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Evaluation of the
Strengthening
of the
IUD Program

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PROGRAM FOR THE INTRODUCTION AND ADAPTATION OF CONTRACEPTIVE
TECHNOLOGY, BANGLADESH
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FOREWORD

A number of interventions have been introduced in the population control program over the years in order to effect a quick breakthrough in the fertility level in Bangladesh. Strengthening of IUD project is one of such interventions that has been undertaken with USAID support since mid-1982. Some selected costs of IUD programs are reimbursed by USAID on the basis of IUD performance statistics provided by the Management Information System (MIS) Unit.

PIACT, Bangladesh undertook a study to evaluate the above mentioned program. The study provides an estimate of the number of IUD actually performed during a 15 months period and some other important dimensions of IUD use. This study report, I believe, will be of immense use to the Government of Bangladesh for improving the monitoring and management of the IUD program in future. I congratulate PIACT, Bangladesh and authors of this report on producing such an outstanding work.

I convey my thanks to USAID for providing financial support to this study. Dr. Carol Carpenter-Yaman and Dr. Sarah Harbison of USAID deserve special mention for their valuable suggestions and comments at different stages of the study.

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CONTENTS

	<u>Page</u>
FOREWORD	iii
ABSTRACT	ix
CHAPTER ONE: DESCRIPTION OF THE EVALUATION STUDY	1-18
1. INTRODUCTION	1
1.1. The Program	1
1.2. IUD Use in Bangladesh	2
1.3. Literature Review	3
1.4. IUD Performance	6
1.5. The Reporting Channel of IUD Performance Statistics of the BDG	8
1.6. The Reporting Channels of IUD Performance Statistics of Non- government Organizations (NGOs)	8
1.7. Objectives of the Study	10
2. METHODOLOGY	11
2.1. The Two Phases of the Study	11
2.2. Sampling Design	11
2.3. Types of Research Instruments and Methods of Data Collection	14
2.4. Training and Pretest	16
2.5. Field Work Strategy	17
2.6. Data Processing	18

	<u>Page</u>
CHAPTER TWO: FINDINGS OF PHASE I	19-36
1. AVAILABILITY OF IUD PERFORMANCE STATISTICS	19
1.1. IUD Performance Figures from Clinic Records	19
1.2. Problems Encountered in Collect- ing Data from Clinics	19
1.3. IUD Figures as Reported in the Government and Non-government Reporting Channels	20
1.4. Retrieving Figures not Reported by Clinics	21
1.5. Complete and Incomplete Upazilas	22
2. REPORTING VARIATION	23
2.1. Background Information	23
2.2. Inter Tier Variation	23
2.2.1. Clinic Register IUD Figures Vs. Clinic Reported Figures to the Upazila	23
2.2.2. Clinic Reported Figures to the Upazilas Vs. Upazila Reported Figures to the District	24
2.2.3. Upazila Reported Figures to the District Vs. District Reported Figures to the MIS	24
2.2.4. District Reported Figures to the MIS Vs. MIS Figures in the Computer Printouts	25
2.3. Variation of IUD Performance Statistics Between the Clinic Register Figures and the MIS Reported Figures	26

	<u>Page</u>
2.4. Inter Tier Variations of IUD Performance Figures of NGO	26
2.4.1. NGO Performance Figures Vs. NGO Reported Figures to the NGO Headquarters	27
2.4.2. NGO Reported Performance Figures to NGO Headquarters Vs. NGO Headquarters Reported Figures to the MIS	27
2.4.3. NGO Performance Figures Vs. NGO Reported Figures to the Concerned Districts	28
2.4.4. NGO Reported Figures to the Districts Vs. District Reported Figures to the MIS	28
2.4.5. NGO Headquarters Reported Figures to the MIS Compared to the MIS Reported Figures in the Annexures of the Monthly Reports	29
2.4.6. NGO Performance on the Basis of Insertion and Referral Register Together and Inser- tion Register Alone Compared to the Reported Figures in the Annexures of the MIS Monthly Reports	29
2.4.7. NGO Performance on the Basis of Insertion and Referral Together and Insertion Register Alone Compared to the Districts Reported Figures to the MIS	30
3. TIME WHEN THE GOVERNMENT REIMBURSEMENT PROGRAM BEGAN AT THE CLINICS	31
4. A FEW OBSERVATIONS ON REPORTING VARIATIONS AT DIFFERENT REPORTING TIERS	31

	<u>Page</u>
5. RECOMMENDATIONS	34
CHAPTER THREE: FINDINGS OF PHASE II : CLIENT INTERVIEWS	37-49
1. INTERVIEW STATUS	37
2. FALSE CASES	38
3. IUD ACCEPTANCE BY TIME OF ACCEPTANCE AND TYPE OF CLINIC	40
4. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF IUD ACCEPTORS	41
4.1. Religious Background	41
4.2. Education	41
4.3. Husband's Education	42
4.4. Husbands Occupation	42
4.5. Employment Status	42
4.6. Ownership of Cultivable Land	43
5. DEMOGRAPHIC CHARACTERISTICS	43
5.1. Age	43
5.2. Number of Children Ever Born	43
5.3. Number of Living Children	44
5.4. Number of Living Sons and Daughters	44
5.5. Last Pregnancy Outcome	45
6. CONTRACEPTIVE USE DURING THE MONTH PRECEDING IUD ACCEPTANCE	45
7. IUD USE STATUS	46

	<u>Page</u>
8. CAUSES OF DROPOUT	46
9. PERCENTAGE OF IUD ACCEPTORS WHO RECEIVED A FOLLOWUP VISIT (EITHER AT HOME OR AT THE CLINIC)	47
10. REFUSING REQUESTS FOR IUDs	47
11. INCIDENCE OF IUD REINSERTION DURING THE REFERENCE PERIOD	48
12. NUMBER OF TIMES IUDs INSERTED	48
13. RECEIPT OF CLIENT TRANSPORTATION COST	48
14. LIFE TABLE CONTINUATION OF IUD USE	49
 CHAPTER FOUR: DETERMINATION OF NATIONAL IUD PERFORMANCE	 50-53
 REFERENCES	 54
 TABLES	 55-147
ANNEXURE - A	148
ANNEXURE - B	149-158
ANNEXURE - C	159
ANNEXURE - D	160-170
ANNEXURE - E	171-183
ANNEXURE - F	184-187
ANNEXURE - G	188-190

ABSTRACT

An evaluation of the project entitled "Strengthening of the IUD Program" was conducted in 1984 by PIACT, Bangladesh with financial support from USAID, Dhaka. The study estimated the number of IUD insertions actually performed during the period from 1 July 1982 through 30 September 1983. The other estimates provided by the study were followup, reinsertion and retention rates. The study also documented when the government reimbursement for this program actually began.

The study was executed in two phases. Phase I gathered data from clinic and office records on the IUD performance and the time when government reimbursement began. It covered 506 government clinics under 68 upazilas and 41 clinics of 11 Non-government Organizations. Phase II collected data through interviewing 3,000 IUD acceptors from a sample of 33 clinics. Selection of upazilas in phase I and acceptors in phase II was done by stratified PPS sampling technique.

The total number of IUDs inserted during the reference period was estimated at 146,995, compared to which the MIS reported figure for the same period was 160,523. Overall, our estimate is thus 9.2 percent less than the MIS reported figure. The percentage of IUD acceptors receiving a followup visit and the percentage reporting a reinsertion were estimated at 86.7 and 3.3 respectively. The cumulative probability of continuation of IUD use was found to be 80.4 percent at the end of 6 months, 71.5 percent at the end of 12 months, 62.7 percent at the end of 18 months and 58.2 percent at the end of 24 months. The government first released funds for the IUD program in late May 1982. About 21 percent of the government clinics had received funds by July 1982, which reached 70 percent by September 1983.

CHAPTER ONE

DESCRIPTION OF THE EVALUATION STUDY

1. INTRODUCTION

1.1. The Program

Under a grant agreement between the Bangladesh Government (BDG) and USAID, some selected costs of the IUD program are reimbursed by the USAID. The selected costs for each insertion during the time period under study were as follows:

a) Client transportation costs (initial visit)	Tk. 15.00
b) Field workers compensation	5.00
c) Physician or FWV fees	...	5.00
		<u>Tk. 25.00</u>

The FWV who inserts IUD is entitled to receive her remuneration only if she undertakes followup care of the client within six weeks of insertion. The FWV therefore gets the payment after six week of insertion. The referrers and the clients, of course, get the payment on the spot. It may be noted that the referrer has no obligation to followup the clients. For each case rejected on medical grounds, transportation cost is paid to the client, but referrer does not get any referral fee.

The Director General, Population Control, is the implementing authority in respect of this project. The Director (Services), on his behalf, acts as Project

Director to organize the activity, monitor its progress and furnish reports to the concerned authorities. The reimbursement fund is placed at the disposal of the Upazila Health and Family Planning Officer (UHFP0). The Family Planning Officer of the upazila acts as drawing and disbursing officer of the IUD fund. In order to facilitate the system of on the spot payment of transportation costs to the clients and referral fees to the referrers, the UHFP0 may also authorize the FWV or his office staff to make payments to the concerned persons.

The reimbursements are made on the basis of IUD performance statistics provided by the Management Information System (MIS) Unit of the Population Control Wing.

The BDG-USAID protocol of the program under reference provides for an independent evaluation and as such this study was undertaken as a part of the project activity. The study was conducted in two phases. Phase I gathered data from clinic and office records and phase II collected data at the micro level through client interviews. This report presents the findings of the two phases of the study.

1.2. IUD Use in Bangladesh

The IUD was first introduced in this country in late 1965 as a part of the family planning program in the area which is now Bangladesh. The initial program relied heavily upon the IUD, particularly the Lippes Loop, as a major contraceptive method. Perhaps the program's bias for IUD as a method of contraception

was based on the assumption that once a client is motivated to have an IUD inserted, continuation of use would not be a big problem since, theoretically, it could remain in place for years. Continued use does not require any recurrent decision on the part of the user. Only discontinuing use requires a decision (Potter et al., 1967).

According to a comprehensive new review by the United States Food and Drug Administration, IUD use is associated with fewer than six pregnancies per 100 women-years of use and fewer than ten deaths per million women-years of use. The IUD therefore has an important place in any modern family planning program (Population Report Series, May 1979). In Korea and Taiwan, where successful programs have been underway since the mid-1960s, IUD is a principal method (Ibid, 1979). Successful small scale programs like Matlab show that IUDs can play an important role in maintaining a high prevalence rate. National surveys, however, suggest that the IUD practice rate did not show any significant degree of overall change until last part of the past decade. The IUD use rate of 0.5 percent of eligible couples in 1975, for instance, declined to 0.2 percent in 1979 and then tended to rise again to 0.4 percent in 1981 (BCPS, 1981). The rate further went upto 1.0 percent in 1983 (BCPS, 1983). As per MIS monthly contraceptive performance report, the IUD use in Bangladesh has been increasing sharply.

1.3. Literature Review

The country research literature on IUD use-related issues dates back to the late sixties. The late seventies and the early eighties also witnessed a prolifera-

tion of IUD related research. The literature encompasses a wide range of areas which may be categorized as: i) socio-economic profiles of IUD users; ii) safety issues; iii) retention, termination, reinsertion, follow-up, refusal and demographic impact of IUD use, etc. For purposes of this review, the third set of issues is the primary area of interest, considering the research objectives in question. The purpose of our review is to build up a base scenario of the initially started IUD program for the purpose of gross comparison with the present study findings.

CROLEY et al. (1968) conducted an IUD followup study in the then East Pakistan, taking sample from among those who had received an IUD during the period from 1 July 1965 to 31 December 1966. Fifty thanas were selected from the 10 original program districts, from which about 1,800 IUD acceptors were selected. Approximately an equal number of acceptors were taken from three periods: 1 July 1965 to 31 December 1965; 1 January 1966 to 30 June 1966, and 1 July 1966 to 31 December 1966. About 1,200, or two-thirds of the attempted sample, were successfully interviewed. The net cumulative IUD retention rates were found to be 82.2 percent, 73.7 percent and 65.8 percent at the end of 6th, 12th and 18th months. Of the dropped out clients, 46.5 percent reported that they had lost the device spontaneously, and 40.5 percent reported they had removed the device voluntarily.

MILLER et al. (1968) carried out a study entitled, "IUD Rejected Cases: An Example of Clinic and Client Experiences in East Pakistan" based on the IUD perfor-

mance records of a Rural Health Centre. The 484 clients who visited the health centre with IUD requests during a 19 month period of 1965-66 were brought under the study coverage. The following were the key findings:

1. During the first eight months of operation of the clinic, the mean monthly rejection rate was 30 percent (66 rejection with 217 new clients), and during the next 11 months the rate was reduced to 7 percent (19 rejections with 267 new clients).
2. The main reasons for IUD rejection at the health centre were local pathology (19), patient refusal (11), suspected pregnancy (9) and technical difficulty (8).
3. Out of 85 initially rejected cases, 28 clients returned and received the IUD at a later date.

MABUD and AKTHER (1982) conducted a study entitled, "IUD Complication and Use-Effectiveness in Rural Bangladesh". Twenty eight thanas were selected from eight districts from which 1,150 IUD cases, who received the device during the month of September and October 1981, were selected. 899 (78.2%) cases were successfully interviewed. Data suggest that the annual cumulative retention rate of IUD was 80 percent, and only 5 percent clients reported that they received followup visits.

KHAN et al. (1982) in a longitudinal study carried out during the period from July 1982 to February 1984 involving 489 IUD cases from four clinics--Mohammadpur

Fertility Service Centre and three clinics of Concerned Women for Family Planning in Dhaka city, estimated the cumulative continuation rate of IUD use at 73.6 percent at the end of nine months.

1.4. IUD Performance

The IUD performance statistics compiled by MIS for the entire country during the period July 1982 to June 1983 are shown below, including month-wise numbers of IUDs inserted with the monthly target and percentage of target achieved. The MIS sets method specific monthly targets for the districts and upazilas in three steps. In the first step, district specific targets for a method is obtained by allocating the national working target of the method among the districts in proportion to the previous year performance of the districts. Similarly, in the second step, district specific targets for a method are obtained allocating the national working target of the method among the districts in proportion to the size of the population. Average of these two targets is considered as the target for the district. Method specific targets for the upazilas are obtained following the same procedures.

TABLE 1

Month-wise IUD Target and Achievement
During the 1982-83 Fiscal Year
in Bangladesh

<u>Month</u>	<u>Target</u>	<u>Achievement</u>	
		<u>Percentage</u>	<u>Number</u>
July 1982	13,500	49.4	6,669
August 1982	13,500	59.6	8,046
September 1982	13,500	55.0	7,425
October 1982	13,500	72.5	9,788
November 1982	13,500	71.7	9,680
December 1982	13,500	73.8	9,963
January 1983	13,500	82.5	11,138
February 1983	13,500	76.7	10,341
March 1983	13,500	81.7	11,030
April 1983	13,500	83.5	11,273
May 1983	13,500	84.9	11,462
June 1983	13,500	80.6	10,881
Total:	162,000	72.6	117,696

Source: MIS Monthly Performance Reports, Ministry of Health and Population Control, Population Wing. The report shows the percentage achievement only. The number was calculated for our purpose.

The above table suggests an increasing trend of IUD insertions. About 2 to 3 years ago, the average monthly IUD performance was in the range of only 2 to 3 thousand. This significant increase of IUD performance raises several program related issues.

Particularly because of the provision of financial reimbursements for IUD acceptance, a question may be

raised about the validity of the reported number of IUDs, the possible discrepancy between inserted and reported numbers, duplication of reporting, and deliberately repeat IUD insertion in the same woman. The insertion statistics alone therefore do not suffice to draw conclusions about the impact of the IUD program. Retention, removal and expulsion rates, and the proportion receiving followup visits are important factors on which program impact is dependent. This justifies the execution of a national sample survey with the above stated objectives in mind.

1.5. The Reporting Channel of IUD Performance Statistics of the BDG

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

1.6. The Reporting Channels of IUD Performance Statistics of Non-government Organizations (NGOs)

The usual reporting practice of NGO clinics/sub-centers is to send their performance statistics to their respective headquarters which, in turn, send them to the MIS. NGOs, besides reporting to their headquarters, also report to the concerned districts which, in turn, send them to the MIS in a prescribed proforma (see

annexure A). Some NGOs, however report directly to the MIS. On the other hand, a few small local NGOs do not report to the MIS at all; they report to the concerned district or upazila. It may be mentioned that most of the multi-sectoral programs directly report to the MIS, and these are regarded as the government performance.

The MIS publishes method-wise contraceptive performance figures each month by district taking the government, multi-sectoral and non-government programs performance figures of the district altogether. The NGO performance included in such monthly reports are generally those reported by the district. A few NGOs report directly to the MIS. These performance data are included in the national figures but are not shown under any district.

It may be noted that the individual NGO performance figures are also shown in an annexure of the MIS monthly report. This annexure is prepared on the basis of the reports received by the MIS from the NGO headquarters. Method-wise contraceptive performance figures are also available from the quarterly computer print-outs of the MIS. Computer print-outs provide performance figures both by district and upazila. The district performance is shown in two ways: (a) performance of both the government and other programs together and (b) the government performance only. The government performance figures are also shown by upazila. If a report is received by MIS after the monthly report has been prepared, this is also included in the quarterly

computer print-outs. The contraceptive performance figures available from the MIS quarterly computer print-outs are, therefore, considered more up-to-date than the corresponding monthly reports.

1.7. Objectives of the Study

The specific objectives of the study were as follows:

- A. to estimate the number of IUD insertions actually performed from 1 July, 1982 through 30 September, 1983;
- B. to estimate the percentage of IUD acceptors who received a followup care (either at home or at the clinic);
- C. to estimate the percentage of acceptors who retain the IUD, by month following acceptance;
- D. to estimate the percentage of women who have had more than one insertion since the reimbursement program began;
- E. to estimate the percentage of women who were rejected for IUD insertion;
- F. to document when the government reimbursement for this program began in the sampled centers.

In order to gain an insight into the demographic impact of the program, information about age and parity of IUD acceptors was also gathered.

2. METHODOLOGY

2.1. The Two Phases of the Study

The study executed its data collection task in two phases. Phase I gathered data from clinic and office records, pertaining to objectives A (partly) and F. In other words, the following specific objectives were concerned in Phase I:

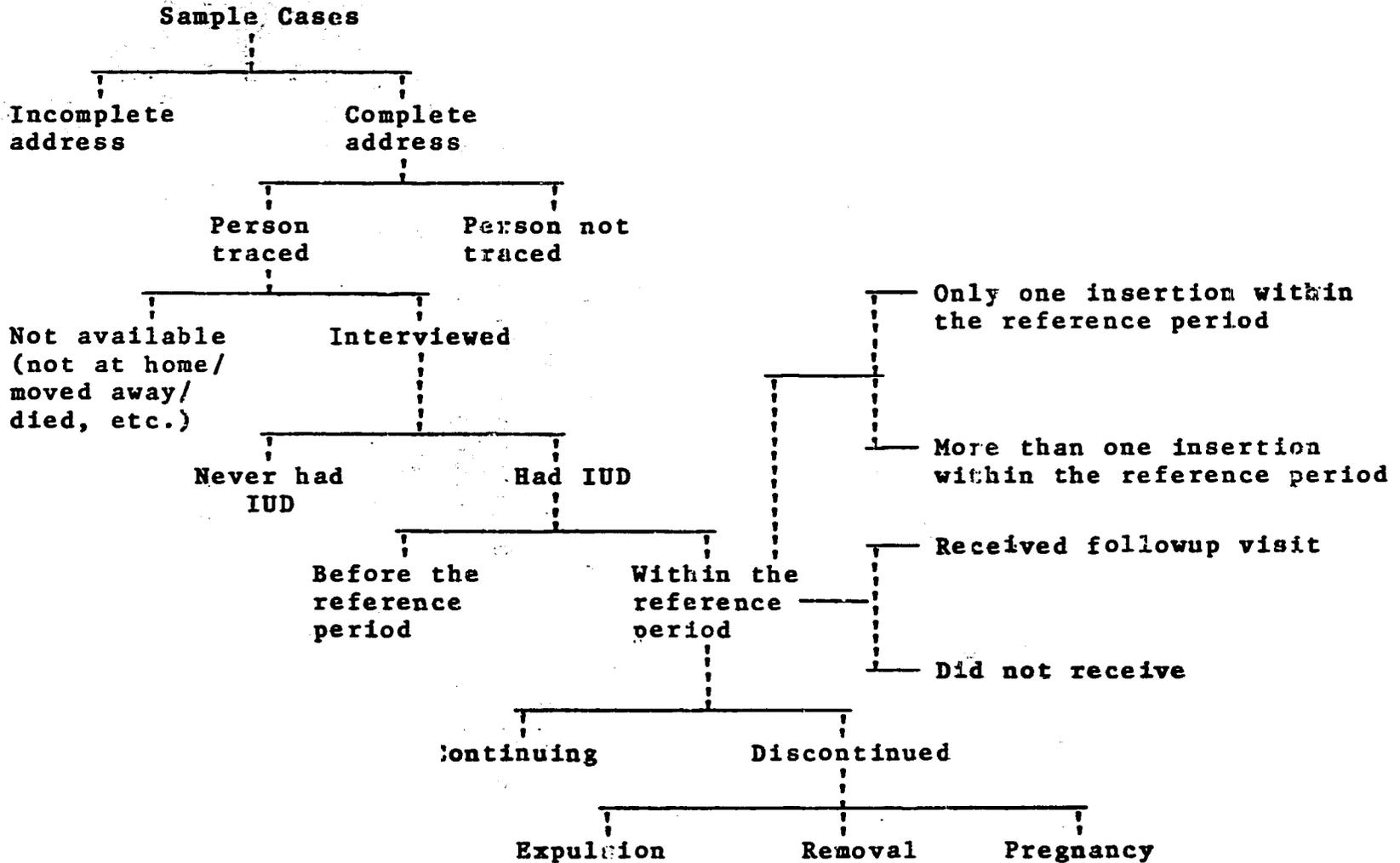
- i) to collect the IUD performance statistics for the period from July 1982 through September 1983 from the registers of the performing clinics under the sampled upazilas and of sampled NGOs, and also gather the upazila and NGO performance statistics reported by different tiers in their reporting channels, and
- ii) to document when the government reimbursement for this program began in the clinics under the upazilas and in those under the NGO.

Phase II addressed objectives A (partly) to E by collecting data through client interviewing. A theoretical sequencing of the key variables, investigated in this phase, may be conceptualized as shown on page 12.

2.2. Sampling Design

The MIS publishes monthly national IUD performance figures by district. Such monthly reports do not show NGO performance figures separately; rather they are merged with the concerned district performance figures. The monthly or quarterly IUD performance figures of the country were available from the MIS quarterly computer

A Chart Showing the Sequencing of the Key
Variables of Phase II (the Client
Followup Survey)



12

printouts. The printouts provided IUD performance figures by districts in two ways: (i) the BDG and NGO performance figures together and (ii) the BDG performance only. Again, one could obtain the total NGO performance figures from such printouts, but there was no way to get the performance of the individual NGOs. As mentioned earlier, the NGO/NGO headquarters/NGO sponsors send the monthly IUD performance figures to the MIS. The MIS publishes such performance figures by NGO in an annexure of the monthly reports. It may be mentioned that computer printouts provided BDG performance by upazilas.

The 441 upazilas for which the MIS had monthly IUD performance figures during the reference period were divided into two categories: urban and rural upazilas. Urban upazilas were defined here as those whose headquarters were located in metropolitan areas, district towns and erstwhile sub-divisional towns. The remaining upazilas were considered as rural. The government clinics which fell under the defined urban upazilas were considered as urban government clinics and those in rural areas as rural government clinics. The third category of clinics was those managed by the NGOs. The upazila-wise IUD performance figures obtained from the computer printouts of the MIS and NGO-wise performance figures obtained from the annexures of the monthly reports of the MIS were classified into the following three strata:

Stratum I : NGOs
 Stratum II : The rural upazilas
 Stratum III : The urban upazilas

Therefore, the sampling unit in stratum I is the individual NGO. The size of an NGO was defined here by the number of IUD cases performed during the reference period. The sampling units under strata II and III were rural upazilas and urban upazilas respectively. The size of an upazila was defined here as the number of IUD cases performed in the upazila during the reference period.

