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REPORT ON THE
EVALUATION OF THE STRENGTHENING OF
THE INTRAUTERINE DEVICE (IUD) PROGRAM
For the Period
October 1983 - September 1984

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ABBREVIATIONS

| | | |
|-------|---|--|
| BDG | : | Bangladesh Government |
| DFPO | : | District Family Planning Office |
| FPO | : | Family Planning Office |
| FWV | : | Family Welfare Visitor |
| IUD | : | Intrauterine Device |
| MIS | : | Management Information Systems |
| MMPR | : | MIS Monthly Performance Report |
| MMCP | : | MIS Monthly Computer Printout |
| NGO | : | Non-government organisation |
| PPS | : | Probability Proportional to Size |
| USAID | : | United States Agency for International Development |
| UFPO | : | Upazila Family Planning Office |

ABSTRACT

An evaluation of the project, "Strengthening of the IUD Program" was carried out in 1985 by M.A. Quasem & Co. with technical cooperation from PIACT, Bangladesh. The reference period for this evaluation study was from 1 October 1983 through 30 September 1984. The study provided an estimate of the actual number of IUD insertions performed in the country during the reference period. The study provided the followup, reinsertion and retention rates of IUD. The study also estimated what proportion of IUD acceptors had received transportation cost.

The study included 68 government clinics under 68 upazilas and 7 non-governmental organisations under 7 upazilas. Three thousand IUD acceptors were selected for the field survey by using stratified PPS sampling technique.

The study estimated the total number of IUDs inserted during the reference period at 312,245. The IUD insertion figure reported in the MIS monthly report for the same period was 356,920. Thus the MIS reported IUD figure is found to be 14.3 percent higher than the estimated figure. The percentage of IUD acceptors receiving a followup visit, the percentage reported having a reinsertion and the percentage reporting receipt of transportation costs were estimated at 78.1, 2.2, and 75.5 respectively. The cumulative probability of continuation of IUD use was found to be 84.3 percent at the end of 3 months, 78.3 percent at the end of 6 months, and 65.9 percent at the end of 12 months.

Chapter 1

INTRODUCTION

1.1. Background information:

After over two-decades of use, the intrauterine device (IUD) remains a generally safe, effective and useful form of birth control (Piotrow, 1979). According to a comprehensive review by the United States Food and Drug Administration, fewer than six pregnancies may occur per 100 women-years of the IUD use and fewer than 10 deaths may occur per one million women-years of use of the device. The IUD is a method that does not require repetition and does not interfere with sexual activity. Once inserted in the uterus, it does not require any action on the part of its user to pursue every day or every time, thereby minimizing the user failure (Hatcher, 1984). It has proved itself to be a useful addition to family planning programs in the developed and the developing countries.

Since the introduction of the IUDs, a large variety of the devices have been tried, mostly with different shapes and sizes, with or without copper wire. The earlier finding of the relationship between the size, shape and surface area of the IUD to its effectiveness and safety has been the main guiding principle in this regard (Piotrow, 1979). Incorporation of metallic substances like copper in early seventies lead to more effective second generation of IUDs (Davis, 1974). Loops, rings, spirals, coils, bows, M's, Dalkon Shields, Copper Ts, 7s, intrauterine membranes, and fluid filled devices are now available in different parts of the world in a vast array of sizes, shapes and materials.

Encouraged by the success of the IUD program in Taiwan and Korea, the IUD was introduced in the country's family planning program in late 1965. Since then Lippes Loop became the main device used until the early eighties.

Initially, the family planning program relied heavily upon the IUD as a major contraceptive method. The practice rate of IUD, however, did not show any significant degree of overall change until the last part of the past decade. The IUD use rate of 0.5 percent of eligible couples in 1975, for example, decreased to 0.2 percent in 1979 and then tended to rise to the level of 0.4 percent in 1981 (BCPS, 1981). The IUD as a major method of contraception fell into disrepute owing to lack of attention to the careful selection of clients, inadequate pre-and post intervention counselling, inadequate followup, and the like.

In mid 1982, the Bangladesh Government took up a special IUD program called "Strengthening of the IUD Program". At the same time, Copper IUD (CuT200) was introduced in the national family planning program. USAID started supporting selected costs of the above mentioned IUD program of the government. The purpose of USAID support is to increase the use of the IUD by reimbursing clients and providers for reasonable costs of transportation and exceptional, method related services. Under this program, these payments represent the approximate actual costs, and their purpose is to make it possible for a client to choose this method freely without regard to its cost as compared with other clinical and non-clinical methods. The IUD use rate rose to one percent in 1983 (BCPS, 1983).

USAID reimbursed Tk.25.00 for each IUD insertion during the period from July 1982 through September 1983. In October 1983, the amount of compensation money for an IUD insertion was increased to Tk.35.00. The rates of the selected costs reimbursed by USAID for an IUD insertion during the period from July through September 1983 and the current rates for the same are as below

| | <u>1 July 1982- 24 October 1983</u> | <u>25 October 1983- September 1985</u> |
|--|---|--|
| a. Client transportation costs (initial visit) | Tk.15.00 | Tk.15.00 |
| b. Field worker compensation for non-routine service (including govt. workers, dais, and general public) | " 5.00 | " 15.00 |
| c. Physician or FWV fee | " 5.00 | " 5.00 |
| Total: | <u>Tk.25.00</u> | <u>Tk.35.00</u> |

The Director General, Population Control Directorate, is the implementing authority in respect of this project. The Director (Services), on his behalf, acts as the Project Director to organize the activity, monitor its progress and furnish reports to the concerned authorities. The reimbursement fund is placed at the disposal of the Family Planning Officer (FPO). The FPO acts as drawing and disbursing officer of the IUD fund. In order to facilitate the system of spot payment of transportation costs to the clients and referral fees to the referrers, the FPO may also authorize the Family Welfare Visitor (FWV) or his office staff to make payments to the concerned persons.

The Management Information Systems (MIS) Unit of the Directorate of Population Control receives IUD performance reports from all over the country through its regular reporting channels, compiles and publishes them on a monthly basis. The reimbursements are made on the basis of the IUD performance statistics provided in the said monthly reports.

The BDG-USAID protocol of the program under reference provides for an independent yearly evaluation as a part of the project activity. The first evaluation of the national IUD program for the period from 1 July 1982 through 30 September 1983 was carried out by PIACT, Bangladesh, in the year 1984. The present evaluation of the program for the period refers to the period from October 1983 to September 1984. The present evaluation study has been conducted by M.A. Quasem and Co. with technical cooperation from PIACT, Bangladesh. The study was initiated in February 1985.

1.2. Objectives:

The specific objectives of the evaluation study are as follows:

- a. to estimate the number of IUD insertions actually performed during the period from October 1983 to September 1984 ;
- b. to estimate the percentage of IUD acceptors who received a follow-up visit (either at their home or at the clinic) for the reference period ;
- c. to estimate the percentage of acceptors who retained the IUDs, by month following acceptance period, for the reference period ;
- d. to estimate the percentage of women who have had more than one insertion during the reference period ;
- e. to estimate the percentage of women who were rejected for the IUD insertion during the reference period ;
- f. to estimate the amounts actually paid to the clients, the referrers, and the service providers.

To gain an insight into the demographic impact of the program, the socio-economic and demographic characteristics of the IUD acceptors have also been gathered.

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Chapter 2

METHODOLOGY

In order to meet the study objectives, the relevant information from the clinic records were gathered, the performance statistics from the different reporting tiers were collected, and personal interviews with the IUD acceptors were conducted. These activities can be categorised under three broad headings: (a) collection of recorded information from clinics; (b) collection of performance reports from the reporting tiers -- clinic onward; and (c) conduct of a field survey.

The clinic registers and other records of the clinics were examined to collect information on whether the clinic records were properly maintained with regard to the payments to the IUD clients, referrers and service providers, and the removal, rejection and reinsertion of the IUDs and the followup visits. In addition, the clinical records were used to identify and locate the clients for the field survey.

In order to determine the total IUD insertions in the country during the reference period, the extent of variation in reporting IUD insertions, between the clinic register figures and the MIS reported figures, was estimated by collecting the IUD insertion statistics from different tiers in the reporting channels of the government program and also from the reporting channel of the NGO programs. This has been discussed more elaborately in chapter 4 of the report.

A survey was conducted by selecting a sample of 3000 reported IUD acceptors and interviewing them by administering a structured questionnaire (Appendix - A) to gather information to meet the objectives of the evaluation study. The 3000 acceptors were selected by using a three stage sampling procedure. In the first stage, 75 upazilas were selected, in the second stage one clinic

from each of the selected upazilas was selected, and in the third stage 40 IUD acceptors from each of the 75 selected clinics were selected, providing a total of 3000 IUD acceptors.

2.1. Sampling design for the field survey:

The MIS Monthly Performance Report (MMPR) provides national IUD performance figures by districts. Such monthly reports do not show NGO performance figures separately; rather they are merged with the concerned district performance figures. The MIS Monthly Computer Printout (MMCP), however, provides IUD performance figures by districts and also by upazilas. But none of those reports contain clinic-wise performance figures for both BDG and NGO. One could obtain the total NGO performance figures from such printouts, but there is no way to get upazila-wise or NGO-wise performance figure, however, is available in an annexure of the MMPR. The upazila-wise NGO performance could be collected from the NGO headquarters.

The 477 upazilas for which the MIS had monthly IUD performance figures during the reference period, October 1983 - September 1984, were divided into two categories: urban and rural upazilas. Urban upazilas were defined as those upazilas whose headquarters were located in metropolitan areas and district towns. The remaining upazilas were considered as rural. The government clinics which fell under the defined urban upazilas were considered as urban government clinics and those in rural areas as rural government clinics. The third category of clinics were those managed by the NGOs.

The upazila-wise IUD performance figures obtained from the computer printouts of the MIS and upazila-wise NGO performance figures obtained from the NGO headquarters were classified into the following three strata:

Stratum A: Rural upazilas having only BDG performance.

Stratum B: Urban upazilas having only BDG performance, and the urban upazilas having both BDG and NGO performance.

Stratum C: Urban upazilas having both BDG and NGO performance..

In this connection it is worth mentioning that those NGOs functioning in the rural upazilas which did not have facilities for IUD insertion and were found to refer cases only, were not considered in this study.

The sampling unit under each stratum was the upazila. The size of an upazila under stratum A was defined as the number of IUD cases performed in the upazila during the reference period. The size of an upazila under stratum B was defined as the number of IUD cases performed in the BDG clinics under the upazila. Again, the size of an upazila under stratum C was defined as the number of IUD cases performed in the NGO clinics under the upazila.

During the reference period, the total performance under stratum A was 254,850 cases, under stratum B was 71,957, and under stratum C was 35,187. In the first stage, 75 upazilas were selected from the three strata. Before the selection, these upazilas were proportionately distributed among the three strata on the basis of the total performance in each stratum. This was done in the following manner:

$$b_j = \frac{U}{\sum a_j} a_j$$

where, b_j = the number of upazilas selected from jth stratum ($j = 1,2,3$)

U = the total number of sample upazilas selected = 75

a_j = total IUD performance of the jth stratum

Thus, the distribution of 75 upazilas among the three strata was:

(a) 53 upazilas from stratum A, (b) 15 upazilas from stratum B, and

(c) 7 upazilas from stratum C. From each stratum, the upazilas were selected with Probability Proportionate to Size (PPS) of the upazilas. The size of an upazila under each stratum has been defined above.

The second stage sampling units were the clinics in the selected upazilas. One clinic was selected from each of the upazilas following the PPS sampling method. For the selection of the clinics, clinic-wise IUD performance for the reference period was taken into consideration. The performances were, however, collected from different sources. For the selection of clinics for Stratum A and Stratum B, clinic-wise IUD insertion figures from the selected upazila family planning office was collected. However, in case where such reports were not available fully for any clinic at upazila level, the concerned clinics were visited for collecting the required information. For Stratum C, i.e. for the NGO stratum, clinic-wise IUD performances were collected from the concerned NGO headquarters.

The ultimate sampling units were the recorded IUD acceptors in the clinics. The required number of acceptors from a clinic was taken by forming clusters of all the recorded acceptors of the reference period. Equal number of clients were taken from each of the selected clinics. The number was determined by dividing the total sample size (3000) by the total number of clinics (75) taken. The size of each cluster was the number of acceptors (40) taken from each selected clinic. Before forming clusters, all the recorded acceptors were listed according to their recorded address and arranged by villages, mohallas, etc. This was done to ensure that the IUD acceptors within each cluster would be less scattered so that locating and interviewing them would be less time consuming and that the acceptors who were inserted with the IUDs in different months had the chance to be included in each of the clusters.

Once the clusters were formed, one cluster from among them was selected randomly. All the acceptors within a selected cluster were taken as the sample clients from the concerned clinic.

Some special features of the sample are shown below:

| Stratum | Number of sample upazilas/clinics | Number of sample clinics | Number of clients from each clinic (Cluster size) | Sample size |
|-------------------|-----------------------------------|--------------------------|---|-------------|
| BDG rural clinics | 53 | 53 | 40 | 2120 |
| BDG urban clinics | 15 | 15 | 40 | 600 |
| NGO clinics | 7 | 7 | 40 | 280 |
| Total | 75 | 75 | - | 3000 |

2.2. Recruitment of field personnel:

Recruitment of survey personnel by the research firm was done through advertisement in two national daily newspapers (one Bengali and one English). The minimum educational level for the candidates applying for any position was a Master's degree from a recognized university. However, the minimum educational requirement for the position of the female interviewer was relaxed to the degree level considering the scarcity of female interviewers. The management committee of the firm interviewed the applicants. All selected candidates were recruited initially as trainee interviewers to provide for an opportunity to evaluate each selected candidate in terms of his/her actual performance during the training period, before he/she was finally appointed to the specific post.

2.3. Training:

A two-week training course was organised for the field staff in February 1985. The training course included both class room work and field exercises. Class room work consisted of lectures on reproductive physiology, contraceptive behaviour, research methodology, familiarisation with the questionnaires and other survey documents, reporting channel of performance statistics, group discussion and extensive role playing interviews. The field exercises consisted of a series of practice interviews in the urban

and rural areas under supervision of senior level professional staff of the firm. The training provided was intensive and meticulous and covered interviewing techniques and question by question instruction and discussions on the questionnaire.

On completion of the course, a written test was taken and on the basis of the test result and the performance during the training, five were recruited as a male team leaders, five as female supervisor and fifteen as female interviewers.

