

1981-1982 II

7-11-81 (1/1981) / 62

# CONTRACEPTIVE PREVALENCE STUDIES II



## ASIA

CONTRACEPTIVE PREVALENCE SURVEYS  
REGIONAL WORKSHOP  
PROCEEDINGS

WESTINGHOUSE HEALTH SYSTEMS

WITH THE LOCAL ASSISTANCE OF

THE ASIAN CENTER FOR POPULATION AND COMMUNITY DEVELOPMENT

FEBRUARY 1981

*PNAAP 202*

**ASIA  
CONTRACEPTIVE PREVALENCE SURVEYS  
REGIONAL WORKSHOP  
PROCEEDINGS**

**FEBRUARY 1981**

**WESTINGHOUSE HEALTH SYSTEMS**

**WITH THE LOCAL ASSISTANCE OF  
THE ASIAN CENTER FOR POPULATION AND COMMUNITY DEVELOPMENT**

*|*

**This report includes the presentations made at the Contraceptive Prevalence Surveys Asia Regional Workshop as well as a summary of all the discussions. The four-day workshop was held in Pattaya, Thailand, February 16-20, 1981. The workshop is part of the ongoing worldwide Contraceptive Prevalence Studies II (CPS) project designed to institutionalize the monitoring of levels of contraceptive awareness, availability, and use in order to provide an improved data base for evaluating family planning programs. The CPS project is being administered by Westinghouse Health Systems under technical support contract with the Office of Population, Bureau of Development Support, U.S. International Development Cooperation Agency (Contract No. AID/DSPE-C-0052).**

**Comments, requests for additional copies of this document, or questions concerning other Contraceptive Prevalence Surveys should be addressed to: Contraceptive Prevalence Studies II Project, Westinghouse Health Systems, P.O. Box 866, Columbia, Maryland 21044, U.S.A. (Telex Number 87775).**

## TABLE OF CONTENTS

	<i>Page</i>
List of Participants.....	iv
Workshop Agenda.....	vi
The Contraceptive Prevalence Survey by Gary Lewis, Westinghouse Health Systems....	1
A. Introduction.....	1
B. Key Features of the CPS Project .....	2
Some Thoughts on Contraceptive Prevalence Surveys by James Brackett, Chief, Demographic Division, AID/Washington.....	4
Objectives of Workshop and Expectations of Participants .....	6
Contraceptive Prevalence Survey Country Presentations .....	7
A. Bangladesh.....	7
B. Korea .....	7
C. Nepal.....	8
D. Thailand.....	8
Problems of Data Collection.....	9
A. Red Group .....	9
B. Green Group .....	9
C. Blue Group.....	9
The Planning Process .....	10
Assessment of Country Data Needs .....	10
A. Bangladesh.....	11
B. Indonesia .....	12
C. Korea .....	12
D. Nepal.....	12
E. Malaysia .....	13
F. Philippines .....	13
G. Thailand.....	14
How to Match a Contraceptive Prevalence Survey to Available Resources.....	14
A. Discussion Guide .....	14
B. Group Discussion—A Summary.....	15
How to Develop and Implement a Contraceptive Prevalence Survey to Satisfy Desired Outcomes .....	16
Institutionalization of Contraceptive Prevalence Surveys.....	16
A. Definition of Institutionalization.....	16
B. Summary of Discussion .....	17
Final Country Reports .....	17
A. Bangladesh.....	17
B. Indonesia .....	19
C. Korea .....	22
D. Malaysia .....	22
E. Nepal.....	23
F. Philippines .....	24
G. Thailand.....	25

iii

**CONTRACEPTIVE PREVALENCE SURVEYS  
ASIA REGIONAL WORKSHOP  
LIST OF PARTICIPANTS  
(By Country)**

**BANGLADESH**

**Ms. Gola Afroze**  
Director  
Management Information Systems  
Government of the People's Republic of Bangladesh  
14 Green Super Market, Green Road  
Dacca 15, Bangladesh

**Dr. Carol E. Carpenter-Yaman**  
Health and Population Section  
USAID  
Jiban Bima Bhaban  
Dacca, Bangladesh

**Dr. Laurie Lewis**  
U.N. Information Centre  
Economic Commission for Asia and Far East  
United Nations Building—Rajadamner Avenue  
Bangkok 2, Thailand  
(Previously with Population Control and Family Planning,  
Gov. of the People's Republic of Bangladesh).

**INDONESIA**

**Mr. Charles Johnson**  
Population Officer  
USAID, Box 4  
APO San Francisco, California 96356  
or

USAID—American Embassy  
Jl. Medan Mesdeka Selatan 3-5  
Jakarta, Indonesia

**Dr. Pudjo Rahardjo**  
Population Research  
National Family Planning Coordinating Board  
Jen. M.T. Haryono  
Jakarta, Indonesia

**Dr. Budi Utomo**  
Lembaga Demografi Reui  
Jl. Salemba 4  
Jakarta Pusat, Indonesia

**KOREA**

**Ms. Hee-Soon Hahn**  
Assistant Researcher  
Korean Institute for Family Planning  
115 Nokbun-Dong  
Seoul 122, Korea

**Dr. Kap Suk Koh**  
Korean Institute for Family Planning  
115 Nokbun-Dong  
Seoul 122, Korea

**MALAYSIA**

**Dr. Chua Chee-Ann**  
National Family Planning Board  
Jalan Ashby, Ipoh  
P.O. Box 248 Ipoh  
Perak, West Malaysia

**Dr. Raja Abdul Hamid b. Harun**  
Evaluation Assistant  
Federation of Family Planning Association  
56 Jalan Genting Kelang  
Setapak, Kuala Lumpur, Malaysia

**NEPAL**

**Dr. Achut Mani Acharya**  
Nepal FP/MCH Project  
Ram Shah Path  
Kathmandu, Nepal

**Mr. Tek Bahadur Dangi**  
Nepal FP/MCH Project  
Ram Shah Path  
Kathmandu, Nepal

**Mr. Muni Swor Mool**  
Nepal FP/MCH Project  
Ram Shah Path  
Kathmandu, Nepal

**Mr. Jayanti Tuladhar**  
Project Director  
Nepal CPS  
Nepal FP/MCH Project  
24 Asan Kishidhoka  
Kathmandu, Nepal

**PHILIPPINES**

**Dr. John Laing**  
Visiting Lecturer and Research Associate  
V.P. Population Institute  
University of Philippines  
P.O. Box 479  
Manila, Philippines 2801

**Ms. Betty Lourdes Tabanda**  
Commission on Population  
Population Center Foundation Building  
South Super Highway, Makati  
Manila, Philippines

**Ms. Remedios Sabino**  
National Family Planning Office  
Ministry of Health  
San Lazaro Compound, Rizal Avenue, Santa Cruz  
Manila, Philippines

## **THAILAND**

**Mr. Tony Bennett**  
Family Planning Health Division  
Ministry of Public Health  
Bangkok 2, Thailand

**Dr. Noppavan Chongvatana**  
Director of the National Survey Project  
Institute of Population Studies  
Chulalongkorn University  
Bangkok 5, Thailand

**Dr. Peerasit Kamnuansilpa**  
Associate Director  
National Institute for Development Administration  
Research Centre  
Bangkok 24, Thailand

**Dr. Aminur Rohman Khan**  
Population Division  
Economic and Social Commission for Asia and the Pacific  
The United Nations Building  
Rajadernnem Avenue  
Bangkok 2, Thailand  
(Dr. Khan previously worked in Bangladesh)

**Dr. Richard Leete**  
Demographer/Population Advisor  
Economic and Social Commission for Asia and the Pacific  
The United Nations Building  
Rajadernnem Avenue  
Bangkok 2, Thailand

**Mr. David Oot**  
Population Advisor  
USAID/Thailand  
APO, San Francisco 96346  
or  
USAID  
2948 Soi Somprasong 3  
Bangkok 4, Thailand

**Mr. Suthon Panyadilok**  
Family Health Division  
Ministry of Public Health  
Bangkok 2, Thailand

## **UNITED STATES**

**Dr. John E. Anderson**  
Demographer  
Family Planning Evaluation Division  
Center for Disease Control  
Atlanta, Georgia 30333

**Mr. Gary Damkoehler**  
Director, Westinghouse Health Systems  
P.O. Box 888, American City Building #400  
Columbia, Maryland 21044

**Mr. William Deutschmann**  
Director, Training and Development  
Westinghouse Health Systems  
P.O. Box 888, American City Building #400  
Columbia, Maryland 21044

**Mr. Gary Lewis**  
C.P.S. Deputy Project Director  
Westinghouse Health Systems  
P.O. Box 886, American City Building #400  
Columbia, Maryland 21044

**Dr. Michèle Lioy**  
C.P.S. Administrative Coordinator  
P.O. Box 886, American City Building #400  
Columbia, Maryland 21044

**Dr. Lawrence Smith, Jr.**  
C.P.S. Project Director  
Westinghouse Health Systems  
P.O. Box 886, American City Building #400  
Columbia, Maryland 21044



# CONTRACEPTIVE PREVALENCE SURVEYS ASIA REGIONAL WORKSHOP

Pattaya, Thailand—February 1981

## AGENDA

### Monday, February 16

8:00 - 10:00 - Reception

### Tuesday, February 17

- 9:00 - Welcome and opening
- 9:40 - Introductions of participants and clarification of procedures and objectives of the workshop
- 11:15 - Introduction to Contraceptive Prevalence Surveys (CPS)
  - by Westinghouse Staff
  - by AID/Washington
- 12:00 - Lunch
- 1:00 - Country presentations (by alphabetical order)
  - Bangladesh
  - Korea (South)
  - Nepal
  - Thailand
- 2:45 - Discussion of data collection problems
- 4:15 - Adjournment

### Wednesday, February 18

- 9:00 - Description of the planning process required to develop a CPS
- 9:30 - Discussion of country data needs
- 11:30 - Adjournment
- 12:00 - Buses depart for Study Tour

### Thursday, February 19

- 9:00 - Discussion: How to match a CPS to available resources
- 12:00 - Lunch
- 1:00 - Discussion: How to develop and implement a CPS to satisfy desired outcomes
- 4:00 - Adjournment
- 7:00 - Banquet
  - Presentation of participation certificates

### Friday, February 20

- 9:00 - Discussion: How to institutionalize CPS in order to ensure maximum benefits
- 11:30 - The delegations from each country will prepare an outline of the action steps, from assessment of data needs to the institutionalization of the survey, which would be essential to operationalize a CPS in their respective countries.
- 12:30 - Lunch
- 1:15 - Presentation of Country Reports
- 2:15 - Evaluations
- 2:45 - Adjournment
- 4:00 - Buses leave for airport
- 5:00 - Buses leave for Bangkok (for Bangkok participants and participants leaving Saturday)

# THE CONTRACEPTIVE PREVALENCE SURVEY

GARY LEWIS,  
WESTINGHOUSE HEALTH SYSTEMS

## A. INTRODUCTION

Although the rate of population growth is slowing in some less developed countries (LDCs), the population explosion in most LDCs threatens to nullify many of the benefits of socio-economic development. Rapid population growth lowers per capita living standards, absorbs large amounts of resources needed for development investment and intensifies unemployment and underemployment. Population in developing countries is estimated to be growing at a rate of 2.4 percent per year and many countries have population policies that reflect the desire to slow this growth rate. Because the use of modern methods of contraception dramatically reduces the chances of an unwanted pregnancy and reduces the number of children a woman will ultimately bear during her reproductive period (i.e., her fertility), it is generally agreed that development efforts should include intensive family planning efforts. The examination of data from 27 countries has confirmed that there is a predictive relationship between prevalence of contraceptive use (prevalence rates) and crude birth rates: if the former increases the latter decrease. Thus an increase in contraceptive prevalence rates will be followed by a decrease in the fertility rate and the population growth rate.

As a result, prevalence rates are very important indicators that can be useful to officials in charge of population policy and family planning program implementation.

The U.S. Agency for International Development (USAID) had earlier funded a research project (Contraceptive Prevalence Surveys Project, contract No. AID-pha-C-1194) to conduct eight contraceptive prevalence surveys and has now expanded the undertaking: sixty surveys are to be completed in Phase II of the project (Contraceptive Prevalence Studies II [CPS II], contract No. AID/DSPE-C-0052). The primary objectives of the studies are to:

- Determine periodically the contraceptive prevalence rates in each country selected
- Examine the correlates and differentials of these rates in order to assess the impact of various types of governmental and nongovernmental family planning programs

- Identify certain factors that will facilitate an increase in contraceptive use, particularly factors involving program planning activities
- Institutionalize in each country studies of contraceptive prevalence, to be undertaken at regular intervals by an in-country agency

A methodology found to be extremely valuable in measuring contraceptive use and in some cases fertility, is to survey a population's knowledge, attitudes and practice of family planning (KAP survey). Contraceptive prevalence surveys (CPS), as opposed to acceptor follow-up surveys, fall into this category. Since 1960, with the increase in family planning programs, the number of fertility/KAP surveys has increased dramatically. Until 1973, most have been small-scale surveys carried out in selected communities as part of experimental family planning programs. Surveys having national or major geographic coverage were relatively few: 32 in Asia, 17 in Africa, and 38 in Latin America. In recent years, the World Fertility Survey (WFS) has undertaken nationally representative surveys in a number of developing countries. Although it collects some family planning data in addition to fertility data (its primary responsibility), the WFS-type survey is not responsive to program evaluation and program planning needs. It is a complex, expensive survey that takes a long time to complete. Often the data relevant to family planning programs are out of date when they become available. In fact, until recently, program statistics on the quantity of contraceptives distributed and program data on numbers of acceptors were the only data available to program evaluators and policy makers. In contrast, the contraceptive prevalence survey provides data quickly on the number of *actual* users from all sources at a particular point in time.

