

# Repositioning Family Planning: Decision Support Tool Manual



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*Cover photograph by Virginia Lamprecht, courtesy of Photoshare, shows a young Ethiopian woman and her children at a village gathering to discuss family planning.*

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MEASURE Evaluation PRH



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## Background

Since 2001, the U.S. Agency for International Development (USAID)'s Office of Population and Reproductive Health (PRH), in collaboration with the Africa Bureau, USAID Missions, the World Health Organization (WHO) and other partners, has engaged in an initiative to reposition family planning (FP) in sub-Saharan Africa. In an era in which HIV/AIDS, malaria, and tuberculosis programs dominate the global health agenda and receive a majority of the global health resources, the initiative was established to ensure FP remains a priority for donors, policy-makers, and providers in sub-Saharan Africa.

The stated goal of USAID's Repositioning Family Planning initiative is to increase political and financial commitment to FP in sub-Saharan Africa, which will lead to expanded access and help meet women's stated desires for safe, effective modern contraception.<sup>1</sup> The initiative has identified three key approaches or intervention areas for achieving this goal: advocating for policy change, strengthening leadership, and improving capacity to deliver services. Many tools and approaches have been developed in the research, policy, contraceptive security, and service delivery arenas to support these efforts, such as the Repositioning Family Planning Advocacy Toolkit,<sup>2</sup> SPARHCS,<sup>3</sup> and Reality  $\checkmark$ .<sup>4</sup> As a result, countries are in various stages of repositioning FP.

In 2011, in response to this gap, the MEASURE Evaluation Population and Reproductive Health project developed a results framework to assess efforts to reposition FP. The *Framework for Monitoring and Evaluating Efforts to Reposition Family Planning* (hereafter referred to as the M&E framework) can be used by international donors, governments, and health programs to evaluate their efforts; identify gaps in strategies to reposition FP in countries; and inform funding decisions, program design, policy and advocacy, and program planning and improvement.

After MEASURE Evaluation conducted an initial pilot test in Tanzania, the USAID-funded Health Policy Project adapted and pilot tested the framework in Togo and Niger. Futures Group, with funding from the Hewlett Foundation, then applied the framework in six additional West African countries.

Stakeholders in West Africa as well as donor representatives expressed an interest in visually presenting and communicating the information collected through application of the M&E framework and indicators to monitor progress toward repositioning FP. In response, MEASURE Evaluation PRH developed a simple decision support tool to accompany the framework and indicators. This decision support tool provides a way for stakeholders to gather

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<sup>1</sup> U.S. Agency for International Development (USAID). (2009). Repositioning family planning operational plan 2008-2013 [unpublished]. Washington, DC, USA: USAID.

<sup>2</sup> Academy for Educational Development (AED), World Health Organization (WHO) Regional Office for Africa. (2008). *Repositioning Family Planning: Guidelines for Advocacy Action*. Washington, DC, USA: AED and WHO.

<sup>3</sup> Hare L, Hart C, Scribner S, Shepherd C, Pandit T, Bornbusch A (eds.). (2004). *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security. A Tool for Assessment, Planning, and Implementation*. Baltimore, MD, USA: Information and Knowledge for Optimal Health (INFO) Project/Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

<sup>4</sup> EngenderHealth. (2007). *Reality Check: Family Planning Forecasting Tool*. New York, NY, USA: EngenderHealth.

information about the indicators and to receive progress feedback to support decision making. Having such a tool is increasingly important as additional donors and renewed global effort focus on the commitment to FP. In February 2011, the Population, Development, and Family Planning in West Africa: An Urgency for Action conference was held in Ouagadougou, Burkina Faso. At this conference, many countries, donors, and organizations committed to increased FP efforts in francophone West Africa. The earlier mentioned West African framework applications were directly tied to the country-led efforts to reposition FP. In addition, most recently the 2012 London Summit on Family Planning, a conference hosted by the United Kingdom's Department for International Development and the Bill & Melinda Gates Foundation, re-invigorated many countries and donors around FP. With an increased focus on accountability and sustainability, it is more important than ever that the efforts made to strengthen FP programs are routinely monitored.

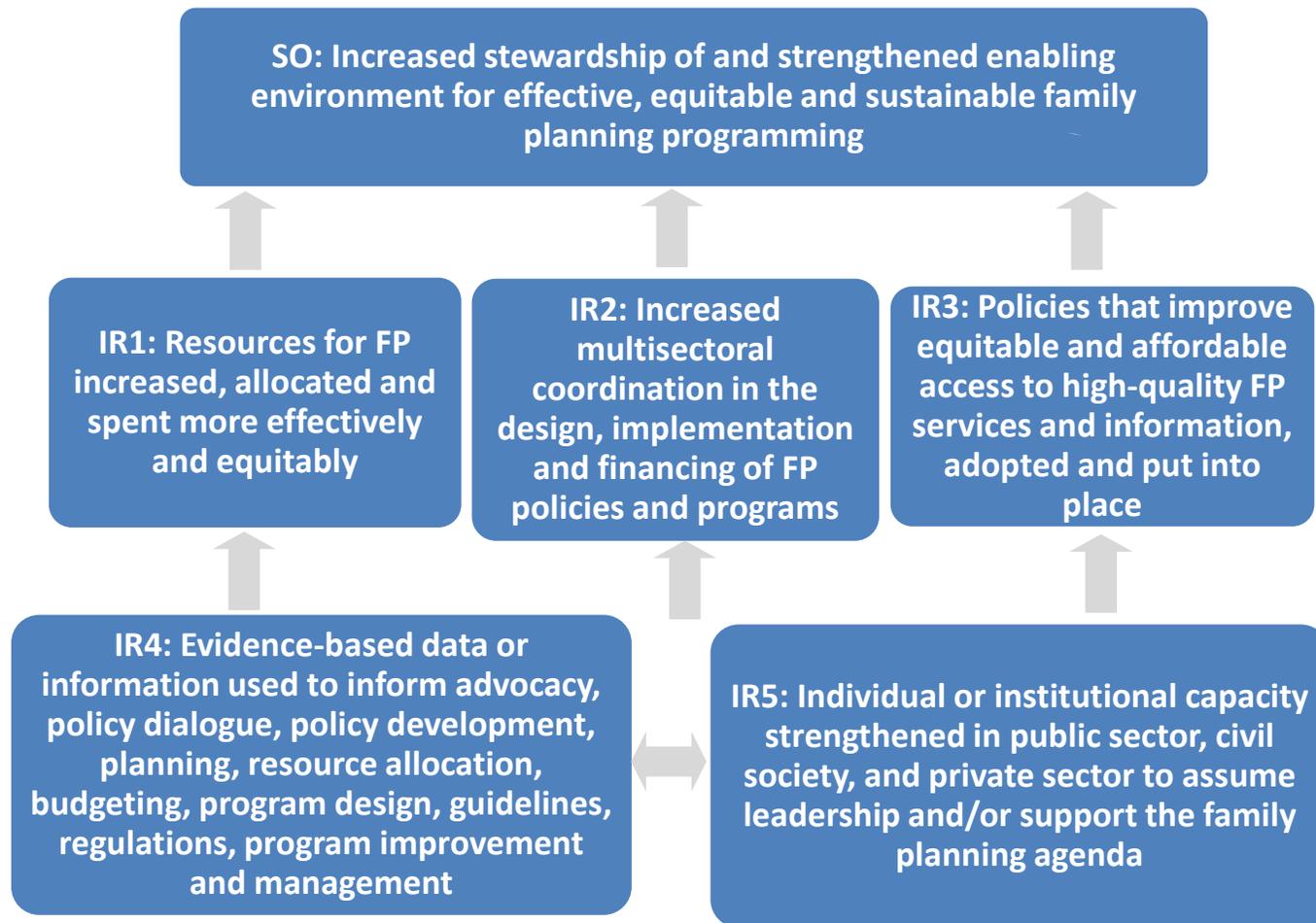
This document provides some background about the M&E framework as well as guidance about applying the M&E Framework and the Decision Support Tool.

