**QUESTIONNAIRE**

**INTERNATIONAL FAMILY PLANNING PROGRAM STUDY**

**CHARACTERISTICS AND STRENGTH OF EFFORT**

* This questionnaire is intended to provide internationally comparable information for nearly 85 countries. It concerns large-scale family planning programs, and it will update previous investigations of the characteristics and strength of these programs.
* Throughout this questionnaire we refer to “the family planning program.” In most countries there is only one large-scale program, and usually it operates under government auspices. The focus is on the national picture of family planning activities. If these are merged with maternal and child health activities please focus on the family planning aspects.
* Do not respond for pilot projects or small service networks. The focus is at the national level.
* Please do not complete questions for which you lack information – other respondents in your country may handle those. Please confer with other individuals as you wish, and answer the items simply in your personal capacity, giving your own best judgment. All responses are entirely confidential.
* Thank you for your assistance with this study. In return, please note that you can obtain without cost a variety of software programs. These are on the web at www.futuresgroup.com (go to “Resources” then to “Software.”)

| **FOR THE SURVEY ADMINISTRATOR** (Skip if self-administering survey)  Hello, and welcome to the 2014 Family Planning Effort Score (FPES) questionnaire. Please read the above guidelines and sign below indicating that you have read and understand the directions and explained them to the respondent.  Does the respondent agree to participate? Y N  Signature of survey administrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| --- | --- |
| **INFORMED CONSENT**  Hello, and welcome to the 2014 Family Planning Effort Score (FPES) questionnaire. The 2014 FPES study is being conducted by Futures Group. The FPES estimates the strength of national family planning programs, and is measured in over 80 countries around the world. The FPES provide a unique time series about FP policies and environment; they have been measured approximately every five years since 1979. It measures four different dimensions of an FP program: policies, services, evaluation, and method access. The scores are used by researchers around the world as a way of estimating programmatic strength. The current round of FPES will also provide the measurement of the policy-enabling environment for FP2020.  The questionnaire is confidential and you will not be identified by name, position or institution in any reports or analyses of the results. No identifying information will be shared beyond the research team. Completion of this questionnaire is voluntary and you can choose not to answer any individual question or all of the questions. You can stop at any time. However, we hope that you will participate in this questionnaire since your views are important.  Will you participate in this study? Y N  At this time, do you have any questions about the questionnaire? Y N  This study is funded by USAID and the Bill and Melinda Gates Foundation |

