An active family planning program has helped bring Taiwan's rate of natural increase down from 1963's 3 per cent to 2.4 per cent in 1968. To provide feedback of accurate data for the field to headquarters a unique coupon system of evaluation was developed, and is described here.

THE COUPON SYSTEM IN AN ONGOING FAMILY PLANNING PROGRAM

G. Cernada, M.P.H., and L. P. Chow, M.D., D.P.H.

Introduction

TAIWAN'S experience has been that carefully controlled record keeping is essential to provide the necessary feedback to headquarters in order to adequately provide program guidance. In a relatively new program such as family planning, having reasonably accurate and prompt feedback at the early stages is of particular importance.

The coupon system is the focal point of this sort of program evaluation in the Taiwan family planning program. Of all aspects of record keeping, it has proved the most nearly indispensable. It is the opinion of the authors that this system could be adopted profitably by most family planning programs.

A brief review of the origin, content and format, data collection, processing, program utility value, and some further considerations of the approach, follows.

Origin

In the early program planning stage in Taiwan, a suitable record form was found necessary to provide information as to what was happening in the field. The information was to be used to evaluate the ongoing operation. It had to be available promptly and to be reasonably accurate. At first, consideration was given to using a medical record form kept by the physicians who were inserting IUDs. This was abandoned for several reasons. In the first place, most of the physicians in Taiwan trained to do IUD insertion were private practitioners who received a fee for their services, not public employees who could be more easily directed to maintain necessary records. Second, physicians as a group were extremely busy and had little time to fill out detailed record forms and case histories. Third, it seemed a major problem to assemble busy private physicians in order to train them in how to complete detailed record forms. Fourth, most medical record forms from other countries reviewed by program staff tended to be too long and to contain unnecessary details. Fifth, a medical record form kept by a physician recorded only the action of an individual who accepted a contraceptive method; it told nothing of others who were approached by a field worker but did not go to the doctor. And last but not least, the private practitioner's medical record forms did not provide a bank of data on acceptors in an accessible central location which could be easily sampled for case follow-up purposes without leaving headquarters.

Accordingly, the Taiwan Population Studies Center designed a simple introductory letter with a tear-off slip on which could be recorded the characteristics of acceptors; this was further developed into the now familiar "coupon" system. The success of the coupon is based upon adequately fulfilling administrative and educational as well as evaluation needs, as outlined below:

1. Administrative: providing a legal accounting that an IUD insertion has been made by acting as a receipt for payment;
2. Educational: helping to expedite decision-making among potential acceptors by providing the IUD at a reduced cost;
3. Evaluative: outlining the pattern of contraceptive acceptance by detailing the characteristics of acceptors and showing the effectiveness of referral agents and the choice of physicians.

These points are discussed in more detail later.

Content and Format

The coupon system's main merits are its simplicity, its provision of quick results, and its complete coverage. The data collected through the coupon cover the following areas:

1. Name and address of acceptor.
2. Characteristics of acceptors: age, number of living children (by sex), level of education.
3. Person who issued the coupon and date of issuance.
4. Data on last live birth.
5. Data pertinent to limiting or spacing birth.
6. Contraceptive method practiced before.
7. Is this the first insertion or reinsertion?
8. Date of insertion.
9. Type of device inserted.
10. Name and address of doctor who inserted the device.[1]

The coupon form itself is approximately 20cm wide by 28cm long. Usually 20 are found together in a block booklet. All coupons have three parts, each with the same printed serial number.

Data Collection

The coupon's three parts serve distinctive functions.* The center portion, Part 2, the largest of the three, records the majority of data used for program evaluation. The first portion, or stub, which we shall call Part 1, is kept by the field worker who uses it for follow-up purposes. The third portion is used as a note of introduction to the physician by the potential acceptor, entitling her to a reduction in the loop insertion fee. Following is a more detailed description of how the parts are used.