## **Framework**

The overall strategic objective (SO) of the M&E framework is “increased stewardship of and strengthened enabling environment for effective, equitable, and sustainable FP programming.” Under the SO, there are three illustrative indicators: instances of a government-led council, coalition, or entity that oversees and actively manages the FP program; instances of documented improvement in the enabling environment using a validated instrument; and evidence of FP policies implemented and resources allocated, and subsequently used in relation to the same FP policy.

Five intermediate results (IRs) support the SO; IR1 captures resources available for FP, IR2 concerns multisectoral engagement in repositioning FP, IR3 addresses policy, IR4 is related to use of evidence to strengthen the FP agenda, and IR5 is related to capacity to support the FP agenda.

Through the process of mapping indicators, MEASURE Evaluation PRH discovered that IR4 and IR5 were fundamental to achieving the other IRs and SO, and thus have depicted them as foundational elements of the initiative. Each IR has specific indicators that contribute to overall achievement of the IR (see figure 1).



**Figure 1. Results framework for strengthening commitment to and increased resources for family planning.**

## Indicators

Below are all the indicators included in the framework along with some details for understanding the purpose of each indicator. However, before applying the M&E framework, it is important to understand fully each indicator. For more detailed information about the process of selecting and refining indicators, see the M&E framework with special attention to the indicator reference sheets located in the appendices.

**Strategic Objective:** *Increased Stewardship of and Strengthened Enabling Environment for Effective, Equitable and Sustainable Family Planning Programming*

The strategic objective captures the overall goals of any repositioning FP efforts. In order for a country to have a long-term sustainable FP program, it is essential that the government effectively manages the program in the best interest of the country. Effective management includes strengthening the underlying systems, cultural norms, and internal capacity that promote a functioning FP program.

**Indicator SO.1:** *Instances of a government-led council, coalition or entity that oversees and actively manages the family planning program.*

**Indicator SO.2:** *Evidence of documented improvement in the enabling environment for family planning using a validated instrument.*

**Indicator SO.3:** *Evidence of FP policies implemented, resources allocated and subsequently used in relation to the same FP policies.*

**Intermediate Result 1:** *Resources for Family Planning Increased, Allocated and Spent More Effectively and Equitably*

This IR describes improvement in a key element of an enabling environment. In order to see improvement in repositioning FP, resources must be available. This result area shows the progression from allocation to spending of resources in support of FP.

In this framework, *increased resources* does not refer to only financial resources, but can also be material resources, such as new facilities, furniture, and vehicles; or human resources, such as additional doctors or nurses. Resources can derive from many sources including national/subnational governments, non-governmental organizations (NGOs), donors, individuals, foundations, etc. There are several possible mechanisms to increase the pool of resources available for health-related activities: line items in budgets, money from government budgets, donor funds, taxes, user fees, privatization, community-based financing, and health insurance schemes, among others. This selection of indicators can help to track sustainability of FP in a country.

*Allocation* refers to the assignment of resources to a specific purpose. Financial, human, and other types of resources may be allocated to different activities/needs/clinics/geographical locations

based on evidence and information, modeling, advocacy and policy dialogue, a costing exercise, or part of a policy or operational plan.

*Equitably* refers to ensuring that all segments of a country's population — especially the poor, adolescents, women, men, and inhabitants of rural areas — have fair and equal access to services.

**Indicator IR1.1:** *Total resources spent on FP (by source and by activity/program area).*

**Indicator IR1.2:** *Number of new financing mechanisms for family planning identified and tested.*

**Indicator IR1.3:** *Total resources allocated to FP (by source and by activity).*

**Indicator IR1.4:** *New and/or increased resources are committed to FP in the last two years.*

**Intermediate Result 2:** *Increased Multisectoral Coordination in the Design, Implementation, and Financing of Family Planning Policies and Programs*

Demand for FP or social acceptability of FP can be influenced by efforts to reposition FP. For instance, the M&E framework includes indicators that reflect multisectoral involvement in strengthening the enabling environment for FP. Multisectoral involvement, including entities representing community and religious groups, can reflect existing acceptance and interest in FP in the community and improved coordination among the groups.

**Indicator IR2.1:** *Evidence of family planning programs incorporated into national strategic and development plans.*

**Indicator IR2.2:** *Evidence of governments engaging multiple sectors in family planning activities.*

**Indicator IR2.3:** *Evidence of multisectoral structures that are established or strengthened to promote FP policy.*

**Indicator IR2.4:** *Documentation of identified barriers to private sector participation in FP policy development and/or service delivery identified, addressed, and/or removed.*

**Intermediate Result 3:** *Policies that Improve Equitable and Affordable Access to High-Quality Family Planning Services and Information, Adopted and Put into Place*

One of the most essential components of successful repositioning FP is a strong FP policy and inclusion of FP in national and subnational documents and plans. This IR includes indicators to measure the key steps from policy to practice, including the existence of an operational plan, measures to address barriers to policy implementation, and evidence of policy implementation.

Adoption and implementation of policies often occur at different points in time. In some contexts, a policy will first need to be adopted, which would be reported using one indicator. If a policy is already in place and a plan is developed, a result corresponding to another indicator can be claimed.

