collecting data on ASRH.

Table 6: ASRH Assessments, Timing & Tools

Assessment Tool	Purpose & Timing	Tools & Additional Information
Needs Assessments & Analyses		
Initial rapid assessment (IRA)	An IRA is conducted during the first 72 hours of an acute emergency and is used to collect demographic information and identify life-saving issues that must be addressed urgently to ensure the well-being of the beneficiary population. It is critical to ensure adolescent SRH concerns are included in the needs assessment at the very onset of an emergency. Needs assessments can also be done as part of emergency preparedness efforts. Adolescent-inclusive needs assessments should answer questions related to the main SRH concerns of adolescents; the SRH priority needs of adolescents (puberty, contraception, etc); how adolescents' needs differ based on age, marital status, and other key variables; how current services are responding to SRH needs of adolescents; what barriers exist for adolescents accessing/using SRH services; and which community members to involve in SRH activities.	The sample IRA in Annex O: IRA for ASRH cannot be used as a standalone tool but provides an overview of the SRH data that should be collected and can be used as a complementary tool to other rapid assessment formats. For multi-sector IRAs, see guidance from the Inter-Agency Standing Committee (IASC).
Detailed needs assessment	Following the IRA, humanitarian responders should conduct a detailed needs assessment on ASRH (most often a few weeks into the emergency). This assessment helps better understand the needs and priorities of adolescents, in coordination with other humanitarian actors (eg Health Cluster, SRH Sub-Working Group, and the GBV Sub-Cluster).	ActionAid has a detailed needs assessment checklist and report template available online that practitioners can adapt to collect more detailed information on ASRH.

| Community capacity and needs assessment | Community capacity and needs assessments (also called "self-assessments") are analyses of chosen capacities compared to existing capacities and provide a systematic way to gather data and information on the community's capacity.

These assessments help communities identify their strengths and areas for improvement on a given topic or issue, which humanitarian practitioners can use to support their capacity development response with community members. These assessments can be used during preparedness and response phases of the emergency, including to develop response strategies or emergency funding appeals. They support communities in determining priority focus areas, in addition to helping prepare community members to play active roles in their communities.

The community capacity and needs assessment information can be gathered using a number of techniques outlined in this table, such as household surveys, focus group discussions (FGDs), participatory mapping, role-playing, transect walks, secondary sources, and seasonal diagramming. | Several organizations have examples of community capacity and needs assessments—all with different domains for capacity and/or needs. These capacity domains should be related to what the community needs or wants to achieve, and thus change with each context and community.

Save the Children has a Community Capacity Strengthening Guide, along with their actual assessment tool, the Community Self-Assessment Tool.

International Federation of the Red Cross has a Vulnerability and Capacity Assessment guideline and related material on how to conduct one.

The Ready to Save Lives: SRH Care in Emergencies preparedness toolkit also has guidance and resource tools for community capacity needs assessments. WHO has an Introductory Guide for Community Health Needs Assessments, including guidance for practitioners and for trainers. |
| Situational analysis | A situational analysis helps humanitarian responders understand the context of affected populations (legal, political, cultural, and socio-economic factors) and how these contextual factors impact their SRH needs and availability of services. Situational analyses should include questions on how the crisis or the contextual factors have affected different subpopulations, including adolescents and subgroups of adolescents (eg pregnant adolescents). | The Toolkit has updated the situational analysis from the 2009 version of the ASRH Toolkit for use with several assessments. SRH managers can use Annex P and Annex Q for questions to use with adolescents, providers, or community members, including community health workers, when collecting information.

The IAFM provides guidance on how to review literature and indicators as part of the MISP assessment in Section 5.5 of the IAFM.