For phase I, 15 percent of the NGOs were selected from the stratum I, and 15 percent of the upazilas were selected each from strata II and III, with probability proportionate to size (PPS). The size of the units has been defined above.

The number of IUD insertions by clinic from the selected NGOs and selected upazilas was collected. For the client interviews in the phase II of the study, around 2.5 percent of the clients were selected from each of the three strata by applying PPS sampling procedure. In selecting the clients, the clinic was considered as the sampling unit and the number of clients registered in the clinic during the reference period was considered as the size of the clinic. All the clients under the selected clinics were interviewed.

2.3. Types of Research Instruments and Methods of Data Collection

Five different data collection rosters were administered for gathering data from different tiers of the government reporting channel (see annexure B). They are as follows:

- Roster 1:** For collecting clinic performance figures from the clinic registers;
- Roster 2:** For collecting clinic performance figures from the clinic reports sent to the upazilas;
- Roster 3:** For collecting upazila performance figures from the upazila reports sent to the districts;
- Roster 4:** For collecting upazila performance figures from the district reports sent to MIS; and
- Roster 5:** For collecting the upazila performance figures from the MIS reports.

The number of functioning clinics under a upazila and their addresses were collected from the upazila family planning office by using a proforma (see annexure C).

With a view to collecting data for the NGO clinic, six separate rosters were used (see annexure D). They are as follows:

- Roster 1:** For collecting NGO clinic performance figures from the clinic registers;
- Roster 2:** For collecting NGO clinic performance figures from the clinic reports sent to NGO headquarters;

Roster 3: For collecting NGO clinic performance figures from the clinic reports sent to the concerned districts;

Roster 4: For collecting NGO performance figures from the district reports sent to MIS;

Roster 5: For collecting NGO performance figures from the NGO headquarters reports sent to MIS; and

Roster 6: For collecting the NGO performance figures from the MIS reports.

The method of data collection was to record the required data into the relevant roster. The job was done by the field officer recruited for the purpose. The filled-in rosters were countersigned by the concerned officials at the reporting tiers.

2.4. Training and Pretest

A week long training program, four days in the office and three days in the field, was conducted for the field officers. In the office they were oriented in the overall population program, reimbursement system of the IUD program, record keeping system of IUD performance and other matters relevant to the "evaluation of the strengthening of the IUD program", by the senior government officials and professionals, as well as the project supervisors.

Later, the field officers were sent to the field to pretest the data collection system of phase I. The main purpose of the field visit was to test data collection instruments, test the capability of field personnel before their final selection and hiring, acquire better knowledge about the reporting system of IUD performance at different reporting points and to identify field problems that might be encountered during the course of data collection of phase I of the project.

Based on the results of the pretest conducted in 17 upazilas, the data collection rosters were finalized, the proposed field work system was reviewed and the field workers were given further orientation on the overall field work system. The pretest revealed that refusal and reinsertion cases were not recorded in the clinic registers. Removal cases were also rarely found to have been recorded. Based on this pretest experience, no provision was kept in the data collection instruments of phase I for gathering data from the clinic on "refusal", "removal" or "reinsertion"

Like phase I, a week long training program, four days in the office and three days in the field, was conducted for the field investigators for the phase II data collection. The interview schedule was finalized on the basis of the pretest results (see annexure E).

2.5. Field Work Strategy

As mentioned earlier, the field work was done in two phases. In the phase I, 25 field officers were recruited for data collection.

Data for phase I was collected during the months of March and April 1984. In the phase II, 18 teams were deployed for data collection. Each consisted of one male supervisor, two female interviewers and two male field escorts. The primary responsibilities of the escorts were to accompany the female interviewers and to locate the clients, while the females interviewers were mainly meant for interviewing. The field supervisors were assigned with the overall responsibilities of supervising the team including reinterviewing, spot checking, and verifying the field work. Data for phase II were collected during the months of May and June 1984.

2.6 Data Processing

The field data were edited twice, once in the field and then in the office. The phase I data were tabulated manually while phase II data were processed by computer.

CHAPTER TWO
FINDINGS OF PHASE I

1. AVAILABILITY OF IUD PERFORMANCE STATISTICS

1.1. IUD Performance Figures from Clinic Records

Under the 68 sampled upazilas, 506 government clinics were reported to have been performing IUD insertions during the reference period (Table 1). All these clinics were visited, but IUD performance figures were successfully obtained from the register of only 485 clinics (95.8%), partially obtained from 8 clinics (1.6%) and were not at all available in 13 clinics (2.6%) because of various reasons (annexure F).

Under the 11 sampled NGOs, 41 non-government clinics were reportedly performing IUD insertions during the reference period. Data were collected successfully from the registers of all these clinics.

1.2. Problems Encountered in Collecting Data from Clinics

The noteworthy problems were as follows:

1. The clinic was found closed for a few days or remained open only for a few hours on working days;
2. The clinic was open but no proper person was found who could provide the required data;
3. The clinic registers were lying at the residence of the FWV;

4. The predecessor of a present FWV took away the clinic register with her, and
5. Two FWVs were working in the same clinic and maintaining separate registers. On the day of visit, one of them was found absent and her register also was not found.

1.3 IUD Figures as Reported in the Government and Non-government Reporting Channels

Government rural and urban clinics report their monthly IUD performance statistics to the respective upazilas. The study investigated whether any copy of the sent-out clinic performance report on IUD insertions was kept in the clinic. Such copy would tell us what figures the clinic had reported to its immediately higher tier and if there was any variation between clinic register figures and clinic reported figures. Table 2 shows that the copy of the monthly performance reports sent by the clinics to the concerned upazilas were available for all the months of the reference period in about 67 percent of the government clinics. The records were available for some months (i.e., partially available) in 19.8 percent of the clinics and were not at all available (for any month) in 13.3 percent of the clinics. The proportions of government rural clinics (19.9%) and that of government urban clinics (19.3%) which kept copies of the clinic performance reports for some reference months (partially available) were nearly equal. The "not available" clinic cases were fewer (7.4%) in the urban sample than in the rural sample (15.4%).

Copies of the upazila performance reports sent to the districts were available for each and every month of the reference period in all the upazilas. Likewise, all the district offices could produce copies of the respective district performance reports sent to the MIS. The monthly IUD performance figures reported to NGO headquarters by NGOs and those reported to the MIS by NGO headquarters were almost all available. Such figures reported in the annexure of the MIS monthly reports were not, however, available for all months for all NGOs. The figures reported by NGOs to the districts and those reported to the MIS by the districts were not available for all cases.

1.4. Retrieving Figures not Reported by Clinics

As mentioned earlier, the copies of monthly performance reports of the government clinics sent to the upazila were not available in the clinics for all months or for some months of the reference period in 33 percent of the sampled clinics. Attempts were made to retrieve such missing figures from the copy of the same report available at the upazila headquarters. If these were not available from the upazila headquarters, the figures collected from the clinic registers were used. These figures were retrieved from these two sources for some months and for all months in 4.7 percent and 3.4 percent of the clinics, respectively (Table 3). In 1.0 percent of the clinics, the missed figures could not be retrieved from any source. The purpose of retrieving the missing data was to make the figures available for all months for all clinics under a given upazila so

that clinic reported figures to upazilas could be compared with the upazila reported figures to the districts and so on. It may be noted that if the figures from the clinic register were not either fully or partially available, we did not try to retrieve them from any source.

A close examination of Table 3 indicates that the proportion of successful retrieval of clinic data from the upazila was higher in case of rural clinics for all months (5.9%) and for some months (3.5%) than for urban ones (3.0% and 1.5%). As mentioned earlier, the other source that the study exploited for retrieving the reported clinic performance figures was the clinic register. Data show that successful retrieval from the clinic register was again higher for the rural clinics for all months (5.9%) and for some months (18.9%) than for the urban clinics (3.7% and 17.8%). Retrieving was done from the clinic registers only when the clinics could not produce copies of the performance reports sent to the upazila nor could the upazilas produce the clinic-sent performance reports.

No attempt was made to retrieve the missing figures for NGO from the reporting tiers.

1.5. Complete and Incomplete Upazilas

Out of 55 rural upazilas, IUD performance statistics from all clinics for all months were successfully gathered from 42 upazilas (Table 4). Such upazilas are termed as "complete" upazila. The upazilas from which complete information could not be obtained are termed as "incomplete" upazilas.

2. REPORTING VARIATION

2.1. Background Information

Determining the extent of variation in reporting IUD insertion statistics is one of the key objectives of the present study. There are four tiers that are involved in the process of reporting the IUD insertion figures under government program. These are: clinic, upazila, district and the MIS. NGO performance figures are, however, reported to the MIS through two systems. One system involves NGO, NGO headquarters and the MIS and the other involves NGO, district and the MIS. Considering the clinic register figures as base statistics, the main concern of phase I of the study is to find the variation between these base figures and the MIS reported figures. The next concern is to find the inter-tier variation in reporting of IUD performance statistics. These variations have been measured both in terms of number and percentage.

2.2. Inter Tier Variation

2.2.1. Clinic Register IUD Figures Vs. Clinic Reported Figures to the Upazila

The difference between the clinic register figures and the figures that the clinic reported to the concerned upazilas ranged from -16.3 percent to +35.1 percent in the rural upazilas (Table 21) and the same was from -3.2 percent to +2.7 percent in the urban upazilas (Table 22). A separate treatment of the rural upazilas with regard to overreporting and underreporting of the figures by the clinic indicated that the total number of cases underreporting and overreporting were the same

-1.4 percent of the total performance in each case (Table 21). Among the urban upazilas, these were 1.6 percent and 0.3 percent respectively (Table 22). Overall, the urban and rural clinics together underreported the performance figures to the upazila by 0.3 percent (Table 12). It is important to note that, overall, there was no reporting variation between clinic register figures and clinic reported figures to the upazila among the rural upazilas while the urban clinics underreported their performance figures by 1.3 percent.

2.2.2. Clinic Reported Figures to the Upazilas Vs. Upazila Reported Figures to the District

A comparison between the figures reported to upazila and the figures reported to districts by the upazila revealed that there exists substantial reporting variation which ranged between -28.3 percent to +104.6 percent (Table 21). The variations in the urban upazilas ranged from -15.5 percent to +44.4 percent (Table 22). It was found that total cases were underreported by 3.6 percent and overreported by 7.7 percent (Table 21). For urban upazilas these were 4.6 percent underreported and 5.6 percent overreported (Table 22). Overall the figures were underreported to the district by 3.3 percent (Table 12). The rural and urban upazilas overreported the figures to the district by 4.1 percent and 1.1 percent respectively.

2.2.3. Upazila Reported Figures to the District Vs. District Reported Figures to the MIS

When upazila reported figures to the district were compared with the district reported figures to the MIS,

variation was noted ranging from -43.7 percent to +18.1 percent among the rural upazilas (Table 21). Among the urban upazilas, the variation ranged from -9.3 percent to +24.3 percent (Table 22). Treating the underreporting and overreporting rural upazilas separately, it was found that there were 3.3 percent the underreported cases and 1.3 percent overreported cases (Table 21). These were, however, 1.4 percent and 6.9 percent for the urban upazilas (Table 22). Overall, the districts overreported the figures of the urban upazilas by 5.5 percent while they underreported the figures of the rural upazilas by 2.2 percent. Considering the rural and urban upazilas together, the districts were found to have underreported the IUD figures to the MIS by 0.2 percent (Table 12).

2.2.4. District Reported Figures to the MIS Vs. MIS Figures in the Computer Printouts

The variation between the district reported figures to the MIS and the MIS reported figures in the computer printouts ranged from -17.2 percent to +64.9 percent in the rural upazilas (Table 21). The same varied from 0.0 to +30.2 percent in the urban upazilas (Table 22). On the average, there were no reporting variations between district reports and the MIS printouts for the rural upazilas (Table 13). The MIS, however, was found to have overreported the figures in the printouts by 2.5 percent for the urban upazilas (Table 14). Taking the rural and urban upazilas together, overall, the MIS was found to have overreported the IUD figures by 0.6 percent (Table 12).

2.3. Variation of IUD Performance Statistics Between the Clinic Register Figures and the MIS Reported Figures

Considering clinic register figures as the base statistics, overall, the MIS overreported the IUD insertion figures of the 51 rural and urban upazilas by 3.4 percent (Table 9). Treating rural and urban upazilas separately, the clinic IUD insertion figures were found to have been overreported in the computer printouts by 1.9 percent and 7.9 percent respectively (Table 10 and 11). The variation ranged from -33.4 percent to +130.0 percent among the 42 rural upazilas (Table 19). Among the 9 urban upazilas the variation ranged from -7.6 percent to +111.5 percent (Table 20).

2.4. Inter Tier Variations of IUD Performance Figures of NGO

As mentioned before, 11 NGOs were selected from the list available in the annexures of the MIS monthly reports by using PPS sampling procedure. It was not mentioned in the annexures which NGOs insert IUDs or refer IUD clients or do both. Having visited the NGOs it was found that four of the 11 NGOs did not have any clinics for inserting IUDs (Table 34). They refer IUD clients to the nearby government clinics. These are local based small type of NGOs. Of the remaining seven NGOs, one national NGO was found to insert IUDs, as well as refer IUD clients.

We discuss below the reporting variations between the different reporting tiers, taking insertion and referral together and insertion and referral separately. While

discussing insertion and referral cases separately, one of the NGOs which does both insertion and referral was dropped as separate insertion and referral figures were not available for this NGO at different reporting tiers.

2.4.1. NGO Performance Figures Vs. NGO Reported Figures to the NGO Headquarters

Considering insertion and referral together as performance, overall, NGO performance was overreported to the headquarters by 3.5 percent (Table 29). This variation is practically all attributable to a single NGO (Table 40). The remaining 10 NGOs either reported the actual performance figures or slightly overreported the figures to their headquarters. Considering the 6 sampled NGOs who insert IUDs but do not refer any IUD cases, it was observed that NGO overreported their performance to the headquarters by 4.2 percent (Table 30). But when the 4 sampled NGOs who refer IUD cases were considered, it was observed that these NGOs only reported the number of cases they had actually referred (Table 31). In other words, whatever reporting variation did exist was entirely in the NGOs who inserted IUDs. To be more specific, this variation was almost fully attributable to a single NGO. It appears therefore that, with few exceptions, NGOs normally do not underreport or overreport their performance figures to the NGO headquarters.

2.4.2. NGO Reported Performance Figures to NGO Headquarters Vs. NGO Headquarters Reported Figures to the MIS

No major variation for any NGO has been observed between the NGO reported figures to the NGO headquarters

and the headquarters reported figures to the MIS (Table 40). Overall, the NGO reported figures were overreported by headquarters to the MIS by only 1.0 percent (Table 29). This reflects that, in general, headquarters report the same figures to the MIS they receive from its branches.

2.4.3. NGO Performance Figures Vs. NGO Reported Figures to the Concerned Districts

Combining the insertion and referral cases together, overall, NGO performance was underreported to the concerned district by about 19.0 percent (Table 29).

This variation was almost fully attributable to two national NGOs (Table 41). The remaining 9 NGOs as a whole slightly overreported their performance to the districts. It was interesting to note that no such variation was attributable to the NGOs who only referred ICD cases. Although the NGOs performances, overall, were underreported to the district to a sizeable extent, it appears that majority of the sampled NGOs reported their actual performance to the concerned districts.

2.4.4. NGO Reported Figures to the Districts Vs. District Reported Figures to the MIS

In majority of cases, the districts underreported to the MIS the reported NGO figures by 50.0 percent to 100.0 percent (Table 41). Considering the insertion and referral figures together, the districts, overall, underreported the NGO performance figures to the MIS by 37.0 percent (Table 29). Taking the 6 sampled NGOs

who inserted IUDs but did not refer any cases, it was observed that the district underreported the reported IUD figures by about 36.0 percent to the MIS (Table 30). Again, considering the 4 sampled NGOs who referred IUD clients but did not insert any IUDs, the districts underreported the sent-in-IUD referral figures by 70.0 percent to the MIS (Table 31).

2.4.5. NGO Headquarters Reported Figures to the MIS Compared to the MIS Reported Figures in the Annexures of the Monthly Reports

The NGO headquarters reported IUD figures (insertion and referral combined) to the MIS were underreported in the annexure of the MIS monthly reports for a number of NGOs. Such underreporting for the individual NGOs ranged from -5.0 percent to about -43.0 percent (Table 40). Overreporting was also observed by 27.3 percent for one NGO. There were, however, no variations for a number of NGOs. Overall, the headquarters reported NGO figures to the MIS were underreported by about 16.0 percent in the annexures of the monthly reports of the MIS (Table 29).

2.4.6. NGO Performance on the Basis of Insertion and Referral Register Together and Insertion Register Alone Compared to the Reported Figures in the Annexures of the MIS Monthly Reports

Considering the NGOs' insertion and referral cases of IUDs together as the performance and compared with the reported figures in the annexures of the MIS monthly reports, it was observed, overall, that the performance

of 11 NGOs were underreported by 12.0 percent in the annexures (Table 32). The reporting variations for the 11 NGOs, however, ranged from -39.0 percent to +31.0 percent (Table 46). A separate treatment of the sampled NGOs with regard to underreporting and overreporting of these figures by the MIS found that the extent of underreporting and overreporting were 14.7 percent and 2.7 percent respectively. Considering the IUD insertion cases only, the NGO performance figures were found to have been underreported by 14.0 percent in the annexures of the MIS monthly reports (Table 33).

2.4.7. NGO Performance on the Basis of Insertion and Referral Together and Insertion Register Alone Compared to the Districts Reported Figures to the MIS

Considering the NGOs' insertion and referral cases of IUDs together as the performance, and comparing the same with the district reported figures to the MIS, it was revealed, overall, that the performance of 11 sampled NGOs were underreported by 49.0 percent to the MIS (Table 47). For majority of NGOs it varied from about -58.0 percent to -100.0 percent. In no case the performance was overreported to the MIS by the districts. Considering the IUD insertion cases only, the NGO performance figures were found to have been underreported by 50.0 percent by the districts to the MIS (Table 33).

3. TIME WHEN THE GOVERNMENT
REIMBURSEMENT PROGRAM
BEGAN AT THE CLINICS

The government first released the funds for the IUD program in late May 1982. By July 1982, about 21.0 percent of the government clinics received these funds (Table 50). About 70 percent of the clinics reported having received the funds by September 1983. We gathered data from the clinics on the reimbursement of funds during the months of March and April 1984. About 3.0 percent of the clinics reported they did not receive funds for the IUD reimbursement program. Around 10.0 percent of the rural and 5.0 percent of the urban clinics reported that they had received funds, but they did not have any record or did not remember the date of receiving funds. It was not possible to collect this information from 13 clinics (12 rural and 1 urban). Fourteen NGO clinics (34.0%) reported that they did not receive funds for the IUD program. Most of those who received, had received the funds in 1983.

4. A FEW OBSERVATIONS ON REPORTING
VARIATIONS AT DIFFERENT
REPORTING TIERS

Table 21 and 22 show that overreporting, as well as underreporting occurred at each reporting tier. The underlying causes of reporting variation were not investigated in this study. As the costs of each insertion are reimbursable, normally there should not be any reason for underreporting the IUD performance. The reason in this case was that receipt of funds for IUD insertion and accountability for the same did not

have much inter-linkage with the monthly reporting system. It was noted that the reporting of IUD performance was monthly, while reimbursement claims were made only when the advance money received for IUD insertion was exhausted. It was not known how far these two processes were cross checked by the concerned officials.

Having discussed the matter of reporting variations with some program personnel, a few more possible explanations for reporting variation came out. All the service centers under a given upazila are scheduled to send the monthly performance figures to the upazila by the 3rd day of the following month. The upazilas are scheduled to send the report to the district by the first week of the month. The districts in turn are to send the report to the MIS by the 10th of the month. Sometimes, the upazilas do not get the reports from all the remote service centers in time, and the districts also face the same problem. What the reporting tiers do in such a situation is difficult to say. It is understood that these situations make substantial contributions to reporting variations. The Deputy Director of one district clearly told a team consisting of the Principal Investigator of this study, the Director of MIS and the Director of IEM, that the NGO performance under that district had always been merged with the government performance in the monthly report sent to MIS from that district. His explanation for this was that the NGOs did not have field motivators; the clients who received IUDs in the NGO clinics had actually been motivated by the government workers. So,

in the district report, the NGO performance was merged with the upazila performance, but not shown against any government clinics. To give credit to the NGOs for the insertions, a separate sheet showing how many insertions were performed by which NGOs was attached to the monthly report of the district sent to MIS. This principle might have been adopted by some other districts and upazilas as well. This might be a plausible explanation for the inflated figures of IUD performance at the district level for urban upazilas.

Confusion really exists with regard to the term 'performance'. Some districts consider referral as performance and some districts consider insertion as performance. It was also revealed from the district monthly reports to the MIS, the same district sometimes consider referral as performance and sometimes do not. In few instances it was also observed that irrespective of insertion or referrals, NGO performance have been merged with the performance of the concerned upazila.

On the other hand, review of the monthly reports sent by the districts to the MIS revealed in a number of instances that the districts either did not receive the reports from some NGOs for some months of the reference period or received them so late that they could not be incorporated. It was mentioned above that the headquarters reported NGO figures to the MIS were under-reported to a sizeable extent in the annexures of the monthly reports of the MIS (Table 29). The MIS documents relating to the IUD performance reports of the sampled NGOs also revealed that the IUD performance

reports of some NGOs for some months either did not reach the MIS at all or reached so late that they could not be incorporated in the annexures of the corresponding monthly reports. This in large part explained why NGO performance figures are underreported in the MIS. Again, discussion with the concerned government officials, and NGO personnel, and examination of the relevant documents, gave an impression that NGOs, particularly a few national NGOs, did not feel obliged to report to the concerned districts (see annexure G).

RECOMMENDATIONS

In view of the foregoing discussion a few recommendations seem relevant to minimise the reporting differentials at different tiers of the program hierarchy.

The recommendations are as follows:

1. In order for the performance report to reach the next higher level within the stipulated date, the reporting tiers often submit anticipatory figures which either cause overreporting or underreporting of the performance statistics. The time constraints thus affect the reliability of the figures which in turn leads to other problems. Perhaps authorities can allow an extension of the reporting time schedule to the different tiers. The clinics may be allowed to submit their reports by the 7th of the following month so that sub-center figures may be incorporated easily. The upazila may be allowed time to collect and compile reports from different FWCs, NGOs and other clinics operating within the upazila and submit the report by 15th of the following month. The district may in turn submit the

combined reports by the 20th and the MIS by the 30th of the following month. The extended time-schedule is likely to help overcome much of the present problem of reporting variations.

2. As was evident, NGO performance statistics enter laterally into the reporting channel, usually at the district level, occasionally at the MIS level, and very rarely at the upazila level. This practice seems to be a major cause of reporting variation between the clinic figures and the national statistics on NGO performance. The possible solution is to make it obligatory on the part of all performing NGOs to submit performance reports to their respective upazila offices. This measure is likely to minimise the reporting differential as well as to foster closer relationship and amity among public sector and private sector efforts.
3. Another issue which appears to be responsible to a large extent for creation of confusion and conflict and ultimately leads to reporting variation in NGO performance is the question of considering referral as performance where there are no insertion facilities of the NGOs themselves and the cases are simply referred by NGO workers but performed at government clinics. Again, when there exists an NGO clinic but no outreach worker to refer cases, the cases are usually referred by government workers and insertion is done by the NGO clinic. The government and NGO should settle this issue either by showing referral

and insertion separately in the monthly reports, or otherwise. The performance should be defined in the program context and a mechanism should be evolved for appropriate sharing of credits when referral and insertion are done by different agencies.