**Indicator IR3.1:** *Existence of national or subnational policies or strategic plans that promote access to family planning services and information.*

**Indicator IR3.2:** *Existence of national or subnational policies or strategic plans that promote access to family planning services and information for underserved populations.*

**Indicator IR3.3:** *Documentation of instances in which a formal implementation or operational directive or plan is issued to accompany a national or subnational FP policy.*

**Indicator IR3.4:** *Evidence that policy barriers to access to family planning services and information have been identified, and/or removed*

**Indicator IR3.5:** *Evidence of the implementation of policies that promote family planning services and information.*

**Intermediate Result 4:** *Evidence-Based Data or Information Used to Inform Policy Dialogue, Policy Development, Planning, Resource Allocation, Budgeting, Advocacy, Program Design, Guidelines, Regulations, Program Improvement and Management*

IR4 links the collection of data with the application of these sources of evidence to facilitate the repositioning process. Achievement of this indicator occurs when a policymaker (such as a minister of health) or a representative from an NGO, on his or her own initiative, uses evidence-based information for policy dialogue, planning, or advocacy. Evidence of achievement for this indicator does not include dissemination (e.g., printing and distributing reports), but rather actual use of the information for advocacy, policy dialogue, planning, resource allocation, and program improvement.

**Indicator IR4.1:** *Evidence of data or information used to support repositioning family planning efforts.*

**Indicator IR4.2:** *Evidence of international family planning best practices incorporated into national health standards.*

**Indicator IR4.3:** *Evidence of a defined and funded research agenda in family planning.*

**Indicator IR4.4:** *Evidence of in-country organizational technical capacity for the collection, analysis and communication of FP information.*

**Intermediate Result 5:** *Individual or Institutional Capacity Strengthened in the Public Sector, Civil Society, and Private Sector to Assume Leadership and/or Support the Family Planning Agenda*

This result area measures strengthened capacity to support the FP agenda and assure sustainability of FP. Forms of capacity may include leadership, management, M&E, advocacy, policy development, program content, etc. The result area also reflects the importance of the involvement of varied sectors. Capacity to sustain efforts to reposition FP and keep it on the agenda is essential. In addition, well-positioned, knowledgeable champions throughout the public, private, and NGO sectors play a vital role. This result area also includes an indicator (IR5.3) that can be used to monitor social acceptability of FP. FP champions can create social acceptability of contraception, and statements by community leaders in support of FP can reflect existing acceptance and interest in FP in the community.

**Indicator IR5.1:** *Evidence of entities provided with donor assistance that demonstrate capacity to independently implement repositioning family planning activities.*

**Indicator IR5.2:** *Evidence of government departments or other entities established or strengthened to support the family planning agenda.*

**Indicator IR5.3:** *Evidence of targeted public and private sector officials, [faith-based organization] FBO, or community leaders publicly demonstrating new or increased commitment to FP.*

**Indicator IR5.4:** *Number of regional/national centers or collaborations for shared education and research in family planning.*

## Decision Support Tool

The Repositioning FP Decision Support Tool described in this manual is designed to be used for quick self-assessment of the FP-enabling environment by relevant stakeholders. The tool poses a series of questions about the status of FP repositioning efforts and scores the responses in real-time for immediate feedback to the user.

The indicators outlined above require the collection of large amounts of qualitative information about the policy and financial enabling environment for FP. These qualitative data are not easily converted into quantitative data or tables by users, and the narrative required to present the findings may not be accessible to all potential users. MEASURE Evaluation PRH decided to create a tool that would organize and display collected data in order to facilitate decision making and use of the M&E framework application findings. The completed decision support tool is a Microsoft Excel-based spreadsheet that can be found at:

<http://www.cpc.unc.edu/measure/prh/resources>

Stakeholders expressed interest in visually communicating and using the data collected through the M&E framework to monitor their progress toward repositioning FP. Stakeholders have also suggested that these data could be used to support decision making on program design, planning, and realigning priorities for countries interested in repositioning FP. As a result of this feedback, the authors implemented a participatory approach to develop a simple dashboard to accompany the M&E framework and indicators. This dashboard provides visualization of some of the self-scoring of indicators and progress feedback to support decision making. For each quantitative indicator, a data entry section was created. For qualitative indicators, a series of sub-indicators or questions was created to help in the self-scoring process. In developing the tool, it became clear that the indicator criteria needed to create the dashboard should be field tested.

### Process

MEASURE Evaluation PRH employed the following participatory approach to developing the decision support tool:

- conducted key informant interviews with stakeholders previously involved in the development of the framework;
- consulted with information technology (IT) specialists to discuss successful decision support tools and models;
- administered electronic mail surveys with repositioning FP stakeholders in West Africa;
- conducted a literature review on decision support tools and information presentation;
- developed a scoring mechanism and criteria for each indicator in the framework;
- created a decision support tool for repositioning FP; and
- field-tested the decision support tool in Tanzania.

MEASURE Evaluation PRH conducted key informant interviews with stakeholders involved in the development of the M&E framework as well as individuals in West Africa who participated in the application of the M&E framework in different countries in West Africa. These key

informants confirmed the need for visual representation of a country's progress toward repositioning family planning. They also highlighted the need for a simple tool that would not tax limited information technology (IT) resources at the country level. With this in mind, MEASURE Evaluation PRH reviewed existing tools and found the MEASURE Evaluation M&E Systems Strengthening Tool (MESST), a Microsoft Excel-based tool, to be very useful and similar in design to stakeholders' recommendations. With this in mind, the Repositioning FP Decision Support Tool was created. After the decision support tool was developed, it was field-tested in Tanzania in March 2013. With direct feedback from the participants involved in the field test, the findings were used to revise and finalize the decision support tool by considering the appropriateness and feasibility of the scoring criteria for each indicator and ease of comprehension of the scoring system. The findings from the application of the tool will be used to inform family planning policy priorities in Tanzania.

### **Criteria**

To make the process of scoring more straightforward, a set of criteria were created for the qualitative indicators. These criteria or sub-indicators allow users to simply answer a series of questions in order to gain a better understanding of progress against each indicator. To create the criteria, the indicator reference sheets were carefully reviewed and a sub-indicator or question was created for each aspect of the indicator addressed in the indicator reference sheet. This process ensures that users comprehensively discuss an indicator while scoring.