2.4. Survey instruments for data collection:

Questionnaire: The questionnaire was prepared using the 1983 IUD evaluation study questionnaire developed by PIACT, Bangladesh, as the base (Appendix-A). The questionnaire was kept simple and short and limited to the collection of only those data which were considered to be pertinent to the study objectives. The questionnaire had two main parts -- the information on clinic records and the individual questions for clients. The information on clinic records section of the questionnaire included the following:

- Identification of client: name of the client, name of the husband, address of the client, age of the client, age of the husband, number of living children, date of IUD insertion, registration number;
- identification of clinic: name of the clinic, type of the clinic, type and address of the clinic (urban and rural);

- identification of referrer: name and address of the referrer, type of referrer (BDG FP worker, NGO FP worker, registered Dai and registered agent); and
- client history on reinsertion and removal of the IUDs: number of reinsertions with dates, removal of the IUD with date and reason for removal.

The individual questionnaire for the clients consisted of the following three sections:

Section - I; Background information on client: age, educational level of the acceptors and their spouse, religion, ownership of agricultural land, women employment status, occupation of spouse.

Section - II; Fertility (limited data): number of living children with sex, number of ever born children with sex, age of youngest living child and date of termination of last pregnancy.

Section - III; History of the IUD use: number of times of the IUD acceptance, time and place of each IUD insertion, follow-up service, length of retention of each IUD, the time and the place of removal of the IUD where applicable, reasons for rejection where applicable.

Forms: In adapting the core questionnaires to meet the objectives, certain additional forms were developed to collect such information from the clinic record as the number of actual performance in the selected clinic, the number of reinsertion, the number of removal, the number of rejection and number of clients receiving followup during the specific time frame (1 October'83 to 30 September'84), status of payment to client, referrer and service providers (see Appendix-A).

Rosters: In addition to the above, nine separate rosters were developed to collect the performance statistics from different tiers of the BDG and NGO reporting channels (Appendix-A).

2.5. Pretest:

The questionnaire and forms were pretested in four areas not included in the sample. The training for the pretest was carried out under close supervision of senior professional staff of the firm.

Pretesting was done to provide information about the length of the actual interviews, clarity of the questions, interpretation of questions by respondents, ease of data entry by interviewers and identification of categories to close the open-ended questions. After the pretest, the questionnaires and other survey instruments were modified to accommodate the pretest experience. The final questionnaire and forms were reviewed and approved by the technical experts of USAID, Dhaka.

2.6. Field work:

The field work was carried out during the period from mid-February to mid-May, 1985. Five interviewing teams were deployed to collect the data from the selected areas. Each interviewing team consisted of six members -- one male team leader, one female supervisor, three female interviewers and one male field assistant.

The team leader of each team was responsible for the selection of the clinic, and the clients from the selected upazila, collection of recorded information from the clinic, collection of performance reports from clinic, upazila and district, overseeing the interviews and field editing and checking of all completed survey instruments. The female supervisor checked all completed schedules for internal consistency and to make sure that all instructions were abided by. In addition, she carried out spot checks and re-interviews of

clients in the sample spot. Instructions were given to the team and the team leader to make all stipulated checks on the completed questionnaires and other survey instruments within the selected sample area before moving to another sample area.

During the first week of the field work, all teams worked in and around Dhaka city so that senior professional staff from the firm could observe and provide technical assistance and ensure adherence to the correct procedures. Later, throughout the field work, professional staff from headquarters visited sample spots to guide the teams frequently to ensure the quality of data.

2.7. Quality control checking:

Two quality control teams were assigned to supervise the work of the interviewing teams. Each quality control team was composed of one male and one female Quality Control Officer. The quality control teams checked randomly the work of the interviewing team in the actual working situation in some randomly selected sample areas to ensure that the interviewing team worked in strict compliance with the evaluation design. The quality control teams also randomly re-interviewed and checked some of the fill-in records to ensure their validity.

2.8. Data processing:

The flow of work at this stage of the survey is described below:

2.8.1. Office editing:

The field editing of the questionnaire was done by supervisors on the same days of the interviews. Office editing of the questionnaire in the head office was done by five full-time editors under the supervision of a senior professional staff. These editors were given detailed instructions in editing and coding procedures by

two senior officers who were also responsible for the preparation of editing specifications and the coding instructions. Checks on completeness of the questionnaire, proper flow according to skip instructions, specification of the recorded IUD insertion and closing of the open ended questionnaire were made during office editing. Necessary corrections were made without distortion of the data, and proper care was taken so that the quality of the data was not impaired as a result of the editing. The edited questionnaire was checked by editing verifiers. Sample checks on the edited and verified questionnaire were done by senior staff.

2.8.2. Coding:

The edited questionnaire was then coded by five coders. Four days of intensive training in coding was given to coders by one senior staff. Only those coders who performed satisfactorily in the training were chosen as coders. Even then, only thirty questionnaires were given to each coder every day to ensure the quality of coding.

2.8.3. Code checking:

The coded questionnaire was checked by coding verifiers and necessary corrections were made. Sample re-checks on the checked questionnaire were done by senior staff.

2.8.4. Tabulation:

All the tables for this evaluation report (except those for 'reporting variations') were generated by computer after rigorous checks on the data had been made. The checks were done in terms of computer editing for value ranges, validity and consistency.

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Chapter 3

FINDINGS OF THE FIELD SURVEY

3.1. IUD acceptance during the reference period:

Table 1 shows the monthly rates of the IUD acceptors during the reference period estimated from the sample data. These rates, more or less, follow the similar trend of the monthly rates of IUD acceptance for the entire country during the same reference period compiled by the MIS, and presented in Table 2. This reflects congruence between the proportion of acceptors in the study sample from individual months under the reference period and the proportion of acceptors in the corresponding months for the entire country compiled by MIS (see figure 1).

3.2. Interview status:

Nearly 68 percent of the selected IUD acceptors were successfully interviewed (Table 3). The percentage of the interviewed acceptors was the highest for the rural clinics (71.4 percent), followed by the urban clinics (68.4 percent) and the NGO clinics (64.3 percent). Of the 67.9 percent who were successfully interviewed, 5.8 percentage points were contributed by clients who denied having the reference IUD or having an IUD at all. The six categories of clients -- successfully interviewed (67.9 percent), not available at home (5.8 percent), temporarily visiting the place (7.6 percent), permanently left the address (7.4 percent), address located but no such persons ever lived there (0.1 percent) and others (0.5 percent) in the column showing interview status -- together comprise 90.3 percent of the total number of selected clients (3,000), who were actually located or whose address the field workers were able to locate. The percentage of the located clients was the highest for the NGO clinics (96.4 percent), followed by those for the rural clinics (90.0 percent) and urban clinics (88.5 percent). The

percentage of clients found absent from home during the visit of the interviewers ranged from 11.0 percent in the urban clinics to 5.7 percent in the rural clinics. Change in clients' address was found to be three times higher for the NGO clinics (19.3 percent) than for the government clinics (6.1 percent). The percentage of apparently incomplete addresses was found to vary from 11.2 percent in the urban clinics to 2.5 percent in the NGO clinics. It may be noted that the urban people usually change their addresses more frequently as compared to the rural people. Unlike the sample clients from the government rural or urban clinics, great majority of the sample clients from the NGO clinics were found to have come from the urban areas. This may be a plausible reason for finding high rate in the change of addresses among the urban clients.

3.3. False cases:

Table 3 shows that 4.8 percent of the reported IUD acceptors stated that they never had an IUD during their reproductive life. In these cases, the field interviewers informed the women that their names were found in the clinic register as IUD acceptors and asked them if they could tell how their names had appeared in the clinic register. Many of them could not tell how their names appeared in the clinic register. They added that they had never visited the clinic for any purpose. Some women, however, could give some possible reasons for the recording of their names in the clinic register. These included, visits by the women to the same clinic for having an IUD inserted who were rejected for some medical reason or for shortage of IUD supply, visit by the women to the clinic to take supply of other method of contraception, visit to the clinic for treatment of a sick child, and the like.

Table 3 also shows that 1.0 percent of the clients reported that they had received one or more IUDs but not the reference IUD. Such a case was considered as a faulty entry in the clinic IUD register. It may be noted that if a client was found to have only one IUD in her reproductive life but her reported date and the clinic recorded date varied, she was taken as the reference IUD acceptor if the two dates were within the reference period or if the clients' reported date was not within the reference period but was close to the clinic recorded date. Again, if the client's reported date and the clinic reported date varied, the client's reported date was accepted if the client could produce a document to the interviewer in favour of her statement or if she was sure about the date she had given. In such a case the impression of the interviewer was also considered. In case a client was found to be confused about the date, and the interviewer's judgement was not against that she had the reference IUD, she was taken as the reference IUD acceptor regardless of the extent of variation between the client reported and clinic recorded dates.

Despite all these considerations, the two dates did not match in one percent (30) of the cases. This one percent of the reported IUD acceptors in the clinic register during the reference period were considered false.

It is important to note that 9.4 percent (282) of the cases could not be traced, although apparently their addresses were complete. In such situations, the field staff took the help of the local family planning workers, referrers, and local leaders. The non-availability of such cases was further confirmed by the senior level project personnel by field visits.

We therefore conclude that the acceptors whose addresses seemed adequate, but could not be found, were fictitious.

It is therefore estimated that the false entries of the IUD cases in the clinic register during the reference period was 15.2 percent (30 + 144 + 282 = 456 cases out of 3,000 cases). The standard error of this estimate (15.2) is 0.7 percent.

3.4. Socio-economic characteristics of IUD acceptors:

3.4.1. Religious background:

Overall, 85.6 percent of the IUD acceptors were Muslims, 14.1 percent were Hindus, and the remaining few (0.3 percent) were Christians and Buddhists (Table 4). The proportion of Hindus in the sample (14.1 percent), to some extent, is lower than the proportion of Hindus in the country (15.6 percent) (B.B.S., 1983). This is also observed within the individual categories of clinics with relatively less proportion of Hindu acceptors in the NGO clinics.

3.4.2. Education:

Over half of the IUD acceptors (51.0 percent) reported having no formal schooling (Table 5). Slightly over 29.0 percent reported having schooling upto primary; 12.2 percent above primary but below secondary, 6.9 percent secondary and higher secondary, and the remaining few (0.7 percent) Bachelor's degree and above. The IUD acceptors in the NGO clinics were found to be relatively more educated than the acceptors in the government clinics, with about 75.0 percent in the former compared

to 46.0 percent in the latter having schooling. As expected, the largest proportion of acceptors from the rural clinics had no formal schooling.

Choudhury et al. (1984) in a similar study estimated the rate of non-schooling at 50.8 percent among the IUD acceptors. This study showed rates of school attendance in three categories of clinics -- 41.7 percent among rural government clinic acceptors, 62.8 percent among urban government clinic acceptors and 82.4 percent among NGO acceptors -- similar to the rates observed in the present study. Mabud and Akhter (1982) reported a school attendance rate of 56.0 percent in a rural sample of IUD acceptors, compared to 43.4 percent in the rural clinic acceptors found in this study.

3.4.3. Husband's education:

About two-thirds (64.2 percent) of the husbands of the IUD acceptors attended school (Table 6). The school attendance rate of the husbands of the acceptors in the rural clinics was 60.2 percent, in the urban clinics, 74.1 percent, and in the NGO clinics, 77.0 percent. Choudhury et al. (1984) reported the school attendance rate of 64.8 percent for the acceptors' husbands. Mabud and Akhter (1982), however, reported a school attendance rate of 75.0 percent for the acceptors' husbands in their rural sample.

3.4.4. Main occupation of husband:

About a quarter (24.2 percent) of the acceptors' husbands were engaged in cultivation and almost an equal proportion was in service (23.6 percent) (Table 7). About one-third were engaged in business (28.5 percent) and over one-fifth were day labourers. The remaining 2.4 percent had other occupations (1.2 percent) or were unemployed (1.2 percent). Disproportionately, over a half (51.7 percent) of the NGO acceptors' husbands were engaged in service. As expected, a relatively high proportion of the acceptors' husbands in the rural clinics was engaged in cultivation (29.1 percent).

3.4.5. Employment status:

About 13.0 percent of the IUD acceptors reported having earned cash money in the preceding one year period (Table 8). Earning in kind was reported by two percent of the acceptors. The proportions of acceptors earning money in the preceding year were almost the same for the rural clinic (12.8 percent) and the NGO clinic (12.9 percent). This was slightly higher among the urban government clinic acceptors (13.3 percent). Choudhury *et al.* (1984) found about 10.0 percent of the IUD acceptors having earned cash money. Mabud and Akhter (1982) found that 10.0 percent of the acceptors in the rural clinics were engaged in income earning activities.

3.4.6. Ownership of cultivable land:

Slightly over 44.0 percent of the IUD acceptors reported owning no cultivable land (Table 9). The proportion varied among categories of clinics -- 42.3 percent for rural government clinics, 51.5 percent for urban government clinics and 45.5 percent for NGO clinics. Choudhury *et al.* (1984) found 41.0 percent IUD acceptors having no cultivable land.

3.5. Demographic characteristics:

3.5.1. Age on interview date:

The mean age of the IUD acceptors was 27.0 years (Table 10). The mean age was the same in the three categories of clinics. A large majority of the acceptors (82.4 percent) were in the age group of 20 to 34 years. Choudhury et al. (1984) reported the mean age of 27.4 years for the IUD acceptors.

3.5.2. Number of children ever born:

The mean number of children ever born to the IUD acceptors was 3.8 (Table 11). The mean numbers of ever born children of the acceptors in the two categories of government clinics were almost the same -- for rural clinic, 3.9 and for urban clinic, 3.8. This was found to be smaller for the acceptors in NGO clinic (3.2). Choudhury et al. (1984) also found the mean number of ever born children of 3.9 for the IUD acceptors. The mean number of ever born children among the acceptors in different categories of clients found in this study, more or less, are the same as reported in the study by Choudhury et al. (1984).

Nine acceptors reported that they had not experienced any live birth before they accepted the IUD. Over half of the acceptors reported they had experienced one to three live births before accepting the IUD. Nearly one-third of the acceptors (31.2 percent) reported they had more than four live births. It appears that the NGO clinic acceptors had lesser number of ever born children as compared to the government clinic acceptors.

3.5.3. Number of living children:

The mean number of living children of the IUD acceptors was 3.2 (Table 12). This mean number of living children varied among the three categories of clinics -- for rural clinic, 3.2, urban

clinics, 3.0 and, for NGO clinics, 2.8. A majority (64.3 percent) of the acceptors had one to three living children. The rural clinic acceptors had higher number of living children as compared to the urban and NGO clinic acceptors. About 37.0 percent of the rural clinic acceptors, 31.0 percent of the urban clinic acceptors and 27.0 percent of the NGO clinic acceptors had four or more children. Choudhury et al. (1984) found the mean number of 3.3 living children of the IUD acceptors.