4. A system of consistency check should be developed at the district and upazila levels between reported IUD insertion and fund disbursed.

CHAPTER THREE

FINDINGS OF PHASE II : CLIENT INTERVIEWS

1. INTERVIEW STATUS

Seventy four percent of the selected IUD acceptors were successfully interviewed (Table 51). The percentage interviewed was highest for rural clinics (79.2%) and lowest for the NGO clinics (45.6%). Of the 74% who were successfully interviewed 4 percentage points were contributed by clients who denied that they had the reference IUD. The three categories--successfully interviewed (74.0%), clients not available at home or moved away (12.3%) and others (0.5%) in the column 'interview status', together comprise 86.6 percent of the total number of selected clients who were actually located or whose addresses the field workers were able to locate. The percentage of clients or clients' address located ranged from 90.6 percent in the rural clinics to 64.9 percent for NGO clinics. The percentage of clients absent from home while the interviewers visited their homes or changes of clients' address were found to be highest for the NGO clinics (19.3%) and lowest for the rural government clinics (10.9%). Surprisingly, incomplete addresses were found to be much higher for the NGO clinics (29.3%) than for the government clinics (0.7%). It may be noted that in 1.1 percent cases the interviewers could not reach the reported IUD acceptors because of bad weather, bad communications and long distance.

2. FALSE CASES

Table 51 also shows that 1.1 percent of the clients reported that they had received one or more IUDs but not on the date mentioned in the clinic record (see foot note of Table 51). Reviewing the interview schedules of these clients in some instances it was found that a client received an IUD only once during the reference period, but her name was recorded more than once. It was also found that a client had received an IUD quite sometime before or after the reference period but her name was found in the register under the reference period. We may therefore consider the entries of these 1.1 percent clients in the clinic register during the reference period as false.

Three percent of the reported IUD acceptors stated they had never had an IUD throughout their reproductive life. In these cases, the field interviewers informed the women that their names were found in the clinic register as IUD acceptors and asked how their names had appeared in the clinic register. The following were the most frequent responses from the women:

1. The women visited the clinics for other purpose such as supply of pills, to be sterilized, treatment of their children, etc.
2. The women visited the clinic to get an IUD, but they were refused because of shortage of IUDs.
3. The women went to the clinic to get an IUD, but they were rejected on some medical ground.

4. The women were approached by FP workers to accept IUD, but they did not. Their names were recorded at that time.
5. The women never visited the clinic for any purpose and none approached them about an IUD. They had no idea how their names appeared in the register.

It may also be noted that quite a large number of reported IUD acceptors (360 cases) could not be found, despite apparently complete addresses. In such situations, the field interviewers took the help of the local FP workers, dais, referrers, local leaders and other relevant persons to find the acceptors. Despite these efforts these cases could not be located. These acceptors and the addresses therefore seem to be fictitious. It may be recalled in this connection that in a number of contraceptive followup surveys and evaluation studies relating to contraceptive acceptors in the past, the field investigators did not initially find some of the acceptors even after serious attempts although subsequently another group of field investigators or a special team formed for this purpose found many of them. Considering these limitations of field surveys, one can not guarantee that all these addresses were false entries in the IUD register. On the other hand, verbal reports and impressions given by the field supervisors/interviewers lead us to conclude that most of these cases whose addresses seemed adequate, but yet could not be found were fictitious. If we presume that about 50.0 percent of those cases were fictitious, the extent of false entries of IUD clients during the reference period would be 8.3 percent ($48 + 127 + 180 = 355$ cases out of 4,292 cases). We have discussed above the false

cases under the categories, "successfully interviewed" and "complete addresses but clients could not be found at the given address". There are four other categories comprising over 17.0 percent of the sampled clients who were not interviewed. If they could be interviewed, expectedly a certain percentage of them could be found to be false entries. In support of this it may be mentioned that a reported acceptor who died during the reference period was entered three times in the clinic register as an IUD acceptor. Thus a detailed investigation of the non-response cases might have given even a higher incidence of false entries than we have suggested earlier. If we presume that the 355 false cases were among 3,535 cases (3,175 interviewed + 360 not traced) the proportion of false stands at 10.0 percent, and the estimated total number in 4,292 cases stands at 431 cases. The estimate of false cases mentioned above (8.3%) should therefore be considered as a very conservative one.

3. IUD ACCEPTANCE BY TIME OF ACCEPTANCE AND TYPE OF CLINIC

The total number of 3,000 cases in our sample who were successfully interviewed and had accepted an IUD during the reference period of 15 months from July 1982 to September 1983, are distributed in Table 52 by the month of insertion and by clinic status (rural, urban and NGO). There is a gradual rising trend of IUD acceptance over time which steadily rose to reach a peak of 342 (or 11.4%) cases in August 1983, followed by a small decline in September 1983, the last month of the reference period. The rising trend was also generally visible within individual categories of clinics

with a decline in the last month. The decline in the last month of reference period is presumed to be due to some program factors not further pursued in our investigation.

4. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF IUD ACCEPTORS

4.1. Religious Background

Table 53 shows the religious background of the acceptors by the type of inserting clinic. Overall, 81.3 percent of the acceptors were Muslims, 18.1 percent were Hindus, and the remaining few were Christians and Buddhists. The proportion of Hindus in the sample (18.1%) is somewhat higher than the proportion of Hindus in the country (about 13.0%). The NGO clinics, however, catered services to disproportionately more Muslim acceptors.

4.2. Education

Over half the acceptors reported having some formal schooling: 26.2 percent up to primary, 14.1 percent above primary but below secondary, 6.2 percent secondary and above, and the remaining 2.7 percent higher secondary and above (Table 54). The average number of years of education was 3 years. Acceptors who had IUD insertions in NGO clinics were relatively more educated, with 82.4 percent having some formal education. As expected, rural clinic acceptors were the least educated, with 58.3 percent having no formal schooling.

It thus appears that the more educated women are more likely to accept the IUD, a finding which is consistent with other recent studies. KHAN et al in 1982 showed

a school attendance rate of 88.3 percent among acceptors of four urban based clinics; three NGO and one government. MABUD and AKHTER found in 1982 a school attendance rate of 56.0 percent in a rural sample of IUD acceptors, compared to 41.7 percent in our rural clinic sample.

4.3. Husband's Education

More than two-thirds of the acceptors' husbands (69.4%) had some formal schooling; the average number of years of education was 5.7 years. Relatively more NGO acceptors' husbands were educated, with 92.2 percent having some formal schooling. The average number of years of education was 9.9 years. The school attendance rate in the rural clinic sample was 64.3 percent, compared to the MABUD and AKHTER (1982) found a school attendance rate of 75.0 percent in their rural sample.

4.4. Husbands Occupation

Approximately a quarter each of the acceptors' husbands were engaged in service (24.7%), business (26.7%) or agriculture (25.1%) (Table 56). Most of the remaining husbands (18.9%) were day laborers. Relatively more husbands of NGO and urban government clinic acceptors were in service (45.7% and 29.8% respectively) and business (40.2% and 32.5% respectively). Husbands of more than a fifth of the rural government clinic acceptors (21.2%) were day laborers.

4.5. Employment Status

Nearly one in ten (9.7%) of the IUD acceptors reported having earned cash money in the preceding one year's

period (Table 57). The proportion varied between categories of clinics: 9.3 percent in rural government clinics, 12.2 percent in urban government clinics and 6.5 percent in NGO clinics. MABUD and AKHTER (1982) also found 10.0 percent of the acceptors reporting participation in income earning activities (compared with 9.3% in our rural sample).

4.6. Ownership of Cultivable Land

Forty one percent of the IUD clients reported having no cultivable land (Table 58). The proportion of landless obtained from this study is close to the functionally landless estimate for the whole country.

5. DEMOGRAPHIC CHARACTERISTICS

5.1. Age

Table 59 shows the age distribution of IUD clients. The mean age of the acceptors was 27.4 years. A large majority of the acceptors (90.0%) were in the age group 20 to 30 years. There was very little variation in the mean age between acceptors at different types of clinics, but the mean age for the urban acceptors was slightly lower (26.8 years). MABUD and AKHTER (1982) reported a mean age of 26 years for the IUD acceptors in their rural study. KHAN et al (1982) also found a similar rate for IUD acceptors at urban and NGO clinics.

5.2. Number of Children Ever Born

On average, the IUD acceptors had 3.9 live births (Table 60). The acceptors at the NGO clinics and to a lesser extent the urban government clinics, demonstrated a

lower past fertility, 3.2 live births for the NGO and 3.6 live births for the urban clinic clients. The rural IUD study of MABUD and AKHTER (1982) found the mean number of live births to be 3.7.

About one-third of the IUD clients (33.7%) had one or two children ever born. The proportion of clients who ever gave birth one or two children was highest among NGO clinic clients (44.7%) followed by urban and rural clinic clients (38.8% and 30.4% respectively).

5.3. Number of Living Children

The mean number of living children of IUD acceptors was 3.3 (Table 61). The mean number of living children was relatively small for the acceptors at NGO clinics (2.9) and urban clinics (3.1). The rural clinic acceptors were found to have the highest mean number of living children (3.4), compared to the 3.0 living children found by MABUD and AKHTER (1982).

5.4. Number of Living Sons and Daughters

Overall, the IUD acceptors had on average 1.7 living sons (Table 62) and 1.5 living daughters (Table 62). The variation in the mean number of sons and daughters by clinic type showed the same trend as the mean number of live births and the mean number of living children. In other words, NGO clinic acceptors were found to have the smallest mean number of sons and daughters (1.5 and 1.3 respectively) followed by the urban clinic acceptors (1.7 and 1.4 respectively) and rural clinic acceptors (1.8 and 1.5 respectively).

5.5. Last Pregnancy Outcome

Nearly one out of every 10 IUD acceptors (9.5%) did not have a live birth at the end of their last pregnancy; 3.9 percent had a still birth, 4.4 percent had an induced abortion, and 1.2 percent had a spontaneous abortion (Table 64). This high proportion of pregnancy wastage could have been a direct or indirect consequence of the acceptors' decision not to have any birth, as reflected in their acceptance of the IUD later. The proportion of such wastage was found higher among urban and NGO clinic acceptors (12.3% and 12.2% respectively) than among rural clinic acceptors (8.4%).

6. CONTRACEPTIVE USE DURING THE MONTH PRECEDING IUD ACCEPTANCE

The study investigated the past contraceptive behaviour of the IUD acceptors (Table 65). They were asked if they used any family planning method during the one month period preceding the date of IUD insertion and what was the method if they did.

Overall, one-fifth of the acceptors (20.0%) had used some method of contraception other than the IUD in the month preceding IUD acceptance. This proportion of acceptors, in fact, represents contraceptive switch-over cases. The proportion of past contraceptive practice was found to be relatively higher among NGO clinic acceptors (42.7%) and urban clinic acceptors (29.9%) than among rural clinic acceptors (16.3%).

The oral pill was the most popular method, followed by the condom and then others. Surprisingly, a very small proportion of acceptors (1.1%) reported ever having had an IUD in place immediately before the present IUD was inserted.

7. IUD USE STATUS

Overall, 68.6 percent of the IUD acceptors reported continuing use of the IUD at the time of interview (Table 66). 8.1 percent of the acceptors reported that the device had been spontaneously expelled, and the remaining 23.1 percent voluntarily removed the same. The proportion of acceptors continuing IUD use was slightly higher for NGO clinics. Incidence of spontaneous expulsion was lowest for NGO clinic acceptors; the removal was again somewhat higher for the urban clinic and NGO clinic acceptors. Since the above rates of continuation are not a life table continuation rates, they do not precisely represent the probability of continuation.

8. CAUSES OF DROPOUT

As shown earlier in Table 65, a total of 701 (23.4%) of the acceptors had voluntarily removed the device. Table 67 presents the different causes of IUD removal. Five hundred and twenty six (17.5%) acceptors removed their IUD because of some medical reason, 175 (5.8%) removed the same for non-medical social reasons, and the causes of the remaining 16 (0.5%) removals were either different from above or unknown. Of the medical reasons, the most frequent cause of removal was

bleeding problems (11.1%) followed by abdominal pains or cramps (2.7%). Thirty two cases (1.1%) removed their IUDs for pelvic infection, and another 22 removed the IUD because of pregnancy. Physical weakness and discomfort accounted for removal in 0.9 and 0.3 percent of cases.

Among the non-medical causes of removal, desire for pregnancy was the most common (2.0%), followed by a switch to other methods (1.1%) and the husband's objection (0.8%).

9. PERCENTAGE OF IUD ACCEPTORS
WHO RECEIVED A FOLLOWUP VISIT
(EITHER AT HOME OR AT THE CLINIC)

The overall estimate of the proportion of IUD acceptors who had had a followup (was either visited at home by the worker or visited the clinic) was 86.7 percent (Table 68). Of this, 42.5 percent visited the clinic themselves, 40.9 percent were visited at home by a female worker and the remaining 3.3 percent were visited at home by others. In total, 13.3 percent did not have any followup at all. The acceptors at rural clinics (88.6%) and NGO clinics (88.5%) overall had higher proportions of followup. This may be because NGO clients are advised to visit the clinic each month, and rural clinic workers normally visit users at home.

10. REFUSING REQUESTS FOR IUDs

The study could not estimate the proportion of women who were refused their requests for IUD insertion, as the clinics did not maintain any record of such cases.

11. INCIDENCE OF IUD REINSERTION
DURING THE REFERENCE PERIOD

Table 69 shows the number of times the acceptor had had an IUD reinserted during the reference period. In the great majority of cases (2,898 or 96.6%), the IUD insertion was the first insertion. In 101 cases (3.4%) the insertion was the first reinsertion, and in 1 case the same was a second reinsertion. In total 102 cases (3.4%) had had IUD reinsertions. In terms of number of insertions, however, the 3,000 IUD acceptors had in total 3,103 insertions (2,898 once, 101 twice and 1 thrice) of which number reinsertions were 103 (101 once and 1 twice), e.g. 3.3 percent of IUD insertions were reinsertions. The proportion of IUD insertions which are reinsertions are similarly estimated for rural clinics, urban clinics and NGO clinics at 5.3, 3.4 and 3.3 respectively.

12. NUMBER OF TIMES IUDs INSERTED

By far the greater part of the acceptors (90.2%), reported they had had only one IUD once during their past reproductive life (Table 70). IUD insertions were received twice by 9.4 percent of the acceptors. Three insertions were reported by 12 acceptors only. One acceptor reported she had had an IUD inserted four times, and another acceptor five times during her past reproductive life.

13. RECEIPT OF CLIENT
TRANSPORTATION COST

Slightly over a third of the IUD acceptors (36.8%) reported that they had not received any money at all

4

(Table 71). This rate was highest among the NGO clinic acceptors (90.5%). For the government clinics, the non-receipt of transportation cost was reported by about one-third of clients (33.0%). Some 3.5 percent of government clinic acceptors reported that the amount received by them was less than fifteen takas, while for NGO clinics, the same rate was very low (1.0%). Data suggest that the transportation cost, amounting to taka fifteen, was reported to have been received by 63.1 percent of the acceptors, while the corresponding NGO figure stood at 8.5 percent.

14. LIFE TABLE CONTINUATION
OF IUD USE

Table 72 shows the probability of discontinuation of IUD use, totally and separately for the three main causes--pregnancy, expulsion and removal. As expected, overall probability of discontinuation is highest in the first few months, after which it levels off. Regarding individual causes of discontinuation, the probability of expulsion shows a noticeably declining trend over time. The probability of pregnancy is too low to permit any discussion of its trend. The probability of removal is also higher in the first few months.

Table 73 shows the cumulative probability of continuation of IUD use, which is 80.4 percent at 6 months, 75.5 percent at 9 months, 71.5 percent at 12 months, 62.7 percent at 18 months and 58.2 percent at 24 months of use.

CHAPTER FOUR

DETERMINATION OF NATIONAL IUD PERFORMANCE

Determination of IUD performance figures of the government program for the period from July 1, 1982 to September 30, 1983 on the basis of reporting variations observed at different reporting tiers.

National IUD Performance Figures as per MIS Computer Printouts

IUD performance figure for the rural upazilas	=	110,750
IUD performance figure for the urban upazilas	=	39,560
IUD performance figure for the NGOs	=	10,213 ^a
National performance figure of IUD as per MIS computer printouts	=	160,523

Reporting variation of the IUD performance in the government program between the clinic register figures and the MIS computer printout figure

For rural upazilas, the percentage of overreporting of IUD figures at the MIS (see Table 10)

= 1.9

For urban upazilas, the percentage of IUD overreporting at the MIS (see Table 11)

= 7.9

^a This figure for NGOs was compiled by the MIS from the district reported figures, and this figure was included in the national performance figure.

Corrected IUD figures for the government program

Corrected IUD figure for the government program in the rural upazilas

$$= \frac{110,750}{1.019}$$

$$= 108,685 \dots (1)$$

Corrected IUD figure of the government program in the urban upazilas

$$= \frac{39,560}{1.079}$$

$$= 36,664 \dots (2)$$

∴ Corrected IUD figure for the government program

$$= 108,685 + 36,664$$

$$= 145,349 \dots (3)$$

B. Determination of IUD performance figures for the NGO program on the basis of reporting variations observed at different tiers

Total IUD performance figure on the basis of monthly report annexures of MIS

$$= 20,873$$

Percentage of underreporting of NGO figures in the monthly report annexures (see Table 32)

$$= 12.0$$

∴ Actual performance of NGOs

$$= \frac{20,873}{88} \times 100$$

$$= 23,719$$

Percentage of referral cases in the sampled NGOs
(Foot note of Table 34)

$$= 13.3$$

∴ Total referral cases of NGOs

$$= 0.133 \times 23,719$$

$$= 3,155$$

∴ Actual IUD insertions of NGOs

$$= 23,719 - 3,155$$

$$= 20,564 \dots (4)$$

C. Estimated NGO insertion figures merged with the government performance

Percentage of IUD insertion figures underreported by NGOs to the districts (see Table 30)

$$= 22.5$$

.. Number of IUD insertions reported at the district level by NGOs

$$= \frac{77.5}{100} \times 20,994$$

$$= 16,270$$

Percentage of IUD insertion figures underreported to the MIS by the districts (see Table 30)

$$= 35.6$$

.. Number of IUD insertions underreported to the MIS by the districts

$$= \frac{35.6}{100} \times 16,270$$

$$= 5,792$$

.. Number of IUD insertions merged with the government program

$$= 5,792 \dots (5)$$

As all NGO activities are urban based, we consider that these insertion figures were merged with those of the urban upazilas

.. Actual IUD performance of the government program in the urban upazilas (from equations 2 & 5)

$$= 36,664 - 5,792$$

$$= 30,872 \dots (6)$$

.. Actual IUD performance in the government program (from equations 1 and 6)

$$= 139,557 \dots (7)$$

.. From (4) and (7) we get the national IUD performance figure

$$= 139,557 + 20,564$$

$$= 160,121 \dots (8)$$

It may be noted that as per MIS computer printouts, the national IUD performance figure is found to be 160,121, ⁵²³ which is practically equal to the above calculated figure.

Determination of the National IUD Performance figure taking into account the false cases found in the field survey

Percentage of false cases in the rural upazilas (see Table 51)	= 9.0
Estimated number of IUD insertions in the rural upazilas	= $0.91 \times 108,685$ = 98,903 ... (9)
Percentage of false case in the urban upazilas (see Table 51)	= 7.9
Estimated number of IUD insertions in the urban upazilas	= $0.921 \times 30,872$ = 28,433 ... (10)
Percentage of false cases in the NGO program (see Table 51)	= 4.4
Estimated number of IUD insertions in the NGOs	= $.956 \times 20,564$ = 19,659 ... (11)
Estimated national IUD performance (from equations 9, 10 & 11)	= 146,995 ... (12)

We estimate national IUD performance during the reference period to be 146,995. As per MIS computer printouts, the national IUD performance for the same period is 160,523. Thus, overall, our estimate is ~~13,528 cases or 9.2 percent less than~~ the MIS reported figure *so 9.2 percent greater than the figure we estimate to be the true program performance.*

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TABLE 1

Number and Percent Distribution of Clinics by
the Availability of Clinic Records of IUD
Clients and by Clinic Status

Clinic Record	Clinic Status									
	Rural Govt. Clinic		Urban Govt. Clinic		Rural and Urban Govt. Clinic Combined		NGO Clinic		Govt. & NGO Clinic Combined	
	No.	%	No.	%	No.	%	No.	%	No.	%
Available for all months	355	(95.4)	130	(96.3)	485	(95.8)	41	(100.0)	526	(96.1)
Available for some months	4	(1.1)	4	(3.0)	8	(1.6)	0	(0.0)	8	(1.5)
Not available for any month	12	(3.5)	1	(0.7)	13	(2.6)	0	(0.0)	13	(2.4)
TOTAL:	371	(100.0)	135	(100.0)	506	(100.0)	41	(100.0)	547	(100.0)

TABLE 2

**Number and Percent Distribution of Government Clinics by
the Availability of Monthly Performance Report Sent
to Upazila and by Clinic Status**

Monthly Performance Report	Clinic Status					
	Rural Govt. Clinic		Urban Govt. Clinic		Rural & Urban Govt. Clinic Combined	
	No.	%	No.	%	No.	%
Available for all months	240	(64.7)	99	(73.3)	339	(66.9)
Available for some months	74	(19.9)	26	(19.3)	100	(19.8)
Not available for any month	57	(15.4)	10	(7.4)	67	(13.3)
TOTAL	371	(100.0)	135	(100.0)	506	(100.0)

TABLE 3

Number and Percent Distribution of Government Clinics by Sources and Extent of Retrieving the Clinic Reported Data to Upazilas, Copies of Which Were Not Found With the Clinics

Source and Extent	Rural Govt. Clinics		Urban Govt. Clinics		Rural & Urban Clinics Combined	
	No.	%	No.	%	No.	%
Retrieved from upazilas for all missing months	22	(5.9)	2	(1.5)	24	(4.7)
Retrieved from upazilas for some of the missing months	13	(3.5)	4	(3.0)	17	(3.4)
Retrieved from clinic registers for all months	22	(5.9)	5	(3.7)	27	(5.3)
Retrieved from clinic registers for some months	70	(18.9)	24	(17.8)	94	(18.6)
Not available from any source	4	(1.1)	1	(0.7)	5	(1.0)
Not applicable (available fully from the clinic reports)	240	(64.7)	99	(73.3)	339	(66.9)
TOTAL:	371	(100.0)	135	(100.0)	506	(100.0)

TABLE 4

Number and Percent Distribution of the "Complete"
and "Incomplete" Rural and Urban Upazilas

Completeness	Rural Upazila		Urban Upazila		Rural & Urban Combined	
	No.	%	No.	%	No.	%
COMPLETE (IUD performance statistics available for all clinics under the upazila and for each month of the reference period)	42 (263)	(76.4)	9 (87)	(69.2)	51 (350)	(75.0)
INCOMPLETE (IUD performance statistics available for some of the clinics under the upazila and/or for some of the months of the reference period)	13 (108)	(23.6)	4 (48)	(30.8)	17 (156)	(25.0)
TOTAL:	55	(100.0)	13	(100.0)	68	(100.0)

Figures in the parentheses indicate the number of clinics which inserted IUDs during the reference period.