For example, IR3.2 is *existence of national or subnational policies or strategic plans that promote access to family planning services and information for underserved populations*. This indicator broadly captures policies and strategic plans. It also refers to “underserved populations,” which was deliberately left vague in order to meet various country contexts. In creating a scoring mechanism, the following sub-indicators and questions were created:

- Existence of a reproductive health (RH)/FP strategy (Y/N)
- Existence of national sexual and RH/FP policies (Y/N)
- Existence of RH guidance documents (Y/N)
- Do the plans/policies promote access? (four-point scale)
- Do the plans/policies promote quality? (four-point scale)
- Do the plans address FP needs of youth? (four-point scale)
- Do plans outline / address male involvement in FP? (four-point scale)
- Do the plans address another important underserved population? (four-point scale)

## **Applying the Framework**

### ***Country Use***

The M&E framework was designed to be used in total at the country level. In the original field-testing of the framework, MEASURE Evaluation PRH collected information defined in the framework indicators through desk review prior to travel and in-country key informant interviews.

After the initial field test and finalization of the M&E framework and indicators, staff of the USAID-funded Health Policy Project, implemented by Futures Group, reviewed the tools developed for Tanzania and subsequently adapted them for use in West Africa. After translating them into French, the project team applied the M&E framework in Togo and Niger. In 2012, Futures Group applied the M&E framework in six additional West Africa francophone countries with Hewlett Foundation funding. Futures Group proposed a revised methodology for applying the framework in these six countries. They first assembled a team of four people to test a more participatory and interactive methodology in Mali. Based on the successful results, the team used this methodology for the five remaining countries. This involved convening a large group of stakeholders and collecting all information related to the indicators in a one day workshop.

During the pilot testing of the decision support tool, MEASURE Evaluation PRH used a mixed-method approach building on the lessons learned from the many country applications. Information gathered during the initial testing was compiled and updated through desk review. This information was presented to a group of stakeholders at a workshop where they were asked to provide additional information and evidence against the indicators. Discussion took place around each indicator, and a facilitator guided the group through the tool questions and data entry points. After the workshop, several key informant interviews were conducted to gather remaining information and evidence.

Based on the latest work in Tanzania, a mixed approach to data collection is recommended for future applications of the framework and tool. Ideally, the team applying the M&E framework will identify a group of stakeholders, conduct a desk review, and conduct a set of key informant interviews, all prior to facilitating a workshop where stakeholders can respond to the initial findings, add detail, and use the tool for scoring. While consensus is needed in a country to self-score the indicators, key informant interviews provide the anonymity necessary for participants to discuss the real situation in a country.

### ***Stakeholder Selection***

Regardless of method of information gathering, key informants should represent government, donors, international organizations, and local community-based organizations (CBOs), faith-based organizations (FBOs), and NGOs. It is important to select a group of stakeholders that can provide both historical and more recent insight on repositioning FP. Groups that can address commodities, financing, capacity building, and policy work should all be involved in the application.

## **Key Informant Interviews**

For the key informant interviews in the original Tanzania pilot, a semi-structured discussion guide was developed. The guide has six sections — an introductory section, and a section for each of the five IR areas in the framework (see appendix 1). The introductory section was designed to gather general background information, and to help the interviewers understand which subsequent sections of the discussion guide to complete with that specific informant. The guide was structured as such with the understanding that few interviewees could address comprehensive information relevant to each of the IR areas. This guide can be found in appendix 1.

The objective of gathering this evidence is not to ask a series of questions to collect generalizable knowledge from the key informants. Rather, the objective is to collect evidence of achievement for each of the indicators listed in the M&E framework. In addition, key informants may only be able to respond to certain aspects of the framework based on their area of work in a country.

## **Workshop Process**

Once a selection of key informant interviews are conducted, it is useful to bring a larger group of stakeholders together to validate and add to the information collected. This group can include informants already interviewed and should include those in country who not only do the work but are able to make decisions about the FP program.

A one-and-a-half day workshop is ideal. The first day would consist of collecting information and scoring from a group very familiar with the work of the FP program. The next half day can be used for a validation and action discussion within a larger group that includes key decision makers.

A sample agenda can be found in appendix 2 and more information about facilitating discussion can be found below.

## **Using the Decision Support Tool**

Once information is collected against an indicator, a facilitator should guide the group through scoring. It is helpful to allow all participants to see the tool during this process. This might be achieved by each participant using a laptop with access to the tool, by projecting the tool onto a wall or screen, or by printing copies of the tool for individuals to use. For quantitative indicators, the tool is fairly straightforward and data will often be obtained through desk review. Data should be entered in advance where possible. For an indicator, the most recent data available should be entered as “data point 2.” Then the next most recent piece of historical data should be entered as “data point 1.” Finally, the third data point can either be the most recent regional data to compare or a country target, if available. The tool will automatically create a score of green, yellow, orange, or red where green indicates that the country or program is doing well, yellow indicates some progress, orange is for limited progress, and red shows a serious need for improvement. For example, figure 2 shows sample data entered for quantitative indicator IR1.1.

Indicator	Data Point 1 (2006 NHA)	Data Point 2	Regional or Target (optional)	Score	Comments
<b>IR1.1: Total resources spent on FP (by source and by activity/program area)</b>					
How much was spent on FP in the last budget year?	50	100	75		in millions
Of that how much was spent by:					
Government					
Donors					
Private sector					
FP User					
Of that how much was spent on:					
Commodities	30	75	60		in millions
Capacity Building	4	6	10		in millions
Service Delivery	12	15	25		in millions
Advocacy	2	2	5		in millions
Management / HMIS	2	2	5		in millions
What percent of the overall government health budget is spent on FP/SRH?	5	5	10		

**Figure 2. Example of data entered for IR 1.1.**

To understand more about how the scoring mechanism works, see appendix 3.

For qualitative indicators, the facilitator should walk the group through the set of sub-indicator questions located in the tool. For each question, there is either a “yes/no” choice or a four-point Likert scale created to fit the question. Although the wording of answer choices was specifically addressed in pilot-testing, the choices may not reflect the situation in every country. If there is confusion, simply provide a scale of achievement toward the specific indicator. The group can select where it believes the country is performing along that scale. One option is to allow the participants to consider a numbered scale for questions on which the answer choices are inaccurate. The first choice “4” represents highest achievement and the fourth answer choice “1” represents lowest achievement. The group can select from “4” to “1” along that spectrum to score their country’s performance on the indicator.