Part 1—This section of the coupon remains in the book from which Parts 2 and 3 are removed to give to the potential loop acceptor. It is usually kept by the field worker who visits the woman at home. Sometimes it may be kept by a private physician who refers a woman from his own private case load or by a limited number of public health personnel who also insert loops. The information of relevance on Part 1 is the name, address, coupon case number, and date of issuance of the coupon. These are important to the worker for follow-up purposes. Generally, a worker tries to follow up a coupon acceptor one and a half to two months after the date of acceptance to see if the woman has gone to the doctor for the insertion and if not, why not.

Part 2—This is the largest of the three sections. It it torn off from Part 1 (which remains in the referral agent's book) and has Part 3 attached. It is given to the woman interested in having a loop and is taken by her to the inserting physician, who later returns it to program headquarters in order to procure half the price of the insertion (NT$30†).

* Copies of the coupon are available upon request from the authors.

† NT$30 = US$0.75. The acceptor pays the inserting physician one half the charge, NT$30. The other NT$30 is subsidized by the program budget.

During the visit, the worker normally fills out such details as the recipient's name, age, address, level of education, number of living children (by sex), and date of issue on Part 2. (She has more time than the physician is likely to have.) She also indicates herself as referral agent, an important item for feedback to her supervisors in the evaluation of her performance. The physician fills in the items relating to his clinic address, date of insertion (indicating whether a reinsertion or not), size of IUD, and signs that a loop has been inserted. In addition, since 1966, he records when the woman had her last live birth, whether she had ever used a contraceptive before, and whether she is taking the loop for spacing or terminating childbirth.

The coupon is then sent by registered mail, with the others the physician has collected at the end of the month, to the county chief nurse who gathers the monthly total for the county and forwards the form to program headquarters at Taichung; here payment is made through the Maternal and Child Health Association and the forms sent to the Population Studies Center for processing. In brief, Part 2 contains most of the basic information necessary for program evaluation as well as insertion payment.

Part 3—In Taiwan, this is pretty much relegated to the role of a physician's receipt. With it, the doctor has a handy record of insertions and can use it to check payments to him. This saves him from the bother of further record keeping.

The routing of the feedback of information has been expedited by an effective incentive system. The woman who is interested in loop insertion uses the coupon since it entitles her to a 50 per cent discount. The physician who inserts the loop sends it along in order to collect the NT$30. The field worker uses it regularly, since her performance is partly evaluated by the number of coupons turned in for insertion payment on which she is listed as referral agent.

The actual procedure may be summarized as follows. The coupon usually passes from the field workers (responsible for 60% of all acceptances in 1966 and 1967) to the wives they visit. If a woman shows sufficient interest, the worker fills out and tears off Parts 2 and 3 and gives them to her. The stub (Part 1) is kept by the worker as a record for follow-up. The wife who decides to have a loop inserted brings Parts 2 and 3 to a physician whose address is stamped on the coupon. (In some cases the physician may supply the coupon himself.) When the loop is inserted, and the physician collects NT$30 from the wife, he then returns Part 2 of the coupon in order to receive an additional NT$30 payment. Each of the 22 county and city health departments pays out these fees for coupons received on a monthly basis and sends the coupons to program headquarters (Taichung) for accounting and analysis of data. (The physician, of course, keeps Part 3 for his own records.)

Part 2, which usually finds its way to program headquarters within ten days of the end of the month in which the loop was inserted, contains a profile of the acceptor which could be outlined as follows:

"Mrs. Tsai, Ah Mei, age 30, has two children, one girl, one boy. Her husband's name is Chung-Cheng. She lives at house No. 12, Neighborhood 8, Da An Village, Pu Li Township, Taichung County. She has six years of formal education. She was referred by Mrs. Lo, a full-time field worker from the same township, on 1 May and had a 27.5 mm loop inserted by Dr. Chen in Pu Li Township on 1 June. This was her first insertion. She says she is spacing, has never used a contraceptive, and had her last child on 1 January of this year."