TABLE 5

IUD Performance Figures of the Government in 42 "Complete"
Rural Upazilas and 9 "Complete" Urban Upazilas
According to the Reports of Different
Reporting Tiers

Reporting Tiers	IUD Performance Figures of		
	42 Rural "Complete" Upazilas	9 Urban "Complete" Upazilas	51 "Complete" Rural & Urban Upazilas
Clinic registers	18,500	6,263	24,763
Clinic reports	18,502	6,180	24,682
Upazila reports	19,253	6,245	25,498
District reports	18,861	6,594	25,455
MIS reports	18,858	6,756	25,614

TABLE 6

**Size of Underreported and Overreported IUD Insertion
Cases at Different Reporting Tiers in 51
"Complete" Rural and Urban Upazilas**

Comparing Tiers	No. of insertions underreported in 51 upazilas	No. of insertions overreported in 51 upazilas	Balance
Clinic register figures Vs. Clinic reported figures	356	275	- 81
Clinic reported figures Vs. Upazila reported figures	951	1,767	+ 816
Upazila reported figures Vs. District reported figures	722	679	- 43
District reported figures Vs, MIS reported figures	187	346	+ 159
Clinic reported figures Vs. MIS reported figures	1,072	1,923	+ 851

Note: Clinic register figure = 24,763
 Clinic reported figure = 24,682
 Upazila reported figure = 25,498
 District reported figure = 25,455
 MIS reported figure = 25,614

TABLE 7

Size of Underreported and Overreported IUD Insertion
Cases at Different Reporting Tiers in 42
"Complete" Rural Upazilas

Comparing Tiers	No. of insertion underreported in 42 rural upazilas	No. of insertion overreported in 42 rural upazilas	Balance
Clinic register figures Vs. Clinic reported figures	255	257	+ 2
Clinic reported figures Vs. Upazila reported figures	667	1,418	+ 751
Upazila reported figures Vs. District reported figures	633	241	- 392
District reported figures Vs. MIS reported figures	187	184	- 3
Clinic reported figures Vs. MIS reported figures	947	1,305	+ 358

Note: Clinic register figure = 18,500
 Clinic reported figure = 18,502
 Upazila reported figure = 19,253
 District reported figure = 18,861
 MIS reported figure = 18,858

TABLE 8

Size of Underreported and Overreported IUD Insertion
Cases at Different Reporting Tiers in 9
"Complete" Urban Upazilas

Comparing Tiers	No. of insertions underreported in 9 urban upazilas	No. of insertions overreported in 9 urban upazilas	Balance
Clinic register figures Vs. Clinic reported figures	101	18	- 83
Clinic reported figures Vs. Upazila reported figures	284	349	+ 65
Upazila reported figures Vs. District reported figures	89	438	+ 349
District reported figures Vs. MIS reported figures	111	162	+ 162
Clinic reported figures Vs. MIS reported figures	947	1,305	+ 358

Note: Clinic register figure = 6,263
 Clinic reported figure = 6,180
 Upazila reported figure = 6,245
 District reported figure = 6,594
 MIS reported figure = 6,756

TABLE 9

Number and Percent Variation of IUD Figures of 51 Rural
and Urban "Complete" Upazilas Between the Figures
Based on Clinic Register and the
MIS Reported Figures

Data Source	Figures from 51 rural and urban upa- zilas	Variation in number	Variation in percentage	Standard error
Clinic registers	24,763	+ 851	+ 3.4	0.1
MIS printouts				

TABLE 10

Number and Percent Variation of IUD Figures of 42 Rural "Complete" Upazilas Between the Figures Based on Clinic Registers and the MIS Reported Figures

Data Source	Figures from 42 rural upazilas	Variation in number	Variation in percentage	Standard error
Clinic registers	18,500	+ 358	+ 1.9	0.10
MIS printouts	18,858			

TABLE 11

Number and Percent Variation of IUD Figures of 9 Urban "Complete" Upazilas Between the Figures Based on Clinic Registers and the MIS Reported Figures

Data Source	Figures from 9 urban upazilas	Variation in number	Variation in percentage	Standard error
Clinic registers	6,264	+ 493	+ 7.9	0.3
MIS printouts	6,756			

TABLE 12

Inter Tier Number and Percent Variation of
51 "Complete" Rural and Urban Upazilas

Tiers	Variation in number	Variation in percentage	Standard error
Clinic registers Vs. Clinic reports	- 81	- 0.3	0.03
Clinic reports Vs. Upazila reports	+ 816	+ 3.3	0.11
Upazila reports Vs. District reports	- 43	- 0.2	0.03
District reports Vs. MIS printouts	+ 159	+ 0.6	0.05
Clinic registers Vs. MIS printouts	+ 851	+ 3.4	0.11

Note: Clinic register figure = 24,763
 Clinic reported figure = 24,682
 Upazila reported figure = 25,498
 District reported figure = 25,455
 MIS reported figure = 25,614

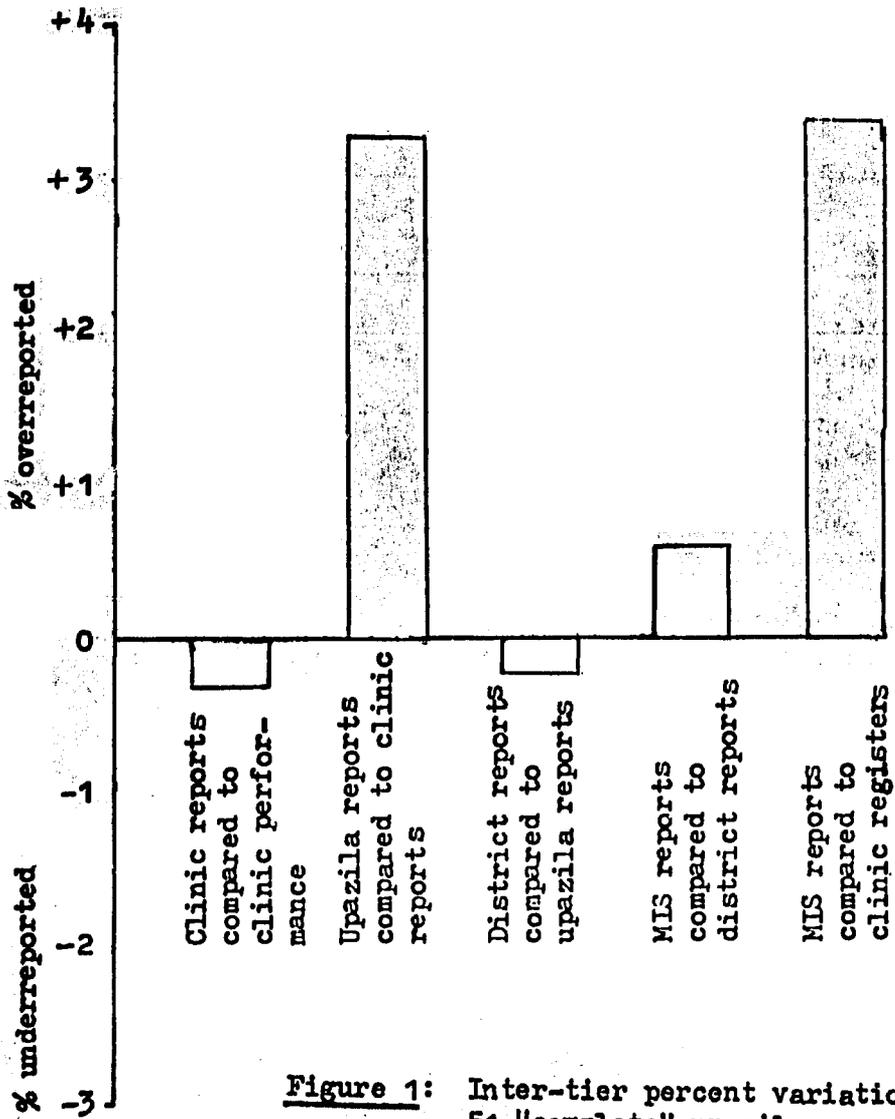


Figure 1: Inter-tier percent variation of 51 "complete" upazilas.

TABLE 13

Inter Tier Number and Percent Variation of
42 "Complete" Rural Upazilas

Tiers	Variation in number	Variation in percentage	Standard error
Clinic registers Vs. Clinic reports	+ 2	0.0	-
Clinic reports Vs. Upazila reports	+ 751	+ 4.1	0.15
Upazila reports Vs. District reports	- 392	- 2.0	0.10
District reports Vs. MIS printouts	- 3	0.0	-
Clinic registers Vs. MIS printouts	+ 358	+ 1.9	0.10

Note: Clinic register figure = 18,500
 Clinic reported figure = 18,502
 Upazila reported figure = 19,253
 District reported figure = 18,861
 MIS reported figure = 18,858

TABLE 14

Inter Tier Number and Percent Variation of 9
"Complete" Urban Upazilas

Tiers	Variation in number	Variation in percentage	Standard error
Clinic registers Vs. Clinic report to upazilas	- 83	- 1.3	0.14
Clinic reports to upazilas Vs. Upazila reports to districts	+ 65	+ 1.1	0.13
Upazila reports to districts Vs. District reports to MIS	+ 349	+ 5.6	0.30
District reports to MIS Vs. MIS printouts	+ 162	+ 2.5	0.19
Clinic registers Vs. MIS printouts	+ 493	+ 7.9	0.33

Note: Clinic register figure = 6,263
 Clinic reported figure = 6,180
 Upazila reported figure = 6,245
 District reported figure = 6,594
 MIS reported figure = 6,756

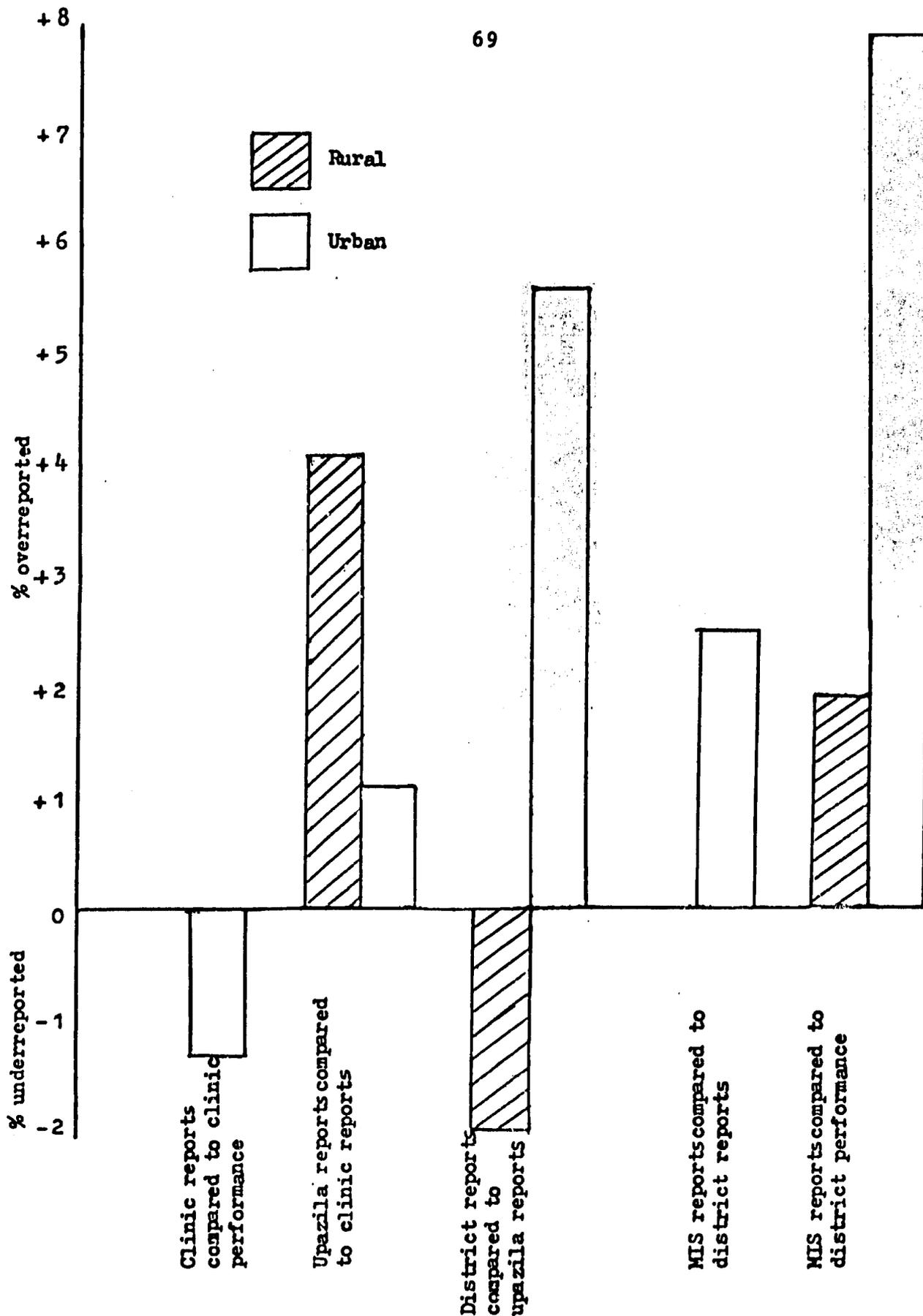


Figure 2: Inter-tier percent variation of reporting by urban and rural upazilas.

TABLE 15

Upazila Wise IUD Insertion Figures of 42 "Complete"
Rural Upazilas as Reported by Different Tiers

Name of district	Name of upazila	No. of clinics in the upazila	IUD figures based on clinic register	Reported by			
				Clinics to upazila	Upazila to district	District to MIS	MIS
Sylhet	Bianiabazar	5	517	484	541	513	513
	Golapgonj	8	472	507	545	545	545
	Jagannathpur	2	117	131	268	269	269
	Kulaura	11	516	530	495	454	454
Dinajpur	Debigonj	6	271	281	296	296	296
	Boda	7	428	428	418	414	414
	Baliadanga	5	475	476	460	459	459
	Pirgonj	5	327	330	303	303	303
	Nowabgonj	4	326	326	271	271	271
	Birol	9	363	366	359	354	354
Rajshahi	Manda	6	227	217	244	237	243
Dhaka	Kapashia	3	379	379	385	391	391
	Shibpur	6	616	598	610	604	604
	Monohordi	11	260	259	259	217	217
	Kaligonj	4	323	323	322	329	329
	Fatullah	6	1,196	1,200	1,385	1,266	1,266

TABLE 15 (continued)

Name of district	Name of upazila	No. of clinics in the upazila	IUD figures based on clinic register	Reported by			
				Clinics to upazila	Upazila to district	District to MIS	MIS
Khulna	Kaligonj	6	332	332	238	134	221
	Daulatpur	4	317	317	397	362	381
	Rampal	3	331	331	315	313	315
	Morelgonj	4	408	401	424	321	330
	Dacope	3	196	196	337	278	294
Kushtia	Gangni	7	264	264	254	300	336
Bogra	Khetlal	2	227	227	217	251	216
	Nandigram	3	226	226	210	217	217
	Sariakandi	7	646	541	853	889	889
Rangpur	Kishoregonj	7	416	467	452	477	477
	Badargonj	8	637	599	685	685	567
	Mithapukur	11	817	812	637	637	637
	Bhurungamari	4	407	375	319	315	315
	Gobindagonj	16	737	753	729	723	689
Patuakhali	Bauphal	13	462	471	472	458	460
Barisal	Borhanuddin	8	649	645	628	609	609
	Kawkhali	4	232	230	220	218	218
	Swarupkathi	11	584	589	734	783	783

TABLE 15 (continued)

Name of district	Name of upazila	No. of clinics in the upazila	IUD figures based on clinic register	Reported by			
				Clinics to upazila	Upazila to district	District to MIS	MIS
Mymensingh	Iswargonj	8	364	376	369	369	369
	Atpara	3	106	115	114	114	114
Jamalpur	Dewangonj	5	131	131	125	134	134
	Sribordi	9	498	501	508	476	476
Comilla	Haimchar	3	148	200	209	209	209
Jessore	Lohagara	4	298	298	314	314	314
	Monirampur	10	1,599	1,599	1,720	1,720	1,720
Pabna	Iswardi	2	655	671	612	633	640
TOTAL:		263	18,500	18,502	19,253	18,861	18,858

TABLE 16

**IUD Insertion Figures of 13 "Incomplete"
Rural Upazilas as Reported by
Different Tiers**

Name of district	Name of upazila	No. of clinics in the upazila	No. of clinics covered	IUD figures based on clinic registers	Reported by			
					Clinics to upazila	Upazila to district	Distirct to MIS	MIS
Sylhet	Balagonj	6	5	230	251	215	227	227
Tangail	Mirzapur	10	9	325	371	347	308	308
Dhaka	Siddirgonj	3	2	261	265	505	537	537
	Raipura	17	14	576	607	480	480	480
Rangpur	Jaldhaka	5	4	517	580	624	614	614
	Ulipur	10	8	1,310	1,406	1,386	1,386	1,386
	Chilmari	6	5	494	587	527	491	491
Barisal	Mehendigonj	6	5	443	462	407	420	420
	Kathalia	7	6	372	374	352	352	352
Mymensingh	Phulbaria	11	10	448	448	440	444	444
	Kuliarchar	4	3	300	280	270	206	206
Chittagong	Chandanish	11	10	479	486	561	478	478
	Satkania	12	11	813	818	777	772	772
TOTAL:		108	92	6,568	6,935	6,891	6,715	6,715

TABLE 17

IUD Insertion Figures of 9 "Complete" Urban Upazilas
as Reported by Different Tiers

Name of district	Name of upazila	No. of clinics	IUD figures based on clinic registers	Reported by			
				Clinics to upazila	Upazila to district	District to MIS	MIS
Barisal	Pirojpur	10	951	921	944	910	910
Kushtia	Chuadanga	6	489	489	471	471	471
Faridpur	Kotwali	10	787	738	769	816	816
Jamalpur	Kotwali	15	1,131	1,116	1,112	1,161	1,161
Mymensingh	Kotwali	8	366	376	543	493	493
	Netrokona	5	277	270	261	256	256
Dinajpur	Thakurgaon	13	644	652	599	599	599
Comilla	Kotwali	12	330	330	458	536	698
Khulna	Sadar	8	1,288	1,288	1,088	1,352	1,352
TOTAL:		87	6,263	6,180	6,245	6,594	6,756

TABLE 18

IUD Insertion Figures of 4 "Incomplete" Urban Upazilas
as Reported by Different Tiers

Name of district	Name of upazila	No. of clinics	No. of clinics covered	IUD figures based on clinic registers	Reported by			
					Clinics to upazila	Upazila to district	District to MIS	MIS
Sylhed	Kotwali	16	15	920	991	904	843	843
	Moulvibazar	10	9	581	668	538	538	538
	Habigonj	8	7	816	854	902	1,014	1,014
Dhaka	Tejgaon	14	12	667	743	771	833	833
TOTAL:		48	43	2,984	3,256	3,115	3,228	3,228

TABLE 19

Variation in Number and Percent of IUD Figures Between
the Clinic Register Figures and the MIS Reported
Figures for 42 "Complete" Rural Upazilas

Name of district	Name of upazila	IUD figures based on clinic registers	Clinic register Vs. MIS report	
			Number	Percent
Dhaka	Kapashia	379	+ 12	+ 3.2
	Shibpur	616	- 12	- 1.9
	Monohordi	260	- 43	- 16.5
	Kaligonj	323	+ 6	+ 1.9
	Fatullah	1,196	+ 70	+ 5.9
Jamalpur	Dewangonj	131	+ 3	+ 2.3
	Sribordi	498	- 2	- 4.4
Mymensingh	Iswargonj	364	+ 5	+ 1.4
	Atpara	106	+ 8	+ 7.5
Sylhet	Bianibazar	517	- 4	- 0.8
	Golapgonj	472	+ 73	+ 15.5
	Jagannathpur	117	+ 152	+ 130.0
	Kulaura	516	- 62	- 12.0
Comilla	Haimchar	148	+ 61	+ 41.2
Khulna	Kaligonj	332	- 111	- 33.4
	Daulatpur	317	+ 64	+ 20.2
	Rampal	331	- 16	- 4.8
	Morelgonj	408	- 78	- 19.1
	Dacope	196	+ 98	+ 50.0
Kushtia	Gangni	264	+ 72	+ 27.3
Patuakhali	Bauphal	462	- 2	- 0.4

TABLE 19 (continued)

Name of district	Name of upazila	IUD figures based on clinic registers	Clinic register Vs. MIS report	
			Number	Percent
Barisal	Borhanuddin	649	- 40	- 6.2
	Kawkhali	232	- 14	- 6.0
	Swarpukathi	584	+ 199	+ 34.1
Jessore	Lohagora	298	+ 16	+ 5.4
	Monirampur	1,599	+ 121	+ 7.6
Rajshahi	Manda	227	+ 16	+ 7.0
Dinajpour	Debigonj	271	+ 25	+ 9.2
	Boda	428	- 14	- 3.3
	Baliadanga	475	- 16	- 3.4
	Pirgonj	327	- 24	- 7.3
	Nowabgonj	326	- 55	- 16.9
	Birol	363	- 9	- 2.5
Bogra	Khetlal	227	- 11	- 4.8
	Nandigram	226	- 9	- 4.0
	Sariakandi	646	+ 243	+ 37.6
Rangpur	Kishoregonj	416	+ 61	+ 14.7
	Badargonj	637	- 70	- 11.0
	Mithapukur	817	- 180	- 22.0
	Bhurungamari	407	- 92	- 22.6
	Gobindagonj	737	- 48	- 6.5
Pabna	Iswardi	655	- 15	- 2.3
TOTAL:		18,500	+ 358	+ 1.9
Size of underreported cases (-)			947	5.1
Size of overreported cases (+)			1,305	7.0
Balance			+ 358	+ 1.9

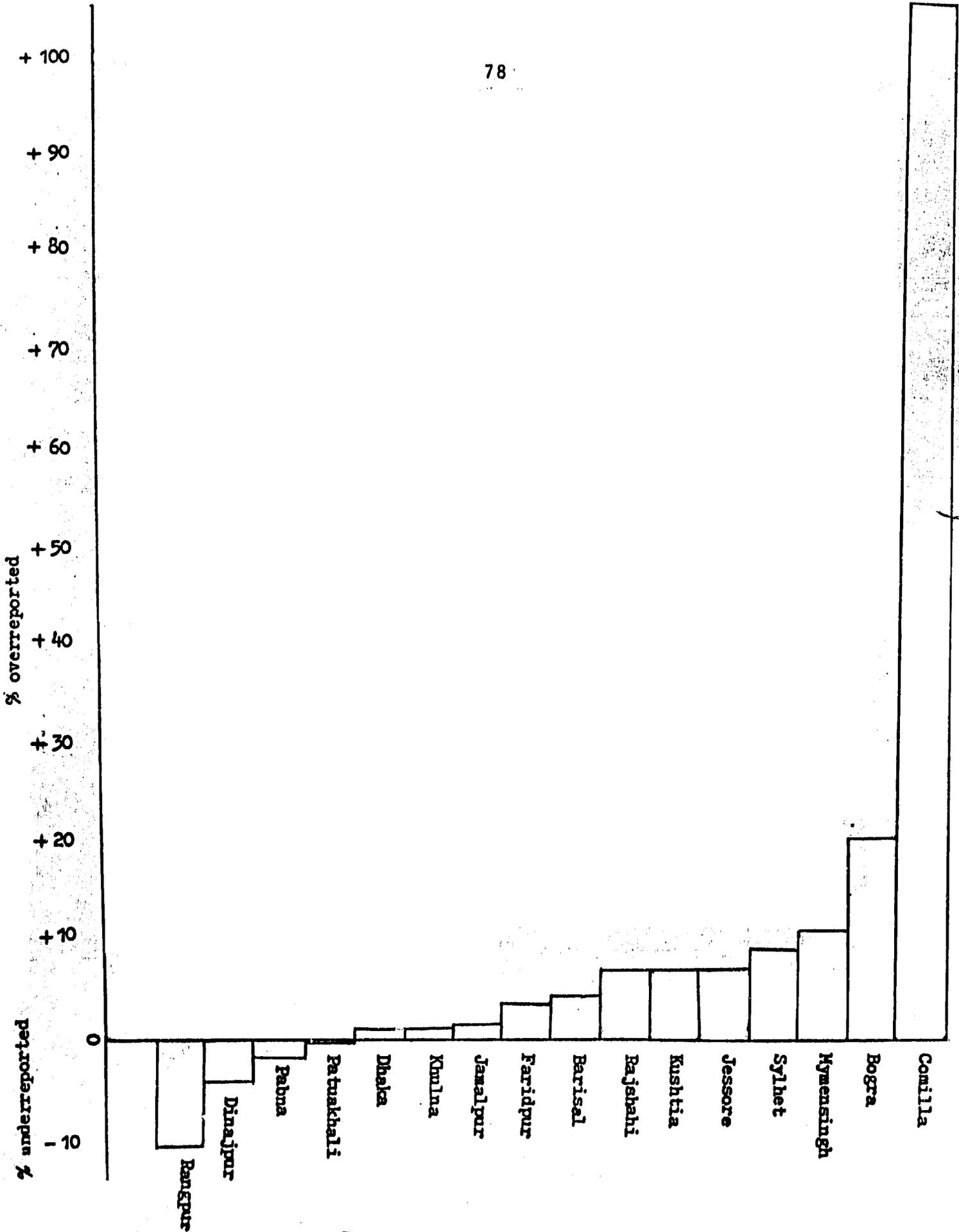


Figure 3: Percent variations between clinic registers and MIS reported figures of IUD by district for 51 complete upazilas.