It can also provide information about which groups need family planning programs most, and whether programs are reaching target groups (i.e., ethnic groups or regional sub-populations). CPS should also provide program managers with information permitting them to determine which programs or services have the most impact on family planning acceptance. Because the CPS is inherently flexible, it can be adapted to meet various research objectives. Additional questions or special subject matter modules can be integrated into the basic CPS core questionnaire in order to answer a country's specific data needs.

This core questionnaire was developed in order to ensure that all the basic information necessary to assess the impact of governmental and nongovernmental family plan-

ning programs would be collected. The following information is generally collected in each CPS:

- Knowledge of contraceptive methods
- Prior contraceptive experience and current method of use
- Past fertility behavior and future fertility intentions
- Present utilization of various types of service delivery systems
- Perceived accessibility of contraceptives
- Reasons for non-acceptance of contraceptives

Analysis of the survey data permits identification of factors that could increase contraceptive use, so that activities that include these can be planned. For example:

- Respondents' expressed preferences for service delivery locations may lead to increased contraceptive availability by changing either the locations of contraceptive outlets or providing additional outlets
- Knowledge of respondents' reasons for not using contraceptives may lead to incorporation of motivational messages that address the objections to contraceptive use in a persuasive manner
- Data on contraceptive method preference within the population may suggest a change in the program's emphasis on various contraceptive methods

In addition to the basic analysis of data, which will provide quick feedback to program managers and policy makers, further analysis can be undertaken to examine the relationship of certain variables to contraceptive knowledge and use.

In summary, the findings of the surveys will be useful in program development, review, and modification. They will also have policy implications for the country governments as they assess program impact and formulate future family planning efforts. Since the surveys should be undertaken periodically at the national level in 25-30 countries that will be included in Phase II of the CPS, the data will be available not only within each country, but also for cross-country comparative studies.

## B. KEY FEATURES OF THE CPS PROJECT

### 1. Management

Effective management is essential to successful administration of any research effort. Management encompasses planning, efficient use of resources, coordination, decision making, staffing, program implementation, and a host of other tasks.

Critical to successful project operations is careful *planning*. On the one hand, general planning is required for each contraceptive prevalence survey within the context of national population-related research goals and policies. On the other, specific planning is required to make the best allocation of project resources in light of current capabilities, assistance from other organizations, future activities, and contribution of the project to the overall country's data

collection efforts. Much attention must be paid to achieving the maximum results from the limited resources available. Effective coordination will enable the research team to draw on the resources of other organizations where appropriate.

Recognizing the absolute need for effective management to facilitate the overall operation of the project, Westinghouse staff work with and involve country nationals during all phases of the project to ensure that management skills as well as technical skills are transferred.

### 2. Implementation Strategy

The design process can be defined as the preparatory planning phase for an investigation. It involves careful definition of goals and outlining the activities required to achieve these goals.

A carefully designed project is more likely to be successful, but unfortunately, many research projects are not designed systematically, and consequently their results are difficult to use. Many projects either consider the goals and then fail to develop adequately the procedures necessary to achieve them, or perhaps develop adequate goals and procedures, but fail to take into account the actual needs of those who use research findings. Although no researcher can adequately consider all the possible problems involved in doing research, careful attention paid to the design phase can ensure that the project has a good chance of achieving its research objectives and making a contribution to its field.

The CPS requires an extensive initial design phase. It is characterized by a realistic set of goals and a design framework, which emanated from USAID's long experience in population research. AID has had the opportunity to observe a number of projects that, because of design inadequacies, could not be implemented or in some instances failed to meet some or all of their goals. The design process is outlined in Figure 1.

In order to assist each country in designing its specific survey, Westinghouse has developed a package of "core" documents that can be used as models for survey materials in all countries. The high quality of the core documentation was found to be essential in the success of Phase I of the CPS project. This high quality was obtained by using a wide range of expert review, which would not have been possible if all the survey documents were developed for each individual CPS.

The core documentation approach used in designing multinational surveys has a number of advantages. The first is the obvious savings in time and cost, due to a substantial reduction in survey development. This stage usually involves literature searches, survey conceptualization, testing various procedures, and reviews. The CPS-type international survey package reduces this stage to the adaptation of the core documents. Another advantage is that it prevents surveys from being so different that no cross-national comparisons are possible.

A third advantage of CPS project design is that it can be very responsive to the data needs of the user community. Inherent in the core documentation is the flexibility necessary to permit the insertion of additional questions or modules related to specific subject areas needed by policy makers, managers, and administrators, which are often neglected by other data collection systems. By taking into account the data users, it is not only possible to target the data to their needs, but to prepare reports that conform to a style that will be of optimum utility to them.

This flexibility also allows the survey design to be adjusted to the local level of technical ability. Where survey capability is high a more complex design can be used without altering any the objectives of the project. In addition, the project design is flexible enough to take into account constraints resulting from government priorities, local policies, climate (e.g., drought or monsoon), and holidays and festivals.

In summary, the core documentation makes it easier to develop a good, concise questionnaire, which will reduce field operation problems. The use of a core questionnaire makes it more difficult to add untested or poorly conceived questions to the questionnaire. The more restricted and concise the questionnaire, the less likely the various kinds of non-sampling errors, such as interviewers' biases, respondent fatigue, and incorrect responses. In essence, the general level of data reliability will be higher.

### 3. Technical Transfer

One objective of the CPS Project is to develop technical capabilities in host countries so that they will be able to conduct the surveys with diminished external support (both technical and financial) in subsequent rounds. The project should be seen as a collaborative effort with emphasis on technical transfer to country nationals at all stages of the

research process—from the planning stage, through the operational implementation of the survey, to the data processing, analysis, and report writing phases. Each step of the research process is thoroughly documented to facilitate technical transfer.

### 4. Institutionalization

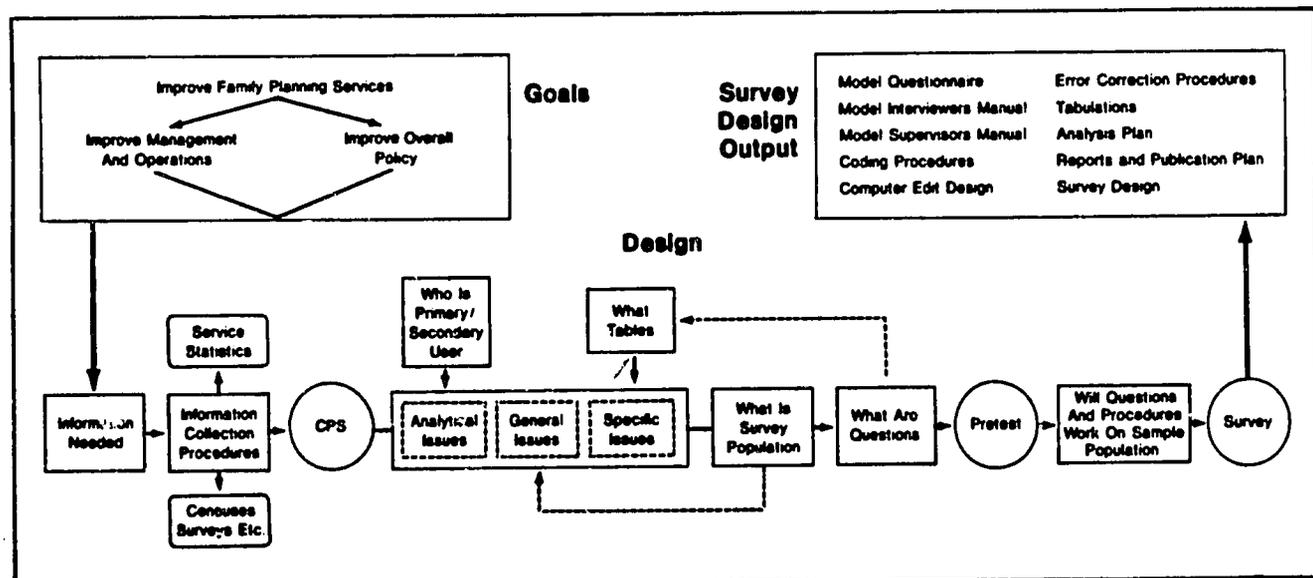
Another objective of the CPS project is to institutionalize the CPS as part of an ongoing management information system in participating countries. Institutionalization will allow the CPS to be repeated by the country at regular intervals of one to three years, depending on the data needs and the level of program activity. This objective should be taken into consideration when planning and implementing a survey. Technical transfer, and careful and well-documented project design, are the first steps towards institutionalization. However, to successfully institutionalize a CPS, the country has to recognize the usefulness of timely, economical, program management-oriented CPS data.

### 5. CPS Data Dissemination

Once the CPS data analysis is completed, the results have to be disseminated in order to be used by program managers and government officials. The communication gap between researchers and users of research findings is often a problem that prevents the efficient use of research findings. To prevent this situation from occurring with CPS results, data dissemination has received particular attention. Three major means of dissemination described below are used.

a. *Publications.* Contraceptive Prevalence Survey findings result in the following publications, which are to be distributed selectively to different categories of people according to the level of their interest and expertise.

FIGURE 1: Westinghouse CPS Design Process



- The Country Report
- The Summary Report
- Major Tabulations of the Survey
- Further Analysis Reports
- Methodological Reports

b. *Seminars for country officials.* Presentations of methodological procedures and issues, and survey results can afford numerous benefits to country program managers and researchers. In many cases, an in-country seminar (which generally takes place before publication of the Country Report) will permit the presentation of major findings to governmental officials, administrators, policy makers and family planning service providers. Further, the presentations and ensuing discussions should bring to the attention of the country and international donors, any problems with the family planning policy or approaches currently being followed. One objective of such a seminar should be to achieve a review and modification of policy, planning, administration, and logistics, where indicated, so that improved family planning services can result.

c. *Regional workshops (Asia, Latin America and Near East/Africa).* Regional workshops have several objectives. They create a forum where participants from different countries can share their experiences with family planning surveys and discuss research methodology and technical experience. They also provide an arena where the communication between AID population officers, country participants, and Westinghouse can be enhanced. Regional workshops give policy makers and researchers an opportunity to establish a dialogue, to discuss in an informal setting, away from constraints (political or organizational) they may experience at home, the needs and directions for future CPS projects, the various approaches for the integration of CPS data into a family planning program management information system, and the institutionalization of CPS in their country. These workshops, it is expected, will increase the visibility of CPS and encourage further analysis of CPS data.

The above discussion covers the more conceptual and procedural aspects of developing a CPS. However, during the next few days, we will have an opportunity to look at the process from a number of perspectives, ranging from the design of a CPS through to the actual results obtained from the research.

## SOME THOUGHTS ON CONTRACEPTIVE PREVALENCE SURVEYS

JAMES BRACKETT, CHIEF, DEMOGRAPHIC  
DIVISION, AID / WASHINGTON

The purpose of this paper is to present AID's views on Contraceptive Prevalence Surveys. Why do we support

them? What do we want to get out of them? How do they fit into our program?

Administrators, managers, policy makers, evaluators, and planners have a pressing need for information relating to the problem they are attempting to solve, and population is no exception. Since the mid-1960s, AID, along with most other donor organizations and most of the governments of the developing countries, has acknowledged rapid population growth as a serious problem impeding social and economic development and placing severe strains on resources. AID recognized very early that to deal effectively with such a serious problem, timely and reliable information on the magnitude of the problem and its principal underlying causes was essential to both the developing countries and the donor community.

When an international response to the population problem first began to emerge in the 1960s, we had data from censuses in much of Asia and Latin America, though not for most of Africa. We also had data from *ad hoc* surveys in a few countries which provided estimates of fertility, and we had the Knowledge, Attitude, and Practice (KAP) surveys that were carried out in the late 1950s and 1960s. Civil registration data, where available, were rarely adequate.

In retrospect, we might have been able to do more with data from the KAP surveys than we did. We were handicapped by the limited tabulations we had of data from these surveys, and by the fact that neither the concepts nor the data files were standardized. At that point in history the world had much less experience with surveys than we currently have. Experience with surveys on such delicate subjects as human fertility and family planning was even more limited.

About 1971, AID did provide support to a project with the Roper Foundation to produce standardized data files from the KAP surveys. The standardized files were produced but were never exploited to the extent they might have been, partly because the rush of events rendered the utility of exploiting older data of more academic than practical use. Family planning, which had rarely been available to more than a small fraction of the residents of developing countries, began to be extended through organized family planning programs. There were many signals that couples in those places where family planning was available were in fact using family planning, but we had only limited statistical information upon which to judge what was happening, and it was apparent that we were not going to learn anything about current developments from studying these old data. Perhaps some historical demographer in the future will have the interest, time, and money to research these data.

