

FAMILY PLANNING EFFORT SCORE (FPE) ASSESSMENT TOOL

*Produced and used by FUTURES Institute in partnership with the
Nigerian Urban Reproductive Health Initiative (NURHI) and
Association for Reproductive and Family Health-(ARFH)*

FAMILY PLANNING PROGRAM STUDY

CHARACTERISTICS AND STRENGTH OF EFFORT

- This questionnaire is intended to provide LGA level family planning information from experts who are very familiar with local family planning programs and services. However, there are also questions referring to some national level family planning policies and programs that are anticipated to be relevant at the LGA level. The first two sections of the questionnaire (Policy and Stage Setting Activities and Service and Service Related Activities) are repeated to ask similar questions about the national and LGA level. Please pay attention to the category titles which indicate when the question is referring to the national level and when it is referring to the LGA level. The responses will provide information on the strength of effort 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 LGA picture of family planning activities through this government program. If these are merged with maternal and child health activities please focus on the family planning aspects.
- Please do not complete questions for which you lack information – other respondents in your state or LGA 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.

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
NATIONAL POLICY AND STAGE-SETTING ACTIVITIES											
Policy on fertility reduction and family planning	Extent to which government policy stresses family planning for demographic reasons 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

agencies	planning activities in the LGA (e.g., delivery of supplies, services, information, education) or other population activities	1	2	3	4	5	6	7	8	9	10
Percent of LGA funding of family planning budget	Extent to which total family planning/population budget is derived from LGA 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
Effectiveness of procurement and distribution system for commodities	Extent to which CLMS adequately distribute family planning commodities with the LGA	1	2	3	4	5	6	7	8	9	10
Presence of pro-poor family planning policies	Extent to which LGA policies specifically target urban poor	1	2	3	4	5	6	7	8	9	10
Level of private sector involvement in providing family planning services	Extent to which the LGA government encourages private sector involvement through either direct service provision or commodities	1	2	3	4	5	6	7	8	9	10

**NATIONAL 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	1	2	3	4	5	6	7	8	9	10

	programs for distribution of contraceptives (especially rural areas)	
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 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, state and LGA 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	1	2	3	4	5	6	7	8	9	10

	at all service points, at all times and at all levels (National, state, LGA)	
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	Frequency and extent of coverage of mass media(Television and Radio) messages that provide population with information on family planning and service sites	1 2 3 4 5 6 7 8 9 10
IEC	Frequency and extent of coverage of IEC materials(Posters, leaflets, handbills etc) messages that provide population with information on family planning and service sites	1 2 3 4 5 6 7 8 9 10
Adolescent Programs	Extent to which activities are focused towards adolescents and encourage adolescents to access FP services	1 2 3 4 5 6 7 8 9 10
Youth Friendly Clinics	Extent to which services offer adolescents options other than abstinence(such as condoms and contraceptive counselling)	1 2 3 4 5 6 7 8 9 10
LGA 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-	Extent to which areas of	

based distribution (CBD)	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
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LGA RECORD KEEPING AND EVALUATION											
Record keeping	Extent to which systems for client recordkeeping, clinic reporting and feedback of results are adequate in the LGA	1	2	3	4	5	6	7	8	9	10
Evaluation	Extent to which program statistics, surveys, and small studies are used by specialized LGA 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 LGA 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
Diffusion of Information to other LGAs	Extent to which information is shared or spread from one LGA to other	1	2	3	4	5	6	7	8	9	10

LGA 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
	How well does the IUD supply system operate in the LGA (it avoids stockouts or interrupted supplies and guarantees a reliable flow at local levels)	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

	How well does the pill supply system operate in the LGA (it avoids stockouts or interrupted supplies and guarantees a reliable flow at local levels)	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
Injectables	Extent to which entire population has ready and easy access to injectables	1	2	3	4	5	6	7	8	9	10
	How well does the injectable supply system operate in the LGA (it avoids stockouts or interrupted supplies and guarantees a reliable flow at local levels)	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
	How well does the supply system provide necessary equipment and medical supplies for female sterilization services at clinical facilities in the LGA?	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
	How well does the supply system provide necessary equipment and medical supplies for men's sterilization services at clinical facilities in the LGA?	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

	How well does the condom supply system operate (it avoids stockouts or interrupted supplies and guarantees a reliable flow at local levels)	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
	How well does the Implants supply system operate in the LGA (it avoids stockouts or interrupted supplies and guarantees a reliable flow at local levels)	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
	How well does the Emergency Contraception supply system operate in the LGA (it avoids stockouts or interrupted supplies and guarantees a reliable flow at local levels)	1 2 3 4 5 6 7 8 9 10
Please rate the general quality of family planning services in the LGA. (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

INFLUENCES ON THE FAMILY PLANNING PROGRAM

Note that for the following questions the scale is different.

Forces affecting the family planning program can either strengthen or detract from its effectiveness. Check zero (0) if there is no difference either way; check a negative number from -1 to -5 if the influence is negative; or check a positive number from 1 to 5 if the influence is positive. (1 in either direction means little influence and 5 in either direction means strong influence).

Decentralization (the shift of decision making and resources from the central government to lower administrative levels)	-5 -4 -3 -2 -1 0 1 2 3 4 5
HIV/AIDS Programs	-5 -4 -3 -2 -1 0 1 2 3 4 5
Incorporation of family planning into a broader context of reproductive health	-5 -4 -3 -2 -1 0 1 2 3 4 5
Integration of family planning with other health services	-5 -4 -3 -2 -1 0 1 2 3 4 5
Changes in donor funding	-5 -4 -3 -2 -1 0 1 2 3 4 5
Changes in domestic government funding	-5 -4 -3 -2 -1 0 1 2 3 4 5
Changes in government political support for family planning	-5 -4 -3 -2 -1 0 1 2 3 4 5

How important is each of the following as a current justification for the LGA 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
Help women and men meet their desired fertility intention	1	2	3	4	5	6	7	8	9	10
Help women achieve their reproductive rights; choice of and when to have children	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 adolescents	1	2	3	4	5	6	7	8	9	10
Young married adolescents	1	2	3	4	5	6	7	8	9	10
Single women	1	2	3	4	5	6	7	8	9	10
Newly married women wanting to delay their first child	1	2	3	4	5	6	7	8	9	10
HIV positive	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
Urban 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

Final Questions:

A. You were invited to work with other individuals if you wished. Did you do so? Yes ___ No___

B. How long have you been closely acquainted with the LGA family planning program?
_____ years

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

D. If you are an employee of the program:

Title: _____

Duties: _____

E. If you live outside of the country:

Number of visits to the country in the last two years_____.

Approximate total time spent in the country during the last two years _____

F. Any final comments or suggestions?
