

Component 5 Appendices

Assessment of Changes Over Time Within Agencies/Institutions Involved in Reproductive Health Services for Refugees and Internally Displaced Persons

Appendix 1: Survey Sample: List of Organizations and Key Respondents

Appendix 2: Survey Questionnaire

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Original Sample with Final Sample Indicated by * & Primary Key Respondent for each Organization

ORGANIZATION	LAST NAME	FIRST NAME
1. *American Refugee Committee	Kamara	Connie
2. *American University Cairo	Harrell-Bond	Barbara
3. *Boston University-SPH	Onyango	Monica
4. *CARE	Igras	Susan
5. *Centers for Disease Control (CDC), Div. of Repro Health	Larson	Mary Kay
6. Chulalongkorn University	Chantanavich	Supang
7. CIDA	Bigirimana	Pierre-Claver
8. *Columbia University, SPH (Heilbrunn Center)	McGuinn	Therese
9. CRED - Centre for Research on EPI of Disease	Guha-Sapir	D.
10. *Danish Aid	Rubow	Caroline
11. Doctors of the World	Wigglesworth	Anne
12. ECHO	Arrion	Michel
13. Engender Health	Middleberg	Maurice
14. *Family Health International	Tiedemann	Matthew
15. International Center for Migration and Health	Carballo	Manuel
16. International Federation - Red Cross/ Red Crescent Society	Sandblad	Hakan
17. *International Medical Corps (IMC)	Otieno	Mary
18. *International Organization for Migration	Weekers	Jacqueline
19. *International Rescue Committee	Navani	Sonia
20. *IPAS	Fetters	Tamara
21. *JICA	Takemoto	Keiichi
22. *John Snow International	Beatty	Meriwether
23. *Johns Hopkins -SPH	Rowley	Elizabeth
24. *London School of Hygiene and Tropical Medicine	Bornemisza	Olga
25. Mahidol University	Yoddamnern-Attig	Bencha
26. *Makere University	Garimoi-Orach	Christopher
27. *Marie Stopes International	Guy	Samantha
28. Medecins sans Frontieres-MSF Belgium	Maes	Sophie
29. Medecins sans Frontieres-MSF International	Henkens	Mariam
30. Mercy Corps	Moseley	Kati
31. *Merlin- Medical Emergency Aid	Doull	Linda
32. *PATH	Goodyear	Lorelei
33. *Population Council	Fikree	Fariel
34. Save the Children, UK	Webb	Douglass
35. *Save the Children, USA	Powers	Mary Beth
36. UNAIDS	Kristofferson	Ulf
37. *UNFPA	de Lary	Pamela
38. *UNHCR	Assebe	Tsegereda
39. *UNICEF	Zucca	Massimo
40. *University of Ghent	Bosmans	Marleen
41. University of New South Wales	Pittaway	Eileen
42. University of Southampton	Partridge	Rachel
43. *US State Department (BPRM)	Gaertner	Nicole
44. *USAID	Blumberg	Naomi
45. *WHO	Usher-Patel	Maggie
46. *Women's Commission for Refugee and Women and Children	Krause	Sandra

Appendix 2: Survey Questionnaire

Inter-agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons

Component 5: Review Changes Over Time Within Agencies/Institutions Involved in Reproductive Health Services for Refugees and Internally Displaced Persons

Please note the following acronyms:

RHR – refers broadly to any aspect of reproductive health for refugees & other conflict-affected persons
IAWG – Inter-Agency Working Group for Reproductive Health in Refugee Situations

1. Name of your Organization:
2. Your Title/responsible for:
3. Total Years you have worked in **RHR** for your organization:
4. Total Years you have worked in **RHR**:
5. **Check Boxes on Left** below to indicate your organization's current areas of involvement in **RHR**.
For only those RHR areas you checked, use boxes on **Right** to Rank the comparative amount of work effort they receive in your organization. 1=highest; 2=2nd highest; 3=3rd highest, etc.
Rank **RHR PROGRAM AREAS** and **RHR WORKING AREAS** individually.