TABLE 20

Variation in Number and Percent of IUD Figures Between
the Clinic Register Figures and the MIS Reported
Figures for 9 "Complete" Urban Upazilas

Name of district	Name of upazila	IUD figures based on clinic register	Clinic register Vs. MIS report	
			Number	Percent
Mymensingh	Kotwali	366	+ 127	+ 34.7
	Netrokona	277	- 21	- 7.6
Jamalpur	Kotwali	1,131	+ 30	+ 2.7
Faridpur	Kotwali	787	+ 29	+ 3.7
Comilla	Kotwali	330	+ 362	+ 111.5
Khulna	Sadar	1,288	+ 64	+ 5.0
Barisal	Pirojpur	951	- 41	- 4.3
Kushtia	Chuadanga	489	- 18	- 3.7
Dinajpur	Thakurgaon	644	- 45	- 7.0
TOTAL:		6,263	+ 493	+ 7.9
Size of underreported cases (-)			125	2.0
Size of overreported cases (+)			618	9.9
Balance			+ 493	+ 7.9

TABLE 21

Inter Tier Variation in Number and Percent of Reported IUD Figures for
42 "Complete" Rural Upazilas

Name of district	Name of upazila	Clinic registers		Clinic reports		Upazila reports		District reports	
		Vs.		Vs.		Vs.		Vs.	
		Clinic reports		Upazila reports		District reports		MIS reports	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Dhaka	Kapashia	0	0.0	+ 6	+ 1.6	+ 6	+ 1.6	0	0.0
	Shibpur	- 18	- 2.9	+ 12	+ 2.0	- 6	- 1.0	0	0.0
	Monohordi	- 1	- 0.4	0	0.0	- 42	- 16.2	0	0.0
	Kaligonj	0	0.0	- 1	- 0.3	+ 7	+ 2.2	0	0.0
	Fatullah	+ 4	+ 0.3	+ 185	+ 15.4	- 119	- 8.6	0	0.0
Mymensingh	Iswargonj	+ 12	+ 3.3	- 7	- 1.9	0	0.0	0	0.0
	Atpara	+ 9	+ 8.5	- 1	- 0.9	0	0.0	0	0.0
Jamalpur	Dewangonj	0	0.0	- 6	- 4.6	+ 9	+ 7.2	0	0.0
	Sribordi	+ 3	+ 0.6	+ 7	+ 1.4	- 32	- 6.3	0	0.0
Sylhet	Bianibazar	- 33	- 6.5	+ 57	+ 11.8	- 28	- 5.2	0	0.0
	Golapgonj	+ 35	+ 7.4	+ 38	+ 7.5	0	0.0	0	0.0
	Jagannathpur	+ 14	+ 12.0	+ 137	+ 104.6	+ 1	+ 0.4	0	0.0
	Kulaura	+ 14	+ 2.7	- 35	- 6.6	- 41	- 8.3	0	0.0
Comilla	Haimchar	+ 52	+ 55.1	+ 9	+ 4.5	0	0.0	0	0.0
Khulna	Kaligonj	0	0.0	- 94	- 28.3	- 104	- 43.7	+ 87	+ 64.9
	Daulatpur	0	0.0	+ 80	+ 25.2	- 35	- 8.8	+ 19	+ 5.2

TABLE 21 (continued)

Name of district	Name of upazila	Clinic registers Vs. Clinic reports		Clinic reports Vs. Upazila reports		Upazila reports Vs. District reports		District reports Vs. MIS reports	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Khulna	Rampal	0	0.0	- 16	- 4.8	- 2	- 0.6	+ 2	+ 0.6
	Morelgonj	- 7	- 1.7	+ 23	+ 5.7	- 103	- 24.3	+ 9	+ 2.8
	Dcaope	0	0.0	+ 141	+ 71.9	- 59	- 17.5	+ 16	+ 5.8
Kushtia	Gangni	0	0.0	- 10	- 3.8	+ 46	+ 18.1	+ 36	+ 12.0
Patuakhali	Bauphal	+ 9	+ 1.9	+ 1	+ 0.2	- 14	- 3.0	+ 2	+ 0.4
Barisal	Borhamuddin	- 4	- 0.6	- 17	- 2.6	- 19	- 3.0	0	0.0
	Kawkhali	- 2	- 0.9	- 10	- 4.3	- 2	- 0.9	0	0.0
	Swarupkathi	+ 5	+ 0.9	+ 145	+ 24.6	+ 49	+ 6.7	0	0.0
Jessore	Lohagara	0	0.0	+ 16	+ 5.4	0	0.0	0	0.0
	Monirampur	0	0.0	+ 121	+ 7.6	0	0.0	0	0.0
Rajshahi	Manda	- 10	- 4.4	+ 27	+ 12.4	- 7	- 2.9	+ 6	+ 2.5
Dinajpur	Debigonj	+ 10	+ 3.7	+ 15	+ 5.3	0	0.0	0	0.0
	Boda	0	0.0	- 10	- 2.3	- 4	- 1.0	0	0.0
	Baliadanga	+ 1	+ 0.2	- 16	- 3.4	- 1	- 0.2	0	0.0
	Pirgonj	+ 3	+ 0.9	- 27	- 8.2	0	0.0	0	0.0
	Nowabgonj	0	0.0	- 55	- 16.9	0	0.0	0	0.0
	Birol	+ 3	+ 0.8	- 7	- 1.9	- 5	- 1.4	0	0.0

TABLE 21 (continued)

Name of district	Name of upazila	Clinic registers		Clinic reports		Upazila reports		District reports	
		Vs.		Vs.		Vs.		Vs.	
		Clinic reports		Upazila reports		District reports		MIS reports	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Bogra	Khetlal	0	0.0	- 10	- 4.4	+ 34	+ 15.7	- 35	- 13.9
	Nandigram	0	0.0	- 16	- 7.1	+ 7	+ 3.3	0	0.0
	Sariakandi	- 105	- 16.3	+ 312	+ 57.7	+ 36	+ 4.2	0	0.0
Rangpur	Kishoregonj	+ 51	+ 12.3	- 15	- 3.2	+ 25	+ 5.5	0	0.0
	Badargonj	- 38	- 6.0	+ 86	+ 14.4	0	0.0	- 118	- 17.2
	Mithapukur	- 5	- 0.6	- 175	- 21.6	0	0.0	0	0.0
	Bhurungamari	- 32	- 7.9	- 56	- 14.9	- 4	- 1.3	0	0.0
	Gobindagonj	+ 16	+ 2.2	- 24	- 3.2	- 6	- 0.8	- 34	- 4.7
Pabna	Iswardi	+ 16	+ 2.4	- 59	- 8.8	+ 21	+ 3.4	+ 7	+ 1.1
TOTAL:		+ 2		+ 751		- 392		- 3	
Size of underreported cases (-)		255	1.4	667	3.6	633	3.3	187	1.0
Size of overreported cases (+)		257	1.4	1,418	7.7	241	1.3	184	1.0
Balance		+ 2	0.0	+ 751	+ 4.1	- 392	- 2.0	- 3	0.0

Note: Clinic register figure = 18,500
Clinic reported figure = 18,502
Upazila reported figure = 19,253
District reported figure = 18,861
MIS reported figure = 18,858

TABLE 22

Inter Tier Variation in Number and Percent of Reported IUD
Figures for 9 "Complete" Urban Upazilas

Name of district	Name of upazila	Clinic register Vs. Clinic report		Clinic report Vs. Upazila report		Upazila report Vs. District report		District report Vs. MIS report	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
		Faridpur	Kotwali	- 43	- 6.2	+ 31	+ 4.2	+ 47	+ 6.1
Jamalpur	Kotwali	- 15	- 1.3	- 4	- 0.4	+ 49	+ 4.4	0	0.0
Mymensingh	Kotwali	+ 10	+ 2.7	+ 167	+ 44.4	- 50	- 9.2	0	0.0
	Netrokona	- 7	- 2.5	- 9	- 3.3	- 5	- 1.9	0	0.0
Comilla	Kotwali	0	0.0	+ 128	+ 38.8	+ 78	+ 17.0	+ 162	+ 30.2
Khulna	Sadar	0	0.0	- 200	- 15.5	+ 264	+ 24.3	0	0.0
Kushtia	Chuadanga	0	0.0	- 18	- 5.7	0	0.0	0	0.0
Barisal	Pirojpur	- 30	- 3.2	+ 23	+ 2.3	- 34	- 3.6	0	0.0
Dinajpur	Thakurgaon	+ 8	+ 1.2	- 53	- 8.1	0	0.0	0	0.0
TOTAL:		- 83		+ 65		+ 349		+ 162	
Size of underreported cases (-)		101	1.6	284	4.6	89	1.4	Nil	0.0
Size of overreported cases (+)		18	0.3	349	5.6	438	6.9	162	2.5
Balance		- 83	+ 1.3	+ 65	+ 1.0	+ 349	+ 5.5	+ 162	+ 2.5

Note: Clinic register figure = 6,263
 Clinic reported figure = 6,180
 Upazila reported figure = 6,245
 District reported figure = 6,594
 MIS reported figure = 6,756

TABLE 23

IUD Performance Figures of Both Insertion and
Referral of 11 Sampled NGOs According to
the Reports of Different
Reporting Tiers

Reporting Tiers	IUD performance figures of both insertion and referral
<u>A. NGO Channel</u>	
Register figure	9,599
NGO reported figure to NGO headquarters	9,938
Headquarters reported figure to the MIS	10,035
MIS reported figure in the monthly report annexures	8,449
<u>B. Government Channel</u>	
NGO reported figure to the concerned district	7,786
District reported figure to the MIS	4,887

TABLE 24

IUD Insertion Figures of 6 Sampled NGOs Who
 Inserted IUDs But Did Not Refer Any

Reporting Tiers	IUD insertion figures
<u>A. NGO Channel</u>	
Register figure	8,050
NGO reported figure to NGO headquarters	8,389
Headquarters reported figure to the MIS	8,483
MIS reported figure in the monthly report annexures	6,941
<u>B. Government Channel</u>	
NGO reported figure to the concerned district	6,237
District reported figure to the MIS	4,017

TABLE 25

**IUD Referral Cases of 4 Sampled NGOs Who Referred
IUD Cases But Did Not Insert Any**

Reporting Tiers	IUD referral figures
<u>A. NGO Channel</u>	
Register figure	581
NGO reported figures to NGO headquarters	581
Headquarters reported figure to the MIS	584
MIS reported figure in the monthly report annexures	540
<u>B. Government Channel</u>	
NGO reported figure to the concerned district	581
District reported figure to the MIS	174

TABLE 26

**Size of Underreported and Overreported IUD Performance
of Both Insertion and Referral of 11 Sampled
NGOs at Different Reporting Tiers**

Comparing Tiers	Number of performance underreported in 11 NGOs	Number of performance overreported in 11 NGOs	Balance
A. NGO Channel			
Register figure Vs. Reported figure to NGO headquarters	0	339	+ 339
Reported figure to NGO head- quarters Vs. Headquarters reports to MIS	3	100	+ 97
Headquarters reports to MIS Vs. MIS reports	1,814	228	- 1,586
B. Government Channel			
Register figure Vs. Reported figure to concerned district	1,850	37	- 1,813
Reported figure to districts Vs. District reported figure to the MIS	2,899	0	- 2,899

Note: Register figures (insertions and referrals) = 9,599
 NGO reported figures to the NGO headquarters = 9,938
 Headquarters reported figures to the MIS = 10,035
 MIS reported figures = 8,449
 NGO reported figures to concerned district = 7,786
 District reported figures to the MIS = 4,887

TABLE 27

Size of Underreported and Overreported IUD Insertion Cases
of 6 Sampled NGOs Who Inserted IUDs But Did Not Refer
Any at Different Reporting Tiers

Comparing Tiers	Number of insertions underreported in 6 NGOs	Number of insertions overreported in 6 NGOs	Balance
A. NGO Channel			
NGO register figure Vs. NGO reported figure to NGO headquarters	0	339	+ 339
NGO reported figure to NGO headquarters Vs. Headquarters reported figure to the MIS	0	94	+ 94
Headquarters reported figure to the MIS Vs. MIS reported figure in the monthly report annexures	1,770	228	- 1,542
B. Government Channel			
NGO register figure Vs. NGO reported figure to concerned district	1,850	37	- 1,813
NGO reported figure to concerned district Vs. District reported figure to the MIS	2,220	0	- 2,220

Note: Register figure = 8,050
 NGO reported figure to NGO headquarters = 8,389
 Headquarters reported figure to the MIS = 8,483
 MIS reported figure in the monthly
 report annexures = 6,941
 NGO reported figure to concerned district = 6,237
 District reported figure to the MIS = 4,017

TABLE 28

**Size of Underreported and Overreported IUD Referral Cases of
4 Sampled NGOs at Different Reporting Tiers**

Comparing Tiers	Number of referral cases underreported in 4 NGOs	Number of referral cases overreported in 4 NGOs	Balance
A. NGO Channel			
NGO register figure Vs. NGO reported figure to NGO headquarters	0	0	0
NGO reported figure to NGO headquarters Vs. Headquarters reported figure to the MIS	3	0	+ 3
Headquarters reported figure to the MIS Vs. MIS reported figure in the monthly report annexures	44	0	- 44
B. Government Channel			
NGO register figure Vs. NGO reported figure to the concerned district	0	0	0
NGO reported figure to the concerned district Vs. District reported figure to the MIS	407	0	- 407

Note: Register figure = 581
 NGO reported figure to NGO headquarters = 581
 NGO headquarters reported figure to the MIS = 584
 MIS reported figure in the monthly report annexure = 540
 NGO reported figure to the concerned district = 581
 District reported figure to the MIS = 174

TABLE 29

Inter Tier Number and Percent Variation of IUD Performance
(Insertion and Referral Together) of 11 Sampled NGOs

Comparing Tiers	Variation in number	Variation in percentage	Standard error
<u>A. NGO Channel</u>			
Register figure Vs. NGO reported figure to NGO headquarters	+ 339	+ 3.5	0.2
NGO reported figure to NGO headquarters Vs. Headquarters reported figure to the MIS	+ 97	+ 1.0	0.1
Headquarters reported figure to the MIS Vs. MIS reported figure in the monthly report annexures	- 1,586	- 15.8	0.4
<u>B. Government Channel</u>			
NGO register figure Vs. NGO reported figure to concerned district	- 1,813	- 18.9	0.4
NGO reported figure to concerned district Vs. District reported figure to the MIS	- 2,899	- 37.2	0.5
<hr/>			
Not: Register figure		= 9,599	
NGO reported figure to NGO headquarters		= 9,938	
Headquarters reported figure to the MIS		= 10,035	
MIS reported figure in the monthly report annexures		= 8,449	
NGO reported figure to the concerned district		= 7,786	
District reported figure to the MIS		= 4,887	

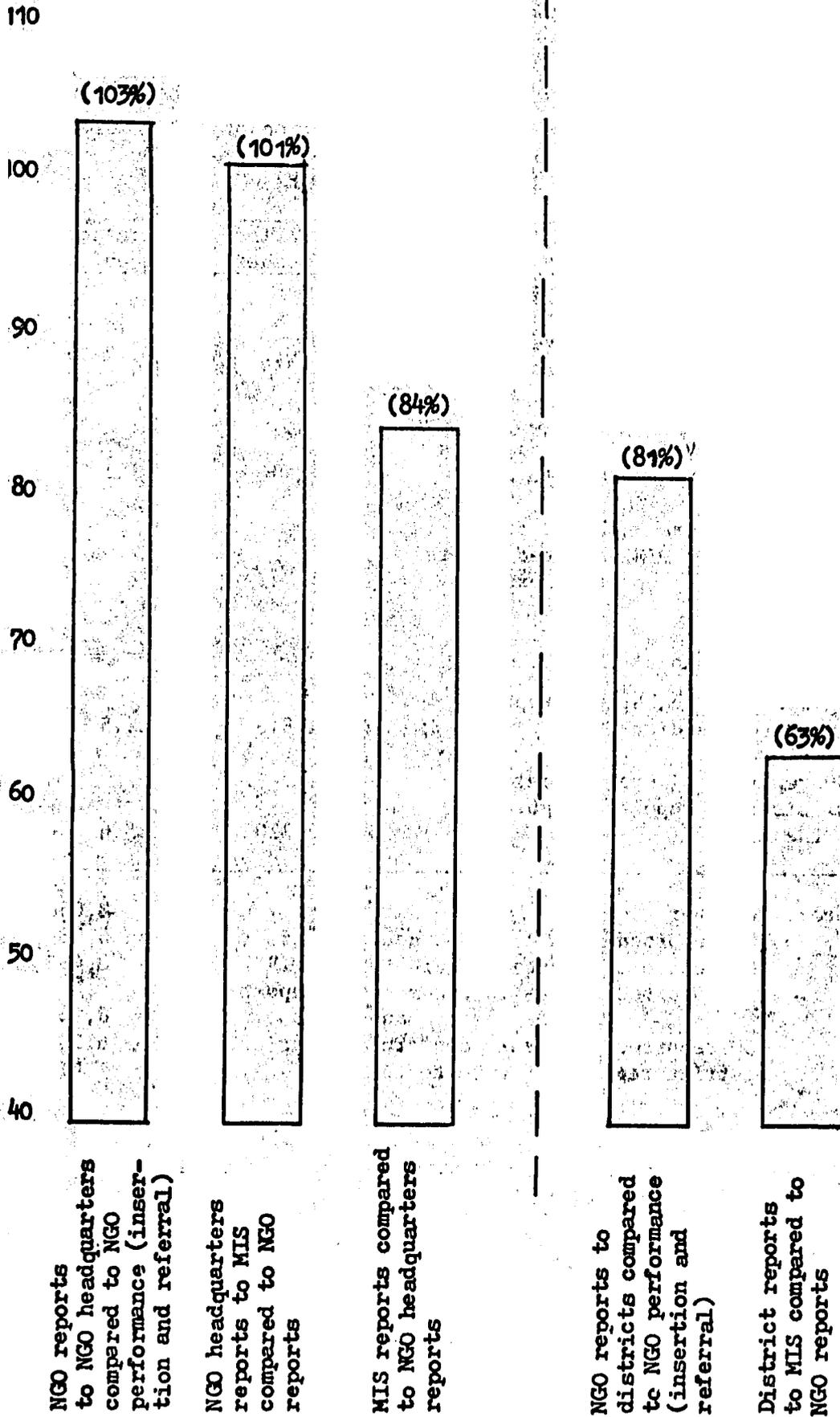


Figure 4: Variation in IUD figures of NGO at different reporting tiers.

TABLE 30

Inter Tier Number and Percent Variation of IUD Insertion
Figure of 6 Sampled NGOs Who Inserted IUDs
But Did Not Refer Any

Tiers	Variation in number	Variation in percentage	Standard error
A. NGO Channel			
Register figure Vs. NGO reported figure to NGO headquarters	+ 339	+ 4.2	0.2
NGO reported figure to NGO headquarters Vs. NGO headquarters reported figure to the MIS	+ 94	+ 1.1	0.1
NGO headquarters reported figure to the MIS Vs. MIS reported figure in the monthly report annexures	- 1,542	- 18.2	0.4
B. Government Channel			
Register figure Vs. NGO reported figure to the district	- 1,813	- 22.5	0.5
NGO reported figure to district Vs. District reported figure to the MIS	- 2,220	- 35.6	0.6

Note: Register figure = 8,050
 NGO reported figure to NGO headquarters = 8,389
 Headquarters reported figure to the MIS = 8,483
 MIS reported figure in the monthly report
 annexures = 6,941
 NGO reported figure to concerned district = 6,237
 District reported figure to the MIS = 4,017

TABLE 31

Inter Tier Number and Percent Variation of IUD Referral
Figure of 4 Sampled NGOs Who Referred IUDs
But Did Not Refer Any

Tiers	Variation in number	Variation in percentage	Standard error
A. NGO Channel			
Register figure Vs. NGO reported figure to NGO headquarters	0	0.0	0.0
NGO reported figure to NGO headquarters Vs. NGO headquarters reported figure to the MIS	+ 3	+ 0.5	0.3
NGO headquarters reported figure to the MIS Vs. MIS reported figure in the monthly report annexures	- 44	- 7.5	1.1
B. Government Channel			
Clinic register figure Vs. NGO reported figure to district	0	0.0	0.0
NGO reported figure to district Vs. District reported figure to the MIS	- 407	- 70.1	3.5

Note: Register figure = 581
 NGO reported figure to NGO headquarters = 581
 NGO headquarters reported figure to the MIS = 584
 MIS reported figure in the monthly report
 annexures = 540
 NGO reported figure to the concerned district = 581
 District reported figure to the MIS = 174

TABLE 32

Variation in Number and Percent of IUD Performance Figure (Insertion and Referral) of 11 Sampled NGOs Between the NGO Register Figure (Both Insertion and Referral) and the MIS Reported Figure in the Monthly Report Annexures, and District Reported Figure to the MIS

Data source	Figure from 11 NGOs	Variation in number	Variation in percentage	Standard error
A. NGO Channel				
Clinic register (both insertion and referral figure)	9,599			
		- 1,150	- 12.0	0.3
MIS reported figure in the monthly report annexures	8,449			
B. Government Channel				
Clinic register (both insertion and referral figure)	9,599			
		- 4,712	- 49.1	0.5
District reported figure to the MIS	4,887			

TABLE 33

Variation in Number and Percent of IUD Insertion Figure of 6 Sampled NGOs Who Inserted IUDs But Did Not Refer Any, Between the Clinic Register Figure and the Reported Figures in the Annexures of the Monthly Report Annexures, and the District Reported Figure to the MIS

Data source	Figure from 6 NGOs	Variation in number	Variation in percentage	Standard error
A. NGO Channel				
Clinic register figure	8,050	- 1,109	- 13.8	0.4
MIS reported figure in the monthly report annexures	6,941			
B. Government Channel				
Clinic register figure	8,050	- 4,033	- 50.1	0.6
District reported figure to the MIS	4,017			

TABLE 34

IUD Performance Figure (Insertion and Referral) of 11 Sampled NGOs as Reported by Different Tiers in the Reporting Channel of NGO

Name of NGO	No. of clinics	IUD figures based on insertion register	IUD figures based on referral register	IUD insertion and referral figures together	IUD figures reported to NGO head-quarters by NGO	IUD figures reported to the MIS by NGO head-quarters	IUD figures reported in the monthly report annexures of the MIS
Bangladesh Family Planning Association	18	3,470	Nil	3,470	3,796	3,856	2,213
Christian Health Care Project	9	762	Nil	762	762	772	773
Metropolitan Family Planning Satellite Project	4	802	Nil	802	805	827	1,054
Mohammadpur Fertility Services & Training Center	1	1,964	Nil	1,964	1,964	1,965	1,965
RADDA BARNEN	1	463	Nil	463	473	473	423
Community Based Family Planning Service Project	1	589	Nil	589	589	590	513
Concerned Women for Family Planning Dhaka	4	275	693	968	968	968	968

TABLE 34 (continued)

Name of NGO	No. of clinics	IUD figures based on insertion register	IUD figures based on referral register	IUD insertion and referral figures together	IUD figures reported to NGO head-quarters by NGO	IUD figures reported to the MIS by NGO head-quarters	IUD figures reported in the monthly report annexures of the MIS
Kajal Samaj Kalyan Samity	0	Nil	231	231	231	228	228
Umnata Paribar Ghatan Mohila Sangasta	0	Nil	65	65	65	65	65
Kanchan Mohila Samity	0	Nil	198	198	198	204	194
Milon Club	0	Nil	87	87	87	87	53
TOTAL:	38	8,325	1,274	9,599	9,938	10,035	8,449

TABLE 35

IUD Performance Figures (Insertion and Referral) of 11 Sampled NGOs
as Reported by Different Tiers in the Reporting
Channel of the Government

Name of NGO	No. of clinics	IUD figures based on insertion register	IUD figures based on referral register	IUD insertion and referral figures together	IUD figures reported to the concerned district by NGO	IUD figures reported to the MIS by district
Bangladesh Family Planning Association	18	3,470	N11	3,470	2,285	1,104
Christian Health Care Project	9	762	N11	762	97	94
Metropolitan Family Planning Satellite Project	4	802	N11	802	827	488
Mohammadpur Fertility Services & Training Center	1	1,964	N11	1,964	1,965	1,911
RADDA BARNEN	1	463	N11	463	473	196
Community Based Family Planning Service Project	1	589	N11	589	590	224
Concerned Women for Family Planning, Dhaka	4	275	693	968	968	761
Kajal Samaj Kalyan Samity	0	N11	231	231	231	95

TABLE 35 (continued)

Name of NGO	No. of clinics	IUD figures based on insertion register	IUD figures based on referral register	IUD insertion and referral figures together	IUD figures reported to the concerned district by NGO	IUD figures reported to the MIS by district
Umata Paribar Ghatan Mohila Sangasta	0	N11	65	65	65	N11
Kanchan Mohila Samity	0	N11	198	198	198	14
Milon Club	0	N11	87	87	87	N11
TOTAL:	38	8,325	1,274	9,599	7,786	4,887

TABLE 36

IUD Insertion Figure of 6 Sampled NGOs as Reported by Different Tiers in the Reporting Channel of NGO

Name of NGO	No. of clinics	IUD figures based on insertion register	IUD figures reported to NGO head-quarters by NGO	IUD figures reported to the MIS by NGO head-quarters	IUD figures reported in the monthly report annexure of the MIS
Bangladesh Family Planning Association	18	3,470	3,796	3,856	2,213
Christian Health Care Project	9	762	762	772	773
Metropolitan Family Planning Satellite Project	4	802	805	827	1,054
Mohammadpur Fertility Services & Training Center	1	1,964	1,964	1,965	1,965
RADDA BARNEN	1	463	473	473	423
Community Based Family Planning Service Project	1	589	589	590	513
TOTAL:	34	8,050	8,389	8,483	6,941

Note: Concerned Women for Family Planning (CWFP) insert IUDs as well as refer IUD cases. It reports IUD figures combining insertion and referral cases. The insertion or referral figure alone can not therefore be compared at different reporting tiers. So CWFP has been removed from the above table as well as from other similar tables presented next.