3.5.4. Number of living sons and daughters:

On an average, the IUD acceptors had 1.7 living sons (Table 13) and 1.5 living daughters (Table 14). The NGO clinic acceptors had the smallest mean number of sons and daughters (1.5 and 1.3 respectively) followed by the urban clinic acceptors (1.7 and 1.4 respectively) and rural clinic acceptors (1.7 and 1.5 respectively). Choudhury et al. (1984) also found a mean number of 1.7 living sons and a mean number of 1.5 living daughters of the IUD acceptors.

About 16.0 percent and 21.0 percent of the IUD acceptors did not have any living son and daughter respectively. Nearly 77.0 percent of the IUD acceptors had one to three living sons and nearly 72.0 percent of the acceptors had one to three living daughters.

3.5.5. Last pregnancy outcome:

Nearly one out of every 10 IUD acceptors (9.6 percent) did not have a live birth as the outcome of her last pregnancy -- 1.9 percent had still births, 6.4 percent had induced abortions and 1.5 percent had spontaneous abortions (Table 15). Three acceptors reported they had not experienced pregnancy before having the IUD and these three clients were from the urban government clinics. Induced abortion was surprisingly high among the NGO clinic acceptors (23.6 percent) followed by the urban clinic acceptors (6.7) and the rural clinic acceptors (4.1). Choudhury et al. (1984) also found the same trend

of induced abortion in the three categories of clinics -- for rural government clinics, 3.3 percent, for urban government clinics, 6.7 percent and, for NGO clinics, 8.6 percent. It appears that one out of every 16 IUD acceptors did not want her last pregnancy and therefore had induced abortion, and then accepted the IUD to prevent any further pregnancy.

3.6. Contraceptive use during the month preceding the IUD acceptance:

The information on the use of contraception by the IUD acceptors during the one month period preceding the date of IUD insertion was gathered in this study and is presented in Table 16.

One out of every five IUD acceptors (20.9 percent) had used some method of contraception other than the IUD in the month preceding the IUD acceptance. This proportion of acceptors, in fact, represents contraceptive switch over cases. The IUD was being used in the preceding month by 2.2 percent acceptors. It appears that they received a new IUD after either expulsion or removal of the IUD they had received previously. The rate of use of the IUD in the preceding month varied among the categories of clinics, for rural government clinics, 2.4 percent, for rural urban clinics, 2.3 percent and, for NGO clinics, 1.1 percent. Choudhury *et al.* (1984) found that 1.1 percent of the IUD acceptors were using the IUD during the one month period preceding the date of the IUD insertion. It appears that, prior to the IUD acceptance, oral pill was the most popular method among the acceptors, followed by condom.

3.7. IUD use status:

Overall, 67.4 percent of the IUD acceptors reported that they had the IUD in situ at the time of interviewing them (Table 17). About seven percent of the acceptors reported the device was expelled

spontaneously, and 26.0 percent said the device was removed voluntarily. The expulsion rate of the IUD was the highest among the acceptors at the urban government clinics (7.6 percent) followed by rural government clinics (7.3 percent) and NGO clinics (2.8 percent). The removal rates in the urban government clinics were also the highest (33.6 percent). The removal rates were almost the same for the rural government clinics (24.0 percent) and NGO clinics (24.2 percent).

3.8. Causes of removal of the IUD:

The causes of removal of the IUD are presented in Table 18. More than one-fifth of the IUD acceptors had the device removed because of medical reasons. The most frequent reason for removal of the IUD reported by the acceptors (14.0 percent) was the bleeding problem. Abdominal pain/cramps was given as the reason by 3.2 percent acceptors. Pregnancy, as a cause for removal, was mentioned by 1.3 percent acceptors. The other medical reasons for removal were physical weakness (1.0 percent), displacement of the IUD (0.9 percent), pelvic infection (0.7 percent) and discomfort with the IUD (0.5 percent).

Slightly over four percent of the clients had their IUDs removed because of non-medical reasons. These reasons were: desire for pregnancy (1.5 percent), husband's objection (0.8 percent), husband away/died (0.7 percent), fear of side effect (0.4 percent), switch over to other method (0.4 percent), and others (0.3 percent).

3.9. Followup visits received by acceptors at home or at the clinic:

The overall estimate of the proportion of the IUD acceptors who had received a followup, either at home by field workers or by visits to the clinics by the acceptors themselves, was 78.1 percent (Table 19). Female field workers visited 46.6 percent of the acceptors at

home, and 31.5 percent of the acceptors visited the clinics themselves. The remaining 1.1 percent of the acceptors were visited at home by others. Overall, 21.9 percent of the acceptors did not have any followup at all. The followup rate of the NGO clinics was relatively high (84.8 percent) as compared to the rural government clinics (77.4 percent) and urban government clinics (77.3 percent). This may be because of the fact that a higher proportion of the acceptors (46.6 percent) of the NGO clinics visited the clinics themselves for followup than the acceptors of both rural government clinics (27.0 percent) and urban government clinics (41.8 percent).

Choudhury et al. (1984) estimated the followup rate at 86.7 percent. The followup rate therefore appears to have decreased by 8.6 percent in the present study during the reference period. The reason for this decrease in the followup rate may be that the rate of visits made by the clients themselves at the clinics decreased from 42.5 percent (reported in the above study) to 31.5 percent (found in the present study) over time.

3.10. Refusing requests for the IUDs:

The study could not estimate the proportion of women who were refused IUD insertion, because the clinics did not maintain any record of refusal cases. Choudhury et al. (1984) also reported the nonavailability of any such records at the clinic. Although it was found that the record keeping system of the IUD acceptors had improved over time, the records of the IUD refusal cases were not found to have been maintained.

3.11. Incidence of IUD reinsertion during the reference period:

The number of times the acceptors had the IUDs reinserted during the reference period is presented in Table 20. In a great majority of cases (97.8 percent), the IUD insertion was the first insertion.

One out of about 50 acceptors (2.1 percent) reported having the IUD reinserted once and only one acceptor had reinsertion twice during the reference period. In terms of number of insertions, however, the 1864 IUD acceptors had, in total, 1906 insertions (1823 once, 40 twice and 1 thrice) of which the number of reinsertions were 42 (40 once and 1 twice). In other words, 2.2 percent of the IUD insertions were, in fact, reinsertions. Similarly, the proportion of the IUD insertions which were reinsertions are estimated for rural government clinics at 2.1 percent, urban government clinics at 2.9 percent and NGO clinics at 1.7 percent. Choudhury et al. in the first IUD evaluation study in 1984 estimated the IUD reinsertion rate at 3.3 percent.

3.12. Receipt of client transportation cost:

Over one-fifth of the acceptors (20.7 percent) reported that they had not received any money at all (Table 21). The rate of non-receipt of money varied between the categories of clinics, for rural government clinics, 19.5 percent, for urban government clinics, 22.7 percent, and for NGO clinics, 25.3 percent. Over three-fourths of the acceptors (75.5 percent) reported that they had received taka fifty each as the transportation cost. Some 3.3 percent acceptors said that the amount received by each of them was less than fifteen taka. Ten acceptors (0.5 percent), however, reported that they had received more than taka fifteen each as the transportation cost.

Choudhury et al. (1984) reported that 36.8 percent of the acceptors had not received any money. The study also found that 3.3 percent and 0.4 percent of the acceptors had received less than taka fifteen and more than taka fifteen respectively.

3.13. Life table continuation of the IUD use:

Table 22 shows the monthly rates of the device loss, together and separately, for the three main causes -- pregnancy, expulsion and removal. Overall, the probability of device loss is the highest in the first few months and also in the 12th month. For each specific cause the rate for the device loss was also higher in the first few months as compared to the following months. Although, the overall rates and also the rates for each of three causes for the device loss fluctuated over the period, there was a declining trend in the probabilities of device loss. A remarkable observation in this regard is that the removal rate in the 12th month suddenly went up to the level of that of the first month. The high rate of overall device loss in the 12th month is almost fully attributable to the high rate of removal of the device in the same segment of time. The cumulative probability of continuation of the IUD was 78.3 percent at the end of 6 months, 72.4 percent at the end of 9 months and 65.9 percent at the end of 12 month (Table 23).

Choudhury et al. (1984) estimated the cumulative probability of the IUD use at 80.4 percent at 6 months, 75.5 percent at 9 months and 71.5 percent at 12 months. Mabud and Akhter (1982) estimated the cumulative rate of the IUD use at 80.8 percent at 12 months. Khan et al. (1982) estimated the cumulative rate of the IUD use at 73.6 percent at 9 months.

3.14. Review of clinic records:

The records of the selected clinics were reviewed to see whether they maintained the records on: reinsertion of the IUDs, removal of the IUDs, rejection of the IUDs, followup visits, and payments to the clients, referrers and service providers. It was found that during the reference period records on reinsertion, removal, rejection and followup visits were maintained by 10 clinics out of the selected 75 clinics. No records were found to be maintained by 25 clinics and the remaining 40 clinics did maintain records on either any one or two or three of the categories of the IUD clients.

But it was also found that records on payments to the clients, referrers and service providers were maintained by all the selected clinics except two.

Records on reinsertions of the IUDs: Overall, 28.0 percent of the selected clinics had maintained records for all months (Table 24). No records were maintained for any month by 68.0 percent clinics and the remaining 4.0 percent clinics maintained records for some months. Availability of records for all months according to the categories of clinics, for rural government clinics, 26.4 percent, for urban government clinics, 26.7 percent, for rural and urban government clinics together, 26.5 percent and, for NGO clinics, 42.9 percent.

Records on removal of the IUDs: Table 25 shows that records on removal of the IUDs were available for all months for 40.0 percent of the selected clinics. Availability of records for all months is found to be the highest in NGO clinics (57.1 percent) followed by rural government clinics (39.6 percent) and urban government clinics (33.3 percent). No records were available for any month constitute 57.3 percent clinics and the remaining 2.7 percent clinics were found to be maintained records for some months.

Records on rejection of the IUDs: It was found that overall 50.6 percent clinics did not maintain any records for any month and 2.7 percent clinics maintained records for only some months. The remaining 46.7 percent clinics were found to maintain records for all months -- clinic-wise, rural government clinics, 54.7 percent, urban government clinics, 20.0 percent and, NGO clinics, 47.1 percent (Table 26).

Records on followup visits: Over sixty one percent clinics did not maintain any record on followup visits for any month under the reference period. It could be seen from Table 27 that, overall, 32.0 percent clinics maintained records on followup visits. The NGO clinics were found to be highest in maintaining records (71.4 percent) than the rural and urban government clinics together (27.9 percent). Again, the urban government clinics were highest (40.0 percent) in record keeping than the rural government clinics (24.5 percent).

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Chapter 4

DETERMINATION OF IUD PERFORMANCE FIGURES

One of the objectives of this evaluation study is to determine the national IUD performance figure for the period from 1 October 1983 through 30 September 1984. For this purpose, the following information were required:

- a) extent of variation (in percent) in the IUD performance statistics between the government clinic register figures and the MIS reported figures under the sample upazilas;
- b) extent of variation (in percent) in the IUD performance statistics between the NGO clinic register figures under the sample NGOs and the reported figures in the annexures of the MIS monthly reports; and
- c) proportion of false cases as estimated from the field survey.

The proportion of false cases is estimated at 15.2 percent, and this has been discussed in section 3.3 at page 16. We first discuss below the reporting variations, and then provide an estimate of the national IUD performance figures for the reference period.

4.1. Reporting variations:

4.1.1. The reporting channel of IUD performance statistics for the BDG:

The clinics report their monthly IUD performance to the concerned upazilas. These reported performance figures are then compiled and forwarded to the concerned districts by the upazilas. The districts, in turn, compile figures from different upazilas and those from the performing NGOs and forward the upazila-wise combined performance figures to the MIS Unit. The MIS then compiles and publishes a nation-wide monthly performance report by districts.

4.1.2. The reporting channels of the IUD performance statistics for the NGOs:

The usual reporting practice of the NGO clinics/sub-centres is to send their performance statistics to their respective headquarters which, in turn, transmit them to the MIS. The NGO clinics, besides reporting to their headquarters, also report simultaneously to the concerned district family planning office (DFPO), which, in turn, send them to the MIS. Some NGO clinics, however, report directly to the MIS without reference to the DFPO and upazila family planning office (UFPO). On the other hand, a few small local NGOs do not report to the district or MIS at all; they report to the concerned UFPO.

Due to these different reporting channels and also due to the involvement of a number of reporting tiers, the task to find out the reporting variations between the clinic performance data and the MIS reported performance becomes complicated. However, to find the reporting variations, NGO performance statistics were collected from the different reporting tiers.

4.1.3. Forms used for collection of IUD performance statistics:

The following forms were used in course of the field survey for collecting the IUD performance statistics from the different reporting tiers in the reporting channels:

Form IC-1: Clinic performance figures recorded in the clinic register were collected in this form. These data were collected from each of the selected BDG and NGO clinics. This has been referred to as the actual clinic data;

Form IC-2: This form was used to collect the clinic performance figures as recorded in UFPO. These data were collected from the respective UFPO records for the selected clinics. This has been referred to as the upazila recorded clinic performance;

- Form IC-3: The NGO clinic performance figures sent by the clinics to the concerned DFPOs were collected in this form. This has been styled as the NGO clinic reported data to the district;
- Form IC-4: This form was used to collect the NGO clinic performance figures from the clinic reports sent to the concerned NGO headquarters. This has been referred to as the NGO clinic reported data to the headquarters;
- Form IU-1: This form was used to collect the upazila performance figures for the clinics under the upazila, broken down by BDG and NGO, sent by UFPO to the DFPO. This has been referred to as the upazila reported data;
- Form ID-1: This form was used to collect the district performance figures, broken down by BDG and NGO, sent by the DFPO to the MIS Unit. This has been termed as the district reported data.

In addition to the above, two types of MIS reports namely the MIS Monthly Performance Report (MMPR) and the MIS Monthly Computer Printout (MMCP) were also collected from the MIS Unit.

These data were collected by the Team Leaders of the field survey teams. The filled-in forms were countersigned by the concerned officials at the reporting tiers to vouch for their authenticity.

4.1.4. Variation of IUD performance statistics of BDG between the clinic register figures and the MIS reported figures:

The MIS monthly performance report (MMPR), and also the MIS monthly computer printout (MMCP) provide method-wise monthly contraceptive performance figures for the country. The MMPR provides the monthly performance figures by district and the MMCP provides it by upazila, and also by district. The MMPR is published regularly within four weeks following the reporting month. If any additional information is received by the MIS after the MMPR has been prepared, this is included in the MMCP. So, it is more likely that the MMCP provides more updated performance figures than the MMPR. Therefore,

the reported IUD figures in the MMCP have been used for estimating the reporting variation in IUD performance statistics at the MIS level.