What both the developing countries and the donor community needed were data bases that served several purposes. There was a clear need for data on what was happening in countries with active family planning programs. Fairly substantial resources were being programmed into efforts to slow population growth, and it was important to ensure that these resources were used effectively and efficiently. There

were also obvious time pressures. The longer the delay before slowing population growth, the more serious the problem would become. Timely data were clearly needed.

In those early days there were many more countries without family planning programs than with, and policy makers in those countries without programs needed data to help them gain a fuller understanding of the implications of rapid population growth for their countries. A somewhat different set of data was needed for policy development and planning a new program than for managing and evaluating ongoing programs.

In order to respond to these varied data needs, early in its history AID's Population Office initiated a broad program of support for data collection, including censuses, surveys, civil registration systems, and family planning program statistics. We also supported efforts to ensure that these data were evaluated, analyzed, and interpreted to facilitate their use. We supported research to test various approaches for collecting statistically reliable information, and we supported the development of computer software to speed the processing of data.

Family planning programs generally evolved in the context of health clinics, which customarily kept records on the people who came into these facilities for service. The records were in turn used as the bases for producing administrative or service statistics. Clinics were required to produce reports that indicated the aggregate numbers of acceptors of various methods, numbers of revisits, and sometimes selected characteristics of acceptors. As programs evolved, some countries began using computers to process service statistics. Program administrators needed more than aggregate numbers of acceptors, and by using computers to process individual client records, it was possible to collect and process much more information than could be handled by manual processing, and the processing was usually faster and more accurate.

Client record systems had some built in problems, however. First, they only collected information on people who had direct contact with the clinic-based program. They did not provide information on family planning use from the private sector, often even when the official program relied on commercial or community distribution points. Clients did not always return to the same clinic each time they wanted services, resulting in frequent double counting of acceptors, and even when they did, it was often not possible to find their earlier record or verify that they had had a previous visit. Moreover, when clients failed to return for revisits, the clinics had no information on whether they were still using contraception. Some programs conducted follow-up surveys to determine what happened to family planning clients. These surveys also encountered problems because there was virtually always a residual of clients who could not be found. In fact the "lost" clients often accounted for a third or more of the sample.

In addition to the difficulties with the systems themselves, the expansion of family planning programs greatly increased the numbers of clients—and the number of records to be processed. Program strategies also changed, with greater reliance on commercial and community based systems where it was not practical, and often not even possible, to keep records on clients.

In 1971, AID, along with the United Nations and the International Statistical Institute, began to develop what became the World Fertility Survey (WFS). The effort was launched more as a research than an administrative tool. The stated purpose was to assist as many countries as possible to undertake nationally representative, internationally comparable, high quality surveys on fertility and fertility-regulating behavior.

WFS developed a core questionnaire dealing with fertility and family planning behavior generally and a series of modules dealing with special topics such as factors other than contraception affecting fertility, economic status, community-level variables, mortality, and abortion. A large number of people with experience in fertility research from many parts of the world were involved in the development of WFS. The survey instruments that evolved provided a great deal of information of value to policy makers and program administrators.

In the course of developing the WFS, we found much reluctance, on the part of many demographers and social scientists, to clarify the link between fertility change and family planning action programs. Some of these researchers spent a great deal of time and money studying the statistical association between fertility and a wide range of socio-economic factors, and they advanced hypotheses about the causes of the association without ever considering whether couples in the countries they were studying had access to family planning. I have often compared that to studying the statistical association between education and various other variables without finding out whether the communities under study have schools. Obviously, people can only use services that are available to them, whether these are schools or family planning service outlets.

In 1976, WFS carried out some field trials of a series of questions on perceived family planning availability and accessibility and thereafter developed a set of questions on availability, which were added to the core questionnaire. These questions ask respondents whether they know where to obtain four specific contraceptive methods, pill, condom, IUD, and female sterilization, the travel time to the supply point for each method, and the cost of the method. These questions have been added to many of the WFS country surveys since they were adopted.

When we initiated the Contraceptive Prevalence Survey project with Westinghouse, we asked that availability information be collected for all methods requiring a source. These data have been very valuable as a means of gaining insight into the role of availability in contraceptive use.

The CPS was specifically designed to collect a limited set of highly program-relevant data quickly and to make these data available to program administrators and policy makers.

First, CPS has been an important source of data for documenting trends in contraceptive knowledge and use. For example, surveys carried out in Thailand at the beginning of the last decade found that about 12 percent of the currently married women of reproductive age were using contraception. Another survey carried out three years later reported that the rate of use had doubled to nearly one-quarter. The Survey of Fertility in Thailand, Thailand's WFS, found that in 1975, about one-third of the currently married women were using family planning. The CPS carried out in 1978 found a use rate in excess of 50 percent.

Mexico is another country that has experienced a substantial and rapid increase in family planning use. To my knowledge, there are no surveys for the early 1970s to document the level of use, but it seems likely that Mexico's use rate trailed several years behind Thailand's. The WFS in 1976 found that about 30 percent of the currently married women in Mexico were using contraception. The first round of the CPS carried out in 1978, about 18 months after the WFS, placed the use rate at 40 percent. The second round of CPS, carried out in 1979, did not find any increase in the overall rate but did find that there had been a substantial shift to the more effective methods.

Second, since many of the WFS, as well as the CPS, have included questions on perceived availability of family planning, it is possible to examine trends in availability. In Mexico, for example, only 50 percent of the respondents in the WFS reported knowledge of a source of supply for family planning. The CPS found that by the end of 1978 three-fourths of the Mexican women knew where to obtain family planning. Changes in perceived availability in rural Mexico were even more marked. Only about one-quarter of the rural Mexican women interviewed in 1976, during the WFS, reported knowledge of an outlet. The 1978 CPS found that three-fifths reported knowledge of an outlet.

Korea also reports an increase in perceived availability between the WFS and CPS surveys, but because Korean women had a much longer exposure to family planning than Mexican women, the changes were less dramatic.

We have been thinking about how CPS might be improved, and the CPS Workshop provides a good opportunity for an exchange of ideas. I personally think information relating to perceptions of the quality of services, including information and education programs, would be useful. For example, we might wish to collect information on what people say would be the most convenient time for them to visit service units, whether the service units are located in places that are easily accessible, whether they perceive the personnel as being friendly, etc. There may also be a need to collect information on actual availability to permit comparison with perceived availability. Currently, we can not be sure that people's perceptions of availability are accurate.

## OBJECTIVES OF WORKSHOP AND EXPECTATIONS OF PARTICIPANTS

Outlined below is a brief description of the objectives of the Workshop as defined by Westinghouse during the design and the development of the Workshop, and of the expectations of the participants as stated at the opening of the Workshop. Each Westinghouse objective is given first and the related participants' expectations are listed second.

### Westinghouse:

To examine various experiences in implementing family planning surveys in Asia and to provide a forum to discuss research methodology and technical experiences

### Participants:

- To consider various research techniques for utilization in a CPS (e.g., sample size, sample selection, questionnaire design and length, and use of techniques and materials from other types of surveys)
- To discuss approaches to simplify CPS to improve the feedback process
- To discuss the advantages and disadvantages of national vs. subnational surveys, single-round vs. multiple-round surveys, single surveys vs. staggered provincial surveys, in designing a CPS
- To discuss problems encountered and anticipated in carrying out a CPS
- To discuss solutions to various problems associated with implementing a CPS
- To acquire technical experience in CPS design, sampling, and analysis
- To compare various CPS approaches including Westinghouse, CDC, and others
- To consider the best implementing agency for CPS in each participating country
- To identify specific data needs and the best approach for satisfying these needs
- To discuss the objectives of a CPS
- To consider the best interval between CPS rounds in a variety of situations

### Westinghouse:

To examine needs and directions for future CPS projects

### Participants:

- To consider approaches to increase the scope and utility of CPS without loss of conciseness
- To discuss the advantages and disadvantages of standardization of survey data between countries
- To consider a .me system of cross-country comparisons of data, which would satisfy various organizations interested in family planning/population in Asia
- To consider various approaches to improving the dissemination of data
- To find out what the future of the Westinghouse CPS project is

- To discuss ways of integrating CPS data collection with other operations

**Westinghouse:**

To discuss various approaches for utilizing CPS data in a family planning program management information system

**Participants:**

- To improve understanding of the usefulness of a CPS for program administration
- To discuss how to maximize the utility of CPS data, specifically for decision making, management, and planning in family planning and other integrated development programs
- To create a dialogue between administrators and researchers (evaluators), which will remove some of the barriers to research and create greater interest and utilization of CPS results
- To clarify the relationship between CPS and service statistics in order to link the two for maximum impact
- To discuss various analytical approaches that would increase the utility of the data

**Westinghouse:**

To provide an arena for communication between AID, country delegations, and Westinghouse

**Participants:**

- To generate a dialogue between administrators and researchers so that greater understanding of each group's situation could be incorporated in the other's work scheme
- To get a better notion of what is available and not available from the Westinghouse CPS Project
- To share research experiences with participants from other Asian countries

## CONTRACEPTIVE PREVALENCE SURVEY COUNTRY PRESENTATIONS

### A. BANGLADESH

The CPS was the second major survey carried out in Bangladesh since independence. The World Fertility Survey (WFS), which was the first, was completed in 1976; in 1978, the information provided by the WFS was considered out of date and data on family planning activities in the country were needed. As a consequence, it was decided to undertake a CPS. The Research Unit of the Ministry of Public Health was the agency responsible for the CPS. The field work of the CPS was completed during 1979.

The CPS was a national survey. The survey was designed to meet two main objectives:

- to provide up-to-date measures of fertility and contraceptive prevalence, and
- to create a linkage with the Bangladesh Fertility Survey and future surveys.

Questions were added to the CPS model questionnaire to provide additional data from selected areas of the country for more intensive analysis. For example, data on the efficiency of the house-to-house contraceptive distribution system were desired.

The census sampling frame was modified for the CPS. Two hundred sample spots were included in the survey, 80 from rural areas, the remainder from urban areas. Of the 120 urban spots, 60 were newly selected for the CPS and 60 were retained from the WFS. Ever-married women less than 50 years of age were interviewed from about 14,000 households. Interview teams were composed of five interviewers—mostly university graduates—and one male and one female supervisor. Special problems were encountered with the data processing capabilities in Bangladesh, and all the data editing and processing were performed at the Asian Institute of Technology in Bangkok, Thailand.

The major findings of the Bangladesh CPS were:

- Contraceptive prevalence was 12.1 percent (for currently married women under 50 years of age) at the end of 1979. In the period 1975 to 1976, the WFS had estimated prevalence at 8.2 percent.
- Shifts in contraceptive method use were documented. There was an increase in tubal ligations and a decline in the use of traditional methods. Pills and condoms showed the greatest prevalence in terms of absolute numbers. IUD use declined from the earlier survey.
- Urban/rural areas showed pronounced differences. Contraceptive prevalence varied from 21 to 11 percent in urban and rural areas, respectively.
- The major supply source of contraceptives was field workers (15 percent of pill users and 63 percent of condom users).
- Knowledge of contraceptives was high. Ninety-three percent of all respondents reported knowledge of the oral pill, while 57 percent knew of the condom, and 39 percent had knowledge of the IUD. About 86 percent of the respondents knew of sterilization methods.

### B. KOREA

Since 1962 about eleven family planning surveys have been carried out in Korea by the Korean Institute of Family Planning. These include KAP surveys, the World Fertility Survey, and others. In 1979, the first CPS was carried out in Korea. One of the main purposes of the CPS was to collect data on contraceptive use levels, as well as on knowledge and availability of contraceptives at the provincial level and for urban/rural areas.

Fieldwork was carried out in March and April 1979. The fieldwork was done by 15 teams, which consisted of four to five interviewers and 1 supervisor. The training period for interviewers was two weeks. The Korean CPS covered about

30,000 households, which included interviews with 17,000 ever-married women aged 15-49. Data processing was carried out in Seoul at the Korean Institute for Family Planning.

The major findings of the Korean CPS were:

- In 1979, prevalence was 55 percent among ever-married women 15 to 49 years of age, significantly higher than the 9 percent documented in a 1964 survey.
- Rural/urban areas showed very little difference in contraceptive practice; the percentages were 55 and 53 percent in the urban/rural areas respectively.
- The use of sterilization increased from 8 to 20 percent of all methods during the three-year period from 1976 to 1979. This increase is probably due to the heavy emphasis of the family planning program in encouraging sterilization.
- Abortion is very prevalent in Korea. In 1979, induced abortions equalled the number of live births.
- Knowledge of contraceptive methods is extremely high in Korea. Almost 100 percent of Korean respondents knew of at least one contraceptive method. The proportion knowing each method is as follows: Pill: 96.3 percent; Condom: 81.8 percent; IUD: 94.9 percent; Female sterilization: 93.9 percent; Injection: 39.7 percent; Vaginal tablets: 49.8 percent; Rhythm: 66.8 percent; Withdrawal: 41.7 percent; Other methods: 1.7 percent.
- Among the women in the sample, 79.4 percent wanted no more children. In other words, in Korea four out of five women have completed their families and desire no additional children.
- Of the women who ever had a pregnancy, 46.8 percent reported that their last pregnancy was not wanted.
- A total of 76.5 percent of all Korean women aged 15 to 49 have ever used some method of contraception.
- Forty-two percent of ever-married women are currently using contraception. The specific methods they are using are as follows: Pill: 6.1 percent; Condom: 4.0 percent; IUD: 9.5 percent; Female sterilization: 11.9 percent; Male sterilization: 5.2 percent; Rhythm: 6.1 percent; Withdrawal: 3.3 percent; Other: 1.1 percent.