Processing

By the tenth of the month after loop acceptance, 10,000 coupons from loop

acceptors throughout the island flow in monthly through local county health departments to the Maternal and Child Health Association in Taichung. Here, the necessary financial accounting takes place. By the 14th, the coupons are at the Taiwan Population Studies Center where the information collected is recorded and analyzed. By the 15th, the total number of insertions for Taiwan is known. A description of the processing follows:

A. The first step is to count by hand the number of coupons received. The coupons are then grouped by township and by the number of referrals within the township credited to the local family planning worker. The work is simple and is done by clerical personnel. As the tabulations are made, the information is transferred to a working evaluation sheet that indicates the total number of loop acceptors for each township and county,* the percentage of the monthly target achieved, the number of cases referred by the field worker, and the percentage of her monthly target. Copies of the acceptance breakdown by township are then mimeographed and mailed to all supervisors and field workers. In addition, those workers who are consistently falling short of their targets are mailed a "warning" card, and their supervisors are asked to visit them to determine what problems they may be having.

B. IBM computerized processing has been used since late 1966 to record the information contained on Part 2 of the monthly coupon returns. Previously, the information was hand-punched onto a card that could be sorted by a spindle or needle. A simple marginal punch card was found satisfactory and was employed through mid-1965.† At that time it was replaced by a standard IBM card which was adapted for punching and sorting by hand.‡

The procedure used with the marginal punch card was found simple, inexpensive, and efficient. The general procedure was as follows. First, each card was identified by indicating the coupon number on the card, name of county and city, and the current year. This was done to enable the matching of the coupon with the punch card should a cross-check be needed in the future. Then, such information as location of the resident, age, number of living children (and sons), educational level, source of referral, month of insertion, type of inserting physician, whether spacing or not, previous practice of contraception, and open-birth interval, was transferred to the punch card. A brief description follows:

"Each coupon is coded according to a system wherein a punched number or numbers represent a certain category (e.g., the No. 1 may include women in the age group 30-34). For cases where there are a large number of categories (such as the name of a town of residence) more than one hole can be punched (e.g., numbers 7 and 2 would indicate category 9). In such fashion, variables as township location, level of education, age, and number of living children are quickly sorted into the number of acceptors which fall into each category. If the number of acceptors aged 30-34 is wished, the spindle (an ice pick is used) is stuck into the appropriate punched category and all those cards for women in that category will fall off the spindle. The number of cards that fall down is counted manually. If another variable such as the name of the town is of interest, the operation is repeated for that coded category. The result is the number of married women 30-34 acceptors in that township during the month."[2]

* There are 361 towns in 22 county and city jurisdictions in Taiwan.

† Copies of the marginal punch card are available from the authors.

‡ This rather unique innovation was particularly helpful since an IBM card costs less than one-fourth of the cost of the usual marginal punch card and is less thick, requiring only about one-sixth the storage space. It also is more efficient since less skill is needed to punch the cards accurately with the triangular-shaped hand puncher used. The triangular punching of the IBM cards also facilitates sorting since the cards falling away from the spindle do not stick as they often do with the marginal punch cards.

Cross tabulation of two variables can be made by following the same procedure.

C. Once the information from Part 2 of the coupon was on the marginal punch card, the Taiwan Population Studies Center staff tabulated the number of loop acceptances by such characteristics as:

1. Townships by age
2. County by age by education by number of living children
3. County by number of living sons by number of living children
4. County by type of place of insertion
5. County by source of referral.

The sequence of sorting steps needed to produce these tabulations is as follows:

1. Sort by age within each township. Enter the distributions separately for each township.
2. Now, keeping each age group separate, combine the township piles into counties for each age group within each county, sort by education. Within each education group, sort by number of living children.
3. Combine the age and education piles, but keep separate by county and by number of living children. Within each pile, sort by number of living sons.
4. Combine all piles within each county. Sort by type of insertion site within each county.
5. Again, combine all piles within each county. Sort by source of referral.[3]

D. The cost of hand processing 10,000 coupons monthly was relatively low. Each marginal punch card cost US$0.0125 (US$12.50 per 1.000). The IBM cards adapted for hand punching cost only US$0.003 (US$3 per 1,000). Coding sheets and forms for all cross tabulation and simple frequency counts were designed and mimeographed early in the program. These simplified the task so that two clerical workers were able to do the hand punching and tabulation in 15 working days per month each. One research assistant then spent about three days analyzing the data and briefly writing it up. Typing, mimeographing, and postage for mailing the results by township to 400 field workers and supervisory staff constituted the other time and costs.