RHRC Consortium provides situational analysis guidelines as well. |

Environmental scan	Environmental scans examine and analyze data to identify threats and opportunities that could influence your programming decisions. They include questions around the legal context (laws/policies affecting SRH use among adolescents) and governmental support for ASRH; services that are currently provided to adolescents; training offered to service providers on delivering services to adolescents; where and how adolescents access services available to them (public, private, etc); challenges/barriers adolescents face accessing SRH information and services; decision-makers for ASRH; other partners, association, and stakeholders working on SRH; and what type of data has been collected and/or used for ASRH. These scans should be completed prior to and/or during program design.	Women's Refugee Commission (WRC) provides an example of the questions they used for an environmental scan of ASRH programming in humanitarian settings from 2009–2012. The Coalition for Adolescent Girls provides an example of how they engaged adolescent girls in conducting their environmental scan in Kenya's Kibera slum.
Gender analysis	A gender analysis looks at the relationships between people of all genders. It examines their roles, their access to and control of resources, and the constraints they face relative to each other. A gender analysis should be integrated in the humanitarian needs assessment and in all sector assessments or situational analyses.	IASC developed a handbook with guidance on gender analysis, planning, and actions to ensure that the needs, contributions, and capacities of women, girls, boys, and men are considered in all aspects of a humanitarian response. It also offers checklists to assist in monitoring gender equality programming. Several organizations have examples of gender analyses. Here is an example of a recently completed gender analysis by CARE and the International Rescue Committee (IRC) during Coronavirus Disease (COVID-19).
Other analyses (stakeholder, risk, conflict)	These analyses are necessary to implement prior to starting your project/as part of your program design process. The stakeholder analysis helps managers understand the interests of different groups, including adolescents, youth clubs, and community members, and strategize ways to gain support from these groups for your programming while mitigating risks from those who may not fully support your activities/projects. Risk and conflict analyses, as well risk and resource mapping, help identify risk factors and/or conflict dynamics, opportunities, resources, or strategies to overcome, and/or mitigate the risks and dynamics of the context.	Foreign, Commonwealth & Development Office (FCDO; replacing Department for International Development [DFID]) and European Civil Protection and Humanitarian Aid Operations (ECHO) provide guidance on conducting stakeholder, risk, and conflict analyses.

Interviews & Discussions		
Individual interviews	Individual interviews, or in-depth interviews, generate qualitative data from adolescents by asking open-ended questions on specific topics, such as SRH and rights. These interviews can be conducted with adolescents and youth during all phases of the program cycle; however, in a humanitarian response it is not appropriate to conduct individual interviews at the onset of an emergency. It is advised to conduct individual interviews as you transition to comprehensive SRH programming and/or during protracted emergencies to help design activities, better implement programming, and measure impact of the project upon adolescents. Adolescents and youth can also be consulted regarding who else should be interviewed and what information would be most useful to learn from them.	Individual interview questions can be asked in a structured (a set of questions asked in a specific order), semi-structured (a set of questions and suggested probes that can be changed or adapted during the course of an interview), or unstructured format (a list of guiding topics used for inductive, open-ended questioning). These interviews ask adolescents about pre-existing conditions and SRH practices, the current situation, changes in practices since the onset of the emergency, adequacy of current SRH services, and their priority SRH needs. WHO and USAID provide examples of interview guides that have been used with adolescents and youth, which you can use to adapt for your project and context.
Focus group discussions (FGDs)	FGDs generate qualitative data about adolescents' beliefs and attitudes on a particular SRH issue or problem. FGDs differ from individual interviews as they allow for interaction among all the members of the group. While FGDs require a significant amount of planning and preparation, they can offer in-depth insights to a given issue. FGDs can be conducted during any phase of a project; however, it is advised to conduct FGDs in protracted crises and while transitioning to comprehensive SRH programming to design, better implement, and effectively evaluate your programming. If the situation presents itself to conduct FGDs in the acute phase, this method is a great way to begin collecting data and informing programmatic decisions. FGDs can also use creative approaches (body mapping, photo elicitation, and storytelling) to talk to adolescents about their beliefs, attitudes, and experiences.	The Toolkit has provided a tip sheet for conducting FGDs, included in Annex R. FGDs can use a standard guide with questions, beginning with more general questions and slowly transitioning to the subject matter to discuss. Annex RR provides an example of an FGD conducted by Save the Children's Yemen team with adolescents—including adolescent girls who are married, adolescent girls who are unmarried, and adolescent boys. The FGD guide provides considerations and adjustments for each of the questions depending on the audience, as well as guidance for how to introduce, transition between topics, and close the FGD session. RHRC Consortium provides FGD guidelines as well.