### C. NEPAL

Although the CPS project was begun in Nepal in 1980, difficulties in negotiations and contracting delayed the start of activities. Fieldwork actually commenced in early 1981 and is expected to take approximately three-and-a-half months to complete. The final report will be ready in 1982, followed by a seminar in Nepal to discuss the CPS findings.

The sample design for the CPS is similar to that used for the World Fertility Survey in Nepal. Approximately 6,000 currently-married women aged 15 through 49 will be interviewed. The sample will include both rural and urban areas, and it will be stratified by the four regions of the country. A household listing developed in the recent national election is the basis for the sampling proportions at each level of

stratification. Cluster sampling will be used to reduce the cost of field operations.

Ten teams of interviewers, composed of five interviewers and one supervisor, will carry out fieldwork. A two-week interviewer training session has already been carried out in the four regions of the country. The CPS core questionnaire has been translated into the three major languages of Nepal. Due to a lack of data processing hardware and software, the data tape will be sent out of Nepal for further processing after a clean data set has been generated.

### D. THAILAND

The CPS in Thailand was carried out by the National Institute of Development Administration (NIDA) during late 1978 and early 1979. The CPS was designed to provide data on levels of contraceptive knowledge, use and availability, and limited fertility information on both a national and regional basis.

The sample included 4,025 women, single and ever-married, between the ages of 15 and 49. The procedures used to select the rural sample paralleled those used to draw the Survey of Fertility in Thailand (SOFT) sample, which was the Thai World Fertility Survey. Using the SOFT sampling frame, one half of the provinces in each of the four regions of the country were randomly selected. For the Bangkok sample, a master sampling frame of households in metropolitan Bangkok was used. The data from the CPS were analyzed and compared with results from earlier surveys to examine fertility trends over time in Thailand.

The major findings of the Thai CPS were:

- In 1978-79, the number of children ever born to ever-married women was 3.6, a marked decrease from the SOFT finding of 3.9 in 1975.
- The total fertility rate was 3.7, a 40 percent decline from the Longitudinal Survey carried out by Chulalongkorn University in 1969.
- Ten percent of women were pregnant at the time of the survey, as compared with 15 percent in 1969.
- Marital general fertility has decreased 18 percent in rural areas between 1969 and 1978-79.
- Contraceptive knowledge is almost universal in Thailand; less than one percent of women were ignorant of any method of contraception.
- Almost 70 percent of ever-married women had used a contraceptive method at the time of the survey.
- Oral contraceptives were the most widely used method in Thailand. Forty-seven percent of ever-married women had used the pill in 1978-79.
- Thirteen percent of the CPS respondents indicated they have been sterilized and another four percent indicated their husbands had been sterilized.
- The proportion of Thai women using contraception has more than tripled in the decade from 1970 to 1980, from 14 percent to about 50 percent. Historic differences in levels of use between rural and urban women had almost disappeared by 1979.

## PROBLEMS OF DATA COLLECTION

The first small group session was dedicated to identifying problems in data collection. The purpose of this session was to create a dialogue, in which all participants could be involved, to identify those problems which were most serious and common in Asia. The identification of these problems also was used in later sessions as a focus for discussion of other issues such as resource allocation project design, and technical support. The discussion guide suggested to first identify problems and then consider various solutions (both actual and theoretical).

This session and the next—the planning process—provided the participants with a context in which to discuss the conceptual and procedural aspects of developing a CPS.

The workshop participants were divided into three pre-selected groups (each group included representatives from most countries) and asked to discuss some of the most common problems encountered in data collection in their own countries. Suggested problem areas for discussion included: analysis, staffing, data utilization, field operations, data needs, matching resources to needs, survey technique capabilities, language, research priorities and training. Group reports on their discussion follows:

### A. RED GROUP

First, this group discussed several data collection problems which are summarized below:

- The group's basic feeling was that too many data are collected and too few are analyzed. Lengthy questionnaires are developed because of the interest in collecting data on a variety of topics, but the quantity of information makes analysis difficult with the result that researchers are overwhelmed by data.
- An understanding of the purposes of the survey and key issues is often lacking in early planning of the survey.
- In the country, too few key people are expected to do too much work. The survey may become like a marathon: the further the work progresses, the more people drop out, leaving those remaining at the end overwhelmed by work.
- There are no shortcuts to data analysis, especially if one wants to go beyond simple two-way tabulations.
- The demands of donors can create problems for ongoing research. This problem is especially true if a limited number of researchers are doing several pieces of research simultaneously with funding from various sources. Frequently, this problem occurs in countries where there is a lack of technically trained people.
- There is too much preoccupation with the "western approach" in preparing analyses, which inhibits the timely production of research reports by attempting to adhere to accepted customs in presentations.

To alleviate some of these data collection problems, the group offered the following solutions:

- Set out the key issues in the beginning. Move from the qualitative to the quantitative; in other words, the issues and objectives need to be translated into tabulations at the beginning.
- Donors can be asked to include training of local counterparts in the research contract.
- Distribute the research work among several organizations or agencies (as was done with the WFS in Thailand).
- Report different stages of analysis as they are ready. The more difficult analysis can be done at a later date.
- Consider use of computer software packages to facilitate data analysis.

### B. GREEN GROUP

The group discussion focused on a few data collection issues: the quality of the interviewers, the composition of fieldwork teams, and the financial limitations in setting wages for field staff and sample size.

- Quality of the interviewers: two alternatives were discussed. Is it better to hire interviewers with previous experience or interviewers with acceptable qualifications but no previous experience—such as university students who are often recruited as interviewers? The consensus was that persons without experience take longer to train but they are usually industrious, and experienced interviewers may have acquired bad habits along with good experience in previous jobs and may need closer supervision.
- Team composition: questions were raised by the group members as to what the ideal fieldwork team size was. (With how many interviewers could a supervisor work?) There was no consensus in the group, which agreed that it would depend on such factors as training, former experience, population density, distance to be covered every day, and other such factors.
- Field staff wages: two problems were related by the group members. First, interviewers may request a wage increase in the course of the fieldwork; if their demands are not met, they may quit, thereby slowing down or hampering the progress of the fieldwork. Second, the maximum wages of government employees is frequently set, causing interviewers to be paid less than the donor would like to pay them. Neither of these problems are readily solvable when they arise. However, if such problems are anticipated their detrimental impact can be minimized.
- Sample size: the advantages of large and small samples were discussed. Although a large sample may yield more accurate findings and permit the analysis of data at the regional level, the group felt that since a small sample would yield accurate enough data, in a shorter span of time, at a lesser cost, it was therefore better than a large sample.

### C. BLUE GROUP

The group concentrated on a few of the problem areas suggested for discussion. These suggestions were made

with respect to data utilization:

- Begin with a research seminar to discuss the scope of the project. Invite those people who you ultimately want to use the data.
- Send early study results to key participants.
- Make arrangements so that you have the undivided attention of the policy makers (i.e., talk to them while they are away from their office, e.g., on a boat trip).
- Prepare an executive summary of the research report of 5 to 10 pages in length in one or two (if necessary) languages.
- Give a follow-up seminar and make a "plan of action" for utilization of the research findings a part of the research project's agenda.
- The timing of the publication of the research results is critical; ideally, it should be timed for inclusion in any major policy or planning statement, such as the Five-Year Plan in Nepal.

With regard to data processing, the group suggested:

- Define priorities to facilitate obtaining funds
- Develop and maintain a core research staff who are experienced in data processing
- Consider use of data processing equipment from other organizations
- Despite all the problems, funding for population research is still available and can be found

## THE PLANNING PROCESS

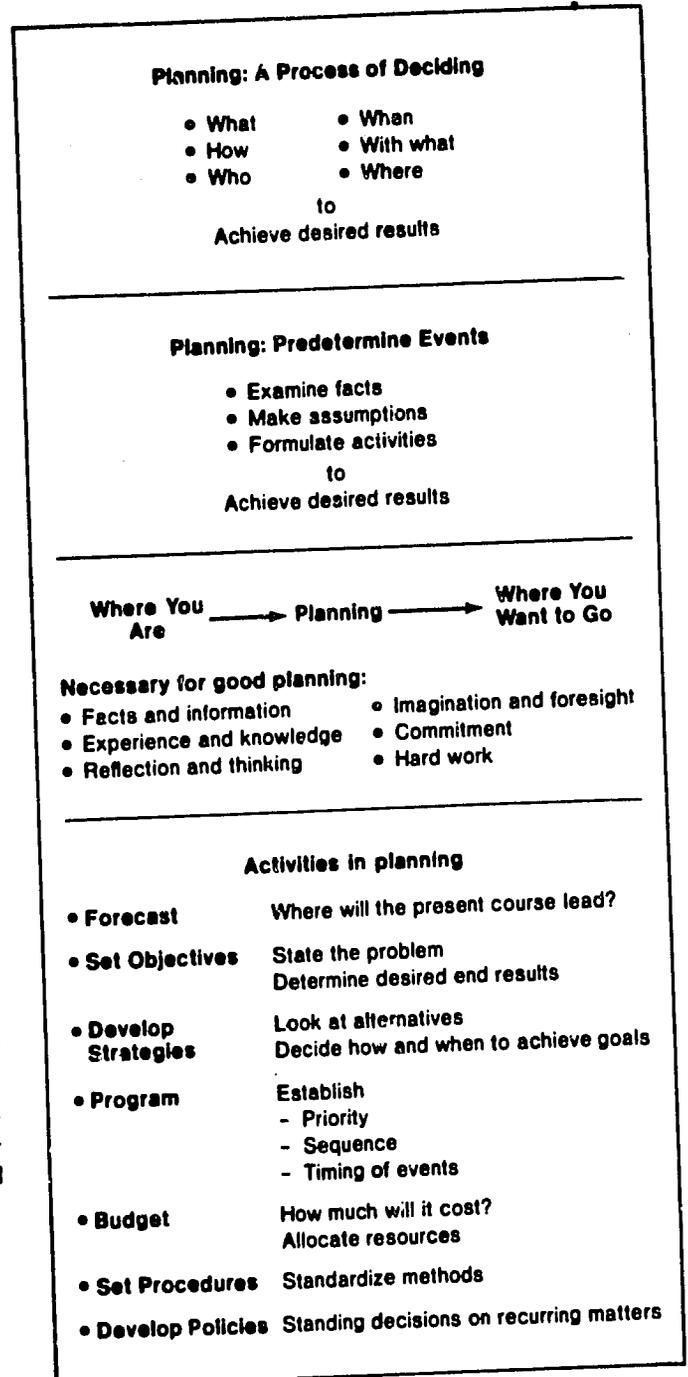
Figure 2 summarizes the outline of the presentation on planning. The purpose of this session was to establish a framework for participants to use in the following sessions. The workshop facilitator used CPS examples in his presentation so that the participants could relate this theoretical presentation to the planning of a CPS.

## ASSESSMENT OF COUNTRY DATA NEEDS

After presentation on the "planning process" and its relevance to conducting a CPS, the workshop moved into its second phase: discussion of the conceptual and procedural steps involved in the development of a CPS and the integration of CPS findings into the existing governmental management system. In order to design a CPS, it is necessary for the country to identify its data needs. During this session, the participants were grouped by country in order to identify the specific country data need in the areas of family planning and population.

One objective of a CPS is to collect data that are necessary for effective decision making about population and family

FIGURE 2: The Planning Process



planning. It is necessary for the survey director to examine these data requirements carefully prior to data collection by consulting with family planning program managers and policy makers, in order to maximize the utility of the resulting data.

The process of identifying these data needs has four stages:

1. Selecting an activity or program for which data are needed
2. Defining how the data are to be used
3. Reviewing the data already available

4. Determining the specific data needs, first broadly, then more specifically

Each country team was asked to prepare an assessment of its own country data needs following the outline given above. The country team could consider large-scale (national) or smaller programs for which data were needed. Their reports are outlined below.

**A. BANGLADESH**

1. Program for which Data are Needed

- The National Population Control and Family Planning Programme

2. Purpose of the Data Collection

- The program aims to achieve a reduction in fertility to replacement level (NRR=1) by 1990, through the introduction of family planning as a part of the "Peaceful Revolution." The data collected will assist in evaluation of the impact of the Program in changing fertility behavior on an annual basis and provide information to support and/or redirect the emphasis of the program.