As more data accumulated, the operation moved to IBM processing. The basic equipment Taiwan has found necessary to handle the job are two card punchers (IBM 024), one verifier (IBM 056), and one sorter and card counter (IBM 082). These have been sufficient to handle any necessary cross tabulations and cost US$226 in monthly rental fees. The punching of 10,000 cards takes about four working days on two punchers. The verifying can be done at about twice the speed of the punching. This process usually takes place during the last two days of the punching and continues for a day afterward. The sorting and counting and necessary cross tabulations add an additional four days, bringing the total processing time to nine days.* The data must then be analyzed, and so on.

Program Utility Value

Administrative

Administratively, the coupon functions as part of a monthly financial auditing system. The physician who inserts a loop is paid NT$30 by the client but must forward the coupon in order to receive an additional NT$30. This lessens the likelihood of under- as well as delayed reporting. In turn, the financial disbursing agency, the Maternal and Child Health Association, has the coupon as a receipt. This contains the name of the service recipient, the signature of the physician who inserted the loop, and the name of the field worker

* Two 024 Punchers were used in order to get the findings back to the field more quickly. With one, the job would take about eight days, twice as long. This computation is based on an average puncher working six hours (allowing rest breaks to avoid errors), punching 1,200 cards with a total of 48,000 columns daily (8,000 columns per hour).

who issued the coupon. The risk of over-reporting by physicians or false claiming of referrals by field workers is minimal. Because of the three-part coupon, collusion between a physician and a worker would be necessary in order to perpetrate any fraud. Even where the physician is the source of the coupon referral, abuse is unlikely. At present, a 5 per cent follow-up sample of monthly acceptors is carried out on a regular basis.[4] The number of erroneous coupons has been less than 1 per cent of the total.

Educational

Educationally, the coupon system expedites decision-making. First, the loop coupon in Taiwan is marked to indicate that possession of the coupon entitles the holder to have a loop inserted at one-half the regular price. Field workers have indicated that this device has worked.* Secondly, each worker's coupons are stamped by her with the names of all physicians in the area who insert loops (usually not more than three). Each worker has a special rubber stamp made for this purpose. Thirdly, there has been an attempt to make the coupon offer "good for three months only." This latter approach has not been continued since its value was not established. It did carry over, however, into the fourth device of occasionally offering the loop to certain areas "free for a limited time only," and stamping the coupons with a definite expiration date. This last approach has proved a highly effective way of facilitating decision-making.[5] As a fifth device, some workers try to encourage the interested women to make a specific appointment on a given day with the physician for insertion.†

Evaluative

The last but most important function the coupon serves is evaluative. There are a variety of ways the coupon provides data to guide simple ongoing program evaluation. One or two have been mentioned but a further detailed treatment follows:

1. *Measuring Performance Against Expectation*—For example, as mentioned previously, by June 15, the program headquarters in Taiwan has the total number of loop acceptors, island-wide, during the month of May. These are then matched against set monthly targets for the whole of Taiwan, for the 22 counties and cities, for the 361 townships, and for the 350 full-time Pre-Pregnancy Health field workers as well as inserting physicians. These figures are fed back to the local levels, and supervisors are advised to consult with field workers who are consistently falling short of set targets.

In the early stages of the Taiwan program, in particular, the number of acceptances credited to field workers, as compared with inserting physicians drawing upon their usual patient caseload, was important in determining staffing needs. Also, in the early stages, the number of insertions per private practitioner compared with public health physicians, or OBGYNs with general practitioners, or the number per female doctor compared to male, helped determine priorities in the selection of physicians for training in loop insertion.

At a later stage, Taiwan has reviewed these sources of referral records to determine if having a field worker in a township affects the acceptance rate over a period of time (by comparing match-

* As more women learn more about the IUD, it may be that they come to realize that the physician provides it for NT$30 anyway since he also issues the "half-price" coupon. In fact, no women have been known to have paid more than NT$30 for insertion. The extent to which women are aware of this general availability of the loop at NT$30 determines the efficacy of the decision-expediting value of the "half-price" offer. This point needs follow-up in Taiwan.