Mapping & Participatory Exercises		
The Toolkit provides a few examples of these methods, but more can be found in the Regional Network for Equity in Health in East and Southern Africa's **Methods Reader** and Ipas's **Young Women and Abortion: A Situation Assessment Guide**, which are referenced throughout this section.		
Body mapping	Body mapping is a participatory activity that enables girls and boys to explore and express how different risks, hazards, conflict, or crisis events affect their lives, experiences, views, and feelings through a visual method. Participants create an outline of a person's body and use the structure to show how internal and external factors have impacted their lives. For example, looking at the head of the body image, assessment staff could ask how a particular event has affected the participants' minds, the way they think, and their learning. This method is especially useful for gathering information on sensitive and conversational topics, which can be hard to put into words. The method can be used to assess needs and barriers when designing your project or for monitoring and accountability mechanisms throughout your programming.	The Centre for Support and Social Integration Brazil and Centre for Spanish-Speaking Peoples developed a body mapping guide for researchers, which can be tailored to fit your context. As well, the Regional Network for Equity in Health in East and Southern Africa and partners put together a methods reader to inform, motivate, and strengthen participatory action research. The guidance document provides additional information on body mapping and includes examples.
Participatory mapping methods	In participatory mapping methods, adolescents and other participants are asked to draw maps of their area/community to identify for example service points or hazards and risks. This includes risk and hazard maps, which identify risks and resources—including safe and unsafe places—in the community from the perspective of adolescent girls and boys of different ages. This method can be used to assess needs and barriers when designing your project or for monitoring and accountability mechanisms throughout your programming.	The Regional Network for Equity in Health in East and Southern Africa and partners put together a methods reader to inform, motivate, and strengthen participatory action research. The guidance document provides additional information on participatory mapping and includes examples.
Social mapping	This is similar to participatory mapping but is more focused on social characteristics (population, social group, health, and other characteristics). This includes assets, well-being, and vulnerability mapping of adolescents. This mapping can be used to identify key social groups and processes, needs, preferences, and other health information. Social maps—the product of this exercise—provide up-to-date household listings that programmers can use for health programming and decision-making.	The Regional Network for Equity in Health in East and Southern Africa and partners put together a methods reader to inform, motivate, and strengthen participatory action research. The guidance document provides additional information on social mapping and includes examples. IRC also provides an example of a social mapping exercise with adolescents. RHRC Consortium and IRC provide community mapping guidelines as well.

Ranking exercises	There are several types of ranking exercises, including diamond ranking, well-being ranking, preference ranking, matrix ranking, and pair-wise ranking. These exercises are used to compare and value different services, priorities, barriers, or other items, such as comparing different contraceptive methods or adolescents valuing/ranking their satisfaction with services. Comparisons are made through scoring or by grouping or positioning items. These exercises can be used during the design phase to understand adolescents' preferences, barriers, and priorities, as well as monitoring the performance of your program's services.	The Regional Network for Equity in Health in East and Southern Africa and partners put together a methods reader to inform, motivate, and strengthen participatory action research. The guidance document provides additional information on ranking methods and includes examples. The Child Protection Center Learning Network (CPC) provides a participative ranking methodology guide, and Save the Children has a how-to guide for using participatory action research with adolescents in humanitarian contexts. RHRC Consortium provides pair-wise ranking guidelines as well.
Transect walks with adolescents	Transect walks, or participatory observational surveys, are an observation-based assessment where observers (humanitarian programmers) walk through the community with participants (adolescents or community members) to examine the features, resources, barriers, and overall conditions in the area. Transect walks can supplement formal maps and data, but in cases where these do not exist, they are an excellent tool for creating a record of environmental conditions, such as the barriers or risks faced by adolescents seeking SRH information and services. They can be helpful for understanding conditions, assets, services, and barriers from an adolescent's point of view. The walk can take less than one hour and last up to three hours, but advance planning is important to identify objectives and methods. This method can be used to assess barriers and needs in designing activities to benefit adolescents, as well as for monitoring and accountability mechanisms later in the project.	The Regional Network for Equity in Health in East and Southern Africa and partners put together a methods reader to inform, motivate, and strengthen participatory action research. The guidance document provides additional information on transect walk/participatory observational surveys and includes examples.

| Photo elicitation | Photo elicitation is when photographs, cartoons, public displays (graffiti), pictures, or images are used to elicit discussion. Assessment staff must carefully select the photograph or picture/image, which they show to adolescents and ask them about their feelings upon seeing the photo, as well as to reflect on situations, conditions, or problems brought out from viewing the photograph or image.