TABLE 37

IUD Insertion Figures of 6 Sampled NGOs as Reported by
Different Tiers in the Reporting Channel
of Government

Name of NGO	No. of clinics	IUD figures based on insertion register	IUD figures reported to concerned district by NGO	IUD figures reported to the MIS by district
Bangladesh Family Planning Association	8	3,470	2,285	1,104
Christian Health Care Project	9	762	97	94
Metropolitan Family Planning Satellite Project	4	802	827	488
Mohammadpur Fertility Services & Training Center	1	1,964	1,965	1,911
RADDA BARNEN	1	463	473	196
Community Based Family Planning Service Project	1	589	590	224
TOTAL:	34	8,050	6,237	4,017

TABLE 38

IUD Referral Figures of 4 Sampled NGOs as Reported by
Different Tiers in the Reporting Channel of NGO

Name of NGO	No. of clinics	IUD figures based on referral register	IUD referral figures reported to NGO head-quarters by NGO	IUD referral figures reported to the MIS by NGO head-quarters	IUD figures reported in the monthly report annexure of the MIS
Kajal Samaj Kalyan Samity	0	231	231	228	228
Unnata Paribar Ghatan Mohila Sangasta	0	65	65	65	65
Kanchan Mohila Samity	0	198	198	204	194
Milon Club	0	87	87	87	53
TOTAL:	0	581	581	584	540

TABLE 39

IUD Performance Figures (Referral Only) of 4 Sampled NGOs
as Reported by Different Tiers in the Reporting
Channel of the Government

Name of NGO	No. of clinics	IUD figures based on referral register	IUD referral figures reported to the concerned district by NGO	IUD referral figures reported to the MIS by district
Kajal Samaj Kalyan Samity	0	231	231	95
Unnata Paribar Ghatan Mohila Sangasta	0	65	65	65
Kanchan Mohila Samity	0	198	198	14
Milon Club	0	87	87	Nil
TOTAL:	0	581	581	174

TABLE 40

Inter Tier Variation in Number and Percent of Reported IUD
Performance (Insertion and Referral) of 11
Sampled NGOs in the NGO Channel

Name of NGO	IUD performance (insertion and referral) figures of NGOs Vs. NGO reported figures (insertion and referral) to NGO headquarters		NGO reported figures (insertion & referral) to NGO headquarters Vs. NGO headquarters reported figure to the MIS		NGO headquarters reported figures to the MIS Vs. MIS reported figures (insertion & referral) in the MIS monthly report annexures	
	Number	Percent	Number	Percent	Number	Percent
Bangladesh Family Planning Association	+ 326	+ 9.4	+ 60	+ 1.6	- 1 643	- 42.6
Christian Health Care Project	0	0.0	+ 10	+ 1.3	+ 1	+ 0.1
Metropolitan Family Planning Satellite Project	+ 3	+ 0.4	+ 22	+ 2.7	+ 227	+ 27.4
Mohammadpur Fertility Service & Training Center	0	0.0	+ 1	+ 0.1	0	0.0
RADDA BARNEN	+ 10	+ 2.2	0	0.0	- 50	- 10.6
Community Based Family Planning Service Project	0	0.0	+ 1	+ 0.2	- 77	- 13.1
Concerned Women for Family Planning Dhaka	0	0.0	0	0.0	0	0.0

TABLE 40 (continued)

Name of NGO	IUD performance (insertion and referral) figures of NGOs Vs. NGO reported figures (insertion and referral) to NGO headquarters		NGO reported figures (insertion & referral) to NGO headquarters Vs. NGO headquarters reported figures to the MIS		NGO headquarters reported figures to the MIS Vs. MIS reported figures (insertion & referral) in the MIS monthly report annexures	
	Number	Percent	Number	Percent	Number	Percent
Kajal Samaj Kalyan Samity	0	0.0	- 3	- 1.3	0	0.0
Unnata Paribar Ghatan Mohila Sangasta	0	0.0	0	0.0	0	0.0
Kanchan Mohila Samity	0	0.0	+ 6	+ 3.0	- 10	- 4.9
Milon Club	0	0.0	0	0.0	- 34	- 39.1
TOTAL:	+ 339		+ 97		- 1,586	
Size of underreported cases (-)	0		3	0.0	1,814	18.1
Size of overreported cases (+)	339	3.5	100	1.0	228	2.3
Balance	+ 339	+ 3.5	+ 97	+ 1.0	- 1,586	- 15.8

TABLE 41

Inter Tier Variation in Number and Percent of Reported IUD Performance (Insertion and Referral) of 11 Sampled NGOs in the Government Channel

Name of NGO	IUD performance figures (insertion and referral) of NGOs Vs. NGO reported figures (insertion and referral) to the concerned district		NGO reported figures (insertion and referral) to the concerned district Vs. district reported figures (insertion and referral) to the MIS	
	Number	Percent	Number	Percent
Bangladesh Family Planning Association	- 1,185	- 34.1	- 1,181	- 51.7
Christian Health Care Project	- 665	- 87.3	- 3	- 3.1
Metropolitan Family Planning Satellite Project	+ 25	+ 3.1	- 339	- 42.0
Mohammadpur Fertility Service & Training Center	+ 1	+ 0.1	- 54	- 2.7
RADDA BARNEN	+ 10	+ 2.2	- 277	- 58.6
Community Based Family Planning Service Project	+ 1	+ 0.2	- 366	- 62.0
Concerned Women for Family Planning, Dhaka	0	0.0	- 207	- 21.4
Kajal Samaj Kalyan Samity	0	0.0	- 136	- 58.9
Unnata Paribar Ghatan Mohila Sangasta	0	0.0	- 65	- 100.0

TABLE 41 (continued)

Name of NGO	IUD performance figures (insertion and referral) of NGOs Vs. NGO reported figures (insertion and referral) to the concerned district		NGO reported figures (insertion and referral) to the concerned district Vs. district reported figures (insertion and referral) to the MIS	
	Number	Percent	Number	Percent
Kanchan Mohila Samity	0	0.0	- 184	- 92.9
Milon Club	0	0.0	- 87	- 100.0
TOTAL:	- 1,813		- 2,899	
Size of underreported cases (-)	1,850	19.3	2,899	37.2
Size of overreported cases (+)	37	0.4	0	0.0
Balance	- 1,813	- 18.9	- 2,899	- 37.2

TABLE 42

Inter Tier Number and Percent Variation of Reported IUD Insertion
Figures of 6 Sampled NGOs Considering the NGO Reporting Channel

Name of NGO	IUD insertion figures of NGOs Vs. NGO reported figures to NGO head- quarters		NGO reported figures to NGO headquarters Vs. NGO headquarters reported figures to the MIS		NGO headquarters reported figures to the MIS Vs. MIS reported figures in the monthly report annexures	
	Number	Percent	Number	Percent	Number	Percent
Bangladesh Family Planning Association	+ 326	+ 9.4	+ 60	+ 1.6	- 1,643	- 42.6
Christian Health Care Project	0	0.0	+ 10	+ 1.3	+ 1	+ 0.1
Metropolitan Family Planning Satellite Project	+ 3	+ 0.4	+ 22	+ 2.7	+ 227	+ 27.4
Mohammadpur Fertility Service & Training Center	0	0.0	+ 1	+ 0.1	0	0.0
RADDA BARNEN	+ 10	+ 2.2	0	0.0	- 50	- 10.6
Community Based Family Planning Service Project	0	0.0	+ 1	+ 0.2	- 77	- 13.1
TOTAL:	+ 339		+ 94		- 1,542	

TABLE 42 (continued)

Name of NGO	IUD insertion figures of NGOs Vs. NGO reported figures to NGO headquarters		NGO reported figures to NGO headquarters Vs. NGO headquarters reported figures to the MIS		NGO headquarters reported figures to the MIS Vs. MIS reported figures in the monthly report annexures	
	Number	Percent	Number	Percent	Number	Percent
Size of underreported cases (-)	0	0.0	0	0.0	1,770	20.9
Size of overreported cases (+)	339	4.2	94	1.1	228	2.7
Balance	+ 339	+ 4.2	+ 94	+ 1.1	1,542	- 18.2

Note: Register figure = 8,050
 NGO reported figure to NGO headquarters = 8,389
 Headquarters reported figure to the MIS = 8,483
 MIS reported figure in the monthly report annexures = 6,941

TABLE 43

**Inter Tier Number and Percent Variation of Reported IUD Insertion Figures
of 6 Sampled NGOs Considering the Government Reporting Channel**

Name of NGO	IUD insertion figures to NGOs Vs. NGO reported figures to concerned district		NGO reported figure to concerned district Vs. district reported figures to the MIS	
	Number	Percent	Number	Percent
Bangladesh Family Planning Association	- 1,185	- 34.1	- 1,181	- 51.7
Christian Health Care Project	- 665	- 87.2	- 3	- 3.1
Metropolitan Family Planning Satellite Project	+ 25	+ 3.1	- 339	- 41.0
Mohammadpur Fertility Service and Training Center	+ 1	+ 0.1	- 54	- 2.7
RADDA BARNEN	+ 10	+ 2.2	- 277	- 58.6
Community Based Family Planning Service Project	+ 1	+ 0.2	- 366	- 62.0
TOTAL:	- 1,813		- 2,220	
Size of underreported cases (-)	1,850	23.0	2,220	35.6
Size of overreported cases (+)	37	0.5	0	0.0
Balance	+ 1,813	+ 22.5		+ 35.6

Note: Register figure = 8,050
 NGO reported figure to concerned district = 6,237
 District reported figure to the MIS = 4,017

TABLE 44

Inter Tier Number and Percent Variation of Reported IUD Referral Figures of 4 Sampled NGOs Considering the NGO Reporting Channel

Name of NGO	IUD referral figures of NGOs Vs. NGO reported figures to the NGO headquarters		NGO reported figures to the NGO headquarters Vs. NGO headquarters reported figure to the MIS		NGO headquarters reported figure to the MIS Vs. MIS reported figure in the monthly report annexures	
	Number	Percent	Number	Percent	Number	Percent
Kajal Samaj Kalyan Samity	0	0.0	- 3	- 1.3	0	0
Unnata Paribar Ghatan Mohila Sangasta	0	0.0	0	0.0	0	0.0
Kanchan Mohila Samity	0	0.0	+ 6	0.0	10	4.9
Milon Club	0	0.0	0	0.0	34	39.1
TOTAL:	0		+ 3		- 44	
Size underreported (-)	0	0.0	3	0.5	44	7.5
Size overreported (+)	0	0.0	0	0.0	0	0.0
Balance	0	0.0	+ 3	0.5	- 44	- 7.5

Note: Register figure = 581
 NGO reported figure to NGO headquarters = 581
 NGO headquarters reported figure to the MIS = 584
 MIS reported figure in the monthly report annexures = 540

TABLE 45

Inter Tier Number and Percent Variation of Reported IUD Referral
Figures of 4 Sampled NGOs Considering
the Government Reporting Channel

Name of NGO	IUD referral figures of NGOs Vs. NGO reported figure to concerned district		NGO reported figure to concerned district Vs. district reported figure to the MIS	
	Number	Percent	Number	Percent
Kajal Samaj Kalyan Samity	0	0.0	- 136	- 38.9
Unnata Paribon Ghatan Mohila Sangasta	0	0.0	0	- 100.0
Kanchan Mohila Samity	0	0.0	- 184	- 92.9
Milon Club	0	0.0	- 87	- 100.0
TOTAL:	0		- 407	
Size underreported (-)	0	0.0	407	70.1
Size overreported (+)	0	0.0	0	70.1
Balance	0	0.0	407	70.1

Note: Register figure = 581
NGO reported figure to the concerned district = 581
District reported figure to the MIS = 174

TABLE 46

Variation in Number and Percent of IUD Performance Figures (Insertion and Referral) of 11 Sampled NGOs Between the NGO Register Figure (Both Insertion and Referral) and the MIS Reported Figures in the Monthly Report Annexures

Column 1 Name of NGO	Column 2 IUD performance figure based on clinic insertion register and referral register	Column 3 IUD performance figures (both insertion & referral) reported in the monthly report annexures	Column 4 Column 2 Vs. Column 3 (Col. 3 - Col. 2)	
			Number	Percent
Bangladesh Family Planning Association	,470	2,213	- 1,257	- 36.2
Christian Health Care Project	762	773	+ 11	+ 1.4
Metropolitan Family Planning Satellite Project	802	1,054	+ 252	+ 31.4
Mohammadpur Fertility Services & Training Center	,964	1,965	+ 1	+ 0.1
RADHA BARNEN	463	423	- 40	- 8.6
Community Based Family Planning Service Project	589	513	- 76	- 12.9
Concerned Women for Family Planning*	968	986	0	0.0

TABLE 46 (continued)

Column 1	Column 2	Column 3	Column 4	
			Column 2 Vs. Column 3 (Col. 3 - Col. 2)	
Name of NGO	IUD performance figure based on clinic insertion register and referral register	IUD performance figures (both insertion & referral) reported in the monthly report annexures	Number	Percent
Kajal Samaj Kalyan Samity	231	228	- 3	- 1.3
Unnata Paribar Ghatan Mohila Sangasta	65	65	0	0.0
Kanchan Mohila Samity	198	194	- 4	+ 2.0
Milon Club	87	53	- 34	- 39.1
TOTAL:	9,599	8,449	- 1,150	
Size of underreported cases (-)			1,414	14.7
Size of overreported cases (+)			264	2.7
Balance			- 1,150	12.0

* Concerned Women for Family Planning (CWFP) has branches outside Dhaka district but during the reference of the study none of those branches had inserted IUDs, they, however, referred cases. We did not therefore consider those outside branches in our study

TABLE 47

Variation in Number and Percent of IUD Performance Figures (Insertion and Referral) of 11 Sampled NGOs Between the NGO Register Figure (Both Insertion and Referral) and the District Reported to the MIS for 11 Sampled NGOs

Column 1 Name of NGO	Column 2 IUD performance figures based on clinic insertion register and referral register	Column 3 IUD performance figures (both insertion & referral) reported by the district to the MIS	Column 4 Column 2 Vs. Column 3 (Col. 3 - Col. 2)	
			Number	Percent
Bangladesh Family Planning Association	,470	1,104	2,366	- 68.2
Christian Health Care Project	762	94	668	- 87.7
Metropolitan Family Planning Satellite Project	802	488	314	- 39.2
Mohammadpur Fertility Service & Training Center	,964	1,911	53	- 2.7
RADDA BARNEN	463	196	267	- 57.7
Community Based Family Planning Service Project	589	224	365	- 62.0
Concerned Women for Family Planning, Dhaka	968	761	207	- 21.4

TABLE 47 (continued)

Column 1	Column 2	Column 3	Column 4	
Name of NGO	IUD performance figures based on clinic insertion register and referral register	IUD performance figures (both insertion & referral) reported by the district to the MIS	Column 2 Vs. Column 3 (Col. 3 - Col. 2)	
			Number	Percent
Kajal Samaj Kalyan Samity	231	95	- 136	- 58.9
Umata Paribar Ghatan Mohila Sangasta	65	Nil	- 65	- 100.0
Kanchan Mohila Samity	198	14	- 184	- 92.9
Milon Club	87	Nil	- 87	- 100.0
TOTAL:	9,599	4,887	- 4,712	
Size of underreported cases (-)			- 4,712	- 49.1
Size of overreported cases (+)			0	0.0
Balance			- 4,712	- 49.1

TABLE 48

Variation in Number and Percent of IUD Performance Figures of 6 Sampled NGOs Between the Clinic Register Figures and the Reported Figures in the MIS Monthly Report Annexures

Column 1 Name of NGO	Column 2 IUD insertion figures based on clinic register	Column 3 IUD insertion figures as in the annexures of the MIS monthly report	Column 4 Column 3 - Column 2	
			Number	Percent
Bangladesh Family Planning Association	3,470	2,213	- 1,257	- 36.2
Christian Health Care Project	762	773	+ 11	+ 1.4
Metropolitan Family Planning Satellite Project	802	1,054	+ 252	+ 31.4
Mohammadpur Fertility Service & Training Center	1,964	1,965	+ 1	+ 0.1
RADDA BARNEN	463	423	- 40	- 8.6
Community Based Family Planning Service Project	589	513	- 76	- 12.9
TOTAL:	8,050	6,941	- 1,109	
Size of underreported cases (-)			1,373	17.1
Size of overreported cases (+)			264	3.3
Balance			- 1,109	- 13.8

TABLE 49

Variation in Number and Percent of IUD Insertion Figures of 6 Sampled NGOs
Between the Clinic Register Figures and the District
Reported Figures to the MIS

Column 1 Name of NGO	Column 2 IUD insertion figures based on clinic register	Column 3 IUD insertion figures reported by the district to the MIS	Column 4 Column 2 Vs. Column 3 (Col. 3 - Col. 2)	
			Number	Percent
Bangladesh Family Planning Association	3,470	1,104	- 2,366	- 68.2
Christian Health Care Project	762	94	- 668	- 87.7
Metropolitan Family Planning Satellite Project	802	488	- 314	- 39.2
Mohammadpur Fertility Service & Training Center	1,964	1,911	- 53	- 2.7
RADDA BARNEN	463	196	- 267	- 57.7
Community Based Family Planning Service Project	589	224	- 365	- 62.0
TOTAL:	8,050	4,017	- 4,033	
Size of underreported cases (-)			4,033	50.1
Size of overreported cases (+)			0	0.0
Balance			- 4,033	- 50.1

TABLE 50

Distribution of Months in Which Reimbursement Programs
Began in the Clinics by Types of Clinic

Month	Rural Govt. clinic No.	Urban Govt. clinic No.	Rural & urban combined			NGO No.
			No.	Cumulated number	Cumulative percentage	
June 1982	23	12	35	35	6.9	3
July 1982	65	6	71	106	20.9	N11
August 1982	20	4	24	130	25.7	N11
September 1982	9	5	14	144	28.5	N11
October 1982	7	3	10	154	30.4	N11
November 1982	23	17	40	194	38.3	N11
December 1982	5	12	17	211	41.7	N11
January 1983	13	5	18	229	45.3	1
February 1983	9	1	10	239	47.2	N11
March 1983	2	4	6	245	48.4	N11
April 1983	12	3	15	260	51.4	N11
May 1983	15	2	17	277	54.7	3
June 1983	36	13	49	326	64.4	1
July 1983	7	12	19	345	68.2	1
August 1983	6	2	8	353	69.8	3
September 1983	18	1	19	372	73.5	2
October 1983	12	6	18	390	77.4	2
November 1983	20	1	21	411	81.2	5
December 1983	3	3	6	417	82.4	1
January 1984	2	N11	2	419	82.8	2
February 1984	1	9	10	429	84.8	N11
March 1984	N11	4	4	433	85.6	N11
<u>Fund not received yet</u>	<u>13</u>	<u>2</u>	<u>15</u>	<u>448</u>	<u>88.5</u>	<u>14</u>
Clinic could not specify the date	38	7	45	493	97.4	4
Not available	12	1	13	506	100.0	4
TOTAL:	371	135	506			41

TABLE 51

Number and Percent Distribution of Reported IUD Acceptors Selected
for Interview According to Their Interview Status

Interview status	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Successfully Interviewed										
- Clients reported they had IUD	2,119	(74.3)	682	(69.0)	2,801	(72.9)	199	(44.1)	3,000	(69.9)
- Clients reported they did not have the reference IUD ¹	45	(1.6)	3	(0.3)	48	(1.3)	0	(0.0)	48	(1.1)
- Clients reported they did never have IUD	95	(3.3)	25	(2.5)	120	(3.1)	7	(1.5)	127	(3.0)
	2,259	(79.2)	710	(71.8)	2,969	(77.3)	206	(45.6)	3,175	(74.0)
Not Interviewed										
Clients not available at home or moved away	313	(10.9)	130	(13.1)	443	(11.5)	87	(19.3)	530	(12.3)

TABLE 51 (continued)

Interview status	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
- Apparently complete address but either clients could not be found address or the addresses could not be traced	233	(8.2)	101	(10.2)	334	(8.7)	26	(5.8)	360	(8.4)
- Incomplete addresses and not traceable	2	(0.1)	25	(2.5)	27	(0.7)	132	(29.3)	159	(3.7)
- Interview not attempted (see text for explanation)	30	(1.1)	17	(1.7)	47	(1.2)	0	(0.0)	47	(1.1)
- Others (died, refused to be interviewed, partially interviewed)	15	(0.5)	6	(0.6)	21	(0.5)	0	(0.0)	21	(0.5)
TOTAL:	2,852	(100.0)	989	(100.0)	3,841	(100.0)	451	(100.0)	4,292	(100.0)

TABLE 51 (continued)

- Note: False cases include:
- a) Clients who reported they did not have the reference IUD (1.1%).
 - b) Clients who reported they did never have IUD (3.0%).
 - c) 50% of the clients whose addresses were complete but client could not be traced out in the given address (4.2%). Please see text for justification.