† Suggested by Mr. Harry Levin of the Population Council.

ing towns without workers). All other variables considered, the impact of the worker determines the acceptances.

Furthermore, during 1968 the target quotas for individual areas were adjusted based on estimated "current fertility control practitioners." This meant lowering some and raising others. Also, earlier, as acceptance rates reached relatively high levels in Taichung City, targets were lowered slightly since the potential acceptors were fewer.

2. *Outlining Acceptance Patterns*—In 1966, a question was added to the coupon to find out if the acceptor had previously practiced contraception. About 80 per cent had not. This finding helped answer the criticism that the IUD took the market away from commercial contraceptive distributors. When fed back to budget-minded administrators, who earlier claimed that the program prevented few births since most women just gave up one method to switch to the loop, it clearly showed that most women were not switching.

The question whether women were adopting the loop to space births or not was also added to the coupon in 1966. Since only 15 per cent stated that they were, a need was recognized to strengthen the educational approach to appeal to lower-parity, younger wives. During 1968, it was planned to offer the oral pill to newly weds at marriage registration bureaus.

An important finding in terms of determining early program value, as well as measuring long-term progress, is the continuing record of age of acceptance, parity, and education. In 1964 the mean number of living children per loop acceptor was 4.76. The percentage of acceptors under 30 years of age was 31. As a result of those early findings, greater effort was placed on home-visiting women over 30 with three or more children.

By 1967, the mean number of living children per acceptor had dropped to 4.08.[6] The percentage of acceptors under 30 had risen to 38.[7] Accordingly, workers were being directed to visit those with *two* or more children.

In the early stages (1964), it was found that 852 of every 1,000 loop acceptors had only primary school or no formal education. This indicated that the loop was acceptable particularly to women of lower educational status who are also likely to be poorer. Since government administrators indicate these are of the highest priority, letting them know that the program reaches this target group is important.

In 1966, the relevance of the high proportion of less educated acceptors became clearer when follow-up sample surveys indicated that less educated wives kept the loop in longer.[8]

In the early stages of the program, it may be suitable to publish monthly the statistics available on age, education, and parity of acceptors. However, if the program covers the whole country, after six months or so these figures can be produced quarterly and, after a year, every six months. In Taiwan, after almost five years of program work, they are usually examined annually.

Their value, however, remains indisputable. Both Taiwan and Korea had been criticized by many onlookers as "likely to skim the cream," and it was predicted that the monthly contraceptive acceptances would soon drop. Yet, the monthly average in Taiwan has increased from 1965's 8,400 to 9,200 in 1966, to 10,000 in 1967, and Korea's monthly average has risen comparably. Keeping this continuing record, particularly of age and parity, has enabled program administrators to illustrate the continuing drop in both variables among acceptors from 1964 through 1967:

> "The percentage af acceptors under 30 has risen from 31 per cent in 1964 to 38 per cent in 1967 (first ten months); [the percentage of] those with three or fewer children has gone up from 32 per cent in 1964 to 41 per cent."[9]

Cross tabulations of acceptance rates by age, education, and number of living children, are also of value. Computations made by the Population Studies Center have indicated a number of factors that can help serve as programing guides: e.g., the mode of acceptors is 30-34 years of age; acceptance rates increase with the number of living children in the same age group; acceptance rates decrease with increase in age if the number of living children is constant, and so on.[10]

In summary, the Taiwan program clearly shows, from a review of the data available through the coupon system, that the program is recruiting more lower-parity, younger, and less-educated wives.

3. *Follow-up Coupons*—Also of significance to the program, besides the information on the coupon itself, are the further details that may be gained by systematic follow-up. This follow-up may be more important in the early stages of a program, when question marks abound. In 1964, a follow-up interview[11] of loop acceptors revealed that 54.4 per cent came in less than one month after acceptance of a coupon, 17.5 per cent in one to two months, and 15.8 per cent in two to three months; altogether, 88 per cent came in within three months. Therefore workers, who had to study why couples who were motivated to take the coupon did not take the loop, could probably wait three months since nine of ten decisions would have been made by then.