**To give a summary picture of program effort, please rate the following items. Score each item from 1 to 10, where 1 represents non-existent or very weak effort and 10 represents extremely strong effort. Try to answer each item; omit it only if you lack information.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Component | Description | 1= Non existent to 10= Extremely strong | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| POLICY AND STAGE-SETTING ACTIVITIES | | | | | | | | | | | |
| Policy on fertility reduction and family planning | Extent to which government policy stresses family planning for fertility reduction over health reasons or is simply neutral or opposed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Statement by leaders | Extent to which the head of government, as well as other officials, speak publicly and favorably about family planning at least once or twice a year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Level of program leadership | High level of seniority of the director of the national family planning program and whether director reports to a high level of government | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Policy on age at marriage | Extent to which legal age at marriage for females is set at 18 years or higher and is enforced | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Import laws and legal regulations | Extent to which import laws and legal regulations facilitate the importation of contraceptive supplies or extent to which contraceptives are manufactured locally | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Advertising of contraceptives allowed | Extent of freedom from restrictions on advertising of contraceptives in the mass media | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Involvement of other ministries and public agencies | Extent to which other ministries and government agencies assist with family planning activities (e.g., delivery of supplies, services, information, education) or other population activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Component | Description | 1= Non existent to 10= Extremely strong | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Percent of in-country funding of family planning budget | Extent to which total family planning/population budget is derived from in-country sources (e.g., 1 for 10 percent, 5 for 50 percent, 10 for 100 percent) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| SERVICE AND SERVICE-RELATED ACTIVITIES | | | | | | | | | | | |
| Involvement of private-sector agencies and groups | Extent to which private-sector agencies and groups assist with family planning or other population activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Civil bureaucracy involved | Extent to which the civil bureaucracy of the government is used to ensure that program directives are carried out, and whether its senior officials take responsibility for program directives being carried out | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Community-based distribution (CBD) | Extent to which areas of country not easily serviced by clinics or other service points are covered by CBD programs for distribution of contraceptives (especially rural areas) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Social marketing | Extent of coverage of the country by a social marketing program (subsidized contraceptive sales at low cost in commercial sector, especially in urban areas) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Postpartum program | Extent to which all new mothers in the country receive postpartum family planning assistance. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Home-visiting workers | Extent of coverage of population by workers whose primary task is to visit (rural) women in their homes to talk about family planning and MCH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Component | Description | 1= Non existent to 10= Extremely strong | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Administrative structure | Extent to which administrative structure and staff at national, provincial and county levels are adequate to implement the family planning program | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Training program | Extent to which training programs, for each category of staff in the family planning program, are adequate to provide personnel with information and skills necessary to carry out their jobs effectively | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Personnel carry out assigned tasks | Extent to which all categories of family planning program staff (administrative, medical, paramedical, field) carry out assigned tasks effectively | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Logistics and transport | Extent to which the logistics  and transport systems are sufficient to keep stocks of contraceptive supplies and related equipment available at all service points, at all times and at all levels (central, provincial, local) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Supervision system | Extent to which the system of supervision at all levels is adequate (regular monitoring visits with corrective or supportive action) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Mass media for IEC | Frequency and extent of coverage of mass media messages that provide population with information on family planning and service sites | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Incentives and disincentives | Extent to which monetary or other incentives are used to encourage the adoption of family planning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Component | Description | 1= Non existent to 10= Extremely strong | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| RECORD KEEPING AND EVALUATION | | | | | | | | | | | |
| Record keeping | Extent to which systems for client recordkeeping, clinic reporting and feedback of results are adequate | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Evaluation | Extent to which program statistics, national surveys, and small studies are used by specialized staff to report on program operations and measure progress | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Management’s use of evaluation findings | Extent to which program managers use research and evaluation findings to improve the program in ways suggested by findings | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AVAILABILITY AND ACCESSIBILITY OF METHODS AND SUPPLIES** | | | | | | | | | | | |
| IUDs | Extent to which entire population has ready and easy access to IUDs | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Pills | Extent to which entire population has ready and easy access to pills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Component | | Description | 1= Non existent to 10= Extremely strong | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Injectables | | Extent to which entire population has ready and easy access to injectables | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Female sterilization | | Extent to which entire population has ready access to voluntary sterilization services for women | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Male sterilization | | Extent to which entire population has ready access to voluntary sterilization services for men | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Condoms | Extent to which entire population has ready and easy access to condoms | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Implants | Extent to which entire population has ready and easy access to implants | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Emergency Contraception | Extent to which entire population has ready and easy access to emergency contraception | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Abortion | Extent to which entire population has ready and easy access to safe abortion or menstrual regulation (regardless of legal status) | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **LTM and LAPM REVERSAL  \***LTM: Long-term methods  LAPM: Long-acting and permanent methods  Reversal: Removing an IUD or Implant, or the idea that sterilization is permanent   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1= Non existent to 10= Extremely strong | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | | | | | | | | | | |
| Sterilization permanence | Extent to which clients adopting sterilization are routinely informed that it is permanent? | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| IUD Removal | Extent to which the entire population has ready and easy access to IUD removal | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Implant Removal | Extent to which the entire population has ready and easy access to implant removal | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please rate the general quality of family planning services. (Good quality includes a focus on client needs, with counseling, full information, wide method choice, and safe clinical procedures.) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**FAMILY PLANNING JUSTIFICATION**

How important is each of the following as a current justification for the national family planning program? (1 means negligible importance; 10 means great importance).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reduce rate of population growth | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Enhance economic development | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Help women and men avoid unwanted births | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Improve women’s health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Improve child health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Reduce unmarried adolescent childbearing | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Reduce unmet need for contraceptive services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

SPECIAL POPULATIONS

To what extent does the family planning program give particular emphasis to special populations? (1 means negligible emphasis; 10 means great emphasis)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unmarried youth | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Rural populations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Postpartum women for counseling and contraceptive services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Postabortion women for counseling and contraceptive services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Questions for National Composite Index for Family Planning (NCIFP)**

This section of questions pertains to the content of the country’s family planning program or the FP strategic plan and its implementation. Please note that your country may have a distinct and separate national FP strategic plan or the FP action plan may be part of the national reproductive health plan or strategy. Please also note that many of the questions below are first stated in broad terms then they branch out into specific items comprising the question. Please respond yes or no to each specific item asked in each question. Skip the question or item only if you do not know the answer.