The clinic IUD performance figures were collected from the registers of the selected clinics. The performance figures for the selected clinics recorded at the respective UFPOs were also collected. It may be recalled that 75 clinics were selected from 75 upazilas, one clinic being selected from each upazila. So, from among all clinics under a upazila, the clinic-register IUD performance figures were collected from one clinic only. It was mentioned above that the MMCP provided the performance figures by upazila. Therefore, for estimating the reporting variation between the clinic-register figures of the selected upazilas with those of the figures in the MMCP, the clinic-register figures of all the clinics under the selected upazilas were estimated using the procedures shown as below:

$$A_i = \frac{\sum C_{ij}}{\sum C'_{ij}} \sum S_{ij}$$

where, $j = 1 \dots \dots \dots k_i$

$i = 1, 2, 3$

k_i = number of upazilas selected in i th stratum

A_j = estimated clinic register performance figure in the selected upazilas of the i th stratum

C_{ij} = the performance figure in the register of the clinic selected under the j th selected upazila of the i th stratum

C'_{ij} = the upazila recorded performance figure for the clinic selected under the j th selected upazila of the i th stratum

S_{ij} = upazila recorded performance figure for all the clinics under the j th selected upazila of the i th stratum

Applying the above procedure for estimating the clinic-register figures under the selected upazila and using the relevant data, the variation between the clinic-register figures and the MIS reported figures has been estimated as below:

| Reporting tiers | BDG urban | BDG rural | BDG Total |
|---|-------------------|-------------------|-------------------|
| 1. Clinic register performance figures for the selected clinics = Z_1 | 4,292 | 14,915 | 19,207 |
| 2. Upazila recorded performance figures for the selected clinics = Z_2 | 4,098 | 14,895 | 18,993 |
| 3. Proportion of clinic performance recorded at the upazila for the selected clinics = $Z_3 = (Z_1/Z_2)$ | 1.0473 | 1.0013 | 1.0113 |
| 4. Upazila recorded clinic performance for all clinics in selected upazilas = Z_4 | 19,695 | 63,534 | 83,229 |
| 5. Estimated figures for clinic-register performance in the selected upazilas = $Z_5 = (Z_4) \times (Z_3)$ | 20,627 | 63,617 | 84,244 |
| 6. Performance for the selected upazila according to the MMCP = Z_6 | 19,390 | 64,213 | 83,603 |
| 7. Difference between estimated upazila clinic performance data and MIS reported data in the MMCP for the same upazilas = $Z_7 = (Z_6 - Z_5)$ | -1,237 (-6.0%) | + 596 (+0.94%) | - 641 (-0.76%) |

It is found from the above that the MIS underreported the IUD insertion figures by about 0.8 percent. Treating rural and urban upazilas separately, the urban-clinic IUD insertion figures were found to have been underreported by 6.0 percent and the rural-clinic figures overreported by 0.9 percent in the MMCP.

4.1.5. Variation of IUD performance statistics of NGO between the clinic-register figures and the MIS reported figures:

As indicated above, the MIS received NGO performance figures from two sources -- the district family planning office and the NGO headquarters/NGO. At the MIS, the district reported NGO performances are merged with the BDG performance of the corresponding district and are published in the MMPR and the MMCP. However, NGO-wise performance figures sent by the NGO headquarters/NGOs are shown in an annexure of the MMPR. So, in estimating the reporting variation between the NGO clinic-register figures and the MIS reported figures, the NGO figures reported in the annexures of the MMPR were used.

In the evaluation study, seven NGOs came under the sample for the field survey. In addition to inserting IUDs, some of these NGOs were found to refer cases. The insertion figures were available at the clinic register. The records for referral cases were partially available. So, the insertion figures were collected and the referral figures were disregarded. Similarly, disregarding the referral figures, the insertion figures of the selected NGO clinics sent by the NGO headquarters/NGO to the MIS were collected. It is important to note that the performance figures of the NGOs reported in the annexures of the MMPRs included the referral cases also. Again, in some cases, it was found that if an NGO had more than one clinic, the total performance of all those clinics was shown in the annexures; clinic-wise performance was not shown. The clinic-wise NGO performance figures were of course available at the MIS in the monthly reports sent by NGOs. So, a direct comparison of the individual clinic register insertion figure with its performance figure included in the annexures of the MMPR could not be made. Ignoring the reporting variation between the NGO-reported figures to the MIS and the MIS-reported figures in the annexures, the percent variation between the clinic-register insertion figures and the NGO headquarters/NGO-reported insertion figures to the MIS was

taken as the percent variation between the clinic-register figures and the MIS-reported figures. This variation was estimated at 2.9 percent (see Table 28).

4.2. Determination of national IUD performance:

A. Correction of the IUD performance figures of BDG in the MMCP for reporting variation:

| Performance | BDG urban | BDG rural |
|---|-----------|-----------|
| IUD performance figures as per the MMCP = B_1 | 71,957 | 254,850 |
| Percentage of underreporting(-)/overreporting (+) of IUD figures at MIS = B_2 | - 6.0 | +0.94 |
| Corrected IUD figures = $B_3 = \frac{100}{100+B_2} \times P_i$ | 76,550 | 252,477 |
| Proportion of false cases = B_4 | 0.137 | 0.172 |
| Estimated number of IUD insertions cases = $B_5 = [B_3 - B_3 \times B_4]$ | 66,062 | 209,051 |

B. Correction of the IUD performance figures of NGO in the annexures of the MMR for reporting variation and referral cases:

| Performance | NGO |
|---|--------|
| IUD performance figures as per annexures of the MMR = N_1 | 46,541 |
| Percentage of overreporting(+) in the annexure of the MMR = N_2 | 2.9 |

| <u>Performance</u> | <u>NGO</u> |
|---|------------|
| Actual performance in the annexure of the MMPR | |
| $N_3 = \frac{100}{100+N_2} \times N_1$ | 45,229 |
| Percentage of referral cases = N_4 (A review of the relevant documents revealed that 15.1 percent of the NGO-reported figures were referral cases) | 15.1 |
| Actual number of IUD insertions = $N_5 = [N_3 - N_3 \times N_4]$ | 38,399 |
| Proportion of false cases = N_6 | 0.033 |
| Estimated number of IUD insertions in the NGOs = $N_7 = [N_5 - N_5 \times N_6]$ | 37,132 |
| C. Determination of the national IUD performance figures during the reference period: | |
| Estimated number of IUD insertions in the BDG urban upazilas | 66,062 |
| Estimated number of IUD insertions in the BDG rural upazilas | 209,051 |
| Estimated number of IUD insertions in the NGOs | 37,132 |
| Estimated number of national IUD insertions during the reference period | 312,245 |

It is estimated that the national IUD insertion figure during the reference period was 312,245. As per the MMCP, the national IUD figure for the same period was 352,770. Thus the MIS- reported IUD insertion figure in the MMCP was higher by 40,525 cases than the estimated number of IUD insertions during the reference period. In other words, the reported IUD figure in the MMCP during the reference period was 13.0 percent higher than the estimated number of IUD insertions. Again, as per the MMPR, the national IUD insertion figure (356,920) was higher by 44,675 cases than the estimated figure. Thus the MMPR-reported IUD figure was 14.3 percent higher than the estimated figure. However, USAID reimburses the government on the basis of the IUD figure reported in the MMPR.

It may be noted that if the figure in the MMCP is considered to be the reported national IUD insertion figure during the reference period, the actual number of cases performed would be achieved by multiplying the MMCP figure by the factor 0.38512. On the other hand, if the figure in the MMPR (356,920 cases) is considered to be the reported national IUD insertion figure, the actual figure would be obtained by multiplying the figure in the MMPR by the factor 0.87483.

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Table 1: Number and percent distribution of IUD acceptors selected for interview by the month of insertion of IUD and by clinic status

| Month of insertion | Clinic status | | | | | | | | | |
|--------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| October 1983 | 158 | (7.5) | 30 | (5.0) | 188 | (6.9) | 18 | (6.4) | 206 | (6.9) |
| November 1983 | 200 | (9.4) | 60 | (10.0) | 260 | (9.6) | 15 | (5.4) | 275 | (9.2) |
| December 1983 | 230 | (10.9) | 51 | (8.5) | 281 | (10.3) | 13 | (4.6) | 294 | (9.8) |
| January 1984 | 215 | (10.2) | 71 | (11.8) | 286 | (10.5) | 12 | (4.3) | 298 | (9.9) |
| February 1984 | 214 | (10.1) | 97 | (16.2) | 311 | (11.4) | 15 | (5.4) | 326 | (10.9) |
| March 1984 | 193 | (9.1) | 53 | (8.8) | 246 | (9.1) | 18 | (6.4) | 264 | (8.8) |
| April 1984 | 143 | (6.7) | 39 | (6.5) | 182 | (6.7) | 46 | (16.4) | 228 | (7.6) |
| May 1984 | 160 | (7.5) | 55 | (9.2) | 215 | (7.9) | 20 | (7.1) | 235 | (7.8) |
| June 1984 | 132 | (6.2) | 29 | (4.8) | 161 | (5.9) | 22 | (7.9) | 183 | (6.1) |
| July 1984 | 155 | (7.3) | 46 | (7.7) | 201 | (7.4) | 34 | (12.1) | 235 | (7.8) |
| August 1984 | 168 | (7.9) | 29 | (4.8) | 197 | (7.2) | 40 | (14.4) | 237 | (7.9) |
| September 1984 | 152 | (7.2) | 40 | (6.7) | 192 | (7.1) | 27 | (9.6) | 219 | (7.3) |
| Total | 2,120 | (100.0) | 600 | (100.0) | 2,720 | (100.0) | 280 | (100.0) | 3,000 | (100.0) |

Table 2: Number and percent distribution of IUD acceptors by the month of insertion of IUD as reported by MIS

| Month of insertion | No. | % |
|--------------------|---------|-------|
| October 1983 | 22,004 | 6.2 |
| November 1983 | 25,754 | 7.2 |
| December 1983 | 25,188 | 7.1 |
| January 1984 | 33,195 | 9.3 |
| February 1984 | 33,195 | 9.3 |
| March 1984 | 31,156 | 8.9 |
| April 1984 | 32,918 | 9.2 |
| May 1984 | 34,371 | 9.6 |
| June 1984 | 22,598 | 6.3 |
| July 1984 | 30,674 | 8.6 |
| August 1984 | 34,972 | 9.8 |
| September 1984 | 31,025 | 8.7 |
| Total | 357,050 | 100.0 |

Figure 1: Monthly rates of IUD performance during the study reference period estimated from the sample data, and found from the MIS data.

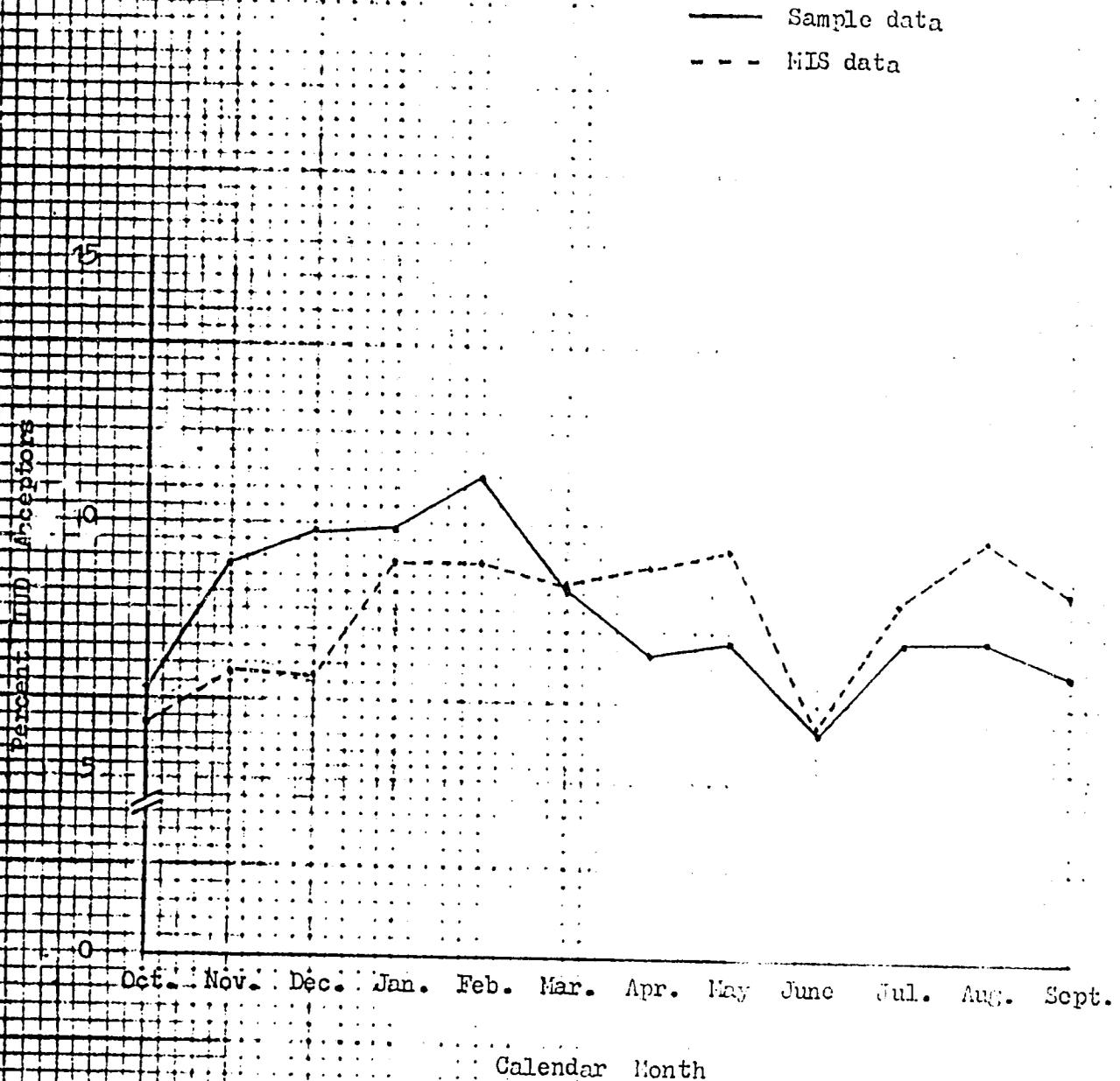


Table 3: Number and percent distribution of reported IUD acceptors selected for interview according to their interview status

| Interview status | Clinic status | | | | | | | | | |
|--|---------------------|--------|---------------------|--------|--|--------|-------------|--------|--------------------------------|--------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| <u>Successfully interviewed</u> | | | | | | | | | | |
| - Clients reported they had IUD | 1,356 | (64.0) | 330 | (55.0) | 1,686 | (62.0) | 178 | (63.5) | 1,864 | (62.1) |
| - Clients reported they did not have the reference IUD | 23 | (1.1) | 6 | (1.0) | 29 | (1.1) | 1 | (0.4) | 30 | (1.0) |
| - Clients reported they did never have IUD | 134 | (6.3) | 9 | (1.5) | 143 | (5.3) | 1 | (0.4) | 144 | (4.8) |
| | 1,513 | (71.4) | 345 | (57.5) | 1,858 | (68.4) | 180 | (64.3) | 2,038 | (67.9) |
| <u>Not interviewed</u> | | | | | | | | | | |
| - Clients not available at home | 120 | (5.7) | 66 | (11.0) | 186 | (6.8) | 17 | (6.1) | 203 | (6.8) |
| - Apparently complete address but either clients could not be found address or the addresses could not be traced | 208 | (9.8) | 67 | (11.2) | 275 | (10.1) | 7 | (2.5) | 282 | (9.4) |