The same follow-up interview also indicated that many women who accepted loop coupons but did not take up the loop might have been convinced by further health education. Reasons such as being too "busy," "not able to afford cost of insertion," "do not know where the doctors are," were given by 11.5 per cent; 27.5 per cent were interested but not certain; most of them wanted to see how others liked it before trying it. Only 42.5 per cent did not need or want the loop coupon since they were using other methods, or were lactating, and so on.

Another value of the coupons is that they may be easily sampled since they are stored at a central source, the Population Studies Center. Taiwan's IUD Field Follow-up Sample Surveys, which are conducted annually, have involved no time-consuming field trips to local clinics by evaluative staff in order to draw a sample from their clinical records.

Further Considerations

1. Another major advantage of the coupon is its flexibility. The major characteristics of acceptors collected remain the same but questions may be easily added or removed to meet specific program needs. During 1966, as noted earlier, questions were added on date of last childbirth, spacing, and previous experience with contraception. As other factors become of interest, they may be added and then taken away when sufficient information has been gathered.

2. Plans are in effect to modify the coupon stub kept by the field worker to include information to be recorded during the usual follow-up visit.* This will include whether the woman is happy with the device if an insertion has been made, and if she has not tried the IUD, why she did not. It is hoped that a systematic approach here will provide some practical help for field workers.

3. In specific operations research projects, such as action-oriented studies designed to gain contraceptive acceptors by the use of one approach or the other, the coupons issued are printed in different colors. This single device facilitates identification at headquarters of which approach yields an acceptor.

4. The best way to distribute coupons remains an unresolved question. Should one be issued to all women visited or only to those showing interest?

* Suggested by Mr. Robert Gillespie of the Population Council.

5. One limitation of the coupon system is that a small percentage of the coupons (5%) have addresses that are unclear. In some cases the problem is due to the mobility of the urban population; in most cases, it seems to be simply the result of inattention given to the matter. Of course, some wives who receive coupons from doctors at their offices may give fictitious addresses due to embarrassment. These "address not clear" coupons are tabulated in sample follow-up checks by source of referral and place of insertion, to be certain that these are not all coming from the same sources. In areas where addresses are less clear than in Taiwan, home follow-up would be more difficult.

6. The time for home visitors to carry out a follow-up visit is difficult to set. It seems to depend on the ratio of coupons issued to women visited. If all women receive a coupon, then follow-up to all will be too time-consuming. If the worker distributes coupons only to those who express interest, then follow-up should be more valuable. Workers should indicate on their coupon form the most likely prospects and visit these first. One test of the value of time used for follow-up as opposed to new home visits is to match the two. More study is needed here.

7. The feedback from headquarters to the field worker identifying acceptors in her township needs strengthening. It is hoped to have all country nurses list the serial numbers of coupon acceptors monthly and mail these back to the field workers; the latter will then know who has accepted and will have to follow up only those who have not.

8. A recent suggestion has been to have workers set a specific appointment for the coupon acceptor with the inserting physician, as well as to provide the loop free, or at reduced cost, if the woman keeps the appointment.* Some accounting problems exist here but the idea is being given consideration.

9. One interesting advantage of the coupon system is that a matching study of the characteristics of acceptors is being made with information from the vital data registration offices of local townships. This helps provide a check against the validity of their data.

10. Some individuals question the applicability of the coupon system elsewhere than in Taiwan and Korea. Some of the questions put forward and some answers to these follow. *Can the coupon be used:*

(a) *If home visitors are mostly illiterate as in India and Pakistan?* Perhaps issue the coupon at the clinic. Otherwise, modify the coupon somewhat so that workers will recognize the questions more easily. Most answers can be checked off since the coupon is a simple form.

(b) *If there are no field workers?* Again, have the coupons at the clinic. Physicians fill out at least one out of ten in Taiwan now.

(c) *If loops are inserted by government physicians who receive no extra pay for the work?* If the coupon system is used when the loop is introduced, the government physicians may accept the responsibility for handling the coupons just as they accept that for insertion. Where possible, the coupon should substitute for local record forms and save the clinical time used in record keeping. A carbon copy might be added for clinical record, if desired. Otherwise, a small incentive might be offered for cooperation.