This method can encourage open discussion and help bring back memories. The method can be used to assess barriers and needs in designing activities to benefit adolescents, as well as for monitoring and accountability mechanisms later in the project. | The Regional Network for Equity in Health in East and Southern Africa and partners put together a methods reader to inform, motivate, and strengthen participatory action research. The guidance document provides additional information on photo elicitation/picture codes and includes examples.

Gender and Adolescent Global Evidence provides examples of using photography, as well as visual storytelling (discussed next) as participatory research methods to reach young people in emergency settings. |
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| Storytelling | Storytelling—including life histories, Most Significant Change technique, and narratives—involve inviting adolescents to create a story around a topic. Storytelling can help researchers and implementers gain a better understanding of emotions and issues that might have been missed or misunderstood during other conversations. It can also bring together individual stories into a group story for additional conversations and study, as well as encourage shared experiences, develop compassion for one another, and find common ground. It can help participants think about a solution to a problem, uncover their attitudes toward the topic, and/or discover how they react to a situation.

Typically, assessment staff will provide participants with a situation and the materials and scenes to build a story. This method can be used to assess barriers and needs in designing activities to benefit adolescents, as well as for monitoring and accountability mechanisms later in the project. | The Regional Network for Equity in Health in East and Southern Africa and partners put together a methods reader to inform, motivate, and strengthen participatory action research. The guidance document provides additional information on storytelling examples.

CARE, Oxfam, Lutheran World Relief, and Ibis supported a guide to using the Most Significant Change technique. |

Monitoring & Accountability Mechanisms		
Monitoring checklist for MISP	The SRH Coordinator implements the MISP for SRH Monitoring Checklist to monitor service provision in each humanitarian setting as part of overall health sector/cluster M&E. In some cases, this might be done by verbal report from SRH managers and/or through observation visits. At the onset of the humanitarian response, monitoring is done weekly and reports should be shared and discussed with the overall health sector/cluster. Once services are fully established, monthly monitoring is sufficient. The tool is used to discuss gaps and overlaps in service coverage during SRH stakeholder meetings and at the health sector/cluster coordination mechanism to find and implement solutions. It is important for all health partners to understand how to use and contribute to this monitoring tool.	IAWG provides this monitoring checklist as part of the IAFM. It is available in English and French.
Exit interviews (at service points)	Patient exit interviews are conducted after an adolescent has received services. They provide an opportunity to obtain information from the adolescent's perspective on the services received that day—a perspective often very different from that of the healthcare worker. SRH managers can also add mystery patients or staff who pose as an adolescent patient to see how the patient was treated. These assessments can be used for monitoring or evaluating program activities. Exit interviews are not only used for health facility services, but can be used with other sectors to ensure high quality standards are met.	United Nations Population Fund (UNFPA) provides an example of an exit interview form, as well as resources for conducting interviews with providers about service delivery. SRH managers should adapt their exit interview form to their audience, programming, and context. RHRC Consortium provides an example client feedback form as well. WHO has developed a web-platform for the M&E of national quality standards for adolescent healthcare services, which includes several exit interview tools.
Score card methodologies	There are several score card methodologies for SRH services and policy advocacy. Overall, these methods allow users (could be joint discussions with adolescents and other community members/health professionals or targeted discussions with one population) to discuss a specific topic; identify barriers, needs, and other information; compare perspectives from one group to another; agree on evaluation indicators (eg satisfaction of SRH services); and propose solutions to address any identified issues. These methodologies are useful to employ when designing your program to identify needs and barriers and joint solutions, as well as to monitor performance of the project.	International Planned Parenthood Federation (IPPF), CARE, and several other organizations provide examples of different score card methodologies they have used with adolescents in emergency settings.

