

EVALUATION OF THE
STRENGTHENING OF THE
INTRA-UTERINE DEVICE (IUD)
PROGRAM

*REPORT FOR THE PERIOD
October 1984 - September 1985*

REPORT ON THE
EVALUATION OF THE STRENGTHENING OF
THE INTRA-UTERINE DEVICE (IUD) PROGRAM
For the Period
October 1984 - September 1985

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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 1986 by M.A. Quasem & Co. with technical cooperation from PIACT, Bangladesh. The reference period for this evaluation study was from 1 October 1984 through 30 September 1985. 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 67 government clinics under 67 upazilas and 8 non-governmental organizations under 8 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 394,272. The IUD insertion figure reported in the MIS monthly report for the same period was 423,841. Thus the MIS reported IUD figure is found to be 7.5 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 80.7, 2.0, and 82.2 respectively. The cumulative probability of continuation of IUD use was found to be 84.1 percent at the end of 3 months, 76.2 percent at the end of 6 months, and 67.3 percent at the end of 12 months.

A comparison of some important estimates reported in the past two and the present evaluation study is presented in Table 29.

Chapter 1

INTRODUCTION

1.1. Background information:

The Intra Uterine Device (IUD) plays a vital role in the control of population in Bangladesh. It has now become one of the leading methods of choice in contraception. IUD is generally safe, effective and a useful form of birth control. It 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). When modern non-medicated and medicated IUDs with a cervical vaginal thread were first introduced, the risk of infection was considered to be very high. It was even assumed that Copper IUDs had a bacterial effect, especially on gonococcae. This assumption proved to be wrong, and soon afterwards numerous retrospective case studies appeared, one of them showing the rate of pelvic inflammatory disease (PID) in young nulliparous IUD users to be nine times higher than in non-users. However, the accuracy of these reports has now been called into question, because important factors were not taken into account. The use of an IUD does not affect fertility afterwards.

IUD has a very long history with regard to its invention and advancement. A large variety of the devices have been tried, mostly with different shapes and sizes, with or without copper wire. Copper IUDs have some specific advantages such as ease of insertion, low rate of expulsion and ability to remain in the uterine cavity for years without the necessity of replacement. Copper IUDs retain their contraceptive powers much longer than previously thought. There is really no rigid time limit for the use of any Copper IUD. Experience shows a 0.2 mm copper wire can be left in uterus safely for about 3 years. 0.25 mm copper wires last 4 years, 0.3 mm copper wires (such as Multiload Cu 250) last 5 years and 0.4 mm (Multiload Cu 375) wires last longer than 5 years.

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. Copper IUD (Cu T 200) was introduced in Bangladesh in mid 1981. At this time, the Bangladesh Government took up a special IUD program called "Strengthening of the IUD 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 1982 through October 24, 1983 and the current rates for the same are as below:

	<u>1 July 1982 - 24 October 1983</u>	<u>25 October 1983 - to date</u>
a. Client transportation costs (initial visit)	Tk.15.00	Tk.15.00
b. Fieldworker 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 helper fees to the helpers, 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 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 second evaluation for the period of October 1983 through September 1984 was conducted by M.A. Quasem and Co. with technical cooperation from PIACT, Bangladesh. The present evaluation of the program refers to the period of October 1984 through September 1985. Under a two years agreement between M.A. Quasem and Co. and PIACT, Bangladesh, the present evaluation study was also conducted by these two agencies. The study was initiated in January 1986.

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 1984 to September 1985;
- 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 helpers, 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.

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) conducting 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, helpers and service providers, and the removal, rejection and reinsertion of the IUDs and the follow-up 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 channels 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 these 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. 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 1984-September 1985, 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 292,154 cases, under stratum B was 73,922, and under stratum C was 42,178. 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) 14 upazilas from stratum B, and (c) 8 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 cluster.

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	14	14	40	560
NGO clinics	8	8	40	320
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 recognised 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 December 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 questionnaires.

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 supervisors and fifteen as female interviewers.

2.4. Survey instruments for data collection:

Questionnaire: The questionnaire used in 1985 were also used in this study (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 helper: name and address of the helper, type of helper (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 chapters:

Chapter - 1; background information on client: age, educational level of the acceptors and their spouse, religion, ownership of agricultural land, women employment status, occupation of spouse.

Chapter - 2; 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.

Chapter - 3 ; 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 follow-up during the specific time frame (1 October '84 to September '85), status of payment to client, helper and service providers (see Appendix-A).

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

2.5. Field work:

The field work was carried out during the period from January 1986 to March 1986. 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 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.

2.6. 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.

2.7. Data processing:

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

2.7.1. 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.

2.7.2. 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.

2.7.3. 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.

2.7.4. 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.

Chapter 3

FINDINGS OF THE FIELD SURVEY

3.1. IUD acceptance during reference period:

Table 1 shows the monthly rates of the IUD acceptors during the reference period estimated from the sample data. Except in few months, the monthly rates 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:

Seventy four percent of the selected IUD acceptors were successfully interviewed (Table 3). The percentage of the interviewed acceptors was the highest for the rural clinics (77.1 percent), followed by the NGO clinics (68.7 percent) and the urban clinics (64.8 percent). Of the 74.0 percent who were successfully interviewed, 2.7 percentage points were contributed by clients who denied having the reference IUD or having an IUD at all. The five categories of clients -- successfully interviewed (74.0 percent), not available at home (8.4 percent), temporarily visiting the place (8.2 percent), permanently left the address (6.7 percent) and others (0.1 percent) in the column showing interview status -- together comprises 97.4 percent of the total number of selected clients (3000), who were located. It is interesting to note that all the selected clients from the NGO clinics were located. The percentage of clients found absent from home during the visit of the interviewers ranged from 9.7 percent in the NGO clinics to 7.9 percent in the rural clinics. Change in clients' address was found to be

two times higher for the NGO clinics (13.1 percent) than for the government clinics (5.9 percent). The percentage of apparently incomplete addresses was found to vary from 2.9 percent in the urban clinics to 0.0 percent in the NGO clinics.

3.3. False cases:

Table 3 shows that 2.2 percent (65 cases) 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, visit by the women to the clinic to take supply of other method of contraception, and the like.

Table 3 also shows that only 0.5 percent of the clients reported that they had received an IUD but not the reference IUD. Such a case may be 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 in favour 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 0.5 percent (14 cases) of the cases. This 0.5 percent of the reported IUD acceptors in the clinic register during the reference period may be considered false.

It is important to note that 2.6 percent (77 cases) 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, helpers, and local people. 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 5.2 percent ($65 + 14 + 77 = 156$ cases out of 3000 cases). The standard error of this estimate (5.2 percent) is 0.4 percent. The evaluation study of the same program conducted in 1985 estimated the false cases at 15.2 percent. This indicates that the rate of false cases in the IUD program has declined very sharply.

3.4. Socio-economic characteristics of IUD acceptors:

3.4.1. Religious background:

Overall, 83.5 percent of the IUD acceptors were Muslims, 16.1 percent were Hindus, and the remaining few (0.4 percent) were Christians and Buddhists (Table 4). The proportion of Hindus in the sample (16.1 percent) is slightly higher than the proportion of Hindus in the country (15.6 percent) (B.B.S., 1983). This is more pronounced within the individual categories of government clinics. On the contrary the proportion of Hindu acceptors in the NGO clinics (13.3 percent) was lower than the proportion of Hindus in the country to a sizeable extent.