Table 3 contd.

| Interview status | Clinic status | | | | | | | | | |
|---|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| - Clients were temporarily visiting the place | 162 | (7.6) | 52 | (8.7) | 214 | (7.9) | 14 | (5.0) | 228 | (7.6) |
| - Clients have permanently left the address | 100 | (4.7) | 67 | (11.1) | 167 | (6.1) | 54 | (19.3) | 221 | (7.4) |
| - Incomplete address | 1 | (0.1) | 2 | (0.3) | 3 | (0.1) | 3 | (1.1) | 6 | (0.2) |
| - Address found but no such person ever lived there | - | | - | | - | - | 4 | (1.4) | 4 | (0.1) |
| - Interview not attempted | 3 | (0.1) | - | | 3 | (0.1) | - | - | 3 | (0.1) |
| - Others (died, refused to be interviewed, partially interviewed) | 13 | (0.6) | 1 | (0.2) | 14 | (0.5) | 1 | (0.3) | 15 | (0.5) |
| Total | 2,120 | (100.0) | 600 | (100.0) | 2,720 | (100.0) | 280 | (100.0) | 3,000 | (100.0) |

Table 4: Number and percent distribution of IUD acceptors according to their religion

| Religion | Clinic status | | | | | | | | | |
|-----------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Muslim | 1,151 | (84.9) | 287 | (87.0) | 1,438 | (85.3) | 158 | (88.8) | 1,596 | (85.6) |
| Hindu | 200 | (14.7) | 43 | (13.0) | 243 | (14.4) | 20 | (11.2) | 263 | (14.1) |
| Christian | 2 | (0.1) | 0 | (0.0) | 2 | (0.1) | 0 | (0.0) | 2 | (0.1) |
| Budhist | 3 | (0.2) | 0 | (0.0) | 3 | (0.2) | 0 | (0.0) | 3 | (0.2) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |

Table 5: Number and percent distribution of IUD acceptors according to their education and by clinic status

| Educational level | Clinic status | | | | | | | | | |
|--------------------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| No schooling | 767 | (56.6) | 139 | (42.1) | 906 | (53.7) | 45 | (25.3) | 951 | (51.0) |
| Primary | 401 | (29.6) | 92 | (27.8) | 493 | (29.3) | 51 | (28.7) | 544 | (29.2) |
| Below secondary | 126 | (9.3) | 65 | (19.7) | 191 | (11.3) | 37 | (20.8) | 228 | (12.2) |
| Secondary and higher secondary | 59 | (4.4) | 28 | (8.5) | 87 | (5.2) | 41 | (23.0) | 128 | (6.9) |
| Degree and above | 3 | (0.2) | 6 | (1.8) | 9 | (0.5) | 4 | (2.2) | 13 | (0.7) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |

Table 6: Number and percent distribution of the husbands of the IUD acceptors according to their husbands' education and by clinic status

| Educational level | Clinic status | | | | | | | | | |
|--------------------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| No schooling | 540 | (39.8) | 85 | (25.9) | 625 | (37.1) | 41 | (23.0) | 666 | (35.8) |
| Primary | 276 | (20.4) | 66 | (20.1) | 342 | (20.5) | 12 | (6.7) | 354 | (19.0) |
| Below secondary | 264 | (19.5) | 61 | (18.6) | 325 | (19.3) | 21 | (11.8) | 345 | (18.6) |
| Secondary and higher secondary | 196 | (14.5) | 78 | (23.8) | 274 | (16.3) | 53 | (29.8) | 327 | (17.6) |
| Degree and above | 63 | (4.6) | 37 | (11.3) | 100 | (5.9) | 50 | (28.1) | 150 | (8.1) |
| Respondent did not remember | 17 | (1.3) | 1 | (0.3) | 18 | (1.1) | 1 | (0.6) | 19 | (1.0) |
| Total | 1,356 | (100.0) | 328 | (100.0) | 1,684 | (100.0) | 178 | (100.0) | 1,862 | (100.0) |

Note: Two not stated cases are excluded from the above table.

Table 7: Number and percent distribution of the husbands of the
IUD acceptors by their main occupation

| Main occupation of husband | Clinic status | | | | | | | | | |
|-------------------------------|------------------------|---------|------------------------|---------|--|---------|-------------|---------|--------------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Cultivation | 394 | (29.1) | 41 | (12.4) | 435 | (25.8) | 15 | (8.4) | 450 | (24.2) |
| Day labor | 306 | (22.6) | 67 | (20.3) | 373 | (22.1) | 25 | (14.0) | 398 | (21.4) |
| Business | 376 | (27.7) | 110 | (33.3) | 486 | (28.8) | 45 | (25.3) | 531 | (28.5) |
| Service | 251 | (18.5) | 96 | (29.1) | 347 | (20.6) | 92 | (51.7) | 439 | (23.6) |
| Unemployed | 19 | (1.4) | 4 | (1.2) | 23 | (1.4) | 0 | (0.0) | 23 | (1.2) |
| Other | 9 | (0.7) | 12 | (3.6) | 21 | (1.2) | 1 | (0.6) | 22 | (1.2) |
| Total | 1,355 | (100.0) | 330 | (100.0) | 1,685 | (100.0) | 178 | (100.0) | 1,863 | (100.0) |

Note: One not stated case of husband's occupation is excluded from the table.

Table 8: Number and percent distribution of IUD acceptors according to whether they earned in cash or in kind during the period of last one year

| Whether earned | Clinic status | | | | | | | | | |
|----------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Earned in cash | 174 | (12.8) | 44 | (13.3) | 218 | (12.9) | 23 | (12.9) | 241 | (12.9) |
| Earned in kind | 27 | (2.0) | 5 | (1.5) | 32 | (1.9) | 6 | (3.4) | 38 | (2.0) |
| Did not earn | 1,155 | (85.2) | 281 | (85.2) | 1,436 | (85.2) | 149 | (83.7) | 1,585 | (85.0) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |

Table 9: Number and percent distribution of IUD acceptors by their ownership of cultivable land by clinic status

| Whether own cultivable land | Clinic status | | | | | | | | | |
|--------------------------------|------------------------|---------|------------------------|---------|--|---------|-------------|---------|--------------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Own | 783 | (57.7) | 160 | (48.5) | 943 | (55.9) | 97 | (54.5) | 1,040 | (55.8) |
| Don't own | 573 | (42.3) | 170 | (51.5) | 743 | (44.1) | 81 | (45.5) | 824 | (44.2) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |

Table 10: Number and percent distribution of IUD acceptors
by their age and by clinic

| Age of client | Clinic status | | | | | | | | | |
|---------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Less than 15 | 1 | (0.1) | 0 | (0.0) | 1 | (0.1) | 0 | (0.0) | 1 | (0.1) |
| 15 - 19 | 96 | (7.1) | 24 | (7.3) | 120 | (7.1) | 1 | (0.6) | 121 | (6.5) |
| 20 - 24 | 348 | (25.7) | 92 | (27.9) | 440 | (25.1) | 54 | (30.3) | 494 | (26.5) |
| 25 - 29 | 472 | (34.8) | 112 | (33.9) | 584 | (34.6) | 83 | (46.6) | 667 | (35.8) |
| 30 - 34 | 284 | (20.9) | 60 | (18.2) | 344 | (20.4) | 30 | (16.9) | 374 | (20.1) |
| 35 - 39 | 119 | (8.8) | 34 | (10.3) | 153 | (9.1) | 5 | (2.8) | 158 | (8.5) |
| 40 - 44 | 32 | (2.4) | 8 | (2.4) | 40 | (2.4) | 3 | (1.7) | 43 | (2.3) |
| 45+ | 4 | (0.3) | 0 | (0.0) | 4 | (0.3) | 2 | (1.2) | 6 | (0.3) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |
| Mean | 27.0 | | 26.9 | | 27.0 | | 27.0 | | 27.0 | |

Table 11: Number and percent distribution of IUD acceptors by their
number of children ever born and by clinic status

| No. of ever born children | Clinic status | | | | | | | | | |
|------------------------------|------------------------|---------|------------------------|---------|--|---------|-------------|---------|--------------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0 | 2 | (0.2) | 7 | (2.2) | 9 | (0.5) | 0 | (0.0) | 9 | (0.1) |
| 1 | 174 | (12.8) | 55 | (16.7) | 229 | (13.6) | 30 | (16.9) | 359 | (14.0) |
| 2 | 291 | (21.5) | 65 | (19.7) | 3 | (21.1) | 49 | (27.5) | 405 | (21.7) |
| 3 | 248 | (18.3) | 60 | (18.2) | 308 | (18.3) | 41 | (23.0) | 349 | (18.7) |
| 4 | 182 | (13.4) | 55 | (16.7) | 237 | (14.1) | 24 | (14.1) | 261 | (14.0) |
| 5 | 156 | (11.5) | 21 | (6.4) | 177 | (10.5) | 13 | (7.3) | 190 | (10.2) |
| 6 | 118 | (8.7) | 23 | (7.0) | 141 | (8.4) | 9 | (5.1) | 150 | (8.1) |
| 7 | 83 | (6.1) | 16 | (4.8) | 48 | (5.9) | 5 | (5.6) | 104 | (5.6) |
| 8 | 49 | (3.6) | 12 | (3.6) | 61 | (3.6) | 3 | (1.7) | 64 | (3.4) |
| 9+ | 52 | (3.8) | 16 | (4.8) | 68 | (4.0) | 4 | (2.2) | 72 | (3.9) |
| Total | 1,355 | (100.0) | 330 | (100.0) | 1,685 | (100.0) | 178 | (100.0) | 1,863 | (100.0) |
| Mean | 3.9 | | 3.7 | | 3.8 | | 3.2 | | 3.8 | |

Note: One not stated case is excluded from this table.

Table 12: Number and percent distribution of IUD acceptors by their
number of living children and by clinic status

| Number of living children | Clinic status | | | | | | | | | |
|---------------------------|---------------------|----------------|---------------------|----------------|--|----------------|-------------|----------------|--------------------------------|----------------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0 | 7 | (0.5) | 9 | (2.7) | 16 | (0.9) | 1 | (0.6) | 17 | (0.9) |
| 1 | 217 | (16.0) | 67 | (20.3) | 284 | (16.8) | 38 | (21.3) | 322 | (17.3) |
| 2 | 355 | (26.2) | 77 | (23.3) | 432 | (25.6) | 51 | (28.7) | 483 | (25.9) |
| 3 | 279 | (20.6) | 75 | (22.7) | 354 | (21.0) | 40 | (22.5) | 394 | (21.1) |
| 4 | 180 | (13.3) | 43 | (13.0) | 223 | (13.2) | 20 | (11.2) | 243 | (13.0) |
| 5 | 140 | (10.3) | 19 | (5.8) | 159 | (9.4) | 16 | (9.0) | 175 | (9.4) |
| 6 | 100 | (7.4) | 22 | (6.7) | 122 | (7.2) | 8 | (4.5) | 130 | (7.0) |
| 7 | 47 | (3.5) | 13 | (3.9) | 60 | (3.6) | 1 | (0.6) | 61 | (3.3) |
| 8+ | 31 | (2.3) | 5 | (1.5) | 36 | (2.1) | 3 | (1.8) | 39 | (2.1) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |
| Mean | 3.2 | | 3.0 | | 3.2 | | 2.8 | | 3.2 | |

Table 13: Number and percent distribution of IUD acceptors by their
number of living sons and by clinic status

| Number of living sons | Clinic status | | | | | | | | | |
|-----------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0 | 194 | (14.3) | 66 | (20.0) | 260 | (15.4) | 33 | (18.5) | 293 | (15.7) |
| 1 | 475 | (35.0) | 114 | (34.5) | 589 | (34.9) | 63 | (35.4) | 652 | (35.0) |
| 2 | 408 | (30.1) | 87 | (26.4) | 495 | (29.4) | 47 | (26.4) | 542 | (29.1) |
| 3 | 172 | (12.7) | 37 | (11.2) | 209 | (12.4) | 27 | (15.2) | 236 | (12.7) |
| 4 | 64 | (4.7) | 15 | (4.5) | 79 | (4.7) | 6 | (3.4) | 85 | (4.6) |
| 5 | 31 | (2.3) | 7 | (2.1) | 38 | (2.3) | 1 | (0.6) | 39 | (2.1) |
| 6+ | 12 | (0.8) | 3 | (1.1) | 16 | (1.0) | 1 | (0.6) | 17 | (0.9) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |
| Mean: | 1.7 | | 1.6 | | 1.7 | | 1.5 | | 1.7 | |

Table 14: Number and percent distribution of IUD acceptors by their number of living daughters and by clinic status

| Number of living daughter | Clinic status | | | | | | | | | |
|---------------------------|---------------------|----------------|---------------------|----------------|--|----------------|-------------|----------------|--------------------------------|----------------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0 | 271 | (20.0) | 80 | (24.2) | 351 | (20.8) | 45 | (25.3) | 396 | (21.2) |
| 1 | 501 | (36.9) | 121 | (36.7) | 622 | (36.9) | 78 | (43.8) | 700 | (37.6) |
| 2 | 327 | (24.1) | 74 | (22.4) | 401 | (23.8) | 29 | (16.3) | 430 | (23.1) |
| 3 | 145 | (10.7) | 39 | (11.8) | 184 | (10.9) | 17 | (9.6) | 201 | (10.8) |
| 4 | 73 | (5.4) | 9 | (2.7) | 82 | (4.9) | 5 | (2.8) | 87 | (4.7) |
| 5 | 27 | (2.0) | 5 | (1.5) | 32 | (1.9) | 3 | (1.7) | 35 | (1.9) |
| 6+ | 12 | (0.8) | 2 | (0.6) | 14 | (0.8) | 1 | (0.6) | 15 | (0.8) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |
| Mean | 1.5 | | 1.4 | | 1.5 | | 1.3 | | 1.5 | |

