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**6th Africa Conference on Sexual Health and Rights**

**Yaoundé, Cameroon, February 3 – 7, 2014**

**THEME:** *“Eliminating Women and Girls Sexual and Reproductive Health Vulnerabilities in Africa”*

**EVALUATION FORM**

Thank you for participating in this survey. Your feedback will help assess the overall performance and impact of the 6th Africa Conference on Sexual Health and Rights (6ACSHR), and will inform planning of the next conference. By returning your completed survey you consent to the information being used for reporting purposes.

This survey is anonymous and bilingual (the French version is on the back pages). You can also complete the survey online at <http://www>.

If you have any questions about the evaluation or this survey please contact webmaster@africasexuality.org.

**How did you first learn about 6ACSHR?** *Select only one choice*

[ ]  At another conference/workshop/meeting (please specify which one):

[ ]  Printed conference promotion materials (flyer, brochure, poster, newsletter, etc.)

[ ]  6ACSHR conference website (http://www.africasexuality.org)

[ ]  Website of Women in Alternative Action (WAA) Cameroon (http://www.waa-cm.org/)

[ ]  Website of Africa Regional Sexuality Resource Centre (ARSRC) (http://www.arsrc.org/)

[ ]  Other websites, including Google research

[ ]  Facebook, Twitter, or other social networking tool

[ ]  Email from conference organizers

[ ]  Advertisement in a newspaper, journal or magazine

[ ]  Article in the newspaper

[ ]  Recommendation by a colleague/friend

[ ]  Through my organization/affiliation/work

[ ]  Through a partner organization

[ ]  Through a donor/donor invitation

[ ]  At another conference/workshop/meeting (please specify which one):

[ ]  Other (please specify):

**What role(s) did you play at the conference?** *Select all that apply*

[ ]  Speaker

[ ]  Abstract presenter (oral session)

[ ]  Poster presenter

[ ]  Plenary/ Panel session chair/moderator

[ ]  Exhibitor (i.e., booth host)

[ ]  Media representative

[ ]  Delegate not fitting into the above categories

**Was the conference programme relevant to you?**

[ ]  Yes [ ]  No

**Rate the programme on the following criteria**

*Rate the programme on a scale of 1 – 5, 1 being lowest and 5 being highest*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 5 | 4 | 3 | 2 | 1 |
| Quality of presentations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Quality of discussions and debates | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Range of topics covered | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Usefulness of information covered to your work  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Which of the conference sessions where of greatest interest to you?** *Select the sessions you most attended*

[ ]  Adolescent Sexual and Reproductive Health

[ ]  HIV and AIDS

[ ]  Diversity

[ ]  Maternal Health

[ ]  Abortion

[ ]  Gender-Based Violence

[ ]  Policy and Legal

[ ]  Culture and Gender

[ ]  None of the above

[ ]  Other *please specify*

**How useful were the following types of sessions and activities**

*Rate the sessions and activities on a scale of 1 – 5, 1 being lowest and 5 being highest*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 5 | 4 | 3 | 2 | 1 | Did not attend |
| Plenary sessions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Panels/ Concurrent sessions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Oral poster session | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Skills-building workshop | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Constituency meetings | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Exhibition | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Speakers**

*Rate the speakers on a scale of 1 – 5, 1 being lowest and 5 being highest*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 5 | 4 | 3 | 2 | 1 |
| Overall, were the speakers informative and understandable? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Were the speakers prepared? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Was the material presented understandable? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Were the questions and discussion handled to your satisfaction? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**How successful was the conference in achieving the following objectives?**

*Rate on a scale of 1 – 5, 1 being not successful at all and 5 being very successful*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 5 | 4 | 3 | 2 | 1 |
| Identify promising/best practices at eliminating women and girls sexual and reproductive health vulnerabilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Facilitate knowledge management and programming to enhance women and girls agency  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Enhance women and girls programmes in regional and global development agenda including ICPD Beyond 2014 and the Post 2015 Development Agenda  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Did you have the opportunity to network with delegates and/or speakers?**

[ ]  Yes [ ]  No

**How will you use what you gained at the conference?** Select all that apply

[ ]  Share information with colleagues, peers and/or partner organizations

[ ]  Build capacity within my organization/network

[ ]  Refine/improve existing work/research practice or methodology

[ ]  Initiate a new project/activity/research

[ ]  Develop new collaborations (e.g., creation of a partnership/network)

[ ]  Strengthen existing collaborations

[ ]  Join existing partnership(s)/network(s)

[ ]  Not sure / haven’t decided

[ ]  Will not do anything differently

**Rate the level of ease or difficulty with accomplishing the following**

*Rate on a scale of 1 – 5, 1 being very easy and 5 being very difficult*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | Not applicable |
| Find information on the conference website | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Obtain information from the conference secretariat  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Obtain information from the conference webmaster | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Register online | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Register on site | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Book your accommodation  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Submit an abstract  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Submit a skills-building workshop or side event request proposal | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Book your accommodation  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Submit an abstract  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Find session rooms and key areas/facilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Find information at the conference venue | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Collect your badge and conference bag | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**How would you rate the following?**

*Rate on a scale of 1 – 5, 1 being poor and 5 being excellent*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | Not applicable |
| Venue and facilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Meals  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Social events | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Generally speaking, did the conference offer something that you do not get from other well-known conferences?**

[ ]  Yes [ ]  No

**Would you attend another ACSHR?**

[ ]  Yes [ ]  No

**Would you recommend the next ACSHR to a colleague or peer?**

[ ]  Yes [ ]  No

**What did you most dislike about the conference?**

**What suggestions do you have for improving the next conference?**

**What is your gender?**

[ ]  Female [ ]  Male [ ]  Transgender [ ]  Rather not disclose

**What is your age?**

[ ]  Under 20 – 25 [ ]  26 – 40 [ ]  41 – 60 [ ]  Over 60

**What is your main occupation/profession?** *Select only one*

[ ]  Advocate/activist

[ ]  Educator/trainer

[ ]  Researcher

[ ]  Clinician/physician

[ ]  Other health care worker/social services provider

[ ]  Policy/administration

[ ]  Media representative

[ ]  Funder

[ ]  Student

[ ]  Other *(please specify)*

**How would you best describe the organization you are mainly affiliated with/work in?** *Select only one*

[ ]  Non-government organization (NGO)

[ ]  Grassroots community-based organization

[ ]  Faith-based organization

[ ]  Academia (research institute, university)

[ ]  Government

[ ]  Intergovernmental organization

[ ]  Hospital/clinic

[ ]  Charitable foundation

[ ]  Media organization

[ ]  Self-employed

[ ]  Independent consultant

[ ]  Other *(please specify)*

**In which country do you live/work?**

**Thank you very much for taking the time to complete this survey!**

Please return it to webmaster@africasexuality.org