3.4.2. Education:

Slightly over 55.0 percent of IUD acceptors reported having no formal schooling (Table 5). About 23.0 percent reported having schooling upto primary; 13.8 percent above primary but below secondary, 7.5 percent secondary and higher secondary, and the remaining few (0.9 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 71.0 percent in the former compared to 41.9 percent in the latter having schooling. It may be noted that no major difference was observed between the urban and rural clinic acceptors with regard to schooling.

M.A. Quasem & Co. (1985) in a similar study estimated the rate of non-schooling at 51.0 percent among the IUD acceptors. This study showed rates of school attendance in three categories of clinics -- 43.4 percent among rural government clinic acceptors, 57.9 percent among urban government clinic acceptors and

74.7 percent among NGO acceptors -- more or less similar to the rates observed in the present study. Choudhury et al. (1984) in a same kind of study estimated the rate of non-schooling at 50.8 percent which is almost the same rate found in the same study. Mabud and Akhter (1982) reported a school attendance rate of 56.0 percent in a rural sample of IUD acceptors, compared to 41.0 percent in the rural clinic acceptors found in this study.

3.4.3. Husband's education:

About two-thirds (64.0 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 60.6 percent, in the urban clinics, 65.4 percent, and in the NGO clinics, 86.2 percent. Quasem and Co. (1985) and Choudhury et al. (1984) reported the school attendance rate of 64.2 and 64.8 percent for the acceptors' husbands respectively. 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:

Over one-fifth (21.2 percent) of the acceptors' husbands were engaged in cultivation and a quarter were day labourers (24.7 percent) (Table 7). About one-third were engaged in business (28.9 percent) and nearly one-fifth were in service. The remaining few (0.6 percent) had other occupations (0.2 percent) or were unemployed (0.4 percent). Disproportionately, over a half (52.3 percent) of the NGO acceptors' husbands were engaged in service. This was also observed in the IUD evaluation study conducted in 1985 (Quasem and Co., 1985).

3.4.5. Employment status:

About 11.0 percent of the IUD acceptors reported having earned cash money in the preceding one year period (Table 8). Earning in kind was reported by 0.5 percent of the acceptors. The proportions of acceptors earning money in the preceding year were higher in the NGO clinic (14.2 percent) than the government clinic (10.2 percent). Quasem & Co. (1985) and Choudhury *et al.* (1984) found about 13.0 percent and 10.0 percent of the IUD acceptors having earned cash money respectively. Mabud and Akhter (1982) found that 10.0 percent of the IUD acceptors in the rural clinics were engaged in income earning activities.

3.4.6. Ownership of cultivable land:

Forty four 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, 47.8 percent for urban government clinics and 50.5 percent for NGO clinics. Choudhury *et al.* (1984) reported 41.0 percent IUD acceptors having no cultivable land. Quasem & Co. (1985) found 44.2 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 of the government clinic acceptors (27.2 years) were found higher than the mean age of the NGO clinic acceptors (25.7 years). Again, the mean age of the rural clinic acceptors (27.3 years) was found slightly higher than urban clinic acceptors (26.7 years). A large majority of the acceptors (83.5 percent) were in the age group of 20 to 34 years. Quasem & Co. (1985) found the mean age of 27.0 years

for the IUD acceptors. 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 3.4 (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, 3.5 and for urban clinic, 3.3. This was found to be smaller for the acceptors in NGO clinic (2.9). 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). Quasem & Co. (1985) found the mean number of ever born children of 3.8 for the IUD acceptors. A comparison of the IUD acceptors in the three studies mentioned here indicate that gradually lower parity women are becoming IUD acceptors.

One percent (18) acceptors reported that they had not experienced any live birth before they accepted the IUD. Nearly 61 percent of the acceptors reported they had experienced one to three live births before accepting the IUD. Slightly over 38.0 percent of the acceptors 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 2.8 (Table 12). This mean number of living children among the two categories of government clinics are almost the same --

for rural clinic, 3.0, urban clinics, 2.9. The mean number of children of the IUD acceptors in the NGO clinics (1.6) is significantly lower than the mean number of children of the acceptors in the government clinics. A majority (67.0 percent) of the acceptors had one to three living children. The rural acceptors had higher number of living children as compared to the urban and NGO clinic acceptors. About 32.0 percent of the rural clinic acceptors, 29.7 percent of the urban clinic acceptors and 9.7 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. Quasem & Co. (1985) reported the mean number of 3.2 living children of the IUD acceptors. The lower trend in the number of living children for the IUD acceptors is consistent with the lower trend of parity found among them.

3.5.4. Number of living sons and daughters:

On an average, the IUD acceptors had 1.5 living sons (Table 13) and 1.4 living daughters (Table 14). The NGO clinic acceptors had the smallest mean number of sons and daughters (1.3 and 1.2 respectively) followed by the urban clinic acceptors (1.5 and 1.4 respectively) and rural clinic acceptors (1.6 and 1.5 respectively). Choudhury et al. (1984) and Quasem & Co. (1985) both found a mean number of 1.7 living sons and a mean number of 1.5 living daughters of the IUD acceptors.

About 17.0 percent and 22.0 percent of the IUD acceptors did not have any living son and daughter respectively. Over three quarters (76.3 percent) of the IUD acceptors had one to three living sons and slightly lower than three quarters (72.3 percent) of the acceptors had one to three living daughters.

3.5.5. Last pregnancy outcome:

One out of every 12 IUD acceptors (8.7 percent) did not have a live birth as the outcome of her last pregnancy -- 2.6 percent had still births, 5.7 percent had induced abortions and 0.4 percent had spontaneous abortions (Table 15). Seven acceptors reported they had not experienced pregnancy before having the IUD and six of them were from the urban government clinics the remaining one was from the NGO clinic. Induced abortion was surprisingly high among the NGO clinic acceptors (22.9 percent) followed by the urban clinic acceptors (4.6) and the rural clinic acceptors (3.6). Quasem & Co. (1985) also found a disproportionately high rate of induced abortion among the IUD acceptors in the NGO clinic (23.6 percent) as compared to the rate of induced abortions found among the IUD acceptors in the government clinics. 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 18 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 month preceding the date of having IUD was gathered in this study and is presented in Table 16.

One out of every five IUD acceptors (19.4 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 1.6 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, 1.6 percent, for rural urban clinics, 2.2 percent and, for NGO clinics, 0.9 percent. Quasem & Co. (1985) and Choudhury et al. (1984) found that 2.2 percent and 1.1 percent of the IUD acceptors were using the IUD respectively during the one month period preceding the date of the IUD insertion. It appears from all these three studies 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, 71.3 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 22.1 percent said the device was removed voluntarily. The expulsion rate of the IUD was the highest among the acceptors at the rural government clinics (7.1 percent) followed by urban government clinics (6.5 percent) and NGO clinics (3.7 percent). The overall removal rate of IUD was 22.1 percent. The removal rates found in the three categories of clinics did not vary widely. However, it was found higher among the urban clinic acceptors (24.7 percent) followed by NGO clinic (24.3 percent) and rural government clinics (21.3 percent).

3.8. Causes of removal of the IUD:

The causes of removal of the IUD are presented in Table 18. About 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 (13.2 percent) was the bleeding problem. Abdominal pain/cramps was given as the reason by 2.9 percent acceptors. Pregnancy, as a cause of removal, was mentioned by 0.5 percent acceptors. The other medical reasons for removal were pelvic infection (0.5 percent), physical weakness (0.4 percent), displacement of the IUD (0.3 percent) and discomfort with the IUD (0.1 percent).