Table 15: Number and percent distribution of IUD acceptors by their last pregnancy outcome and by clinic status

| Last pregnancy outcome | Clinic status | | | | | | | | | |
|------------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Live birth | 1,254 | (92.5) | 293 | (88.8) | 1,547 | (91.8) | 136 | (76.4) | 1,683 | (90.3) |
| Still birth | 26 | (1.9) | 9 | (2.7) | 35 | (2.1) | 0 | (0.0) | 35 | (1.9) |
| Induced abortion | 55 | (4.1) | 22 | (6.7) | 77 | (4.6) | 42 | (23.6) | 119 | (6.4) |
| Spontaneous abortion | 21 | (1.5) | 3 | (0.9) | 24 | (1.4) | 0 | (0.0) | 24 | (1.3) |
| No pregnancy occurred | 0 | (0.0) | 3 | (0.9) | 3 | (0.9) | 0 | (0.0) | 3 | (0.2) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |

Table 16: Number and percent distribution of IUD clients by type of contraceptive used during the one month period prior to the acceptance of the reference IUD and by clinic status

| Method used | Clinic status | | | | | | | | | |
|-----------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| No method | 1,076 | (79.4) | 237 | (71.8) | 1,313 | (77.9) | 120 | (67.4) | 1,433 | (76.9) |
| Condom | 33 | (2.4) | 18 | (5.5) | 51 | (3.0) | 13 | (7.3) | 64 | (3.4) |
| Oral pill | 192 | (14.2) | 58 | (17.6) | 250 | (14.8) | 39 | (21.9) | 289 | (15.5) |
| Injectable | 7 | (0.5) | 2 | (0.6) | 9 | (0.5) | 1 | (0.6) | 10 | (0.5) |
| Foam tablet/ Emko | 7 | (0.5) | 3 | (0.9) | 10 | (0.6) | 2 | (1.1) | 12 | (0.6) |
| IUD | 32 | (2.4) | 6 | (1.8) | 38 | (2.3) | 2 | (1.1) | 40 | (2.2) |
| Traditional method | 9 | (0.5) | 6 | (1.8) | 15 | (0.9) | 1 | (0.6) | 16 | (0.9) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |

Table 17: Distribution of IUD acceptors by their current IUD use status and by clinic status

| Status of the matched IUD | Clinic status | | | | | | | | | |
|---------------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| In place | 932 | (68.7) | 194 | (58.8) | 1,126 | (66.8) | 130 | (73.0) | 1,256 | (67.4) |
| Expelled | 99 | (7.3) | 25 | (7.6) | 124 | (7.4) | 5 | (2.8) | 129 | (6.9) |
| Removed | 325 | (24.0) | 111 | (33.6) | 436 | (25.9) | 43 | (24.2) | 479 | (25.7) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |

Table 18 : Number and percent distribution of IUD acceptors
according to the reasons for removing IUD

| Reasons for removal | No. | % |
|---|--------------|--------------|
| <u>Medical reasons</u> | | |
| Pregnancy | 24 | 1.3 |
| Bleeding problem | 262 | 14.0 |
| Abdominal pain/cramps | 59 | 3.2 |
| Pelvic infection | 13 | 0.7 |
| IUD displaced | 17 | 0.9 |
| Felt discomfort with IUD | 9 | 0.5 |
| Physical weakness | 18 | 1.0 |
| | <u>402</u> | <u>21.6</u> |
| <u>Non-medical reasons</u> | | |
| Desired pregnancy | 28 | 1.5 |
| Husband's objection | 14 | 0.8 |
| Husband away or died | 13 | 0.7 |
| Fear of side effects | 8 | 0.4 |
| Switched to other method | 8 | 0.4 |
| Others | 6 | 0.3 |
| | <u>77</u> | <u>4.1</u> |
| Not applicable (currently using IUD and IUD expelled cases) | 1,385 | 74.3 |
| Total | 1,864 | 100.0 |

Note: a) Standard error of the percentage of clients
 who dropped because of medical reasons = 1.0

b) Standard error of the percentage of clients
 who dropped because of non-medical reasons = 0.5

Table 19: Number and percent distribution of IUD acceptors who
received a follow-up visit by clinic status

| Followup visit | Clinic status | | | | | | | | | |
|--|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| None visited client or client did not visit the clinic | 306 | (22.6) | 75 | (22.7) | 381 | (22.6) | 27 | (15.2) | 408 | (21.9) |
| Female workers visited client at home | 663 | (48.9) | 117 | (35.4) | 780 | (46.3) | 68 | (38.2) | 848 | (45.5) |
| Clients visited clinics | 366 | (27.0) | 138 | (41.8) | 504 | (29.9) | 83 | (46.6) | 587 | (31.5) |
| Others visited client at home | 21 | (1.5) | 0 | (0.0) | 21 | (1.2) | 0 | (0.0) | 21 | (1.1) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |

Table 20: Number and percent distribution of IUD acceptors by the number of reinsertions received during the reference period and by clinic status

| Number of reinsertion | Clinic status | | | | | | | | | |
|-----------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0 | 1,328 | (97.9) | 320 | (97.0) | 1,648 | (97.7) | 175 | (98.3) | 1,823 | (97.8) |
| 1 | 27 | (2.0) | 10 | (3.0) | 37 | (2.2) | 3 | (1.7) | 40 | (2.1) |
| 2 | 1 | (0.1) | 0 | (0.0) | 1 | (0.1) | 0 | (0.0) | 1 | (0.1) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |
| Total insertion | 1,385 | | 340 | | 1,725 | | 181 | | 1,906 | |
| Total reinsertion | 29 | | 10 | | 39 | | 3 | | 42 | |
| % of reinsertion | 2.1 | | 2.9 | | 2.3 | | 1.7 | | 2.2 | |

Note: a) Total insertions = $1,823 \times 1 + 40 \times 2 + 1 \times 3 = 1,906$

b) Standard error of the percentage of reinsertion = 0.3

Table 21: Distribution of IUD acceptors according to the amount of money they had received as per their statement and by the clinic status

| Amount received (in Taka) | Clinic status | | | | | | | | | |
|------------------------------|------------------------|---------|------------------------|---------|--|---------|-------------|---------|--------------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Did not receive any money | 265 | (19.5) | 75 | (22.7) | 340 | (20.1) | 45 | (25.3) | 385 | (20.7) |
| Less than Taka 15 | 47 | (3.6) | 12 | (3.6) | 59 | (3.5) | 2 | (1.1) | 61 | (3.3) |
| 15 Taka | 1,030 | (76.6) | 241 | (73.0) | 1,280 | (75.9) | 128 | (71.9) | 1,408 | (75.5) |
| Above 15 Taka | 5 | (0.4) | 2 | (0.6) | 7 | (0.4) | 3 | (1.7) | 10 | (0.5) |
| Total | 1,356 | (100.0) | 330 | (100.0) | 1,686 | (100.0) | 178 | (100.0) | 1,864 | (100.0) |

Note: Standard error of the population of clients who did not receive money as transportation cost = 0.9

Table 22.: Monthly rates by circumstances of IUD loss

| Ordinal month (X+1) | Women exposed at the start N_x | Adjusted number of women exposed $N_x^* = N_x - C_x / 2$ | Monthly rate of IUD loss by cause | | | |
|------------------------|--|--|---|--------------------------------------|---|---|
| | | | Pregnancy $\hat{Q}_{xp} = P_x / N_x^*$ | Expulsion $\hat{Q} = E_x / N_x^*$ | Removal $\hat{Q}_{xr} = R_x / N_x^*$ | All causes $\hat{q}_x = T_x / N_x^*$ |
| 1 | 1,854 | 1,854 | .003776 | .029126 | .052319 | .085221 |
| 2 | 1,696 | 1,696 | .001769 | .006486 | .028892 | .037147 |
| 3 | 1,633 | 1,633 | .001225 | .006124 | .036130 | .043479 |
| 4 | 1,562 | 1,562 | .001280 | .006402 | .013444 | .021126 |
| 5 | 1,529 | 1,524 | .001969 | .005901 | .012467 | .020337 |
| 6 | 1,488 | 1,468 | .000681 | .004768 | .025204 | .030653 |
| 7 | 1,402 | 1,374 | .001456 | .005095 | .016012 | .002563 |
| 8 | 1,314 | 1,258 | .002385 | .002385 | .027027 | .031797 |
| 9 | 1,162 | 1,108 | .000903 | .004513 | .017148 | .022564 |
| 10 | 1,028 | 967 | 0 | .003102 | .018614 | .021716 |
| 11 | 884 | 843 | 0 | .002372 | .015421 | .017793 |
| 12 | 786 | 730 | 0 | .002740 | .050685 | .053425 |

Note: N_x = Number of women retaining the device at the start of the monthly interval (x, x+1) i.e. the (x+1)th ordinal month.

C_x = Number of continuing users last observed during the month (x, x+1).

$T_x = P_x + E_x + R_x$

Table 23: Monthly and cumulative rates of IUD retention

| Ordinal month X+1 | Women exposed at the start of month N_x | Monthly rate of retention $\hat{P}_x = 1 - \hat{q}_x$ | Cumulative rate by end of month $\hat{P}_0^{(x+1)} = \hat{P}_0^x \hat{P}_1^x \hat{P}_2^x \dots \hat{P}_x^x$ | Standard error ¹ |
|----------------------|--|--|--|-----------------------------|
| 1 | 1,854 | .914779 | .914779 | .0065 |
| 2 | 1,696 | .962853 | .880798 | .0075 |
| 3 | 1,633 | .956521 | .842502 | .0085 |
| 4 | 1,562 | .978874 | .824703 | .0088 |
| 5 | 1,529 | .979663 | .807931 | .0092 |
| 6 | 1,488 | .969347 | .783165 | .0096 |
| 7 | 1,402 | .977437 | .765495 | .0095 |
| 8 | 1,314 | .968203 | .741154 | .0099 |
| 9 | 1,162 | .977436 | .724431 | .0102 |
| 10 | 1,028 | .978284 | .708699 | .0106 |
| 11 | 884 | .982207 | .696089 | .0109 |
| 12 | 786 | .946575 | .658900 | .0109 |

¹Standard error of cumulative rate by end of month (x+1)

$$= s_{\hat{P}_0^{(X+1)}} = s_{\hat{Q}_0^{(X+1)}} = \hat{P}_0^{(X+1)} \left[\sum_{i=0}^X \frac{\hat{q}_i}{N_x \hat{P}_i} \right]^{\frac{1}{2}}$$

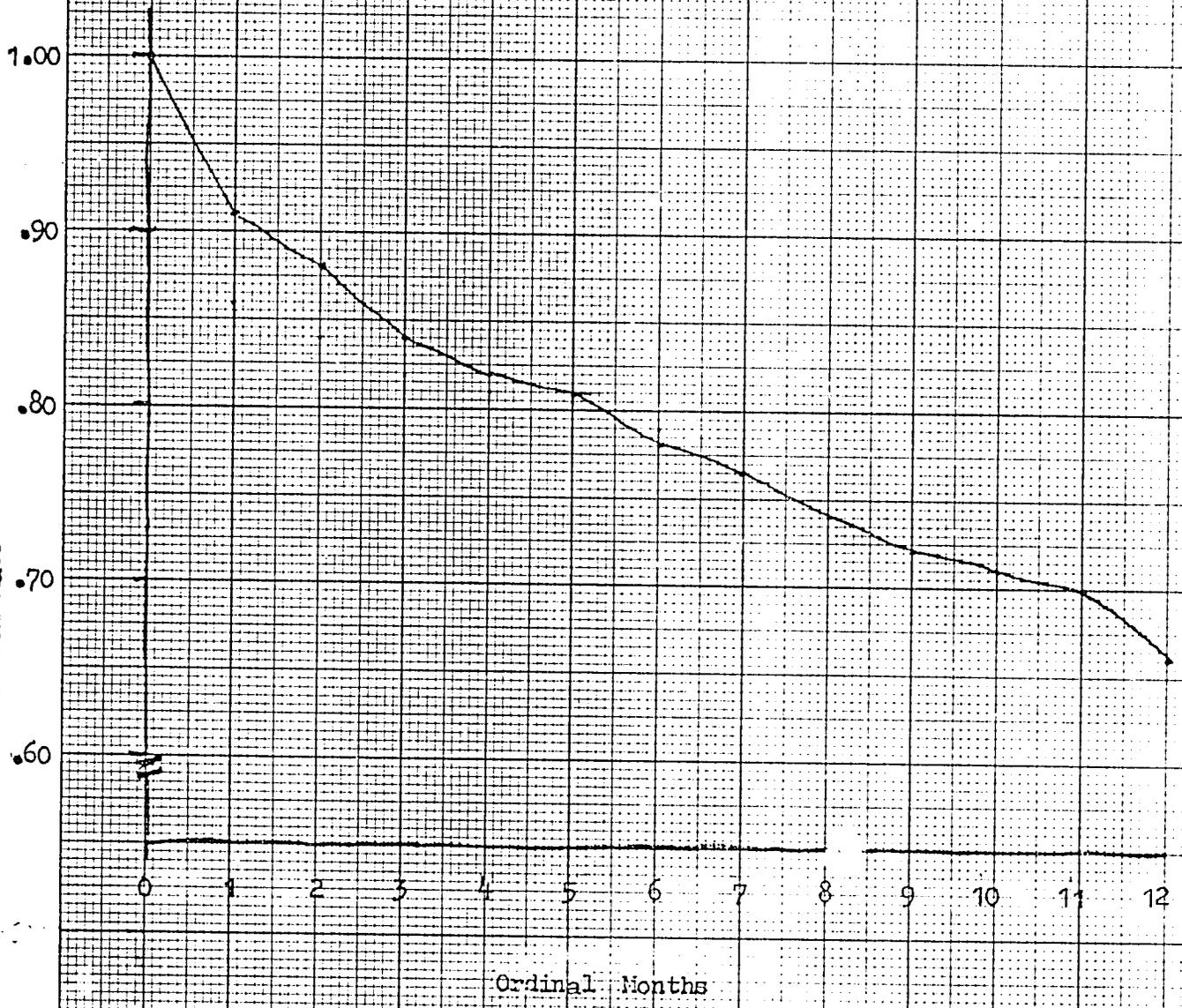
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Cumulative Retention Rate