(d) *If the coupons cannot flow directly to a single center as, for example, in India or any multi-echelon situation?* Perhaps mailed carbon copies could expedite the process where mailing was reliable. The coupon itself can be modified with Part 3 being sent to the financial auditors for payment and Part 2 going to the evaluation unit in programs where the financial and evaluative units are not closely housed as in Taiwan.

These answers, of course, are meant to be neither smug nor definitive. They do, however, deserve consideration by those concerned with establishing a simple, accurate, and prompt information retrieval system to evaluate a family planning program.

* Suggested by Mr. Harry Levin of the Population Council.

Summary and Conclusion

The coupon system has proved to have satisfied the needs of important program evaluation, financial auditing, and acceptor decision-making. Its studied simplicity encourages full, accurate, and standardized field reporting. The incentive involved helps speed up reporting as well as eliminates under-reporting.

Since the coupon travels from field worker to contraceptive acceptor to inserting physician, it gathers information at each step which documents and legalizes the process.

It is important, at the early stage, to feed data back quickly in order to help guide program planning at the headquarters level. It also helps to abstract relevant data which can be sent to the field in organized form along with directives for action.

For the long-term, it serves as a bank to store vital data which can be sampled or studied from time to time. This can mean observing changes in the type of modal acceptor as well as providing a source for follow-up sampling of IUD acceptors to determine continuation rates.

The experience in Taiwan indicates that, in a program stressing the IUD or any one-time method such as sterilization, the coupon is well fitted to serve as a sound basis for the evaluation effort. Other countries should consider trying out the coupon system, modifying it to local circumstances.

ACKNOWLEDGMENT—Many individuals associated with the evaluative work of the Taiwan Population Studies Center have made this paper possible. These include such present consultants as Dr. S. C. Hsu, the Joint Commission on Rural Reconstruction; Provincial Health Commissioner Dr. T. C. Hsu; Mr. S. M. Keeny, The Population Council; and Dr. Ronald Freedman, University of Michigan. They also include those who have helped in the past: Dr. John Takeshita, University of Michigan, and both Mr. Harry Levin and Mr. Robert Gillespie, Population Council.

REFERENCES

1. Chow, L. P., and Chen, H. C. Evaluation of the Family Planning Program in Taiwan, Republic of China. Population Association of America annual meeting, April, 1968, p. 3.
2. Family Planning in Taiwan, Republic of China 1965-1966. Taiwan: Taiwan Population Studies Center (May), 1966, pp. 134-135.
3. A Handbook for Service Statistics in Family Planning Programs. New York: The Population Council, p. 17.
4. Chow, L. P., and Chen, H. D. Op. cit., p. 3.
5. Cernada, G. Family Planning Communications in Taiwan, Republic of China. Asian Population Studies Series, No. 3. Bangkok: United Nations ECAFE (Nov.), 1968, p. 88.
6. Chow, L. P., and Chen, H. C. Op. cit., p. 10.
7. Keeny, S. M.; Cernada, G.; and Ross, J. Korea and Taiwan: The Record for 1967. Studies in Family Planning, No. 29. New York: The Population Council (Apr.), 1968, p. 6.
8. Taiwan's Family Planning in Charts. Taiwan: Taiwan Population Studies Center (Mar.), 1967, p. 31.
9. Keeny, S. M.; Cernada, G.; and Ross, J. Op. cit., p. 6.
10. Chow, L. P., and Chen, H. C. Op. cit., pp. 14-17.
11. ————. Evaluation of IUD Program by Follow-up Interview. J. Formosa M. A. (July), 1965, pp. 345-357.

Mr. Cernada is with the East Asia Office, The Population Council, and Dr. Chow is Director, Chinese Center for International Training in Family Planning, P. O. Box No. 112 Taichung (103 Min-chuan Road), Taiwan, Republic of China.

This paper was prepared, by request, for the UN ECAFE Expert Group Workshop on Assessment of Acceptance and Use-Effectiveness of Family Planning Methods, held in Bangkok, Thailand, June 11 to 21, 1968. It was submitted for publication in September, 1968.