3. Data Available

- 1975-78 Bangladesh Fertility Survey
- Baseline data obtained from the 1979 CPS
- A limited range of data derived from the Service Statistics System comprising:
  - nationwide data on distribution of conventional contraceptives and provision of clinical services
  - limited user data derived from a recently introduced sample survey of field workers' reports

4. Data Needed

Data are needed in the following eleven areas. How these data can be obtained is shown on Figure 3.

- Data that would establish the baseline measures of contraceptive use by method
- Fertility data for married couples according to their characteristics
- Data about levels and trends in nuptiality, contraceptive use and fertility, which would aid in monitoring the progress of the program
- Data to evaluate the effectiveness of the information, education, and motivation program (IEM) and other communication programs designed to motivate people to accept contraception
- Data to aid the evaluation of changing preferences for specific contraceptives among users
- Data that would enable an identification of the population subgroups most (or least) responsive to the program
- Data that would enable an evaluation of the roles played by informal and formal community leaders, *gram sarkar* (village government officials) at various levels, and others involved in implementation of the program
- Data on the outcome of special projects
- Data that would enable an analysis of the supply of services and their availability to potential users
- Data needed for the assessment of continuing training needs
- Data that would permit an analysis of the efficiency of the program

**FIGURE 3: Bangladesh National Health and Family Planning Program: Data Needs and Sources**

Data Needed	Frequency		Possible Methods of Collection			
	Every 1-2 Years	Less Frequent	CPS	Service Statistics	Administrative Records	Other Studies
a	✓		✓	✓		
b	✓		✓	✓		
c		✓	✓			✓
d	✓		✓	✓		
e			✓			
f	✓	✓				✓
g	✓		✓	✓	✓	
h		✓			✓	✓
i		✓		✓	✓	✓
j	✓		✓			✓
k	✓		✓	✓	✓	✓

## B. INDONESIA

In Indonesia there are several general areas for which data needs can be identified. They include:

- program expansion
- operational aspects of the program
- acceptor maintenance
- program institutionalization
- special groups within the population
- program development/integration with other aspects of development

The discussion focused on two areas: information, education, and communication (IEC) and family planning program development.

### 1. Area 1. Information, Education, and Communication Program Development

#### a. Program for which data are needed

- An operational study of the effectiveness of mass media for family planning information, educational and communication program (IEC) to be done in 1981 in selected provinces

#### b. Purpose of the data collection

- To evaluate the effectiveness of certain mass media channels for family planning IEC

#### c. Data available

- IEC monitoring records, the number and kinds of family planning materials published by various media, both private and government
- KAP type studies of knowledge and attitude levels of the population
- Advertising market research

#### d. Data needed

- Data to evaluate the impact of certain categories of messages/materials on their specific target population segments
- Data to evaluate the types of media used for these messages/materials
- Identification of the most effective media

### 2. Area 2. Target Family Planning Program Development

#### a. Program for which data are needed

- Family planning and "beyond family planning," characteristics of fishing communities

#### b. Purpose of data collection

- To determine family planning strategies for motivating fishing communities for which family planning and social development information are needed

#### c. Data available

- Service statistics for various fishing subdistricts
- Administrative records of the Ministry of Agriculture
- Administrative records of the Ministry of Interior

#### d. Data needed

- Data on family planning knowledge, use, and availability
- Data on fertility and child mortality
- Information on areas "beyond family planning" (to reduce fertility and increase the rate of socioeconomic development)
- Socioeconomic characteristics of the target communities
- Inventory of family planning facilities

## C. KOREA

### 1. Program for which Data are Needed

- The Korean National Family Planning Program

### 2. Purpose of Data Collection

- To continue monitoring contraceptive prevalence; to evaluate changes in program strategy
- To evaluate how the program can provide more general family health care

### 3. Data Available

- Program service statistics
- A series of surveys, mainly focused on fertility and contraceptive data, the latest of which is the Korean CPS of 1979

### 4. Data Needed

- Continued monitoring of prevalence
- Utilization of MCH services, including prenatal care, delivery, and well-baby care, by type of MCH service
- Nutrition data, such as nutrition status, patterns of breast-feeding, supplementary food and weaning practices
- Immunization data for children under 5 years, including polio, BCG, DPT, and measles, by number of doses
- Attitudes towards family health programs
- Continuation rates for contraceptive methods, measures of contraceptive effectiveness and failure
- Attitudes towards the program services, including attitudes towards field workers and the community based distribution system

## D. NEPAL

### 1. Program for which Data are Needed

- Female sterilization camps

### 2. Purpose of Data Collection

- To estimate the cost-benefit ratio of the camps

### 3. Data Available

- Fertility survey data

- Service statistics, number of acceptors, demographic profile (excluding nationality)
- Costs for personnel, logistics, training, IEC program, and incentives
- Commodities used, drugs

#### 4. Data Needed

- Data to evaluate whether the program actually provides services to potential acceptors
- Data on number of visits required to motivate a potential acceptor, and number of follow-up visits made by the motivator
- Data on complications due to sterilization
- Additional data on expenditures incurred for the following: commodities (equipment and drugs); personnel; logistics (direct and indirect costs); training (direct costs); education, information and communication (IEC) program (broadcasting, printed materials, film shows, public meetings); treatment for complications
- Data on births averted

### E. MALAYSIA

#### 1. Program for which Data are Needed

- The National Family Planning Program

#### 2. Purpose of the Data Collection

- To obtain management information necessary to evaluate and reorient (if necessary) the national program

#### 3. Data Available

- The 1970 Post Enumeration Survey (KAP)
- The 1974-75 World Fertility Survey
- The 1977 Family Planning Acceptor Survey
- Vital registration and census statistics (these data provide some benchmark data)

#### 4. Data Needed

- Service statistics by clinic, region, agency, and for the entire country (levels and trends), by these variables: current contraceptive method, contraceptive history, ethnic group, current age, occupation, education, and number of live born children
- Use of counseling, clinic attendance, home visits (by the background variables listed above)
- Knowledge of methods of contraception (by the background variables listed above)
- Information on training courses and programs by category and number of participants
- Quality of family planning service delivery, by geographic distribution of staff
- National and subnational trends and patterns in levels of fertility and marriage (by the background variables listed above)
- Abortion trends

#### 5. Further Data Requirements for a CPS

- A sampling frame for a CPS that would provide a representative sample of households for households listing needs to be chosen, and the sample size needs to include a sufficient number of married women. The problem is to reconcile the resources available to obtain a reasonable sample size for the substate or subregional level.

### F. PHILIPPINES

#### 1. Programs for which Data are Needed

Five ongoing programs were identified:

- The Outreach Project: a nationwide project employing non-medical field workers and village based volunteer workers to promote family planning in general (to provide information about all methods including referrals to clinic, where appropriate), and to provide supplies to users of pills and condoms.
- The Barangay Health Station Project: a nationwide project employing midwives based in rural satellite clinics to provide family planning information and services.
- The Saribaya Project: a pilot test of an education, information, and communication strategy for extending the territory of clinics to cover rural couples. Volunteer community based workers (about 1 per 25 households) will be used as a link between clients and service outlets.
- The Hospital Postpartum Program: a nationwide project of the Ministry of Health offering maternity centered family planning services.
- Use of non-physician staff for clinical family planning project: a pilot project to test the medium-term effects of training midwives to insert IUDs and dispense injectable contraceptives.

#### 2. The Purpose of the Data Collection

- Comparison of the various projects showed that the same types of data were needed for all five projects. As a result, instead of preparing separate, repetitive lists of specific needs for each project, a single checklist of more general types of needs that could be used for processing a specific list for any project or program was prepared. These potential types of needs are categorized below.

#### 3. Data Needed

- The group focused on data that might be obtained by a CPS. The first five items are related to the evaluation of an information, education, and communication (IEC) program; the next five are related to family planning services; the last two are more general.
- User/acceptor characteristics versus characteristics of the general population of married couples or married women of reproductive age.

- Awareness/knowledge of project activities, services, and outlets
- Frequency of contact with project personnel and outlets
- Content of IEC messages associated with projects (personnel, mass media) and perceived effect on knowledge and attitudes
- Perceived reasons for failure of IEC efforts to affect family planning practice, in spite of exposure to IEC
- Source of supply
- Data on continuation and termination, by reason (especially accidental pregnancy)
- Nature of use (e.g., regularity, how methods are combined)
- Perceived problems related to personnel, services, outlets (e.g., travel time, cost, waiting time at service center, cost of service, anonymity, privacy)
- Relationship between project inputs and contraceptive practice
- Comparison between or among various projects of their impact on contraceptive prevalence (especially project inputs like IEC, service provision versus inputs, infrastructure from other projects)
- Trends of all the aforementioned indicators

## G. THAILAND

### 1. Program for which Data are Needed

- The National Family Planning Program

### 2. Data Needed

Data collected by a CPS will be limited as specified by the two following premises:

Premise 1—CPS can only generate data on the national and regional level. Collecting data at the provincial or at some smaller geographical area level would require too large a sample and it is not the purpose of the CPS to conduct surveys in isolated geographic or administrative areas.

Premise 2—The "C" in CPS means that CPS should concentrate on contraception and related issues. The scope does not extend beyond family planning and demographic topics.

- Demographic topics
  - mortality: the first priority is the crude death rate measure that a routine CPS could produce. Of lower priority are measures of infant mortality rates and maternal mortality rates
  - abortion: prevalence, methods, and sources
- Family planning topics
  - national and regional attitudes toward vasectomy and IUD, recent declines in acceptance and use of these two methods

## HOW TO MATCH A CPS TO AVAILABLE RESOURCES

### A. DISCUSSION GUIDE

In the previous session, the issues of data needs were discussed. In this section the objective was to examine those issues within the larger context of resource availability.

The following steps were suggested for the discussion:

- Specify what resources are available in your country for family planning research and from what sources
- Examine the resource allocation process and the relationship between technical and resource people
- Relate specific data needs to resources required to fulfill these needs
- Compare the resources needed with the resources available and suggest ways of measuring the difference

The participants were asked to conduct their discussion in the context of the following points:

#### 1. Examination of the Resource Allocation Process

Resources were defined in terms of both human and financial contributions to the research endeavor. Resource availability is generally superficially considered in the process of project and research design. However, it is usually not taken into consideration until late in the design process because it is often difficult to determine what resources are available for several reasons. First, the availability of both financial and technical resources from the international donor community creates an artificial research environment, one in which resources are not necessarily linked to local priorities or needs. Secondly, a full understanding of the resources available is usually obtained only after the project has been submitted for the various administrative and policy clearances. Thirdly, resource requirements can change significantly during the life of the research project. Finally, resource decisions are usually subject more to political factors than to technical factors. If the resource issue could be better integrated into project design, it could save considerable effort by reducing problems generated by last-minute technical modifications made to fit available resources. Integrated project planning would also ensure a better interchange between technical and policy officials, allowing both to make more informed decisions respectively on technical issues and resource allocation. This interchange could help all levels of the government/organization realize the linkage between technical and resource issues and thereby result in more efficient utilization of limited resources.

Where the resources come from is an important factor in a project because it may influence some of the project objectives. Some questions concerning the origins of resources, which should be addressed are:

- Is international research funding available?
- Is it easily accessible to your organization?

- What is used more efficiently: local or international funding?
- Are local technical resources adequate?
- Is external technical support adequate for the project in the short run? In the long run?
- What role should external technical assistance play in your research project?

## 2. Relationship between Technical and Resource People

The next issue for consideration was the structure of the current project design process in the country. In other words, how do the technical and resource people currently interact and how are resources allocated? Among the issues to be considered were:

- At what level are the decisions related to the allocation of resources made in your organization/government?
- Who makes technical decisions for your organization/government?
- Do the resource people communicate with technical people when making decisions?
- Are resource people and project directors the same?
- Do policy makers and resource people have any technical understanding of research?
- Who is responsible when research projects fail to operate within the allocated resource?
- What is the time interval between the time when a research endeavor is conceived and resources are made available to realize it?

## 3. Relating Specific Data Needs to the Resources Required to Meet their Needs

The purpose of this session was for each group to examine two or three of the data needs mentioned during the country group discussions and determine what resources—financial and human—would be needed to satisfy these needs. In particular the following issues were to be addressed:

- Is a survey the best way to collect these data?
- If you were to collect these data, what would be the required sample design?
- How many additional interviewers would be required?
- How much additional field time would be required?
- How much editing would be required?
- How much additional data entry would be required?
- How many additional keypunch cards would be required?
- How much additional processing would be required?
- How much additional analysis would be required?

## 4. Comparing Needed and Available Resources

Once the resources required to satisfy the specific data needs are determined, the availability of the resources would have to be addressed. Finally, how the data would be used and whether the utility of the data justified collecting them was discussed. Countries who have implemented a

CPS were encouraged to take a leadership role in this particular discussion. The participants were separated in three groups, each including policy and technical participants from several countries. A summary of the group discussions follows.