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Figure 2: Cumulative retention rates of IUD



Ordinal Months

Table 24: Number and percent distribution of clinics by availability of clinic records on reinsertion of IUD and by clinic status

| Status of reinsertion records | Clinic status | | | | | | | | | |
|-------------------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Available for all months | 14 | (26.4) | 4 | (26.7) | 18 | (26.5) | 3 | (42.9) | 21 | (28.0) |
| Available for some months | 1 | (1.9) | 1 | (6.7) | 2 | (2.9) | 1 | (14.3) | 3 | (4.0) |
| Not available for any month | 38 | (71.7) | 10 | (66.6) | 48 | (70.6) | 3 | (42.8) | 51 | (68.0) |
| Total | 53 | (100.0) | 15 | (100.0) | 68 | (100.0) | 7 | (100.0) | 75 | (100.0) |

Table 25: Number and percent distribution of clinics by availability of clinic records on removal of IUD and by clinic status

| Status of removal records | Clinic status | | | | | | | | | |
|-----------------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Available for all months | 21 | (39.6) | 5 | (33.3) | 26 | (38.2) | 4 | (57.1) | 30 | (40.0) |
| Available for some months | 1 | (1.9) | - | - | 1 | (1.5) | 1 | (14.3) | 2 | (2.7) |
| Not available for any month | 31 | (58.5) | 10 | (66.7) | 41 | (60.3) | 2 | (28.6) | 43 | (57.3) |
| Total | 53 | (100.0) | 15 | (100.0) | 68 | (100.0) | 7 | (100.0) | 75 | (100.0) |

Table 26: Number and percent distribution of clinics availability of clinic records on rejection of IUD and by clinic status

| Status of rejection records | Clinic status | | | | | | | | | |
|-----------------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Available for all months | 29 | (54.7) | 3 | (20.0) | 32 | (47.1) | 3 | (42.9) | 35 | (46.7) |
| Available for some months | 1 | (1.9) | 1 | (6.7) | 2 | (2.9) | - | - | 2 | (2.7) |
| Not available for any month | 23 | (43.4) | 11 | (73.3) | 34 | (50.0) | 4 | (57.1) | 38 | (50.6) |
| Total | 53 | (100.0) | 15 | (100.0) | 68 | (100.0) | 7 | (100.0) | 75 | (100.0) |

Table 27: Number and percent distribution of clinics by availability of
clinic records on followup visits and by clinic status

| Status of follow-up visit records | Clinic status | | | | | | | | | |
|-----------------------------------|---------------------|---------|---------------------|---------|--|---------|-------------|---------|--------------------------------|---------|
| | Rural Govt. clinics | | Urban Govt. clinics | | Rural and urban Govt. clinics together | | NGO clinics | | Govt. and NGO clinics together | |
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Available for all months | 13 | (24.5) | 6 | (40.0) | 19 | (27.9) | 5 | (71.4) | 24 | (32.0) |
| Available for some months | 4 | (7.6) | - | - | 4 | (5.9) | 1 | (14.3) | 5 | (6.7) |
| Not available for any month | 36 | (67.9) | 9 | (60.0) | 45 | (66.2) | 1 | (14.3) | 46 | (61.3) |
| Total | 53 | (100.0) | 15 | (100.0) | 68 | (100.0) | 7 | (100.0) | 75 | (100.0) |

Table 28: Comparison between the NGO clinic register figures and the NGO headquarters reported figures to the MIS

| District/ upazila | Name of organisation/clinic | Performance as shown in | | Difference between the clinic register figures and the NGO reported figures to MIS (5) = (4) - (3) |
|------------------------|--|-------------------------|----------------------------|---|
| | | Clinic register | NGO Hqs report sent to MIS | |
| (1) | (2) | (3) | (4) | (5) |
| <u>Rangpur</u> | | | | |
| Sadar | Family Planning Association of Bangladesh (FPAB) | 545 | 547 | + 2 |
| <u>Barisal</u> | | | | |
| Sadar | MR Training and Services Program (MRTSP) | 530 | 530 | 0 |
| <u>Comilla</u> | | | | |
| Sadar | Family Planning Association of Bangladesh (FPAB) | 408 | 518 | +110 |
| <u>Chittagong</u> | | | | |
| Mirersharai | Fatema Rural Education and Health Centre | 152 | 152 | 0 |
| <u>Dhaka</u> | | | | |
| Metropo- litan Area | MR Training and Services Program (MRTSP) | 1214 | 1214 | 0 |
| | Bashabo FP Satellite Clinic | 459 | 459 | 0 |
| | Association for Family Development (AFD) | 568 | 568 | 0 |
| Total | | 3876 | 3987 | +112 |

Interviewing schedule for the client

EVALUATION OF THE STRENGTHENING OF THE IUD PROGRAM

| SAMPLE IDENTIFICATION | | | | | |
|-----------------------|----------------------|----------------------|----------------------|----------------------|--|
| Year of evaluation | <input type="text"/> | <input type="text"/> | Converted client No. | <input type="text"/> | Stratum <input type="text"/> |
| PSU | <input type="text"/> | <input type="text"/> | ISU | <input type="text"/> | Sample client No. <input type="text"/> |

INFORMATION FROM CLINIC RECORDS

A. CLIENT IDENTIFICATION

Name of the client : _____

Name of husband : _____

Occupation of husband: _____

Address: Household No. _____

Road _____

Village _____

Union _____

Upazila _____

District _____

Client Registration No. Date of insertion: _____

Age of the client : _____ Age of the husband : _____

Number of living children: Son _____ Daughter _____ Total _____

B. CLINIC IDENTIFICATION

Name of the clinic: _____

Name of NGO : _____

Address : _____

Type of the clinic : BDG rural BDG urban NGO

C. REFERRER IDENTIFICATION

Name of the referrer: _____

- Type of referrer: BDG FP Fieldworker 1
- NGO FP Fieldworker 2
- FP Fieldworker (not ascertained whether BDG or NGO) 3
- Registered Dai 4
- Registered Agent 5
- Other _____ (specify) 6

Address of the referrer: _____

D. REINSERTIONS

Whether the client was reinserted with IUD during the period:

- Yes 1
 - No 2
 - No record 3
- (SKIP TO E) (SKIP TO E)

Number of reinsertions:

Date of 1st reinsertion: _____

Date of 2nd reinsertion: _____

Date of 3rd reinsertion: _____

E. REMOVAL

Whether the client's IUD has been removed:

- Yes 1
 - No 2
 - No record 3
- (SKIP TO F)

Date of removal: _____

Reasons for removal: _____

F. INFORMATION COLLECTED BY

Name: _____ Date: _____

INTERVIEWING SCHEDULE FOR THE CLIENT

Information on Attempts

| Attempt No. | 1 | 2 | 3 | 4 |
|-------------------|---|---|---|---|
| Date | | | | |
| Person Assisting* | | | | |
| Result Codes** | | | | |
| Interviewer Code | | | | |

*PERSON ASSISTING

| | | | |
|---------------------|---|--------------------------|---|
| None | 1 | Village Peers | 5 |
| Referrer | 2 | Villagers | 6 |
| F.P. Worker (Govt.) | 3 | Ward Members | 7 |
| NGO Worker | 4 | Other _____ (specify) | 8 |

**RESULT CODES

| | |
|---|---|
| Client located | 1 |
| Address found, but no such person ever lived at that address | 2 |
| Address found, but client has permanently left that address | 3 |
| Address found, but client was only temporarily visiting there | 4 |
| Address does not exist/Not found | 5 |
| Address given on forms was incomplete | 6 |
| No attempt made to locate client | 7 |
| _____ (specify reason) | |
| Other _____ (specify) | 8 |

INTERVIEWER: If the result code is other than 1, write down below the reasons and collect evidences from local FWA, FPA, NGO workers, Referrers and Ward Members.

Reasons: _____

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Interview Information

| | | | | |
|---|---|---|---|---|
| Interview Call | 1 | 2 | 3 | 4 |
| Date | | | | |
| Result Code* | | | | |
| Interviewer Code | | | | |
| <p><u>*Result Codes</u></p> <p>Completed 1</p> <p>Respondent not available 2</p> <p>Deferred 3</p> <p>Refused 4</p> <p>Others _____ 5 (specify)</p> | | | | |

| | | | |
|--------------------------------------|--|---------------------------------|--------------------------------|
| Scrutinized <input type="checkbox"/> | Reinterviewed or spot checked <input type="checkbox"/> | Edited <input type="checkbox"/> | Coded <input type="checkbox"/> |
| By <input type="text"/> | By <input type="text"/> | By <input type="text"/> | By <input type="text"/> |
| Date _____ | Date _____ | Date _____ | Date _____ |

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CHAPTER ONE

101. How old are you? (Interviewer: Assist her in determining the exact age)

_____ years (in complete years)

102. Have you ever read in a school or a madrasha?

Yes

No

 1

(SKIP TO 105)

103. Was the educational institute that you last attended a primary school, a secondary school, a college, a university, a madrasha, or something else?

Primary school

 2

Secondary school

 3

College/University

 4

Madrasha

 5

Other

_____ (specify)

 6

104. What was the highest class that you passed?

_____ class.

105. What is your religion?

Islam

 1

Hinduism

 2

Christianity

 3

Buddhism

 4

Other

_____ (specify)

 5

106. Aside from doing normal housework, do you do any other work (for cash or kind) on a regular basis such as agricultural work, making things (for sale), selling things in the market, or anything else?

Yes

 1

No

 2

(SKIP TO 108)

107. Did you earn any money last year by doing this work?

Yes 1 No 2

108. Did your husband ever read in a school or a madrasha?

Yes No 1
(SKIP TO 111)

109. Was the educational institute that your husband last attended a primary school, a secondary school, a college, a university, a madrasha, or something else?

| | | | |
|-----------------------------|----------------------------|--------------------|----------------------------|
| Primary school | <input type="checkbox"/> 2 | Secondary school | <input type="checkbox"/> 3 |
| College/ University | <input type="checkbox"/> 4 | Madrasha | <input type="checkbox"/> 5 |
| Don't know (SKIP TO 111) | <input type="checkbox"/> 6 | Other (specify) | <input type="checkbox"/> 7 |

110. What was the highest class that your husband passed?
_____ class

111. What is the main occupation of your husband? (PROBE)

| | | | |
|--------------|----------------------------|--------------------|----------------------------|
| Agriculture | <input type="checkbox"/> 1 | Day labour | <input type="checkbox"/> 2 |
| Business | <input type="checkbox"/> 3 | Service | <input type="checkbox"/> 4 |
| Without work | <input type="checkbox"/> 5 | Other (specify) | <input type="checkbox"/> 6 |

112. Does your family own any agricultural land?

Yes 1 No 2

CHAPTER TWO

201. Have you ever given birth to a child? (PROBE)

Yes 1 No 2

| | |
|--------------------------------|-------------------------------|
| 202. Have you had a pregnancy? | |
| Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| (SKIP TO 206) | (SKIP TO 301) |

203. How many of the children you gave birth to are alive now?

Son _____ Daughter _____ Total _____

204. How many of your children were born alive? (this also includes any child who was born alive but died immediately)

_____ (number)

205. How old is your youngest living child? (Interviewer: Assist her in determining the exact age)

Years _____ Months _____

206. How did your last pregnancy terminate? (PROBE)

| | |
|--|--|
| In giving birth to a live child <input type="checkbox"/> 1 | In giving birth to a still-born child <input type="checkbox"/> 2 |
| In abortion <input type="checkbox"/> 3 | In miscarriage <input type="checkbox"/> 4 |
| Other _____ <input type="checkbox"/> 5 (specify) | |

207. How long ago do this _____ happen to you?

Years _____ Months _____ ago.

CHAPTER THREE

301. Are you/is your husband using any family planning method/
device/medicine at present? (PROBE)

Yes 1 No 2

(SKIP TO 303)

302. What method or medicine are you/is your husband using?

Condom 1 Tubectomy 4

Oral pill 2 Vasectomy 5

Injection 3 IUD 6

(SKIP TO 304)

Other methods 7
_____ (specify)

303. Have you ever accepted the IUD (Coil or Copper-T)? (PROBE)

Yes 1 No 2

(SKIP TO 317)

304. How many times have you accepted such IUDs?

_____ times.

I would like to ask you a few questions relating to the IUDs that you have accepted.