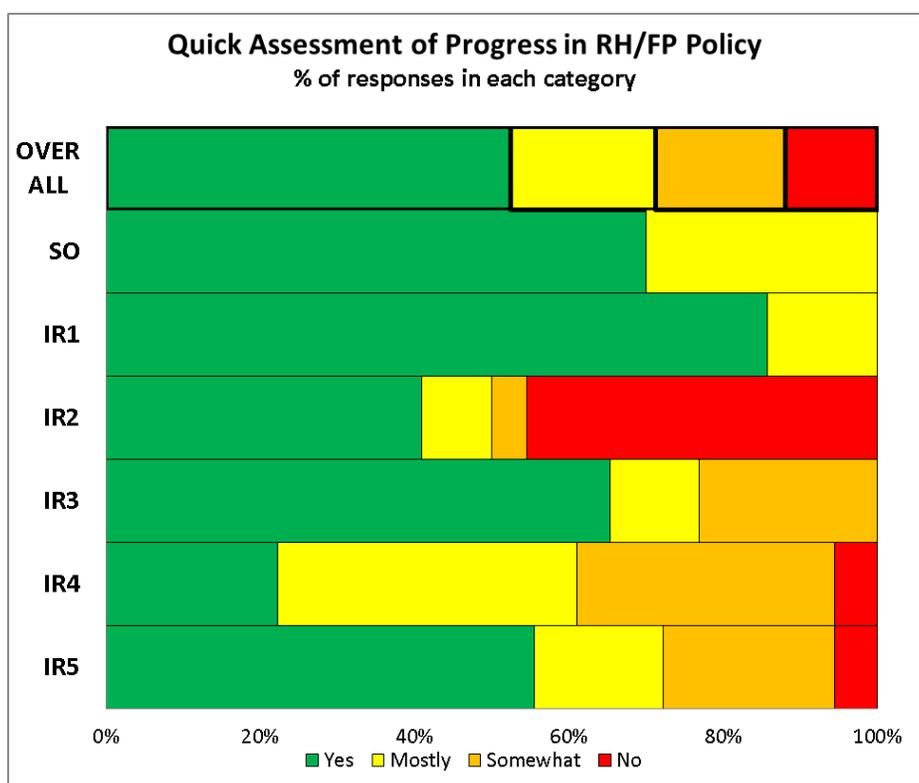
For example, figure 3 shows the “yes/no” as well as Likert scale answer choices from the pilot test in Tanzania for indicator IR3.2.

Finally, once the tool has been completely filled out, participants can review the available dashboards to determine key areas of needed action. Ideally, this would take place directly after scoring in order to keep the activity action-oriented as opposed to an academic exercise. The discussions around each indicator will still be fresh in participants’ minds and they can bring that experience to the broader discussion around filling in current gaps in the FP program.

For example, after the group answers all of the questions in the decision support tool you may have a dashboard that looks something like the results shown in figure 4.

IR3.2: Existence of national or subnational policies or strategic plans that promote access to family planning services and information for underserved populations			
Existence of a RH/FP strategy		Yes	
Existence of national SRH/FP policies		Yes	
Existence of RH guidance documents		Yes	
Do the plans/policies promote access?		Yes, completely	
Do the plans/policies promote quality?		Yes, completely	
Do the plans address FP needs of youth?		Somewhat	
Do plans outline / address male involvement in FP?		Somewhat	
Do the plans address another important underserved population?	<i>PLHIV</i>	Mostly	
Do the plans address another important underserved population?	<i>Maasai</i>	Somewhat	

**Figure 3. IR3.2 results from Tanzania pilot test, showing “yes/no” and Likert scale answer choices.**



**Figure 4. Example of a dashboard showing key areas in need of attention.**

In order to facilitate discussion, a facilitator can ask:

- Which indicator areas are the strongest and why?
- Which indicator areas are the weakest and why?
- In those weak indicator areas, what are some possible interventions or actions to be taken?

- In the strong indicator areas, does any action need to be taken in order to ensure continued success?

Remind participants of the purpose of each IR and of the need to review the specific questions and indicators in each section to determine which are the most in need of action. It may be useful to have participants break into small groups to discuss these questions, depending on the size of the group. Each group can brainstorm a list of possible priority solutions. From there the larger group can combine all the lists and work on prioritizing actions. In the prioritization process, ask the group to consider:

- the feasibility of the proposed action (i.e., is it possible or within the groups' control?);
- the timeliness of the proposed action (i.e., is this the most urgent action or are there other actions that need to be done first?);
- cost; and
- return on investment (i.e., for the same level of effort or financial commitment, are there some activities that will yield greater rewards or impact?)

### ***Finalizing Data Collection***

Ideally, evidence is collected throughout the process and all information is collected through the key informant interviews and the workshop. In some situations, however, it may be necessary to reach out to a few stakeholders after the workshop to clarify information or gather evidence. For example, if a participant cited a specific policy document or study during the workshop, it may be necessary to collect the document later. Also, if a key stakeholder was not able to attend the workshop, try to interview the stakeholder and include his/her views on repositioning FP in the country.

Depending on the amount of information collected after the workshop, there could be significant changes to the answers in the tool and, thus, the dashboard. If this is the case, it may be necessary to send the tool around to workshop participants to validate the latest analysis and dashboard.

### ***Program Use***

For most programs working to reposition FP, only a selection of indicators will be needed to track program progress. Programs should select the indicators in the M&E framework most relevant to their work and incorporate them into the project's performance management plan (PMP). Indicators were designed to be modified for program use, and the indicator reference sheets found in the M&E framework should provide guidance about program use. The tool can still be utilized for internal program indicator tracking, but may need to be modified to capture only the indicators needed. See appendix 3 for information about modifying the tool.

## Appendix 1: Key Informant Semi-Structured Interview Guide

The discussion guides for each SO and result area are loosely organized by type of respondent: USAID Mission, donor-funded projects, local NGOs, or country government staff. It is not necessary, nor will there be sufficient time with a respondent, to ask all the questions below for each and every IR. Prior to beginning the discussion, interviewers should consider the type of respondent, the roles and responsibilities of the respondent, as well as the information already collected to select a limited number of specific questions to guide the discussion. For example, if the interviewer has already received adequate data on the resources mobilized for family planning, she could focus questions on another topic.

### Introductory Questions for Key Informants

1. Name of key informant: \_\_\_\_\_
2. Name of organization: \_\_\_\_\_
3. Name of donor funding FP related portfolio in your organization (if relevant):  
\_\_\_\_\_
4. Please tell me about your organization's work related to FP.

*(Note: Interviewer should consider the organization's work and check off those areas of the framework that the respondent may be able to inform.)*

- IR1 - Resources
- IR2 - Multisectoral
- IR3 - Policy
- IR4 - Information
- IR5 - Capacity

Does your program do any work to promote evidence informed decision making in FP?

5. If so, please describe your work.

## **Questions Related to SO**

*All Respondents*

### **SO.1**

1. Is there a government established body that oversees FP?
  - a. Please tell me about the body's roles and responsibilities.
2. Does the organization have power, influence, funding? Does it actively coordinate and manage the family planning program?
3. What are the organization's limitations?
4. In your opinion, does the government play a leadership role in FP?