## B. GROUP DISCUSSION—A SUMMARY

- The CPS is an adequate tool to meet data needs such as national estimates of contraceptive use, certain demographic behaviors, and some related information. However, it may not be the best way of collecting subnational data. Requirements will be different in various countries, according to their individual needs.
- As a family planning program matures, subnational data and performance levels may become more important (as in Korea) to program managers. There may be a need to have several subnational surveys rather than one national survey.
- The main objectives of a CPS, in any country, may change over-time as the data requirements change. For example, in the future Korea wants information on other aspects of the development program in addition to fertility and family planning information.
- The dynamics involved in the decision to implement a survey differ in each country, although there may be a few commonalities. In many developing countries, local research organizations are few, and the external donor agencies are numerous. These donor agencies often make requests based on their own priorities. The country research institutions, although they have different needs, may be unwilling to give up the funds, and will proceed with research projects that do not completely satisfy their needs.
- Often a few local research institutions take the responsibility to carry out too many projects.
- Technical difficulties may be the same in many countries and include:
  - Expensive computer resources
  - Overworked research personnel
  - Already ongoing data collection activities for which the CPS may present competition.
- Decisions regarding resources will be contingent upon country policy, whether there are internal/external sources of funding, and whether the research project is part of long term plan, and whatever the situation, it is important to establish research priorities at the highest possible level.
- External funding sources should encourage the development of a national research plan and provide assistance appropriate to the plan.
- External funding may have many administrative and technical advantages over local funding (i.e., short lead time, more experienced research planners, etc.). Funding agencies should recognize those areas where they can have the most impact and avoid areas where local resources are equally or more appropriate.

# HOW TO DEVELOP AND IMPLEMENT A CONTRACEPTIVE PREVALENCE SURVEY TO SATISFY DESIRED OUTCOMES

Issues related to the development and the implementation of a CPS, which were raised by the participants during the first part of the workshop, were discussed in a plenary session. The major points of the discussion are listed below for each of these issues:

**Issue 1: The advantages and disadvantages of maintaining international comparability in CPS data**

- Having internationally comparable data allows countries to learn from one another. Although some concepts may vary culturally, there are some variables that can be included in every CPS.
- If comparability is desired, more attention will have to be paid to the definitions of concepts. For example, how is "urban" defined, or what is meant by an "acceptor"?
- Several countries felt that international comparability was really a donor agency need rather than a country need.
- Several countries believe that internal comparability among surveys within a given country is a much greater problem and consequently a more important issue.

**Issue 2: Survey design—regional versus national samples; single versus multiple rounds; and survey in several phases (e.g., field work is done at different times in different regions) versus one-phase survey**

- Westinghouse has emphasized the preferability of the second option in each of the pairs listed above, but these choices do not always meet the country needs. For instance, Korea needs regional data due to the variation in the regional response to the national family planning effort; in Indonesia, it is difficult to do a national survey because of the size and geography of the country.
- The question of national versus regional surveys should be based on the kinds of data that are needed. In some instances, regional data can be obtained by subsampling in the regions for which special data are needed. For example, Bangladesh decided to subsample intensively in some areas to collect a specific data set.
- The increase in sample size necessary to collect regional data adds extra cost. A general rule of thumb suggested by Westinghouse to calculate the additional cost is to double the field costs if the sample size is to be doubled. This method would give a low estimate, the validity of which would vary from country to country.

**Issue 3: Expansion of the scope of CPS**

- In expanding the scope of CPS to include new topics, the original mandate of the CPS to focus on contraceptive prevalence may be threatened.
- There is flexibility in the design of CPS to allow for other topics, but additional modules add length, cost, and analysis problems. Westinghouse prefers to use the CPS model

questionnaire for the first round and make changes in subsequent rounds.

- Topics related to family planning (for example, nutrition, health, and vital statistics) can be added to broaden the questionnaire. However, the quality of the data may be endangered if the survey instrument becomes too long.
- CPS-type questions can be added to other national surveys; such a data collection system may be more economical.
- Prevalence may be measured by one or twenty questions, but a set of core questions is needed to obtain the information CPS is designed to collect.

**Issue 4: The appropriate interval between contraceptive prevalence survey rounds**

- CPS should be timed so that it is integrated with the national planning process.
- In most countries, a two-year interval for the CPS is probably optimal.
- Countries where the family planning program is very active may want to do a CPS more often.
- One of the benefits of CPS is in its institutionalization; another is the fact that it can provide data at regular intervals.
- The needs and capabilities of the in-country agency or organization that implemented the CPS may affect the interval.
- The CPS is only one family planning measurement tool, and it should complement other in-country surveys (for example, the continuation rate studies in Indonesia).

## INSTITUTIONALIZATION OF CONTRACEPTIVE PREVALENCE SURVEYS

### A. DEFINITION OF INSTITUTIONALIZATION

Institutionalization of the Contraceptive Prevalence Surveys in-country is a major goal of the Westinghouse CPS Project. By institutionalization we mean the process by which CPS becomes a component of the country data collection system and CPS findings, available at regular intervals, can be used to develop and manage the country family planning program. Within the framework of this operational definition, specific objectives necessary to achieve the goal of institutionalization should include all or most of the following:

- Each survey effort should build a technical capability to carry out subsequent rounds.
- The survey is fully integrated into the family planning management information system, allowing linkages with service statistics and administrative data.

- The project increases the ability of potential data consumers to use the information to manage the family planning program.
- The project produces quality data that are reliable.
- The project is reasonable in scope so as not to tax local resources (human and financial).
- The project generates an ongoing demand for its product.

If efforts are made to implement the above outlined objectives, the probability of a project being institutionalized will be considerably greater. However, failure to implement one of the objectives does not necessarily mean the project will not be institutionalized. In some countries, some of these objectives may conflict with each other, requiring that some be sacrificed in favor of others. (For example, the technical capability to carry out the survey may be in the private sector or the university system. In such a case, full integration into a government management system is very difficult.)

However, if most of these objectives are met, the result will be a project that is widely supported and extensively used. Thus the CPS becomes institutionalized.

## B. SUMMARY OF DISCUSSIONS

In three separate group discussions, the merits of institutionalization of CPS were discussed. The outcome of these discussions included the following comments:

- One disadvantage of institutionalization of CPS is that it may present a drain on local resources in terms of manpower, training, and monetary resources.
- Another disadvantage is that it may overburden the service statistics system because of the demands for continuous planning and implementation of the CPS. At the same time, it may not provide all the types of information necessary for the program.
- If CPS is institutionalized, it is more difficult for some programs to bring in consultants on an *ad hoc* basis to assist with surveys. In this sense, institutionalization makes the CPS a part of regular program activities and somewhat less flexible.
- An institutionalized CPS will provide data on a regular basis and create an awareness of program performance among policy makers.
- In many countries institutionalization of CPS provides a continual monitoring system, as in Korea.
- The target audience for CPS data, especially trend data, is not only policy makers, but just as importantly, the local or regional family planning program managers. When disseminating data to lower level program managers, it is necessary to ensure that there is follow-up of decisions and program changes based on the data.
- The type of agency in which the CPS is institutionalized is very important. Although it may be practical to house the CPS in a national statistical office, the most appropriate place is within the family planning organization (in-house), where there is more responsiveness to the data needs of

the program. If the CPS is conducted by an outside agency, the family planning program managers, the people who need the data most, lose control of it.

- Once the CPS is institutionalized, it is responsive to demands for data from program managers.
- If institutionalized, CPS-type surveys can be combined with other national surveys.
- In Indonesia, the CPS will be institutionalized, but other surveys, like the continuation rate surveys, will also be maintained.
- If institutionalized, the CPS provides a built-in, ongoing core staff. However, most field staff cannot be absorbed, as they work only periodically.
- If institutionalized, family planning field workers can be used to carry out the CPS and will enable a very large sample size. In this case, however, objectivity may be lost. This problem can be overcome or minimized by strict supervision and cross checking data.
- The CPS can serve as a check on the accuracy of service statistics. It also can collect information on couples who do not use the official program, and therefore do not appear in the service statistics system.

## FINAL COUNTRY REPORTS

### A. BANGLADESH

#### 1. Introduction

The aim of the national Health, Population Control, and Family Planning Programme in Bangladesh is to reduce fertility to replacement level (NRR=1) by 1990. This is the third phase of the "peaceful revolution" (following the first phase of increased agricultural production and the second phase of mass literacy). The third phase will emphasize strategies to delay marriage, to satisfy the existing demand for permanent surgical contraception, and to popularize methods that allow more effective spacing of children. This phase will be characterized by greater involvement of community leaders in implementing the program.

The purpose of data collection by the Population/Family Planning Program is to evaluate annually the impact of the program on changing fertility behavior and to provide information to support and/or redirect the emphasis of the program.

#### 2. Data Needs

Data needs identified for Bangladesh are:

- Data that would establish baseline measures of contraceptive use by methods and also the fertility of married couples by associated characteristics

**FIGURE 4: Major Research Resources Available for Bangladesh Population Program**

Research Unit	Research Responsibilities	Source of Funds
<b>GOVERNMENT</b>		
<b>A. Planning Commission</b>		
External Evaluation Unit	—Evaluation of family planning service providers —Evaluation of multi-sectoral program	—World Bank-research and technical assistance funds —CIDA (bilateral) funds
<b>B. Bureau of Statistics</b>	—Census and vital statistics	—UNFPA and others
<b>C. Ministry of Health and Population</b>		
<b>Population Control and Family Planning Division</b>		
<b>1. Management Information Systems (MIS) Unit</b>		
	—Service statistics	—World Bank, Government funds
	—Estimates of couple years of protection from gross distribution figures	—CIDA
	—Comparison of distribution figures and actual use effectiveness figures from selected areas	—CIDA
	—Continuous assessment of service facilities, personnel available at district and thana level	—Government funds
	—Prevalence surveys	—USAID
<b>2. NIPORT (Nat'l Institute of Population Research &amp; Training)</b>		
<b>a. Biomedical Division (Bangladesh Fertility Research Program is semi-attached)</b>		
	—Biomedical research	—Government, UNFPA
	—Fertility research	—IFRP (International Fertility Research Program)/USAID
<b>b. Social Science Division</b>		
	—Family planning evaluation	—UNFPA
	—Operations research (action and evaluative research on FP delivery system)	—USAID
<b>c. Information, Education Motivation Unit (IEM)</b>		
	—Evaluation of IEM program	—World Bank
<b>SEMI GOVERNMENT</b>		
<b>A. Bangladesh Institute of Development Studies (BIDS)</b>		
	—Determinants of fertility	—Ford Foundation
	—Migration	—World Bank
	—Urbanization	—Some government funds
<b>B. Bangladesh Academy of Rural Development (BARD)</b>		
	—Trials of innovative family planning approaches	—Various grants
<b>UNIVERSITIES</b>		
<b>A. Dacca University</b>		
	—Small scale studies of social, economic and psychological determinants of fertility	—USAID
<b>B. Chittagong University</b>		
	—Demographic aspects	—Ford Foundation
<b>C. Rajshahi University</b>		
	—Evaluation	—ICARP
<b>D. Jahangirnagar University</b>		
	—Operations research	—USAID
<b>NON GOVERNMENT</b>		
<b>A. International Center for Diarrheal Disease Research, Bangladesh (ICDDR'B)</b>		
	—Complete demographic data for one thana	—USAID/UNFPA, WHO, CIDA, etc.
	—Operations research on CBD program and modified CBD MCH/FP approach in one thana	—USAID
<b>B. Companiganj</b>		
	—Operations research on health and MCH based FP programs	—Christian Community Development Bangladesh (CCPB)
<b>C. Bangladesh Family Planning Association</b>		
	—Small scale evaluation of own activities	—IPPF, some government funds

- Data that would enable a determination of levels and trends in nuptiality, contraceptive use, and fertility, as an aid to monitoring the progress of the program
- Data to evaluate the effectiveness of communication programs in motivating people to accept contraception
- Data to evaluate changing preferences in contraceptive methods
- Data that would enable an identification of the population subgroups most responsive to the program
- Data to evaluate the effectiveness of family planning workers at various levels and other government workers involved in implementation of the program
- Data on the availability of services
- Data on the performance of *gram sarkar* (village government workers) and other formal and informal community leaders
- Data to evaluate and modify continuing training programs
- Data on the outcomes of special projects designed to influence contraceptive use or fertility
- Data on program efficiency

### 3. Data Available

- 1974 Census (and the 1981 Census, when completed)
- 1975-76 Bangladesh Fertility Survey
- 1979 Contraceptive Prevalence Survey
- Limited service statistics, which include:
  - national data on distribution of conventional contraceptives and provision of clinical services
  - user based data derived from a recently introduced sample survey of field workers' reports

### 4. Resources

Financial resources include: government revenues, assistance from external donor agencies such as the World Bank, UNFPA, USAID, and other international nongovernmental (private) agencies.

### 5. Allocation of Funds

The usual process of allocation of funds for the population/family planning program in Bangladesh is through the annual development plan, which forms part of the Five-Year Plan. These funds, reviewed on an annual basis, consist of government revenues and international and bilateral grants and loans. Additional funds can be made available through separate bilateral arrangements.

There are a number of government and nongovernment organizations that carry out population-related research in Bangladesh. These organizations, their major research responsibilities, and their major sources of funding are listed in Figure 4. The Management Information Systems (MIS) Unit of the Population Control and Family Planning Division has been given a mandate to collect routine service statistics and provide contraceptive prevalence and other management data.