1. Does the national family planning action plan include:
   1. Defined objectives over a 5–to 10–year period, including quantitative targets? \_\_ Yes \_\_ No
   2. Objectives to reach the poorest and most vulnerable groups with quality FP information and services (including identification and removal of legal, regulatory, policy, and financial barriers to access)? \_\_ Yes \_\_ No
   3. Subnational objectives (examples: region, urban/rural, income groups, etc.)? \_\_ Yes \_\_ No
   4. Clear strategy for attaining these objectives, including the role of both the public and private sectors? \_\_ Yes \_\_ No
   5. Projection of the resources (material, human and financial) required to implement the strategy, as well as sets forth a plan to secure the resources? \_\_ Yes \_\_ No
   6. Contraceptive commodity plan that ensures that contraceptive requirements are projected annually and that a range of method choices are reliably available to all clients in all facilities, whether urban/rural, public/private, fixed and mobile? \_\_ Yes \_\_ No
   7. M&E framework (An M&E framework usually refers to a table that describes the indicators that are used to measure the FP program’s progress and accomplishments, who is responsible for collecting and reporting the information, what tools will be used to collect the data and report them, and when reports should be submitted? \_\_ Yes \_\_ No
   8. Mechanism and funding to support meaningful participation of diverse stakeholders (including women, youth, marginalized groups, civil society) in policy formulation and program design and oversight? \_\_ Yes \_\_ No
2. Use of data to make programmatic decisions
   1. Does the government collect data to monitor coverage, quality, unmet need, and use of FP services among the following population subgroups:
      1. Youth? \_\_ Yes \_\_ No
      2. Unmarried women? \_\_ Yes \_\_ No
      3. Unmarried youth? \_\_ Yes \_\_ No
      4. Postpartum women? \_\_ Yes \_\_ No
      5. Wealth status? \_\_ Yes \_\_ No
      6. Rural populations? \_\_ Yes \_\_ No
      7. Postabortion clients? \_\_ Yes \_\_ No
      8. HIV status? \_\_ Yes \_\_ No
      9. Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Does the government collect data from the private sector on:
      1. Number of clients? \_\_ Yes \_\_ No
      2. Commodities? \_\_ Yes \_\_ No
   3. Are government service statistic data reviewed and analyzed for program evaluation at least annually? \_\_ Yes \_\_ No
   4. Is there a system of quality control for service statistics? \_\_ Yes \_\_ No
   5. Are data collected by the government available for external use? \_\_ Yes \_\_ No
   6. Are data used to adjust national plans in order to:
      1. To review targets on an annual basis? \_\_ Yes \_\_ No
      2. To adjust strategies for improving access? \_\_ Yes \_\_ No
      3. To define training needs for providers? \_\_ Yes \_\_ No
      4. To improve quality of care? \_\_ Yes \_\_ No
      5. To ensure that the poorest and most vulnerable women and girls have access to quality FP services? \_\_ Yes \_\_ No
3. Quality of Care Guidelines and Procedures
   1. Are family planning standard operating procedures in line with the latest WHO medical guidelines and are these standards used for:
      1. Staff and facility performance appraisal? \_\_ Yes \_\_ No
      2. Determining areas of need for quality improvement?\_\_ Yes \_\_ No
      3. Proposed changes in program strategies or operation’s? \_\_ Yes \_\_ No
   2. Are there guidelines on task sharing of family planning services? \_\_ Yes \_\_ No
   3. Are there specific indicators for quality of care that are collected and used by the government to monitor coverage, quality, and equity of:
      1. Public sector family planning services? \_\_ Yes \_\_ No
      2. Private sector family planning services? \_\_ Yes \_\_ No
   4. Are there structures in place to address quality of public sector FP services, particularly:
      1. Trainings for providers on rights of clients to full, free, and informed choice (voluntarism, non-discrimination policies, third-party authorization, etc.)? \_\_ Yes \_\_ No
      2. Refresher trainings? \_\_ Yes \_\_ No
      3. Supervision structures? \_\_ Yes \_\_ No
      4. Mystery clients? \_\_ Yes \_\_ No
      5. Participatory monitoring or community/facility quality improvement activities? \_\_ Yes \_\_ No
   5. Does the government collect any information related to informed choice?
      1. Availability of different types of contraceptives at different levels of facilities? \_\_ Yes \_\_ No
      2. Content of counseling? \_\_ Yes \_\_ No
      3. Provider bias? \_\_ Yes \_\_ No
      4. Provider training needs? \_\_ Yes \_\_ No
4. Equity and discrimination
   1. Are there policies /strategies in place to prevent discrimination towards:
      1. Youth? \_\_ Yes \_\_ No
      2. Unmarried women? \_\_ Yes \_\_ No
      3. Unmarried youth? \_\_ Yes \_\_ No
      4. Postpartum women? \_\_ Yes \_\_ No
      5. Wealth status? \_\_ Yes \_\_ No
      6. Rural populations? \_\_ Yes \_\_ No
      7. Postabortion clients? \_\_ Yes \_\_ No
      8. HIV status? \_\_ Yes \_\_ No
      9. Other marginalized groups? \_\_ Yes \_\_ No
   2. To what extent do service providers discriminate against each of the groups below? Use a score of 1 to illustrate minimal discrimination and a score of 10 to show widespread discrimination:
      1. Youth?