Slightly over four percent of the clients had their IUDs removed because of non-medical reasons. These reasons were: desire for children (1.5 percent), fear of side effect (0.8 percent), husband away/died (0.5 percent), husband's objection (0.5 percent), switch over to other method (0.5 percent), and divorce or others (0.4 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 80.7 percent (Table 19). Female field workers visited 15.5 percent of the acceptors at home, and 33.9 percent of the acceptors visited the clinics themselves. It is important to note that 31.3 percent of the acceptors were visited at home by others. Overall, 19.3 percent of the acceptors did not have any followup at all. The followup rate of the NGO clinics was relatively high (86.2 percent) as compared to the rural government clinics (80.3 percent) and urban government clinics (78.7 percent). This may be because of the fact that a higher proportion of the acceptors (46.3 percent) of the NGO clinics visited the clinics themselves for followup than the acceptors of both rural government clinics (33.5 percent) and urban government clinics (27.5 percent).

Quasem & Co. (1985) and Choudhury et al. (1984) estimated the followup rate at 86.7 percent and 78.1 percent respectively. A comparison of the followup rates found in the first two evaluation of the IUD program shows that the follow up declined by 8.6 percent in the second study reference period. But a comparison of this rate found in the second and the present evaluation study reveals that it has gone up by 2.6 percent. In this connection it is very important to note that the followup rate for female field workers has declined drastically from 46.6 percent, reported in the second evaluation study, to 15.5 percent found in present study. On the other hand, for 'others', this rate has gone up from 1.1 percent, reported in the second study, to 31.3 percent found in the present study. The 'other' category mainly includes the helper. It seems that the helpers are more committed to their clients to followup them (clients).

3.10. Refusing requests for the IUDs:

The study could not estimate the proportion of women who were refused IUD insertion, because over half the clinics did not maintain any record of refusal cases (Table -26). Quasem & Co. (1985) and Choudhury et al. (1984) both also reported the non-availability 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 or rejection cases were not found to have been maintained in the majority of the clinics. More information in this regard is available in section 3.14.

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 (98.1 percent), the IUD insertion was the first insertion.

One out of about 60 acceptors (1.7 percent) reported having the IUD reinserted once and only three acceptors had reinsertion twice during the reference period. In terms of number of insertions, however, the 2,139 IUD acceptors had, in total, 2,182 insertions (2,099 once, 37 twice and 3 thrice) of which the number of reinsertions were 43 (37 once and 3 twice). In other words, 2.0 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 2.4 percent, urban government clinics at 0.3 percent and NGO clinics at 1.4 percent. Choudhury et al. (1984) and Quasem & Co. (1985) estimated the IUD reinsertion rate at 3.3 percent and 2.2 percent respectively. It seems from these three studies that the rate of reinsertion is gradually declining.

3.12. Receipt of client transportation cost:

Over one-sixth of the acceptors (16.4 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, 14.8 percent, for urban government clinics, 26.6 percent, and for NGO clinics, 12.8 percent. A great majority of the acceptors (82.2 percent) reported that they had received taka fifteen each as the transportation cost. Some 1.4 percent acceptors said that the amount received by each of them was less than fifteen taka.

Choudhury et al. (1984) and Quasem & Co. (1985) reported that 36.8 percent and 20.7 percent of the acceptors respectively had not received any money. It appears therefore that the rate of non-receipt of transportation cost for IUD is declining gradually over the period.

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 three months and also in the 6th 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. Among the three causes of device loss, except in first few months, the rates of removal over the monthly intervals did not fluctuate widely. The cumulative probability of continuation of the IUD was 76.2 percent at the end of 6 months, 70.8 percent at the end of 9 months and 67.3 percent at the end of 12 month (Table 23).

Quasem & Co. (1985) estimated the cumulative probability of continuation of the IUD at 78.3 percent at the end of six months, 72.4 percent at the end of 9 months and 65.9 percent at the end of 12 months. 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, helpers and service providers. It was found that during the reference period records on payments to the clients, helpers and service providers were maintained by all the selected clinics.

Records on reinsertions of the IUDs: Overall, 28.0 percent of the selected clinics had maintained records of reinsertions for all months (Table 24). No records were maintained for any month by 66.7 percent clinics and the remaining 5.3 percent clinics maintained records for some months. Availability of records for all months according to the categories of clinics, for rural government clinics, 24.5 percent, for urban government clinics, 28.6 percent, for rural and urban government clinics together, 25.4 percent and for NGO clinics, 50.0 percent.

Records on removal of the IUDs: Table 25 shows that records on removal of the IUDs were available for all months for 36.0 percent of the selected clinics. Availability of records for all months is found to be the highest in urban government clinics (57.1 percent) followed by NGO clinics (35.8 percent) and rural government clinics (30.2 percent). No records were available for any month constitute 52.0 percent clinics and the remaining 12.0 percent clinics were found to be maintained records for some months

Records on rejection or refusal of the IUDs: It was found that overall 52.0 percent clinics did not maintain any records for any month and 2.7 percent clinics maintained records for only some months (Table 26). The remaining 45.3 percent clinics were found to maintain records for all months -- clinic-wise, rural government clinics, 43.4 percent, urban government clinics, 57.1 percent and, NGO clinics, 37.5 percent.

Records on followup visits: Slightly over 69.0 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 26.7 percent clinics maintained records on follow-up visits. The NGO clinics were found to be highest in maintaining followup records (50.0 percent) than the rural and urban

government clinics together (23.9 percent). Again, the urban government clinics were highest (42.9 percent) in record keeping than the rural government clinics (18.9 percent).

A comparison of the present study and a similar study conducted by Quasem & Co., in 1985 with regard to the availability of records in the clinics on reinsertion, removal, rejection and followups reveals that there was no improvements over the time with regards to maintaining the records of such aspects in the clinics.

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 1984 through 30 September 1985. 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 5.2 percent, and this has been discussed in section 3.3 at page 17. 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 ith stratum
 A_j = estimated clinic register performance figure in the selected upazilas of the ith stratum
 C_{ij} = the performance figure in the register of the clinic selected under the jth selected upazila of the ith stratum
 \hat{C}_{ij} = the upazila recorded performance figure for the clinic selected under the jth selected upazila of the ith stratum
 S_{ij} = upazila recorded performance figure for all the clinics under the jth selected upazila of the ith 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	3,414	16,568	19,982
2. Upazila recorded performance figures for the selected clinics = Z_2	3,385	16,701	20,086
3. Proportion of clinic performance recorded at the upazila for the selected clinics = $Z_3 = (Z_1/Z_2)$	1.0086	0.9920	0.9948

contd...

Reporting tiers	BDG urban	BDG rural	BDG Total
4. Upazila recorded clinic performance for all clinics in selected upazilas = Z_4	23,361	78,739	102,100
5. Estimated figures for clinic-register performance in the selected upazilas = $Z_5 = (Z_4) \times (Z_3)$	23,562	78,109	101,671
6. Performance for the selected upazila according to the MMCP = Z_6	22,521	78,952	101,473
7. Difference between estimated upazila clinic performance data and MIS reported data in the MMCP for the same upazilas = $Z_7 = (Z_6 - Z_5)$	-1,041 (-4.4%)	+843 (+1.1%)	-198 (-0.2%)

It is found from the above that the MIS underreported the IUD insertion figures by 0.2 percent. Treating rural and urban upazilas separately, the urban-clinic IUD insertion figures were found to have been underreported by 4.4 percent and the rural-clinic figures overreported by 1.1 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 MMRP 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, eight 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 2.8 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	73,922	292,154
Percentage of underreporting(-)/overreporting (+) of IUD figures at MIS = B_2	-4.4	+1.1
Corrected IUD figures = $B_3 = \frac{100}{100+B_2} \times B_1$	77,324	288,975
Proportion of false cases = B_4	0.108	0.044
Estimated number of IUD insertions cases = $B_5 = [B_3 - B_3 \times B_4]$	68,973	276,260