RHR PROGRAM AREAS

RANKING of WORK EFFORT

- | | |
|---|------------------------------|
| <input type="checkbox"/> MISP (Minimum Initial Service Package) | <input type="checkbox"/> |
| <input type="checkbox"/> Safe Motherhood | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency obstetric care | <input type="checkbox"/> |
| <input type="checkbox"/> Gender-based Violence | <input type="checkbox"/> |
| <input type="checkbox"/> Female Genital Mutilation/Cutting | <input type="checkbox"/> |
| <input type="checkbox"/> Sexual Violence | <input type="checkbox"/> |
| <input type="checkbox"/> Sexual Exploitation | <input type="checkbox"/> |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> |
| <input type="checkbox"/> Sexually transmitted infections | <input type="checkbox"/> |
|
<input type="checkbox"/> HIV / AIDS |
<input type="checkbox"/> |
| <input type="checkbox"/> Behavior Change Communication | <input type="checkbox"/> |
| <input type="checkbox"/> Voluntary Counseling and Testing | <input type="checkbox"/> |
| <input type="checkbox"/> Mother-to-Child Transmission | <input type="checkbox"/> |
| <input type="checkbox"/> Antiretroviral Therapy | <input type="checkbox"/> |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency contraception | <input type="checkbox"/> |
| <input type="checkbox"/> Reproductive Health of Young People | <input type="checkbox"/> |
| <input type="checkbox"/> Male Involvement | <input type="checkbox"/> |

RHR WORKING AREAS

- | | |
|--|--------------------------|
| <input type="checkbox"/> Service Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Monitoring, Surveillance and Evaluation | <input type="checkbox"/> |
| <input type="checkbox"/> Research | <input type="checkbox"/> |
| <input type="checkbox"/> Documentation and Dissemination | <input type="checkbox"/> |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> |

☐ Capacity Building/Small Grants to Local Organizations ☐
☐ Training on RHR (**List** target audience(s)): ☐

☐ Technical Assistance (**List** content area(s)): ☐

6. Compare these current **RHR** programs and working areas you marked above, to those your organization was involved with in 1995. Have any changes taken place in either areas of focus, and/or changes in priorities? No ____ Yes _____. If Yes, please explain:

a. The nature of these changes:

b. Why they occurred:

c. What implications they have had for the organization's continuing support for **RHR**:

7. Does your organization have a written policy or guidelines, or other official support, such as a Board mandate for **RHR**?

No ____ Yes _____. If Yes, year adopted _____. What effect, if any, has it had?

8. List below your major **RHR** initiatives/programs taking place over the last two years:

Type of Program	Length	Total US\$ Amount	Sources(s) of Funds
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9. For each **RHR** initiative you cite in #8 above, provide any collaboration/linkages:

collaboration/linkage	Type of partner(s)	Nature of the
Type of Program	(e.g., donor, NGO, university)	(contract, share resources, working grp.)

10. Have these collaborations/linkages you list in #9 above, changed significantly since 1995?

No ____ Yes _____. If Yes, please explain:

a. The nature of these changes:

b. How they occurred:

c. Their outcome(s):

11. Please provide below the Resource Allocation information (in US\$) for the three time periods below: (If figures unavailable, please discuss changes that have occurred over this time period.)

	<u>2002)</u>	<u>1995</u>	<u>2000</u>	<u>2003(or</u>
Total estimated expenditure of your organization:				
Total estimated expenditure of your organization on RHR :				
Total estimated expenditure Of your organization on Research in RHR :				
Total number of RHR staff :				
# Home Office staff:				
# Country Office staff:				
# Field Office staff:				

12. To what factors do you attribute these changes in resources over time, especially with reference to **RHR**?

13. Have financial constraints (inadequate funds, too short funding cycles, low commitment from senior management, etc.) seriously affected the action agenda or implementation of your **RHR** activities? No _____ Yes _____ If Yes, how have these constraints shifted since 1995?

14. Have political changes seriously affected the action agenda or implementation of your **RHR** activities? No _____ Yes _____ If Yes, describe these changes over time since 1995.

15. Has your organization made active efforts since 1995 to increase or attract new resources for **RHR**? No _____ Yes _____. If Yes, describe these efforts, and when they occurred.