### 6. CPS as a Data Source

The CPS has already satisfied some population-related data needs in Bangladesh. A fully operational service statistics system and the integration of CPS into the MIS Unit should meet most of the data needs outlined earlier, once it becomes an integral part of the system and is carried out regularly (about once every two years). In addition, less frequent studies on special topics will be needed. A summary of data requirements, necessary frequency, and suggested data collection methods was presented in Figure 3 (p. 11).

### 7. Institutionalization

The extent to which a CPS can be institutionalized in Bangladesh is contingent upon the provision of funds (external and government) and the enhancement of the technical capacity of the MIS Unit to respond to continuous need to implement such surveys. Given the high current level of expenditures on health and family planning in Bangladesh and the need for reliable and up-to-date information, conditions are very favorable for consideration of a more permanent CPS capability. However, the development of a complementary service statistics system is also given high priority. These two factors mean, in the short run, that Bangladesh will attempt to introduce a regular CPS with limited scope and sample size that will not allow subnational analysis. In the future, larger sample sizes and expanded coverage will provide greater flexibility in the choice of topics to be included and geographic areas for which data would be generated.

## B. INDONESIA

### 1. Introduction

The National Family Planning Control Board (NFPCB) is the organization responsible for implementation and coordination of family planning activities in Indonesia. It is also responsible for maintaining the service statistics of the program, and for carrying out or commissioning surveys and research. The flow of reports and feedback mechanisms of the NFPCB is illustrated in Figure 5 (p. 20). Information is transmitted from the village level through the regional and provincial levels to the central headquarters.

Through the NFPCB's reporting system data are collected on various aspects of the program including service statistics, information, education, and communication activities, management activities, and acceptor characteristics. The organization of the reporting system is given in Figure 6.

### 3. Data Needs

The data needs identified for Indonesia are:

- Evaluation of program performance (prevalence rate)
- Measurement of the accuracy and coverage of the existing reporting and recording systems
- Information concerning nonprogram acceptors



• **CPS related national and provincial surveys**

There are, however, several gaps in the information currently collected and available. The 1980 Population Census provides no history of contraceptive use, and the Census results will not be available until mid-1982. Although service statistics provide sufficient and timely data, CPS will supplement these with data on acceptors who may not be recorded in the system, for example, nonprogram acceptors. In addition, CPS data may be used to verify prevalence rates obtained through the system, particularly in urban areas.

There are also a number of CPS related research activities scheduled in the next few years that will complement the CPS data.

**5. Resources Available**

In addition to funds provided by the Government of Indonesia, the NFPCB anticipates assistance from USAID/Westinghouse.

**6. Survey Design**

The questionnaire to be used in a future CPS will be a modified version of that developed by Westinghouse Health Systems. The core variables to be used are:

• **Demographic**

- Age
- Education (both husband and wife)
- Fertility, child mortality

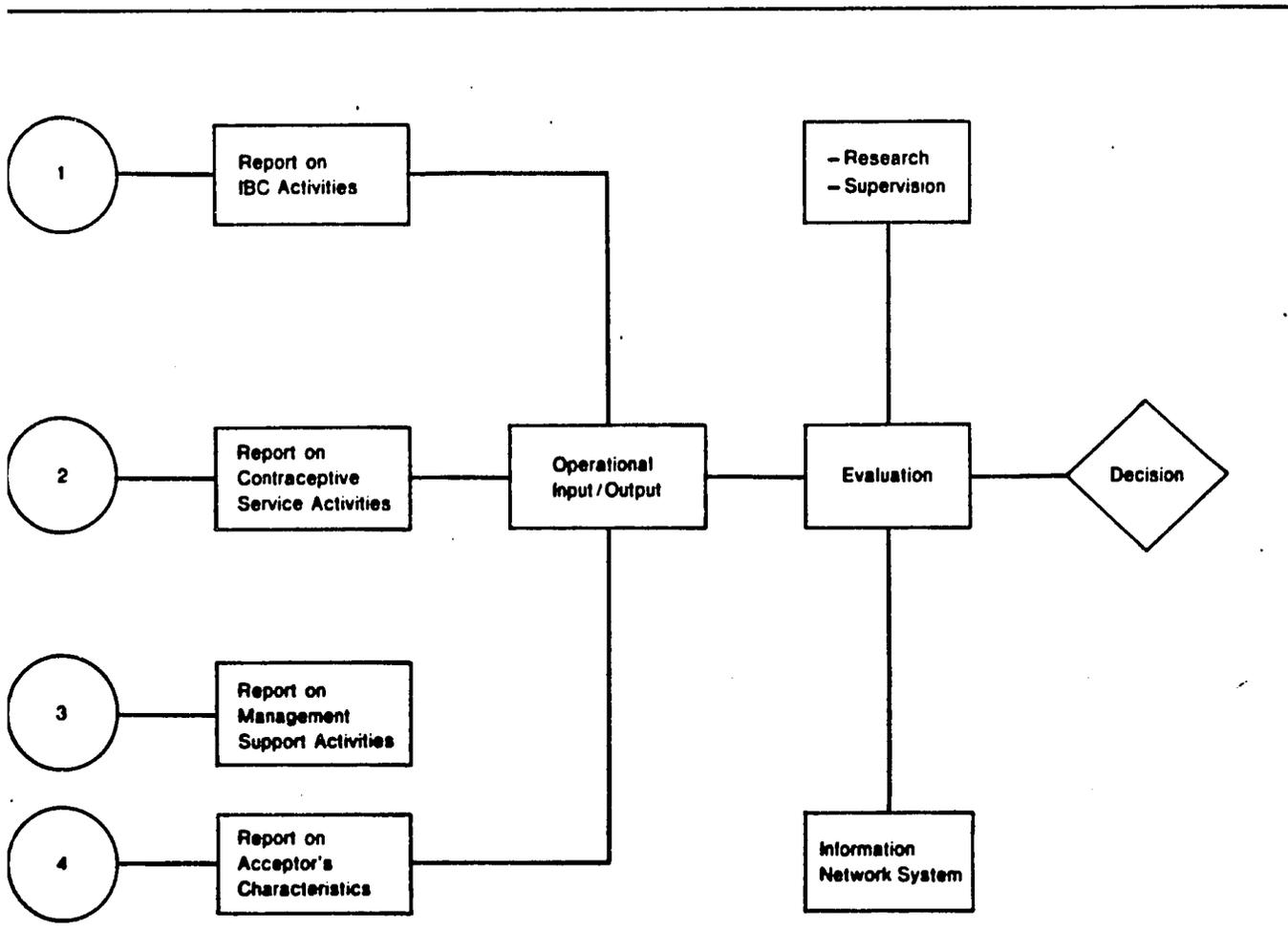
• **Family Planning Practice**

- Users, both ever and current, by demographic characteristics and contraceptive history
- Nonusers and reasons for nonuse
- Users by method, duration, and source of supply (program or nonprogram)
- Users (ever use) and reason for stopping
- Abortion
- Utilization of health facilities

A preliminary trial of the CPS will be conducted in Jakarta during the fourth quarter of 1981 and the complete survey will be conducted in mid-1982 simultaneously in ten major cities in the country. The sampling frame for the study areas will be multistage for each city:

1. district/municipality (4-6)
2. census blocks (from the 1980 Census)
3. households, about 2,500 randomly selected

The analysis of the CPS will be carried out centrally at NFPCB in Jakarta.



## 7. Institutionalization

The NFPCB will subcontract the CPS to the Graduate School of Public Health, University of Indonesia. This school may, depending upon future needs and development, recommend to the NFPCB further collaboration with other research institutes.

## C. KOREA

### 1. Introduction

The objective of the national family planning program, which was initiated in 1962 in Korea, is to increase the rate of contraceptive use. Currently, 55 percent of married women aged 15-44 are users. The program is changing from being strictly a family planning effort to a more general family health program, which includes such areas as maternal and child health (MCH), nutrition, and immunization. There is a need to evaluate program impact and to obtain data to guide the development of new strategies (e.g., the shift of concentration of field workers from urban to rural areas). The program would also like to assess the impact of the long-term policy encouraging the growth of private-sector contraceptive services.

### 2. Data Needs

- continued monitoring of contraceptive prevalence, especially regional data
- use of MCH services, including prenatal care, delivery, and well-baby care, by type of service delivery
- nutrition data, such as nutritional status, patterns of breastfeeding, supplementary feeding, and weaning
- immunization data for children under 5 (polio, BCG, DPT, measles, by number of doses given)
- attitudes regarding the need for a family health program
- field workers' attitudes regarding community based distribution of contraceptives
- continuation rates for contraceptive methods, and measures of contraceptive effectiveness and failure

### 3. Data Available

Some data on contraceptive use are available through routine program service statistics collected by the Korean Institute for Family Planning (KIFP). Other data are available from a series of surveys, conducted in recent years, which measured trends in fertility. The most recent of these surveys is the 1979 Korean CPS, which had a sample size of 20,000 households and included ever-married women aged 15-49. This CPS represented the first attempt to obtain provincial level data on family planning in Korea. It also included some questions of MCH activity, such as place of last delivery, and person assisting at the delivery.

KIFP is the best institution to conduct the CPS in the country. It has adequate resources in personnel, technical staff, and data processing capabilities, as well as field experience. However, in future surveys the sample design will be drawn by experts outside the KIFP, using the 1980 census frame.

Some external funding will be required because financial resources from the local government are limited.

### 4. Institutionalization

For the reasons given in the preceding section, KIFP is the best agency in which to institutionalize the CPS. However, the successful institutionalization of CPS is contingent upon the availability of non-domestic funding.

### 5. Survey Design

The Korean program, which is centrally planned, lacks family planning program data at the regional (provincial) level. Such regional information is required to provide quick feedback on provincial variation and to improve the effectiveness and efficiency of the program. It is estimated that each provincial survey must have approximately 2,000 households to ensure a representative sample.

International comparability of data is desirable, and therefore standard items from the core CPS questionnaire will be used, with local optional items providing flexibility. A sub-sample of 5,000 households representing national estimates will be drawn in order to collect details of pregnancy and contraceptive history, and related socioeconomic, cultural, and community variables.

The CPS should be conducted twice within a five-year period. The first CPS in Korea was completed in 1979, and the second is planned for 1982, which is the first year of the next Five-Year Plan period (1982-1986).

### 6. Dissemination of CPS Findings

Feedback from the 1979 KCPS was given in a "National Family Planning Evaluation Seminar" held in May 1979. The participants represented over seventy concerned governmental organizations (for example, the Ministry of Health, the Economic Planning Board, and the Office of Labor and Provincial Government), and academic institutions, as well as donor agencies. Findings of the survey were presented at that meeting and will be published soon in the official CPS report. A similar mechanism for dissemination of findings will be used for future surveys.

## D. MALAYSIA

### 1. Introduction

The National Family Planning Board (NFPB) of Malaysia was established in 1966. Its major functions are the following:

- conducting research on medical and biological methods relating to family planning
- promoting research on
  - interrelationships among social, cultural, economic, and population changes
  - fertility and marriage patterns in the country
- establishing a system to
  - assess the effectiveness of the program
  - assess progress toward attainment of national population objectives

To carry out these activities, a Research Evaluation and Management Information System Division was formed within the Board.

The purpose of a CPS project in Malaysia would be to obtain management information to evaluate and redirect, if necessary, the family planning program. The stated objectives of the program are:

- To increase contraceptive use with the purpose of improving the health and welfare of the families
- To increase family planning and population education in the country
- To reduce the population growth rate from a level of 3 percent in 1966 to 2 percent by 1985

## 2. Data Needs

- Service statistics by clinic, agency, region, and national service statistics (levels and trends)
- Use of contraceptive methods by ethnic group, age, occupation, number of live births
- Use of counseling by contraceptive history
- Trends in clinic attendance by ethnic group, age, occupation, number of live births, by home visit schedules
- Characteristics of couples who do not practice contraception, and who use unreliable methods, and their reasons for doing so
- Knowledge of methods by ethnic group, age, occupation, and number of live births
- Training courses by category of participants
- Family planning service delivery staff by geographic location
- National and subnational trends and patterns in fertility and marriage by clinic, agency, region, ethnic group, age, occupation, and number of live births
- Trends in abortion

## 3. Data Available

There are several sources of data available, while somewhat dated, meet some of the needs previously listed. These sources include:

- Post Enumeration KAP Survey (1970)
- World Fertility Survey (1974)
- Family Planning Acceptor Survey (1977)
- Vital registration and census statistics

## 4. Institutionalization of CPS

The NFPB is responsible for evaluating the national program and is answerable to the government for its activities. It acts as coordinator of all family planning activities in the country. At present, NFPB has a fairly well-developed evaluation and management information system as an integral part of its structure. Consequently, a CPS, or any other population survey, will be channeled through the NFPB whether or not the actual survey work is done by the NFPB.