∴ Percentage of false cases = 8.3
Standard error = 0.5

¹ The client received an IUD but not on the date mentioned in the clinic record. Such a case was considered as a fault entry in the clinic IUD register. It may be noted that if a client reported date of receipt an IUD and clinic recorded date for the same varied, we accepted the client reported date only if the client could produce a document to the interviewer in favour of her statement or if she was sure about the date she had given. In such a case we also considered the impression of the interviewer. In case a client was found to be confused about the date, and the interviewer's judgement was not against that she had the reference IUD, we took her as the reference IUD acceptor irrespective of the extent of variation between the client reported and clinic recorded dates. Again, if a client was found to have only one IUD in her reproductive life but her reported and clinic recorded dates varied, we took her as the reference IUD acceptor if the two dates were within the reference period.

TABLE 52

Number and Percent Distribution of IUD Acceptors by the Month of Insertion of IUD and by Clinic Status

Month of insertion	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
July 1982	94	(4.4)	7	(1.0)	101	(3.6)	1	(0.5)	102	(3.4)
August 1982	82	(3.9)	21	(3.1)	103	(3.7)	8	(4.0)	111	(3.7)
September 1982	120	(5.7)	31	(4.6)	151	(5.4)	9	(4.5)	160	(5.3)
October 1982	129	(6.1)	46	(6.7)	175	(6.3)	4	(2.0)	179	(6.0)
November 1982	123	(5.8)	47	(6.9)	170	(6.1)	15	(7.5)	185	(6.2)
December 1982	139	(6.6)	34	(5.0)	173	(6.2)	17	(8.5)	190	(6.3)
January 1983	127	(6.0)	48	(7.0)	175	(6.3)	10	(5.0)	185	(6.2)
February 1983	154	(7.3)	40	(5.9)	194	(6.9)	13	(6.5)	207	(6.9)
March 1983	152	(7.2)	43	(6.3)	195	(7.0)	18	(9.1)	213	(7.1)

TABLE 52 (continued)

Month of insertion	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
April 1983	164	(7.7)	37	(5.4)	201	(7.2)	8	(4.0)	209	(7.0)
May 1983	146	(6.9)	59	(8.7)	205	(7.3)	27	(13.6)	232	(7.7)
June 1983	142	(6.7)	57	(8.4)	199	(7.1)	15	(7.5)	214	(7.1)
July 1983	141	(6.7)	61	(8.9)	202	(7.2)	7	(3.5)	209	(7.0)
August 1983	240	(11.3)	77	(11.3)	317	(11.3)	25	(12.6)	342	(11.4)
September 1983	166	(7.8)	74	(10.9)	240	(8.6)	22	(11.1)	262	(8.7)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)

TABLE 53

Number and Percent Distribution of IUD Acceptors
According to Their Religion

Religion	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Muslim	1,680	(79.3)	579	(84.9)	2,259	(80.6)	180	(90.5)	2,439	(81.3)
Hindu	429	(20.3)	100	(14.7)	529	(18.9)	14	(7.0)	543	(18.1)
Christian	7	(0.3)	3	(0.4)	10	(0.4)	4	(2.0)	14	(0.5)
Buddhist	3	(0.1)	0	(0.0)	3	(0.1)	1	(0.5)	4	(0.1)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)

TABLE 54

**Number and Percent Distribution of IUD Acceptors
According to Their Education and
by Clinic Status**

Educational level	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
No schooling	1,235	(58.3)	254	(37.2)	1,489	(53.2)	35	(17.6)	1,524	(50.8)
Primary	546	(25.8)	192	(28.2)	738	(26.3)	48	(24.1)	786	(26.2)
Below Secondary	234	(11.0)	137	(20.1)	371	(13.2)	53	(26.6)	424	(14.1)
Secondary	82	(3.9)	65	(9.5)	147	(5.3)	40	(20.1)	187	(6.2)
Higher Secondary	18	(0.8)	23	(3.4)	41	(1.5)	15	(7.5)	56	(1.9)
Degrees and above	4	(0.2)	11	(1.6)	15	(0.5)	8	(4.0)	23	(0.8)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)
Average	2.3		4.2		2.8		6.7		3.0	

Note: Average educational level was calculated from ungrouped data.

TABLE 55

Number and Percent Distribution of the Husband of the IUD Acceptors
According to Their Education and by Clinic Status

Educational level	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
No schooling	756	(35.7)	147	(21.5)	903	(32.2)	16	(8.0)	919	(30.6)
Primary	504	(23.8)	146	(21.4)	650	(23.2)	22	(11.1)	672	(22.4)
Below Secondary	393	(18.5)	118	(17.3)	511	(18.2)	32	(16.1)	543	(18.1)
Secondary	260	(12.3)	105	(15.4)	365	(13.0)	33	(16.6)	398	(13.3)
Higher Secondary	110	(5.2)	72	(10.6)	182	(6.5)	35	(17.6)	217	(7.2)
Degree and above	83	(3.9)	94	(13.8)	177	(6.3)	61	(30.6)	238	(7.9)
Not stated	13	(0.6)	0	(0.0)	12	(0.5)	0	(0.0)	13	(0.4)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)
Average	4.8		7.0		5.4		9.9		5.7	

Note: Average was calculated from the ungrouped data and excluding the not stated cases.

TABLE 56

Number and Percent Distribution of the Husbands of
the IUD Acceptors by Their Occupation

Occupation of clients' husband	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Service	448	(21.2)	203	(29.8)	651	(23.2)	91	(45.7)	742	(24.7)
Business	500	(23.6)	222	(32.5)	722	(25.8)	80	(40.2)	802	(26.7)
Agriculture	632	(29.8)	110	(16.1)	742	(26.5)	12	(6.0)	754	(25.1)
Daylabor	448	(21.2)	111	(16.3)	559	(20.0)	9	(4.5)	568	(18.9)
Unemployed	40	(1.9)	15	(2.2)	55	(2.0)	1	(0.5)	56	(1.8)
Others	50	(2.3)	21	(3.1)	71	(2.5)	6	(3.0)	77	(2.6)
TOTAL:	2,118^a	(100.0)	682	(100.0)	2,800	(100.0)	199	(100.0)	2,999	(100.0)

^a One case with missing data is excluded from the table.

TABLE 57

Number and Percent Distribution of IUD Acceptors According to
Whether They Earned Cash Money During the
Period of Last One Year

Whether earned cash money	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	196	(9.3)	83	(12.2)	279	(10.0)	13	(6.5)	292	(9.7)
No	1,923	(90.7)	599	(87.8)	2,522	(90.0)	186	(93.5)	2,708	(90.3)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)

Note: Standard error of the percentage of clients who earned money
during the past one year period = 0.5.

TABLE 58

Number and Percent Distribution of IUD Acceptors
by Their Ownership of Cultivable Land by
Clinic Status

Whether own cultivable land	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	1,263	(59.6)	382	(56.0)	1,645	(58.7)	124	(62.3)	1,769	(59.0)
No	856	(40.4)	300	(44.0)	1,156	(41.3)	75	(37.7)	1,231	(41.0)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)

Note: Standard error of the percentage of clients whose family
owned cultivable land = 0.9

TABLE 59

Number and Percent Distribution of IUD Acceptors
by Their Age and by Clinic Status

Age group	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
15 - 19	118	(5.6)	46	(6.7)	164	(5.9)	13	(6.6)	177	(5.9)
20 - 24	536	(25.3)	204	(29.9)	740	(26.4)	60	(30.3)	800	(26.7)
25 - 29	693	(32.7)	225	(33.0)	918	(32.8)	64	(32.3)	982	(32.8)
30 - 34	439	(20.7)	128	(18.8)	567	(20.2)	47	(23.7)	614	(20.5)
35 - 39	252	(11.9)	64	(9.4)	316	(11.3)	12	(6.1)	328	(10.9)
40 - 44	58	(2.7)	12	(1.8)	70	(2.5)	2	(1.0)	72	(2.4)
45 +	22	(1.1)	3	(0.4)	25	(0.9)	0	(0.0)	25	(0.8)
TOTAL:	2,118 ^a	(100.0)	682	(100.0)	2,800	(100.0)	198 ^a	(100.0)	2,998	(100.0)
Average	27.6		26.8		27.4		27.4		27.4	

^a Cases with missing data are excluded from the above table.

TABLE 60

Number and Percent Distribution of IUD Acceptors by Their Number of Children Ever Born and by Clinic Status

No. of children ever born	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
0	6	(0.3)	1	(0.2)	7	(0.2)	2	(1.0)	9	(0.3)
1	240	(11.3)	118	(17.3)	358	(12.8)	37	(18.6)	385	(13.2)
2	416	(19.6)	147	(21.5)	563	(20.1)	52	(26.1)	615	(20.5)
3	365	(17.2)	130	(19.1)	495	(17.7)	37	(18.6)	532	(17.7)
4	335	(15.8)	98	(14.4)	433	(15.5)	29	(14.6)	462	(15.4)
5	280	(13.2)	67	(9.8)	347	(12.4)	19	(9.6)	366	(12.2)
6 +	477	(22.6)	121	(17.7)	598	(21.3)	23	(11.5)	621	(20.7)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	179	(100.0)	3,000	(100.0)
Average	4.0		3.6		3.9		3.2		3.9	

TABLE 61

Number and Percent Distribution of IUD Acceptors by Their Number of Living Children and by Clinic Status

No. of living children	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
0	20	(0.9)	3	(0.4)	23	(0.8)	2	(1.0)	25	(0.8)
1	294	(13.9)	148	(21.7)	442	(15.8)	40	(20.1)	482	(16.1)
2	483	(22.8)	164	(24.1)	647	(23.1)	56	(28.1)	703	(23.4)
3	460	(21.7)	144	(21.1)	604	(21.6)	42	(21.1)	646	(21.5)
4	366	(17.3)	96	(14.1)	462	(16.5)	26	(13.1)	488	(16.3)
5	216	(10.2)	58	(8.5)	274	(9.8)	19	(9.6)	293	(9.8)
6 +	280	(13.2)	69	(10.1)	349	(12.4)	14	(7.0)	363	(12.1)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)
Average	3.4		3.1		3.3		2.9		3.3	

Note: Average was calculated from ungrouped data.

TABLE 62

Number and Percent Distribution of IUD Acceptors by Their Number of Living Sons and by Clinic Status

No. of living son	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
0	243	(11.5)	104	(15.2)	347	(12.4)	25	(12.6)	372	(12.4)
1	745	(35.2)	244	(35.8)	989	(35.3)	90	(45.2)	1,079	(36.0)
2	626	(29.6)	199	(29.2)	825	(29.5)	53	(26.6)	878	(29.3)
3	296	(14.0)	78	(11.4)	374	(13.4)	19	(9.6)	393	(13.1)
4	145	(6.8)	34	(5.0)	179	(6.4)	7	(3.5)	186	(6.2)
5 +	62	(2.9)	23	(3.4)	85	(3.0)	5	(2.5)	90	(3.0)
TOTAL:	2,117^a	(100.0)	682	(100.0)	2,779	(100.0)	199	(100.0)	2,998	(100.0)
Average	1.8		1.7		1.8		1.5		1.7	

^a Cases with missing data are excluded from the table.

Average was calculated from ungrouped data.

TABLE 63

Number and Percent Distribution of IUD Acceptors by Their Number of Living Daughters and by Clinic Status

No. of living daughters	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
0	433	(20.4)	166	(24.3)	599	(21.4)	43	(21.7)	642	(21.4)
1	745	(35.2)	255	(37.4)	1,000	(35.7)	89	(45.0)	1,089	(36.3)
2	520	(24.5)	162	(23.8)	682	(24.4)	41	(20.7)	723	(24.1)
3	266	(12.6)	59	(8.6)	325	(11.6)	18	(9.1)	343	(11.4)
4	104	(4.9)	25	(3.7)	129	(4.6)	2	(1.0)	131	(4.4)
5 +	51	(2.4)	15	(2.2)	66	(2.3)	5	(2.5)	71	(2.4)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	198^a	(100.0)	2,999	(100.0)
Average	1.5		1.4		1.5		1.3		1.5	

^a One case with missing data is excluded from the above table.

Average was calculated from the ungrouped data.

TABLE 64

Number and Percent Distribution of IUD Acceptors by Their Last
Pregnancy Outcome and by Clinic Status

Pregnancy outcome	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Live birth	1,938	(91.6)	597	(87.7)	2,535	(90.7)	173	(87.8)	2,708	(90.5)
Still birth	82	(3.9)	28	(4.1)	110	(3.9)	6	(3.1)	116	(3.9)
Induced abortion	70	(3.3)	46	(6.7)	116	(4.1)	17	(8.6)	133	(4.4)
Spontaneous abortion	25	(1.2)	10	(1.5)	35	(1.3)	1	(0.5)	36	(1.2)
TOTAL:	2,115	(100.0)	681	(100.0)	2,796	(100.0)	197	(100.0)	2,993	(100.0)

Note: 7 cases with missing data are excluded from the above table.

TABLE 65

Number and Percent Distribution of IUD Clients by Type of Contraceptive Used
During the One Month Period Prior to the Acceptance of the
Reference IUD and by Clinic Status

Contraceptive used	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
No method	1,774	(83.7)	478	(70.1)	2,252	(80.4)	114	(57.3)	2,366	(78.9)
Condom	38	(1.8)	47	(6.9)	85	(3.0)	22	(11.1)	107	(3.5)
Pill	255	(12.0)	135	(19.8)	390	(13.9)	55	(27.6)	445	(14.8)
Injection	19	(0.9)	5	(0.7)	24	(0.9)	5	(2.5)	29	(1.0)
Foam/Enko	5	(0.2)	5	(0.7)	10	(0.4)	3	(1.5)	13	(0.4)
IUD	23	(1.1)	9	(1.3)	32	(1.1)	0	(0.0)	32	(1.1)
Others	5	(0.2)	3	(0.4)	8	(0.3)	0	(0.0)	8	(0.3)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)

Note: "Others" includes traditional methods such as rhythm, abstinence and withdrawal.

TABLE 66

Distribution of IUD Acceptors by Their Current
IUD Use Status and by Clinic Status

Current IUD use status	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
In place	1,454	(68.6)	463	(67.9)	1,917	(68.4)	140	(70.4)	2,057	(68.6)
Expelled	189	(8.9)	44	(6.5)	233	(8.3)	9	(4.5)	242	(8.1)
Removed	476	(22.5)	175	(25.6)	651	(23.2)	50	(25.1)	701	(23.4)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)

Note: a) Standard error of the percentage of expulsion cases = 0.5

b) Standard error of removal cases = 0.8

TABLE 67

Number and Percent Distribution of IUD Acceptors
According to the Reasons for Removing IUD

Reasons for removal	No.	%
<u>Medical reasons</u>		
Pregnancy	22	0.7
Bleeding problems	334	11.1
Abdominal pain/cramps	81	2.7
Pelvic infection	32	1.1
IUD displaced	20	0.7
Felt discomfort with IUD	10	0.3
Physical weakness	27	0.9
	<u>526</u>	<u>17.5</u>
<u>Non-medical reasons</u>		
Desired pregnancy	61	2.0
Husband's objection	23	0.8
Husband away/died	20	0.7
Fear of side effects	17	0.6
Religious objection	3	0.1
Switched to other method	35	1.1
Others/unknown	16	0.5
	<u>175</u>	<u>5.8</u>
Not applicable (currently using IUD and IUD expelled cases)	2,299	76.6
TOTAL:	3,000	100.0

Note: a) Standard error of the percentage of clients
who dropped because of medical reasons = 0.7

b) Standard error of the percentage of clients
who dropped because of non-medical reasons = 0.4

TABLE 68

Number and Percent Distribution of IUD Acceptors Who Received
a Followup Visit by Clinic Status

	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
None visited the client or client did not visit the clinic	241	(11.4)	135	(19.8)	376	(13.4)	23	(11.5)	399	(13.3)
Female worker visited client at home	998	(47.1)	201	(29.5)	1,199	(42.8)	27	(13.6)	1,226	(40.9)
Client herself visited clinic	796	(37.6)	328	(48.1)	1,124	(40.2)	149	(74.9)	1,273	(42.5)
Others visited client at home	82	(3.9)	18	(2.6)	100	(3.6)	0	(0.0)	100	(3.3)
TOTAL:	2,117^a	(100.0)	682	(100.0)	2,799	(100.0)	199	(100.0)	2,998	(100.0)

^a Two cases with missing data are excluded from the table.

Note: Standard error of the percentage of clients who did not receive followup services either at home or at the clinic = 0.6

TABLE 69

Number and Percent Distribution of IUD Acceptors by the Number of Reinsertions Received During the Reference Period and by Clinic Status

No. of reinsertion	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
0	2,059	(97.1)	644	(94.4)	2,703	(96.5)	195	(98.0)	2,898	(96.6)
1	59	(2.8)	38	(5.6)	99	(3.5)	4	(2.0)	101	(3.4)
2	1	(0.1)	0	(0.0)	1	(0.0)	0	(0.0)	1	(0.0)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)
Total insertion	2,180		720		2,904		203		3,103	
Total reinsertion	61		38		100		4		103	
% of reinsertion	2.8		5.3		3.4		2.0		3.3	

Note: a) Of the 101 acceptors who got an IUD reinserted once during the reference period, 32 of them were found to using the IUD during the one month period to the reference period.

b) Total insertions = $2,898 \times 1 + 101 \times 2 + 1 \times 3 = 3,103$

c) Standard error of the percentage of reinsertions = 0.3

TABLE 70

Number and Percent Distribution of IUD Acceptors by the Number of Ever Received IUD Insertions During the Past Reproductive Life and by Clinic Status

No. of insertions	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
1	1,926	(90.9)	602	(88.3)	2,528	(90.3)	177	(88.9)	2,705	(90.2)
2	182	(8.6)	77	(11.3)	259	(9.2)	22	(11.1)	281	(9.4)
3	9	(0.4)	3	(0.4)	12	(0.4)	0	(0.0)	12	(0.4)
4	1	(0.1)	0	(0.0)	1	(0.0)	0	(0.0)	1	(0.0)
5	1	(0.1)	0	(0.0)	1	(0.0)	0	(0.0)	1	(0.0)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)

Note: Standard error of the percentage of clients who received more than one IUD during their past reproductive life = 0.5

TABLE 71

Distribution of IUD Acceptors According to the Amount of Money They Had Received as per Their Statement and by the Clinic Status

Amount of money received (in Taka)	Clinic Status									
	Rural Govt. clinics		Urban Govt. clinics		Rural & urban Govt. clinics together		NGO clinics		Govt. & NGO clinics together	
	No.	%	No.	%	No.	%	No.	%	No.	%
Did not receive any money	630	(29.7)	295	(43.3)	925	(33.0)	180	(90.5)	1,105	(36.8)
Less than 15 Taka	81	(3.8)	16	(2.4)	97	(3.5)	2	(1.0)	99	(3.3)
15 Taka	1,399	(66.0)	369	(54.1)	1,768	(63.1)	17	(8.5)	1,785	(59.5)
Above 15 Taka	9	(0.4)	2	(0.3)	11	(0.4)	0	(0.0)	11	(0.4)
TOTAL:	2,119	(100.0)	682	(100.0)	2,801	(100.0)	199	(100.0)	3,000	(100.0)

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

TABLE 72

Monthly Rates by Circumstances of IUD Loss

Ordinal month (X+1)	Women exposed at the start of the month N_x	Adjusted no. of women exposed $N_x^* = N_x - C_x / 2$	Monthly Rate of IUD Loss by Cause			
			Pregnancy $\hat{Q}_{xp} = P_x / N_x^*$	Expulsion $\hat{Q}_x = E_x / N_x^*$	Removal $\hat{Q}_{xr} = R_x / N_x^*$	All causes $\hat{Q}_x = T_x / N_x^*$
1	2,990	2,990	.000334	.024080	.038127	.062541
2	2,803	2,803	.001070	.012843	.020692	.034605
3	2,705	2,705	.001848	.005545	.029945	.037338
4	2,604	2,603	.001537	.008836	.016519	.026892
5	2,532	2,532	.000395	.004739	.017773	.022907
6	2,472	2,472	.000404	.005663	.023058	.029125
7	2,400	2,393	0	.003761	.015880	.019641
8	2,339	2,273	.000880	.004399	.012758	.018037
9	2,165	2,056	0	.005836	.018482	.024318
10	1,897	1,799	0	.004447	.015564	.020011
11	1,664	1,585	0	.004416	.013880	.018296
12	1,476	1,394	.000741	.003587	.012195	.016523
13	1,288	1,210	0	.001552	.018182	.019834
14	1,107	1,032	0	.002907	.020349	.023256
15	933	866	.001154	.005774	.023095	.030023
16	773	707	.001414	.004243	.018387	.024044
17	623	559	.001789	.001789	.010733	.014311
18	486	430	0	.002326	.016279	.018605

TABLE 72 (continued)

Ordinal month (X+1)	Women exposed at the start of the month N_x	Adjusted no. of women exposed $N_x^* = N_x - C_x / 2$	Monthly Rate of IUD Loss by Cause			
			Pregnancy $\hat{Q}_{xp} = P_x / N_x^*$	Expulsion $\hat{Q}_x = E_x / N_x^*$	Removal $\hat{Q}_{xr} = R_x / N_x^*$	All causes $\hat{Q}_x = T_x / N_x^*$
19	366	315	0	.003175	.009523	.012698
20	259	213	.004695	.018779	.004695	.028169
21	160	123	0	0	.032520	.032526
22	81	56	0	0	0	0
23	30	16	0	0	0	0
24	2	2	0	0	0	0

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

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

$T_x = P_x + E_x + R_x$

TABLE 73

Monthly and Cumulative Rates of IUD Retention

Ordinal month	Women exposed at the start of month	Monthly rate of retention	Cumulative rate by end of month	Standard error ¹
X + 1	N _x	$\hat{P}_x = 1 - \hat{q}_x$	$\hat{P}_0^{(x+1)} = \hat{P}_0^x \hat{P}_1^x$ $\hat{P}_2^x \dots \hat{P}_x^x$	
1	2,990	.937459	.937459	.0032
2	2,803	.965395	.905018	.0045
3	2,705	.962662	.871227	.0054
4	2,604	.973107	.847797	.0059
5	2,532	.977093	.828376	.0063
6	2,472	.970875	.804250	.0068
7	2,400	.980359	.788453	.0070
8	2,339	.981963	.774232	.0072
9	2,165	.975682	.755406	.0075
10	1,897	.979989	.740290	.0078
11	1,664	.981704	.726745	.0080
12	1,476	.983687	.714890	.0083
13	1,288	.980166	.700711	.0086
14	1,107	.976744	.684415	.0090
15	933	.969977	.663867	.0096
16	773	.975956	.647904	.0101
17	623	.985689	.638632	.0105
18	486	.981395	.626751	.0111
19	366	.987302	.618792	.0117
20	259	.971831	.601362	.0133
21	160	.967480	.581805	.0161
22	81	1.000000	.581805	0
23	30	1.000000	.581805	0
24	2	1.000000	.581805	0

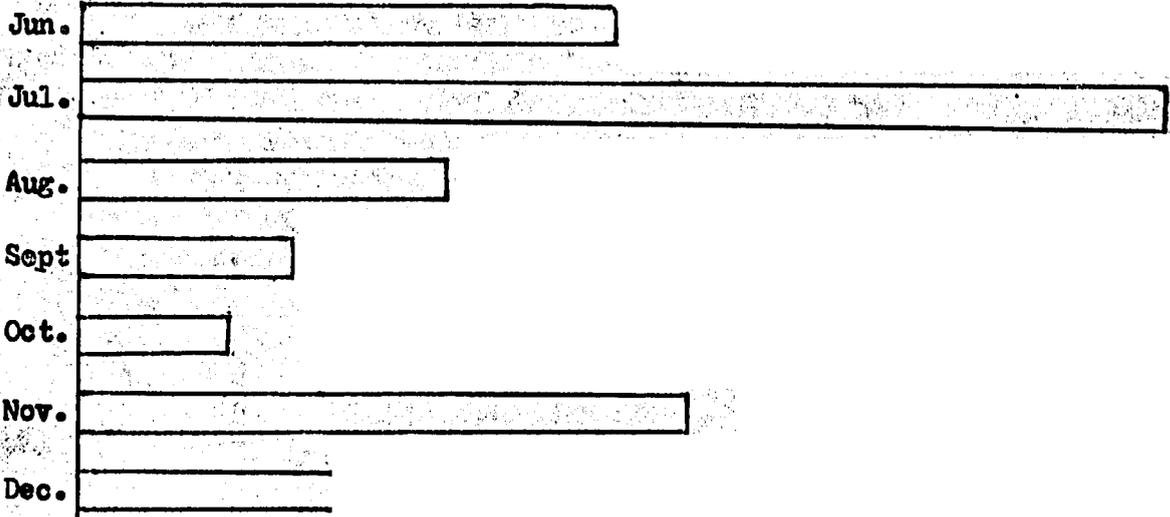
¹ Standard error of cumulative rate by end of month (x+1)