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

Performance	NGO
IUD performance figures as per annexures of the MMPR = N_1	59,203
Percentage of underreporting(-) in the annexure of the MMPR = N_2	-2.8
Actual performance in the annexure of the MMPR $N_3 = \frac{100}{100+N_2} \times N_1$	60,908

<u>Performance</u>	<u>NGO</u>
Percentage of referral cases = N_4 (A review of the relevant documents revealed that 19.0 percent of the NGO-reported figures were referral cases)	19.0
Actual number of IUD insertions = $N_5 = [N_3 - N_3 \times N_4]$	49,335
Proportion of false cases = N_6	0.006
Estimated number of IUD insertions in the NGOs = $[N_7 = N_5 - N_5 \times N_6]$	49,039
. . .	
C. Determination of the national IUD performance figures during the reference period:	
Estimated number of IUD insertions in the BDG urban upazilas	68,973
Estimated number of IUD insertions in the BDG rural upazilas	276,260
Estimated number of IUD insertions in the NGOs	49,039
. . .	
. . . Estimated number of national IUD insertions during the reference period	394,272

It is estimated that the national IUD insertion figure during the reference period was 394,272. As per the MMCP, the national IUD figure for the same period was 423,914 . Thus the MIS - reported IUD insertion figure in the MMCP was higher by 29,642 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 7.5 percent higher than the estimated number of IUD insertions. Again, as per the MMPR, the national IUD insertion figure (423,841) was higher by 29,569 cases than the estimated figure. Thus the MMPR-reported IUD figure was 7.5 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 0.93008. On the other hand, if the figure in the MMPR (423,841 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 0.93024.

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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		Urbar. Govt. clinics		Rural and urban Govt. clinics together		NGO clinics		Govt. and NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
October 1984	249	(11.8)	62	(11.1)	311	(11.6)	24	(7.5)	335	(11.2)
November 1984	218	(10.3)	46	(8.2)	264	(9.9)	27	(8.4)	291	(9.7)
December 1984	202	(9.5)	40	(7.1)	242	(9.0)	10	(3.1)	252	(8.4)
January 1985	219	(10.3)	38	(6.8)	257	(9.6)	23	(7.2)	280	(9.3)
February 1985	187	(8.8)	49	(8.8)	236	(8.8)	34	(10.6)	270	(9.0)
March 1985	164	(7.7)	43	(7.7)	207	(7.7)	25	(7.8)	232	(7.7)
April 1985	171	(8.1)	55	(9.8)	226	(8.4)	46	(14.4)	272	(9.1)
May 1985	146	(6.9)	45	(8.0)	191	(7.1)	21	(6.6)	212	(7.1)
June 1985	103	(4.9)	42	(7.5)	145	(5.4)	17	(5.3)	162	(5.4)
July 1985	164	(7.7)	52	(9.3)	216	(8.1)	31	(9.7)	247	(8.2)
August 1985	144	(6.8)	46	(8.2)	190	(7.1)	31	(9.7)	221	(7.4)
September 1985	153	(7.2)	42	(7.5)	195	(7.3)	31	(9.7)	226	(7.5)
Total	2,120	(100.0)	560	(100.0)	2,680	(100.0)	320	(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	Number	%
October 1984	38,289	9.0
November 1984	38,427	9.1
December 1984	39,120	9.2
January 1985	42,180	9.9
February 1985	38,947	9.2
March 1985	41,825	9.9
April 1985	38,483	9.1
May 1985	32,138	7.6
June 1985	24,948	5.9
July 1985	30,656	7.2
August 1985	27,780	6.6
September 1985	31,048	7.3
Total	423,841	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.

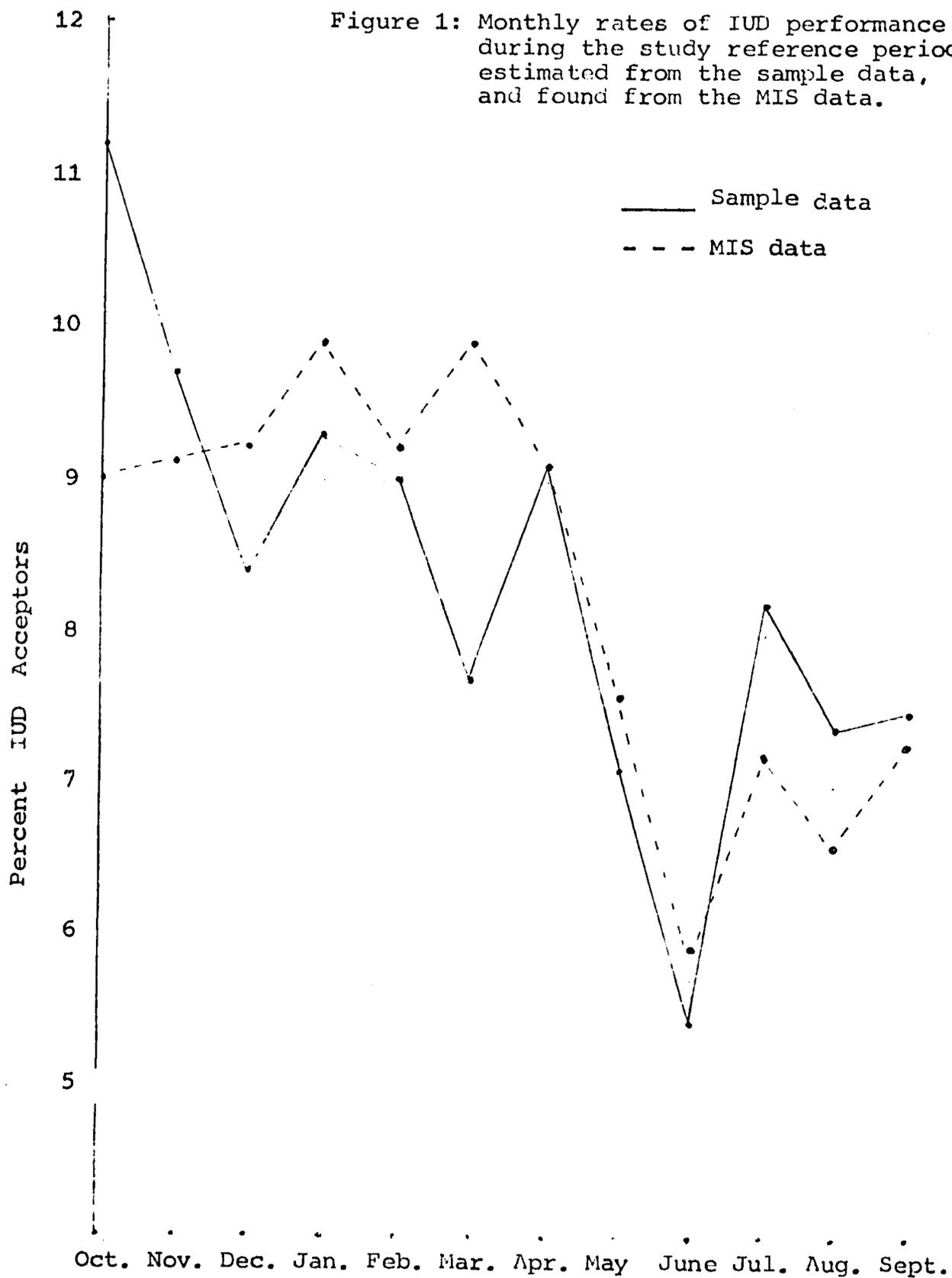


Table 3: Number and percent distribution of reported IUD acceptors selected for interview according to their interview status

Interview status	Clinics 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	1,597	(75.3)	324	(57.9)	1,921	(71.7)	218	(68.1)	2,139	(71.3)
- Clients reported they did not have the reference IUD	11	(0.5)	3	(0.5)	14	(0.5)	-	-	14	(0.5)
- Clients reported they did never have IUD	27	(1.3)	36	(6.4)	63	(2.4)	2	(0.6)	65	(2.2)
	1,635	(77.1)	363	(64.8)	1,998	(74.6)	220	(68.7)	2,218	(74.0)
<u>Not interviewed</u>										
- Clients not available at home	168	(7.9)	53	(9.5)	221	(8.2)	31	(9.7)	252	(8.4)
- Apparently complete address but either clients could not be found address or the addresses could not be traced	55	(2.6)	22	(3.9)	77	(2.9)	-	-	77	(2.6)

Contd...