While the value to policy makers and program managers of a regular CPS is acknowledged, several issues would need to be resolved before institutionalizing CPS. They are:

- whether to institutionalize the CPS in its entirety as presented by Westinghouse Health Systems or in part, by "piggybacking" core questions from the CPS onto existing data collection systems.
- the potential for maintaining adequate survey field staff
- the potential for enhancing evaluation capabilities

## 5. Resources Available

Domestic resources are limited and it may not be possible to use a sample large enough to provide accurate substate level data. USAID can provide technical but no financial assistance.

## 6. Problems

Before further consideration of a CPS for Malaysia, the following questions would need to be answered:

- Can Westinghouse follow up if a CPS is integrated into the country's program without external financial assistance?
- If the CPS were to be implemented with AID financing, the government of Malaysia's response to bilateral, contractual requirements would be a determining factor. In that case:
  - what are the obligations of the host country to Westinghouse as the technical agency?
  - what are the obligations of the host country to AID as the sponsoring agency?

## E. NEPAL

### 1. Introduction

The objectives of carrying out a CPS in Nepal are to evaluate the ongoing National Family Planning Program, to assess the impact of different types of family planning service delivery, to estimate levels and trends in fertility and child mortality, and to measure progress toward the population targets of the Five-Year Plan.

### 2. Data Needs

The following general data needs were identified for Nepal:

Knowledge and use of different contraceptive methods

- Sources of contraceptives
- Availability and accessibility of contraceptives
- Current fertility and infant mortality levels
- Differentials by urban/rural and geographic regions (mountains, hills, terai)

More specifically, a CPS-type survey was identified as a means of assessing the impact of special projects undertaken by the Family Planning Program. For example, Nepal would like to measure the cost-benefit of the female sterilization camps, where most of the female sterilizations in the country are carried out. In regard to the sterilization program, a CPS will be used to generate data on:

- Whether the program reaches potential acceptors
- The failure rate
- The number of visits required to motivate a potential acceptor
- The complications following sterilization
- The estimated number of births averted

### 3. Data Available

Data already available for evaluation of the sterilization program include service statistics on the number of acceptors by demographic characteristics except nationality; program costs for personnel, logistics, training, IEC, and incentives; records of commodities, drugs; and survey data on fertility.

### 4. Implementation

The implementing organization for the CPS in Nepal is the Planning, Research, and Evaluation Division of the Nepal Family Planning/Maternal Child Health Project (FP/MCH). The senior technical staff for the survey are drawn from the regular FP/MCH staff but additional, temporary staff are recruited separately for the fieldwork. Based on previous experience, an additional 10-15 percent more field supervisors and interviewers were recruited and trained than needed for the survey, so that dropouts could be replaced immediately by well-trained personnel. Field personnel were recruited in such a way that each major language and ethnic group were adequately represented. This core group can be used for coding and editing between surveys. It is also essential to have more female interviewers than are currently available.

### 5. Institutionalization of CPS

Because of current experience with the CPS, the best organization in which to institutionalize the CPS is the Planning, Research, and Evaluation Division of the FP/MCH Project. Once the CPS has been institutionalized, in addition to the core staff, a limited number of support staff (for example, administrative personnel) will be required. Field supervisors will be put on the regular payroll.

The initial training for both supervisors and interviewers was intensive, so that in future rounds only a few days of reorientation will be necessary. Training covered many aspects of the survey, including research design and data processing. This training was conducted at the project headquarters and in different regional locations.

### 6. Survey Design for the Second Round

The sampling for the CPS will be drawn from the household listing used in the 1981 Census and will cover approximately 6,000 households. The eligible respondents, as in the first survey, will include married women aged 15-49. The CPS core questionnaire, provided by Westinghouse, will be utilized and modified as needed. It will be printed in the country's three major languages. The fieldwork will always be carried out during January-April because of weather conditions.

The optimal interval for the CPS in Nepal is twice during the Five-Year Plan period, at the beginning and before the end of the planning cycle.

### 7. Resources Available

Funding for the CPS will come from the USAID through Westinghouse Health Systems, with potential support from UNFPA if required.

The data processing of the CPS will be carried out both within and outside Nepal. Key punching and verification can be conducted at Nepal's National Computer Center. The data analysis will be undertaken in Nepal if facilities are available.

### 8. Dissemination of Findings

The preparation of the final report will be in both Nepali and English, with an executive summary in Nepali. Dissemination of the survey findings will be through national and regional seminars, workshops, and the press.

## F. PHILIPPINES

### 1. Introduction

CPS-type surveys have been conducted during the past few years in the Philippines and will continue to be conducted during each of the years 1981 through 1985. The 1978 Philippines Fertility Survey provided national estimates of prevalence and related data; the 1977, 1978, 1979, and 1980 Area Fertility Surveys provided estimates for selected regions, and the 1978 and 1980 Community Outreach Surveys provided estimates for the areas covered by the Outreach Project. The five projected surveys will provide estimates at both the national and regional levels for all 13 regions. None of these surveys has employed or will employ the standard Westinghouse CPS questionnaire, but most focus on the same types of data, using a questionnaire developed in the Philippines. Thus, some of the data needs identified during the CPS conference have already been met by the surveys described, and several of the issues regarding CPS-type surveys have already been resolved within the Philippines.

### 2. Data Needs

In the Philippines, there are several categories of data that could be met by a CPS-type survey. A comprehensive list, which could be adapted for use with individual projects, was developed. The potential types of data needs are:

- Information, education, and communication (IEC)
  - User/acceptor characteristics versus characteristics of the general population of married couples of reproductive age (MCRA) or married women of reproductive age (MWRA)
  - Awareness/knowledge of projects, activities, services, and outlets
  - Incidence and frequency of contact with project personnel and outlets

- Content of IEC messages associated with projects (personnel and mass media), and their perceived effect on knowledge and attitudes
- Perceived reasons for failure of IEC efforts to affect family planning practices, in spite of exposure to IEC
- Use and effectiveness
  - Use of contraception (by methods), particularly methods promoted by special projects
  - Data on continuation and termination of contraception (by reason), particularly accidental pregnancy
  - Nature of use (for example, regularity, ways of combining methods)
- Services
  - Source of supply
  - Perceived problems related to personnel, services, outlets (such as travel time and cost, waiting time at service center, cost of service, anonymity, and privacy)
- Other topics
  - Relationship between project inputs and contraceptive practice
  - Comparison of several project effects on contraceptive prevalence
  - Trends in the indicators listed above

This information is needed to evaluate five ongoing projects: the Outreach Project, the Barangay Health Station Project, the Sarikaya Project, the Hospital Postpartum Project, and the "Non-Physician Provision of Clinical Family Planning" (these projects are described p. 13).

### 3. Matching Needs to Resources

The Ministry of Health delivers about half of the clinic based family planning services in the country and administers the IEC program. A second National Health Survey is being planned in order to evaluate these programs, but the amount of data to be collected is very extensive, covering many Ministry health projects. Separate evaluation systems or mechanisms are needed to evaluate the multiple pilot projects the Ministry has launched. The use of inserts to the core CPS questionnaire has been suggested as an approach to aid this evaluation.

### 4. Outcomes

A CPS-type survey could address the following topics:

- The extent and nature of integration of services. Is the integration concept operationalized at the field level? What type of integration works best? Does integration of family planning services with other health services bring about better exposure to, and increased use of family planning?
- Domiciliary IUD insertion. Is it widely performed by trained midwives? Is prevalence higher in areas where domiciliary services are extensive?
- Barangay health stations are staffed by trained midwives who are the primary health care providers. To what extent have they augmented the coverage of the municipal level rural health network? Do the midwives need further or more specialized training?

- Home visiting patterns of health personnel. How does this IEC exposure (contact with health personnel) relate to contraceptive practice?

### 5. Institutionalization

The Philippines has the resources and capabilities to institutionalize a CPS. There is an extensive and fairly sophisticated management information system through which linkages between CPS and service statistics can be established. In the process of refining the service statistics system, it may be possible to incorporate collection of other health data, providing this can be done without too much additional burden to the health field workers making the reports.

The University of the Philippines Population Institute (UPPI) is the most technically competent agency in which to institutionalize the CPS. The use of this independent body will ensure quality, unbiased data. However, because of the integrated nature of the Philippines Population Program, other organizations should be involved in certain stages, such as in planning and analysis of the CPS.

### 6. Implementation

Provincial officials are directly responsible for implementation of the family planning program in their areas. Thus, such provincial level data is most desirable because of its utility to program managers. However, obtaining provincial data is unrealistic because of the large sample size required. Collection of data at the regional level is more practical. The CPS will be designed so that regional and some provincial data can be generalized.

The most appropriate time interval for a CPS is once every two years.

### 7. Dissemination of Findings

The CPS data gathered will be used at two levels: policy making and program management. The present head of UPPI, a member of the Board of Commissioners of the Commission on Population, the national policy making body, will ensure that CPS data reaches policy makers.

To promote maximum utilization of CPS findings, seminars will be conducted, specifically for program managers. Workshops will culminate in the formulation of a plan of action, with monitoring to ensure implementation. In addition, concise executive summaries will be distributed to potential data users.

## G. THAILAND

### 1. Introduction

The objectives of future CPSs in Thailand will be to obtain reliable data on contraceptive use in relation to demographic variables, specifically mortality, fertility, and abortion. CPS data can provide useful information for management of the National Family Planning Program (NFPP). Although the NFPP keeps records on the use of family planning services,

the service statistics do not include users who obtain supplies and services from nongovernment sources. The need for information on regional variation in the levels of contraceptive practice has been recognized, particularly as a basis for planning more effective use of the limited personnel and financial resources of the program. In addition, the CPS data are a valuable resource in national economic and social development planning, especially in preparation for the Five-Year Plan.

## 2. Data Needs

When identifying data needs that can be met by a CPS, two premises were taken into consideration:

- CPS can only generate data on the national and regional level. Provincial level data and below would require too large a sample. The purpose of CPS is not to conduct surveys in isolated geographic or administrative areas.
- The "C" in CPS means the CPS should focus on contraceptive and related issues. The scope should not extend beyond family planning and demographic topics.

With these qualifications, Thailand has identified data needs in the following areas:

- Demographic data: the first priority is the crude death rate which a routine CPS could provide. Of lower priority are infant mortality and maternal mortality rates.
- Family planning data: the decline in vasectomy and IUD use should be probed to attempt to understand national and regional attitudes toward vasectomy and IUD, and to explain recent declines in acceptance and use of these two methods.

## 3. Data Available

In Thailand data are available from a number of sources. These include:

- Service statistics of the National Family Planning Program
- Survey of Population Change, 1974-75
- Survey of Fertility of Thailand (SOFT) 1977, part of the World Fertility Survey
- Contraceptive Prevalence Survey, 1978

## 4. Survey Design

The focus of the CPS, in the first rounds at least, should be the collection of data at national and regional levels. In future CPS, differentials by urban/rural areas will be required, since the two areas traditionally represent different levels of socioeconomic development and demographic behavior.

Respondents for the survey will be selected from a universe of ever-married women aged 15-49. A self-weighting procedure will be employed as it facilitates and simplifies the analysis procedure.

In the 1978 CPS, the provinces (changwats) were randomly drawn from the list of provinces used in the SOFT. From each of the selected provinces, one rural district for the CPS was randomly drawn from the SOFT sample, while the other was independently and randomly selected from those dis-

tricts not included in the SOFT. For the urban sample, the metropolitan area of Bangkok was arbitrarily designated to represent the entire urban stratum in Thailand, and a random sample of 800 women aged 15-49 was drawn from the Bangkok area. A similar procedure is used for the second round CPS: 17 of the 25 provinces covered in the first round were included in the second round. In each, two districts were drawn, one new and one that was included in CPS I. This procedure will permit comparability between surveys.

The core CPS questionnaire will collect information on the following topics:

- Knowledge of contraception
- Attitudes toward specific methods of contraception
- Acceptance and use of contraception
- Background variables, (e.g., education, age, residence, occupation, marital status, and parity)
- Availability and accessibility (of methods and sources of supply)
- Continuation and dropout rates, including reasons and timing
- Infant and child mortality
- Breastfeeding and weaning behavior
- Utilization of health services

## 5. Institutionalization

The audience for CPS data includes government officials and development planners who perceive the need for and will use the data. The institutionalization of the CPS in Thailand will ensure the provision of this information and enhance the technical ability of local organizations to carry out the survey and analyze the data. The National Institute for Development Administration (NIDA) conducted the first CPS in Thailand and is expected to carry out the future rounds as well.

## 6. Resources

Because of the long-term financial implications of institutionalization of the CPS, the possibility of a CPS endowment fund should be explored. Other possibilities include local counterpart funds or incorporating the CPS into the annual operating budget of the Ministry of Public Health. For the first CPS in 1978, donor support was provided by USAID, and it is expected that it will also contribute to the next two rounds.

## 7. Dissemination of Findings

In the future, as in the past, the CPS findings will be disseminated to provincial officials to improve local program management, and to the general public to promote awareness of the importance of the family planning program. A summary of the findings will be prepared in Thai. This summary, which should be descriptive and not too technical, would be for distribution through the mass media or newsletters. The findings will be presented to development planners, such as the National Economic and Social Development Board, and to the National Family Planning Board.