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

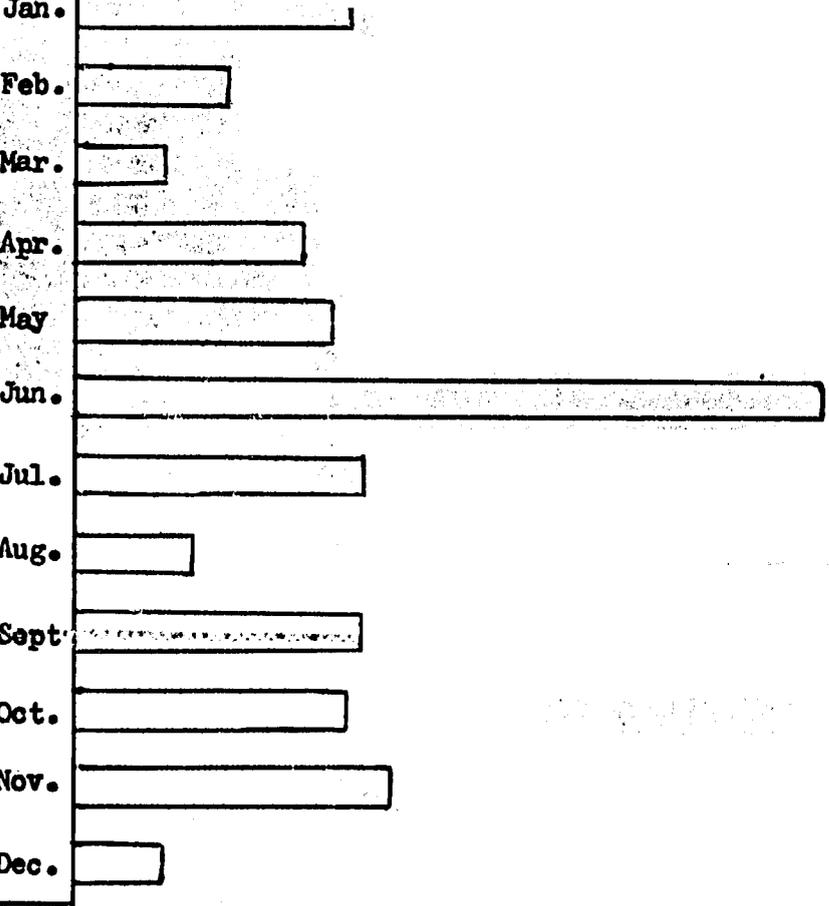
Number of Clinics

0 10 20 30 40 50 60 70 80

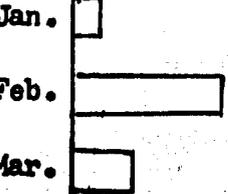
1982



1985



1984



147

Clinics did not yet receive fund

Clinics could not specify dates

Not available

Figure 5: Number of government clinics by month the reimbursement began at the clinic.

Consolidated Monthly Contraceptive Performance Report

Name of District:

Name of Month:

Sl. No.	Name of non-government organization	Clinical Methods						
		Sterilization			IUD		Injectable	
		Vasectomy	Tubectomy	Total	Plastic IUD	Copper T		Total
		(In Number)						Total doses of injection given in the reporting month

148

Sub-total of Non-govt. Organization

Annexure "B"ROSTER 1

DATA COLLECTION ROSTER
FOR
COLLECTING CLINIC PERFORMANCE FIGURES FROM
CLINIC REGISTER

Address of Clinic: _____

Upazila: _____

A. Upazila status:

_____ Urban (Metropolitan and district proper thana)

_____ Urban (Sub-division proper thana) _____ Rural thana

B.

Month	Number of IUD insertions performed according to clinic register
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

C. When was the fund for reimbursement program received at the clinic?

Date: _____

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

ROSTER 2

DATA COLLECTION ROSTER
FOR
COLLECTING CLINIC PERFORMANCE FIGURES FROM THE
CLINIC REPORT SENT TO UPAZILA

Address of Clinic: _____

Upazila: _____

A. Upazila status:

_____ Urban (Metropolitan and district proper thana)

_____ Urban (Sub-division proper thana) ___ Rural thana

B.

Month	Number of IUD insertions performed according to clinic report sent to upazila
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

C. When was the fund for reimbursement program received at the clinic?

Date: _____

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

ROSTER 3

DATA COLLECTION ROSTER
FOR
COLLECTING UPAZILA PERFORMANCE FIGURES FROM THE UPAZILA
REPORT SENT TO DISTRICT

Name of sample Upazila: _____

District: _____

A. Upazila status:

_____ Urban (Metropolitan and district proper thana)

_____ Urban (Sub-division proper thana) _____ Rural thana

B.

Month	Number of IUD insertions performed by the clinics under the upazila according to upazila report sent to district
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

Information provided at Upazila by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

ROSTER 4

DATA COLLECTION ROSTER
FOR
COLLECTING UPAZILA PERFORMANCE FIGURES FROM
THE DISTRICT REPORT SENT TO MIS

Name of sample Upazila: _____

District: _____

A. Upazila status:

_____ Urban (Metropolitan and district proper thana)

_____ Urban (Sub-division proper thana) _____ Rural thana

B.

Month	Number of IUD insertions performed in the upazila according to district report sent to MIS
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

Information provided at District by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

ROSTER 5

DATA COLLECTION ROSTER
FOR
COLLECTING UPAZILA PERFORMANCE FIGURES FROM
THE MIS REPORT

Name of Upazila: _____

District: _____

A. Upazila status:

_____ Urban (Metropolitan and district proper thana)

_____ Urban (Sub-division proper thana) _____ Rural thana

B.

Month	Number of IUD insertion performed by the upazila according to MIS report
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

C. When was the fund for reimbursement program received at the clinic?

Date: _____

Information provided at the MIS by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

Annexure "C"

Address of Government and Non-government Clinics
that Provide IUD Services

Name of District: _____ Name of Upazila: _____

Name of Clinic: _____

Address: _____

1. Government Clinic Non-government Clinic

2. Did this clinic start functioning on or before 30
September 1983?

Yes No

Name of Clinic: _____

Address: _____

1. Government Clinic Non-government Clinic

2. Did this clinic start functioning on or before 30
September 1983?

Yes No

Name of Clinic: _____

Address: _____

1. Government Clinic Non-government Clinic

2. Did this clinic start functioning on or before 30
September 1983?

Yes No

Annexure "D"ROSTER 1

**DATA COLLECTION ROSTER
FOR
COLLECTING NGO CLINIC PERFORMANCE FIGURES FROM
THE CLINIC REGISTER**

Name of NGO: _____

Name of District: _____

Address of Clinic: _____

Upazila: _____ District: _____

A.

Month	Number of IUD insertions performed according to NGO clinic register
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

B. When was the fund for reimbursement program received at the clinic?

Date: _____

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

ROSTER 2

**DATA COLLECTION ROSTER
FOR
COLLECTING NGO CLINIC PERFORMANCE FIGURES FROM
THE CLINIC REPORT SENT TO NGO HEADQUARTERS**

Name of NGO: _____

Name of District: _____

Address of Clinic: _____

Upazila: _____ District: _____

A.

Month	Number of IUD insertions performed according to NGO clinic report sent to NGO headquarters
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

B. When was the fund for reimbursement program received at the clinic?

Date: _____

Information provided at the clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

ROSTER 3

DATA COLLECTION ROSTER
FOR
COLLECTING NGO CLINIC PERFORMANCE FIGURES FROM
THE CLINIC REPORT SENT TO DISTRICT

Name of NGO: _____

Name of District: _____

Address of Clinic: _____

Unazila: _____ District: _____

A.

Month	Number of IUD insertions performed according to NGO clinic report sent to the concerned district
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

Information provided at the Clinic by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

ROSTER 4DATA COLLECTION ROSTER
FORCOLLECTING NGO PERFORMANCE FIGURES FROM
DISTRICT REPORT SENT TO MIS

Name of sample NGO: _____

Address of NGO: _____

A.

Month	Number of IUD insertions performed in NGO according to district report sent to MIS
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

Information provided at District by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

ROSTER 5

DATA COLLECTION ROSTER
FOR
COLLECTING NGO PERFORMANCE FIGURES FROM
THE NGO HEADQUARTERS SENT TO MIS

Name of sample NGO: _____

Address of NGO: _____

A.

Month	Number of IUD insertions performed in NGO according to NGO headquarters report sent to MIS
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

Information provided at NGO by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

ROSTER 6

DATA COLLECTION ROSTER
FOR
COLLECTING NGO PERFORMANCE FIGURES FROM
THE MIS REPORTS

Name of sample NGO: _____

Address of NGO: _____

A.

Month	Number of IUD insertions performed in NGO according to the MIS report
July 1982	
August 1982	
September 1982	
October 1982	
November 1982	
December 1982	
January 1983	
February 1983	
March 1983	
April 1983	
May 1983	
June 1983	
July 1983	
August 1983	
September 1983	

Information provided at MIS by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal

Annexure "E"

INTRODUCTORY CHAPTER

1. Client identification:

Name: _____

Husband's name: _____

Village: _____ Union: _____

Road: _____ Household No. _____

Area: _____

Upazila: _____

District: _____

2. Client's serial number: _____

3. Clinic identification:

Name: _____

Union/Road/Area: _____

Upazila: _____

District: _____

Name of the NGO: _____

4. Type of clinic:

Government 1Non-government 2

5. Location of the clinic:

Urban area (town or district headquarters)	<input type="checkbox"/>
Urban area (upazila headquarters)	<input type="checkbox"/>
Rural area	<input type="checkbox"/>

6. Date of IUD insertion: _____

7. Type of the IUD:

Copper-T	<input type="checkbox"/>
Loop	<input type="checkbox"/>

8. Results of the interview:

Fully interviewed	<input type="checkbox"/>	Partly interviewed	<input type="checkbox"/>
Deferred	<input type="checkbox"/>	Refused interview	<input type="checkbox"/>
Absent/left the address	<input type="checkbox"/>	Address incomplete	<input type="checkbox"/>
Address complete but could not be located	<input type="checkbox"/>	Address incomplete and could not be located	<input type="checkbox"/>
Others (Specify) _____	<input type="checkbox"/>		

CHAPTER ONE

101. How old are you? (Interviewer: Assist her in determining the exact age)
 _____ years (in complete years)
102. How many of the children you gave birth to are alive now?
- Son _____ (number)
- Daughter _____ (number)
- Total _____ (number)
103. How many of your children were born alive? (This includes any child who was born alive but died later.)
 _____ (number)
104. How old is your youngest living child? (Interviewer: Assist her in determining the exact age)
 _____ years _____ months
105. How did your last pregnancy terminate?
- In giving birth to a live child 1
- In giving birth to a still-born child 2
- In abortion 3
- In miscarriage 4
106. How long ago did this _____ happen to you?
 _____ years _____ months ago.

107. Have you ever read in a school or a madrasa?

Yes 1 No 2

(Go to 110)

108. Was the educational institute that you last attended a primary school or a secondary school or a college or a university or a madrasa or something else?

Primary school 1 Secondary school 2

College/University 3 Madrasa 4

Other _____ 5
(Specify)

109. What was the highest class in that institute that you passed?

_____ class

110. What is your religion?

Islam 1 Hinduism 2

Christianity 3 Buddhism 4

Other _____ 5
(Specify)

111. Apart from the household work have you ever taken up any other work to earn money (like agricultural work, part-time work, making things for sale in the market or any other work)?

Yes 1 No 2

(Go to 113)

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

Yes 1 No 2

113. Does your family own any agricultural land?

Yes 1 No 2

114. Did your husband ever read in a school?

Yes 1 No 2

(Go to 117)

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

Primary school	<input type="checkbox"/> 1	Secondary school	<input type="checkbox"/> 2
College/University	<input type="checkbox"/> 3	Madrasha	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 5	Other _____	<input type="checkbox"/> 6
		(Specify)	

116. What was the highest class in that institute that your husband passed?

_____ class

117. What is the main occupation of your husband?

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

CHAPTER TWO

200. Are you using any family planning method/device/medicine at present?

Yes

1

No

2

(Go to 202)

201. What method or medicine are you using?

Condom

1

Oral pill

2

Injection

3

I.U.D.

4

(Go to 203)

Tubectomy

5

Vasectomy

6

Other method
(Specify)

7

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

Yes

1

No

2

(Go to 216)

(Interviewer:
to ensure that her
answer is correct)

203. How many times have you accepted such IUDs?

_____ times

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

I will now ask you questions beginning with the IUD that you are currently using or the last one that you have had used.

	Latest IUD	Earlier IUD	Even earlier
210. Did you receive money for accepting this IUD? If yes, how much money did you receive?	_____ (amount)	_____ (amount)	_____ (amount)
211. What was the reason for which you accepted the IUD?	Reason _____ _____	Reason _____ _____	Reason _____ _____
212. Did you ever visit the clinic for counselling or treatment after accepting the IUD? Or did any worker come to your house to see you?	Went to clinic herself <input type="checkbox"/> 1 La'y health worker came to the house <input type="checkbox"/> 2 Somebody else came to the house to see her <input type="checkbox"/> 3 (Specify) _____ _____	Went to clinic herself <input type="checkbox"/> 1 Lady health worker came to the house <input type="checkbox"/> 2 Somebody else came to the house to see her <input type="checkbox"/> 3 (Specify) _____ _____	Went to clinic herself <input type="checkbox"/> 1 Lady health worker came to the house <input type="checkbox"/> 2 Somebody else came to the house to see her <input type="checkbox"/> 3 (Specify) _____ _____
213. Did you feel/are you feeling any particular kind of inconvenience as a result of using the IUD?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (Go to 216) (Specify) _____ _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (Go to 216) (Specify) _____ _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (Go to 216) (Specify) _____ _____

INSTRUCTION FOR THE INTERVIEWER

1. On completion of the form, please check 203 and ensure that questions have been asked concerning all the IUDs.
2. On completion of the form, please check whether the information given by the client on any one of the IUDs tallies with the information obtained from the recorded clinic referred to in the INTRODUCTORY CHAPTER.
 - (a) Information given by the client tallies with that recorded in the clinic 1
 - (b) Information given by the client does not tally with that recorded in the clinic 2

216. (Ask all the respondents) Did you ever go to a clinic or some other place for accepting the IUD but you were not inserted with the IUD?

Yes 1 No 2 (Go to the next INSTRUCTIONS)

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

_____ months _____ years ago

218. Do you know the reasons why you were refused?

Yes 1 No 2

219. Please tell me the reasons:

1. _____
2. _____
3. _____

	Latest IUD	Earlier IUD	Even earlier
*214. Total length of the period of IUD use.	_____ months	_____ months	_____ months
*215. Does this IUD match with the IUD recorded in the clinic?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

* (Interviewer: Please do not ask these two questions. These will be filled in the office)

INSTRUCTIONS

Those respondents who have informed that they have never accepted an IUD (Question at 202) or those respondents whose dates of acceptance of the IUD do not tally with those recorded in the clinic should be told the following information:

From the records of the _____ clinic it is learnt that you accepted an IUD on _____ (date)

Then try to ascertain whether the respondent really had accepted the IUD from that clinic on that date. If it is found that she had accepted the IUD, please go to 200 and fill up answers to 200-213.

If the respondent firmly answers that she had not accepted the IUD, please try to ascertain:

Whether she ever had visited that clinic to accept the IUD but was refused or she had go to the clinic for some other purpose.

Finally record your comments below for such discrepancy:

- a. There is no truth in the clinic record 1
- b. The respondent went to the clinic to accept the IUD but was refused, yet she was recorded to have been inserted with the IUD 2
- c. The respondent went to the clinic for some other purpose but she was recorded to have been inserted with the IUD 3
- d. It seems the respondent has not answered correctly the location of the clinic and the date of acceptance of the IUD. It may so happen that the respondent actually accepted the IUD but has forgotten the date or other information 4
- e. Others (Specify) _____ 5

If the information given by the respondent indicate that the client actually accepted the IUD as per the clinic records, then ask her the following questions.

219. Were you or was your husband using any family planning method during the one month period prior to your acceptance of the IUD from _____ clinic on _____
 _____ (date)

Yes 1

No 2

(Go to 222)

220. What family planning method were you using at that time?

Condom 1

Oral pill 2

Injection 3

Foam tablet (Emko) 4

Other 5
 (Specify) _____

221. You have told me that you were/your husband was using _____ (method) prior to your acceptance of the IUD. Why did you leave that method to accept the IUD?

(PROBE) _____

222. How far is the clinic from where you have accepted the IUD?

(PROBE) _____
 _____ (miles)

INSTRUCTIONS

Collect the following information from the upazila or the clinic.

1. On which date was the money for the IUDs first received in this clinic?

_____ (date)

2. On which date was the client first paid money for accepting the IUD?

_____ (date)

Name of the interviewer: _____

Date of the interview: _____

Name of the varifier: _____

Date of varification: _____

Name of the coder: _____

Date of coding: _____

Name of the coding varifier: _____

Date of coding varification: _____

Annexure "F""Fully Not Available" Clinics (Rural)

1. Bashgari HFWC, Raipura, Dhaka: The FWV had been absent from her duties for a long time.
2. Balabo HFWC, Raipura, Dhaka: The FWV was found absent.
3. Hairemara HFWC, Raipura, Dhaka: No FWV was in position in this clinic currently.
4. Sumilpara HFWC, Siddirganj, Dhaka: The FWV was not found. This clinic is located in the Union Parishad (UP) office and was found closed. The Chairman of the UP office did not allow the FWV to open the clinic regularly. The key of the clinic lay with the Chairman.
5. Bakta HFWC, Fulbaria, Mymensingh: No FWV was in position in this clinic currently. The FWV who had been working in this clinic were done during her time but she could not tell the whereabouts of the register.
6. Astamirchar HFWC, Chilmari, Rangpur: The FWV had been transferred about a earlier. The official charge had been taken over by the pharmacist of the clinic. The community people reported that the pharmacist had attended the clinic two days only from the date of his assuming the official charge of the clinic. He had been absent for the last 15-20 days. The clinic was found closed.

7. Balagram HFWC, Jaldaka, Rangpur: No FWV was in position in this clinic currently.
8. Theatra HFWC, Ulipur, Rangpur: No FWV was in position in this clinic currently. The clinic was found closed.
9. Barama HFWC, Chandanaish, Chittagong: In a fire accident the clinic was burnt into ashes.
10. Puranghar HFWC, Satkania, Chittagong: No FWV was in position in this clinic. The clinic was found closed.
11. Madarbazar HFWC, Balaganj, Sylhet: The position of FWV had been lying vacant following the transfer of the earlier FWV who had given the charge to an FWV working in another clinic. As reported by the FWV in-charge of this clinic, no register had been given to her by her predecessor.
12. Kuliarchar Health Complex HFWC, Sylhet: No FWV was in position in this clinic. No register was found for the study reference period.

"Partially Not Available" Clinics (Rural)

1. Gorai HFWC, Mirzapur, Tangail: Records for as many as eight months were available. As reported by the FWV, there was a theft in this clinic; the thief took away the clinic register along with other goods.
2. Kathalia HFWC, Barisal: The former FWV of this clinic took away the register with her. The current FWV did not have an full record of IUD insertions for the reference period.
3. Chargopalpur, Mehendiganj, Barisal: The current FWV did not have the records of IUD performance for the period from July 1982 through February 1983, because the previous FWV had taken away the register for this period.
4. Dhamsreni HFWC, Ulipur, Rangpur: Register was not available.

"Fully Not Available" Clinics (Urban)

1. Tukurbazar (Kotwali) Clinic, Sylhet: The FWV was on medical leave. The register of IUDs was lying with the FWV.

"Partially Not Available" Clinics (Urban)

1. Jurine FP Clinic, Tejgaon, Dhaka: Performance for all months of the reference period was not available.
2. Matuail Clinic, Tejgaon, Dhaka: Performance statistics were not available for the period from January to June, 1983.
3. Laskerpur Clinic, Hobiganj, Sylhet: The register for the period from July to November, 1982 had been damaged by flood.
4. Kagahola FWV, Moulvibazar, Sylhet: The performance figures were not available for the months from November 1982 through September 1983.

Annexure "G"

Bangladesh Family Planning Association

Name of clinics	Sl.No. of clinics	IUD figures based on insertion registers	IUD figures based on referral registers	Insertion registers and referral registers combined	Reported to NGO head-quarters	Reported to concerned districts by NGO	Reported to MIS by districts	Reported to MIS by NGO head-quarters	MIS report
Chittagong	1	326	Nil	326	326	320	241		
Faridpur	2	39	Nil	39	61	23	13		
Tangail	3	19	Nil	19	25	Not reported	25		
Rajshahi	4	277	Nil	277	277	Not reported	Not reported		
Jamalpur	5	294	Nil	294	294	294	Not reported		
Khulna	6	44	Nil	44	49	Not reported	Not reported	3,856	2,213
Mymensingh	7	107	Nil	107	102	105	90		
Barisal	8	239	Nil	239	239	Not reported	16		
Jessore	9	236	Nil	236	236	Not reported	71		
Dinajpur	10	182	Nil	182	182	Not reported	161		
Rangpur	11	309	Nil	309	309	Not reported	Not reported		
Pabna	12	127	Nil	127	127	Not reported	Not reported		

Name of clinics	Sl.No. of clinics	IUD figures based on insertion registers	IUD figures based on referral registers	Insertion registers and referral registers combined	Reported to NGO head-quarters	Reported to concerned districts by NGO	Reported to MIS by districts	Reported to MIS by NGO head-quarters	MIS report
Kushtia	13	10	Nil	10	10	Not reported	Not reported		
Patuakhali	14	78	Nil	78	86	86	Not reported		
Dhaka	15	633	Nil	633	633	633	535		
Comilla	16	314	Nil	314	522	522	Not reported		
Bogra	17	100	Nil	100	182	182	Not reported		
Sylhet	18	136	Nil	136	136	120	Not reported		
TOTAL:		3,470		3,470	3,796	1,152	1,152	3,856	2,213

Christian Health Care Project

Name of clinics	Sl.No. of clinics	IUD figures based on insertion registers	IUD figures based on referral registers	Insertion registers and referral registers combined	Reported to NGO head-quarters	Reported to concerned districts by NGO	Reported to MIS by districts	Reported to MIS by NGO head-quarters	MIS report
Ballabpur MH Kushtia	1	543	Nil	543	543	Not reported	Not reported		
St. Ann's Barisal	2	41	Nil	41	41	Not reported	Not reported		
St. Pauls Uzirpur Barisal	3	15	Nil	15	14	Not reported	Not reported		
Gaurnadi Jabarpur clinic	4	21	Nil	21	21	Not reported	Not reported		
Arnold Memorial, Pabna	5	8	Nil	8	8	Not reported	Not reported	772 (Total)	773
CMH Haluaghat Mymensingh	7	3	Nil	3	3	3	Not reported		
Tejgaon, Dhaka	8	96	Nil	96	96	96	Not reported		
CMH, Bogra	9	25	Nil	25	24	Nil	Not reported		
TOTAL		762	Nil	762	762	99		772	773