16. Does your organization have experience working with local NGO partners or Host Country Governments in **RHR** activities? No _____ Yes _____. If Yes, please describe activities that were most helpful in capacity building and sustainability:

In 1995-1997:

In 1998-2000:

In 2001-2003:

17. Does your organization routinely identify an **RH** Focal Point (a person with overall responsibility for coordinating RH activities) in your field response? No _____ Yes _____. If Yes, when did this start to occur, and does a Focal Point routinely participate in inter-agency **RH** coordination meetings?

18. Please comment on specific implementation problems encountered in your field-level **RHR** activities and services (lack of coordination, tools, staff competence, collection and use of data, gender sensitivity, etc.).

a. Can you suggest targeted actions needed to address these problems?

b. Have there been major changes since 1995?

19. How would you describe your organization's position in the ongoing debate about whether it is better to support traditions and customs, or support empowerment and choice for refugee women? Has this position changed since 1995?

20. Complete the following six Rating Scales for two time periods. Mark a **C** at the point on the line that indicates the Current mainstream point of view in your organization. Mark an **X** for what the organizations point of view was in 1995.

<hr/>								
1		2		3		4		
	5							
NEVER		MISP should be implemented as a basic						
	ALWAYS	response in the initial phase of a crisis.						
(X rating not applicable)								
<hr/>								
1		2		3		4		
	5							

NEVER
ALWAYS

This organization successfully integrates most
components of **RHR** into its refugee programs.

1	2	3	4
5			
NEVER			
ALWAYS			

This organization's **RHR** programming
incorporates awareness of the needs and
desires of both men and women, and youth.

1	2	3	4
5			
LOW			
HIGH			

Competence of field personnel
to address **RHR** issues.

1	2	3	4
5			
LOW			
HIGH			

The positive impact of the **IAWG** on the
RHR program activities of this organization.

1	2	3	4
5			
LOW			

Perceived value of **RHR** to the
mission of your organization. HIGH

20. Are there components of **RHR** that your organization is not ready to tackle at this time?
Please describe.

a. Are there components you have recently tackled, or that you plan to tackle in the future?

21. Below is a list of **RHR** resource documents. If ever used by your organization, **Estimate the frequency of use** by placing a number in the Box at Left (1=once or twice; 2 = 3-6 times; 3 = 7-10 times; 4 = more than 10 times). Directly below the resource, comment on its utility.

Frequency
Of Use Box

[] ***Sexual Violence against Refugees: Guidelines on prevention and response***; UNHCR, 1995, replaced in 2003 by below.

[] ***Guidelines for Prevention and Response: Sexual and Gender-based Violence against Refugees, Returnees and Internally Displaced Persons.***

[] **Guidelines for HIV Interventions in Emergency Settings;** UNHCR, WHO,UNAIDS, 1996, replaced in 2003 by below.

[] **Guidelines for HIV/AIDS Interventions in emergency settings;** IASC.

[] **Reproductive Health in Refugee Situations; an Inter-agency Field Manual;** UNHCR, 1999.

Check languages used: [] English [] French []Spanish [] Portuguese [] Arabic [] Russian

[] **Refugee reproductive health needs assessment field tools;** RHRC, 1997.

[] **Reproductive Health Kit for Crisis Situations:** UNFPA, 1998; revised 2002.

[] **One-Day Awareness-Raising Module: introduction to reproductive health issues in refugee settings;** CARE/RHRC, 1998, replaced in 2003 by below.

[] **Raising Awareness for Reproductive Health in Complex Emergencies.**

[] **A Five-Day Training Program for Health Personnel: reproductive programming in refugee settings;** CARE/RHRC 1998, replaced in 2003 by below.

[] **Moving from emergency response to comprehensive reproductive health programs: A modular training series.**

[] **Reproductive health during conflict and displacement: A guide for programme managers;**
WHO, 2000.

[] **RHR Consortium Monitoring and Evaluation Tool Kit, Draft for Field Testing,**
February 2003.

[] **Other;**

22. Does your organization use the Internet to access materials on **RHR**?

No ____ Yes ____ . If Yes, please list the website(s):