## **Questions Related to IR1**

### *USAID Mission*

#### **IR1.1 and IR1.3**

1. Are any USG agencies other than USAID funding FP information, services or projects? If so, do you know how much these agencies allocated to FP related work?
2. How much funding does USAID allocate to FP annually? Can you, please, provide documentation of the amount allocated and/or dispersed?
3. Do you track the amount of funds allocated and spent by USAID on different types of FP interventions (i.e. commodities, BCC, enabling environment, etc.)? If so, can you share that information with me?
4. How is money budgeted, allocated and disbursed for FP? What is the process?
5. When was the most recent budget/allocation doc/disbursement record released?
6. Can we get a copy of the budget/allocation doc/disbursement record?
7. If not, is money budgeted/allocated doc/disbursed by donor? How would we figure out the percent of money budgeted/allocated/spent on FP from USAID and from other sources?

#### **IR1.2**

1. Have you funded organizations to test alternative financing mechanisms for FP? Please describe.
2. If not, are there any other donors or organizations working on those issues? Who?
3. What types of financing mechanisms are being explored by the government?
4. How are these mechanisms reviewed?
5. Who suggests new ideas for health financing?
6. What barriers, if any, have prevented the implementation of alternative financing for FP?

#### **IR1.4**

1. How does your program work to strengthen funding for FP?

2. Can you think of any achievements resulting from your strengthening efforts? New commitments for FP funding?

#### **IR 1.4.1**

1. How is money budgeted, allocated and disbursed for FP at the district level? Please describe.
2. Are you familiar with instances of increased FP funding at that level? Please tell me about this.

#### *Donor-Funded Projects*

#### **IR1.1 and IR1.3**

1. Do you track budget information as part of your project work?
2. How is money budgeted, allocated and disbursed for FP? What is the process?
3. When was the most recent budget/allocation doc/disbursement record released?
4. Can we get a copy of the budget/allocation doc/disbursement record?
5. If not, is money budgeted/allocated doc/disbursed by donor? How would we figure out the percent of money budgeted/allocated/spent on FP that is coming from USAID? From other donors? From the gov't? From private sources?

#### **IR1.2**

1. Does your organization work on alternative financing mechanisms for FP?
2. If not, is there an organization working on those issues? Who?
3. What other financing mechanisms are being explored by the government?
4. How are these mechanisms reviewed?
5. Who suggests new ideas for health financing?
6. What barriers, if any, have prevented the implementation of alternative financing for FP?

#### **IR1.4**

1. How does your program work to strengthen funding for FP?
2. Can you think of any achievements resulting from your strengthening efforts? New commitments for FP funding?

3. How do you document successes in this area?

#### **IR 1.4.1**

1. How is money budgeted, allocated and disbursed for FP at the district level? What is the process?
2. How would we learn about increases for FP funding at that level?

*Government or Local NGOs*

#### **IR1.1 and IR1.3**

1. How is money budgeted, allocated and disbursed for FP? What is the process?
2. When was the most recent budget/allocation doc/disbursement record released?
3. If not, is money budgeted/allocated doc/disbursed by donor? How would we figure out the percent of money budgeted/allocated/spent on FP that is coming from USAID? From other donors? From the gov't? From private sources?

#### **IR1.2**

1. What other financing mechanisms are being explored by the government?
2. How are these mechanisms reviewed?
3. Who suggests new ideas for health financing?
4. What barriers, if any, have prevented the implementation of alternative financing for FP?

#### **IR1.4**

1. Have there been any new commitments for FP funding by the government or other non-USAID sources recently?

#### **IR 1.4.1**

1. How is money budgeted, allocated and disbursed for FP at the district level? What is the process?
2. How would we learn about increases for FP funding at that level?

## **Questions Related to IR2**

### *USAID and Implementing Partners*

#### **IR2.1**

1. Is FP included in a national strategy or guidelines? What was the process for including FP into this strategy document?
2. Has FP been included in other key strategy documents?
3. What is positive about the way FP has been included in these documents?
4. What is missing in terms of how FP has been incorporated?

#### **IR2.2**

1. Is there a national population steering committee or commission?
2. If not, what is the primary government organization responsible for FP in the country?
3. Does this body involve groups from outside the health sector? From outside government sector?
4. How does this governmental organization involve groups from other sectors? (Examples could include in the design, implementation, financing, and/or monitoring and evaluation of FP policies and programs.)

#### **IR2.3**

1. Is there a multi-sectoral group that focuses on FP? Who helped to form this group? What is the purpose of this group?
2. What has the group done in terms of advising on or setting FP policies; ensuring compliance to FP policies or norms; developing plans to implement FP policies?
3. Does the group have power, influence, or support from the government?
4. Does your project work to strengthen this multi-sectoral group?
5. Can you think of any achievements resulting from your strengthening efforts?

#### **IR2.4**

1. Are there barriers to private sector participation in FP policy development or service delivery?

2. Historically, what has been the greatest barrier to private sector involvement in FP policy development and/or service delivery?
3. Has your organization worked to remove these types of barriers?
  - a. If not, which organizations do?
  - b. If yes, when and how were these barriers overcome? What was your organization's role in the process? Do you have any documentation of that success?

*Government or Local NGOs*

### **IR2.1**

1. Is FP included in a national strategy paper or guidelines?
  - a. What was the process for including FP into this strategy document?
2. Has FP been included in other key strategy documents?
3. What is positive about the way FP has been included in these documents?
4. What is missing in terms of how FP has been incorporated?

### **IR2.2**

1. Is there a national population steering committee or commission?
2. What is the primary government organization responsible for FP in the country?
3. Does this body involve groups from outside the health sector? From outside government sector?
4. How does this governmental organization involve groups from other sectors? (Examples could include in the design, implementation, financing, and/or monitoring and evaluation of FP policies and programs.)

### **IR2.3**

1. Is there a multi-sectoral group that focuses on FP? Who helped to form this group?
2. What is the purpose of this group?
3. What has the group done in terms of advising on or setting FP policies; ensuring compliance to FP policies or norms; developing plans to implement FP policies?
4. Does the group have power, influence, or support from the government?

## IR2.4

1. Are there currently any barriers to private sector participation in FP policy development and/or service delivery?
  - a. If so, what are they?
2. Historically, what has been the greatest barrier(s) to private sector participation in FP policy development and/or service delivery?
3. When and how were these barriers overcome? What was your organization's role in the process?
4. How could we document that success?

## Questions related to IR3

**Note to interviewer:** For each of these questions, if the informant responds that there is such a policy or plan, ask how you could get access to the policy document.