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	166	(7.8)	55	(9.8)	221	(8.2)	27	(8.5)	248	(8.2)
- Clients have permanently left the address	92	(4.3)	67	(12.0)	159	(5.9)	42	(13.1)	201	(6.7)
- Interview not attempted	1	(0.1)	-	-	1	(0.1)	-	-	1	(0.0)
- Others (died, refused to be interviewed, partially interviewed)	3	(0.2)	-	-	3	(0.1)	-	-	3	(0.1)
Total	2,120	(100.0)	560	(100.0)	2,680	(100.0)	320	(100.0)	3,000	(100.0)

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

Religion	Rural Govt. clinics		Urban Govt. clinics		Clinic status					
					Rural and urban Govt. clinics together		NGO clinics		Govt. and NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Muslim	1,328	(83.2)	269	(83.0)	1,597	(83.1)	189	(86.7)	1,786	(83.5)
Hindu	262	(16.4)	54	(16.7)	316	(16.4)	29	(13.3)	345	(16.1)
Christian	1	(0.1)	-	-	1	(0.1)	-	-	1	(0.1)
Budhist	2	(0.1)	1	(0.3)	3	(0.2)	-	-	3	(0.1)
Other	4	(0.2)	-	-	4	(0.2)	-	-	4	(0.2)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(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	943	(59.0)	173	(53.4)	1,116	(58.1)	63	(28.9)	1,179	(55.1)
Primary	349	(21.9)	80	(24.7)	429	(22.3)	56	(25.7)	485	(22.7)
Below Secondary	193	(12.1)	47	(14.5)	240	(12.5)	55	(25.2)	295	(13.8)
Secondary and Higher Secondary	101	(6.3)	23	(7.1)	124	(6.5)	36	(16.5)	160	(7.5)
Degree and above	11	(0.7)	1	(0.3)	12	(0.6)	8	(3.7)	20	(0.9)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(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	Rural Govt. clinics		Urban Govt. clinics		Clinic status					
					Rural and urban Govt. clinics together		NGO clinics		Govt. and NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
No schooling	629	(39.4)	112	(34.6)	741	(38.6)	30	(13.8)	771	(36.0)
Primary	326	(20.4)	56	(17.3)	382	(19.9)	23	(10.5)	405	(18.9)
Below Secondary	260	(16.3)	75	(23.1)	335	(17.4)	39	(17.9)	374	(17.5)
Secondary and Higher Secondary	277	(17.3)	58	(17.9)	335	(17.4)	65	(29.8)	400	(18.7)
Degree and above	97	(6.1)	22	(6.8)	119	(6.2)	58	(26.6)	177	(8.3)
Respondent did not remember	8	(0.5)	1	(0.3)	9	(0.5)	3	(1.4)	12	(0.6)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)

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

Main occupation of husband	Rural Govt. clinics		Urban Govt. clinics		Clinic status					
					Rural and urban Govt. clinics together	NGO clinics		Govt. and NGO clinics together		
	No.	%	No.	%	No.	%	No.	%		
Cultivation	405	(25.3)	49	(15.1)	454	(23.6)	-	-	454	(21.2)
Day labor	410	(25.7)	84	(26.0)	494	(25.7)	33	(15.1)	527	(24.7)
Business	454	(28.4)	94	(29.0)	548	(28.5)	69	(31.7)	617	(28.9)
Service	320	(20.0)	93	(28.7)	413	(21.5)	114	(52.3)	527	(24.6)
Unemployed	4	(0.3)	3	(0.9)	7	(0.4)	2	(0.9)	9	(0.4)
Other	4	(0.3)	1	(0.3)	5	(0.3)	-	-	5	(0.2)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)

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	158	(9.9)	39	(12.0)	197	(10.2)	31	(14.2)	228	(10.7)
Earned in kind	9	(0.6)	2	(0.6)	11	(0.6)	-	-	11	(0.5)
Did not earn	1,430	(89.5)	283	(87.4)	1,713	(89.2)	187	(85.8)	1,900	(88.8)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(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	921	(57.7)	169	(52.2)	1,090	(56.7)	108	(49.5)	1,198	(56.0)
Don't own	676	(42.3)	155	(47.8)	831	(43.3)	110	(50.5)	941	(44.0)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)

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

Age of client	Rural Govt. clinics		Urban Govt. clinics		Clinic status					
					Rural and urban Govt. clinics together		NGO clinics		Govt. and NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Less than 15	1	(0.1)	-	-	1	(0.1)	-	-	1	(0.1)
15 - 19	67	(4.2)	33	(10.2)	100	(5.2)	16	(7.3)	116	(5.4)
20 - 24	392	(24.5)	85	(26.5)	478	(24.9)	74	(34.0)	552	(25.8)
25 - 29	598	(37.4)	107	(33.0)	705	(36.7)	79	(36.2)	784	(36.7)
30 - 34	357	(22.3)	57	(17.6)	414	(21.5)	35	(16.1)	449	(21.0)
35 - 39	151	(9.5)	32	(9.9)	183	(9.5)	14	(6.4)	197	(9.2)
40 - 44	27	(1.7)	7	(2.2)	34	(1.8)	-	-	34	(1.6)
45+	4	(0.3)	2	(0.6)	6	(0.3)	-	-	6	(0.2)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)
Mean	27.3		26.7		27.2		25.7		27.0	

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

Number 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	13	(0.8)	4	(1.2)	17	(0.9)	1	(0.5)	18	(0.9)
1	233	(14.6)	66	(20.4)	299	(15.5)	51	(23.4)	350	(16.4)
2	349	(21.9)	77	(23.8)	426	(22.2)	58	(26.6)	484	(22.6)
3	356	(22.3)	64	(19.8)	420	(21.9)	47	(21.5)	467	(21.8)
4	245	(15.3)	34	(10.5)	279	(14.5)	24	(11.0)	303	(14.2)
5	152	(9.5)	30	(9.3)	182	(9.5)	15	(6.9)	197	(9.2)
6	104	(6.5)	15	(4.6)	119	(6.2)	12	(5.5)	131	(6.1)
7	57	(3.6)	10	(3.0)	67	(3.5)	2	(0.9)	69	(3.2)
8	32	(2.0)	15	(4.6)	47	(2.4)	7	(3.2)	54	(2.5)
9+	56	(3.5)	9	(2.8)	65	(3.4)	1	(0.5)	66	(3.1)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)
Mean	3.5		3.3		3.5		2.9		3.4	