1 2 3 4 5 6 7 8 9 10

* + 1. Unmarried women?

1 2 3 4 5 6 7 8 9 10

* + 1. Unmarried youth?

1 2 3 4 5 6 7 8 9 10

* + 1. Postpartum women?

1 2 3 4 5 6 7 8 9 10

* + 1. Wealth status?

1 2 3 4 5 6 7 8 9 10

* + 1. Rural populations?

1 2 3 4 5 6 7 8 9 10

* + 1. Postabortion clients?

1 2 3 4 5 6 7 8 9 10

* + 1. HIV status?

1 2 3 4 5 6 7 8 9 10

* + 1. Other marginalized groups?

1 2 3 4 5 6 7 8 9 10

1. Accountability and Participation
   1. Are there mechanisms in place at the national, subnational, and facility level to monitor whether or not access to voluntary, non-discriminatory FP information and services is being achieved? \_\_ Yes \_\_ No
   2. Does the government have mechanisms in place for reporting instances of denial of services on non-medical grounds (age, marital status, ability to pay), or coercion (including inappropriate use of incentives to clients or providers)?
   3. Are violations reviewed on a regular basis? \_\_ Yes \_\_ No
   4. Are violations investigated? \_\_ Yes \_\_ No
   5. Are there mechanisms in place at the facility level to solicit and use feedback from clients? \_\_ Yes \_\_ No
   6. Are the following groups represented in national coordinating bodies?
      1. Commercial/Private Sector \_\_ Yes \_\_ No
      2. Religious Groups \_\_ Yes \_\_ No
      3. Other Civil Society Groups \_\_ Yes \_\_ No
   7. Is there a system in place that encourages dialogue and communication between users and service providers/health officials about service availability, accessibility, acceptability & quality? (The system for dialogue and communication can interviews after clinic visits, regular community forums, joint quality improvement systems, or other interactive sessions.) \_\_ Yes \_\_ No

**Final Questions**:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sector (for example, private, public, international, NGO, donor, academic, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender M F Other

Have you filled out the FPE Survey before? \_\_ Yes \_\_ No

If you have, please indicate which years’ you filled out 1972 1982 1989 1994 1999 2004 2009

We would like to disseminate the results to you when they are finalized. Please list an email address where we can reach you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note here any contraceptive methods not listed in this questionnaire that are growing in importance in your country or national family planning program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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You were invited to work with other individuals if you wished. Did you do so? Yes \_\_ No\_\_\_

How long have you been closely acquainted with the national family planning program? \_\_\_\_\_\_\_\_\_ years

During most of this time, what has your relationship been to the program?

Any final comments or suggestions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_