### *USAID or Donor-Funded Organizations*

#### **IR3.1**

1. Are you familiar with a national FP policy or a national policy that includes FP (e.g., RH policy, health policy, population policy)?
2. Is there a national policy to ensure contraceptive security?
3. Are there any national guidelines that have been developed to guide the provision of FP services?
4. Were stakeholders working at the subnational level involved in policy development?
5. Are there any specific subnational policies related to FP?

#### **IR3.2**

1. Are you familiar with national policies or guidelines that promote access to FP services for underserved populations?

*(Note: "Underserved populations" may be defined by the country context. This could include youth, men, people living with HIV [PLHIV], poor people, rural people, postpartum women, and others.)*

#### **IR3.3**

1. Is there a national plan related to FP? An FP implementation or operational plan?
2. Are there subnational plans for providing FP services? Are these plans developed at the subnational level?

#### **IR3.4**

1. Are there any policy barriers to providing FP services and information in this country?  
*(Example probes: Policy barriers may include taxation on contraceptive commodities, lack of guidelines on providing FP methods and information, limitations on medical personnel providing FP services)*

2. Are you familiar with initiatives to identify or remove policy barriers to FP?
  - a. Please describe these barriers and how they were identified and removed.

### **IR3.5**

1. Is FP a priority in this country for the government, donors and/or the population?
2. Is there broad support for FP in this country? Please describe any support or opposition for FP.
3. Is the ministry of health (MOH) or another organization monitoring the implementation of FP policies and plans?
  - a. Who is responsible? Do they produce reports about the implementation of FP policy?
4. Are there barriers in the release of funding for FP? (*Note: Refer to IR1 indicators.*)
5. Are you or your organization working at the subnational level?
  - a. Do you have any documentation of the planning and implementation of FP subnationally?

## **Questions Related to IR4**

*For All Respondents*

### **IR4.1**

1. In terms of moving the FP agenda forward in this country, what was the last important decision made by the government or your organization related to FP?
2. Who made the decision?
3. Was there a data review process to inform the decision? If so, what data was reviewed?
4. In your opinion, was it an evidence-informed decision?
5. Is there any documentation of using evidence to inform the decision?

### **IR4.2**

1. Does this country have standards of care or protocols related to providing RH services? Do these standards include FP?
2. In your opinion, do these standards of care/protocols include current best practices in FP?
3. What aspects have been overlooked or need to be updated?

### **IR 4.3**

1. Is there a defined research agenda related to family planning in this country?
2. How was it developed?
3. Has the research agenda been funded? By whom?
4. Who implements and monitors the research agenda?
5. How do you get data about FP in this country?

### **IR4.4**

1. If an international NGO is conducting most of the research and data generation, is there a local organization who is receiving capacity building in data collection, analysis and dissemination?
2. Did anyone conduct an assessment of this organization's capacity before providing capacity building assistance?

3. What are the strengths of this organization?
4. What are the limitations?
5. Has anyone conducted training events focused on data collection, analysis and communication of information related to FP? Can you, please, provide more information about this?

## Questions Related to IR5

*For Donor-Funded Organizations or Donor Missions*

### IR5.1

1. Has your organization trained or assisted champions/networks/organizations/institutions to independently implement activities in one or more of the following areas: policy dialogue, planning, priority setting, resource allocation, program improvement and/or advocacy for FP?
2. Did you collect baseline information about the individuals'/organizations' capacity?
3. Can you think of an example of a capacity building success story based on your work?
4. *Possibly question the M&E person at the organization:* Do you have a program indicator that measures increases in knowledge and/or capacity following a training event or technical assistance? If so, can you share results that you have reported to the indicator?

### IR5.2

1. What is the primary government body responsible for overseeing FP? Are there other departments or governmental entities that work on FP issues? When were they established?
2. Are there any newly formed local civil society groups/associations/networks/coalitions that support the FP agenda?
  - a. If so, when was it (or were they) formed?
3. What role does the organization play in promoting the FP agenda? Is this a greater or lesser role than the organization has held in the past?

### IR5.3

1. If your program works with public or private sector leaders, do you track increases in demonstrated commitment for FP?
2. Can you share successes in strengthening leadership commitment to FP?
3. How do you document your successes?

**IR5.2**

1. What is the primary government body responsible for overseeing FP? Are there other departments or governmental entities that work on FP issues? When were they established?
2. Are there any newly formed local civil society groups/associations/networks/coalitions that support the family planning agenda?
3. If so, when was it (or were they) formed?
4. What role does the organization play in promoting the FP agenda? Is this a greater or lesser role than the organization has held in the past?

**IR5.3**

1. Does your organization track statements of support and demonstrated commitment for FP by public and private sector leaders? Please provide some examples.

## Appendix 2: Sample Workshop Agenda

### Repositioning Family Planning

**Objectives:** To identify and document progress in repositioning family planning in [*country name*] and identify policy priorities in family planning.

#### Day 1

9:00 – 9:30	Registration	
9:30 – 10:00	Welcome <ul style="list-style-type: none"><li>- Purpose and objectives</li><li>- Group introductions</li></ul>	
10:00 – 10:30	Introduction to the Framework for M&E of Repositioning Family Planning and Dashboard <ul style="list-style-type: none"><li>- Applications in other countries</li><li>- Overview of the framework</li><li>- Overview of previous data collection in TZ</li></ul>	
10:30 – 11:00	Tea Break	
11:00 – 1:00	Completing the framework in plenary discussion by considering each indicator and plotting it into the dashboard	
1:00 – 2:00	Lunch	
2:00 – 3:30	Completing the framework in plenary discussion	
3:30 – 3:45	Tea Break	
3:45 – 4:45	Completing the framework in plenary discussion	
4:45 – 5:00	Day 1 closing and plans for Day 2	

## Day 2

9:00 – 9:30	Summary of Day 1 – showing progress thus far  Plans for Day 2	
9:30 – 10:30	Finalization of Framework and Dashboard for M&E of Repositioning Family Planning  - Discuss any remaining indicators - Make changes or edits as needed	
10:30 – 11:00	Tea Break	
11:00 – 1:00	Compiling list of FP policy priorities – small groups and then plenary discussion	
1:00 – 2:00	Lunch	

## Appendix 3: Programmer Notes

The Repositioning FP Decision Support Tool is designed to be used for quick self-assessment of the FP enabling environment by relevant stakeholders using a Microsoft Excel spreadsheet, available online at <http://www.cpc.unc.edu/measure/prh/resources>. The tool poses a series of questions about the status of FP policy and implementation and scores the responses in real-time for immediate feedback to the user.