I will ask you questions beginning with the IUD that you are currently using (or, the last one that you have had used)

| | Latest IUD | Earlier IUD | Even earlier IUD |
|---|---|---|---|
| <p>305. Where and when did you accept this IUD? (PROBE)</p> | <p>In the clinic <input type="checkbox"/> 1</p> <p>Name of the clinic _____</p> <p>Address: _____</p> <p>In own house <input type="checkbox"/> 2</p> <p>Other place <input type="checkbox"/> 3</p> <p>_____</p> <p>(Specify)</p> <p>Date _____</p> <p>or _____ Days/Months/ Years ago</p> | <p>In the clinic <input type="checkbox"/> 1</p> <p>Name of the clinic _____</p> <p>Address: _____</p> <p>In own house <input type="checkbox"/> 2</p> <p>Other place <input type="checkbox"/> 3</p> <p>_____</p> <p>(Specify)</p> <p>Date _____</p> <p>or _____ Days/Months/ Years ago</p> | <p>In the clinic <input type="checkbox"/> 1</p> <p>Name of the clinic _____</p> <p>Address: _____</p> <p>In own house <input type="checkbox"/> 2</p> <p>Other place <input type="checkbox"/> 3</p> <p>_____</p> <p>(Specify)</p> <p>Date _____</p> <p>or _____ Days/Months/ Years ago</p> |
| <p>306. (For the latest IUD)</p> <p>Are you using this IUD till now? (In case of more than one IUD)</p> <p>Did this IUD fall out or was it removed? (PROBE)</p> | <p>Being used <input type="checkbox"/> 1 (SKIP TO 309)</p> <p>Fallen out <input type="checkbox"/> 2 (SKIP TO 308)</p> <p>Removed <input type="checkbox"/> 3</p> | <p>Fallen out <input type="checkbox"/> 2 (SKIP TO 308)</p> <p>Removed <input type="checkbox"/> 3</p> | <p>Fallen out <input type="checkbox"/> 2 (SKIP TO 308)</p> <p>Removed <input type="checkbox"/> 3</p> |

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| | Latest IUD | Earlier IUD | Even earlier IUD |
|---|--|--|--|
| 307. Why did you get it removed? (PROBE) | Reason _____ _____ | Reason _____ _____ | Reason _____ _____ |
| 308. Date of falling out/removal | Date _____ _____ Day _____ Month _____ Year after | Date _____ _____ Day _____ Month _____ Year after | Date _____ _____ Day _____ Month _____ Year after |
| 309. Did you/have you become pregnant while using this IUD? | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (SKIP TO 311) | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (SKIP TO 311) | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (SKIP TO 311) |
| 310. When did you conceive? | _____ Month _____ Year after | _____ Month _____ Year after | _____ Month _____ Year after |
| 311. Did you receive money for accepting this IUD? (If yes) How much money did you receive? | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 _____ (amount) | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 _____ (amount) | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 _____ (amount) |
| 312. What was the reason for which you accepted the IUD? (PROBE) | Reason _____ _____ | Reason _____ _____ | Reason _____ _____ |

| | Latest IUD | Earlier IUD | Even earlier IUD |
|---|--|--|--|
| 313. Did you ever visit the clinic for counselling or treatment after accepting the IUD? Or did any worker come to your house to see you? (PROBE) | Went to clinic herself <input type="checkbox"/> 1 | Went to clinic herself <input type="checkbox"/> 1 | Went to clinic herself <input type="checkbox"/> 1 |
| | Lady health worker came to the house <input type="checkbox"/> 2 | Lady health worker came to the house <input type="checkbox"/> 2 | Lady health worker came to the house <input type="checkbox"/> 2 |
| | Somebody else came to the house to see her <input type="checkbox"/> 3 (Specify) _____ | Somebody else came to the house to see her <input type="checkbox"/> 3 (Specify) _____ | Somebody else came to the house to see her <input type="checkbox"/> 3 (Specify) _____ |
| | Did not get any follow-up (either at the clinic or at home) <input type="checkbox"/> 4 | Did not get any follow-up (either at the clinic or at home) <input type="checkbox"/> 4 | Did not get any follow-up (either at the clinic or at home) <input type="checkbox"/> 4 |
| 314. Did you feel/are you feeling any particular kind of inconvenience as a result of using the IUD? | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (SKIP TO 317) | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (SKIP TO 317) | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (SKIP TO 317) |
| | (Specify) _____ | (Specify) _____ | (Specify) _____ |

INSTRUCTIONS

Interviewer: On completion of the table, please check 304 and ensure that all questions have been asked concerning all the IUDs

| FOR OFFICE USE | Latest IUD | Earlier IUD | Even earlier IUD |
|---|--|--|--|
| 315. Total length of the period of IUD use | _____ months | _____ months | _____ months |
| 316. Does this IUD match with the IUD recorded in the clinic? | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 |

317. Did you ever go to a clinic or some other place for accepting the IUD but you were not inserted with the IUD?

Yes 1 No 2

(SKIP TO "SPECIAL INSTRUCTIONS")

318. When did you go there to accept the IUD?

_____ Days _____ months _____ years ago.

319. Please tell me the reasons why you were refused IUD?

SPECIAL INSTRUCTIONS

Interviewer: Check all information given by the respondent in response to questions from 305 onward. Examine thoroughly whether the reported information regarding any IUD matches with those recorded and tick the appropriate box below:

Both the clinic
and time match

 1

Clinic matches but
time does not match

 2

(SKIP TO 320)

Time matches
but clinic does
not match

 3

Neither clinic
nor time matches

 4

(SKIP TO 322)

(SKIP TO 324)

Never accepted IUD

 5

(SKIP TO 328)

320. Did you visit the _____ clinic sometime in the
(recorded clinic)
month of _____ last?

Yes

 1

No

 2

Do not remember

 3

(SKIP TO 324)

(SKIP TO 324)

321. Why did you visit that place? (PROBE)

322. Did you ever visit the _____ clinic? (PROBE)
(recorded clinic)

Yes

 1

No

 2

Do not remember

 3

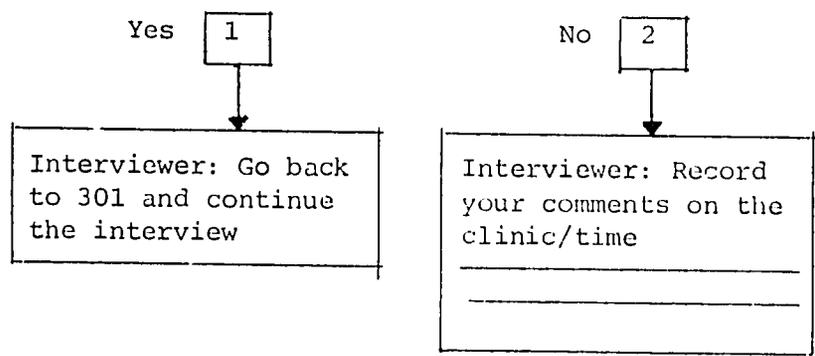
(SKIP TO 324)

(SKIP TO 324)

323. Why did you visit that place? (PROBE)

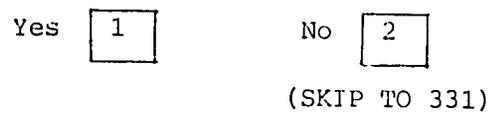
(SKIP TO 325)

324. It appears from the records of the _____ clinic
(recorded clinic)
that you accepted an IUD on _____. Is it correct?
(recorded date)



325. Did you or your husband use any family planning method during one month prior to your acceptance of this IUD? (PROBE)

(recorded)



326. What family planning method did you use at that time?

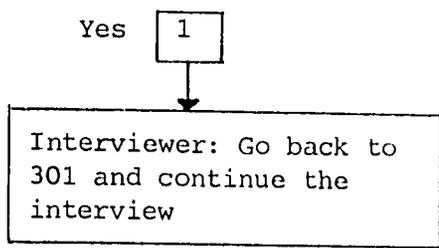
(name of the method)

327. You have mentioned that you/your husband had used _____ prior to your acceptance of the IUD. (name of the method)

Why did you leave that method to accept IUD? (PROBE)

(SKIP TO 331)

328. It appears from the records of the _____ clinic that
(recorded clinic)
you accepted an IUD on _____. Is it correct?
(recorded date)



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329. Did you visit the _____ clinic during the
(recorded clinic)
month _____ last?

Yes 1

No 2

↓

| |
|--|
| Interviewer: Record your comments on the clinic/time _____ _____ (SKIP TO 332) |
|--|

330. Why did you go there? (PROBE)

331. How far is the _____ clinic from your house?
(recorded clinic)
_____ miles

332. Interviewer: Thank the respondent and terminate the interview.

Forms for selection of sample

Forms for collection of recorded information
from clinics regarding payments to IUD acceptors,
service providers, referrers, and follow-up visit

IC-5

EVALUATION OF IUD PROGRAM

Information sheet on payments according to clinic records

Evaluation year

District _____ Upazila _____ Clinic _____

Stratum PSU ISU Type of BDG clinic: rural urban NGO

| Sample client No. | Registration Number | PAYMENTS MADE TO | | | | | | | | Remarks |
|-------------------|---------------------|------------------|--------|----------|--------|------------|------------------|--------|-------------|---------|
| | | CLIENT | | REFERRER | | | SERVICE PROVIDER | | | |
| | | Date | Amount | Date | Amount | Occupation | Date | Amount | Designation | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Prepared by _____

Information provided by _____

(Seal)

11

EVALUATION OF IUD PROGRAM

Information on reinsertions, removals, rejections and follow-up visits

Evaluate in year

District _____ Upazila _____

Stratum PSU ISU

Name of clinic: _____ Organization: _____

Type of clinic: BDG NGO

| Month | Reinsertions | | Removals | | Rejections | | Follow-up | | |
|----------------|--------------|-------------------|----------|-------------------|------------|-------------------|-----------|---------|-------------------|
| | Number | Status of records | Number | Status of records | Number | Status of records | At clinic | At home | Status of records |
| October 1983 | | | | | | | | | |
| November 1983 | | | | | | | | | |
| December 1983 | | | | | | | | | |
| January 1984 | | | | | | | | | |
| February 1984 | | | | | | | | | |
| March 1984 | | | | | | | | | |
| April 1984 | | | | | | | | | |
| May 1984 | | | | | | | | | |
| June 1984 | | | | | | | | | |
| July 1984 | | | | | | | | | |
| August 1984 | | | | | | | | | |
| September 1984 | | | | | | | | | |

Prepared by _____

Information provided at the clinic by _____

(Signature with stamp)

12

Forms for collection of performance reports

EVALUATION OF IUD PROGRAM

Clinic performance figures from clinic records

Evaluation year

District _____ Upazila _____

Name of clinic: _____

Address of the clinic: _____

Type of clinic: BDG rural BDG urban NGO

| Month | Number of IUD insertions performed according to clinic records |
|----------------|--|
| October 1983 | |
| November 1983 | |
| December 1983 | |
| January 1984 | |
| February 1984 | |
| March 1984 | |
| April 1984 | |
| May 1984 | |
| June 1984 | |
| July 1984 | |
| August 1984 | |
| September 1984 | |
| Total | |

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

(Seal)

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IC-2

EVALUATION OF IUD PROGRAM

Clinic performance figures from the clinic report sent to upazila

Evaluation year

District _____ Upazila _____

Name of clinic: _____

Address of the clinic: _____

Type of clinic: BDG rural BDG urban NGO

| Month | Number of IUD insertions performed according to clinic report sent to upazila |
|----------------|---|
| October 1983 | |
| November 1983 | |
| December 1983 | |
| January 1984 | |
| February 1984 | |
| March 1984 | |
| April 1984 | |
| May 1984 | |
| June 1984 | |
| July 1984 | |
| August 1984 | |
| September 1984 | |
| Total | |

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

(Seal)

IC-3

EVALUATION OF IUD PROGRAM

NGO clinic performance figures from the clinic
report sent to district

Evaluation year

District _____ Upazila _____ PSU

Name of NGO: _____

Name of clinic: _____

Address of the clinic: _____

| Month | Number of IUD insertions performed according to NGO clinic report sent to the concerned district |
|----------------|--|
| October 1983 | |
| November 1983 | |
| December 1983 | |
| January 1984 | |
| February 1984 | |
| March 1984 | |
| April 1984 | |
| May 1984 | |
| June 1984 | |
| July 1984 | |
| August 1984 | |
| September 1984 | |
| Total | |

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

(Seal)

ab

IC-4

EVALUATION OF IUD PROGRAM

NGO clinic performance figures from the NGO
clinic report sent to NGO headquarters

Evaluation year

| | |
|--|--|
| | |
|--|--|

District _____ Upazila _____ PSU

| | | |
|--|--|--|
| | | |
|--|--|--|

Name of NGO: _____

Name of clinic: _____

Address of the clinic: _____

| M o n t h | Number of IUD insertions performed according to NGO clinic report sent to NGO headquarters |
|----------------|---|
| October 1983 | |
| November 1983 | |
| December 1983 | |
| January 1984 | |
| February 1984 | |
| March 1984 | |
| April 1984 | |
| May 1984 | |
| June 1984 | |
| July 1984 | |
| August 1984 | |
| September 1984 | |
| Total | |

Information provided at the clinic by:

Signature: _____

Name: _____

Designation : _____

Date: _____

(Seal)

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EVALUATION OF IUD PROGRAM

Upazila IUD performance sent to district

Evaluation year

| | |
|--|--|
| | |
|--|--|

District _____

Upazila _____

PSU

| | | |
|--|--|--|
| | | |
|--|--|--|

| M o n t h | Number of IUD cases performed | | |
|----------------|-------------------------------|-------------|-------|
| | BDG clinics | NGO clinics | Total |
| October 1983 | | | |
| November 1983 | | | |
| December 1983 | | | |
| January 1984 | | | |
| February 1984 | | | |
| March 1984 | | | |
| April 1984 | | | |
| May 1984 | | | |
| June 1984 | | | |
| July 1984 | | | |
| August 1984 | | | |
| September 1984 | | | |
| Total | | | |

Signature of the Upazila Family
Planning Officer with Seal

IU-2

EVALUATION OF IUD PROGRAM

Clinic performance figures from upazila

Evaluation year

District _____ Upazila _____

Type of clinics: BDG rural BDG urban NCO

| M o n t h | Name of clinics | | | | |
|----------------|-----------------|--|--|--|--|
| | | | | | |
| October 1983 | | | | | |
| November 1983 | | | | | |
| December 1983 | | | | | |
| January 1984 | | | | | |
| February 1984 | | | | | |
| March 1984 | | | | | |
| April 1984 | | | | | |
| May 1984 | | | | | |
| June 1984 | | | | | |
| July 1984 | | | | | |
| August 1984 | | | | | |
| September 1984 | | | | | |
| Total | | | | | |

Signature of Concerned Officer
with Seal

ID-1

EVALUATION OF IUD PROGRAM

Upazila performance figures from district report sent to MIS

Evaluation year

District _____

| Month | U P A Z I L A S | | | | | | | | | |
|----------------|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | | | | | |
| | BDG | NGO | BDG | NGO | BDG | NGO | BDG | NGO | BDG | NGO |
| October 1983 | | | | | | | | | | |
| November 1983 | | | | | | | | | | |
| December 1983 | | | | | | | | | | |
| January 1984 | | | | | | | | | | |
| February 1984 | | | | | | | | | | |
| March 1984 | | | | | | | | | | |
| April 1984 | | | | | | | | | | |
| May 1984 | | | | | | | | | | |
| June 1984 | | | | | | | | | | |
| July 1984 | | | | | | | | | | |
| August 1984 | | | | | | | | | | |
| September 1984 | | | | | | | | | | |
| Total | | | | | | | | | | |

Date _____

Signature of Deputy Director
(Seal)

100

IN-1

EVALUATION OF IUD PROGRAM

NGO performance figures from the NGO headquarters sent to MIS

Evaluation year

| | |
|--|--|
| | |
|--|--|

Name of NGO : _____

Address of NGO : _____

| M o n t h | Name of Upazilas with District | | | |
|----------------|--------------------------------|--|--|--|
| October 1983 | | | | |
| November 1983 | | | | |
| December 1983 | | | | |
| January 1984 | | | | |
| February 1984 | | | | |
| March 1984 | | | | |
| April 1984 | | | | |
| May 1984 | | | | |
| June 1984 | | | | |
| July 1984 | | | | |
| August 1984 | | | | |
| September 1984 | | | | |

Information provided at NGO by:

Signature: _____

Name: _____

Designation: _____

Date: _____

(Seal)