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	23	(1.4)	5	(1.5)	28	(1.5)	58	(26.6)	86	(4.0)
1	284	(17.8)	75	(23.2)	359	(18.7)	65	(29.8)	424	(19.8)
2	412	(25.8)	85	(26.2)	497	(25.9)	50	(22.9)	547	(25.6)
3	375	(23.5)	63	(19.4)	438	(22.8)	24	(11.0)	462	(21.6)
4	227	(14.2)	33	(10.2)	260	(13.5)	9	(4.1)	269	(12.6)
5	130	(8.1)	33	(10.2)	163	(8.5)	6	(2.7)	169	(7.9)
6	73	(4.6)	12	(3.7)	85	(4.4)	5	(2.3)	90	(4.2)
7	33	(2.1)	7	(2.2)	40	(2.0)	1	(0.6)	41	(1.9)
8+	40	(2.5)	11	(3.4)	51	(2.7)	-	-	51	(2.4)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)
Mean	3.0		2.9		3.0		1.6		2.8	

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	253	(15.8)	65	(20.1)	318	(16.6)	45	(20.6)	363	(16.9)
1	635	(39.8)	138	(42.6)	773	(40.2)	97	(44.5)	870	(40.7)
2	442	(27.7)	59	(18.2)	501	(26.1)	46	(21.1)	547	(25.6)
3	156	(9.8)	33	(10.2)	189	(9.8)	25	(11.5)	214	(10.0)
4	67	(4.2)	19	(5.9)	86	(4.5)	1	(0.5)	87	(4.1)
5	30	(1.9)	6	(1.8)	36	(1.9)	4	(1.8)	40	(1.9)
6+	14	(0.8)	4	(1.2)	18	(0.9)	-	-	18	(0.8)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)
Mean	1.6		1.5		1.6		1.3		1.5	

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	343	(21.5)	69	(21.3)	412	(21.4)	59	(27.1)	471	(22.0)
1	610	(38.2)	137	(42.3)	747	(38.9)	83	(38.1)	830	(38.8)
2	360	(22.5)	63	(19.4)	423	(22.0)	53	(24.3)	476	(22.3)
3	193	(12.1)	32	(9.9)	225	(11.7)	14	(6.4)	239	(11.2)
4	57	(3.6)	14	(4.3)	71	(3.7)	8	(3.7)	79	(3.7)
5	23	(1.4)	7	(2.2)	30	(1.6)	1	(0.4)	31	(1.4)
6+	11	(0.7)	2	(0.6)	13	(0.7)	-	-	13	(0.6)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)
Mean	1.5		1.4		1.5		1.2		1.4	

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	1,481	(92.7)	300	(92.6)	1,781	(92.7)	166	(76.1)	1,947	(91.0)
Still birth	45	(2.8)	9	(2.8)	54	(2.8)	1	(0.5)	55	(2.6)
Induced abortion	57	(3.6)	15	(4.6)	72	(3.8)	50	(22.9)	122	(5.7)
Spontaneous abortion	8	(0.5)	-	-	8	(0.4)	-	-	8	(0.4)
No pregnancy occurred	6	(0.4)	-	-	6	(0.3)	1	(0.5)	7	(0.3)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(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	1,335	(83.6)	233	(71.9)	1,568	(81.6)	121	(55.5)	1,689	(79.0)
Condom	34	(2.1)	16	(4.9)	50	(2.6)	16	(7.3)	66	(3.1)
Oral pill	186	(11.7)	65	(20.1)	251	(13.0)	75	(34.4)	326	(15.2)
Injectable	4	(0.3)	1	(0.3)	5	(0.3)	3	(1.4)	8	(0.4)
Foam tablet/Emko	5	(0.3)	2	(0.6)	7	(0.4)	1	(0.5)	8	(0.4)
IUD	26	(1.6)	7	(2.2)	33	(1.7)	2	(0.9)	35	(1.6)
Traditional method	7	(0.4)	-	-	7	(0.4)	-	-	7	(0.3)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)

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

Status of the matched IUD	Rural Govt. clinics		Urban Govt. clinics		Clinic status					
					Rural and urban Govt. clinics together		NGO clinics		Govt. and NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
In place	1,144	(71.6)	223	(68.8)	1,367	(71.2)	157	(72.0)	1,524	(71.3)
Expelled	113	(7.1)	21	(6.5)	134	(7.0)	8	(3.7)	142	(6.6)
Removed	340	(21.3)	80	(24.7)	420	(21.8)	53	(24.3)	473	(22.1)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)

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

Reasons for removal	Number	%
<u>Medical reasons</u>		
Pregnancy	10	0.5
Bleeding problem	283	13.2
Abdominal pain/cramps	61	2.9
Pelvic infection	11	0.5
IUD displaced	6	0.3
Felt discomfort with IUD	3	0.1
Physical weakness	8	0.4
	<u>382</u>	<u>17.9</u>
<u>Non-medical reasons</u>		
Desired children	33	1.5
Husband's objection	11	0.5
Husband away or died	11	0.5
Fear of side effects	17	0.8
Switched to other method	10	0.5
Divorced	2	0.1
Others	6	0.3
	<u>90</u>	<u>4.2</u>
Not applicable (currently using IUD and IUD expelled cases)	1,666	77.9
Total	2,138	100.0

Note: a) One not stated case is excluded from the above table.

b) Standard error of the percentage of clients who
dropped because of medical reasons = 0.8

c) 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

Follow-up 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	314	(19.7)	69	(21.3)	383	(19.9)	30	(13.8)	413	(19.3)
Female workers visited client at home	308	(19.3)	21	(6.5)	329	(17.1)	2	(0.9)	331	(15.5)
Clients visited clinics	535	(33.5)	89	(27.5)	624	(32.5)	101	(46.3)	725	(33.9)
Others visited client at home	440	(27.5)	145	(44.7)	585	(30.5)	85	(39.0)	670	(31.3)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(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 reinsertions	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	1,561	(97.7)	323	(99.7)	1,884	(98.0)	215	(98.6)	2,099	(98.1)
1	33	(2.1)	1	(0.3)	34	(1.8)	3	(1.4)	37	(1.7)
2	3	(0.2)	-	-	3	(0.2)	-	-	3	(0.2)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)
Total insertion	1,636		325		1,961		221		2,182	
Total reinsertion	39		1		40		3		43	
% of reinsertion	2.4		0.3		2.0		1.4		2.0	

Note: a) Total insertions = $2,099 \times 1 + 37 \times 2 + 3 \times 3 = 2,182$

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	237	(14.8)	86	(26.6)	323	(16.8)	28	(12.8)	351	(16.4)
Less than Taka 15	27	(1.7)	3	(0.9)	30	(1.6)	-	-	30	(1.4)
Taka 15	1,333	(83.5)	235	(72.5)	1,568	(81.6)	190	(87.2)	1,758	(82.2)
Total	1,597	(100.0)	324	(100.0)	1,921	(100.0)	218	(100.0)	2,139	(100.0)

Note: Standard error of the population of clients who did not receive money as transportation cost = 0.8

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 $\hat{Q}_{xe} = E_x / N_x^*$	Removal $\hat{Q}_{xr} = R_x / N_x^*$	All causes $\hat{Q}_x = T_x / N_x^*$
1	2,137	2,136	0.000468	0.025749	0.054775	0.080993
2	1,961	1,961	0.002550	0.012224	0.029067	0.043855
3	1,875	1,859	0.001076	0.008607	0.033351	0.043034
4	1,763	1,719	0.001163	0.005817	0.019197	0.026178
5	1,629	1,596	0	0.002506	0.023183	0.025689
6	1,521	1,472	0	0.010190	0.035326	0.045516
7	1,355	1,297	0	0.006168	0.019275	0.025443
8	1,206	1,151	0	0.003475	0.025195	0.028671
9	1,062	1,009	0	0.000991	0.016848	0.017839
10	937	871	0	0.003444	0.013777	0.017222
11	790	717	0	0.001395	0.008368	0.009763
12	636	566	0	0.001767	0.021201	0.022968