Health facility assessments	These tools are used to help program managers assess how well their facility is delivering services to beneficiaries and identify gaps or areas for improvement. There are several different kinds of facility assessments that include quality standards for ASRH.	In Facility Quality Improvement Tools, the Toolkit provides an adapted health facility checklist for assessing, monitoring, and evaluating how friendly and responsive your facility is in meeting the SRH needs of adolescents.
Process monitoring tools	Process monitoring looks at how effective, efficient, and quickly your organization is implementing activities. This includes all actions, systems, and processes your organization uses to provide services to adolescents (including human resources, financial processes, M&E, technical, etc). Organizations can use qualitative or quantitative indicators for monitoring their processes. During program design, your organization should agree upon process indicators to use throughout the duration of the timeline and decide how often you will look at these indicators. Looking at these indicators on a regular basis allows organizations to identify problems and opportunities early to respond to them.	The Sphere Project provides example indicators for process monitoring.
Surveys and Evaluations		
Knowledge, attitudes, and practices (KAP) surveys	A uniform approach to conducting surveys regarding the knowledge, attitudes, and practices (KAP) from a specific population (adolescents) about a particular topic (eg SRH issues). KAP surveys are a type of household survey. Household surveys are questionnaires provided to a sample of households in a population. These surveys would be targeting adolescents in a specific area; they are the primary data collection tools used in the Demographic and Health Surveys (DHS) Program. In most KAP surveys, data are collected orally by an interviewer using a structured, standardized questionnaire. KAP studies can be conducted during any phase of a project. However, it is advised to conduct KAP studies in protracted crises and while transitioning to comprehensive programming to design, better implement, and effectively evaluate your programming. If the situation presents itself to conduct KAP studies in the acute phase, this method is a great way to begin collecting data and informing programmatic decisions.	WHO developed a questionnaire to use when asking adolescents about their SRH behaviors, which you can use for creating your own KAP survey. As well, the Toolkit includes several questions to ask adolescents about their attitudes, knowledge, beliefs, and behaviors regarding SRH in Annex P and Annex Q. WHO completed a KAP survey with individuals above age 15 to evaluate their KAP and examine related, associated socio-demographic variables. Their study includes the KAP survey questions and analyses. WHO provides examples of larger household surveys conducted, as well as other data collection assessments, on their Health Statistics and Health Information Systems resource page.

Process evaluation	Process evaluations, or formative evaluations, look at the process of a program's implementation and are conducted during implementation to show what is working well, how efficiently, and where improvements can be made. These evaluations look at the types, quantities, beneficiaries of, and resources used to deliver your program's services, as well as issues encountered and how your organization overcame those barriers. These assessments can be completed during the middle of a project (if in a protracted crisis) to help with course correction or at the end of a project as part of other evaluation activities.	WHO provides a handbook on conducting different evaluations, including process or formative evaluations. IAFM also provides MISP process evaluation tools.
Program impact evaluation/assessment	This evaluation or assessment looks at what and how much change occurred (at program or population level) that can be attributed to the program or intervention. These assessments should be completed at the beginning (to collect baseline information) and at the end (to collect endline data) of a program or when you need to demonstrate impact (to justify continued funding).	USAID's MEASURE Evaluation project provides a manual for programmers to use for conducting a program impact evaluation. The project also provides a separate manual, called Evaluating Family Planning Program with Adaptations for Reproductive Health, which includes how to conduct an impact assessment/evaluation, as well as how to identify appropriate indicators and data sources for evaluation and how to design an evaluation plan.
Program outcome evaluation	A program outcome evaluation assesses the effectiveness of your program in affecting long-term changes. While impact evaluations assess the immediate effects of a program, outcome evaluations look at longer-term effects of the intervention, which should relate to the project's overall goal. These assessments should be completed at the beginning (to collect baseline information) and at the end (to collect endline data) of a program.	WHO provides guidance and ways to conduct program outcome evaluations, including randomized control trials, quasi-experimental designs, before-after studies, and several others. WHO developed a handbook for implementing evaluation practices, which takes users from planning for the evaluation, to conducting the evaluation, through to reporting and communicating results. In addition, WHO has specific guidance on how to conduct post-project evaluations of ASRH projects.