To use the tool, the user should begin with a cleared copy. Click the “SO” tab to bring up the first page of indicators (questions). Each question requires that the user chooses from a drop-down list of responses or enter numerical data points. These responses will be scored immediately using four colors (green, yellow, orange, and red) where green indicates that the country or program is doing well, yellow indicates some progress, orange is for limited progress, and red shows a serious need for improvement. When desired, comments about a particular response can be entered in the “Comments” column next to the relevant question. These comments are not scored. After completing the “SO” tab, the user proceeds through the five “IR” tabs and completes them in the same fashion. Once all six tabs have been completed, the user can view the summary results in the Dashboard tab.

In order to work correctly, the tool relies on a combination of hidden formulas, hidden worksheets, data validation, and conditional formatting. The programming notes below are meant to guide a Microsoft Excel-savvy user in the event that the FP Policy Dashboard needs to be modified, edited, or repaired.

### *Hidden Columns and Sheets*

The following columns and worksheets should always be hidden when the dashboard is distributed to the final user but may be unhidden when the dashboard is being edited:

- *“Programming” worksheet* – contains all answer choices for drop down lists and the summary counts of user responses for the dashboard. Also contains a quick guide to scoring numerical data point responses.
- *Scoring columns* – each input page contains five hidden scoring columns that contain the formulas used for assigning values and colors to user responses.
- *Additional dashboards* – dashboard 2.1, 2.2, and 2.3 are variants of the original dashboard that were removed after pilot testing.

### *Scoring Columns*

For every question, responses are linked to formulas in the five hidden scoring columns to the right of each input page. Generally, these columns are located somewhere between column E and column M, and they should be hidden before the dashboard is distributed to users. The scoring columns are organized into colors: green, yellow, orange, and red. The formulas in the columns are written as IF statements that display either a “1” or nothing (coded as “”) based on the user’s responses to the question in the corresponding row. For example, in a Yes/No question where “Yes” is the preferred response, the formula in the green column will display a “1” when

the user selects “Yes” and it will display nothing in all other cases. Likewise, there will be a formula in the red column that displays a “1” only when the user selects “No.” In this example, there is no response that will be coded as yellow or orange, so these columns do not contain formulas. When editing these scoring formulas, the programmer must take care to ensure that the formula displays a “1” *if and only if* the intended response is chosen. Also, the formulas must be written so that only one column can display a “1” at a time. To help with programming, conditional formatting has been applied to the scoring columns so that all cells containing a formula are gray. At the bottom of the scoring columns on each input page, all the 1’s are summed to column totals, which represent the total number of responses of each color.

### *Formulas*

Formulas vary from question to question depending on the response type. However, they follow a few general patterns. All formulas are built using IF statements. Most drop-down responses are compared directly to the answer list in the back, but some are also dependent on the answers to other questions. For example, section SO.1 consists of five questions. Logically, questions two through five do not apply if the response to the first question is “No.” Therefore, the formulas that score questions two through five all check the answer to question one before assigning a score. If the answer to question one is “Yes,” then all formulas work as normal. If the answer to question one is “No,” then questions two through five are automatically scored as red. Similar situations apply in other places in the tool but are handled differently to avoid over-penalizing the user. In section IR2.3, all questions below the first are automatically unscored if the first question is answered “No.”

Scoring for numerical data points are discussed separately below.

### *Color Assignment*

Real-time color scoring is applied to the “Score” column on every input page. Color scoring is implemented using conditional formatting. The conditional formatting formulas can be accessed by selecting a “Score” cell or group of “Score” cells, and navigating to Home>Conditional Formatting>Manage Rules.... The formulas are written for each page so that when a “1” is present in one of the colored scoring columns (which are usually kept hidden), the “Score” cell for that row turns the appropriate color. This basic conditional is true for all scoring cells on all the inputs pages, which simplifies the program and the editing process. However, this mechanism only works consistently when the formulas in the scoring columns are carefully designed so that only one column can possibly display a “1” at any particular time.

### *The Dashboard*

At the bottom of the scoring columns on each input page, all the “1s” are summed to column totals, which represent the total number of responses of each color. These totals are consolidated on the hidden “Programming” worksheet in cells D3:G9. This array of numbers is the source of the dashboard charts. A dashboard chart depicts each number as a percent of all responses from that input page. For example, if the user responds with five greens out of a total of 10 responses

on IR3, then 50% of the IR3 bar will be green on the dashboard. It is important to note that the dashboard scores ONLY the responses that are not left blank.

### *Drop-Down Menus and Answer Choices*

Drop-down menus are implemented with data validation and are NOT hard-coded with answer choices. Instead, they are linked to the answer lists on the “Programming” page. Likewise, formulas in the hidden scoring columns also link to these answer choice lists. If the answer choices need to be translated, this can be done on the “Programming” worksheet without additional changes. If a question requires a different set of answer choices, the data validation for the response cell can be edited to link to a different or new list of answer choices. Keep a single blank answer choice to allow for an easy “undo” method.

### *Applicable/Not Applicable Choices*

Section SO.2 contains questions that may or may not be relevant in a given country context; therefore, the user has been provided with the option to select “Not applicable.” If this is selected, the question will gray out and not be scored. By default, all questions are designated “Applicable” until changed by the user.

### *Numerical Data Point Scoring Formulas*

Input pages SO and IR1 contain sections that require the user to input numerical data points. For all of these questions, the user can either input two numerical data points OR she can input two points and also include a regional average for comparison. Because of this flexibility, the formulas that score these responses are more complex than most others in the tool. However, the user CANNOT include only a single data point or a single point and a regional average. This will result in scoring errors.

The formulas for these items do several things. First, they detect whether or not the user has input any data; i.e., whether any of the cells are not blank. If not, no score is applied. If the user has entered data, then the formula detects whether or not a regional average was also included. If a regional average is NOT present, then the formulas compare data point 1 with data point 2, and assigns a color. If a regional average IS present, the formulas compare data points 1 and 2 to determine the trend, but then the formulas also compare data point 2 to the regional average to determine how the country is doing relative to a benchmark.

A summary table of how these different possible combinations are assigned colors is on the hidden “Programming” tab (see table A1).

**Table A1: Summary Table of Possible Color Combinations**

**Guide to scoring multiple data point questions**

Data point 1 = "Pt1"

Data point 2 = "Pt2"

Regional avg = "Avg"

**Two data points**

Trending up, Pt1<Pt2	
No change, Pt1=Pt2	
Trending down, Pt1>Pt2	

**Two data points with regional average**

		Current status		
		Below average Pt2<Avg	Average Pt2=Avg	Above average Pt2>Avg
Recent trend	Trending up Pt1<Pt2			
	No change Pt1=Pt2			
	Trending down Pt1>Pt2			

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