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 insertion

Ordinal month	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 $\hat{P}_0(x+1) = \hat{P}_0 x$ $\hat{P}_1 x \hat{P}_2 \dots x \hat{P}_x$	Standard error ¹
1	2,137	0.919007	0.919907	0.0059
2	1,961	0.956145	0.878704	0.0070
3	1,875	0.956966	0.840889	0.0079
4	1,763	0.973822	0.818877	0.0083
5	1,629	0.974311	0.797841	0.0087
6	1,521	0.954484	0.761526	0.0093
7	1,355	0.974557	0.742150	0.0096
8	1,206	0.971329	0.720872	0.0100
9	1,062	0.982161	0.708013	0.0103
10	937	0.982778	0.695819	0.0105
11	790	0.990237	0.689026	0.0107
12	636	0.977032	0.673200	0.0112

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

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

Figure 2: Cumulative retention rates of IUD

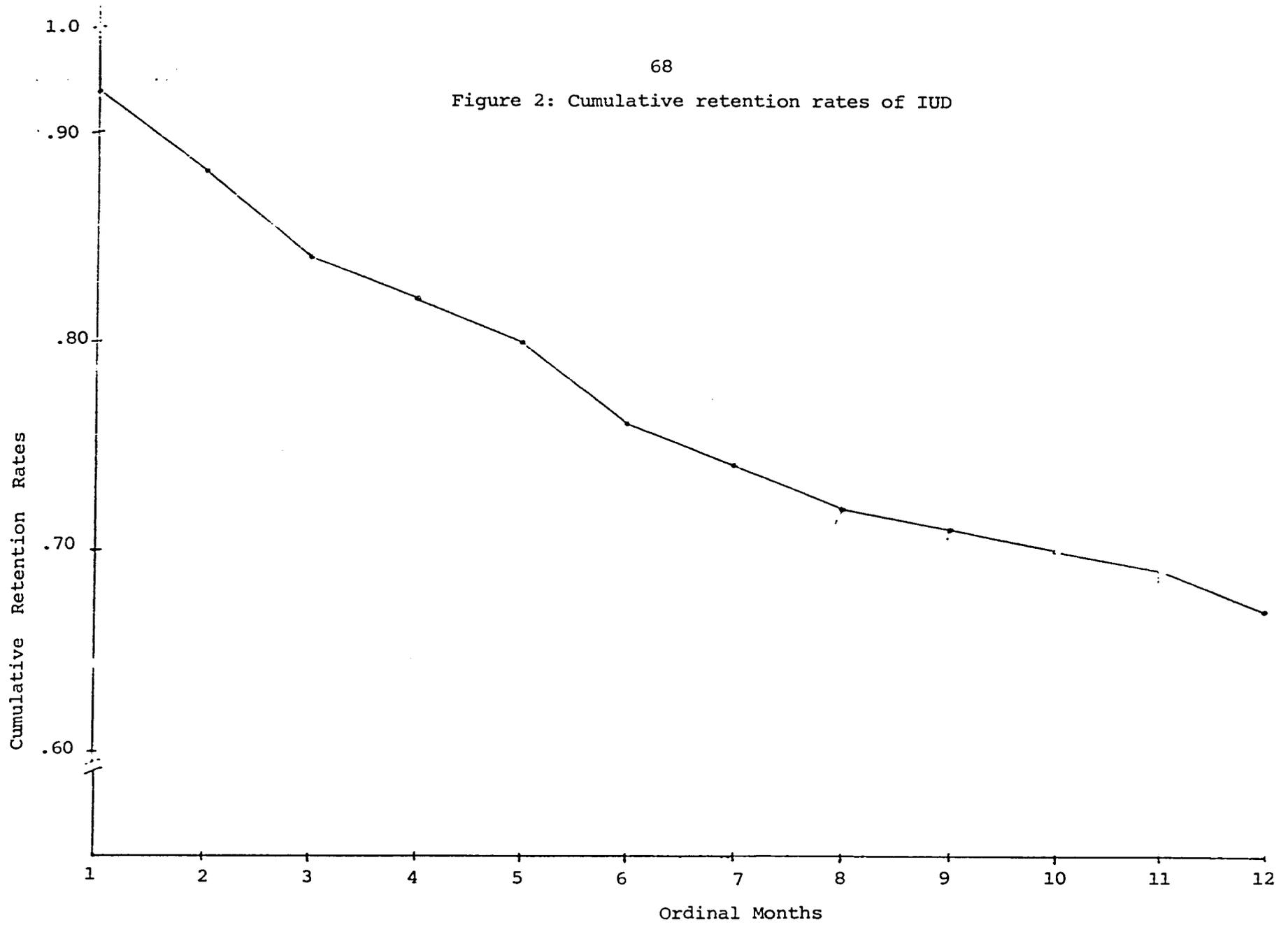


Table 24: Number and percent distribution of clinics by availability of clinic records on reinsertion of IUD and by clinic status

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	13	(24.5)	4	(28.6)	17	(25.4)	4	(50.0)	21	(28.0)
Available for some months	3	(5.7)	-	-	3	(4.5)	1	(12.5)	4	(5.3)
Not available for any month	37	(69.8)	10	(71.4)	47	(70.1)	3	(37.5)	50	(66.7)
Total	53	(100.0)	14	(100.0)	67	(100.0)	8	(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	16	(30.2)	8	(57.1)	24	(35.8)	3	(37.5)	27	(36.0)
Available for some months	6	(11.3)	2	(14.3)	8	(12.0)	1	(12.5)	9	(12.0)
Available for any month	31	(58.5)	4	(28.6)	35	(52.2)	4	(50.0)	39	(52.0)
Total	53	(100.0)	14	(100.0)	67	(100.0)	8	(100.0)	75	(100.0)

Table 26: Number and percent distribution of clinics according to the availability of clinic records on rejection/refusal of IUD cases and by clinic status

Status of rejection/ refusal records	Rural Govt. clinics		Urban Govt. clinics		Clinic status					
					Rural and urban Govt. clinics together		NGO clinics		Govt. and NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Available for all months	23	(43.4)	8	(57.1)	31	(46.3)	3	(37.5)	34	(45.3)
Available for some months	1	(1.9)	-	-	1	(1.5)	1	(12.5)	2	(2.7)
Not available for any month	29	(54.7)	6	(42.9)	35	(52.2)	4	(50.0)	39	(52.0)
Total	53	(100.0)	14	(100.0)	67	(100.0)	8	(100.0)	75	(100.0)

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

Status of followup visits records	Rural Govt. clinics		Urban Govt. clinics		Clinic status					
					Rural and urban Govt. clinics together		NGO clinics		Govt. and NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Available for all months	10	(18.9)	6	(42.9)	16	(23.9)	4	(50.0)	20	(26.7)
Available for some months	1	(1.9)	1	(7.1)	2	(3.0)	1	(12.5)	3	(4.0)
Not available for any month	42	(79.2)	7	(50.0)	49	(73.1)	5	(37.5)	52	(69.3)
Total	53	(100.0)	14	(100.0)	67	(100.0)	8	(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
		Clinic register	NGO Hqs report sent to MIS	
(1)	(2)	(3)	(4)	(5) = (4) - (3)
<u>Bogra</u> Kotwali	Family Planning Association of Bangladesh (FPAB)	347	347	0
<u>Barisal</u> Kotwali	MR Training and Services Program (BMCH)	592	592	0
<u>Dhaka</u> Metropolitan Area	Coalition Clinic (BWHC)	990	990	0
	Mother Child Health Care and FP Clinic (MNKS)	7507	7114	-393
	Mohila Club, Sobhanbag (FPSTC)	246	247	+1
	Mohammadpur Fertility Services and Training Center	3736	3738	+2
<u>Mymensingh</u> Kotwali	Family Planning Association of Bangladesh (FPAB)	426	426	0
<u>Comilla</u> Kotwali	Comilla Atmanibedita Mohila Sangstha (DWFP)	247	246	-1
Total		14,091	13,700	-391

Table 29: Comparison of some important estimates reported in
the past two and the present evaluation studies

Estimates	July '82- Sept.'83	Oct.'83- Sept.'84	Oct.'84- Sept.'85
1. Estimated proportion of clients who actually received IUD during the reference periods	87.5%	84.8%	94.8%
2. Estimated proportion of clients who received followup either at home or at the clinic	78.1%	86.7%	80.7%
3. Estimated proportion of the clients retaining IUD at 12 month	71.5%	65.9%	67.3%
4. Estimated proportion of reinsertions of IUD	3.3%	2.2%	2.0%
5. Estimated proportion of IUD clients who received Tk.15/- as transportation costs	59.5%	75.5%	82.2%
6. Proportion of overreporting(+)/underreporting(-) of IUD figure by MIS	+0.3%	-5.7%	+2.0%
7. Mean age of IUD clients (in years)	27.4	27.0	27.0
8. Mean number of living children	3.3	3.2	2.8

APPENDIX - A

Interviewing schedule for the client

EVALUATION OF THE STRENGTHENING OF THE TUD PROGRAM

SAMPLE IDENTIFICATION					
Year of evaluation	<input type="text"/>	<input type="text"/>	Converted client No.	<input type="text"/>	<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.	<input type="text"/>
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 <input type="checkbox"/>
	BDG urban <input type="checkbox"/>
	NGO <input type="checkbox"/>

C. REFERRER IDENTIFICATION

Name of the referrer: _____

Type of referrer:	BDG FP Fieldworker	<input type="checkbox"/>	1
	NGO FP Fieldworker	<input type="checkbox"/>	2
	FP Fieldworker (not ascertained whether BDG or NGO)	<input type="checkbox"/>	3
	Registered Dai	<input type="checkbox"/>	4
	Registered Agent	<input type="checkbox"/>	5
	Other _____ (specify)	<input type="checkbox"/>	6

Address of the referrer: _____

D. REINSERTIONS

Whether the client was reinserted with IUD during the period:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	No record	<input type="checkbox"/>
		(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	<input type="checkbox"/>	
No	<input type="checkbox"/>	(SKIP TO F)
No record	<input type="checkbox"/>	

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 _____ 8
(specify)

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: _____

Interview Information

Interview Call	1	2	3	4
Date				
Result Code*				
Interviewer Code				

*Result Codes

Completed 1

Respondent not available 2

Deferred 3

Refused 4

Others 5
(specify)

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 _____

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 <u> </u> (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 <u> </u> (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 1 No 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 _____ (specify)	<input type="checkbox"/> 5		

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

	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

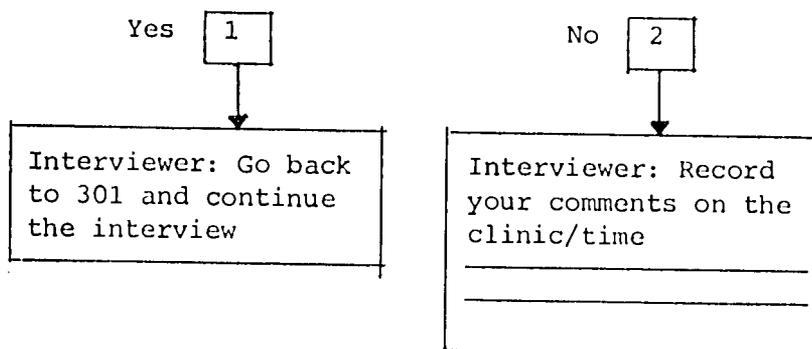
(SKIP TO 324)

(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)

Yes 1 No 2
(SKIP TO 331)

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

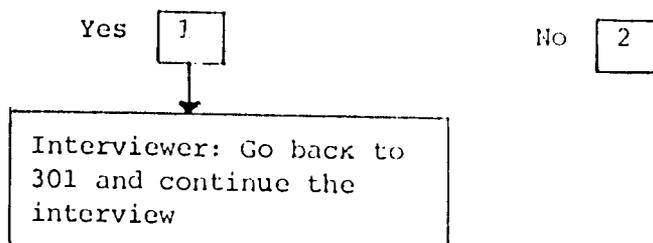
(name of the method)

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)



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 RDG clinic: rural urban BDG 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)

IC-6

EVALUATION OF IUD PROGRAM

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

Evaluation year

District _____ Upazila _____

Stratum PSU ISU

Name of clinic: _____ Organization: _____

Type of clinic: BDG NGO

M o n t h	Reinsertions		Removals		Rejections		Follow-up		Status of records
	Number	Status of records	Number	Status of records	Number	Status of records	At clinic	At home	
October 1984									
November 1984									
December 1984									
January 1985									
February 1985									
March 1985									
April 1985									
May 1985									
June 1985									
July 1985									
August 1985									
September 1985									

Information provided at the clinic by

Prepared by

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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 1984	
November 1984	
December 1984	
January 1985	
February 1985	
March 1985	
April 1985	
May 1985	
June 1985	
July 1985	
August 1985	
September 1985	
Total	

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

(Seal)

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 1984	
November 1984	
December 1984	
January 1985	
February 1985	
March 1985	
April 1985	
May 1985	
June 1985	
July 1985	
August 1985	
September 1985	
Total	

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

(Seal)

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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 1984	
November 1984	
December 1984	
January 1985	
February 1985	
March 1985	
April 1985	
May 1985	
June 1985	
July 1985	
August 1985	
September 1985	
Total	

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

(Seal)

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 1984	
November 1984	
December 1984	
January 1985	
February 1985	
March 1985	
April 1985	
May 1985	
June 1985	
July 1985	
August 1985	
September 1985	
Total	

Information provided at the clinic by:

Signature: _____

Name: _____

Designation : _____

Date: _____

(Seal)

IU-1

EVALUATION OF IUD PROGRAM

Upazila IUD performance sent to districtEvaluation year District _____ Upazila _____ TBU

M o n t h	Number of IUD cases performed		
	BDG clinics	NGO clinics	Total
October 1984			
November 1984			
December 1984			
January 1985			
February 1985			
March 1985			
April 1985			
May 1985			
June 1985			
July 1985			
August 1985			
September 1985			
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 NGO

M o n t h	Name of clinics				
October 1984					
November 1984					
December 1984					
January 1985					
February 1985					
March 1985					
April 1985					
May 1985					
June 1985					
July 1985					
August 1985					
September 1985					
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 1984										
November 1984										
December 1984										
January 1985										
February 1985										
March 1985										
April 1985										
May 1985										
June 1985										
July 1985										
August 1985										
September 1985										
Total										

Date _____

Signature of Deputy Director

(Seal)

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 1984				
November 1984				
December 1984				
January 1985				
February 1985				
March 1985				
April 1985				
May 1985				
June 1985				
July 1985				
August 1985				
September 1985				

Information provided at NGO by:

Signature: _____

Name: _____

Designation: _____

Date: _____

(Seal)